

HEALTH AND MENTAL HEALTH SERVICES

Matter of Public Interest

THE ACTING SPEAKER (Mr P.B. Watson): Members, today I received within the prescribed time a letter from the Deputy Leader of the Opposition in the following terms —

Dear Mr Speaker,

Matter of Public Interest

I wish to raise the following as a matter of public interest today, Tuesday 13th October, 2009.

“That the House condemn the Government for cuts to health and mental health services and calls on the Government to be honest with the people of Western Australia about the true state of the Health budget and to provide a report on how it intends to maintain frontline services”.

The matter appears to be in order and if at least five members stand in support of the matter being discussed, the matter can proceed.

[At least five members rose in their places.]

MR R.H. COOK (Kwinana — Deputy Leader of the Opposition) [3.14 pm]: I move —

That the house condemns the government for cuts to health and mental health services and calls on the government to be honest with the people of Western Australia about the true state of the health budget and to provide a report on how it intends to maintain front-line services.

The health system is a mess. There has been leak after leak of departmental document after departmental document. We have the following situation: staff morale is so low that a constant stream of documents is flowing through to me and other opposition party members about the condition of the current health system.

The ACTING SPEAKER: Members, I have given a warning about people having little meetings in this parliamentary chamber; I will call the next person to order.

Mr R.H. COOK: The health budget is running at 8.2 per cent over budget. We know that the Department of Health has problems. We know that the government has problems. We know that it is a constant challenge for any government to keep the Department of Health’s budget under control. We know that this government is comprehensively failing in this challenge. Its response is not to have a targeted strategic approach, by which the government works with senior management to identify savings and to build efficiencies into the system through comprehensive plans, such as the one produced through the Reid review. Instead, we see clumsy across-the-board cuts that are ripping a hole in the health system.

What are some of the leaked documents telling us about what is being contemplated and the magnitude of the contemplated cuts? For Royal Perth Hospital alone, the magnitude of the cuts is such that they represent the loss of over 470 full-time equivalent staff. Over 470 clinical and administrative staff will be taken out of a hospital that is already struggling to deal with the demand on its services and the restrictions posed by budget cuts. Nevertheless, under this government’s proposals, Royal Perth will have to find an equivalent in resources of more than 470 staff.

Member for Fremantle, the mental health division of Fremantle Hospital is facing cuts of 34 staff, as revealed by the member’s colleague in the media the other day. We have seen evidence today that the department is contemplating cutting almost 200 jobs from mental health services right across the South Metropolitan Area Health Service. This constant flow of information is a cry for help from the staff in those hospitals because they are struggling to deal with the budget challenges of a government that has simply set upon them with a rip-and-cut mentality.

Staff morale is at a low point. The Australian Medical Association is constantly talking about staff morale being at rock bottom. For instance, in *The West Australian* last week, Gary Geelhoed of the AMA stated —

“It’s hard to sustain the argument that frontline services aren’t being cut, because if you’re cutting back the hours doctors and nurses spend with patients and terminating contracts then clearly you’re applying a blowtorch ...

Staff of these health institutions are clearly being put under such pressure that they are taking the only recourse open to them, which is to blow the whistle. They are blowing the whistle on some of the most savage cuts that have been wrought upon the health system in recent history.

Acting Speaker; Mr Roger Cook; Dr Graham Jacobs; Mr Eric Ripper; Ms Alannah MacTiernan; Ms Adele Carles; Dr Kim Hames; Mr Troy Buswell; Mr Mark McGowan; Mr David Templeman; Speaker

For mental health in particular, it is a double blow. As we know, mental health is an area that has been neglected by a series of governments over a long period, and, as we know, the demand for mental health services is at an all-time high and growing day by day. The government's response to this growing demand is not to back the health workers and build strength into the health system; it is to undermine it with constant, bloody cuts that are blunt, across the board, and undermining the system. For instance, Keith Wilson, a proponent of mental health, stated in *The West Australian* on 10 October —

To claim so unequivocally that patient care “will not be compromised” in spite of the hefty cuts demanded is simply a nonsense.

This is the fundamental crux of what we are looking at in the health system today. The National Heart Foundation of Australia is also critical of the cuts to the rehabilitation program for heart patients as part of the phone-in helpline service in Royal Perth Hospital.

Dr K.D. Hames: It hasn't been cut; it isn't going to be cut.

Mr R.H. COOK: That is good to hear and I thank the minister very much for providing that information. This is typical of what this government does; it simply sends out —

Several members interjected.

The ACTING SPEAKER: Members!

Mr R.H. COOK: The government simply sends out its public servants to go away and make these cuts, but when things get too difficult, it undermines its public servants, reverses its decisions and makes those public servants feel foolish because they are simply trying to do their jobs. Whenever the minister gets caught out, he simply undermines them and reverses that decision. No wonder the leaks are ongoing!

Dr K.D. Hames interjected.

The ACTING SPEAKER: Minister for Health!

Mr R.H. COOK: The leaks will continue to go on, because what is the minister's only response to this? The minister's only response is to say that despite these cuts, we will not compromise front-line services. Fairly shortly after that, the Minister for Mental Health also said that the government will not compromise front-line services. That is the leadership we expect from the Minister for Health because he provides his one-liners to the Minister for Mental Health. What we hear from this government is simply the constant claim that it is not undermining front-line services. What we hear from the Department of Health is a constant stream of leaks from departmental staff who understand that what the government is saying is a nonsense. What the government is saying is what Keith Wilson rightly claims is a nonsense. Day after day, staff and patients see services being compromised, yet the Minister for Health and the Minister for Mental Health scratch their heads wondering why these leaks continue on a daily basis.

Dr G.G. Jacobs: You're mischievous!

Withdrawal of Remark

The ACTING SPEAKER (Mr P.B. Watson): Minister for Mental Health, you will withdraw that remark.

Dr G.G. JACOBS: I withdraw that remark.

Debate Resumed

Mr R.H. COOK: The government has a very simple solution and we will help it with that. We will provide the government with a helpful solution to stop these leaks. It is called an explanation. It is called being honest with the people of Western Australia. Rather than just this constant parroting of “we will not compromise front-line services”, we simply want the government to say how it will do so because people have stopped believing it. Staff have stopped believing the government and, quite frankly, I think members of this Parliament have stopped believing it. We are simply asking today for an explanation; we are asking for the government to come clean.

Dr Paul Mark, in his remarks on radio recently in the face of the Royal Perth Hospital leak, said that it was not true that the government was cutting over 470 full-time equivalents from Royal Perth Hospital. That is fine, but exactly how many are the government cutting? Is it 300, 200 or 150 FTEs, because if it is, the government is still looking at a compromise of front-line services? Therefore, we are simply asking how the government will not compromise front-line services. Dr Paul Mark said that he has already explained to the government how; he made a submission to the government at the end of September that explained how he saw the government could make these cuts and not compromise front-line services. It is quite simple: the Minister for Health and the Minister for Mental Health do not have to keep parroting in the media how the government is not compromising

front-line services. They can come up with a new phrase. It is called an explanation of exactly how the government will not compromise front-line services. I think the people of Western Australia would be happy with an explanation. I know the staff would be happy with an explanation because they want to know how the government will do it, and the people of Western Australia generally want to know how the government will do it.

The people of Western Australia understand that the health budget needs to be managed, but it is incumbent upon the government to explain how it will balance budget cuts with staff workloads and the delivery of health services to the community. The Minister for Health and the Minister for Mental Health owe that to the public. I think that they owe it to this house to be honest and to come up with an explanation of how they will maintain front-line services.

MR E.S. RIPPER (Belmont — Leader of the Opposition) [3.25 pm]: I support the motion moved by the Deputy Leader of the Opposition. Quite clearly, government ministers are in denial about the state of the health budget. Sooner or later they will be forced to come clean with the public about the real state of the budget. I will address my remarks to that section of the motion that calls on the government to be honest with the people of Western Australia about the true state of the health budget.

People are talking to us in opposition. We meet people informally and everyone is talking about 13 per cent cuts to mental health. The government cannot contain this issue. The government cannot continue to deny that this is happening when there are documents in the department showing that it is happening and when people are talking widely across Perth, including to us, about the situation as they see it. I think the government has allowed itself to be confused by the headline budget figures. It is looking at the headline advice whereas other people are looking at people on the ground and the real services being delivered or not being delivered. What has been found is that services and the people delivering them are being cut.

We have extraordinary things happening. The Minister for Mental Health has said —

The Deputy Leader of the Opposition is becoming a serial accuser of axing and he talks about 13 per cent. I do not know where he is getting his information from —

Later on he said —

... his speculation is wrong.

I have a document headed “SMAHS MH FTE Target”—South Metropolitan Area Health Service mental health FTE target. It shows a cut in full-time equivalents from 1 156 to 960. Is the Minister for Mental Health saying that this document is fraudulent? Is the Minister for Mental Health saying that the person who constructed this document is a liar? Is the Minister for Mental Health saying that there is some sort of bizarre bureaucratic campaign to produce fake documents and leak them to the opposition to portray a situation that is not the truth?

It is just not credible. It falls into the same category as the remarks of the Premier, who basically accuses health department public servants, who are doing their job for the state, of being liars. That is what the Premier says about our public service. He says —

I guess there is some resistance from people that are sitting in back rooms, perhaps pushing bits of paper around, who are not going to have such a comfortable life.

What an insult to the professionalism and dedication of people in the Department of Health! The Premier then went on to say —

Let's have some confidence in our health system instead of playing this little game that seems to be going on of circulating mischievous information around the bureaucracy.

It's boring, it's tedious, I'm getting tired of it.

How arrogant is that! How much of a head-in-the-sand attitude does that reveal? The Premier's words ought to be compared with this document that shows 99 staff already cut from Royal Perth Hospital services, including clinical services, and a proposal to cut an additional 471 positions in areas like clinical services, imaging services, laboratory medicine, medical specialities, rehabilitation and orthopaedics, risk management, and surgical.

A person would have to have a fair amount of time on his hands and a detailed knowledge of the health system to construct a fraudulent document like this. Is the Minister for Health really telling us that this document is not a correct document? I understand that it has been verified as authentic by RPH in response to media inquiries. Now we have the government saying, “It is not really going to happen. This is just what health bureaucrats are talking about.” The government needs to get out of its denial and come to grips with the real state of the health budget, and then it needs to be honest with the people of Western Australia.

Acting Speaker; Mr Roger Cook; Dr Graham Jacobs; Mr Eric Ripper; Ms Alannah MacTiernan; Ms Adele Carles; Dr Kim Hames; Mr Troy Buswell; Mr Mark McGowan; Mr David Templeman; Speaker

I say to the government: call the expenditure review committee together, call the budget committee together, get in the health managers—not just the director general but all of the middle managers—and get to the bottom of it. Make sure that the ministers actually know what is going on in the department. I think the ministers are being snowed. That is a charitable explanation! Either the ministers are being snowed or they are part of a conspiracy not to be honest and accountable to the people of Western Australia about the true state of the health budget. The government is either incompetent or being dishonest on this issue. If the government does not get to the bottom of this and present an honest account to the people of Western Australia, parliamentary committees will have to do the job for it. We will have health bureaucrat after health bureaucrat coming before parliamentary committee hearings until we get to the bottom of the true state of the health budget and the way in which the government is cutting these essential services to the people of Western Australia.

MS A.J.G. MacTIERNAN (Armadale) [3.30 pm]: It is essentially a question of honesty, as has been said by the Leader of the Opposition and the Deputy Leader of the Opposition. There are obviously real questions in managing a health budget at the best of times, but the focus here is on the lies and deception that the government is engaging in with the public. The first of these that I want to raise—the minister will no doubt consider it a trivial issue—is the removal of a speech pathologist position at the Armadale Health Service. That reduction has meant that the length of time taken to gain an appointment for speech pathology has gone out from nine months to 12 months to 18 months. I wrote to the Minister for Health about this and said that this was very problematic and that our area had massive problems with speech pathology. I said that there were a range of issues associated with that and that some long-term decisions had to be taken to improve that situation, but, in the meantime, it was unacceptable to reduce the speech pathology service. The minister then wrote a letter saying that I had got it all wrong and the person was just on leave! The minister came into the house and said, “She’s got it all wrong! The person is on leave!” The minister did not reveal the truth. The truth is that the person is on extended maternity leave and a person had been selected to fill that vacancy, but central command said that the vacancy was not to be filled! The minister, in trying to pass this off as something other than a reduction in service, is being deeply, deeply dishonest.

We have a similar situation with the Galliers Private Hospital and Specialist Centre midwifery ward. I am sure that the minister did not know all the details of what happened before this issue emerged, but, honestly, his explanation that the hospital closed the ward because it did not have any staff defies belief, as the reason it did not have any staff was that it had not filled the position! The position had been advertised; there were six applicants. The minister told us that the applications got lost! They were in a drawer! Originally, the minister advised that the manager of the unit had left and she had not told anyone about it. Once we found evidence that when she left she had handed these applications over to someone else, we got the next iteration of the story.

Dr K.D. Hames: I did not say that.

Ms A.J.G. MacTIERNAN: The minister did say that, and that the person who was handed these applications also left!

Dr K.D. Hames: Read *Hansard*! You are misleading the house.

Ms A.J.G. MacTIERNAN: I am sorry. Will the minister tell me what he said, just quickly?

Dr K.D. Hames: I said that the person who was aware that she had done that—placed an advertisement and got answers—then left. It was not that she had not handed them over. They knew she had received applications. It was that person who then left and did not pass it on to senior management.

Ms A.J.G. MacTIERNAN: The minister’s position is —

Dr K.D. Hames: I am telling you what was told to me.

Ms A.J.G. MacTIERNAN: I would ask the minister to question the credibility of that.

Dr K.D. Hames: What does it matter? A mistake was made and we have admitted that.

Ms A.J.G. MacTIERNAN: I am saying that this is not a mistake. It was known to the senior management of the hospital that this position was advertised and that applications had been received. It was known also, according to information that I have, by Health Corporate Network. These positions were deliberately not filled. Staff were told that it was a question of budget cuts. People were emailed and told that the applications were not proceeding because of budget cuts.

Dr K.D. Hames: Show us!

Ms A.J.G. MacTIERNAN: I asked the minister to show us the correspondence. He is the minister! The minister has access to the correspondence.

Dr K.D. Hames: You are making the accusations.

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Ms A.J.G. MacTIERNAN: The minister should show us the correspondence that supports this highly implausible story. Quite frankly, the minister is treating the people of Armadale like they are fools by writing these letters and saying that someone is just on leave when it is long-term maternity leave and the minister's department has instructed that the position not be filled. Likewise, we have the need to move personnel from the private Galliers maternity ward to the public hospital because the department is not filling positions. The minister's department knew about those applications. It absolutely defies belief that it was not known that these jobs had been advertised and that there had been applicants for them.

It is a question of being honest with the public and being prepared to stand up and be accountable for what the government is doing to our health service.

MS A.S. CARLES (Fremantle) [3.36 pm]: I would like to voice my concerns about the threat of government cuts to mental health services in Fremantle specifically. The services offered at Fremantle Hospital, at both Alma and Ellen Streets, must be retained; indeed, additional funding is required. This is care for some of the most vulnerable members of our society who sometimes do not have a voice. I have seen spreadsheets today from the Department of Health showing the impacts of the government's proposed intention to cut 13 per cent from the health system. The spreadsheets show clearly the impact if these cuts proceed. The cuts in Fremantle are even greater than what the opposition thought: up to 19.7 FTE jobs at Fremantle Mental Health Service will go as part of the three per cent efficiency dividend, and a further 29.8 FTEs will go as part of the so-called sustainable performance strategy, which is a very interesting way of describing an additional 10 per cent cut to FTEs!

Mr R.H. Cook: Sustainable!

Ms A.S. CARLES: Yes, it is a so-called sustainable strategy! We are talking about cutting nearly 50 FTEs from Fremantle Mental Health Service alone. Clearly, this huge level of cuts will compromise patient care, and it is nonsense to suggest it will not.

The spreadsheets I am referring to show that, in addition to this, there are hundreds of proposed job cuts for the whole Fremantle group, specifically 46.3 FTEs for the three per cent efficiency dividend, and 229.8 FTEs for the additional 10 per cent sustainable performance strategy. That is more than 270 possible full-time job cuts for the Fremantle group, in addition to 50 FTE losses from Fremantle Mental Health Service. That is a loss of 320 full-time jobs in Fremantle.

As well as this, I have been told that there is a directive that beds are to be shifted from Fremantle to Rockingham; services will be diverted away from Fremantle.

Is it possible to get additional time?

Dr K.D. Hames: No!

Ms A.S. CARLES: The spreadsheets show that 95 FTEs will be shifted from Fremantle to the Rockingham redevelopment. I wanted to put constituent stories on the record today, but I do not have time to do that. I have been in touch with staff at Alma and Ellen Streets, Fremantle. They say they are working in a climate of fear. There has been systemic bullying over several months from departmental heads who have instructed that cuts must be made. Clinicians have been put in an untenable position. One psychiatrist has told me how staff are distressed at what they see as clinically unsafe work practices. The Fremantle-based psychiatrist told me that it is not uncommon for there to be seven acutely suicidal people on a priority waiting list at any given time at Fremantle Hospital, with no-one to assign them to. There is no fat to cut. Front-line services have already been affected by hiring freezes.

I note today that the first two people who are facing mandatory jail terms for assaulting public officers are mentally ill. The irony is not lost on me. Not only are we closing facilities and mental health services for people, particularly in Fremantle, but also we are going to lock them up for six months if they lash out, possibly because their treatment has been compromised by government cuts. Every day people with mental health issues are showing up in my office in Fremantle seeking help as a result of these proposed cuts. My staff are being diverted, and I will be seeking further assistance if this continues. We cannot ration mental health. We cannot continue to undercut these services and we cannot allow staff to feel under threat from bureaucrats calling for their jobs to go. We must stop this climate of fear in the health department.

DR K.D. HAMES (Dawesville — Minister for Health) [3.40 pm]: As I said today in answer to a question in question time, there is no doubt that there are financial difficulties in health. I do not think there is any secret about that. We know that there has not been a cut in the health budget. In fact, there has been a 5.9 per cent increase in the health budget. However, one of the difficulties is that part of that 5.9 per cent increase in the health budget is to allow us to meet some of our election commitments. Our government has put funding into other things that we continue to believe are extremely important, such as the patient assisted travel scheme and

Extract from Hansard

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the Royal Flying Doctor Service. That has limited the availability of funds to provide the health services that we need in the metropolitan area.

On the other side of that argument, we need to consider the fact that in the past two years, although the growth in demand in our hospitals has been only about five per cent, the growth in the budget of our hospitals has been 10 per cent and 12 per cent. The expenditure by our hospitals has been significantly higher than the growth in the demand in our hospitals. The reason for that increase in expenditure is partly the increase in nursing numbers. In the past two years, because of the boom in Western Australia, we had been struggling to find sufficient nursing numbers.

Mr Acting Speaker, do you think you could reiterate your comment about members having conversations in the chamber, because I am finding it difficult to continue?

The ACTING SPEAKER (Mr P.B. Watson): Minister for Health, I will make the decision on that. I have already told members that the next person who talks like that I will call to order. But that is my decision, not yours.

Dr K.D. HAMES: I am just putting the question to you, Mr Acting Speaker.

Mrs M.H. Roberts interjected.

Dr K.D. HAMES: A bit of a pot there!

The ACTING SPEAKER: Order, minister!

Dr K.D. HAMES: The pot calling the kettle black. I was not suggesting anything further.

The ACTING SPEAKER: I hope not, minister.

Dr K.D. HAMES: The budget is difficult, as I have said. However, there has been a significant growth in expenditure. That growth in expenditure has been significantly above the growth in demand. There is, therefore, capacity within our hospitals to restrain that growth in expenditure. The growth in the number of staff has not been in front-line staff. It has been in backroom staff. Over the past two or three years in particular, there has been an increasing number of bureaucrats in back rooms. There is significant capacity for the number of backroom staff to be reduced.

The other pressure that we are facing has been caused by the failure of the former government to properly fund the expansion of Rockingham General Hospital. As members opposite will know, the number of beds at that hospital will be increased from 70 to 230. However, the funding for the increase in staff that will be required was not included in the budget of the former government. The former government did not provide one single dollar to fund the increase in staff that will be required at Rockingham hospital. That has put pressure on the whole of the South Metropolitan Area Health Service. The managers of the South Metropolitan Area Health Service have been given their share of the budget. They have to distribute those funds within their area. We have retained centrally some of the funds that the health services will be getting in the long term. The initial budget that has been allocated to those health services is forcing them to look at areas in their back rooms where they can make savings and provide more efficient services to the patients of Western Australia. The managers have been told that they are not to cut front-line services. They are to look at the back rooms, at the vehicles and at the programs that do not provide front-line services, and find ways to cut funding. They need to become more efficient. Under the bloated former Labor government, they had an expansion in their budget that was double the rate of growth of demand in the system. They have the capacity to cut that back. That is what they need to do.

Members opposite talked about low morale. Fewer nurses are leaving the system now than has ever been the case in the past. The number of nurses retiring or leaving the health system is usually about 40 a month. It is currently 10 a month. Nurses are not leaving the health system in droves. Members opposite also talked about massive cuts in the number of FTEs. The number of FTEs is still at a level higher than the level that we started at. Those FTE numbers need to be cut back. However, that still has not been done. The senior levels of administration in the hospital system are putting significant pressure on the middle levels to find ways in which they can make savings. They have been given an indicative early budget that is 10 per cent less than what they were given last year. We have asked them to come back to us and tell us how they can achieve those cuts. Those middle levels of administration have said that because of that proposed reduction in their budget, they will have to slash patient numbers by 470. Not only is that indicative budget not the final budget, but also there are a lot of ways in which they can reduce costs other than by reducing patient numbers. We know that there will not be any reductions in front-line services. In fact, I will not let there be any reductions in front-line services. I have told those senior managers that that is not how they should reduce their costs. They need to look at how they can operate more efficiently, and at the same time maintain front-line services.

In my view, what has happened is that the senior management have told the middle-level management that this is their indicative initial budget, and they have panicked to some degree and have said how on earth are they going to manage that. They have put up proposals about how they can do that. They now need to go through those proposals and keep those that are acceptable and discard those that are not acceptable. We want to ensure as a government that we maintain front-line services. Further funding will be coming to those areas of health in the future as is required by the demand. However, currently those areas of hospital management are not making the cuts that they are required to make. In fact, they are not making any cuts. Therefore, we have told them that they need to make those cuts.

Health represents 25 per cent or 26 per cent of the total income of this state. We cannot provide an efficient health service in this state if we cannot properly manage the health budget. If we do not maintain that responsibility in health, how on earth will we be able to manage our budget across the whole system? We need to take that responsibility on our shoulders. The hospital and health workers also need to take that responsibility on their shoulders. They have the capacity to do that, because they have had increases in their budgets over the past few years that have been significantly higher than the growth in demand. We need to hold our nerve as a government and not listen to all the leaks that are coming from people who are worried about what might happen to backroom staff. We will not compromise our front-line services. However, we will not compromise, either, on the need to reduce the over-expenditure in health that has existed over the past eight years, and particularly the past two years, under the bloated former Labor government. We have a job to do. There is no question about that. That job is a difficult job. There is no question about that. There are 31 000 employees within the health system. I have no doubt that under those sorts of pressures, there will be leaks within the system. However, last week, a front-line nurse came to me and said that the nurses who are working with her are working hard, they are working efficiently and they are doing the best they can. However, while those nurses were working, another nurse came around to show them a jogging plan that she had been working on for the nurses at Sir Charles Gairdner Hospital who wanted to go jogging during their lunch break. When a person is working on a jogging plan, instead of providing front-line services to patients, we do not have an efficient system. I have no doubt that members opposite are getting leaks about these cuts. However, I am getting leaks coming the other way. I am getting leaks from hardworking front-line staff who are saying, "Why not look at this area? There is a whole bunch of people who are sitting there doing a report on this or a study on that, or involved in some other activity, rather than providing front-line services." A senior nurse who has 13 years' experience working in intensive care in a hospital is working in the supply area. That nurse does not want to provide front-line services any more, but that nurse is still being paid a nurse's wage. We need to look at who is working where. The same thing happened in the police force. A lot of police officers were no longer on the beat but were doing administrative jobs. Our former government got those officers back onto the streets and involved in front-line work. The same needs to happen in health. We need to get our nurses, who are extremely well qualified and trained, doing that front-line work.

Times are troubled. But morale is not low. If morale were low, our nurses would be leaving in droves. We heard the other day that Queensland is chasing our nurses. Our nurses are not going to Queensland. They are staying here. That is because they are excited about the four-hour rule that is going to come in and about how that will make the hospitals function more efficiently. They enjoy the job they are doing. They are doing a magnificent job. When people we know go to our emergency departments and to our hospitals for treatment, we get nothing but good reports. Sure, we get the occasional bad report. However, I get many reports from people saying that our hospitals are providing a fabulous service. When we look at the statistics about the time that it takes for people to be seen in our hospitals, and about their management, we see that our hospitals provide one of the best services in the world. As I have told members, I recently went to Tanzania. The maternal mortality rate in Western Australia is seven per 100 000 of population. The maternal mortality rate in Tanzania is 570 per 100 000 of population.

Western Australia—and Australia—has one of the best health systems in the world. Western Australia is easily comparable with other states. We expect to improve some of the things we inherited from the previous government, such as the eight-hour waits in emergency departments—the worst in Australia. We will make sure that our hospitals are operating efficiently.

DR G.G. JACOBS (Eyre — Minister for Mental Health) [3.51 pm]: I am quite surprised at the comments of the Deputy Leader of the Opposition about the health system being in a mess, morale being low, leaks all over the place and fears about clumsy across-the-board job cuts. He talked about 200 mental health service jobs. As I said in question time, the release of memos by people within the health service, perhaps understandably concerned about the future of their jobs, is not helped by the fact that the member for Kwinana is fuelling those concerns and not producing a balanced assessment. Nowhere in his address today did he provide any content. He just went over and over the same issue about clumsy across-the-board cuts.

Acting Speaker; Mr Roger Cook; Dr Graham Jacobs; Mr Eric Ripper; Ms Alannah MacTiernan; Ms Adele Carles; Dr Kim Hames; Mr Troy Buswell; Mr Mark McGowan; Mr David Templeman; Speaker

Mr R.H. Cook: I want some content from you.

Dr G.G. JACOBS: I will give the member for Kwinana some content. Specialised mental health services, providing patient care for people suffering from mental disorders in authorised hospitals and specialist mental health inpatient units, are allocated \$209.5 million in our budget to support 2 655 clinical and other staff who care for patients in specialised mental health facilities. Community mental health is the other important part of delivering mental health services to the people of Western Australia. Those services received \$184.6 million in the budget to support a range of community-based services, including emergency assessment, treatment, case management, and day-to-day programs, including, of course, those in clinical and home settings provided by government and non-government agencies.

As I said in question time, and as the Minister for Health said, we are faced with tough times. This applies not only to this state and not only to mental health, but across the board. We must manage things responsibly. I did not get the opportunity to provide a bit of detail about how we do things better. It is not about slashing and burning and cutting 200 full-time equivalents. It is about what we have and how we use it better. I have heard the member for Fremantle say, "I have been told that 320 jobs are going to go in the mental health services." The Deputy Leader of the Opposition pulls out a memo from the Fremantle health service stating that these FTE cuts will happen. No decision-making authority—the area manager, the Director General of Health or me—has made any decision on the 34 FTEs referred to in that memo from Fremantle Hospital. The opposition referred to a 13 per cent cut. There has been no directive to cut staff numbers by 13 per cent or any other figure from me, the Minister for Health, the Director General of Health or anybody else. However, staff are being asked to identify inefficiencies, duplications and some of the things that the Minister for Health was talking about—how we could do things better. We have a responsibility to introduce efficiencies and do things better.

Several members interjected.

The ACTING SPEAKER (Mr P.B. Watson): Order! Conversations across the chamber should be taken outside. I want to hear what the minister has to say.

Dr G.G. JACOBS: The "State Mental Health Policy and Strategic Plan 2010-20 for Western Australia" has progressed and is being assessed and consulted by PricewaterhouseCoopers. I hope some members opposite have been involved in this consultation process to consider reform in mental health in Western Australia. It is not necessarily to do the same things that we have always done. Mental health in Western Australia has essentially been locked into a medical model. As a medical practitioner I am in a good position to say that. We do very good things in mental health, particularly with acute services. However, this is about what we do to prevent people from becoming acutely unwell, and what we do for them when they leave hospital after they have been treated for acute illness. This involves step-down units, community options, accommodation and services in the home. That is the main game in reform for mental health services in Western Australia. If we continue with the medical model, members opposite will say that we are slashing and burning.

Part of the reform process is about where we can do things better. For the sceptics on the other side, I will put some meat on the bones, and clearly explain the areas where cost reductions, savings and inefficiencies can be addressed. For instance, the costs associated with some long-term planning issues may be able to be delayed, special projects not to do with front-line services can be suspended, and action can be taken to reduce the use of expensive contract and agency nurses and other staff. A member of the nursing staff came to me and told me that this works in private medical practice as well. When someone goes on leave for a week or two, we have to assess how we back-fill that job. Is there a possibility, as has happened in my experience in medical practice over 25 years, that if there were four doctors in the clinic, and one of those doctors —

Mr F.M. Logan: Changed a light bulb?

Dr G.G. JACOBS: I changed a lot more than the member did.

In a situation in which one of those practitioners went on leave for a week or two, could the others very efficiently do that work for a limited time? We are not talking about six weeks or six months. Often there are efficiencies in the system that will not affect front-line services. The opposition talks about cuts. I have a short time left in which to talk, and someone else needs to talk.

Several members interjected.

The ACTING SPEAKER (Mr P.B. Watson): Minister for Health, I am sure the Minister for Mental Health does not need you interjecting on him.

Dr G.G. JACOBS: I am quite happy for him to make a point if he would like. The head count at June 2009 for people delivering services in mental health was 3 642, and in August 2009 it was 3 646. In the South Metropolitan Health Service it was 1 324, and in August 2009 it was 1 355. We are committed. As I have said

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before, this government has not created a mental health portfolio to then slash and burn front-line services. In the reform process that we are going through, we have committed to making things better for people in the community with mental illness. In case people are concerned about what we are spending, I have talked about specialist mental health services and the community components. There is also residential mental health care funding for non-government organisations that provide home-type care, nursing home care or hostel residential care to persons with long-term mental health conditions. We have allocated \$14.6 million over the 2009-10 budget. Added to that, the availability of mental health beds in Perth will increase with the expenditure of \$13 million on an expanded facility at Joondalup Health Campus to deliver 42 mental health unit beds while planning is being finalised and there is the commencement of new mental health facilities at Sir Charles Gairdner Hospital and Osborne Park Hospital. We are committed to providing mental health services that meet the needs of people. It is not about cutting mental health services and it is certainly not about cutting front-line clinical services for people with mental illness.

MR T.R. BUSWELL (Vasse — Treasurer) [4.02 pm]: I will make just a couple of comments. As Treasurer I have somewhat of an interest in health spending. Of course, my level of involvement with the health system is not as detailed as that of the Minister for Health or the Minister for Mental Health. The Minister for Health, the Director General of the Department of Health and I meet on a regular basis.

Mr B.S. Wyatt: Is it a weekly meeting?

Mr T.R. BUSWELL: No, and I never said that. We meet on a regular basis to examine a variety of issues around recurrent and capital spending on health. Why is it of concern to me? I want to share with the house some of the indicators I look at to see how the health system is going. I refer to the 2008-09 financial year because I think the statistics highlight the extent of the challenge confronting the government. In 2008-09 the health system's expenses grew by 12.3 per cent, FTE growth was six per cent and activity growth in the hospitals was 4.4 per cent. We are therefore effectively funding a system in which activity growth is moving forward at 4.5 per cent, as at last year, whereas expense growth is moving forward at 12.5 per cent. That is an issue and a non-sustainable situation. We quite simply must do more work to understand what those expense drivers are and to put in place mechanisms to better monitor and manage expenditure in the health system.

Let me put it in a different light. In the past two years the health system expenditure has been effectively growing by 12.3 per cent per annum. If we take that and look forward over a number of years, it means that in just over six years the health budget will need to double. The current health budget is just on \$5 billion, so if we do nothing and refuse to make some hard decisions around the health system, we will have to find an additional \$5 billion of revenue to fund the health system in Western Australia. That is a significant challenge. Our tax take for this year will be around \$5.5 billion. One could effectively argue that if the health system continues in the way that it has for the past couple of years, we will have to almost double every state tax to pay for its growth. I do not think that any member in this house would argue that is a sustainable outcome, because it quite simply is not. We have a challenge. The challenge is to rein in the rate of growth of health spending.

Ms R. Saffioti interjected.

Mr T.R. BUSWELL: The member for West Swan may not agree.

Ms R. Saffioti interjected.

Mr T.R. BUSWELL: That is a very good question.

Mr W.J. Johnston interjected.

Mr T.R. BUSWELL: Listen, Noddy, you just stay over there. Why do members opposite think that the health system is fighting back?

Withdrawal of Remark

Mr M. McGOWAN: I heard the Treasurer use a term that was clearly unparliamentary in relation to the member for Cannington. I would ask him to withdraw the term that he used.

The ACTING SPEAKER (Ms L.L. Baker): Thank you for the point of order. Treasurer, you need to refer to members by their electorate.

Mr T.R. BUSWELL: I withdraw, Madam Acting Speaker.

Debate Resumed

Mr T.R. BUSWELL: I am always interested that every time the term is used, everyone assumes that it applies to the member for Cannington, but that is more his problem than mine.

Several members interjected.

The ACTING SPEAKER: Members!

Mr T.R. BUSWELL: Let us move on. That is the challenge. Why does the member for Cannington think that the health sector is fighting back?

Mr W.J. Johnston: You are amazing. You do not do any work. There is 13 per cent expense growth and you defend it.

Mr T.R. BUSWELL: Why does the member think these problems are emerging in the health system? Last year the growth in health spending was exactly the same.

Mr W.J. Johnston interjected.

The ACTING SPEAKER: Members. I would like to hear the Treasurer, please. Would the Treasurer please continue.

Mr T.R. BUSWELL: Thank you, Madam Acting Speaker. We know why you are happy. You got to move away from sitting next to him—the happiest person in the house today. People resign and they move around, and they queue up over this side.

There are challenges in the health system because we will not do what previous governments have done, and that is nothing. We are saying to the health sector that it must be responsible, work within its budgets and deliver on the outcomes that we expect. That process is causing significant pain.

Ms R. Saffioti interjected.

Mr T.R. BUSWELL: We are not cutting. The health budget this year is more than the health budget was last year. The health budget this year is 12.4 per cent greater than the health budget last year. The last time I checked, a 12.4 per cent increase in a budget was not a budget cut, but maybe I am wrong; maybe the rocket scientists opposite understand it differently. That is not the issue; the issue is about living within one's means and trying to tame what is a very difficult area of government to tame. That is why we see pushback. It is extremely difficult. I think the Minister for Health and the Minister for Mental Health are doing a great job.

Several members interjected.

Mr T.R. BUSWELL: The member for Kwinana can call it what he likes, but the facts are that the budget has gone up and that for the first time in a long time something different is happening in the health sector in Western Australia. People are being required to be accountable from a budgetary point of view. Do members know what used to happen? The Department of Health, at the end of the financial year —

Several members interjected.

The ACTING SPEAKER: Members! Could you please keep your interjecting down unless the Treasurer is inviting interjections.

Mr T.R. BUSWELL: Thank you, Madam Acting Speaker. They would say historically that the health budget had blown and that we would need to fund it. We would generally find out in government in May. We will not do that any more. We are working hard with the Director General of Health through the relevant ministers and right down through every level of management in the health sector to make people accountable. Yes, it is causing some difficulty, but we are committed to a course of action. We will deliver on that course of action. I applaud the efforts of the Minister for Mental Health and Dr Peter Flett, because it is an extremely difficult situation. They are showing a determination to tackle what is a significant and sustained issue. It is a sustained issue that I know the former Treasurer has his views on. It has been a major challenge for governments over many years and if we do not begin to act appropriately, it will remain a major challenge for governments for many years to come.

MR D.A. TEMPLEMAN (Mandurah) [4.11 pm]: In my contribution to this debate I refer first to what clearly has been an admission by three government ministers—the Treasurer, the Minister for Health and the Minister for Mental Health—that the health budget is out of control. They cannot control the health budget. Secondly, they have no understanding of what the community of Western Australia is telling not only opposition members but also other members of this place about the true reality of the proposed cuts to front-line services in mental health and other areas of the health budget.

The Treasurer just highlighted that he clearly has no control over his budget. To make up for the problems that the government has encountered in its 2008-09 budget, it will slash the 2009-10 budget. That is what will happen. To achieve those cuts this government will attack one part of health in particular—that is, the mental health system, which is probably one of the most important parts of health. It will not receive due attention by this government either now or in the out years.

It was very interesting that for most of this debate very few government members have been in this house. I watched very closely over the past hour to see who has been in this place. I can tell members that government backbenchers, some of whom indicated in their inaugural speeches to this place last year that they would be standing up for the most vulnerable people in their communities, particularly those people who are facing challenges because of their mental health conditions and their families and carers and who rely upon clinical services within the community health services, have not been in this house. Where were they during this debate? They were not here. Most of them were in that little place out there having a cup of tea and munching on a couple of scones. That is what they think about this issue. On average, there have been five government members in this house at any one time over the past hour. Now, suddenly, some of them realise what is going on. Where are the members of the National Party who purport to represent the people of rural Western Australia? They are not even here. Why? Because they do not care.

Dr G.G. Jacobs: They do not want to listen to you.

Mr D.A. TEMPLEMAN: The Minister for Mental Health might mock, but people in my community and in all communities throughout Western Australia are genuinely concerned about what he has been asked to do and what the Deputy Premier, the Minister for Health, has been asked to do. Not once during their contributions to this debate did we hear them say that we will not see cuts to speech pathologist positions or to direct clinical staff who deal with people with mental health conditions. Not once did they guarantee that that will not happen. Not once did we hear from either the Minister for Mental Health or the Minister for Health that those people who deliver critical services in mental health throughout both the metropolitan area and regional parts of Western Australia will not be cut from the service.

What are we hearing from all parts of the Western Australian community? We are hearing in the Fremantle area that genuine cuts will happen because this government cannot manage its budget, simply because it cannot plan. That is what we are hearing. What are we hearing in the south metropolitan area of Western Australia, which covers those areas as far south as Mandurah, as far north as Fremantle and the area stretching across to Leach Highway? We are hearing from them that in Fremantle there will be cuts. There will also be cuts to the Peel and Rockingham Kwinana Mental Health Service.

Not once have I heard this afternoon from the Minister for Health or the Minister for Mental Health that they will not be cutting, for example, the mental health liaison nurses who are in many of our emergency departments, including Fremantle Hospital, Peel Health Campus and Rockingham hospital. Not once did they say that they would not be cutting mental health liaison nurses. Not once did they say that the three or four area speech pathologists who operate in some of these clusters will not be affected. Not once did they defend the suggestion that the number of speech pathologists will be cut. Why? Because the Minister for Mental Health and the Minister for Health know very, very well that a directive has been given to the senior staff within the Department of Health and WA Mental Health that they have to cut their staff. That is what they said. They are hiding behind verbal directives and non-written communications, but that is the reality. That is why members in this place representing communities south of the metropolitan area, such as the Mandurah-Peel area and into the metropolitan area, are getting calls from consumer advocates saying that they know the cuts will happen. They say that they know that because they have been talking to staff in the hospital and the field who know that these cuts mean the loss of jobs in front-line services. Neither of these ministers has said that we will not see a reduction from 1 000-odd staff to 900. Neither of them has defended that by saying it will not happen. Not once this afternoon have they said that.

We know that the people in the communities that we represent are vulnerable. Last week was Mental Health Week. In Mandurah a huge crowd of people, including consumers, carers, people who work in the non-government sector and, indeed, staff from these hospitals gathered on the Mandurah foreshore for the opening of Mental Health Week. All of them were saying the same thing; that is, these cuts are real. They said that these cuts are going to happen and that these cuts will be introduced by this Minister for Health and this Minister for Mental Health.

Not once did the Minister for Mental Health say in his contribution to this debate that there would not be a reduction in staff levels within the health department and that there would be no cuts to people who deliver speech pathology, important clinical casework to people with mental illnesses or psychiatric services. He did not say that those cuts would not happen. He has not given a guarantee this afternoon; all he has demonstrated is that his budget is out of control and he does not have control of his department. That is the reason why this opposition will continue to raise in this place what it is being told by members of the community, including people who are working with vulnerable families. I know that the Minister for Mental Health came into this place and chided the former government for its policies and the way it had addressed mental health issues. However, he will fail as minister because he has not given a guarantee to members in this chamber and, most

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importantly, to the families and carers in the community that he will not allow important cuts to services to occur.

Members have heard nothing this afternoon that demonstrates that this government actually cares about delivering quality mental health services to the people of Western Australia. All we have heard is banter from the Treasurer. He does not have any control over his budget. All we have heard is rhetoric. We should condemn this government, and government members should support this motion.

Question put and a division taken with the following result —

Ayes (24)

Ms L.L. Baker	Mr J.C. Kobelke	Mr J.R. Quigley	Mr C.J. Tallentire
Ms A.S. Carles	Mr F.M. Logan	Ms M.M. Quirk	Mr A.J. Waddell
Mr R.H. Cook	Ms A.J.G. MacTiernan	Mr E.S. Ripper	Mr P.B. Watson
Ms J.M. Freeman	Mr M. McGowan	Mrs M.H. Roberts	Mr M.P. Whitely
Mr J.N. Hyde	Mr M.P. Murray	Ms R. Saffioti	Mr B.S. Wyatt
Mr W.J. Johnston	Mr P. Papalia	Mr T.G. Stephens	Mr D.A. Templeman (<i>Teller</i>)

Noes (29)

Mr P. Abetz	Mr V.A. Catania	Mr R.F. Johnson	Mr A.J. Simpson
Mr F.A. Alban	Dr E. Constable	Mr A. Krsticevic	Mr M.W. Sutherland
Mr C.J. Barnett	Mr J.M. Francis	Mr W.R. Marmion	Mr T.K. Waldron
Mr I.C. Blayney	Mr B.J. Grylls	Mr P.T. Miles	Dr J.M. Woollard
Mr J.J.M. Bowler	Dr K.D. Hames	Ms A.R. Mitchell	Mr J.E. McGrath (<i>Teller</i>)
Mr I.M. Britza	Mrs L.M. Harvey	Dr M.D. Nahan	
Mr T.R. Buswell	Mr A.P. Jacob	Mr C.C. Porter	
Mr G.M. Castrilli	Dr G.G. Jacobs	Mr D.T. Redman	

Pairs

Mrs C.A. Martin	Mr J.H.D. Day
Mr A.P. O’Gorman	Mr M.J. Cowper

Question thus negatived.

The SPEAKER: If members are staying in the chamber for the business of the house that is wonderful, but if there are other conversations you want to have, I ask you to take them outside of this place.

Members, I make the point that during a division or any other time in this place, a member is not allowed to pass between the table and the Hansard reporter. I make that point because I observed a member doing that who perhaps forgot that that was not acceptable in this place. However, I simply remind members, particularly new members, that they cannot pass between the Hansard reporter and the table in this place.