

GNULLINGOO MIA RESIDENTIAL CARE — CARNARVON

Grievance

MS M. BEARD (North West Central) [9.53 am]: I grieve to the Parliamentary Secretary to the Minister for Health about the Carnarvon aged-care facility. I thank him for taking the grievance. The Carnarvon aged-care facility opened three years ago and is already in need of more beds. It is important to contextualise the grievance I raise today, as Carnarvon has had a long battle just to attain a much-needed fit-for-purpose aged-care facility.

The public record shows that the former member for North West Central first raised the need for an aged-care facility for the town and region—it is a central town—in his inaugural speech when the only aged-care facility was being closed down back in 2007. An aged-care facility called the Poinciana Lodge located at the Carnarvon Hospital Campus was a temporary provider after the previous aged-care facility closed down. However, it was in no way fit for purpose. The previous Liberal–National government announced funding under the North West Health Initiative to deliver a facility with 60 beds to be released in stages, undertaking a business case and planning with pre-construction work being undertaken prior to 2017.

In 2018, the previous member for North West Central along with the community of Carnarvon again undertook a vigorous campaign calling on the government to prioritise the much-needed aged-care facility, including launching a petition, after the Labor government withdrew funding and the project had stalled. In April 2019, the necessity of an aged-care facility was again highlighted when three seniors, including a 94-year-old war veteran, were forced to leave Carnarvon due to a lack of aged-care beds.

Finally, after a long journey, in late 2021, Carnarvon’s \$19.1 million 38-bed residential aged-care facility, Gnullingoo Mia Residential Care, was opened after years of uncertainty and delays. Carnarvon’s 38-bed aged-care facility is already at capacity. It is the only one of its kind in the region for hundreds of kilometres and services a large area.

I recently received a distressing email from a local constituent called Sandra Gane, who is a relentless advocate for aged care, making a plea for help. All 38 beds at the Gnullingoo Mia Residential Care have been filled and her long-term friend, an elderly person, is now likely to be moved to Perth due to no availability. She rightly asked: what will happen now?

Another elderly constituent and long-term resident whose brother and sister reside in Queensland recently contacted my office extremely concerned for his wellbeing after their elderly brother was admitted to the Carnarvon hospital. Medical advice received is that he be admitted immediately into aged care. As previously stated, there are no beds available and the next course of action is to move to a different facility, which his family are concerned will adversely affect him being away from his networks and familiar surroundings. With his family being on the other side of Australia, they are particularly concerned. He will remain at the hospital until suitable care is arranged, away from his friends and connections in his home town where he has resided for many years.

I remind the parliamentary secretary that in 2014, regarding the Carnarvon Health Campus, the now Labor Minister Stephen Dawson stated —

“It’s not fair that seniors are having to move away from their friends and family because they can’t get the care they need in their twilight years.”

I absolutely agree with Minister Dawson’s comments, as I am sure anyone in this chamber would who has needed to have their loved ones or family friends sent hundreds of kilometres from their homes off-country. It is a devastating situation. Those in the metro area can only imagine what it would be like to need to send an elderly parent or family member 1 000 kilometres north to an unfamiliar location without any other family or friends or the ability to visit them regularly.

There are elderly people now needing to be placed on a waiting list or temporarily housed at the hospital before being sent to Geraldton, which is around a 500-kilometre trip away, or 1 000 kilometres to Perth due to a lack of available facilities. Once again, the Carnarvon community and residents across the region are in desperate need of more aged-care facility beds. I know that is the case in many locations. With some elderly community members still lucky enough to be in their homes, many will be looking for beds in a very short space of time. Some of these people are in their nineties, and at any point in time will need to be admitted to an aged-care facility. After having provided enormous support and contributions to their community, they will need to relocate to somewhere far away from their home, which is something they do not deserve.

My question to the parliamentary secretary is as follows: given that the community has an expectation that the second stage of this expansion was to happen at some point in time, and that the previous provider appointed by the WA Country Health Service to design and deliver stage 1 of the Carnarvon residential aged-care facility when considering future growth outlined the potential for a 22-bedroom expansion in the initial master plan, will the

government commit to make a provision in the next budget to fund and build stage 2 of the aged-care facility in Carnarvon? I thank him for taking my grievance.

MR S.A. MILLMAN (Mount Lawley — Parliamentary Secretary) [9.58 am]: I thank the member for North West Central for raising this grievance. I appreciate her indulgence in allowing me to take the grievance on behalf of the Minister for Health. For reasons that will become apparent as I respond to the grievance, it is worth noting that the Minister for Health is not available to take the grievance this morning as she is at the national Health Ministers' Meeting in Brisbane. Otherwise, she would have happily taken the member for North West Central's grievance. I think this is about the second or third time that I have had the opportunity to take a grievance from the member for North West Central.

I thank her for the background on the Carnarvon aged-care service provided by Gnullingoo Mia. I think the history is important. I want to provide some more context for the chamber. The name of the current aged-care facility on offer for the residents of Carnarvon is Gnullingoo Mia Residential Care. It was provided to those residents through the state government by the WA Country Health Service with \$19.9 million funding to co-locate it at the Carnarvon Health Campus.

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This allows integration with other services and specialties. Gnullingoo Mia Residential Care is an aged-care facility managed by WA Country Health Service Midwest as part of the Australian government Department of Health multi-purpose services agreement. As the member would be aware, the provision of aged care is a federal government responsibility. Notwithstanding that, this state government, and in particular this Minister for Health, have taken a very interventionist role in making sure that the provision of aged-care services, funded by the federal government but delivered by market-based operators, has input from the government—in particular, the state government. WACHS works with the Australian Government Department of Health and Aged Care in order to deliver the multi-purpose services program in Carnarvon. This new residential aged-care facility has been integrated with the existing hospital to ensure that residents have access to skilled aged-care assessment, older patient initiatives, subacute programs, education and tele-geriatrician services while feeling comfortable and supported at home.

The new building has more than doubled the capacity of the previous aged-care home and provides onsite accommodation for couples and family members visiting their loved ones. Gnullingoo Mia caters for a wide range of people who may require permanent and respite care and who are unable to independently live in their own homes. It also provides culturally appropriate palliative care for residents with life-limiting conditions, with a \$5 million contribution from the end-of-life and palliative care initiative to ensure the facility matches the needs of people with advanced stage illnesses, something that the Acting Speaker will be appreciative of. I do not mean as a recipient of palliative care, but as an advocate for palliative care. The facility—this is important—has the capacity to accommodate 38 beds, including respite beds, palliative care beds and couples in shared rooms. I appreciate the member's instructions from her constituents are that the facility is at capacity, but the advice that I have from WACHS and the facility is that yesterday, on 17 April, there were 32 residents, one respite patient and one palliative care patient. A small number of permanent and respite beds are currently available should they be required for community members. There is also a waitlist of expressions of interest for people who want to go into Gnullingoo Mia. A place will become available once clinically appropriate. I am advised that no-one is on the waitlist whose current health status or frailty would determine the requirement for an immediate placement. In the event that a person has immediate aged-care support needs and a bed in Gnullingoo Mia is not available, arrangements can be made to have the person admitted to the general ward at Carnarvon Hospital—we are still the provider of last resort—while suitable residential aged-care arrangements are made and patients are awaiting aged-care services.

A number of issues arise. One of the things that the minister has done is constitute a ministerial advisory panel on aged care, again, notwithstanding that this is a federal government responsibility, and the state government has already done a number of things through that panel. The minister was instrumental in encouraging the federal government, together with the United Workers Union and the Health Services Union to implement a new aged-care industry labour agreement, which will encourage greater labour supply into this important sector, something that was missing under the previous federal Liberal government. Additionally, we say that the way in which the federal government funds aged care, particularly in regional and remote areas, through what is known as the modified Monash model of funding, disadvantages Western Australians towns and communities because Wollongong is not analogous to Kalgoorlie and Geelong is not analogous to Carnarvon. Through the minister's advocacy, the national authority has reviewed the classification funding model.

Essentially, the member is asking for government intervention into the provision of services that are generally delivered by the market. As member of the Labor Party, I do not have a problem with government intervention into the delivery of services that normally are provided by the market. It is a shame that the former member for

North West Central decided to leave the Labor Party, which is renowned for government interventions in the delivery of services, and joined the National Party in 2009. It is a shame that, despite making that change, he was not able to achieve anything, as the member outlined in her history lesson to us, in terms of aged-care facilities in Carnarvon. In fact, it was a Labor government that opened the Gnullingoo Mia facility and provided the funding necessary to get this aged-care facility up and running. That is the first thing. The second thing is that we have great advocates that we work with in the community like Liz Behjat, who is the Aged and Community Care Providers Association state manager. The third thing is that we had a commonwealth royal commission looking at the provision of aged-care services. In 2019, that royal commission looked at the work that the federal Liberal government had done and said there is nothing but neglect in the provision of aged-care services.

I finish my response to the member's grievance by asking this: when the member looks at what the former member for North West Central did in changing parties, what the Liberal Party did to Liz Behjat with her preselection, the Liberal Party's philosophy to free-market aged-care and the royal commission into aged care under the former federal Liberal government, if the member is an advocate for aged care, why did the member join the Liberal Party? Thank you.