

Speaker; Mr Roger Cook; Mr Eric Ripper; Mr Colin Barnett; Ms Alannah MacTiernan; Dr Kim Hames; Acting
Speaker; Mr Troy Buswell

AMBULANCE SERVICE, HOSPITAL CHRISTMAS SERVICES AND BUDGET PRIORITIES

Matter of Public Interest

THE SPEAKER (Mr G.A. Woodhams): Members, today I received within the prescribed time a letter from the Deputy Leader of the Opposition in the following terms —

I wish to raise the following as a matter of public interest today, Tuesday November 10, 2009.

“That the House condemns the Barnett Government for its pathetic response to the crisis in Western Australia’s Ambulance Service, the extended closure of hospital services over Christmas and its lack of priority for the health budget.”

If sufficient members agree to this motion, I will allow it.

[At least five members rose in their places.]

MR R.H. COOK (Kwinana — Deputy Leader of the Opposition) [3.15 pm]: I move —

That the house condemns the Barnett government for its pathetic response to the crisis in Western Australia’s ambulance service, the extended closure of hospital services over Christmas and its lack of priority for the health budget.

I think it is worthwhile re-examining the circumstances that led to the St John Ambulance inquiry. This was not an inquiry that the government entered into of its own volition; it was dragged kicking and screaming and conceded to this inquiry only after concerted pressure from both the opposition and members of the public. The circumstances that led to the inquiry were highlighted in an episode of *Four Corners* in which it outlined four tragic deaths potentially due to the inadequacy of the ambulance service. Most members will remember the experiences of those people, but I will refer to the description in the report of the St John Ambulance inquiry of one of these instances. This instance occurred in my electorate of Kwinana. Despite the clinical and careful wording of the report, it makes for chilling reading. It reads —

SJA communications centre received a 000 call at 15:49 on the 25th May ... from patient’s wife requesting an ambulance for pancreatitis and vomiting blood. Call was prioritised —

Unbelievably, Mr Acting Speaker —

as a level 4. At 16:02 patient’s wife made a second call and a third at 16:17 to restate urgency and ascertain how long the ambulance would be.

A transport crew was dispatched at 16:10 —

Some 20 minutes after the original phone call —

arriving at 16:30 and requested paramedic back up at 16:35. A paramedic crew was dispatched at 16:40 on a priority 2 arriving at 17:01 and CPR was commenced but unsuccessful owing to significant blood loss.

That is an hour and 10 minutes after the original phone call was made. This person died on the lounge room floor, much to the distress of the family and, in particular, the kids in that household.

As I said, this government did not want to have this inquiry. These are the facts that the government did not want us to have and did not want the public to see. This is a report of an inquiry that the government resisted and did not want to have. It is worth looking at some of the findings of the report because it is a good report; it points to some significant and useful ways that we could reform our ambulance service. The report points to a lack of staffing and the need to upgrade the staffing resources. It points to a lack of training and professional development for paramedics and other people working in the service. It refers to reforming the clinical governance of the ambulance service. I think it goes without saying that there was some controversy about the way St John Ambulance undertook its clinical governance. The report referred to reforms of the communications centre to ensure that the way calls are answered and dealt with to ascertain the level of priority is adequate to respond to the volume and nature of those calls coming through. Not all the recommendations were far-reaching; some were commonsense, such as hiving off 000 calls to make sure they are dealt with differently and with a greater sense of urgency than other calls. The report highlighted deterioration in response times. It highlighted that the department has a response target of 90 per cent within 15 minutes of priority 1 calls, that the ambulance service had failed to reach that target over a number of years and that performance in this area was in fact deteriorating.

St John Ambulance service has a great deal of public support. It is an organisation that has been operating ambulance services within Western Australia for almost 90 years. It is a brand that is loved and trusted by many

Speaker; Mr Roger Cook; Mr Eric Ripper; Mr Colin Barnett; Ms Alannah MacTiernan; Dr Kim Hames; Acting Speaker; Mr Troy Buswell

Western Australians, but the fact of the matter is that if it is not given the resources to run the ambulance service, it cannot produce the premium service that the Western Australia public deserves.

It is interesting to look at the cost breakdown for the ambulance service. It is cut-price. It is the most inexpensive ambulance service in Australia. The national average spend per capita for an ambulance service is \$95, with an average state government contribution of \$62 per person. In Western Australia, that goes down to a \$52 per capita total spend, with a state government contribution of just \$18. Without casting judgement over the veracity or the nature of the claim with which St John Ambulance has now come to the public domain—which is to top up its funding from around \$40 million to around \$100 million, an increase of \$60 million on a per annum basis—we can see that there is plenty of scope in Western Australia to increase the emphasis and make great the priority of ambulance services.

It is worthwhile looking at what has happened since the inquiry. The government sat on the report from that inquiry for a number of weeks, waiting for a publicly convenient time to release it, much to the consternation of the public and to the paramedics who were interested in its outcomes. Following a cabinet decision yesterday, the government opted for a knee-jerk reaction to inject \$1.028 million into the service to fund an extra 37 positions, which the government says can be taken out of that \$1.028 million. We all know, from looking at the report, that that response is woefully inadequate; it is a bandage for a gaping wound.

The ambulance service needs solutions; it is an ambulance service that needs answers now. There has been an initial injection of \$1.028 million. But what are we and the public being asked to do now? We are being asked to wait so that the minister can go away, have a bit of a dig, have a bit of a look-see and contemplate the ambulance service and the way it operates with a view to perhaps coming back with more resources in the next budget round. It will not be, therefore, until June next year that any fresh resources will be put into the ambulance service to address the issues that the inquiry referred to. The ambulance service is in crisis now. St John Ambulance officers regard the situation as a crisis. That is why they came out yesterday to say that if significant resources are not put into the service in the form of an injection of millions of dollars over the next four years, they will walk away from the service. They will walk away from a service that they have run for almost 90 years, that has become part and parcel of the work they do in WA and that is an important part of their corporate life in WA. We know that the paramedics think it is in crisis. It took the guts of those paramedics to go to the media in the first place, to spill the beans, to blow the whistle on the ambulance services to make sure that enough pressure was brought to bear so that this inquiry could take place. Lord knows that the public thinks that the ambulance service is in crisis. We know that the public now sees an ambulance service that is not responding to the needs of the community. We know that the ambulance service has failed abysmally for those particular families, and the minister asks us to wait. It is a service that is in crisis.

Everyone on this side can anticipate in large part what the minister's response to these criticisms will be. The minister treads a worn-out path every time we stand up here to point out the errors. We can tell by his annoyance on the radio on this matter the other day that he was concerned he did not get the heads up on this, so that he could have patched over the problem, by talking to those families before they got to the media and exposed the endemic problems of the ambulance service. His approach is to do nothing until someone gives him the heads up, so that he can block the political impact. We almost do not need the minister to get to his feet to know what else he will say. He will point to the legacy of previous governments. He will point to the legacy of the previous Labor government and say, "It's not our fault; it's all someone else's fault." In this situation, there is one exception. This did not have to become a crisis. Last year the then Minister for Health—the man whom the current Minister for Health admires so much, mainly because the present minister is having trouble living up to the same level of reputation and skill—had already opened this inquiry.

Dr K.D. Hames: What was that inquiry about?

Mr R.H. COOK: It was realised that there were problems in the service that needed correcting, so the Minister for Health in the previous government had the vision, the forethought and the responsibility to get that inquiry up and running. Who was he going to get to carry out the inquiry? None other than Mr Greg Joyce—the same man who has undertaken the present inquiry.

The Minister for Health interjected, asking what the inquiry was to be about. It was not intended to be about the present minister's cover-ups. It was not going to be about the neglect of the ambulance service. It was to be a systematic response to the difficulties that the ambulance service was facing.

Dr K.D. Hames: It was a response to the union.

Mr R.H. COOK: It was not, as the minister has suggested, a response to the union; it was in response to the calls from the paramedics—the same paramedics who ultimately had to take matters into their own hands and go to the media. The present minister cancelled that inquiry. If he had not done so, he would have had this

Speaker; Mr Roger Cook; Mr Eric Ripper; Mr Colin Barnett; Ms Alannah MacTiernan; Dr Kim Hames; Acting Speaker; Mr Troy Buswell

information last Christmas. The inquiry was due to finish up by December last year, and I bet that Mr Greg Joyce would have done just as excellent a job then as he has done this time. The Minister for Health would have had all the information in front of him, except that he would not have had a crisis on his hands. He would not have had paramedics having to take matters into their own hands and go to the media. He would have had to respond in a systematic and appropriate way. Because the minister cancelled the inquiry, he did not have that information in front of him. He wanted to cover it up, and it took the bravery of those paramedics to bring about the inquiry. It took a crisis, which now besets the Western Australian ambulance service. The government must respond to this crisis so that we can once again build the confidence of the Western Australian public in the ambulance service.

MR E.S. RIPPER (Belmont — Leader of the Opposition) [3.30 pm]: This whole set of affairs in the health portfolio reveals two management techniques that the government has adopted. The first is denial, and the second is not exposing itself to information that will create difficulties. That is the issue that my deputy leader, the member for Kwinana, has just been arguing. We have an ambulance service in crisis. We would have known more about our ambulance service had one of the first actions of the Minister for Health not been to cancel the inquiry that the previous government had set in train to deal with issues in the ambulance service. That was a case of the minister not wanting to know what the circumstances might be: if he did not know, he did not have to act.

The second management technique is denial. We have seen that in the government's response to the questions asked about cuts to the health budget. We have read a long series of articles about cuts to health services. An article in *The West Australian* on Monday, 2 February is headed "Health services jobs may go in 3pc budget pruning" and states —

Hundreds of health services support staff face losing their jobs after director-general of health Peter Flett announced yesterday that he had recommended their contracts not be renewed as part of the State Government's 3 per cent Budget cuts.

Dr Flett is later paraphrased as saying —

The 3 per cent cut requirement meant he had to save about \$120 million in the health budget.

On 10 March there was another article about general practitioner clinics and cuts to the health helpline funding. That information was based on a leaked internal document. An article in the *Sunday Times* on 13 September was headed "Hospitals to slash nurse and doctor jobs". The article begins —

Massive cuts to doctors and nursing staff in WA hospitals have been predicted after revelations that the Health Department is facing a \$1.6 billion budget blow-out over the next four years ...

That article was based on emails between departmental officials who claimed that the South Metropolitan Area Health Service had been told to cut the equivalent of 943 full-time staff in the next year. Again, on 4 October there was another article about the extended Christmas shutdown at Royal Perth Hospital as a result of budget pressures. On 7 October there was an article in *The West Australian* about a document that we previously debated in the house. The article states —

More than 470 full-time jobs will be axed at Royal Perth Hospital to meet its reduced budget, including 52 positions in its cancer and neurosciences division, 90 in the surgical unit and 74 in critical care, a leaked internal document has revealed.

Finally in the series of articles from which I am quoting, an article in *The West Australian* on Saturday, 10 October states —

Royal Perth Hospital's psychiatry department has outlined plans to reduce the number of doctors and cut after-hours cover for wards and the emergency department.

Week after week and day after day we read reports based on documents from inside the Department of Health and documents from inside the hospitals stating that there have been budget cuts and service cuts. That is where the second strategy of the government comes in. It denies. It does not know. It has outsourced the management to the bureaucracy. It does not take ministerial responsibility. We hear from the government that it is not true, it is just a discussion document and that it is only a consideration of options or that it is a reconfiguration. The government has wheeled out every management speak and gobbledegook cliché to deny that there have been cuts to services in the Department of Health. How does the government explain the unending series of articles day after day? All these documents are flooding out of the Department of Health and giving the lie to the government's assertions that all is well in the health system and that no services are being cut. This cannot go on. Eventually the government will have to admit that it is cutting health services. The government will not be in a position to do anything else other than admit that.

Extract from Hansard

[ASSEMBLY - Tuesday, 10 November 2009]

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Speaker; Mr Roger Cook; Mr Eric Ripper; Mr Colin Barnett; Ms Alannah MacTiernan; Dr Kim Hames; Acting Speaker; Mr Troy Buswell

I really fear for the health services when I look at the government's budget position. I was struck by how pathetic the response to the ambulance inquiry was. St John Ambulance has said that it will walk away from the ambulance service unless the government give it \$60 million of additional funding. St John says that it is not prepared to have its name associated with a second-class ambulance service. That is what is coming at the government unless it gets its act together, and what was the government's response? It was a pathetic and miserable \$1 million to deal with the very serious issues raised in this ambulance report. I cannot believe that the government thought that anyone would think that that was an adequate response. The government has grossly inflated the number of staff it thinks it will get for that amount of money. That amount will provide 10 full-time staff for one year at public service rates. That is a miserable response to the sort of issues that were raised in the *Four Corners* program and in the independent report into the ambulance service.

I know what people inside the government would be thinking. They are no doubt extremely annoyed that this issue has emerged on its watch. I say to them that that is part of being in government. Issues always emerge on the government's watch and the government must be in a position to respond adequately. That is the problem the government will face because it has a very serious budget crisis. It is \$687 million in the red only two months into the financial year. I cannot see how it will get a budget surplus this financial year. I think it will borrow money to pay for petrol and police cars and to pay for the wages of public servants right across the sector. The government is running up debt to pay for the current services. It has not left itself any capacity to deal with the issues that will emerge on its watch, and there will be issues, particularly in the health portfolio. The government cannot set down the markers for health and expect that nothing will happen in the next 12 months. The government will not be accepting its responsibility as the government if it does that. It must expect that issues will emerge, and it must give itself the capacity to deal with those issues. The government is not doing that. It has blamed the global financial crisis, but that is not the story. The story is revealed in Treasury's "Monthly Report of General Government Finances: Statement for the Month Ended 31 August 2009". Buried within the report is the statement —

Expenses in August 2009 were \$1,730 million. This is \$300 million (or 21.0%) higher than in August 2008.

The government cannot have expense growth of 21 per cent from August in 2008 to August in 2009 and still expect to have some capacity left over to deal with the things that come along in the ordinary course of government such as a crisis in the ambulance service —

Mr T.R. Buswell: What would you cut?

Mr E.S. RIPPER: The Treasurer asked, "What would I cut?" The problem is the unsustainable deal the Liberal Party concluded with the National Party to gain government. It is the Premier's deal with the Leader of the National Party to spend \$2.8 billion over and above what the state government would have spent over four years that is crippling the government. That is the source, at least in substantial part, of that extraordinary level of expense growth. Western Australians are going to suffer because of that. Our family bills are going up. They are skyrocketing. Our services are being cut. We are all going to experience the negative ill-effects of the unsustainable deal that was concluded by the Liberal Party and the National Party and by the Premier and the Leader of the National Party for the sole purpose of getting into power. It was a whatever-it-takes deal. Unfortunately, the people of Western Australia will pay. Their family bills are going through the roof and their health services are under threat because those services are being cut. If anything happens in the Department of Health that requires a bit of extra money, there will be no money to give. It is all going to get worse. People might think that the service cuts and their family bills are bad now. The figures in the monthly report of general government finances —

Mr T.R. Buswell interjected.

Mr E.S. RIPPER: I do not think I should take an interjection from the Treasurer. I would be ashamed if I presided over an expense growth rate of 21 per cent. It is a scandal that the Treasurer is presiding over such a high rate of expenditure growth. I cannot believe that during question time the Premier said this Treasurer was the best Treasurer in the world. If people think the situation is bad now because of the cuts in services and skyrocketing bills, it will only get worse because this government's financial mistakes will be paid for by every Western Australian. Western Australian families will pay a high price in bills and service cuts because the government cannot manage the finances. It could not manage them in the Court government and it cannot manage them now. We will see the first state deficit since the last time that the Liberal Party was in power.

MR C.J. BARNETT (Cottesloe — Premier) [3.40 pm]: I want to make a brief comment on the ambulance service in particular. I want to place on the public record that St John Ambulance has been providing ambulance

Speaker; Mr Roger Cook; Mr Eric Ripper; Mr Colin Barnett; Ms Alannah MacTiernan; Dr Kim Hames; Acting Speaker; Mr Troy Buswell

services in Western Australia since 1922. Last year alone it provided emergency ambulance services to more than 180 000 patients. It employs a thousand people, and also has the involvement of three and a half thousand volunteers. I simply say that to make the point that St John has been providing long-term services to our state; it is a not-for-profit organisation and is largely community based. I want to place on record this government's respect for the work of St John. We recognise there are some serious issues that have emerged—not suddenly, overnight, but issues that have been brewing for several years. Those issues exist and that is acknowledged by government and by St John. I want to reassure the public of Western Australia that the government will ensure that the ambulance service continues. It is an essential service for the state and the government recognises that it will need to grow, both with the growth in population and with an ageing population.

The Minister for Health provided some immediate financial support—yes, it is modest—of a little over a million dollars to deal with an immediate situation. As the government has indicated, we will look at this in the context of the next budget round; and without putting a number on it, we recognise that to maintain what is an essential service will require additional funding. The government will work on what level that will be, particularly the Minister for Health and the Treasurer, with St John. However, we will ensure that that service continues for the people of Western Australia. I know there has been some debate about the future of St John. The preference of this government is very much that St John continues and we contract through it to provide services to the public. I think that is a far preferable model than the suggestion that some people make that the state should take over that service. However, all of that analysis and work has to be done.

Again, I want to acknowledge the standing of St John. It has had some failings in its systems. That is regrettable; it is acknowledged. Those failings have contributed to the deaths of some people. The government will support and maintain that essential service in Western Australia.

MS A.J.G. MacTIERNAN (Armadale) [3.42 pm]: I want to talk about the cuts that are occurring to health services in Armadale, in particular through the Armadale Health Service. I want to pick up a theme raised by the Leader of the Opposition—that is, this issue of denial and not seeing any honesty at all about what is going on. In reality, we are seeing staff cuts and budget cuts of the order of 10 per cent across the Armadale Health Service. I raised a couple of early examples in this place previously. We found there was a cut to speech therapy and there was the reduction of a position. The minister said that we had it all wrong and that a person had gone on leave, but it turned out, as we thought, that the person had gone on extended maternity leave. The position had been advertised and filled, but the appointment was not allowed to be proceeded with, so there was a cut.

The next issue that emerged was the proposal to abolish the private maternity ward, the Galliers Wing, of the Armadale-Kelmscott Memorial Hospital. We were told that was not a budget cut and the closure was happening simply because the government could not recruit staff. We found, of course, when we probed that that was not true and that six people had made applications for those jobs. Then the government's defence was that the applications had been lost; someone had put them in a drawer and no-one knew about them!

Now in the Armadale Mental Health Service—an issue that I raised today at question time—we have cuts to services. A week or so ago it was proposed to close the entire child and adolescent health service for a four-week period. There was then a backtracking on that proposal. However, the outpatient rehabilitation service will now be closed for a month, and the Mead Centre, which provides care for people with psychiatric disorders and severe psychological disorders, will be operating with a skeleton staff. In fact, I understand that the centre was going to be closed at one stage, but the government has decided to keep that operating with a skeleton staff. The Minister for Mental Health was trying to claim today—again in line with this policy of denial that we have seen over and again—that this is standard holiday rostering. It is not; these are not cuts that have ever been made in other years. There is a very good reason for this. We know that mental health issues often spike around Christmas; Christmas is a period of high stress for many people and catalyses many of the underlying dysfunctions that people may have within their families. It is well known that Christmas is a busy time. It is not like closing down a surgery for a fortnight, which often is done so that the orthopaedic surgeons can go down to Eagle Bay! Mental health services are not cut like this or closed down. Rehabilitation services have not before been closed down like this for a month, nor have services like the Mead Centre been put on a skeleton staff for a month.

This does not apply just to mental health services, although obviously that is an area of great concern. This litany of stories is coming to me from many people. The opposition is constantly contacted by staff who have been at the hospital for many years and who are very, very concerned about what is going on. Within the general hospital virtually all the contract staff have gone, and people are being required to fill several positions. Indeed, they have been asked to come up with ideas for rolling several positions into one. People who have gone on leave recently have not been replaced. In the administrative area, people come back to extraordinary work levels that have accumulated while they have been away. There is a problem, and both the nursing and the clerical staff are reporting that it is not possible for them to book leave in the next year. They can book leave only if there is a

Speaker; Mr Roger Cook; Mr Eric Ripper; Mr Colin Barnett; Ms Alannah MacTiernan; Dr Kim Hames; Acting Speaker; Mr Troy Buswell

gap in the roster. There are no relief staff. There is no capacity for them to book holidays at all. This situation is becoming unmanageable. Staff in every section have been told that they have to achieve budget cuts of 10 per cent. This cannot be done without a cut in front-line services. If one person is doing the job that previously two or three people did, that is a cut in front-line services. That is what is being experienced by the staff at the hospital. It is a major issue.

The government cannot continue to deny that it is not requiring these cuts to be made. These cuts are being made. The staff are being told over and over again that if any of them are found revealing this information to members of the opposition, they will be fired. That is a very frequent refrain; they are told that they will be sacked if they are found to be providing this information. We are seeing a situation which has to be faced up to by the government. It cannot continue to pretend that what is happening is not happening. There are thousands of staff out there who know what is happening. The government is not going to be able to keep it a secret. I do not know why members opposite think they are going to be able to keep pretending that something that is happening is not happening!

Dr G.G. Jacobs: What about ambulances?

Ms A.J.G. MacTIERNAN: Did the Minister for Mental Health read the motion? It would be useful for the minister to read that, because it did include a broad concern about cuts across the health service and the fact that the government cannot continue to maintain, and thereby to be dishonest with the people of Western Australia, that this is not impacting on front-line services. Of course it is! And the opposition will continue to come in here, day after day, and outline what is really going on until such time as the government faces up to it and is honest with the community.

DR K.D. HAMES (Dawesville — Minister for Health) [3.50 pm]: I am happy to respond to this matter of public interest. It is probably the third time I have responded to MPIs of a similar nature. This one obviously adds the ambulance service to the mix.

Mr E.S. Ripper: It's an ongoing issue, isn't it? While you keep cutting, we'll keep moving MPI motions.

Dr K.D. HAMES: The Leader of the Opposition talks about cutting. Let us reflect on what happened in the health budget. It went up. If funding is going down in some areas, it is because we are moving that funding to other more important areas. We are getting efficiencies out of our system. That money is all going into the health system and the budget has gone up, not down. We have only to look at the budget figures to see that.

I want to talk about the origins of this inquiry and the inquiry that the member for Kwinana talked about that I cancelled.

Mr E.S. Ripper: Later in your speech you can probably tell us the percentage increase in the —

The ACTING SPEAKER (Mr P.B. Watson): Leader of the Opposition, you had a chance to have your say. Let the minister continue.

Dr K.D. HAMES: The Leader of the Opposition should read it himself. He has a copy. He flogged out and got a copy off the internet last time.

The ACTING SPEAKER: Minister, do not encourage interjections.

Dr K.D. HAMES: The Leader of the Opposition is quite capable of doing that again or his little tweeter can go and do it for him.

I want to talk about the origin of the inquiry. In the lead-up to the last election, the former Minister for Health was under enormous pressure from the Liquor, Hospitality and Miscellaneous Union to change the way the ambulance service was managed and make it a public service as occurs in most of the other states, with the exception of the Northern Territory. As a result of that pressure, in the dying days of the former government, the former minister agreed to initiate an inquiry headed by Greg Joyce, though not because any issues of concern had been raised by his mates in the ambulance service. No-one had come to him saying that they had major problems in the operation of the service. They did it because they wanted it to be a publicly run service. The former minister initiated an inquiry. I have this straight from the person who was going to conduct the inquiry. He had been told by the minister that it was to become a public service, as opposed to a service run by St John. That is what it was for. When we came to government we had already made our position clear that we were not going to do that. We were going to keep it as a system run by St John. We were happy with that service. Our understanding was that the level of service was —

Mr E.S. Ripper interjected.

Dr K.D. HAMES: The Leader of the Opposition should give us a go. The level of service that was to be provided was equal to that of any other state. St John is providing an excellent service, as it has done for 100

Speaker; Mr Roger Cook; Mr Eric Ripper; Mr Colin Barnett; Ms Alannah MacTiernan; Dr Kim Hames; Acting Speaker; Mr Troy Buswell

years. We made that position clear. When we came into government and we were asked whether we still wanted an inquiry into whether the service should be public or private, we said no. We were going to leave it as it was and not change it. There was a protest about the wages of the paramedics outside the minister's office in town. Under the previous government the paramedics chased increased wages and were told they could not have them. The first thing we did in government was to look at that issue and support the paramedics getting increased money. We contributed more than \$3 million in additional funds to resolve their pay dispute and make sure they got a decent wage. That was the first thing we did. The opposition said that if we had done that, we would have found that the service was in crisis.

Let us look at the crisis. I have some figures for the past 10 years that relate to the standard of service and response times, as provided by St John. I will go through them. I will deal only with priority 1 cases because I do not have time to deal with the others. The average response time for priority 1 cases in 2003-04 was 9.77 minutes. It deteriorated to 9.92 minutes in 2004-05. Then it was 9.85 minutes and then 9.63 minutes. It jumped to 9.97 minutes when the opposition was in government. Now it is 9.96 minutes. Since we have been government, there has been miniscule improvement. What is the difference between this year when we are in government and 2004-05 when the opposition had been in government for three years? The difference is 0.04 minutes in average response times, which is 24 seconds. It became worse last year under the Labor government.

Now I will look at the priority 1 percentage. Priority 1 cases are the urgent ones, with a time line of getting to 90 per cent of those cases in less than 15 minutes. Let us look at the percentages over the years. When we left government in 2001-02, it was 90.5 per cent. Under our government, we had achieved that target of 90.5 per cent. During the Labor Party's first year in government, it was 89 per cent, then 89.4 per cent, then down to 88.9 per cent in 2004-05, then 89 per cent. Then it got back to 90 per cent for one year but went to 88.4 per cent in 2007-08 and is 88.1 per cent now. In 2004-05, when the opposition was halfway through its term of government and burgeoning with money as it was the middle of the boom, the percentage was 89.1 per cent compared with 88.1 per cent now. That is a difference of 0.8 per cent.

The opposition talks about a government in crisis, a health system in crisis and an ambulance system in crisis. Suddenly everything has deteriorated. Where is its evidence for that? Where is its evidence that those things have deteriorated? What about the *Four Corners* report? Let us go back to those cases that the *Four Corners* team outlined. Three of them were detailed in this document. Whose government were they under? Two of the three issues that occurred with that call centre were under the Labor Party's watch, under its government. What did it do? Nothing. Where were the complaints? There was nothing.

Mr R.H. Cook: We had an inquiry.

Dr K.D. HAMES: The then government did not have an inquiry. It did not even start it. It had not even appointed someone. It planned for an inquiry and then it lost government. That inquiry was not into the services that were being provided; the inquiry was into whether it should be a public or private system.

Mr R.H. Cook interjected.

Dr K.D. HAMES: Mr Acting Speaker, I do not think I shouted out to the member when he was on his feet. I did make some interjections, but I did not continuously interject.

The ACTING SPEAKER: Minister, if you continue to talk to the shadow minister, you must expect a reply.

Dr K.D. HAMES: I am not talking to him.

The ACTING SPEAKER: Yes, you were. You have been looking across the chamber at him. If you want to get the proper level of respect, talk through the Chair.

Dr K.D. HAMES: Let us look at the issue of funding and what the former government did with the funding. The funding in 2005-06 was \$33.9 million. This is obviously from the former government. It went up by \$800 000 to \$34.7 million and then up \$1.2 million to \$35.9 million. Under us it went up \$3.8 million to \$39.75 million. That was because when we came to government, we immediately injected those additional funds. It is not as though the former government poured huge resources into addressing the issues within the ambulance service during the middle of the boom. If there were major issues of concern, its mates in the LHMU did not go to the government. The government did not say, "We agree. Look at those figures. Wow, they have deteriorated. We'd better do something about it." The government did not say that there were people dying unnecessarily as a result of problems with the call-out procedure and ask what it would do to fix it. It did not say that it had better fix something. After seven and a half years in government, the Labor Party almost got around to calling an inquiry. It did not quite get there but it was about to do it. After seven and a half years suddenly it thought that it had better do something. An inquiry was not called as a result of anyone expressing any concerns; it was called only as a result of union pressure to make it into a public service, not a service that is run by St John.

Speaker; Mr Roger Cook; Mr Eric Ripper; Mr Colin Barnett; Ms Alannah MacTiernan; Dr Kim Hames; Acting Speaker; Mr Troy Buswell

It is an absolute nonsense for the opposition to jump up and have a go at the government saying that it is a pathetic response. We should look at the pathetic response of the former government, which saw the deteriorating figures and did absolutely nothing. Let us go to the reasons for the deterioration of those figures. The figures went from an average response time of 9.63 minutes in 2007-08 to 9.97 minutes the following year. In the space of one year there was a significant increase in the average response time. Welcome, Madam Acting Speaker (Ms L.L. Baker)!

Why had the figures deteriorated over that time? The answer is simple and clear, and will be provided if one asks ambulance drivers or any of the staff of St John Ambulance: it is because of ramping at the hospitals. Ramping peaked during 2007-08 because of delays in the transfer of patients from the emergency departments; they were queued up, ambulance after ambulance, waiting to unload patients. I refer to an article that appeared in *The West Australian* on 15 December 2007, which revealed that ambulance drivers had spent 3 000 hours stuck in ambulances, waiting to drop their patients. No wonder they could not keep up their response times; no wonder they could not address the urgent needs of patients who had called up, desperate for help, because they were stuck in queues at the hospitals. What did the government do about it? Nothing. What was it like when we came to government? It was dreadful.

Mr R.H. Cook: We launched an inquiry. What did you do about it?

Dr K.D. HAMES: The member knows what we have done; I talked about it in my ministerial statement earlier today. We have introduced the four-hour rule, which will make an enormous difference to waiting times.

Mr R.H. Cook: Peter Flett's best idea yet.

Dr K.D. HAMES: What did the former government do? It did nothing. When we came to government, Western Australia had the worst hospital waiting times in Australia. People were waiting up to eight hours for a hospital bed. Sometimes more than 50 per cent of Royal Perth Hospital's patients had to wait more than eight hours for a bed in a ward. The figure is now closer to 28 per cent, and that is even before the four-hour rule has been put in place. While Royal Perth Hospital has been planning the changes necessary to put the four-hour rule in place, it has made some initial changes, some of which, initiated by hospital staff, were undoubtedly put in place before we came to government. Those changes have brought about improvements, but there is a long way to go; we still have significant ramping in our hospitals. It has not as yet improved under the current government, but it will. There is no way that ambulance services can provide a decent response time in the time provided.

The inquiry that was carried out by Mr Greg Joyce and others was an extremely good one. The report goes through all the detail of the issues, and there is no question that there are governance issues. There is at present a very difficult relationship between paramedics and ambulance drivers, and the managers of the hospitals. However, I have to say that Dr Simon Towler, who was involved in the report, made an extremely good point to the media yesterday when he said that Western Australia is not the only state to have held an inquiry; every other state, over the past four or five years, has held an inquiry into ambulance services. In one state—I do not want to denigrate whichever city it was in New South Wales or Victoria—the relationship between management and staff had been described as “toxic”; this was a publicly run service. We certainly do not have that sort of relationship here, but it is a difficult relationship, and a lot of work needs to be done to address that. Part of it is to do with the frustrations experienced by staff working in the call system, which is clearly inadequate. The workload and the lack of staff are also creating enormous pressures, and that needs to be addressed. That is why the government has provided immediate funding.

The services provided by ambulance drivers and paramedics also need to be investigated. They have put forward a range of procedures that they believe should be undertaken, but I have to say that there are other points of view, particularly amongst doctors, who say that that level of treatment cannot be justified, or that that type of treatment is not warranted. We want an independent assessment of what those services should be and how they are run. My view is that paramedics should be able to do more; perhaps they will require extra training, but they should be able to do more. We need to get a lot more paramedics, ambulances and ambulance staff out there—hence the huge costs we are talking about and the amount of money that is required.

If the opposition was still in government and the Leader of the Opposition was still Treasurer, he would not accept unquestioningly a submission from an independent organisation—regardless of which non-government organisation it might be—recommending that the government spend X amount of money to fix the service. He would not say, “Okay; here's the cheque.” He would drill down into the figures to make sure the numbers were accurate and that the amount was reasonable.

Mr E.S. Ripper: Have you set up that process?

Dr K.D. HAMES: I have set it in progress.

Speaker; Mr Roger Cook; Mr Eric Ripper; Mr Colin Barnett; Ms Alannah MacTiernan; Dr Kim Hames; Acting Speaker; Mr Troy Buswell

Mr E.S. Ripper: What is the process?

Dr K.D. HAMES: One of the recommendations of the report was to set up an implementation team. Greg Joyce and Simon Towler are continuing their work, and we will appoint some financial experts to make assessments. The Director General of the Department of Health is working out the exact makeup of the final team, but I have already advised the department to start that work immediately. There are two things I want done. Firstly, I want Greg Joyce to make further inquiries into the WA Country Health Service in particular—how the volunteer system works, and the interrelationship between paramedics and volunteers. Frankly, I think that the volunteers are becoming disillusioned. They are running out of steam because of a lack of support, and we need to boost that service. I also want exactly what the opposition would want if it were in government, which is an immediate assessment of the request for funding. I want to go through it line by line and dollar by dollar so that a business case can be made that can then come to the expenditure review committee for consideration. We are doing those things and we are following up on those requirements. I acknowledge that \$1.028 million is a very small amount. It cannot be equated to wages; it is what St John asked for. Some staff will start in three months, some in two months, and some in four months, after training. It is a staggered amount, and it is only a component of the total year's wages that we are talking about for the provision of those services.

I will leave it to others to talk about the financial issues relating to the budget, but I will briefly speak about services over Christmas. People were talking about the four-week issue at Royal Perth Hospital. There will be no four-week reduction in services. Over that four-week period, there will be specific reductions for different units at different times. The only time during which there will be a continuous break in services of more than two weeks is the period between 18 December and 4 January, when some services will be shut down. That is quite reasonable, in my view. In health, we try to get everyone to take holidays at the same time whenever we can, particularly in the outpatient clinics, so that we have full staffing for the rest of the year. It is the same for doctors. Everybody wants to have a break over Christmas and new year, and considering the huge amount of effort those staff put in, they deserve it. It does not include emergency services; emergency services will be available throughout that period for whoever needs them. The break is just for routine follow-up services. Even then, we will have to have clinics available to provide routine follow-up services for people, for example, who have suffered burns. Those will be made available. Only the routine follow-up outpatient clinical services—such as orthopaedic clinics and the like—will have services cut during that period, except for those that have to be there for emergency treatment.

MR T.R. BUSWELL (Vasse — Treasurer) [4.09 pm]: I rise to make a couple of points about some of the issues raised by the Leader of the Opposition in relation to the budget for the Department of Health. Ahead of the government's consideration of this report, I will say that I was concerned, as was everybody in the government, that the St John Ambulance service had, under our watch, slipped into an unsatisfactory state of service delivery. Anyone listening to the shadow Minister for Health could only have concluded that these events have only just emerged over the past 12 months or so.

Mr R.H. Cook interjected.

Mr T.R. BUSWELL: It is certainly reflective of the comments made by the member for Kwinana. I, like the Minister for Health, took some time to read through "St John Ambulance Inquiry: Report to the Minister for Health October 2009". I was very surprised when I got to the appendix that details three of the four cases that were looked at. Members may imagine my surprise when I discovered that the issue with patient 1 first emerged at 14.43 on 26 September 2007. The patient 2 issue was in 2009, which is a fair cop. The patient 3 issue was at 7.28 am on 12 July 2007. We are dealing with a serious issue but we are not, as the member for Kwinana would have us believe, dealing with a crisis that emerged this week or this month; we are dealing with a set of issues that have emerged over many years.

Mr J.R. Quigley: Since your election.

Mr T.R. BUSWELL: I know that the member for Mindarie had some busy times during 2007 on the family front and he may have been distracted, but we were on that side of the chamber in 2007 and he was on this side, perhaps sitting a bit further towards the back than he does now. Those are the facts. The facts are that we in government have to tackle a longstanding set of issues. We will tackle them. As the Minister for Health has said, we are providing funding in the first instance of a little over \$1 million to meet the needs that St John Ambulance has identified—not us. St John Ambulance has identified and costed some issues in specific areas, such as paramedic numbers and communications centre numbers, as I understand it. I am sure that if the Minister for Health shakes his head, I will agree. That is about right on a certain time frame. We must be very careful not to create a scaremongering campaign that suggests that this crisis suddenly fell out of the sky. I also say to the Minister for Health: hands off my St John Ambulance volunteers in Busselton. They have been pushed around and buffeted by public comments made by none other than the member for Kwinana and Dave Kelly from the

Speaker; Mr Roger Cook; Mr Eric Ripper; Mr Colin Barnett; Ms Alannah MacTiernan; Dr Kim Hames; Acting
Speaker; Mr Troy Buswell

Liquor, Hospitality and Miscellaneous Union. They have mercilessly attacked volunteers in my home town who are dealing with some significant issues.

Mr M.P. Murray: While we are on that subject, Treasurer, recommendation 6 of the report is —
Ambulance needs in country areas to be the subject of further assessment.

Will you be providing funding for that further assessment?

Mr T.R. BUSWELL: That is already happening. Where has the member been—asleep?

Mr M.P. Murray: No I have not.

Mr T.R. BUSWELL: I know it is a rarefied atmosphere in Collie. Mr Joyce—the same person—is doing the review.

I will talk shortly about the health budget, because there has been a lot of talk about supposed cuts to the health budget. That talk is not consistent with the facts. The facts are that the Department of Health's expense budget allocation in 2009-10 is 12.4 per cent higher than the budget allocation in 2008-09.

Ms R. Saffioti: What about the outlook?

Mr T.R. BUSWELL: I will get to that in a second. The budget is 12.4 per cent higher than the budget for the previous year. The 2008-09 budget, which the previous government left us with, was 12.4 per cent higher than the year before. All this talk about the health budget being reduced is not reflective of the facts.

I will talk about the action, because it is very interesting. The Leader of the Opposition made some points about expense growth. He is right. The expense growth is not sustainable. Our view is that a number of one-off expenditure items are in that \$650 million year-to-date, end-of-August increase that will not be repeated. Even when we take those one-offs out, the underlying level of expense growth is still 9.9 per cent, which in my view is still too high. What are some of the one-offs? Just so that members know, a lot of it refers to funding that is passing through the state government books, and a lot of those count as expenses. There is \$44 million of local government funding, \$46 million of grants passed through to non-government schools, \$51 million of grants passed through for the first home buyer boost, and \$75 million of increased expenses because of some changes in accounting treatments and prepayments. There are a lot of factors, but there is still \$290 million of underlying increase in actual expenses over the last year. Of that, \$43 million is actual increased spending on health wages—\$43 million. The opposition keeps talking about a reduced health budget. I have just told members that the health budget is higher. I am now telling them that \$43 million more was spent in July and August of this year on health wages than in the previous year. The Department of Health estimate of that breakdown is that it is paying for an extra 636 nurses, an extra 80 doctors and an extra 193 medical staff.

Mr E.S. Ripper: Where do you reckon we get these articles about cuts from?

Mr T.R. BUSWELL: Let me get to that. I am not saying that I am necessarily pleased with that outcome. The Minister for Health should not get me wrong; I am not saying that at all. I am saying that, from a budgetary point of view, and at least from a wages point of view, year on year for the first two months more money was being spent in health. Why are we getting this pressure from within the health system? It is because for the first time in a very, very long time the health system is being held to account for its spending. It is creating enormous pressure in the Department of Health. We are forcing people to reallocate money within their very generous budget of \$5 billion plus to areas of high need. We are forcing them to work within the budgets that have been put in place. We have recently signed off on a process, which we call the value-for-money audits, in which a major accounting firm will work within the Department of Health to help people better understand how they can control their expenses, manage their expenses and report on their expenses.

Dr K.D. Hames: I am very pleased to have it, I can tell you.

Mr T.R. BUSWELL: Nearly as pleased as I am. One of the reasons for this push-back, if I may use the term, from within the health system is that people are being held to account. It is very difficult. There is a lot of pressure within the health system. I call that pressure the pain of having to adapt to the increased disciplines of a new regime. The facts are that the health budget is up by 12 per cent and that health wages, which are the biggest expense component of the health portfolio, are, against my best desires, up by 10.3 per cent, or \$43 million. That expense is funding, as I have said, 636 more nurses, 80 more doctors and 193 additional medical support staff. Yes, there are pressures, but there is more pressure for this funding to deal with the global demands for health. Members have seen that reflected in our response immediately to St John Ambulance and they will continue to see that reflected.

Question put and a division taken with the following result —

Extract from *Hansard*
[ASSEMBLY - Tuesday, 10 November 2009]
p8621a-8630a

Speaker; Mr Roger Cook; Mr Eric Ripper; Mr Colin Barnett; Ms Alannah MacTiernan; Dr Kim Hames; Acting
Speaker; Mr Troy Buswell

Ayes (24)

Ms L.L. Baker	Mr J.C. Kobelke	Mr A.P. O’Gorman	Mr T.G. Stephens
Ms A.S. Carles	Mr F.M. Logan	Mr P. Papalia	Mr C.J. Tallentire
Mr R.H. Cook	Ms A.J.G. MacTiernan	Mr J.R. Quigley	Mr A.J. Waddell
Ms J.M. Freeman	Mr M. McGowan	Ms M.M. Quirk	Mr P.B. Watson
Mr J.N. Hyde	Mrs C.A. Martin	Mr E.S. Ripper	Mr M.P. Whitely
Mr W.J. Johnston	Mr M.P. Murray	Mrs M.H. Roberts	Ms R. Saffioti (<i>Teller</i>)

Noes (29)

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

Pairs

Mr D.A. Templeman	Dr E. Constable
Mr B.S. Wyatt	Mr W.R. Marmion

Question thus negatived.