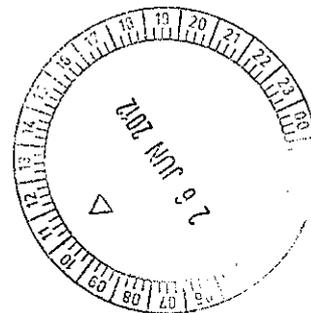


The Chairman
The Honourable Mr Brian Ellis - MLC
Standing Committee on Environment & Public Affairs
Government of Western Australia
Parliament House, Perth



SUBMISSION RELATING TO TABLED PETITION NO 163 – RED CROSS BLOOD SERVICES IN REGIONAL HOSPITALS

Petition to Government (No. 163) confirms that the Western Australian Electorate wants the Geraldton and other regional blood services previously closed by the Australian Red Cross Blood Service (ARCBS) to be re-installed as blood collection centres in Regional Hospitals throughout Western Australia.

Throughout this petition process (and that of some 6,260 signatories of a similar petition to the State Legislative Assembly), we note the consistently broad-based concerns expressed regarding the risks to regional and remote communities arising from the ARCBS centralisation of services policy. Concerns have centred around 5 major risks:

- security of emergency blood product supplies to regions should centralised services become compromised
- failure to respond in time to regional and remote demand for emergency blood products
- failure to adequately support those who must give blood to control serious illnesses (e.g. haemochromatosis)
- failure to recruit young Western Australians across the wider community as donors for the future
- community concern about the current practice of importation of blood products from other countries where quality control is perceived as less than adequate, and where in any case, such supply is dependent on external factors outside the control of the ARCBS

The current strategic direction of the ARCBS is at odds with community expectations and Government Policy. We hope that the following information will inform and persuade those responsible for the welfare of Western Australians that reinstatement of blood services at Geraldton (and other regional centres) is in the proper and best interests of all Western Australians.

At this time we understand the ARCBS is less than willing to support the express wishes of the community outside of the Metropolitan and immediate Southwest of Western Australia. We believe that the Western Australian Government should consider alternative solutions to guaranteeing the certainty of supply of high quality blood and derivative products for Western Australians.

Government Policy

Regionalisation of Services

The perceived strategy of ARCBS *centralisation* is in direct conflict with the state Government's commitment to regional development. Withdrawing vital health services from regional and rural areas of the State is to the detriment of the entire population in terms of employment, training, and health service provision.

Risk Management of Disease and Disaster (Human Health)

Centralising the collection, supply, and distribution of blood products exposes such facilities to a considerable degree of risk. When confined to a densely populated metropolitan area, events such as the outbreak of disease, power outages, and natural disasters could compromise the ability of the ARCBS to respond to such, especially in the event that the central supply itself is compromised.

Regional and Metropolitan Demographics

The Western Australian population has increased by 14% since 2006, to 2,240,000 in 2011. This is the *highest increase* in population across the Australian states and territories. The increase in population is largely attributable to the continued expansion of the mining industry – evident in that the Nation's largest proportionate population

growth was in the East Pilbara region in 2011. Although the majority of the state's population resides within the Perth region, there is still a *considerable percentage of the population existing outside the metropolitan area*. The centralisation policy of the ARCBS would appear to favour those residing in the Perth region, largely ignoring the more rural and regional populations.

It is of major concern that there are no blood collection facilities for a distance of 4,000 kilometres, which encompasses the Kimberley, Pilbara, Gascoyne and Midwest Regions with a combined population of more than 150,200. Using the ARCBS often-quoted statistic of 1 in 30 people donating blood, with each donor giving blood 3 times a year, ARCBS is failing to collect 15,020 donations within these regions. Multiply that figure by 3 as *each whole blood donation yields 3 products*, gives around **45,060 lifesaving products**. Dividing the number of potential donors into the 5 donation centres closed by ARCBS in the past 7/8 years and **if in operation, centres would collect an average of 9,000 life saving products per year**. Surely those future recipients are owed the certainty of supply at a time of critical need. Note that ARCBS further advises that 1 in 3 of us will require blood/and or blood products in our lifetime.

Willing donors are in all the regions, but they have been deprived the opportunity to volunteer, donate, and save lives because of the ARCBS policy of centralisation. ARCBS constantly urges the community to donate as **stocks are consistently in short supply** (see www.donateblood.com.au). There are willing donors throughout Western Australia whose generosity and willingness to donate has been denied by ARCBS.

Growth Forecasts – Regional Populations

Employment in Western Australia is growing by 3% annually, and overall the biggest growth industries are mining, health, and retail. The Kimberley and Pilbara regions are the state's highest export regions. Given the expansive nature of these regions in terms of population, and their increasing contribution to the State and National economies, health service provision should be following the expanding trend, not shying away from it.

Regional Collection Centres (Current/Closed)

ARCBS gave no indication to the donating public that they had arbitrarily decided to close the centres in Western Australia. There was **no** community consultation. ARCBS Public Relations **did not** hold any donor drives to increase the donor base in the regions and there was **nothing** in the media notifying the community of the imminent closures - *donors in Geraldton had appointments for the week following the closure of that centre!* Were the Premier Colin Barnett, the Minister for Health Kim Hames, and the State Health Department aware and or advised of the closures prior to the events? If so, why weren't the public advised?

The only regional collection centre that collects whole blood and plasma donations, and operates five working days a week, is the Bunbury collection centre. In contrast, the closed centres (as well as Albany and Kalgoorlie) have always been limited to collecting whole blood donations and operating three working days a week. Does this mean the Albany and Kalgoorlie collection centres face closure if they too cannot be staffed? Why hasn't the ARCBS attempted to increase collection hours, expand and increase the donor base, and collect plasma as well as whole blood in these regional collection centres?

Where else do you have a company that is **fully funded by the Commonwealth and State Governments**; who **imports products because of shortages in Australia**; and whose product is **generously donated at home**; and that has, in the past seven years, **closed centres not only in Western Australia, but also in Alice Springs and Victoria**?

Five regional blood collection centres have been *closed* by ARCBS in the past seven years, including:

- Carnarvon
- Port Hedland
- Northam
- Broome
- Geraldton

Currently, the only regional collection centres still in operation are:

- Bunbury
- Albany
- Kalgoorlie

- Various mobile collection services conducted by the Bunbury and Kalgoorlie staff
 - Busselton
 - Margaret River
 - Narrogin
 - Harvey
 - Collie
 - Northam
 - Bridgetown

The regional collection centres closed by the ARCBS indicate a worrying trend – **those to the north of Perth have been closed**, while those south remain open. Currently, the northern-most collection centre in Western Australia is Joondalup, still some 404 kilometres south of Geraldton. This sends the message that **if you live in a town north of Perth, ARCBS is just not interested in collecting your lifesaving blood donations.**

Corporate Growth – RCBS

Since Nationalisation of blood collection in 2005, the ARCBS appears to have adopted a corporate image which is out of whack with regional Australia. The image appears more important than the attraction and retention of regional donors.

Funding Sources – Current RCBS Operations

ARCBS is funded by the Commonwealth and State governments, and receives hundreds of millions of dollars in funding each year, returning a considerable proportion in surplus when operational targets are met under budget. There is therefore an opportunity for funding to be reallocated or redistributed to maintain blood collection, processing, and distribution in rural and regional areas throughout Australia.

Arguments for Closures

The ARCBS has given a number of reasons for collection centre closures throughout the state.

Unreliable Transport: There are *six return flights from Geraldton to Perth daily*, and road courier services have been used in the past to transport blood products to Perth. There is no real argument for transport issues being a factor in the closure of the Geraldton collection centre.

Employee Recruitment and Retention: The ARCBS tend to advertise positions in State and National newspapers, neglecting regional newspapers. This disadvantages the local employment pool and disregards newspapers with a broader regional distribution. It is unlikely that positions in regional and rural areas will be filled by interstate or intrastate applicants, when compared to positions advertised at the local levels.

Funding Constraints: When MLA Ian Blayney met with ARCBS South Australian Northern Territory and Western Australia Manufacturing Manager Greg Wilkie in May 2012, it was implied that the closure of the Geraldton collection centre was *not* due to financial considerations. In an article published on the www.donateblood.com.au website, the WA Donor Services Manager is quoted as stating ‘...despite Geraldton’s population size, the centre collects 34 of the 27,000 weekly donations made by Australians’ as part of the justification for its closure. Given the cited understaffing issues in the Geraldton centre, and its long-standing part-time hours of operation (Tuesday – Thursday), this figure is greatly misleading, especially considering the centre was in operation for *46 years*. Has the funding for the Carnarvon, Port Hedland, Northam, Broome, and Geraldton collection centres been reallocated since their closures? If so, where is this money being spent?

According to the ARCBS 2011 Blood Service Annual Report delivered a considerable surplus in 2010-2011. This is in part attributed to ‘...the result of the continuing implementation of efficiency measures throughout the Blood Service delivering real value for money across the organisation.’ (p. 33). Do these efficiency measures imply that value for money extends to closing underperforming collection centres? ARCBS’ often quotes that only 1 in 30 of us actually donates and yet 1 in 3 of us will require blood or blood products in our lifetime - surely any blood collected is better than none. Surely 34 life-saving blood donations *a week* (over 100 blood products) is better than zero blood donations *permanently*. Each time a collection centre is closed, so is the donor pool for that region.

It is important to consider that young people aged 16 – 18 years can donate blood with parental consent. This population group forms an important generational donor base for the ARCBS. Geraldton Senior College won the ARCBS Youth Challenge *for the fifth year in a row* in October 2011, with some 94 donations which potentially saved 282 lives. Now that the Geraldton collection centre is closed, these students will no longer be able to donate there, and it is unlikely to expect them or other donors to travel to Joondalup to donate.

Staff Training and Development: The ARCBS has had difficulty in recruiting and retaining staff in Geraldton, impeded by the following factors:

- Perth-based incremental skills training
 - Staff were not substituted locally during training, impacting upon delivering collection targets and retaining donors
 - Staff that are trained in some skills (e.g., collection) and have not yet been trained in others (e.g., interviewing) are restricted in their capacity to work to meet ARCBS targets
- Part-time hours of operation
 - Had hours of operation been extended, this would have necessitated the employment of full-time staff
 - Fewer collection hours impacts negatively on collection targets
- ARCBS insistence of advertising in metropolitan and national newspapers over regional newspapers to attract staff
 - No interest from metropolitan-based and national staff in relocating to regional areas for part-time positions
 - Neglect of local recruitment pool

Potential Solutions to the Systematic Closure of Regional Collection Centres by ARCBS:

Alternative Providers

There are a number of potential alternative avenues for blood service provision:

1. Regional Blood Banks (Autonomous NGOs)
2. State Health Department Regional Blood Banks
3. Federal Health Department Regional Blood Banks
4. Private Sector Service Contractors

Potential Funding Sources

There are many avenues for funding to re-establish regional and rural collection centres:

1. Revised RCBS Budget (reallocating funding from closed centres)
2. State Government Health Department
3. Federal Government Health Department
4. 'Royalties for Regions' Initiative
5. Corporate Sponsorship (e.g., mining industry)
6. Philanthropic Donations
7. Community Fundraising (e.g., Lotterywest)
8. Blood Product Sales

Options for premises

There are three main options for re-establishing collection centre premises:

1. Construction of New Premises
2. Rental Premises

3. Donated Premises

Contingent Benefit

There is a wealth of contingent benefit associated with re-establishing collection centres, including:

1. Risk Management (i.e., decentralisation)
2. Regionalisation
3. Geographical Skills Diversification (e.g., remote practical experience)
4. Employment
5. Local Accountability – Boards/Committees
6. Regional 'Ownership' of Outcomes
7. Efficiency and Innovation

As of Friday 22nd June 2012, ARCBS Nationwide urgently advises that Australia has only a 2.2 day supply of blood product. ARCBS further advised that there is a 1 day supply of O-Negative blood ('universal' blood type, especially valuable for emergencies) in stock.

We would like to know – what was the common factor in the closure of the centres in Western Australia, Victoria and Alice Springs? There appear to be conflicting opinions within ARCBS for the reasons the above closures were made.

Please be aware that the complaint has *not* been taken to the Parliamentary Commissioner for Administrative Investigations (Ombudsman).

Name: **Mrs Judith Caudwell**

Signature:



Date: **25 June 2012**

Place: **Geraldton, Western Australia**