

Health

Health services across metropolitan and regional Western Australia are delivered over 2.5 million square kilometres through more than 800 sites.

Significant investment continues in health infrastructure, with total allocations reaching \$5.5 billion over the next four years, including an additional \$500 million for the Building Hospitals Fund. The Government has also committed to increasing hospital capacity by 900 beds.

While these investments are substantial, there remains a need to strengthen early intervention, prevention, and community-based care, including community models such as network navigators. It is positive to see the continuation of key programs such as the Transition Care Program, TCP@Home, and the Hospital to Home Disability Transition Care Program, as well as progress on Older Adult Care Hubs, which are offering promising models of care.

While there has been investment in regional areas, significantly more is required to achieve equitable health outcomes. Persistent disparities in access, workforce availability, and the cost and burden of travel continue to limit the ability of regional communities to benefit fully from system improvements.

Initiative	Investment in Health Infrastructure, including Building Hospitals fund (BP3, P181, P185)
Investment	Investment includes 1.5B health infrastructure.
Description	This brings current health infrastructure to 5.5B. The new additions include: <ul style="list-style-type: none"> • additional \$500 million to the Building Hospitals Fund bringing it to \$2 billion this investment will deliver 900 hospital beds over the next four years across Western Australia. • also includes a \$214.1 million increase to capital maintenance funding • \$36.2 million to establish a Central Commissioning Office to oversee and coordinate the sequenced operationalisation of additional beds • Also includes the purchase of the Mount Lawley Hospital for \$80,000,000 (part of the 900 beds)
Implications	<i>Sustained investment in hospital infrastructure will improve system capacity and support growing demand. However, without parallel investment in community-based services and prevention, there is a risk that demand pressures and hospital congestion will continue, limiting the overall impact of infrastructure expansion.</i>

Initiative	More pharmacists brought on board to care for everyday conditions (BP2, V1, 294) (BP3, P131)
Investment	\$4.1 million over three years.
Description	boost access to primary care across Western Australia, through the Enhanced Access Community Pharmacy Pilot. Under the pilot, qualified pharmacists will be able to diagnose and treat an additional 17 mild, common conditions, including asthma, shingles, and acne. This investment will <ul style="list-style-type: none"> • subsidise up to 200 additional pharmacists • About one in three pharmacists in the program are based in regional Western Australia.
Implications	<i>This approach can ease pressure on busy health services and make it easier for people to get help when they need it. Its success will depend on how well services reach smaller and more remote communities, and on strong connections between pharmacists and other health providers to support safe, ongoing care.</i>

Initiative	Expand Patient Assisted Travel Scheme (BP2, Vol 1, P293, P294, P296, P307)
Investment	\$15.5 million over four years.
Description	This measure represents the second stage of an election commitment and was also outlined in the 2025–26 Mid-Year Financial Projections (MYEFO). It will expand eligibility criteria so that more regional and remote patients, including those needing allied health and dental services, can access support through the Patient Assisted Travel Scheme (PATS).
Implications	<i>This will support greater access to healthcare for people in regional and remote areas, particularly for those who need to travel long distances to receive specialist care.</i> <i>However, while increased investment and expanded eligibility are welcome, further changes will be needed for the program to fully meet its purpose. This includes reviewing reimbursement levels, improving administrative processes, and ensuring supports better reflect the real costs and complexity of accessing care from regional and remote areas.</i>

Initiative	Expanding Albany Health Campus (BP2, V1, P300, P311)
Investment	59 million over three years.

Description	The previous State Budget included \$1 million for essential project planning, with the additional \$59 million in the 2026-27 budget fully funding design and construction.
Implications	<i>This reflects growing demand for hospital services in regional areas, particularly in the Great Southern, where population growth and service pressures have increased over time. It also strengthens access to healthcare closer to home, reducing the need for people to travel to metropolitan hospitals and supporting more equitable service provision across the State. This is a positive step in improving regional health infrastructure and addressing capacity constraints. In regional areas, it also highlights the importance of strengthening community-based care models to support people outside hospital and reduce avoidable admissions.</i>

Initiative	TCP@home+ Pilot (BP2, V1, P298) (BP3, P130-131)
Investment	20.3 million over four years.
Description	This is a 60-bed, technology-enabled aged care pilot that supports older people to remain at home following a hospital stay. It uses wearable devices and 24/7 monitoring to provide continuous oversight, with rapid response when needed.
Implications	<i>This has the potential to improve patient experience and outcomes, while easing pressure on hospital and residential care settings. However, its effectiveness will depend on access to a skilled workforce to respond to alerts, integration with existing health and aged care services, and equitable access to digital infrastructure, particularly in regional and remote areas.</i>

Initiative	Time to Think Beds (BP2, V1, P298) (BP3, 298)
Investment	\$24.2 million.
Description	150 additional beds in time for winter 2026, providing a hospital discharge destination for older patients awaiting aged care.
Implications	<i>This reflects the ongoing challenge of older patients remaining in hospital despite being medically fit for discharge, often due to limited availability of aged care placements. In practice, these short-term options support earlier discharge, free up hospital beds, and help ease pressure on the health system, contributing to reduced wait times. They also benefit older people by enabling them to leave hospital sooner and receive care in a more</i>

	<p><i>appropriate, home-like setting, which can support wellbeing and better recovery.</i></p> <p><i>This is a positive step in improving patient flow and access to care outside hospital settings. However, it occurs within a system where demand for aged care continues to exceed supply, with ongoing shortages in residential places and growing waitlists. As a result, while it provides important short-term relief, it is unlikely to fully address hospital capacity pressures without broader investment in long-term aged care services and workforce.</i></p>
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Initiative	LGBTIQA + Training <i>(BP3, P128,P133)</i>
Investment	\$800,000 over 1 year.
Description	The Western Australian branch of the Australian Medical Association to design and deliver training and education that supports medical practitioners to meet the health and wellbeing needs of LGBTIQA+ people.
Implications	<i>Commissioning the design and delivery of LGBTIQA+ training could improve clinical capability and consistency in inclusive care, helping to address documented gaps in practitioner understanding and reduce barriers to accessing health services.</i>