

MULLEWA HEALTH CENTRE

Grievance

MR R.S. LOVE (Moore — Deputy Leader of the Opposition) [9.38 am]: I grieve today to the Parliamentary Secretary to the Minister for Health, in the absence of the health minister, about the Mullewa health service. The previous government announced a new health centre for Mullewa in 2016. Six years on, it has still not been built. I delivered a grievance to the health minister two years ago on this very same matter and I can categorically say that there has been no action on the site at Mullewa since. According to the WA Country Health Service website, which was last updated on 30 April 2021, the Mullewa redevelopment project remains in the planning phase. The Mullewa community does not believe its hospital will ever be built; in fact, the signage for the project has now been pulled down. I ask the following of the minister: Will the minister guarantee that the Mullewa community hospital will be built? What is the scope of the project? What is the project budget? When will construction works commence? What is the time line for completion? If the minister is unable to answer the aforementioned questions, will she commit to visiting Mullewa immediately to ascertain the community's needs and priorities?

I will now outline some of the background to this project. On 18 March 2016, the then Nationals WA leader Hon Terry Redman announced the redevelopment of the Mullewa and Dongara health centres with a joint budget of \$12 million from royalties for regions. On 30 March 2016, the first consultation with the Mullewa community occurred, which I attended. Construction was to start in the second half of 2017. On 20 December 2016, *The Geraldton Guardian* reported that the start date would be mid-2018, with completion in mid-2019.

In July 2018, the then minister's office advised that the schematic design and project definition plan was almost finalised. On 14 September 2018, a briefing note from the Minister for Health said that the schematic design was complete. In December 2018, residential aged care was no longer to be provided at the Mullewa site. On 20 June 2019, the minister's office advised me that the service model and transition plan was approved to meet current and anticipated needs, the project definition plan was under development and construction was due to commence mid-2020. On 8 October 2019, the health minister's office advised me that architect drawings would be made available to the community reference group, and construction was to commence mid-2020 and be completed late 2021. The project budget was \$6.06 million.

On 12 November 2020, the health minister responded to the grievance from me, saying that the design and development report drawings were complete, and the minister anticipated that tenders would be called for in the second quarter of 2021 or the first half of the next year. Construction was to take 12 months. In June 2020, according to interagency minutes from a meeting in Mullewa, the health centre redevelopment plans were finalised and ready for sign-off. The service models were to be reviewed.

On 30 April 2021, the WACHS website announced that planning for the redevelopment of the Mullewa health centre is continuing. On 23 June 2021, correspondence from the Premier to me announced that the broader scope of the project was to include 24-hour respite care, palliative care and community renal services. The facility would be renamed Mullewa Community Hospital. On 15 February 2022, in response to a question on notice, I was told that the design is complete and the tender date is yet to be determined. On 16 February 2022, in response to a question on notice, the approved budget was now \$6.3 million and, given current market conditions, the project budget would now exceed this amount.

On 15 November 2022, *The Geraldton Guardian* said that the health centre cost rises and planning were continuing. The refurbishment of the Mullewa and Dongara health services is within the scope of the primary healthcare demonstration site program, and I note that that project still appears in the budget on page 327 of budget paper No 2, with an approximate amount of \$8.3 million. The project model set out to provide regional communities with access to health services and providers under one roof. It was about replacing ageing hospitals with a bespoke health system crafted to fit the particular needs of that community. Community involvement was central to this process, but in the case of the Mullewa health refurbishment, community consultation has been sorely, if not almost completely, lacking.

Following six and a half years of briefings, letters to the Premier, ministers, questions in Parliament and advocacy from the local community—I want to take particular notice of the work done by the City of Greater Geraldton councillors Tarleah Thomas and Jen Critch—we still cannot be certain that planning for the Mullewa health centre is complete. Earlier this week, in *The Geraldton Guardian*, the minister said that planning for the Mullewa health centre was still continuing. This is the same as the message on the WACHS website that has been in place for 18 months. However, as I have outlined, an answer to a parliamentary question in February 2022 said that the design was complete.

I raised this matter directly with the Premier in May 2021, in this house, and he invited me to write to him, saying that he liked Mullewa and he would look into the situation. In a subsequent letter to me on 23 June 2021, the Premier

advised that community consultation had recommenced and progress was being made to bring this project to fruition. However, in 18 months, there has been no progress whatsoever. In the same correspondence, the Premier announced that the facility would now be referred to as the Mullewa Community Hospital. The Premier went on to say that new project signage would be installed to provide assurance to the community that the project is progressing. The reality is that the Department of Health sign in front of Mullewa's dilapidated 1940s hospital has been torn down. The removal of that sign and the ongoing lack of information on this project has resulted in a great deal of anxiety within the Mullewa community. These are people who live 100 kilometres from Geraldton, and as the catchment extends into the Murchison, many residents do not have a reliable means of getting to Geraldton.

The Premier's letter went on to say that the redevelopment is focused on assisting Mullewa residents to receive the care they need closer to home so that they can keep well in the community. About 40 per cent of the population are Aboriginal persons, and the incidence of chronic disease, including diabetes and kidney disease, is deeply disturbing. Almost 20 per cent of residents are aged over 65 years, indicating a high incidence of vulnerability.

I remind the minister that one of the seven strategic priorities listed in the WA Country Health Service *Strategic plan 2019–24* is "Addressing disadvantage and inequity". The plan reads —

We are committed to improving the health and wellbeing of vulnerable and disadvantaged people ...

How can the minister deliver on this strategy when the existing hospital is not maintained? The building is dilapidated and I am told that you can fit \$2 coins in the cracks in the walls. The Department of Health sign that was recently removed from the hospital sends a resounding message to that community: we are not addressing disadvantage and inequity. Community members are done with ambiguity and the drip-feed of contradictory information. They want straightforward assurances that they will get a health facility. They need to know that their disadvantage and the inequity of the situation in Mullewa will be addressed.

MR S.A. MILLMAN (Mount Lawley — Parliamentary Secretary) [9.45 am]: I rise to respond to the grievance raised by the member for Moore. I thank the member for raising his grievance with me this morning and allowing me to respond.

I want to start by addressing the member's final point and making sure that the community of Mullewa knows that the WA government remains committed to the redevelopment of the Mullewa health centre, and that planning for this redevelopment continues.

I also want to respond to the second-to-last point that the member made regarding the WA Country Health Service *Strategic plan 2019–24*. I think it is apposite that the member raised the plan because I also want to address a couple of things from our sustainable health review. After the McGowan government was elected in 2017, notwithstanding the state of the finances that we inherited from the previous government, we knew that there were two things that we needed to do. We needed to put WA Health on a sustainable financial footing and we needed to make sure that the finances of the government were in order. Therefore, the state government undertook the sustainable health review, which was a large scale of work and took incredible engagement with stakeholders, clinicians, patients and consumers. Much like the WA Country Health Service strategy that the member referred to, the *Sustainable health review: Final report to the Western Australian government* has a number of enduring strategies and recommendations. I refer the member to strategy 1, recommendation 4, which states that the government will —

Commit to new approaches to support citizen and community partnership in the design, delivery and evaluation of sustainable health and social care services and reported outcomes.

Strategy 4, recommendation 12, states that the Department of Health and the WA government seek to —

Improve coordination and access for country patients by establishing formal links between regions and metropolitan health service providers for elective services including outpatients and telehealth, patient transfers, clinical support and education and training.

One of the key underlying principles of the sustainable health review and the objectives of the Department of Health these days is to provide care closer to the community and closer to home. One of the issues that the member raised, which I think needs to be addressed, is that community consultation is lacking. As the member knows, a community reference group is being consulted in the development of this project. Although there is still work for the community reference group to do, the mere fact of its existence demonstrates that the Department of Health has been consulting with the local community on this project. I also acknowledge the member's concern about access to Indigenous health services, and I recognise the work that the McGowan Labor government has done towards meeting the Closing the Gap initiatives.

I will make some more general comments in response to the grievance. I want to talk about investment in community hospitals generally. Over the past 10 years, there has been significant investment in country health services, with the WA Country Health Service delivering a capital works program valued at \$1.5 billion. In addition, the WA Country Health Service has progressed innovation in virtual care that enables country patients to stay in their communities,

ensuring that care is delivered closer to home when achievable. In 2020–21, WA Country Health Service teams across the state provided care to almost 450 000 emergency patients, facilitated more than 166 000 hospital admissions and discharges, cared for 1 020 people in residential aged care, provided 2 555 older residents with community-based aged-care services—I know this is important to the member in his advocacy on behalf of the Mullewa community—and helped to deliver almost 4 300 babies. WACHS is enhancing the care provided to country communities through significant investment in technology, infrastructure and services. More regional and remote towns now have modern health services and facilities, and new technology is constantly being rolled out to bring care closer to home for those living in country communities.

As I said at the outset, and it bears repeating, the McGowan government remains committed to the redevelopment of Mullewa Hospital, and planning for this redevelopment continues. Once completed, the facility will include enhanced primary and community care facilities and will provide 24/7 emergency care from a new emergency department. The new community hospital is being planned in consultation with the local community and will provide access to a range of health services under one roof.

The time line for the project will be determined through planning and consideration of funding. As the member identified in his grievance, and I thank him for making this concession, the costs and time lines for the hospital have been impacted by increased labour and supply costs and the effects of the COVID pandemic.

I am instructed that Mullewa Hospital currently provides a 24/7 emergency response, outpatient care, community nursing, allied health, palliative care, primary health, community health, and Commonwealth Home Support Programme services. WACHS services are provided by resident staff, by visiting staff, through digitally enabled services, and in partnership with the local general practitioner, the Geraldton Regional Aboriginal Medical Service and other government agencies and not-for-profit providers. The Mullewa GP is contracted to provide medical coverage for the hospital from Monday to Thursday, with emergency telehealth services and mental health ETS providing 24/7 support to the hospital. The emergency telehealth service in Mullewa has been well received, with approximately 18 to 20 interactions a week, and is well supported with access to midwifery and obstetrics ETS and palliative care ETS.

The project intent is to deliver a new, purpose-built facility that aligns with a community-hospital model of healthcare delivery. It is to be constructed on the existing site. The project scope also includes demolition of all existing clinical structures, which, as the member says, were built in the 1940s. My notes say 1950s, which is roughly the same period.

Mr R.S. Love: There are three separate parts.

Mr S.A. MILLMAN: Yes. I take the member's point.

The alignment with the community-hospital model is suited to a small population such as Mullewa's, and the newly built facility will include a contemporary emergency department, including ETS facilities; group therapy rooms; multipurpose consultation and treatment spaces; short-stay respite and palliative care; and a community-supported home dialysis room.

The WA government remains committed to delivering the Mullewa Hospital redevelopment. We are in a tight labour and construction market globally, and WA is not immune to the effects of this. The midwest is central to the McGowan government's delivery of healthcare services. The Meekatharra Hospital redevelopment has been allocated close to \$50 million in capital funding, and the Geraldton Health Campus redevelopment has received an additional \$49.4 million in funding.

The final point I make is that the McGowan government is committed to access to quality health services across the state. Country people are entitled to access to those services, but do not forget that we have brilliant tertiary hospitals. When we build the new women's and babies' hospital, it will be for women and babies throughout Western Australia; access to those services will not be closed off to people from country WA.

I thank the member for the grievance. I am glad that he raised the issues.