

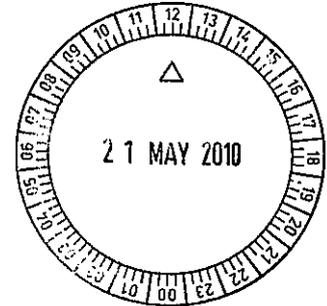


PUBLIC

**Deputy Premier of Western Australia
Minister for Health; Indigenous Affairs**

Our Ref: 25-11983

Hon Brian Ellis MLC
Chairman
Standing Committee on Environment and Public Affairs
Legislative Council Committee Office
18-32 Parliament Place
WEST PERTH WA 6000




Dear Mr Ellis

Thank you for your letter of 1 April 2010 in relation to the petition tabled by Hon Wendy Duncan MLC in the Legislative Council regarding the Derby Health Service.

As part of its strategic plan, *Revitalising Country Health 2009 – 2012* the WA Country Health (WACHS) commits to improving access to the range of health services that are most needed for regional Western Australians living in country regions.

As the largest and most accessible town in the Kimberley region, Broome was identified as the most appropriate town and as a result, Broome Health Service was redeveloped to enable the hospital to undertake the role of Regional Resource Centre for the Kimberley region.

Derby, as an Integrated District Health Service, will continue to perform a critical role in providing primary and secondary care, including surgery and births, for its population and surrounding communities.

In regards to 'Petition No 56 - Derby/West Kimberley Shire - Oppose the withdrawal of health services', WACHS - Kimberley would like to respond to the six issues raised in the correspondence dated 22 March 2010 in line with the service capability.

1. 'Surgery is able to be performed at any time at Derby Hospital by a resident Derby surgeon'

WACHS - Kimberley is currently funded for two full time equivalent surgeons.

I note your concern about the Resident Surgeon role which is now based in Broome. WACHS - Kimberley has advised that the resident surgeon position has not been operating from Derby Health Service for nearly five years. Continuous efforts to recruit a resident surgeon to the area were not successful and therefore to ensure that this role could be filled, the position was re-advertised as a regional position.

WACHS - Kimberley has advised that currently there are enough patients requiring surgery in Derby for three to five days of general surgery per month. Extra surgical days are scheduled as negotiated through the process of ensuring waitlists stay within boundaries. Visiting specialists also deliver services to the Shire of Derby/West Kimberley including a general physician, ear, nose and throat surgeon and an obstetrician and gynaecologist. During the month of April, for example, in addition to general surgery a total of 22 patients had surgery for ophthalmology and orthopaedics.

In reference to your queries about on-call surgery, emergency surgery is undertaken in the Regional Resource Centre. This ensures the patient/s has access to the technology (e.g. CT scanner) and surgeons have clinical support required to provide safe care for emergency procedures. For patients requiring care at a level greater than that available in the Kimberley, the patient may be transferred to Darwin or Perth.

WACHS - Kimberley has further advised that in the 2009/2010 financial year Derby has had 326 surgical separations. Of the 326, only two have been transferred to Broome and three to metropolitan hospitals. The remaining patients have had surgery in Derby. On average Derby Hospital conducts seven to nine emergency cases per month. These comprise predominately of maternity emergencies such as caesarean sections.

The WACHS priority continues to focus on improving access to services based on need and improving health outcomes. Clinical services currently provided by Derby Health Services are planned to continue at levels that align to the service capability.

2. 'Paediatrician/s remain based in Derby for the Kimberley region'

As you may be aware, there are currently two full-time equivalent paediatricians and one paediatric registrar at any time on secondment from Princess Margaret Hospital employed in the Kimberley.

In acknowledgement of the increased demand for paediatric services in the West Kimberley and in response to calls from local specialists to increase the number of paediatricians, WACHS appointed a leading paediatric specialist to carry out a review of paediatric services in the Kimberley. As a result, on 30 December 2009, I announced the approval to appoint another full time paediatrician to the Kimberley region. The recruitment process has since commenced.

To ensure an optimal level of paediatric services can be delivered within the Kimberley, the paediatricians are currently developing a service plan which takes into consideration different models of service, skill mix and availability of medical officers. This Paediatric Services Plan will guide the admission and treatment of paediatric patients across the Kimberley and will determine which children will be cared for in integrated health services (e.g. Derby and Kununurra Hospitals) and which children will require transfer to the Regional Resource Centre in Broome or a tertiary facility in Perth or Darwin.

WACHS - Kimberley have also confirmed that \$7.9 million has been allocated to Broome for the redevelopment of paediatric services which will include paediatric beds and a level 2a Nursery. While the level 2a nursery will transition from Derby to Broome when this redevelopment is complete, Derby will still maintain an obstetric service. If it is a low risk pregnancy and birth then the care will be provided in Derby. If there is a need for more complex care services to be available then the care will be provided in Broome, Darwin or Perth. The guidelines determining which mothers will birth in Derby and Broome are being developed with the clinical staff. These guidelines are common to many country areas and are based on ensuring that the safest care is available to the mother and baby.

3. 'No further removal of health services from Derby'

WACHS - Kimberley has advised that the Derby Hospital underwent a \$14.4 million redevelopment which was completed in March 2007.

Derby Hospital has a 35 bed capacity which meets current inpatient demand and is sufficient to meet any future increases in patient activity within the district. As demand changes, resources such as the number of nursing staff also change.

Throughout WACHS, nursing staff levels are determined in line with the Nursing Hours per Patient Day Benchmarks that have been established in consultation with the Union. Derby Hospital inpatient areas are staffed to the activity levels using this standard allocation formula, referred to as "Nursing Hours per Patient Day".

Derby Hospital has confirmed that paediatric patients are managed in the general ward, however the general ward comprises two wings and paediatric patients are managed in the paediatric wing. Exceptions to this are when capacity is reached in this wing or when the number of paediatric patients is so small that it is safer to monitor them in the larger wing.

4. 'Accommodation for Health Professionals'

A housing renewal plan is being developed to ensure the disposal of unused/poor property and seeking approval to reinvest in new housing in Derby. Derby is fortunate to have access to land which will allow for the construction of new houses. This project is currently underway.

5. 'Comparison of Service Provision'

In addition to the third paediatrician, it was also announced that a second physician would be recruited to the Kimberley region. Derby and Fitzroy Crossing will benefit greatly from the increased access to the specialist physician services.

6. 'Geographical Location'

Providing seamless health care services to each individual and the community is a priority for Derby Health Services. The Operations Manager, Director of Nursing and the Senior Medical Officer are working to achieve this by ensuring planned and facilitated episodes of care, streamlining the surgical waitlist management and reducing barriers in accessing services such as transport and accommodation.

Furthermore, the Aboriginal Health Advisory Council of Western Australia (AHCWA) has very recently developed a memorandum of understanding with WACHS and the Office of Aboriginal and Torres Straight Islanders (OATSI). This allows for all Aboriginal Medical Services across the State to move forward with the 19(2) Medicare exemption submissions for eligible hospitals. Derby Hospital will work collaboratively with the Derby Aboriginal Health Service to progress their submission which will lead to enhanced primary care services across the Shire of Derby/West Kimberley.

Consultation, engagement and communication with the Derby Community remains a priority for WACHS - Kimberley. This is evidenced by monthly community forums and monthly hospital communications in the local newspaper. This piece titled "Hospital Happenings" has been received exceptionally well, with community members commenting they look forward to it each month in a recent local newspaper survey. Efforts have also focussed on revitalising the Derby District Health Advisory Council which now meets regularly.

WACHS - Kimberley would like to assure you that the Derby Hospital will continue to have a vital and critically important role as an Integrated District Hospital, providing quality services to the Shire of the Derby/West Kimberley.

If you would like to discuss this matter further, Ms Kerry Winsor, WACHS - Kimberley Regional Director, can be contacted on 9194 1615 for further information.

Thank you for bringing this matter to my attention.

Yours sincerely



Dr Kim Hames MLA
DEPUTY PREMIER
MINISTER FOR HEALTH

19 MAY 2010

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