

EDUCATION AND HEALTH STANDING COMMITTEE

REVIEW OF WA'S CURRENT AND FUTURE HOSPITAL AND COMMUNITY HEALTH CARE SERVICES

INQUIRY INTO THE ADEQUACY AND APPROPRIATENESS OF PREVENTION AND TREATMENT SERVICES FOR ALCOHOL AND ILLICIT DRUG PROBLEMS IN WESTERN AUSTRALIA

**TRANSCRIPT OF EVIDENCE TAKEN
AT MERREDIN
MONDAY, 7 SEPTEMBER 2009**

SESSION TWO

Members

Dr J.M. Woollard (Chairman)
Ms L.L. Baker (Deputy Chairman)
Mr P.B. Watson
Mr I.C. Blayney
Mr P. Abetz

Hearing commenced at 12.41 pm

HOOPER, COUNCILLOR KEN
Shire President, Shire of Merredin,
examined:

LUDOVICO, MR FRANK
Chief Executive Officer, Shire of Merredin,
examined:

The CHAIRMAN: On behalf of the Education and Health Standing Committee, I thank you for your interest and your appearance before us today. The purpose of this hearing is to assist the committee in gathering evidence for its inquiry into the review of Western Australia's current and future hospital and community healthcare services, and also we are looking into the adequacy and appropriateness of prevention and treatment services for alcohol and illicit drug problems. You have been provided with a copy of the committee's specific terms of reference.

The Education and Health Standing Committee is a committee of the Legislative Assembly. This hearing is a formal procedure of Parliament and therefore commands the same respect given to proceedings in the house. Even though the committee is not asking you to provide evidence on oath or affirmation, it is important that you understand that any deliberate misleading of the committee may be regarded as a contempt of Parliament. This is a public hearing and Hansard will be making a transcript of the proceedings for the public record. If you refer to any documents during your evidence, it would assist Hansard if you could provide the full title for the record. Before we proceed to your submission and questions we have for you today, I need to ask you a series of questions.

Have you completed the "Details of Witness" form?

The Witnesses: Yes, we have.

The CHAIRMAN: Do you understand the notes at the bottom of the form about giving evidence to a parliamentary committee?

The Witnesses: Yes.

The CHAIRMAN: Did you receive and read the information for witnesses briefing sheet provided with the "Details of Witness" form today?

The Witnesses: Yes.

The CHAIRMAN: Do you have any questions in relation to being a witness at today's hearing?

The Witnesses: No.

The CHAIRMAN: Would you please state your full name and the capacity in which you before the committee today?

Councillor Hooper: Ken Hooper, Shire President of Merredin.

Mr Ludovico: Frank Ludovico, CEO of the Shire of Merredin.

The CHAIRMAN: Who would like to get the ball rolling?

Councillor Hooper: I guess I will start. Just in relation to a couple of questions that we heard before: the Shire of Merredin has a population of about 3 500; the hinterland that we talk about is approximately has 15 000 people.

The CHAIRMAN: Sorry, what do you mean by the hinterland?

Mr P.B. WATSON: The outlying areas.

The CHAIRMAN: Sorry?

Mr P.B. WATSON: She is from the city!

Councillor Hooper: Probably the area that we serve has a population of about 15 000. That is the rough number that we work on. We have probably made a few comments in relation to the country service review and the integrated district health services that are mentioned for hospitals, and basically we are included with Esperance, Katanning, Moora, Narrogin, Northam, Carnarvon, Newman, Karratha, Derby and Kununurra. There is a list of those services that are seen as being provided at hospital that size; many of those are provided for in town. Having sat in on the earlier hearing, we heard more about what is provided, whereas we always get told what is not provided and what needs to be provided, which is probably what you get, too.

The CHAIRMAN: We have come here to find out what is not being provided and what needs to be provided now and into the future.

Councillor Hooper: It has been a long process to get to where we are with GPs in town. If you had been here two years ago, we would have been jumping up and down and asking you to give us some help in doing something about GP provision. Over the five or six years before that, the shire put in well over \$1 million to attract and house GPs.

The CHAIRMAN: I think I can remember Brendon standing up in Parliament several years back and saying that there was no-one here.

Councillor Hooper: Probably for 18 months to two years we had locum after locum run through an AMA practice. We are quite fortunate that we brought a doctor in who has actually bought the practice. He has also now attracted a female full-time GP so we have two full-time GPs in private practice.

Mr P.B. WATSON: Did he attract her, or did she attract him?

The CHAIRMAN: Peter!

Councillor Hooper: He got her in, so that is two more families into town, which is great. Also it is a great attraction to have a female full-time GP in town.

Mr Ludovico: They are both overseas-trained doctors from Nigeria.

Councillor Hooper: That is quite common in the area. We will get told off for raising some of these, but probably the first service we are missing, and it is one that the shire gets hit about very commonly, not only from people within the shire, but also those in surrounding districts, is that of obstetrics. There are a lot of issues about how it can be provided, or why it cannot be provided, but it is still something that is down to be provided in a hospital of the size of Merredin.

Mr Ludovico: It is on the list,

The CHAIRMAN: Frank, are you going to provide us with that list of shortages?

Mr Ludovico: The integrated district health services review, coming out of the WA Country Health Service review, listed all the facilities that would be provided in Merredin, and one of them is obstetrics. As the President has already indicated, we are here to talk about things that have not been provided that are on the list, which is a public document.

The CHAIRMAN: Are you happy to table a copy of that list?

Mr Ludovico: Sure. It is part of the country health services review document, which I believe is a public document and available for people.

The CHAIRMAN: We will have a copy anyway.

Mr Ludovico: I am happy to give you a copy.

Mr P.B. WATSON: Ken, is insurance the reason why you have not got obstetrics here?

Councillor Hooper: That seems an issue raised by the hospital, as well as shortage of staff, lawsuits, all those issues that are probably common right around Australia.

Mr P.B. WATSON: You are a hub, though, are not you?

The Witnesses: Yes.

Mr P.B. WATSON: So you really should have one.

Councillor Hooper: It just comes down to the plain and simple fact that there are some people who do not make arrangements and go away, and they present at the hospital halfway through labour and have to be delivered anyway. That is not uncommon, and there have been a couple of catastrophes resulting from that.

The CHAIRMAN: Do you have any midwives on your nursing staff?

Councillor Hooper: There are trained midwives in town; some of those are working through allied health now, not through the hospital, but there are a number of them in Merredin. It has been nearly 10 years, I suppose, since obstetrics left, so I do not know whether they are still trained up to current specs.

Mr Ludovico: I guess the issue from our point of view is that the WA Country Health Service said, "You're going to do this; you're going to provide this service." It is available in Katanning and Narrogin and for all the reasons it is in Katanning and Narrogin, it is not in Merredin.

The CHAIRMAN: Are Katanning and Narrogin a similar size to Merredin?

The Witnesses: Yes.

Mr Ludovico: We are saying to the committee that the list said you are going to do this, you have not; why have you not? There may be some plausible reasons, such as no midwives, the cost of insurance, and a whole range of things—great—but the community has not been told. We hear various comments around the place along the lines of it is too—whatever the reasons are. We are saying, it is on the list, you have not provided it, we are bringing it to your attention. If there is a plausible reason, great, tell us.

The CHAIRMAN: I am sure you are also taking this to Brendon Grylls, are you?

Mr P.B. WATSON: He does not want to know any more now that he is in government.

The CHAIRMAN: He is in a very different position now than he was 12 months ago.

Mr Ludovico: I think Minister Grylls is very well acquainted with the situation in Merredin—very well acquainted.

Councillor Hooper: After obstetrics, the one we keep coming back to is aged care. The lack of secure aged care seems to be the biggest issue that we have.

Mr Ludovico: Dementia.

The CHAIRMAN: Is that for phase 3, and 1? Are you talking about dementia and high dependency, low dependency? Which one are you referring to; or are you referring to all three?

Councillor Hooper: The dementia one is the one that is not here at all, which is probably the one we get a lot of feedback about. But we also have an issue about the capacity of the other areas to handle the extra people. We are banked up all the way from Merrittville Retirement Village, which consists of 26 units of accommodation, which is run by a community group at the moment. It will probably be run by the shire within a couple of years because that group is now under pressure.

The CHAIRMAN: We have heard from aged care providers, and we have heard that they are really not considering expanding the service they offer because they do not find it really financially viable now. Would you like to elaborate on that?

Councillor Hooper: Merrittville is a joint venture with Homeswest. The residents have to have limited assets to get in there. They are full all the time and have a waiting list of one or two, and then they have another waiting list of 15 to 20.

The CHAIRMAN: Is it run by a church group and Homeswest?

Mr Ludovico: It is run by an independent community group.

Mr P. ABETZ: What was it called again?

[12.50 pm]

Mr Ludovico: Merrittville.

The CHAIRMAN: They are coming in this afternoon, Peter.

Councillor Hooper: But probably the biggest waiting list of those people that had a house in Merredin two or three years ago that was valued at \$50 000 or \$60 000, with the way housing prices have gone it is now \$80 000 or \$100 000 and they do not qualify to go in. Because of the joint venture, you have got to have no assets or limited assets and those issues. So while there are only three or four that satisfied the Homeswest criteria, there are another dozen or 15 —

The CHAIRMAN: That do not qualify but need care?

Councillor Hooper: Yes, that want to get out of their house.

Mr P.B. WATSON: Is this the normal Homeswest housing or —

Councillor Hooper: No, this is a joint venture between this—and they just bank up because some of them are in the Merrittville units that cannot shift into—what is the next one?

Mr Ludovico: Berringa.

Councillor Hooper: — Berringa, which is the next level of care. That stops someone coming in at the bottom. So we certainly believe there is a shortage in that aged care right through those three; and then the fourth group being the dementia care, the secure care.

The CHAIRMAN: But it sounded very much from the hearings that we have just heard that it is not just aged care, that housing per se appears to be a problem here in Merredin, because that seems to be one of the reasons why you have problems attracting and keeping nursing staff at the hospital.

Councillor Hooper: I think that that housing issue goes right across all government departments, whether it be education, health, whatever, police services. I know the police got in early on a few units that were privately built and have secured three or four of those. But, yes, housing is certainly a problem. Trying to attract someone that has just built a new house along any of the coastal regions or the city to come to a four-bedroom fibro house with a 30-year-old kitchen is a real issue.

The CHAIRMAN: I do not think we have anyone presenting to us from the housing perspective, but who would have those statistics in terms of the number of houses you need for nurses, for teachers, for police?

Mr Ludovico: I guess GEHA or GROH would have that information; certainly they would have a waiting list. I know that some local governments have actually come on board and built houses and let them to the police in order to provide decent accommodation to attract decent staff to town.

The CHAIRMAN: Frank, can we ask you in your capacity as CEO to see if you can get that information from GROH and then forward it on to us?

Mr Ludovico: Sure.

Councillor Hooper: I guess the next comment would be in relation to this \$9 million to upgrade Merredin District Hospital and the future of services within Merredin. The local government has formed a Wheatbelt Health MOU Group, and I think Frank might be a better person to talk on that.

Mr Ludovico: Yes, the frustration that we have borne. Once again the list talks about WACHS being into long-term planning, and since WACHS was created in 2004-05, certainly in the wheatbelt there has been a lack of strategic planning. It does not help that they have had a new director every 12 months. So that does create a bit of a shift in momentum.

The CHAIRMAN: When you say it does not help, are the services they provide sometimes seen as a knee jerk rather than long term?

Mr Ludovico: I am not qualified to talk about that. Our issue is that the strategic or long-term planning did not occur, and it was a source of frustration that local governments got together and formed this Health MOU group. Basically it is a communication process between state and local government, and through that process they got \$100 000 worth of funding from the Wheatbelt Development Commission to undertake a strategic plan or to look into the issues of health in this particular region. As we discussed earlier, that report was prepared. A consultant floated around the place in June 2009 and a report entitled the "Wheatbelt Health Planning Initiative: a report on consultations", dated August 2009, has been prepared and it has been submitted to the Ministers for Health and Regional Development. We have not got a copy and it is still in their hands awaiting release.

The CHAIRMAN: So who funded that? Why are we not able to ask you for a copy of that?

Mr Ludovico: Because it has not been released.

Councillor Hooper: It is with the Minister for Health at the moment.

The CHAIRMAN: So it was funded by the government?

Mr Ludovico: It was funded by the Wheatbelt Development Commission, yes, through the Regional Initiative Program, which is I guess under the auspices of the Minister for Regional Development; that is why he has got a copy. So there would be some very interesting things in that document and I would suggest that you obtain a copy of that during your deliberations, whether you do that when it becomes public or do that in its digestion phase.

The CHAIRMAN: The interesting thing about that is we are hoping from this to try to identify what is missing in the different regions, and it looks like you have put a document together that has actually done it for this region. Do you know if other regions have banded together to develop something similar?

Mr Ludovico: I am not aware, so I cannot tell you. Maybe other WACHS regions have got themselves better organised than ourselves and have had better stability. Certainly from our point of view local government is very heavily involved in health, which you have already heard about. Virtually every local government in the wheatbelt has contributed to building surgeries, providing houses, providing cars for doctors, recruiting doctors from overseas, providing staff to run medical practices—the whole box and dice. We are intimately involved and I guess we do not see it as core business, but it is something where we believe the state government has abrogated their responsibility and somebody has got to do it, and people knock on our doors —

The CHAIRMAN: It sounds like you are doing it. In some places, from what we are hearing, it is not being done.

Mr P.B. WATSON: No. Most regions are involved.

Mr Ludovico: Most country local governments in one shape or form or another are contributing, either directly like we are doing or contracting a service provider and guaranteeing paying them \$30 000 or \$40 000 a year as a spotter's fee and a maintenance fee to keep a GP in their town, and they are still providing the surgery and all those sorts of things. That would be the case in most regional local governments. I wonder whether it happens in Albany; I do not know. It does not happen in Narrogin; it does not happen in Katanning because their GP services perhaps are bigger.

Mr P.B. WATSON: It does not happen in Albany but in a lot of surrounding areas.

Mr Ludovico: That is right.

Mr P.B. WATSON: Welcome to our world, Janet!

The CHAIRMAN: The picture still is not there, Peter. It is gradually starting to form but it is a long way from —

Mr Ludovico: I understand that you have got restricted time through this hearing process, but if you want to know all about it, come out here and we would love to spend a day with you briefing you up about what we do in rural WA in respect to health. Even the big places like Karratha shire and Roebourne shire have been bitten—if that is the right word—to provide dollars and cents to attract doctors to Karratha.

Mr P.B. WATSON: In some areas the mining companies do it too.

Mr Ludovico: Yes.

Mr P.B. WATSON: I know in Ravensthorpe that they paid for the police for the first 12 months, for daycare and the doctor; and then left.

Councillor Hooper: I guess, getting back to the Wheatbelt Health MOU, probably one of the reasons that that was pushed so far forward was that the local communities felt like they were disenfranchised from having any input. I know the members of the Local Health Advisory Group are feeling like there is very little purpose in sitting. The District Health Advisory Committee, which two of the CEOs from surrounding shires sit on it with other committee members, feel like they are just about a waste of time—the meetings and the input they can have—and they expressed that again at the zone meeting a week or so ago.

The CHAIRMAN: So do you feel that it is too top-heavy, the health department coming down, or what?

Councillor Hooper: Nothing changes, I guess.

Mr Ludovico: They are not listening.

Councillor Hooper: Yes. Basically they are there to rubber-stamp what is happening. The frustration, especially of a couple of the CEOs from around us that are putting a heck of a lot of time in, is they are there basically to rubber-stamp. If they raise issues that they are not in agreement with, then it is brushed over and that is one of the reasons why we went down this path of the regional health MOU, to try to actually get a voice for not only local government but also all the community. I do not know how many hearings or public sessions there were to actually try to get community input, and it was done outside of local government. I think local government quite often have a different point of view to the basic people. So it was good that it actually went outside local government.

Mr P. ABETZ: Could you just tell me about the District Health Advisory Committee, which you said indicated they felt it was a bit of a waste of time and they were not able to influence things? Who established these District Health Advisory Committees and what is actually their supposed function?

[1.00 pm]

Mr Ludovico: If you could find out, we would love to know! I am being sarcastic and I apologise, but it is supposed to have been placed, as a consultative group, into the health system so that local clients can come to these committee members and then feed into the hospital and health system. The District Health Advisory Council theoretically has a direct line to the minister. They should be able to knock on his door any time they feel the need to get in there. The difficulty is that they have not been given a purpose; they have not been given a budget; they have not been given a resource. Consequently, they do not know what they are doing, and sometimes the staff do not know what they are doing either. Some local groups, attached to a particular hospital, are very active because

they perceive that their hospital is going to disappear. They create all sorts of activity, whereas the Local Health Advisory Group in Merredin sees the hospital continuing to be here for a long time and so is not as active as some of the groups in other places who perhaps feel threatened. The whole idea is to provide community consultation and community input into the health system and, as I understand, back out again. Can we talk about the \$9 million that we spoke about beforehand—the upgrade that has been in a state government budget for a number of years? We would have thought that some of that planning would have gone through the LHAG and the DHAC, but precious little of that information has come back through that group. For example, do you want to spend an amount of money—that is, millions of dollars—relocating a building from one part of town to another part of town? Yes, there will be efficiencies in terms of shared staff and shared resources, but if that will mean that other priorities such as the ED or surgery unit needs will miss out, is that the best use? I would have thought that it would have perhaps been better to get some sort of community input in that process. I guess we have bypassed that in a way through this MOU process. Hopefully, the findings of that report will be used in some of the planning. But from a LHAG and a DHAC point of view, we have tried on a number of occasions to get details and —

The CHAIRMAN: Could you tell me in relation to the MOU, which groups would have contributed to that MOU?

Mr Ludovico: Okay. Local governments in the wheatbelt area are made up of—do you know the Western Australian Local Government Association? Do you understand what that means?

Mr P. ABETZ: Yes—WALGA.

The CHAIRMAN: Start with the building blocks.

Mr Ludovico: I just thought that it may be a waste of your time because there are more important things to talk about. Basically, the local governments of the region got together through their association—that is, the Western Australian Local Government Association, and —

The CHAIRMAN: Oh, WALGA.

Mr Ludovico: — spoke to the Wheatbelt Development Commission, WACHS and the Wheatbelt GP Network to try to get the strategic plan that we talked about earlier up and running. Through the Wheatbelt Development Commission they were able to access \$100 000 in funds to engage a consultant. This is the “glossy” that she has prepared to undertake her consultations; she did that in June and July of 2009. The MOU group is designed to improve communications between local government, WA Country Health Service and Wheatbelt GP Network because we are all major stakeholders in wheatbelt health.

The CHAIRMAN: I am asking about those who had input because this review is due to be reported to Parliament at the end of this year. We have with us submission forms that Dave, our Principal Research Officer, can give to you because on the basis of what you have to say, you would probably like to spend a week explaining things to the committee. Unfortunately, you do not have a week, but you do have an opportunity to summarise the facts that we do not cover here today in a submission. Also, you can pass submission forms to other people who have not had the opportunity to express their concerns to the committee today. That will allow the committee to see the full picture.

Mr Ludovico: When we became aware that this committee was coming to Merredin, we understood our regional responsibilities and alerted the Health MOU group and also the District Health Advisory Council of this meeting. Unfortunately, they were not able to get in or did not get organised. Unfortunately, Minister Castrilli is keeping local governments a bit busy at the moment! I am sure my colleagues in other places will make submissions through the normal process.

Mr P. ABETZ: Good.

The CHAIRMAN: Submissions have closed, but in view of your concerns we will give you some submission forms today and we will ask you to hand them to your colleagues and ask them to have

a submission to the committee within three weeks—by the end of September. We will take them as late submissions.

Councillor Hooper: I guess that there has been a pretty major change in staff at WACHS during the last six to 12 months. The strategic planning that was meant to be done two or three years ago and the local government and community consultation processes that were to happen did not happen—none of those happened. They had to go outside those boundaries to try to get some input.

What else do we want to add?

Mr Ludovico: Chair, you asked the previous witnesses about problems, solutions —

The CHAIRMAN: Yes; about what the gaps are now and —

Mr P. ABETZ: Yes, and to anticipate them into the future. That is for us to tap into. You mentioned the aged-care issue. We have heard about high-dependency and low-dependency aged-care issues for local hospitals, which is obviously only one aspect of aged care in the wider community. In terms of overall aged-care needs, do you have any idea of the numbers, given the population projections?

Mr Ludovico: Huge; we have a waiting list of about 20 or 25 people, and a lot of people are not putting their names on the waiting list. For our community that is quite huge. We are just about to embark on a consultancy to figure out the aged-care needs for the region—the hinterland, for want of a better word—so that we can access funds. Some people have suggested that if we borrow \$10 million and build units, they will fill up. There is certainly a demand. We have already talked about dementia. You have seen the statistics about dementia and we are told that demand is growing exponentially. There is certainly a huge need. The difficulty that we have is that the closest secure dementia ward is miles and miles away. We take people who have never been to places such as Perth and Mandurah into unfamiliar surroundings, and it is really hard for family and friends to visit and have a chat to them. We think there should be such a facility in a central wheatbelt location—perhaps Merredin—so that people can come in and catch up with their loved ones because the facility is only five minutes away; that is, it is a relatively short distance away and traffic and those sorts of things are not a problem. The surroundings are relatively familiar. We think it would be a great thing to have a high-quality secure dementia ward somewhere in the wheatbelt region.

The CHAIRMAN: You need to tell whoever told you to get that money and build those units that you have heard from this committee that people who currently have aged-care beds and nursing homes in the metropolitan area are not taking on the building of new facilities because, basically, they are not able to make a profit; it is costing them money.

Mr Ludovico: Sure, and that is a problem —

Mr P.B. WATSON: Clarence estate in Albany is expanding all the time.

Councillor Hooper: City land prices contribute a little bit to that.

Mr Ludovico: I guess the problems that we have—and this is the opportunity to mention them. First, we have spoken about gaps and highlighted that there is no obstetric service. They tell me obstetric services require anaesthetists. We have not talked about mental health issues; we have only touched the service of that. Dementia services were certainly on the list of things that they were going to provide but that we believe they have not provided. The second thing that we want to bring to your attention is that we feel that the state government has abrogated its responsibilities for health care; it has let local governments pick up the ball—it has cost shifted the health-care responsibility to us. We get button-hold in the supermarket or at the footy field or down in the street all the time for these sorts of things because we are not the invisible public servant who goes home at night; we are highly visible people who live in the community.

The CHAIRMAN: It is not that you are proactive; it is that you are filling a gap.

Councillor Hooper: You have got two choices: you either fill the gap or send another 300 or 400 people out of this town and probably every other town around it, and then you have the end of another community.

The CHAIRMAN: What about drugs and alcohol? Are they a problem? We have heard that suicide is a problem in regional areas. Is there a problem with drugs and alcohol in the area?

Councillor Hooper: Merredin had a population up around 5 000 people and therefore has a lot of housing. A lot of lower socioeconomic people came to town for cheap housing, some of whom may have those issues. It seems to be a much bigger problem, percentage-wise, in Merredin than it does in the surrounding towns. Certainly, if you talk to the staff who work at Merredin hospital or any of the other local hospitals, anecdotally they will tell you those types of issues present at Merredin more than anywhere else. It is just one of those things that go with a bigger town; it is a bit easier to stay out of sight in a bigger town than it is in a smaller town.

[1.10 pm]

The CHAIRMAN: Is the hospital the only support for people who have illicit drug use and alcohol problems or are there other good community services in the area?

Councillor Hooper: It is one of those areas that unless you know someone involved with the problem you do not see the problem. Very few people come and complain about drug and alcohol issues. If they have them, they want them to stay hidden. Probably the people you will speak to later today will have a much better idea about the situation and what it is like. Mr Stones raised it this morning. I think that those people will have a lot better input that we can on that issue.

Mr Ludovico: Lastly, talking once again about dollars and cents and GP services, I know that at one stage we told the health department that we were unable to recruit GPs and asked how we could provide a hospital service without a GP. The department's response was that the traditional model was to use the GPs in town. We argued that you can't have a hospital without GPs. I guess the model that we want is to hire a GP in the hospital service. We told the health department that they do that in Port Hedland and Carnarvon and other places and asked why they could not do it in Merredin. The health department has finally seen the light and is recruiting. The balancing act is that we do not want that to be too successful because the normal GP services will suffer financially. It is a balancing act. We want to thank the health department or WACHS for recognising that they are part of the deal and part of the solution so that we do not have to feel that we are contributing everything to provide GP services in town. They have taken on some of that load. Prior to the troubles that we have had, they did not accept that they had a responsibility to help provide housing or cars or anything else—which is a bit of an issue.

Councillor Hooper: Are you are meeting with St John's Ambulance representatives today?

The CHAIRMAN: No, we have already met with St John's.

Mr Ludovico: You are not meeting the locals?

The CHAIRMAN: No; not the local providers; if there are some local issues —

Mr P.B. WATSON: That was why we asked a question this morning about paramedics.

Councillor Hooper: I guess that is a real concern at the moment. Out of a dozen or 15 volunteers, we have a core group of three or four who do the majority of the work. A couple of those are getting very close to —

The CHAIRMAN: Did you say three or four volunteers?

Councillor Hooper: Yes; three or four who are getting very close to the point at which they will no longer provide the service. That is a real concern. The amount of work on about half a dozen people—with fly outs and attending accidents—is a real problem.

The CHAIRMAN: Are you saying that you do not have a full-time paramedic here?

The Witnesses: No.

The CHAIRMAN: Given the size of the town, would it count for the —

Mr P. ABETZ: It depends; St John's works on the basis—I have it in my notes here—of so many ambulance callouts. If it gets above, I think, 1 200 in the year then they have —

Mr P.B. WATSON: They have that in the city; it is ridiculous to compare country and city callout rates.

Mr Ludovico: Travel time is a big issue for us and the time for people to get in from wherever they are. The Merredin hospital has a hinterland of over two hours travelling, and they say that 30 minutes is the critical time in which to deal with patients. It is an issue when a volunteer has to leave town, go out 30 minutes to the scene of an accident and then travel an hour and a half back to the hospital. It puts lots and lots of pressure on volunteers.

The CHAIRMAN: You may also want to ask those four key people who seem to run the St John's service here if they want to put in a submission.

I am going to ask each of you to again speak about current needs and gaps and identify future needs. Perhaps we can give Ken a bit of a break and ask Frank if he can sum up and then we will come back to Ken.

Mr Ludovico: Chair, I thought we had already identified that, but if you want to go over it again —

The CHAIRMAN: No; this is your opportunity to discuss those things that we have missed as a result of an interjection that may have thrown you off track.

Mr Ludovico: From my point of view, we have hit on them already—obstetrics, anaesthesiology, aged care, dementia, mental health. They are the things that we can see being future issues for us for two reasons: firstly, they are where the demand growth will be and secondly, the department said in its report that it would provide these services, but it has not.

Mr P.B. WATSON: What is the growth rate in Merredin, Frank?

Mr Ludovico: We are relatively stable, but we are not going backwards like everybody else. We have a \$750 million wind turbine farm happening just down the road and the Westonia goldmine. Somebody wants to build a potassium mine up the road. We think the future is really bright in Merredin. Yes there will be a construction peak, but there will also be growth in terms of long-term employment. Westonia want to —

Mr P.B. WATSON: You will find that the wind farm is a good tourist attraction.

Mr Ludovico: Yes, that is right. We are hoping that Westonia is talking about drive in, drive out rather than fly in, fly out because that will mean people will use Merredin as a base. We have the school, the hospitals and the shops. In terms of growth, although it is steady at the moment, we see it increasing in the future.

Councillor Hooper: I guess mental health and a 24-hour callout line is one of the main issues. A common complaint is that after hours and on weekends we only have a phone line and no one to support it. That seems to be an area that is becoming more and more busy. It is busier and busier.

The CHAIRMAN: Do you know what suggestions other shires have put forward to deal with that?

Councillor Hooper: Not really; it is probably an issue that is more relevant to Merredin and surrounding towns. I know that Nungarin has had issues over the past 12 or 18 months but that it has been limited to two or three families. They have certainly had issues with those families, but as far as solutions go, I guess it is like everything else, it is having staff on the ground around the clock. A lot of the health people come to town on Monday and go back to Perth on Friday so healthcare is a real issue on weekends.

Mr P.B. WATSON: Have you got an Aboriginal health service here?

Mr Ludovico: We think that one of our doctors administers a clinic.

Councillor Hooper: Yes; that clinic runs one day a fortnight—or something like that—out of one of the halls that the Aboriginal groups have. Once again, it is very hard to work out what they do or do not want. We have the same problems at council. We have an Aboriginal councillor on council, but it is very hard to get input from them. I hope that you can get more this afternoon than we can get at council.

Mr P.B. WATSON: If we do, we will pass it on.

Mr Ludovico: We will read Hansard!

The CHAIRMAN: In that case, I would like to thank you for your evidence before the committee today. A transcript of this hearing will be forwarded to you for correction of minor errors. Any such corrections must be made and the transcript returned within 10 days from the date of the letter attached to the transcript. If the transcript is not returned within this period, it will be deemed to be correct. New material cannot be added via these corrections, and the sense of your evidence cannot be altered. Should you wish to provide additional information or elaborate on particular points, please include a supplementary submission for the committee's consideration when you return your corrected transcript.

I will just ask David to give you some submission forms before you leave. Thank you both for attending.

Hearing concluded at 1.19 pm