

Mr Arthur Marshall; Mr Mike Board; Mr John Day; Mr Bill McNee; Dr Janet Woollard; Mr Ross Ainsworth; Mr Bob Kucera; Mr Paul Omodei; Mrs Cheryl Edwardes; Mr Rob Johnson; Acting Speaker; Mr John D'Orazio; Mr John Bradshaw; Mr Mark McGowan

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**ADDRESS-IN-REPLY**

*Motion*

Resumed from an earlier stage of the sitting.

**MR A.D. MARSHALL** (Dawesville) [3.56 pm]: In response to the Governor's address, I am proud to say that I represent the largest country electorate in Western Australia. The latest Electoral Commission figures indicate that Dawesville, with 18 383 constituents, is leaving in its wake its electoral neighbours such as Mandurah and Murray-Wellington. Mandurah has only 14 352 electors and Murray-Wellington 14 891. I have therefore a very busy and hectic electorate. There will be a change to my electorate with a projected figure of 21 000 electors if the one vote, one value legislation is enacted.

One thing wrong in country electorates is the inequity in members' salaries and allowances. It is not fair that a member with an electorate of 19 000 is given the same electorate allowance as members with electorates of 10 000 or 12 000 electors. Welcome letters are sent to new people when they come to live in electorates. Dawesville gets about 600 new electors a month and the other electorates I mentioned get about 80. There is a difference in postage costs of \$300 for Dawesville and \$40 for the other electorates and, therefore, an overload of costs in running the largest country electorate in Western Australia.

The Dawesville electorate is flanked by waterways, whether they be the Murray and Serpentine Rivers, the estuarine waters of the Peel and Harvey inlets or the Indian Ocean. There is little doubt that people want to live by a waterway, and I guess that is why the second-largest country electorate is Mitchell and the third-largest is Vasse. The population is flowing down the coastal strip of the Indian Ocean. It is not only exciting but also time consuming and taxing to be part of a busy electorate because of the development of subdivisions, new housing, new people and the provision of the infrastructure they need. It is taxing because this Government, apart from ministers Edwards, Roberts, McHale and Carpenter, refuses to listen to the needs and problems of the people I represent.

The number one issue in my electorate is traffic noise and congestion. That is mainly along Old Coast Road, which is the connecting road through Mandurah. The Acting Speaker, who is the member for Bunbury, travels along it all the time, and he will understand what I am talking about. Figures from 1998 show that 21 000 vehicles a day travelled along that road. On weekends and long weekends, it increased to 27 000 to 30 000 vehicles. This amount of traffic makes entry and exit to the various suburbs almost impossible. It is also dangerous if people become impatient. The noise is environmentally unsettling for the residents.

That 1998 data is the only data that we have to work on. The traffic is increasing by seven per cent annually. Therefore, the need for that so-called Peel deviation to be fast forwarded is vital. The Peel deviation will simply take the traffic from the extended freeway to Mandurah, divert it around Meadow Springs towards Yunderup in the Pinjarra area, and bring it back at the rear of Island Point. It is expected - of course, it will happen - that the heavy haulage vehicles will be diverted that way to the south west. Much of the traffic that goes to the home of tourism in the south west - Margaret River, Busselton and the like - will be diverted to that Peel deviation, and it will take the tremendous strain off Old Coast Road.

However, this Government refuses to do anything about that project. Despite numerous letters and debates in Parliament, the transport minister has put the project deeper and deeper in the too-hard basket. Traffic noise is a real problem. I want members to listen because they are probably unaware of the new suburbs that have developed. Waterside existed in 1993-94 - it is not old. However, across the road, Mariners Cove is brand new. There are now lights on the corner to cater for the people who come out of Mariners Cove. Further south is Erskine. When I doorknocked Erskine in 1993, it had one subdivision. It now has four subdivisions, with only one outlet, unfortunately. That is a Main Roads error. Backing onto Erskine is Mandurah Quays, which is another magnificent development right on the water. Halls Head started with one development. That was the early part of the new Mandurah. There are now six subdivisions to the south, with more and more people. Falcon has an extra subdivision in Cox Bay. Port Bouvard, on the Dawesville Channel, has a north and south subdivision, as well as an east subdivision. Southport has a golf course that is developing as well. Therefore, more and more people are being affected by the traffic and the traffic noise on Old Coast Road. This includes those in Wannanup, Florida, Dawesville and Parkridge. Another 280 homes will be built in Parkridge within six months. The people in these areas want the Peel deviation to get under way immediately and the traffic to be diverted. If not, they want Old Coast Road to be resealed with the new integrated bitumen that decreases vehicle noise. Of course, the decibel readings drop as well. The resealing is done in bits along roads and is highly successful. The money should be spent there. When Main Roads is approached about this project, all we hear is

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that there is no money. I expect the minister to find some money. By changing the Mandurah to Perth rail route, over \$300 million has been squandered. That money could have been used to get the Peel deviation under way, and Old Coast Road could have been resurfaced. I believe that the minister is duty bound to give every consideration to my constituents' expectations.

The electorate of Dawesville embraces the State's largest enclosed waterways. There are more boat registrations in the Peel region, which is outside the metropolitan area, than in the rest of the State. We are continually asking this Government for more boat ramps and more facilities at ramps, such as wash-down areas and extended parking, but there is no answer. In 1997-98 and again in 1998-99, increases to boat registration fees were introduced, and a recreational boating facility scheme was established to allocate this extra money properly. I believe that an appropriation of about \$600 000 to boating has drifted into other portfolios. If that is the case, I would like that matter to be investigated straightaway. I read about it in one of the *ProWest* amateur fishing magazines. None of the money, wherever it is, has reached the south Mandurah waterways. Before the new crabbing season, there is a desperate need to have more ramps at Dawesville. However, the requests that I have made have once again been put in the too-hard basket.

While I am dealing with the importance of the waterways, I ask why the previous Government's magnificent deep sewerage plan for Mandurah was scrapped. I will tell members why it was scrapped. The Government ran out of money, and it had to pinch money from other projects. It stopped the \$600 million project in Mandurah. South Mandurah is a pristine strip of land, with waterways on the left - estuarine waterways and the like - and the magnificent Indian Ocean on the right. In the early days, septic tanks were put down at random. There was never any check or plan. There are hundreds, if not thousands, of them. When they start to leak, of course there is environmental damage to the waterways. The very important plan for deep sewerage began in the metropolitan area. However, in my electorate it was stopped. I completely disagree with that, because it is one of the most important areas. Halls Head and Falcon should have deep sewerage introduced straightaway. The former Minister for Water Resources, the member for Warren-Blackwood, who represents the fourth largest country electorate in Western Australia, will understand what I am talking about.

This Government has not listened to the Halls Head people in my electorate either. A proposed five-storey apartment on an ocean-front block gained planning approval at local government level, despite a huge backlash from the community. It was within the local government's rights to accept the proposal; it is just that the council probably did not have the vision necessary to realise the environmental effect it would have on the foreshore of Halls Head. A Halls Head action group of over 500 people protested to the council to no avail because the council was acting according to the rules and regulations, which must be altered because they are in error. The executive committee then met with the Minister for Planning and Infrastructure on the issue, but once again the people's requests for a review hit the too-hard basket. They have now been waiting for 10 weeks for even a response from the minister. This project is a vital piece of town planning that could ruin the foreshore of Halls Head, just as the environment of the ocean and the beach at Surfers Paradise has been ruined. Waikiki Beach in Honolulu is a similar disgrace. The place is always in shadows and there is traffic congestion. We would like some of the issues in the too-hard basket to be tipped around a little and shuffled, as in a raffle, so that some of the requests for the Dawesville electorate will come to the top and be dealt with.

Mental health services in Mandurah need more funding assistance from the Government. Despite good work by the Peel Health Campus, the service is under-resourced and, sadly, the readmission rate is increasing. A service needs to be established for patients who need care beyond that which the practitioners at the campus can offer. A resident psychiatrist is needed to help the general practitioners review their management strategies for these patients. A regional strategy plan has been put together, but there have not yet been any recommendations. My requests to the Minister for Health to ensure that the issue is resolved have not been met, and I guess that they too are in his too-hard basket.

The recent maternity delivery crisis in Mandurah confirmed my belief that the portfolio is too big for the minister. He was warned in Parliament about the indemnity problems, but he failed to react in time. The next thing was that there was trouble with the doctors. They do not have enough insurance cover and cannot afford the high premiums. In all the emotion that followed because the minister did not step in early enough, he brought grief and anxiety to not only the expectant mothers in my electorate but also the hundreds of staff involved in obstetrics and the birthing of babies in that area.

I have just returned from a marvellous trip through Canada and Alaska. On one of the buses most of the people were English, Scottish and Irish, with a couple of Welsh people. I knew they were telling all the Irish jokes, but they were also joking about the Welsh. They said, with tongue in cheek, that there was a common denominator: they are dogged, unimaginative and stubborn. They said, "Hey Aussie, do you know anyone from Wales?" I

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said, "No, I don't, but that sounds like the Minister for Health in my State." I then found out that he was Welsh, so they were not far wrong.

A recent Peel Development Commission report, "Peel away the mask", identified the Peel region as having extremely low numbers of people with compulsory schooling or tertiary qualifications. In fact, large numbers of people had no qualifications of any kind. This diminishes employment opportunities. There is a need to fast-forward plans for a Murdoch University campus to be built in Mandurah. Plans were put forward by the former Liberal Government but they have not been pursued by this Government. Thankfully the new federal member for Canning, Don Randall, is on to this matter. A couple of weeks ago he called a luncheon meeting and introduced the new vice chancellor of Murdoch University, Professor John Yovich - who is quite famous as a veterinarian without the rest of his accolades; he is a marvellous young man and one of the fine young leaders of this State - and also the federal Minister for Education, Dr Brendon Nelson. These two people were adamant that a Murdoch University campus should commence in Mandurah. I would like to think that support will also be forthcoming from the Labor State Minister for Education.

Unemployment figures in Mandurah are above the national level, and I see the tourism and hospitality industry as a way to solve this problem. Over the past three years 35 new restaurants have opened in our city, and over the past five years the ferry boats have increased from two to five, showing that people are coming into the area. Every year at the tourism awards Mandurah wins the most visited one-day destination award, but more can be done.

Our open space - those magnificent beaches and waterways - are promoted nationally by the urban developers. There would not be a member of this House who has not watched the Rex Hunt show - compered by that footballer-cum-fishing expert - with its television advertisements for Port Bouvard land by the ocean that he says people would be foolish not to buy. If urban developers can see the potential in trying to get people to buy blocks of land and build houses in the area, the Tourism Commission should be able to do the same and promote Mandurah as one of the areas to be discovered by international, interstate and Western Australian people. Nothing like this is being done for tourism. The Minister for Tourism should inject more money into promoting Mandurah. Mandurah needs an entry statement. Secret Harbour and Meadow Springs have entry statements. People drive right past the entrance to Mandurah because it does not have an entry statement. Slogans such as "The home of the blue manna crab", "The largest waterways in Western Australia" or "Dolphin City" are all ideas that could be adopted by the Tourism Commission and its expert marketing people, who are given overseas trips to gather ideas and supposedly be knowledgeable about how to market these places. The City of Mandurah is a tourism jewel waiting to be found, but promotional assistance from this Government is not forthcoming: it is in the too-hard basket.

Instead of progressing my Dawesville electoral needs, this Government has pursued issues my constituents did not want. They did not want legislation introduced to decriminalise the cultivation of cannabis. They see the Government as encouraging cannabis use, abuse and addiction, and of course they are right. Abraham Lincoln once stated that we cannot build character and courage by taking away a man's initiative and independence, but this Government is taking away initiative and independence by promoting drug abuse. Cannabis causes psychological dependence in some users and physical dependence in a few.

My constituents did not believe the Labour Relations Reform Bill 2002 was necessary, and calls of protest continue about the right of entry section. This new section gives union officials or their authorised representatives a position of privilege which is unjustified and undeserved. The right of entry provision is way out of touch with trade and business reality. In fact, it is like bullying.

Stamp duty and the new water costs continue to be a source of numerous complaints to my office. The stamp duty on homes and motor vehicles disadvantages young people in their endeavour to get a start in life, while the increased water charges will hurt low-income earners and have little effect on the level of consumption. This change hurts the very people the Labor Government says that it is helping. Pensioners, people on Newstart and low-income families will be battling to pay their extra water rates, while people on higher incomes will simply pay the extra costs rather than reduce their water use.

Security of water supply has always been a problem. This item appeared in the newspapers almost as though this Government invented it. It has always been there. It is time the Government spent money to tap into the abundant resources of the underground Perth basin or introduced an experiment to try desalination plants and look after the Aussie battlers - not knock them over.

I have said enough about negatives. Despite statements by this Government, the Peel region industries continue to improve their gross returns. Agriculture grossed \$96 million; the building and construction industry grossed

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\$151 million; the fishing industry grossed \$18 million; the mining industry - with Alcoa in the Pinjarra area producing 20 per cent of the world's aluminium trade - grossed \$3.3 billion; retail grossed \$465 million; tourism grossed \$188 million - this could double with help from the Minister for Tourism; the timber industry grossed \$11 million; and the equine industry, one of the most under-estimated industries, particularly for employment, grossed \$75 million.

Our sports stars are also doing well. North Pinjarra's Peter Dawson won two Commonwealth gold medals for cycling. This is a credit to this young fellow and his family. North Pinjarra is one of the most isolated little pockets there is, yet this kid had talent. His father and mother had belief in him; they fundraised and taxied him all over the State to get him his coaching. He was picked up by the Western Australian Institute of Sport and people funded and sponsored him. Now we are sitting back with pride acclaiming this young boy for the champion he is in winning two gold medals in Manchester.

Mandurah's Roma Dunn, a Dudley Park bowler, reached the pairs quarterfinals at the Commonwealth Games. I felt sorry for Roma. Her partner, Lee Poletti, is a Geraldton lady and the two of them struck a very wet day. Our horses cannot win in England in the wet because the soil is so heavy. With the bowlers, even on the long ends, as hard as they tried, they could not get within cooee of the kitty. So the day beat them, not their skill. That is what sport is like. People cannot cry over spilt milk. It was a shame they travelled so far to compete in such atrocious conditions, which ruined their prowess and skill levels. Nevertheless, we are very proud to have a commonwealth representative from Dudley Park, Mandurah.

Jarrold Mosely just made the cut for the British Open for the third year in a row. In fact, he has made the cut in 11 out of the last 16 European tournaments. I think he ran fifth in the Welsh Open last week. He is always in the money and is only 22 years of age. He is picking up over \$500 000 a year. He is fortieth on the table on the European circuit, so he will get an invite next year and should get \$600 000 or \$700 000 annually for the next two or three years. He got his start because 13 businessmen in Mandurah each put in \$2 000 for a kitty of \$26 000 to pay for all his expenses on his first tour. He has never forgotten that. He goes back to the club, plays with the juniors and takes those people out every now and again.

Peel Thunder Football Club now has its WAFL licence renewed and is going like a bomb. I thank the Minister for Sport and Recreation for the way he helped us get that licence. For the first time, they have just won three matches in a row, but two of the games they won were against the first and second premierships placeholders. East Perth and East Fremantle were humbled by Peel Thunder a couple of weeks ago. Halls Head's Daniel Haines, a former Peel Thunder player, has made the grade. He has been playing AFL for the Fremantle Dockers. He has starred in four of the last six games, but unfortunately while I was away he broke his fibula and will be out of action for the rest of the season.

The Mandurah Country Club has had a very successful season. Mandurah's A and B grades pennant teams finished undefeated. They won the finals, which gives them automatic entrance into the highest grade of golf in Western Australia. Next year, they join the likes of the Karrinyup, Cottesloe, Yokine, Royal Perth and Royal Fremantle golf clubs. Out of the eight players for Mandurah who competed, five of them are under 21 years old. Their future is assured. It will not be long before people start calling the Mandurah Country Club the Royal Mandurah Golf Club. As well as this, I make a donation to and assist anyone who makes the state underage side. In the early days, about 30 youngsters a year might have made it into the underage sides. Today, however, at least 150 youngsters a year from Mandurah and Dawesville are making it into the underage sides. In sport, the Peel region is going from strength to strength, particularly people from my electorate.

No speech in Parliament would be complete without mentioning the atrocious management of the much-touted Mandurah-Perth rail link. The Premier and the Minister for Planning and Infrastructure made an announcement about it yesterday. The Government has made a lot of noise about how good it is and how it is the only Government that knows anything about building a railway track. Of course, that is rubbish. Changing the route decided by the former Government from Kenwick, which has cost the taxpayers \$300 million, was about this Government's ego. The people of Mandurah want the railway, but they did not realise there would be a six-year delay.

There has been much talk about the waste of money caused by replanning of the route, and there is no doubt that the plans will change again at the expense of the taxpayer. The three-year delay has cost the Peel region thousands of dollars in trade, projected tourism and building, it has brought extreme disappointment to the community, and it has slowed job opportunities and the fulfilment of sporting talent. That is why the Dawesville electorate has lost faith in the Minister for Planning and Infrastructure.

Three weeks ago I was in Alaska. Unbelievably, in 1892, during the days of the gold rush, a train link was built from Stagway to the Klondike to get provisions to the miners. The rail link was built over two years through

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mountains and in ice, snow and sleet by men who knew how to work. They built 100 miles of railway track in two years.

Several government members interjected.

Mr A.D. MARSHALL: Over the past two years, not even a spade has been picked up. In 1892, those men built 100 miles of rail track in two years. In contrast, after two years we are still deliberating how to start to build an 80-kilometre railway line. This Government has a lot to answer for.

It is exciting and it is an honour to represent the electorate of Dawesville, which is the State's largest country electorate. It is aggravating that some ministers of this Government have decided to put some of the problems of my electorate in the too-hard basket. I have said before and it is worth saying again that this Gallop Government is a slow-trot Government. It will be a one-term Government because it is neither emotionally involved nor interested in the everyday Australian. The Labor Party is a charade, because it is supposed to look after the working-class people.

Mr E.S. Ripper: Are you going to retire? I think that you are on the hit list.

Mr A.D. MARSHALL: I was thinking about retiring; however, if the pupil has not learnt what the teacher has taught, he still has a job to do. I will try to teach the Government how to do the right thing by the community. I will be here until this Government is voted out.

*Amendment to Motion*

Mr A.D. MARSHALL: I move -

That the following words be added to the motion -

but regrets to inform Your Excellency that the State Government has failed to provide adequate public health services for the Western Australian community.

**MR M.F. BOARD** (Murdoch) [4.26 pm]: I will speak in support of the amendment moved by my colleague. In the short time I have available to me to speak on this amendment to the Address-in-Reply, it is appropriate to refer to the current dilemma in the public health system throughout this winter period. We have a deteriorating public health system. I must explain the state the public health system was in previously as well as its current position and why the amendment is valid today.

An outsider who compared the public health system of 18 months or two years ago with the state it is in today would see that it has deteriorated. The Government spouts a great deal of rhetoric and issues press releases and publications about changes to and the need for significant structural reforms in the public health system that will affect the delivery of health. However, in August 2002, the reality is that from a patient's point of view the health system is deteriorating. There are greater waiting lists for elective surgery and greater waiting times in emergency areas, particularly in tertiary hospitals. There are a greater number of ambulance bypasses. Instead of ambulance bypasses being a rare event, as they were two years ago, they are now a daily event at not only a single hospital but also a range of tertiary hospitals. Triple or quadruple bypass is the new phrase in the public health system. That was highlighted today in *The West Australian* and the cartoon by Alston, which succinctly summarised the current position.

A report released today by the Auditor General outlines the shortage of nurses. There has been a reduction in the number of health professionals who have access to secondary hospitals, particularly the country regions of Western Australia. A big issue for health professionals is the support they get from the Government for indemnity insurance. After-hours care and treatment today has deteriorated compared with two years ago. By any of those parameters, the system is deteriorating, yet the Government refuses to recognise that. It is very big on saying that they are problems that the Government has inherited from the previous Government and that it is doing things about them. However, that does not explain why some 16 months after the state election the public health system is far worse off.

We must consider some of the issues that have caused this. We must consider why the public health system has deteriorated and why much of this could have been avoided. We must consider how the public health system is resourced. I welcome the Minister for Health to the Chamber. These are the fundamental issues that must be looked at. Whatever structural changes the Government wants to make to the public health system, whether it be through administration by way of managerial changes or other changes that effect delivery on the ground, the system must be adequately resourced. The Opposition has consistently said that the public health system will deteriorate if resources are increased annually by only between three and four per cent. The Government cannot walk away from that or from the fact that audited figures for the past eight years show annual increases of between seven and eight per cent in the resources provided to the public health system. Huge capital works

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budgets were provided on top of those increases. During that period five hospitals were built and major infrastructure was provided to a further 10 hospitals. Where is this Government's major capital works program in health? Where are its new hospitals? Where is its major capital investment in works to assist with the delivery of health services throughout the State? If recurrent expenditure for these services is to be funded at a gross rate of three or four per cent and in real terms between one and two per cent when demand is growing at about nine per cent throughout Australia, the system will run into difficulties. The Opposition has told the minister and the Government on numerous occasions that although there should be structural reform of the public health system, the health budget should not be starved while those changes occur. That is currently occurring; resourcing does not meet demand. However, no reforms have been introduced to provide a graded delivery of services. That is the reason for the greater demand that has been made, particularly on tertiary hospitals.

There are other drivers of cost. We all know what are the factors that increase the costs in the health system by nine per cent a year, but I will briefly go through them. Western Australia has an aging population and more complex issues are involved with older age groups. The population of Western Australia is also increasing. People are moving away from the central areas of Perth to outlying areas, which has placed greater demand on services in those outer areas. The level of service that is required in those areas cannot be met, so people are finding their way back to the tertiary hospitals. Other huge cost drivers are technology, the pharmaceutical benefits scheme, which affects federal funding, and the cost of employing health professionals in Western Australia. Those issues need to be dealt with.

If demand in those areas is running at between eight and nine per cent a year, it is no good providing a three per cent increase in health funding because it will just result in a crisis. When that happens, more and more people will flood past secondary hospitals to tertiary hospitals. People will be transferred to beds within the tertiary hospitals, which will clog that system. That will result in a lack of care awaiting placement positions. A backlog will occur, which will result in ambulance bypass. I said earlier that ambulance bypass used to be an occasional event; it is now a daily event and one that is occurring at numerous hospitals simultaneously. Those issues need to be addressed. The minister has been confronted with these issues. He was warned about what would occur this winter, particularly with the increasing number of viruses that seem to be attracted to our State. There will be increasing demand on our emergency and public hospital system, particularly during the winter months. That system needs to be properly resourced. The emergency task force does not seem to have made adequate changes or provided resourcing on the ground to effect those changes. Hence, a totally inadequate situation has arisen. It is a far worse situation than the one the Government inherited.

The Health Administrative Review Committee report was much heralded. The report outlined structural changes, particularly in the administration of health in the metropolitan area. Following the release of further reports, the changes will now also impact on regional and country areas. The HARC report was big on structural changes in the administration of health services, but I doubt that a patient in any area of Western Australia would say that they are receiving a better service as a result of those changes. I certainly do not blame the doctors and nurses. I join the minister in complimenting those people. The minister seems to take great pride in doing that, as do I. The work those people do and the way in which they go about their task is first-rate. Perhaps we do not give them the pats on the back that they deserve or the resources, equipment, specialist backup and encouragement in terms of professional development that they require. Those issues need to be addressed on an ongoing basis to support our medical fraternity.

The HARC report has been heralded as producing a significant change, yet from the point of view of patients, little has happened. Changes have occurred in the way in which health services will be delivered in country regions. Regional and individual hospital and health service boards have been scrapped. Those boards were set up under the hospital and health Acts that were enacted at the beginning of the last century. Those Acts gave the community not only an advisory role but also a fundamental role in the management of and decision-making in health services, particularly in country areas. That was important for ownership of and pride in the health system. In much-threatened country towns, hospitals are a showpiece. Locals hope that their hospital will attract a range of other resources and support to their town, on the basis that they can deliver a first-class health service. A vast number of country communities have contacted me on this issue. The minister will attend meetings this weekend, as both he and I have done throughout the State. People are threatened by these changes because they feel that they will get a lesser service. Regionalisation of health services may suit bureaucrats, administrators and the lifestyles of certain people, but people in our country towns, and particularly remote towns, do not feel that they will receive a better service on the ground.

Perhaps we have looked at the financial aspects of health too much and need to start addressing what these services do for the overall health of towns. We need to look at what a first-class health system that provides a

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range of services does for the longevity of country towns - the stability it provides for the local work force, the people it attracts to those towns and in the retention of elderly and young people. Those critical issues, which relate to the issues of regionalisation, centralisation and the linear funding provided through the Department of Health, will not be addressed. Even greater streamlining will occur following the removal of the community from the management of those health systems. That will not provide the wider benefits that people are seeking through the delivery of health services in their towns.

I will address the shortage of nurses, which was reported on succinctly and adequately today by the Auditor General. The Auditor General provided a balanced report on the shortage of nurses in Western Australia and the efforts that the Government is seemingly taking to address that shortage. However, if the Government is genuine in its attempt to recruit and retain nurses, its efforts seem to be fairly late in the game. Many of the statistics that are needed to make those decisions are not available to the Government; for example, the number of agency nurses utilised in the system, the real dynamics of the cost structure of agency nurses in the health system, the ratio of part-time to full-time agency nurses, and a comparison of the responsibilities of agency nurses and level 1 nurses within the public health system. The minister knows this is a real issue.

The minister took great delight in informing the Parliament that the enterprise bargaining agreement process had resolved many of those issues. However, agency nurses are being paid 50 per cent more under the EBA than level 1 nurses in the public health system. I thought it would have been important in the EBA process for the minister to find a way to either recruit additional part-time nurses or provide a greater pay rise for nurses within the system.

Mr R.C. Kucera: From where?

Mr M.F. BOARD: The Government is paying that to agency nurses already.

Mr R.C. Kucera: From where?

Mr M.F. BOARD: It would come from the agencies into the public health system. The report shows that 347 full-time equivalent agency nurses are being paid 50 per cent more than nurses in the public health system.

Mr R.C. Kucera: Most of those people already work in the public health system and then do a double shift in the agency system.

Mr M.F. BOARD: They are being paid 50 per cent more than level 1 nurses. To some extent, the public health system could attract nurses from the agencies or some of the many hundreds, if not thousands, of nurses who are not working either in agencies or in the public health system because the conditions in the public health system, such as shifts that require lifestyle sacrifices, exclude them. Victoria has made arrangements with nurses such that it does not need agency nurses. Victoria has provided opportunities for nurses through flexible shift arrangements and some part-time usage of nurses while staying within the general requirements of the EBA.

In view of the statistics provided by the Auditor General, the minister is in a better position to make decisions. I challenge him to utilise that information and to make some fundamental changes that may attract nurses who are in other occupations - or whatever else they are doing - and bring them back into a public health system where they are needed. There are other structural changes but time does not permit me to run through those.

In summary, in August 2002, by most of the parameters on which we judge the public health system, and in looking at it from a patient's perspective, our system has deteriorated. Our health system is worse than it was when this Government inherited it from the coalition Government. The minister has made some administrative changes. He has undertaken inquiries and received reports, and has adjusted the way he wants to administer and control the system. However, the minister has failed to provide a better service to the community. That is how the Government will be judged at the end of the day. It will be judged not by the number of bureaucrats, the size of their operation or how much of the system they can control without the public being involved, but by the service people get when they are taken to a hospital or are sitting in a waiting room.

**MR J.H.D. DAY** (Darling Range) [4.44 pm]: I am pleased to make a few comments in this debate about what is an extremely important issue to the people of Western Australia. I speak in support of the amendment not with any sense of pleasure, but because I need to express an opinion about the failures of the current Government. When in opposition, the leader of the Labor Party, who is now the Premier, said that he would fix all the problems in Western Australia's public hospitals. However, today the front page story in our daily newspaper is headed "Health Chaos".

Mr J.B. D'Orazio interjected.

Mr Arthur Marshall; Mr Mike Board; Mr John Day; Mr Bill McNee; Dr Janet Woollard; Mr Ross Ainsworth; Mr Bob Kucera; Mr Paul Omodei; Mrs Cheryl Edwardes; Mr Rob Johnson; Acting Speaker; Mr John D'Orazio; Mr John Bradshaw; Mr Mark McGowan

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Mr J.H.D. DAY: The member for Ballajura has made the point that the current Government has had to fix all the problems that we left behind. The member for Ballajura and the Minister for Health know that that excuse is wearing pretty thin with the people of Western Australia. This Government has been in office for 18 months. It is not the case that massive problems were left behind by the former Government.

Mr R.C. Kucera: What about the dental mess that you left?

Mr J.H.D. DAY: I will add that to my list of subjects to comment on, because this House and the minister need a lecture from me on dental issues.

Mr R.C. Kucera: You need an lecture on dental planning.

Mr J.H.D. DAY: I will come back to dental issues, which is something I know a little about.

The Labor Party said that it would fix all the problems in public hospitals: The excuse by the Government now that it is still trying to clean up problems left behind by the coalition Government is wearing very thin. It is certainly the case that there were major challenges in dealing with the health system at the change in government. I said that when we were in government. Those challenges still exist. The big mistake of the Labor Party was to promise as a major part of its election platform, as the member for Murdoch has pointed out on numerous occasions, that it would fix all these problems. The electorate will hold the Labor Party to account on that.

I heard the minister on radio this morning berating the former Government for closing beds in the tertiary hospitals in the metropolitan area.

Mr R.C. Kucera: There were 342.

Mr J.H.D. DAY: I will not argue if that figure has been given to the minister by the department in good faith. However, in my time as Minister for Health closure of beds did not feature highly. I do not have any particular recollection of a program to close beds. I do have a clear recollection of a program for a better distribution of beds across the metropolitan area and the State. There was no reduction in the total number of beds.

Mr J.B. D'Orazio: You closed them where they were most needed to put them somewhere else. Cut it out!

Mr J.H.D. DAY: If the member for Ballajura thinks he can win over the public of Western Australia with his facile argument, he has a long way to go and a lot to learn because the public will not buy it. What occurred was a much better distribution of beds, in both the outer parts of the Perth metropolitan area and rural parts of Western Australia. The minister did not say on radio this morning, when he talked about the redevelopment of the Joondalup, Peel and Armadale health campuses, that only old hospitals were replaced and that there were substantial increases in the number of beds provided on all those sites as a result of the redevelopments which were effected by the former Government. I do not have the figures in front of me, or in my mind these days, but there was a substantial increase in the size of the Joondalup Health Campus compared with the old Wanneroo Hospital, in the Peel Health Service compared with the old Mandurah Hospital and in the Armadale Health Service compared with the Armadale-Kelmscott Memorial Hospital. The same applies to the South West Health Campus in Bunbury, the Broome hospital and other hospitals that come to mind, including Kalgoorlie.

Mr J.B. D'Orazio: You want to close beds at the three major teaching hospitals and argue that you are redistributing beds.

Mr J.H.D. DAY: Those two policies are not mutually exclusive. The member for Ballajura has a degree in pharmacy; surely he can work that out. Beds can be redistributed and the number of beds can be increased overall. If he focuses his argument on the number of beds at particular hospitals he is providing a disingenuous argument, as did the Minister for Health on radio this morning.

Mr J.B. D'Orazio: We have no problem with extra beds being placed in the outlying areas, but beds should not be taken away from the three major teaching hospitals. That would be stupid.

Mr J.H.D. DAY: If it means improved distribution of health services and that facilities are located closer to areas with large population growth, that should be done. As the member for Ballajura might say, the health budget does not have available an infinite amount of funds. Obviously, if the movement of beds were to create improved distribution and provide better value for money in the system, that should occur. If such a policy were wrong, this Government should reverse it and open all the closed beds to which the minister referred. If the Government thinks it is easy, it should do it. The reality is that the Government's argument is disingenuous, to direct attention away from its failings given that it has now been in office for 18 months.



Mr Arthur Marshall; Mr Mike Board; Mr John Day; Mr Bill McNee; Dr Janet Woollard; Mr Ross Ainsworth; Mr Bob Kucera; Mr Paul Omodei; Mrs Cheryl Edwardes; Mr Rob Johnson; Acting Speaker; Mr John D'Orazio; Mr John Bradshaw; Mr Mark McGowan

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The minister berated the federal Government for not fulfilling its responsibilities in the provision of aged care services. I acknowledge that the federal Government is primarily responsible for the provision of aged care facilities and services in this State and across Australia. However, not only the federal Government has a role to play in that area but also, clearly, the State Government has a crucial role to play in the provision of acute-care services. When elderly people have strokes, cardiovascular incidents or any of the other incidents that lead them to require long-term and aged care services, ultimately the State has a role in providing those services through our public hospital system. When the coalition was in government, many of those patients were unnecessarily occupying acute-care, high-cost beds in tertiary hospitals because it was not possible to find them beds in less acute facilities as early as desired. I accept that. However, that is still the case. The difference between this Government's approach and that of the former Government is that the former Government started to address the problem. As I have pointed out in this Chamber previously, and I will point out again - I hope the Government will take up this idea - in November 2000, of the \$40 million from the sale of AlintaGas allocated to the provision of new health facilities, \$8 million was allocated for the provision of 100 so-called subacute-care beds at Rockingham-Kwinana District Hospital and Osborne Park and Swan District Hospitals. The planning was commenced prior to the construction of the facilities in which those beds would be located. It was not simply an election promise; it was a clear allocation of funds by the former Government.

We had a change of government in 2001. As is this Government's right, it changed the priority for those funds and they have been presumably spent elsewhere or been used to balance the budget in an overall sense. However, if the former Government's initiative had been adhered to and the funds allocated for this very important purpose had continued to be spent on providing those facilities, we would be very close to having an additional 100 beds to accommodate the patients for whom the minister has complained the federal Government has not provided accommodation. This Government needs to tell the full story about its decisions and lack of action in a number of respects in the provision of health services.

It is all very well for the minister to blame the federal Government and the former State Government. In reality, this Government could have done some things, and can still do them rather than simply seek to apportion blame elsewhere. The responsibility for the present situation must be accepted by this Government. I accept that major challenges in providing health services must be overcome. There is nothing new about that. I do not think people expect everything to be dealt with overnight. However, they certainly expect a Government that came to office with a very clear promise to fix all the problems in public hospitals - I refer to the headline that the then Leader of the Opposition was keen to encourage - to take effective action so that these problems are alleviated. It also expects the Government to provide health services closer to large population growth in the outer metropolitan areas, such as the Ballajura electorate and other fast growing northern and north eastern suburbs. The member for Ballajura knows that if the Liberal Government had been re-elected, his electorate would have been on the way to getting a major new approximately \$42 million health care facility, which would have provided much better services closer to home for his constituents than is the case now.

Ms M.M. Quirk: With no staff in it.

Mr J.H.D. DAY: Of course it would have had staff in it. Even the member for Girrawheen's Government would not spend \$40 million on a facility and not staff it.

Mr R.C. Kucera: When you were Minister for Police you built lots of new police stations and did not staff them.

Mr J.H.D. DAY: The minister should name one.

Mr R.C. Kucera: Do you want me to?

Mr J.H.D. DAY: Yes. Which new police station was built and not staffed?

Mr R.C. Kucera: The major ones, if you recollect.

Mr J.H.D. DAY: I do not recollect. To which police stations is the Minister for Health referring?

Ms M.M. Quirk: Clarkson, for starters.

Mr R.C. Kucera: We had to take people away from local stations to put them at Clarkson.

Mr J.H.D. DAY: It was not the case that there were no officers; staff were redistributed from elsewhere. Of course staff are moved around in the system. It is the same when new schools are built; teachers must be provided from somewhere and some come from existing schools. The same applies when a new hospital or a new police station is built.

Mr R.C. Kucera: Would you take them out of the emergency hospitals, as you said to the member for Ballajura you would?

Mr Arthur Marshall; Mr Mike Board; Mr John Day; Mr Bill McNee; Dr Janet Woollard; Mr Ross Ainsworth; Mr Bob Kucera; Mr Paul Omodei; Mrs Cheryl Edwardes; Mr Rob Johnson; Acting Speaker; Mr John D'Orazio; Mr John Bradshaw; Mr Mark McGowan

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Mr J.H.D. DAY: No; it would require a comprehensive plan to provide better health services, closer to where people live under a more up-to-date arrangement, as outlined in broad terms in the Health 2020 plan. If this Government has any sense, it will go back to that very impressive document compiled not only by ministers in the previous Government but also with input from a large number of people within the health system. If the general intentions of this plan are put into effect, the people of Western Australia, particularly in the metropolitan area, will get a much better health service than they have at present.

Mr J.B. D'Orazio: What about the shortage of doctors? Doctors are not being trained. Whose fault is that?

Mr J.H.D. DAY: That is an issue but it is not an excuse for doing nothing. Although the Minister for Health was not the shadow spokesman on health at the time - the member for Thornlie was - no doubt other members of the then Opposition had major input. The Labor Party made simplistic promises about spending a lot of money on teaching hospitals when, in reality, if a more impartial look at the system had been taken, some of those funds would have been spent on providing health services closer to where people live and, more appropriately, on the provision of subacute-care beds, as I suggested earlier. They would have been funded from the sale of AlintaGas. This Government has not done that and it should explain why.

Mr R.C. Kucera: There was more gas in that claim by you people than the Leader of the Opposition brings into this House.

Mr J.H.D. DAY: If the member is suggesting that the \$40 million that was allocated by the previous Government would not have been spent, he is completely wrong and is misleading this House. The \$40 million was allocated very clearly from the sale of AlintaGas, \$8 million of which would have provided subacute-care facilities, which would have dealt with exactly the problems the minister is now facing. It is a direct result of the lack of this Government's decisions that those facilities are now unavailable. A range of other important facilities such as the positron emission tomography scanner would have been provided at Sir Charles Gairdner Hospital. We still do not have a PET scanner in Western Australia due to lack of action by this Government. If the funds allocated by the previous Government had been spent - they were genuine funds, not rubbery money or anything like that - we would have had a PET scanner and other facilities available for the public of Western Australia. For those reasons, with some reluctance, I support the amendment.

**MR W.J. McNEE** (Moore) [5.00 pm]: I want to make a few comments about this do-nothing Government. I am very concerned when I read the papers, because, as members will appreciate, my electorate is a rural electorate, and, believe me, I do not even think we will even get the backwash. Before members opposite came into government, they promised the world. I remember as we were approaching the election the rough time our Government was getting about ambulance bypasses. They talked about it incessantly. An absolute crisis is what they called it. However, there was a change of government, and it all went quiet. I suppose the Press believed the bulldust from these people that I believed. They said they would fix everything. Nothing would be a problem. They would resolve everything. We waited in awe for this Government to do something. What did it do? I will tell members what it did. I think it had a summit and a task force or two.

A government member interjected.

Mr W.J. McNEE: That was a drug summit. That is where the whoopee weed came from. I do not know that that summit has achieved anything yet. I can almost recall the date when the Minister for Health announced that he had set up a task force that would do something about hospital beds. Today it seems to me that the Government has fewer hospital beds than it started with. It has closed them down.

Mr R.F. Johnson: He was going to fix it.

Mr W.J. McNEE: Yes. Mr Fix-it was going to do it, but he has not. He and his Government have failed dismally. That concerns me, because if they cannot provide hospital beds in the areas in which the majority of the people live, what will they do in the area in which I live?

Ms M.M. Quirk: Rockingham?

Mr W.J. McNEE: Good try! The member would not even be able to spell where I live, let alone know where it is. That is the whole point. Just what will we get? Let us consider what the Government has tried to do. It is now saying there is a shortage of nurses, and we saw the Minister for Health head off to the United Kingdom to recruit nurses. I would not be so unkind as to call it a junket, but if I wanted to recruit nurses I do not think I would send the Minister for Health and those who went with him. I would send a group of experts who are good at recruiting nurses and may get some results. I did not hear the minister say this morning when he made his report that he has brought back any nurses or has any nurses in sight.

Mr Arthur Marshall; Mr Mike Board; Mr John Day; Mr Bill McNee; Dr Janet Woollard; Mr Ross Ainsworth; Mr Bob Kucera; Mr Paul Omodei; Mrs Cheryl Edwardes; Mr Rob Johnson; Acting Speaker; Mr John D'Orazio; Mr John Bradshaw; Mr Mark McGowan

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Mr R.F. Johnson: We do not know who he saw, how many meetings he had and what he did over there to try to recruit nurses. The United Kingdom has a shortage of 20 000 nurses. I do not think we will get any from there. He may have gone to Manchester. I do not know.

Mr W.J. McNEE: He may have done better at the Commonwealth Games.

Mr R.F. Johnson: He may have met with the Attorney General. We do not know, because we have not seen his itinerary. This is the open and accountable minister in the open and accountable Government!

Mr W.J. McNEE: The member is correct. This is the open and accountable Government. This is the Government of words. This is the Government of inaction. This is the Government of blaming somebody else. If I were a government member, I would be getting worried, because this Government cannot keep on blaming others. However, that is what these people are doing. They are trying to shift the blame to the previous Government. The previous Government has been out of office for 18 months! It is time this Government took responsibility for its actions. If it wants to say it is hopeless and cannot do the job, that is fine - it should say that!

Mr C.J. Barnett: Everyone else is saying that!

Mr W.J. McNEE: That is right. The Government has made some significant contributions to the country. It has abolished the country hospital boards. People are now starting to get scared. The Government is expecting these people to hang around as fundraisers. I have news for the minister. I do not think they will do that. The minister went to the country and said he will get rid of those people. I want to tell the minister, because he may not know, that the country hospital boards were very effective at helping people, because they comprised genuine people who had their hospital at heart and wanted to help it. I was on the board of a country hospital for 11 years. I can well remember when our doctor suddenly died. That was a long time ago. I remember that we talked to the shire and said we had a problem. It said we had to recruit a doctor from wherever we could get one, and we had to build a house and supply a car for that doctor. All those things happened, because the people there were those who had to pay the bill eventually. We needed the service, so we had to make sure it was provided. We had a real interest - I guess we had a vested interest - in looking after those people around us.

Members opposite need to understand how important the country is. They do not understand the country. They think the country is Midland Junction or Baldivis. Some years ago, some Bunbury councillors came to look at my district. The member for Bunbury may want to listen. He may not know about that. They are probably all long gone now. We took them to the northern end of our district, and we stood on what is called misery rock. One of them said to us, "This is fine, but if I were to slip and break my leg, where would the nearest doctor be?" We said, "Dalwallinu is an hour away, Kununoppin is an hour and a bit that way, and Wyalkatchem is that way. However, the problem is we would not know where to take you, because we would not know which doctor was on duty." That is how complicated it gets in the country. This Government does not understand that. That is why it has made the dopey decision to get rid of the boards. It wants to get rid of the people who know. It does not want to hear from them, because they may tell it something that it does not want to hear, or they may push and pressurise it a bit. This Government does not want to be pushed and pressurised. It does not want to hear the facts. It would rather have its bureaucrats trundle to it the information that they want it to hear. I can tell members opposite that those bureaucrats will make sure that the report that hits the minister's desk is favourable. Make no mistake about that. When we wanted nurses at Wyalkatchem when I was on the board of the hospital - because nurses have been in short supply for years and years - what did we do? I will tell members what we did, because members opposite have no initiative. We did not go on a junket. We recruited nurses from the United Kingdom and New Zealand - without going there - and we told them that at the end of six months satisfactory service they would get this much of their fare back, and at the end of 12 months they would get the balance back. I cannot remember the precise details, but that is what happened, and it worked. We got some of the ladies in the district who were former nurses to do a refresher course and come back to work. This mob cannot get anyone to come back to work. There are registered nurses in the community, as I understand it, yet this Government cannot encourage them to come back into the work force. It is a Government of words - a Government that does nothing but sit around. Members opposite should not have the temerity to criticise in any way the Court Government for its activities in the health system. To my knowledge the Court Government built five hospitals. I do not think this mob opposite will build one, even if it started tomorrow, because it could not get it planned in time, let alone find the money for it.

Mr R.C. Kucera interjected.

Mr W.J. McNEE: The minister will get his chance.

Mr R.C. Kucera: Moora is getting one.

Mr Arthur Marshall; Mr Mike Board; Mr John Day; Mr Bill McNee; Dr Janet Woollard; Mr Ross Ainsworth; Mr Bob Kucera; Mr Paul Omodei; Mrs Cheryl Edwardes; Mr Rob Johnson; Acting Speaker; Mr John D'Orazio; Mr John Bradshaw; Mr Mark McGowan

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Mr W.J. McNEE: I will talk about that in a moment. I invite the minister to visit Lancelin in a week or two to open the Lancelin health centre, which was built by the Court Government. There has been a major overhaul of the Silver Chain Nursing Association centre at Eneabba, and about \$2.5 million has been spent on the Goomalling District Hospital. The minister can open centres that he had nothing to do with. I invite him to visit my electorate any time, and I hope he sees these good things and thinks to himself that he had better do a few good things too. Only today somebody said to me what a lovely hospital Goomalling District Hospital is. Of course, it has changed with the times. We all understand that. It is an absolute tribute to the Court Government and to the architect who turned it from what it was into what it is today.

I can only urge the Government to start thinking about what it will do. All that is happening in my electorate currently is \$4 million worth of repairs and renovations to the Moora District Hospital. Unfortunately for Moora, it was to get a new hospital, but time beat it. The Government is doing only half the job. It needs to stop chattering on about the health system. It needs to start doing something to resolve the problem, because it made the promise. It is up to the Government to put its money where its mouth is.

**DR J.M. WOOLLARD** (Alfred Cove) [5.12 pm]: I support the amendment. In an article in today's *The West Australian* headed "Health Chaos" the Secretary of the Australian Nursing Federation is reported as saying -

"We are seeing unprecedented levels of workloads for doctors and nurses, which is resulting in unprecedented levels of stress . . . We run the very real risk that clinical care of patients may be compromised."

As members know, I am a registered nurse and was a practising nurse for 25 years before entering Parliament.

Mr R.C. Kucera interjected.

Dr J.M. WOOLLARD: I beg the minister's pardon.

Mr R.C. Kucera: I would be happy to have you back in two years.

Mr P.G. Pandal: She might be sitting where you are sitting.

Dr J.M. WOOLLARD: I was surprised to read the minister's response to the statement made by the Secretary of the Australian Nursing Federation, Mark Olson. The minister gave a response on the eight o'clock news on Radio 92.9. He was very upset with Mark Olson's comments about the state of our health services. The Australian Nursing Federation represents and has received calls from nurses all over the State. It has organisers in most of the major teaching hospitals and it holds regular conferences. Mark Olson hears about the problems at a grassroots level. In response to Mr Olson's comments, the minister said that, for instance, there is a very prolonged and bitter election campaign going on within the Australian Nursing Federation, so it is not surprising that Mark Olson would seek to use this as an opportunity to increase his profile. I look at that response and think: is this not the pot calling the kettle black? Is this not what has been said by the Opposition and the Labor Party about the police royal commission and the Mickelberg inquiry.

I also ask the minister whether he is aware that more than 500 nurses were recruited from overseas in 1997. We do not know whether they stayed in the system. What we are hearing from nurses is that they do not believe that a safe level of health care is being provided and that there is dissatisfaction with health services. We recruited 500 nurses in 1997, yet we still have a shortage now.

Mr R.C. Kucera: I take you back to what Mr Olson said this morning. He said exactly the opposite of what he said in his statement to the Press today. I do not want to mislead the House because I do not have the quote in front of me. However, if you have his quote, you will know that he quite clearly said that nurses were not putting patient care in jeopardy and were not putting people in danger. He was quite clear and unequivocal about that.

Dr J.M. WOOLLARD: I read to the minister his comments in the newspaper. These comments are being made to me by nurses at meetings. I am still going to nurses meetings and they are very unhappy with the level of nursing care they can provide because of insufficient nurses.

Mr R.C. Kucera: As a nurse, would you like to give us some solutions?

Dr J.M. WOOLLARD: I am quite happy to sit down and discuss this issue with the minister later, but first I would like to put a few points on the record. First, on the overseas recruitment campaign, does the left hand not know what the right hand is doing? Did the minister not know that the Auditor General released a report entitled "A Critical Resource: Nursing Shortages and the Use of Agency Nurses"? The health care services of six health services were examined, including Sir Charles Gairdner Hospital, Swan Health Service, Northern Goldfields Health Services, Upper Great Southern Health Service, Kimberley Health Service and Gascoyne Health Service.

Mr Arthur Marshall; Mr Mike Board; Mr John Day; Mr Bill McNee; Dr Janet Woollard; Mr Ross Ainsworth; Mr Bob Kucera; Mr Paul Omodei; Mrs Cheryl Edwardes; Mr Rob Johnson; Acting Speaker; Mr John D'Orazio; Mr John Bradshaw; Mr Mark McGowan

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Would it not have been more appropriate to wait until this report had been tabled before considering strategies to recruit more nurses and to encourage more nurses to stay in the system? The examination was conducted between October 2001 and March 2002. The report found -

... the Department of Health did not have the system-wide information available for it to have a clear picture of the extent of the shortages in the State's public health system nor an understanding of the implications of this. Neither did it have a clear understanding of the extent of the use of options such as private agency nurses.

On the nursing shortage, the report states -

In view of the shortages, the Department of Health and individual health services have pursued a range of strategies to attract and retain nurses in the public health system. However, the examination found that until recently these had not been well coordinated and had been undertaken without adequate workforce information and planning. Further, there has been little evaluation of the various approaches adopted and accordingly their effectiveness was not known.

The report also looked at agency nurses. On the quality of care, the report states -

The results of this examination raise some concerns about the impact of greater use of agency nurses on the quality of patient care.

It goes on to say -

... not all of the health services examined assure themselves that nursing agencies undertake pre-employment checks on agency nurses in order to maintain quality of patient care.

In addition, none of the health services examined provide orientation to all agency nurses equivalent to that provided to other nurses or had formal systems for monitoring, appraising and providing feedback on the performance of agency nurses.

The limited orientation, in many cases, and lack of pre-employment checks of agency nurses by health services is putting service delivery and the quality of health care at risk, particularly in those situations where the agency nurses represent a significant proportion of staffing.

In the financial evaluation of using agency nurses, the report states -

The examination showed that in 2001, agency nurses cost 31 per cent more per hour worked than Level 1 RN employees; cost 17 per cent more than overtime, which is also used to meet shortages; and were 53 per cent more expensive than fixed term nurses.

This report refers to the poor quality of health care. It went on to consider the assessment of reforms and key recommendations to help address nurse shortages. One of the Auditor General's conclusions was that we should -

undertake purposeful workforce planning (including implementing current plans to collect and analyse relevant data), plan and evaluate strategies to attract and retain nurses and develop indicators to monitor the impacts of shortages on quality of care.

Under "Strategies to Attract and Retain Nurses in the Public Health System", the report suggests -

This uncoordinated approach to recruitment was costly for individual health services. For example, Sir Charles Gairdner Hospital spent almost \$400 000 (or around \$1 400 per nurse recruited) on recruitment of nurses in 2001. Around 70 per cent of this was spent on attracting 77 overseas nurses, at an average cost of \$3 600 per FTE to recruit, compared with \$525 per FTE from other sources such as graduates, casuals and re-registration (refresher programs).

Under "Workforce Planning and Information", the Auditor General found that -

- . the number and level of vacancies, turnover of nurses, and scope for increasing participation rates, was not readily available;
- . data on the use and cost of nursing resource options to help cover nursing shortages (for example, overtime, fixed term, casual and agency nurses) was also not readily available; and
- . surveys completed and returned by nurses for 2000 and 2001 that could have provided important workforce intelligence had been collected but not analysed by the Department of Health's Workforce Planning and Development Branch.

Mr Arthur Marshall; Mr Mike Board; Mr John Day; Mr Bill McNee; Dr Janet Woollard; Mr Ross Ainsworth; Mr Bob Kucera; Mr Paul Omodei; Mrs Cheryl Edwardes; Mr Rob Johnson; Acting Speaker; Mr John D'Orazio; Mr John Bradshaw; Mr Mark McGowan

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This amendment is very relevant. This Government came into office on a platform of improving health care delivery. At the moment, there has not been an improvement in health care delivery. People are saying that health care services are worse than they were 12 months ago.

On the issue of the current shortages, we know that year after year there are problems with emergency departments. The previous Government had problems and did not address them. It looks like the situation will be the same with this Government, because it knows that patient numbers increase during the winter months.

I support the amendment. I believe there needs to be a great deal of discussion with the nursing profession and allied health professionals in Perth and Western Australia so that they can come up with strategies and explain to the Government why there is dissatisfaction in the health care service and what the Government can do to try to redress these problems.

**MR R.A. AINSWORTH** (Roe) [5.25 pm]: I was prompted to support the amendment for a couple of reasons, one of which was that when I was listening to the member for Moore's speech in my office upstairs, he mentioned the abolition of country hospital boards. I happen to have received a letter just this week from the former Lake Grace and Districts Health Services Management Committee. I quickly got it out of my briefcase and started to highlight a few pertinent points. I ended up highlighting the whole of one page and the rest of the next one, which was the entire letter. Therefore, with the indulgence of the House, I will quote it in its entirety, because it really spells out the concerns of country people about the abolition of the boards, and also explains carefully and clearly what those board members and the staff of the hospital contributed under the system that was in place. The letter is headed "Community Consultation and the MPS (Multi Purpose Service) Structure" and states -

In early June this year the Government dismissed all Health Service Boards and Management Committees in rural WA, via a media release. It was in fact some six weeks before we actually received written notification of our dismissal. When we signed the MPS contractual agreement (a Federal and State Government initiative) we knew one of the major requirements was community involvement and management of the structure. It would seem this essence of the agreement has now been abandoned.

On the evening of July 6 this year the Lake Grace and Districts Health Service Management Committee held its final meeting. In attendance was every member, except one (an ambulance volunteer from Newdegate who had responded to a call out half an hour before she would have left to attend the meeting), two staff members from the Lake Grace and Districts Health Service and the spouses and partners of these people.

We felt it prudent to invite spouses and partners to share a meal with us because it was these good people who had allowed us the time away from family to undertake what at times was a time consuming, but almost always rewarding task both personally and for the community. We also invited the Health Service staff spouses because, despite the staff being paid Public Servants, they conduct a lot of work and contribute their time, all unpaid, outside of normal work hours.

The Minister for Health felt it an onerous task to expect boards and management committees to manage budgets in the millions of dollars. For the most part we did it very well and quite frankly, if we did not want to do this, we would not have been there. Sadly the same can't be said for large hospitals or health services in urban areas.

The decision to dismiss the boards and management committees effectively severed the local community link with health. The Minister for Health has a vague replacement called "District Advisory Councils". Unfortunately, the continued vagueness of this "proposal" can only lead us to believe the local link will remain severed.

We took part in the public consultation process of the review into Health Services in WA, even though it actually took place following our dismissals. With the review still not completed, the Minister for Health proceeded with the dismissals. Submissions by the Upper Great Southern Health Service Board and personal representation were clearly ignored. Despite this at every turn we endeavored to be positive and not overly critical, still we wait and still we get nothing of substance from a Government, which claims, even boasts of its community consultative prowess. Over the past seven years, since being given responsibility in the form of the "Board Structure", we have taken immense pride in the "bringing out" of our health service, from the "closed doors" hospital that it was in previous decades under administrative rule, to the wonderful "open doors" community health service that exists today. Our committee has worked extremely hard over the years to bring the hospital out into the community, and now having achieved that, we want to keep going forwards with our community there with us every

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step of the way. We feel our rural communities have been dealt with coldly and unfairly by the system with a total disregard for our needs, and the huge sense of loss and disappointment we subsequently feel cannot be understated.

We feel the Government has made a mistake by centralising health and severing the local community link and input. In this correspondence we wish to bring to your attention some of the positive outcomes from this local link. We also reiterate our desire and determination to represent the needs of our communities in a rational and logical bottom up structure, as opposed to a metrocentric top down decision-making structure.

A very recent example of the top down, very metrocentric approach is Home Care staff being directed not to accept meal invitations from elderly clients. You try refusing a meal invitation in rural WA from anyone, let alone someone who may not see others for days on end and counts down the days and minutes until the Home Care person's arrival. We believe the staff of this health service are professional enough not to take advantage of this situation, unfortunately someone in a Perth office clearly has no concept of how rural life and health works. But we do! We live here!

The points raised in this letter are the views of a particular former health services board and in large part explain the concerns and feelings of country people who have been volunteers in those organisations right across the State.

It is also worth noting an accompanying report presented to the last meeting of that board outlining some of the things that that community group has achieved in the few years since its inception. The committee had its inaugural meeting on 4 December 1995. That organisation has not been in place for very long, but Lake Grace has had a hospital for the past 70 or 80 years. The first items on the agenda at the first meeting were an expression of interest for a multipurpose service and a funding application to upgrade the nurses quarters to include allied health rooms and a home and community care office. Over the years a lot of those things were achieved, and many more as well. The board had a multipurpose service by January 1999; telehealth was introduced in 1997, as well as a joint venture medical centre. The former Minister for Health participated in the opening of that medical centre, in conjunction with the federal minister, because it was a federal-state initiative combined with local input. This was a very good facility for a relatively small regional town. The health services board also helped to purchase equipment, including a patient hoist, recliner chairs, electric beds, shower trolley, an electrocardiograph machine and numerous other small items. Those members did more than their share to assist the various State Governments to provide for the health services in that region.

I am certain that the Minister for Health has very good intentions for what he wants to achieve with the health system. He has successfully assisted me with dental services in one particular case in my own region. However, one of the things that escapes people's notice if they have not been involved in a country community, as I have over a number of years, is that things that apply in general and that people take for granted as being the way to administer an organisation such as a hospital or a group of hospitals when looked at from a city perspective, do not always fit the facts on the ground. Some of the items in that letter from the former Lake Grace and districts health services management committee highlight that fact. There cannot be a one-size-fits-all policy directed from somewhere in the business district of Perth. A little bit of country commonsense needs to be applied to the whole process. If that includes a little bit of flexibility in the way things are done, so be it. That is why in the past, despite there being bureaucratic opposition to this proposal, we saw a mixture of methods for administration of health in country hospitals. Not one system suited everybody. Some people had a single board structure, others had district health boards, and I believe there are others with which I am not familiar. However, given the comments I have made and those I have reiterated from this dedicated small group of people who have served their district health services in the past, I hope the minister will take note of those points. I hope the new system works, because it will be for the benefit of everybody. Certainly, if during the process of putting that new system in place the goodwill, effort, energy, voluntary time and cost-free support that these people have provided in the past can be recreated and encompassed in the new system, it will be okay. I have grave doubts that people will provide the same level of input. This reminds me of what a previous Government tried to do - it might even have been my own Government - with country high school hostel boards. Those boards also had a budget and were involved in day-to-day decisions about expenditure. It was suggested that that power be removed. They would then have a supervisory role of some sort to check on the pastoral care being provided for students and those types of things but not have much to do with the running of the college. It was soon discovered that the volunteers who belonged to those boards - similar to those on the hospital boards - felt that if those decision making powers, the real hands-on stuff at local level, were taken away, they were all busy people and had other things to do; if they could not have that input into the management of the college in a meaningful way, they were not prepared to be rubber stamps for administration that came out of St Georges Terrace or somewhere else in Perth. I am sure precisely the same attitude, and for the very same reasons, will apply with

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the people who formerly made up membership of country health boards. If people cannot have genuine control and input based on the characteristics and the needs of each community - which all differ; there is no one model - people will not have the same willingness to participate in the process. I hope that problem can be overcome.

All this highlights the fact that serious consideration should be given to what we had in the past: take the good parts and make sure they are put into the new system, otherwise it will not be as successful as what we have seen.

**MR R.C. KUCERA** (Yokine - Minister for Health) [5.36 pm]: Firstly, I will work through what the member for Murdoch said about resourcing. For the first time in this State's history, \$1.345 billion will be spent on health over five years, over and above what the previous Government put into health, making a total of some \$2.4 billion this year - the largest health budget ever. The reference by the member for Murdoch to resourcing was futile.

Secondly, today there has been a lot of talk about nurses and the different systems within health generally. Reference has been made to the Auditor General's report, and I will refer to that later when I address the issues raised by the member for Alfred Cove. As I have said on a number of occasions since taking over this portfolio, this Government inherited 71 boards and authorities and five disparate health systems in this State. Each of the hospitals referred to today was recruiting its own nurses - that was made quite clear in the Auditor General's report. Each hospital was running its own recruiting campaign, with its own staff; each hospital was competing with the others for nurses, doctors and all other staff. How on earth could we ever expect to run a single, unified system and recruit the appropriate staff if that kind of thing were happening? For instance, how could we establish proper pools of nurses, as we move away from the current issues involved in retaining and using nurses, other than agency nurses?

The member for Murdoch referred to cost drivers. There are enormous cost drivers within the health system; nobody resiles from that. There are two issues of major concern in health that we cannot control. There are also issues of major concern that we as a State Government can control and do something about.

Today, all of the state ministers wrote to the federal Minister for Health and Ageing, Hon Kay Patterson. The letterhead of the Minister for Health in New South Wales, Hon Craig Knowles, was used for the letter, which outlined the problems with general practitioners throughout Australia, not just Western Australia. In the past week, there has been a combined effort to address the issues of general practitioners. Today, fewer than 70 per cent of GPs bulk-bill. It might be the case that only the Aboriginal medical services bulk-bill in country areas. The issue of resourcing must be addressed in the light of the cost drivers.

The member for Murdoch made a great issue of what this Government had or had not achieved. Our first achievement was the conclusion of five enterprise bargaining agreements that the previous Government had not addressed. We settled five major EBAs in the first 12 months. When the nurses' EBA was agreed to this year, the Secretary of the Australian Nursing Federation said it was one of the best deals for nurses in the country. The federation was absolutely delighted with the outcome of the EBA and the conditions and payments for the nurses. Other EBAs have been settled for doctors, enrolled nurses, hospital workers and care workers. A raft of general EBAs was settled in the past 12 months.

A lot has been said about the Health Administrative Review Committee program. Under the Public Sector Management Act, it takes time to appoint people to senior positions. I am pleased to see a group in place who are getting on with the job of fixing the public health system in this State and who are dealing with the issues that arise. There is no doubt that the system is currently under pressure. The member for Murdoch mentioned two issues that the Government must address: structural reform and medical reform. We cannot move to address the medical reform issues until the structural reforms are dealt with. We have addressed the structural issues in the country and the city. We are moving towards a single, unified health system in this State that will deal with these issues in the future.

Mr J.H.D. Day: That will not fix everything.

Mr R.C. KUCERA: I never said that I would fix everything. We will work towards addressing those issues. The fundamental difference between my ministry and that of the previous minister is that I have the total support of my team. Yesterday, somebody said that there is no "I" in the word team. The Gallop Government is a complete team. That is something that the Opposition leader must consider. He must understand that that is what is needed in order to work effectively. I know that I often refer to this, but I was dismayed when I watched the Opposition undermine the member for Darling Range's dealing with the doctors and the Australian Medical Association. The Opposition had an opportunity to achieve what we did.



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I will refer to the current system that the member for Murdoch referred to today. I have dealt with the issues of structural reform and with the overall budget. The member for Murdoch -

Mr M.F. Board: You are fudging the issues.

Mr R.C. KUCERA: I have not fudged the figure of \$2.4 billion; it is a fact. The member could not even understand the budget when we went through the estimates process this year and we had to explain it to him twice.

Last year, when we brought down our first budget, I remember all of the doom and gloom issues that the Opposition raised.

Several members interjected.

The DEPUTY SPEAKER: Order, members!

Mr R.C. KUCERA: I have listened to the member for Murdoch refer to those types of issues; he goes on and on and he misunderstands the Government's position. I will refer to the current issue about which he kept reminding us. The member for Darling Range made much about the availability of hospital beds during winter. The current emergency department pressures and increases in them result from a number of factors. During the mid-1990s, there was a significant reduction in bed numbers in the metropolitan health service. That came about partly because of the shorter length of stay by surgical patients due to the move towards day surgery, which was the philosophy at the time. Unfortunately, during that time there was a reduction of 342 beds in Fremantle Hospital, Royal Perth Hospital and Sir Charles Gairdner Hospital. Those beds have not been replaced. More importantly, the staff who serviced those hospitals were not replaced either. They either moved on to other areas or left the system. After a degree of research, Dr Brian Lloyd quoted those figures to me yesterday. It is nonsense to say that the hospitals quoted by the member for Darling Range would support those issues. We all know that the Joondalup Health Campus, the Armadale Health Service and the Peel Health Campus are not level 1 emergency hospitals.

Mr J.H.D. Day: That is not the point.

Mr R.C. KUCERA: It is the point. As the member for Ballajura rightly pointed out, anyone who is seriously ill must go to a major teaching hospital. When 342 beds are taken out of those hospitals, 342 fewer people can be put into them. It is a matter of working through and rectifying that situation.

Mr C.J. Barnett interjected.

Mr R.C. KUCERA: That statement shows the Leader of the Opposition's ignorance. The only place that someone who is seriously injured or who has a serious illness can be treated is in a major tertiary hospital.

Mr C.J. Barnett interjected.

Mr R.C. KUCERA: Again, that shows the Leader of the Opposition's ignorance. There are different levels. The Leader of the Opposition should leave this issue to his spokesperson because, like the leadership role, his spokesman is doing a better job.

Currently, there are three major drivers of the major emergency departments. As well as the reduction in beds, there is a major increase in the numbers of seriously ill senior citizens who are now entering our hospital system. I will not go into the aged care issue in detail because that has been well canvassed in this Chamber on many occasions. Since April, this Government has made 78 more beds available and it has purchased 130 additional care-awaiting placement beds. Elective surgery is being deferred, which happens every winter. As a matter of urgency, \$17 million has been earmarked for the upgrades of Sir Charles Gairdner Hospital and Rockingham-Kwinana District Hospital. That work will begin immediately after the winter break. Those tenders have already been advertised. We have already pledged \$300 million to increase the number of nurses. However, nurse numbers cannot be increased without a degree of flexibility.

I welcome the Auditor General's report today. The letter I received from him clearly said that this Government was quickly moving to deal with these issues. The member for Alfred Cove did not read the qualifying paragraphs of the report. The Auditor General's letter to me states -

Since the examination commenced, the Department of Health has moved towards greater co-ordination of nurses including collecting more centralised workforce information, more co-ordinated recruitment of nurses and developing a generic contract for hiring agency nurses.

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He said that the report sets a benchmark against which to evaluate those reforms. I welcome that. However, those things cannot be done unless a single, unified system is in place, which would allow information to be collected from all hospitals in this State. I will start to balance those issues.

The member for Murdoch mentioned that Victoria is moving away from agency nursing. That certainly is true. However, Minister Thwaites and his staff told me that it has taken some 18 months to develop an interagency program and, therefore, it took 18 months before they could tell the agencies that they would no longer be used. That is what we are working towards with the recruitment programs in this State. Some 150 extra nurses have entered the system since this time last year, and about 300 nurses have already applied through the Nurse-Link program to re-enter the system. All our training programs are full. In fact, they were well oversubscribed, in some cases by five to one.

Much was made today about my meeting with health ministers in England and Ireland. The Leader of the Opposition made a bizarre speech this morning on the Address-in-Reply. I note that he obviously had not read the ministerial statement I made today. That statement was not about recruitment but about the establishment of a proper, targeted exchange program. About 1 000 well-trained and skilled nurses currently revolve between those countries and our country. Many are lost to the agency programs when they arrive in this country. Those countries are keen to be involved in these programs. Like Australia, they are experiencing a major shortage of nurses and a skills gap. They were keen to move into the kinds of programs that I outlined in my ministerial statement. We are working towards those programs. Those issues will be followed up in due course.

The member for Darling Range made much of the Health 2020 policy. I will return to the shortages in hospitals. The director general and the medical director, Dr Brian Lloyd, provided me with figures from the Health 2020 plan. That discussion paper, which was published in February 2000, stated that there was a need to upgrade emergency services at Rockingham, Swan, Armadale and Joondalup hospitals. However, no significant action has occurred. We have now set in motion significant upgrades to Sir Charles Gairdner, Swan District and Rockingham-Kwinana District hospitals.

Even the member for Murdoch raised the issue of the shortage of general practitioners. It is telling that 70 per cent of the people who present at the peripheral hospitals are treated and sent home the same day. Only 25 to 30 per cent of people who attend those emergency departments are admitted to hospital. There has been a change in the dynamics.

Mr J.H.D. Day: Is the GP clinic at Armadale still open?

Mr R.C. KUCERA: Was the member for Darling Range the minister who negotiated the previous agreement?

Mr J.H.D. Day: The current health care agreement was finalised in 1998.

Mr R.C. KUCERA: Senator Patterson could not understand this point. Why was this State precluded from moving down that model of GP clinics operating in hospitals? That model is now in place in every other State in Australia. An opposition member pointed that out the other day.

Mr J.H.D. Day: It was being put into effect here. It was done at Armadale.

Mr R.C. KUCERA: It was not. It is unfortunate that it was not done.

Mr J.H.D. Day: It was done at Armadale. Tell us about Armadale.

Mr R.C. KUCERA: The previous minister did not do it.

Mr J.H.D. Day: Is it still operating in Armadale?

Mr R.C. KUCERA: In a private hospital.

An opposition member interjected.

*Point of Order*

Mr R.C. KUCERA: It is most unbecoming for an opposition member to call me a fool. That is not the issue in this House.

Mr M.J. Birney: Boofhead!

Mr R.C. KUCERA: I thank the member for Kalgoorlie. I will remember that. I also remember the message I received from my yacht club that the member for Kalgoorlie had contacted members to see whether he could dig up some dirt on me. I withdraw the point of order.

*Debate Resumed*

Mr R.C. KUCERA: That example goes to show how far the other mob is getting into the gutter. It is a shame.

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I will quickly bring to a close some of the issues raised by the member for Darling Range. We are addressing a number of issues today, a number of which have been raised in recent newspaper articles. In response, I received a media release from the Australian Medical Association today. I have not always seen eye to eye with Dr David Mountain in the past, but I appreciate the problems that our doctors and nurses face and applaud them for the work they do. I also pat them on the back for the enormous pressure they work under. Three times the number of people caught the flu this year than in the past two years. I have addressed the other issues. The media release, titled "Health learning to walk before it can run", states -

"The Australian Medical Association is working closely with the Department of Health to address the many problems that Emergency Departments and other services in Teaching Hospitals currently find themselves in," Head of Accident & Emergency at Sir Charles Gairdner Hospital, Dr David Mountain, said today,

"More often than not the grossly overloaded Emergency Departments are due to an inability to access beds - a problem that has plagued this State for over a decade. Poor planning, ageing population and limited access to external care have all lead to this problem which to date has not been adequately addressed by respective Governments.

"The much publicised bypasses are simply the tip of the iceberg that disguise the lack of forward planning and the need for better utilisation of the resources that are available," Dr Mountain said.

So much for the 2020 plan. It continues -

Winter is always a difficult period for our hospitals and it doesn't help the morale of the staff and patients if the debate is negative or if the problem is glossed over.

Everyone recognises that hospital conditions need to improve before we are able to retain and recruit more doctors and nurses and there are positive signs that many of these issues are now being addressed in a sensible and planned way.

It would take up to four years of planning, commitment and co-operation by all health bodies for this to be achieved. The Australian Medical Association appeals to all sections of the health industry to work with Government.

The AMA is happy to work closely with Government to improve our health system and improve health delivery for the people of Western Australia.

I applaud that view. It is a way forward.

**MR P.D. OMODEI** (Warren-Blackwood) [5.57 pm]: I support the amendment. Some of the comments I make will identify with those made by the member for Moore. I will also indicate to the Government that there seems to be a great lack of understanding on that side of the House of how the health system works. There is no doubt that the health system in this State has been under pressure for a long time. The health system will continue to be under pressure while an insatiable demand is made on it. People use the system for a range of reasons. There is no doubt that the budget has increased over the years in line with the expectation of that demand. However, the Government should not publicly blame everybody else for the current situation. The truth is that the health system in Western Australia is in crisis.

A Labor Government is presiding over this issue. People in the health system have made derogatory comments about the Minister for Health. I will mention one comment that I heard recently. The minister is regarded as a showground clown when he walks through hospitals in this State. He is said to walk along the corridors with his head in the air, his mouth open and his head turning from side to side.

Mr C.J. Barnett: He is looking for mirrors as he goes past.

Mr P.D. OMODEI: I do not know what he is looking for.

Mr R.F. Johnson: Does anyone throw ping-pong balls?

Mr P.D. OMODEI: That is the analogy. The performance of the previous Government can be compared with the performance of this Government. I am more than happy to talk about the projects that were approved and built by the previous Government across this State. I will run through a list for members. The work to the Royal Perth Hospital was completed under the coalition Government. We spent \$8 million on the Fremantle emergency services department. I refer to the South West Health campus. Can members recall the situation in Bunbury, which had a regional and a private hospital? Members will remember that the then Labor Government was identifying a site for a collocation. That went on for about a decade. When the coalition came into

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government we fixed it. We set up the collocation in that very good facility in the south west of Western Australia. We then presided over the Joondalup and Peel Health Services. The Armadale Health Service was built mainly during our term in government. Let us look at the Broome and Kalgoorlie hospital redevelopments. The coalition Government spent \$7 million on the redevelopment of the Manjimup hospital in my electorate. The next stage will be an operating theatre, although I dare say we will never see that surgical facility in Manjimup. Why? Who knows!

I will go further down the list. The coalition Government oversaw a major hospital redevelopment at Nannup, and a brand new \$7 million hospital at Pemberton. Kalbarri received one of the first multipurpose service projects. At one stage there were 19 new MPS projects listed for Western Australia. The member for Moore mentioned MPS projects in Lancelin, Jurien, Leeman and Eneabba. There was also the Port Hedland redevelopment, and the list goes on.

In a State like Western Australia with all of its resource we find ourselves with triple ambulance bypasses at the major hospitals in Perth. Yet the Minister for Health tells us he is doing a good job! I do not know where he has been, but if he looked at the effort of the previous Government and how much money it spent on health service and he matched that on a pro rata basis with the growing demand for health services, he would fix the hospital system very quickly.

When the minister goes to Cabinet on Monday, he should suggest that if the Government cans the southern corridor railway line and puts the money into the hospital system, we will see something happen. What has the Minister for Health done? His major claim to fame will be the demolition of hospital boards around Western Australia.

Mr J.N. Hyde: It will be the magnetic resonance imaging scanner that you could not deliver on.

Mr P.D. OMODEI: The member for Perth has a mouth that is bigger than his head. That is a real shame. A great deal of money was set aside for MRIs in Western Australia. The same sort of thing happened when we redesigned the patient assisted travel scheme. There were only two dialysis machines in WA hospitals when we came into government and the coalition added another 15.

I refer also to oncology services in country areas in Western Australia. Health is not my area of expertise, but I can tell the minister the facts that have come to me over time. Last week I was faced with a fellow who is being treated for bowel and bladder cancer who has had to change his doctor in the middle of his treatment because of the changes that this Government has made. I have written to the minister about that on a number of occasions. Let us consider the situation with nurses. The enterprise bargaining agreement was almost complete when we went to the election.

Mr R.C. Kucera: That is nonsense and you know it. You had not even got to first base.

Mr P.D. OMODEI: That is a fact.

There is a deficiency in mental health services provided in regional Western Australia. I see it in my electorate right now.

Let us consider issues like domestic violence. I have written to the Minister for Family and Children's Services about this. We have seen large increases in the incidence of domestic violence. In my electorate, particularly as a result of the timber debate, domestic violence incidents have increased from five families to 16 families in one year. Are there budget facilities to match that? The people who provide these services are run off their feet.

The minister heard the nurse who rang a radio talkback station yesterday.

Mr R.C. Kucera: I also know where she is from.

Mr P.D. OMODEI: She sounded very sensible to me. Her request to the minister was to fix the issue quickly for the sake of the people in public hospitals right across Western Australia. I have the greatest admiration for nurses in the hospital system - both the private and the public system. They are under great duress at the moment. There has to be a change. Maybe the minister could go back in time. I can recall when I was a young man when nurses were trained in regional centres around Western Australia. This was before registered nurses had to undertake a four-year tertiary course.

Mr R.C. Kucera: So we should lower our standards?

Mr P.D. OMODEI: I am not saying that. In those days Western Australia had hospitals in country areas. Manjimup had a 72-bed hospital; it now has 36 beds. There were a huge number of hospital beds throughout the country areas to which the member for Moore and other country members referred. There were nursing-home type patients in those hospitals, and progress has been made with the Commonwealth taking over responsibility

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for those nursing home beds; and so it should! However, services are being diminished. Downtown Pemberton had a weatherboard hospital with white ants that was built in 1920 in which 30 babies were born in one year. I have talked to one of my friends who is a gynaecologist, who said that public liability insurance cost him \$80 000 a year. Something has to be done about those sorts of things. At one time, babies were born in the shade of a gum tree, so surely in this modern day and age our babies can be born in country hospitals.

Several members interjected.

Mr P.D. OMODEI: I know that the percentage of babies that died then was greater than it is now. However, we are told that if a major subregional centre like Manjimup does not have a surgeon and an anaesthetist within an hour's call, patients must go to the regional centre.

Mr R.C. Kucera: Are you suggesting that we totally ignore the Douglas report that cost \$6.5 million to \$7 million? Should we ignore the safety issues that he brought up, that the Bristol hospital brought up and every quality issue in this country that has ever been brought up and allow mothers and children to die?

Mr P.D. OMODEI: No. As a matter of fact, minister, that is the next issue I will raise. I spoke to Neil Douglas last week. He said to me unequivocally that when the new Government came to power it was most obstructive in the way that it carried out its business. The minister should table that confidential report in this Parliament, so that we can see what really happened at King Edward Memorial Hospital for Women. If the minister had any courage or the principles that he professed to hold under his previous profession, he would do that. Before the election, the minister went to people and asked them for dirt on the Liberal Party. Those issues will come out down the track. The minister will look very sick. He is a bumbling minister; he is bumbling through his portfolio. The minister can interject and tell me what happens when our major hospitals are on triple ambulance bypass.

Mr R.C. Kucera: Every hospital receives patients.

Mr P.D. OMODEI: They bank them up in the corridors. Would the minister like that to happen to his child or to his mother if they had a serious illness, a heart attack or had collapsed? If the minister does not like it, he should get off his backside and fix it because that is what he needs to do. The first thing the minister needs to do is to go into the cabinet meeting on Monday and say that the people of Western Australia are very concerned about the health system in this State and that the Government needs to do something about it. He could suggest that the Cabinet delay the southern corridor rail line for five years so the Government could put some real money into health in Western Australia. So far the Government is going to improve Rockingham-Kwinana District Hospital and Sir Charles Gairdner Hospital. Is that not a major contribution! Compared with the performance of the previous Government in providing capital works and facilities for health in this State, so far the minister's performance has been abysmal. This Government should be ashamed of itself.

Mr J.C. Kobelke: It is far better than yours was.

Mr P.D. OMODEI: The Leader of the House should support the overworked nurses in all of our hospitals around the State. We have even had ambulance bypasses in downtown Pemberton! People have had to bypass Pemberton hospital and go to Manjimup. The member for Murray-Wellington tells me this has occurred at Harvey too. People with broken legs are put on air ambulances to Perth so that the minister can cost shift to the air ambulance service, which is funded by the Commonwealth. The minister should be ashamed of himself.

Mr M.J. Birney: I saw the Health Minister laughing.

Mr P.D. OMODEI: Of course the minister thinks it is funny. He thinks it is funny because he is not in control of his portfolio.

I talked to the manager of South West Health and asked how his budget was going for this year. South West Health has just had 50 redundancies - all of whom were qualified people. Under the redundancy scheme proposed by this Government all the good people go. All the good people who have another job lined up go and we are left with the leftovers. That is one of the Government's great claims to fame. The south west health manager told me that although costs had increased by six per cent, the budget for the area south of Bunbury had increased by only one per cent. In effect, that is a five per cent cut in the budget for the south west health service. Is the Minister for Health proud of that pathetic effort? The \$60 million allocated to the upgrade of the South Western Highway has now been removed. As a result, young mums who have to visit a gynaecologist and elderly people who have to travel 150 kilometres in order to see a specialist must negotiate log trucks, B-trains and C-trains. It is a wonder that there are not more people in the casualty ward of the Bunbury Regional Hospital.

Mr Arthur Marshall; Mr Mike Board; Mr John Day; Mr Bill McNee; Dr Janet Woollard; Mr Ross Ainsworth; Mr Bob Kucera; Mr Paul Omodei; Mrs Cheryl Edwardes; Mr Rob Johnson; Acting Speaker; Mr John D'Orazio; Mr John Bradshaw; Mr Mark McGowan

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The minister must have a good look at himself. He must also look beyond Mt Lawley, over the hill and down the paddock to the people in country WA. Hospitals in the metropolitan area are overflowing because the Government has cut the funds for regional hospitals and people are now coming through the system. We have a responsibility for health care delivery in WA. The Government has a responsibility for health care delivery in WA. The health system in WA is in absolute crisis. Nurses are crying out for help. However, all the bumbling Minister for Health does is blame everybody else.

**MRS C.L. EDWARDES** (Kingsley) [6.13 pm]: I refer to the Laverton District Hospital - even though it is nowhere near my electorate - because one of my constituents recently used its services. The closure or downgrading of the Laverton Hospital was debated in the community in October 2001 and February 2002. Laverton has 2 000 permanent residents and borders the Aboriginal community of Warburton Ranges, which comprises 1 600 residents. Laverton is also a stopover for tourists who visit the outback, and, after reading a media interview with Mark Olson, I understand that approximately 600 vehicles stopped in the Laverton caravan park last year. Laverton also has a number of retirees, an aging indigenous population, and more than 130 children permanently enrolled in its school. Moreover, there are several large mining sites in the region at which approximately 1 500 miners work. As stated by Mark Olson, we are talking about not a remote, tiny village but a fairly major centre.

The constituent to whom I earlier referred works at one of the local mines and was involved in an incident that required medical treatment. He was taken to Laverton Hospital and placed on an intravenous drip. On behalf of my constituent I would like to mention that the attending doctor and nurses were fantastic. However, they are restricted and curtailed by the hospital's lack of resources. It may be that resources are not being allocated to fund the hospital's basic needs and maintenance because it is to be downgraded or closed. However, it could also mean that sufficient funds have not been allocated to the Laverton Hospital. In any event, my constituent was placed on a intravenous drip which began to make an awful bip-bip noise that would not stop. The nurse stated that it had run out of batteries. My constituent remarked that it did not need batteries because it was plugged into the wall. However, the nurse replied that the power point to which the drip was connected had not worked for some time because the hospital did not have the funding to fix it. Soon after, the hospital's boiler broke down and my constituent was not allowed to shower for three days. Given that it is pretty warm in Laverton, wearing the same clothes day in and day out is not a nice situation. The last straw for my constituent - before he drove to Kalgoorlie - was when the hospital ran out of painkillers. How does a hospital run out of painkillers? Laverton is not an extremely remote area. It is a major centre that provides for a large number of people. My constituent was forced to jump into a car without a drip - it is hospital policy that people do not travel while connected to a drip for any length of time without medical supervision - in order to obtain treatment from the Kalgoorlie Regional Hospital. I reiterate to the minister that the deterioration of regional hospitals relates to not only the ability or inability to attract nurses, but also the lack of resources allocated to regional areas. Obviously, the Minister for Health is not interested in this matter because he is not in the Chamber. The health system is not improving under this Government because power points do not work, boilers break down and hospitals run out of painkillers.

**MR R.F. JOHNSON** (Hillarys) [6.18 pm]: The Opposition is concerned about the health system in WA. As was recently reported in the media, hospitals are on more triple bypasses than ever before -

Mr R.C. Kucera: That is not correct.

Mr R.F. JOHNSON: That is what we have been told.

We have been told about situations in which patients have had to be treated outside a hospital on a stretcher bed. They have had to wait for several hours before being moved inside the hospital for treatment. If that is not crisis, what is? I was staggered to learn from the members for Warren-Blackwood and Murray-Wellington that some country hospitals are also on bypass. I thought that only the three major tertiary hospitals in and around Perth were on bypass.

Mr R.C. Kucera: Do you suggest that we take somebody to a small country hospital where there is no doctor?

Mr R.F. JOHNSON: I suggest to the minister that he do his job and administer the health system in WA so that people who are desperately sick or injured are treated.

During the critical time when our hospitals were experiencing a major overload, the Minister for Health was across the ocean and missing in action. His reason for being overseas was to recruit nurses from England and Ireland. However, as stated in the *International Express*, there is a shortage of up to 20 000 nurses in those countries.

Mr R.C. Kucera interjected.

Mr Arthur Marshall; Mr Mike Board; Mr John Day; Mr Bill McNee; Dr Janet Woollard; Mr Ross Ainsworth; Mr Bob Kucera; Mr Paul Omodei; Mrs Cheryl Edwardes; Mr Rob Johnson; Acting Speaker; Mr John D'Orazio; Mr John Bradshaw; Mr Mark McGowan

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Mr R.F. JOHNSON: I get my information from the *International Express* because it provides a clear picture. I also receive information from many friends in England to whom I talk and e-mail regularly. They have told me exactly what the Labour Government has done in England. The British Labour Government came to power, took over from John Major's Government and promised that things would be fantastic and that it would fix the health system. That is exactly what this Minister for Health said he would do in this State.

Mrs C.L. Edwardes: They have bypasses to France.

Mr R.F. JOHNSON: Absolutely. They are all over the place in the United Kingdom, and their health system is in disarray. It has got worse and worse. Just before it came into government in the United Kingdom, the British Labour Party said the health service was in crisis. We have seen a repetition of that in this State. Who is the best friend of the Premier of Western Australia? It is Tony Blair who went to university with him. They see each other whenever the Premier visits the United Kingdom. Did the minister see Tony Blair when he was there?

Mr R.C. Kucera: I went to the House of Commons.

Mr R.F. JOHNSON: Did the minister have a pleasant time?

Mr R.C. Kucera: Yes.

Mr R.F. JOHNSON: Good. The ministerial statement says nothing about seeing Tony Blair.

Mr R.C. Kucera: My report does.

Mr R.F. JOHNSON: When will we get the minister's report? I am very interested. The statement is so bland that it was not worth tabling, quite frankly. According to this statement the minister had four meetings, one with the British Minister of State for Health, the Rt Hon John Hutton, and the Irish Minister of State at the Department of Health and Children, Mr Brian Lenihan. The Minister for Health also visited two hospitals. How many meetings did he have with those ministers?

Mr R.C. Kucera: Read my report.

Mr R.F. JOHNSON: Why will the minister not tell us? I am really interested, and I believe that the public of Western Australia have an interest. The minister has put a cost of \$10 000 on the trip. I cannot see how he could possibly get to the United Kingdom for \$10 000 unless he travelled crumple class or with some especially cheap airline. I imagine that as a minister he would have travelled business class. How can the minister say that it cost \$10 000? It could not possibly have cost \$10 000. That is a genuine question but I doubt that we will get an answer, because this is the Government that is open and accountable and never gives answers, especially when it is asked pertinent questions that go to the heart of good government and whether it is wasting money.

Mr A.D. McRae: This is tedious repetition.

Mr R.F. JOHNSON: Do stop it. Is that silly man going on again? It is tedious repetition when he keeps interjecting.

I was hoping that the Minister for Health would tell us how many meetings he had in the United Kingdom. Did he have a meeting with the British Minister of State for Health on the same day that he looked around the hospital, because that would have made sense? Did he have a break between seeing the British minister of state and visiting the hospital to look at the emergency services? The minister was there for 10 days. He was also travelling with one of his staff members.

Ms A.J. MacTiernan: Did you ever travel when you were minister for stomping grapes?

Mr R.F. JOHNSON: Stomping grapes?

Ms A.J. MacTiernan: I seem to remember that was your moment - that and rowing through sewers.

Mr R.F. JOHNSON: Stomping grapes?

Ms A.J. MacTiernan: You were there with your shoes off.

Mr R.F. JOHNSON: The Minister for Planning and Infrastructure knows a great deal about grapes, or the end product of them. I never stomped grapes, apart from those in my garage when I was making wine.

Ms A.J. MacTiernan: We have pictures of you, tinea and all.

Mr R.F. JOHNSON: The minister may have a picture of me with Miss Italy in one of the local newspapers, which was taken when we were in a barrel.

Mr Arthur Marshall; Mr Mike Board; Mr John Day; Mr Bill McNee; Dr Janet Woollard; Mr Ross Ainsworth; Mr Bob Kucera; Mr Paul Omodei; Mrs Cheryl Edwardes; Mr Rob Johnson; Acting Speaker; Mr John D'Orazio; Mr John Bradshaw; Mr Mark McGowan

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Ms A.J. MacTiernan: Exactly! It was the barrel boy.

Mr R.C. Kucera: Yes, it was the barrel boy, not the barrow boy.

Mr R.F. JOHNSON: The picture was taken for publicity for Miss Italy and the Italian festival. I did not tread grapes.

Ms A.J. MacTiernan: It was just another façade.

Mr R.F. JOHNSON: It just looked like it.

The ACTING SPEAKER (Mr P.W. Andrews): Members, the amendment is most interesting. We should address that.

Mr R.F. JOHNSON: Mr Acting Speaker, I will certainly do that. Every time the Minister for Planning and Infrastructure comes into this Chamber she interjects on me. I am trying to get an answer from the Minister for Health, but he does not want to give answers. How many nurses did he meet when he was in the United Kingdom? The statement is so bland. When will we get the full report? The minister is silent. There is no response. There is a deafening silence.

Mr R.C. Kucera: Talk about the health system.

Mr R.F. JOHNSON: I am trying to, and I am trying to equate that with the importance of what has been happening in Western Australia. During the past few weeks, at the time of the year when more people get sick, there has been a crisis in this State and the minister has been missing in action when he should have been overseeing the crisis. Triple bypasses were occurring, and other bypasses were occurring in not only the metropolitan area but also country areas.

The minister said in his response that the only hospitals that deal with emergencies in the metropolitan area are the three tertiary hospitals.

Mr R.C. Kucera: I did not say that. I said that the only hospitals that deal with serious injuries and illnesses are the three tertiary hospitals. The other hospitals will stabilise patients and then send them to those hospitals. Do not misquote me, please.

Mr R.F. JOHNSON: The minister did not say that. The minister is adding to his statement and saying that other hospitals will treat and stabilise patients. That is perfectly true, but the minister did not say that earlier. When the minister checks *Hansard* tomorrow, he will see that he did not say that earlier. I thought the minister was being a bit misleading. Certainly Joondalup Health Campus will treat those patients.

Mr R.C. Kucera: Where did you get your operation?

Mr R.F. JOHNSON: The same place that the minister got his.

Mr R.C. Kucera: I have not had any operations.

Mr R.F. JOHNSON: I thought he had. It looks as though he had.

Mrs C.L. Edwardes: Is this secret men's business?

Mr R.F. JOHNSON: I think so. The minister might make a snide remark and think that will affect me, but it does not bother me. I do not give a stuff about the nasty personal remarks that he makes about me. He can do it every day of the week. That is what happens when people are under pressure; they get really nasty.

Mr R.C. Kucera: We have certainly noticed that.

Mr R.F. JOHNSON: I will not say nasty things about the minister, because I want to talk to the amendment. I want to bring the minister back to what he discussed earlier in his response, because he did not say very much on the amendment.

Mr R.C. Kucera: There was nothing much to answer.

Mr R.F. JOHNSON: There are a helluva lot of things to answer. Hospitals have been in crisis and suffered a shortage of nurses to a degree that we have never seen before. The minister went swanning off overseas. He is now saying that there is nothing very much to answer. There is a great deal to answer.

Mr R.C. Kucera: Not to your drivel.

Mr R.F. JOHNSON: The minister will not answer any members on this side of the House. We put to the minister the crucial situation of the health service in Western Australia of which he is the minister. I remember him saying at one time that he would fix it.



Mr Arthur Marshall; Mr Mike Board; Mr John Day; Mr Bill McNee; Dr Janet Woollard; Mr Ross Ainsworth; Mr Bob Kucera; Mr Paul Omodei; Mrs Cheryl Edwardes; Mr Rob Johnson; Acting Speaker; Mr John D'Orazio; Mr John Bradshaw; Mr Mark McGowan

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Mr R.C. Kucera: No I did not.

Mr J.L. Bradshaw: Yes you did. You said last year, "Watch this space."

Mr R.F. JOHNSON: That is right. Is the minister saying that he did not say that?

Mr R.C. Kucera: You make your speech.

Mr R.F. JOHNSON: He does not want to mislead the House again, does he? Some people said that it reminded them of Bob the Builder when he said, "I can fix it." I have more faith in Bob the Builder than I have in the minister, because Bob the Builder may one day fix the little problems that he has in Toy Town, but this minister and this Government will never fix the problems in the health system. The sooner that the minister admits it the better.

Mr A.P. O'Gorman interjected.

Mr R.F. JOHNSON: Here we have another world traveller. What did he say? Welcome home, the member for Joondalup. It is good to see him back. Was he in Ireland at the same time as the Minister for Health? Did the member show him around Ireland? I wonder whether the Minister for Health met with the Attorney General when he was in London. Did the Minister for Health go to Manchester?

Mr R.C. Kucera: Get on with your speech.

Mr R.F. JOHNSON: The minister will not answer. I think he may have done. I hope that when we get the full report we will see exactly where the minister went, but I doubt it. It seems a bit unfair. Members on this side of the House who want to use the imprest account, which is there for members to use for travel, must give the Premier chapter and verse about where they are going and account for every day they are away. They must say whom they will meet, at what time and what subject they will be discussing. The Minister for Health will not tell the House what he did. It sounds as though some ministers may have to do more than government backbenchers. I suspect they must have to do something along the lines that ordinary members do, but certainly the Minister for Health does not appear to do that.

Mr J.L. Bradshaw: Does that apply if a member travels with the minister when the minister is attending to his ministerial portfolio?

Mrs C.L. Edwardes: That is a good question.

Mr R.F. JOHNSON: Yes, some members on the government side of the House travel with ministers. Was that paid for through the imprest account or the ministerial budget? We would love to get these questions answered, but I suggest that we do not have a hope in hell of getting them answered, because we do not get answers from the other side of the House. The minister did not answer the questions that arose from the amendment to the Address-in-Reply in any meaningful way. As usual, he went off on a tangent. Members on this side of the House are seriously concerned about the health system. As I think the Leader of the Opposition said in an earlier speech, the minister does not seem to appreciate the importance of public and private health facilities working together. Joondalup Health Campus works very well as a public hospital run privately. It would be interesting to know what the member for Joondalup has to say about it. Does he agree with that statement?

Mr A.P. O'Gorman: I think it runs very well now.

Mr R.F. JOHNSON: Very well now? Does he mean now in terms of today?

Mr A.P. O'Gorman: I still don't agree that a private operator should run a public hospital. But it runs well.

Mr R.F. JOHNSON: Does the member for Joondalup accept that Joondalup Hospital is well run as a public hospital run privately and that people who need emergency treatment -

Mr A.P. O'Gorman: It is still undersized for the community it services. You put in an emergency room to cater for 25 000 people a year and it is catering for more than 40 000. You made it too small.

Mr R.F. JOHNSON: Will the member for Joondalup tell his Minister for Health that more money should be spent on Joondalup Health Campus to expand the public facility?

Mr A.P. O'Gorman: It is privately operated -

Mr R.F. JOHNSON: It is a public hospital.

Mr A.P. O'Gorman: You didn't set it up right, and you know it.

Mr R.F. JOHNSON: It is not like St John of God Health Care.

Mr A.D. McRae interjected.

**Extract from Hansard**  
[ASSEMBLY - Wednesday, 14 August 2002]  
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Mr Arthur Marshall; Mr Mike Board; Mr John Day; Mr Bill McNee; Dr Janet Woollard; Mr Ross Ainsworth; Mr Bob Kucera; Mr Paul Omodei; Mrs Cheryl Edwardes; Mr Rob Johnson; Acting Speaker; Mr John D'Orazio; Mr John Bradshaw; Mr Mark McGowan

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Mr R.F. JOHNSON: The member for Riverton is one of the dumb and dumber brigade; he does not have a clue. He loves interjecting when I am speaking.

Mr C.J. Barnett: He is a raving socialist.

Mr R.F. JOHNSON: Absolutely. A privately owned and privately run hospital is a hospital such as St John of God.

Mrs C.L. Edwardes: At Joondalup Hospital people are asked whether they want to be admitted as public or private patients.

Mr R.F. JOHNSON: Absolutely. I know people who have been asked that question. If they want the luxury that private hospitalisation affords, they can opt for private hospital care. It is available for anyone in the Joondalup area, which covers not only the member for Joondalup's electorate but also my electorate and those of the members for Kingsley and Wanneroo. I will join the member for Joondalup in drawing up a petition to lobby the Minister for Health for more facilities at Joondalup. That is what we must do.

Mr A.P. O'Gorman: Why didn't you do that the first time? It is only six years old and you didn't get it right. You couldn't plan sufficiently ahead.

Mr R.F. JOHNSON: We did not get it right! Everything is the fault of the previous Government or the federal Government! When will members opposite take responsibility for running this State - in about two years? It is time they started owning up and measuring up to those responsibilities. The trouble is they cannot do that. This Government has incompetent ministers. One or two have half an idea of how to run a ministry or department. However, Cabinet has too many new people in it who have no experience whatsoever in running very important multi-million or multi-billion dollar ministries. I am sorry, but they are lacking; they are not providing any benefit to the people of Western Australia. Some of them are more interested in junkets and, in many ways, feathering their own nests and living the luxury life of a minister. There is much more to running a ministry than being driven around in a big car.

Mr R.C. Kucera: It is hurting you badly because you have lost your big white car.

Mr R.F. JOHNSON: I am very philosophical. The day after election day -

Mr R.C. Kucera: Are you one of the members who received counselling?

Mr R.F. JOHNSON: Of course not; what a stupid comment.

Mr R.C. Kucera: Are you sure you are not one of the members who needed counselling?

Mr R.F. JOHNSON: My friend the minister will need counselling very soon. He should have had it before he came into the job. We have heard that this is a man who asks a question, but if it is not answered, he writes down the answer.

Several members interjected.

Mr C.J. Barnett: If the member for Ballajura has access to information as a Labor Government about individual members of Parliament, whoever they might be, that is an absolute disgrace and an insult to the integrity and privacy of members of Parliament. I am appalled if the member for Ballajura is suggesting that the now Labor Government has accessed private medical care attached to members of Parliament.

Several members interjected.

Mr C.J. Barnett: That is the accusation he just made

Mr J.B. D'Orazio: Absolutely not. That is not true.

Mr C.J. Barnett: That is the statement you just made. You referred to three members who required counselling. How did you know that?

*Point of Order*

Mr J.B. D'ORAZIO: The Leader of the Opposition has just accused me of having access to information and impugned my reputation. I commented on information that I heard in the public arena that two opposition members required support after the election because they could not accept losing. That is not something that I will discuss here. However, I do not accept the accusation of the Leader of the Opposition that I accessed information in an underhanded way, when that information was in the public arena.

The ACTING SPEAKER (Mr Andrew): There is no point of order.

*Debate Resumed*

Mr Arthur Marshall; Mr Mike Board; Mr John Day; Mr Bill McNee; Dr Janet Woollard; Mr Ross Ainsworth; Mr Bob Kucera; Mr Paul Omodei; Mrs Cheryl Edwardes; Mr Rob Johnson; Acting Speaker; Mr John D'Orazio; Mr John Bradshaw; Mr Mark McGowan

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Mr C.J. Barnett: That was a disgraceful performance.

The ACTING SPEAKER: Leader of the Opposition!

Mr C.J. Barnett: Fancy peddling stuff like that around.

The ACTING SPEAKER: If the member for Ballajura would like to make a personal explanation at any stage, he has that capacity.

Mr J.B. D'Orazio: I think I made the point.

Mr R.F. JOHNSON: I did not hear the member for Ballajura's comment. If the Leader of the Opposition's claim is correct, it was a pretty low comment to make. However, the issue was raised by the Minister for Health when he asked if I had needed counselling. He is smiling as he leaves the Chamber. He thinks it is very amusing to suggest that a member -

Mr J.C. Kobelke: The statement you made yesterday about -

Mr R.F. JOHNSON: I will not let the Minister for Consumer and Employment Protection's interjection change the subject. The Minister for Health's remarks were very serious. He asked whether I had needed counselling and I said no. I am very philosophical. The day after the election I accepted that we were in opposition, and that I would change my life and do things differently; that was it. I did not lose one wink of sleep, because I accept things on a day-to-day basis. That is how my life has been for some time. I do not become depressed; although I might do so now given the sort of Government we have ended up with and the health system we have. It is very depressing to sit on this side of the House and not have our questions answered when our health system is in crisis. It is the worst I have seen it in 15 years. Unfortunately, it will not improve.

Mr L. Graham: Aren't you glad that I didn't let you knock off speaking times for opposition members on the Procedure and Privileges Committee? Do you now understand the reason?

Mr R.F. JOHNSON: I will talk about that another time. I totally support the amendment.

**MR J.L. BRADSHAW** (Murray-Wellington) [6.38 pm]: I also support this amendment because it refers to a very important issue in the State of Western Australia. I cannot remember whether it was in the Address-in-Reply or during the budget speeches, but on one occasion I said that at the next election the issues would be health, education, and law and order. At the time, the Minister for Health was sitting opposite and he said, "I will fix this; watch this space."

Mrs C.L. Edwardes: When does his time run from?

Mr J.L. BRADSHAW: That is a good question. Since then he has claimed to have introduced major reform into the health system. I would like to see what the major reform is. We are not seeing the runs on the board. He has sacked the Metropolitan Health Service Board and the hospital boards. The rate of ambulance bypasses at the teaching hospitals in Perth has increased. The Government cannot make the excuse that that occurs only at peak time; it has been happening all year. Despite the State's health system facing a grave crisis, the Minister for Health nicked off to England. England is the last place from which one should seek advice on a health system, because its health system is in a worse state than that in Australia. It is incredible.

Mr C.J. Barnett: It is the last place you would go to find a nurse.

Mr J.L. BRADSHAW: On one occasion an operation was cancelled halfway through because the theatre nurse could not speak English. They are bringing in nurses from overseas.

Several members interjected.

Mr J.L. BRADSHAW: Does the member want a bet? They had to cancel the operation because the surgeon asked the theatre nurse to hand him an instrument and she handed him the wrong thing. It is a fact of life.

Mr J.B. D'Orazio: It's a good story.

Mr J.L. BRADSHAW: It is true.

Tony Blair, the British Prime Minister, is trying to reform that country's health system. His administrators told him to get lost; they had no intention of changing. He has now backed off. He was planning to have super health centres in England, but the people running the health system said it was not on. That demonstrates how good he is!

Mr R.F. Johnson: It was spin; it would never have happened.

Mr J.L. BRADSHAW: England is the last place to go to get health service advice.

Mr Arthur Marshall; Mr Mike Board; Mr John Day; Mr Bill McNee; Dr Janet Woollard; Mr Ross Ainsworth; Mr Bob Kucera; Mr Paul Omodei; Mrs Cheryl Edwardes; Mr Rob Johnson; Acting Speaker; Mr John D'Orazio; Mr John Bradshaw; Mr Mark McGowan

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The minister managed to weasel his way onto an English breakfast television program similar to our *Today* show. The commentator told him to nick off because the English did not want him pinching their nurses. They have the same problem - a nurse shortage. I saw the program while I was in England recently. I got a hell of a surprise when our Minister for Health popped up.

Mr R.F. Johnson: Did he have make-up on?

Mr J.L. BRADSHAW: Probably.

Mr J.N. Hyde: How many nurses did you see in the United Kingdom?

Mr J.L. BRADSHAW: None; I had my wife with me.

Several members interjected.

Mr J.L. BRADSHAW: I am too old for that sort of thing.

Several members interjected.

Mr J.L. BRADSHAW: As I said, we have a major health system crisis in this State. Surely, under the circumstances, the minister should have stayed here and met with the boffins to determine how to fix the problem in Western Australia. The Metropolitan Health Service Board has been disbanded and country hospital boards have been abolished, even though the minister said they have not. They have gone. I do not know what is the difference; they are not there any more. Nothing else has changed. Why has the minister not attempted to find ways to fix the problem? Instead, he says all sorts of crazy things in this place about the Government's achieving major reforms. I have not seen any. I would like to know what they are, apart from those I have mentioned. It is not good enough for the minister to shoot through during such a crisis. He should be addressing this problem.

We must work out why we do not have enough nurses. I believe it is because of the changes to the education system. Perhaps we should review that situation. Many nurses leave the profession because of the antisocial working hours. In the old days, nurses probably started their training at 16 or 17 years of age. They worked antisocial hours at that early age and got into the routine and could handle it. These days, nurses leave university at 20 or 21 years of age without having worked those hours. They do not want to suddenly start working antisocial hours and they are not used to the routine. Perhaps we should revert to the old system, which attracted caring people rather than people with high tertiary entrance examination scores. The world has gone crazy in many ways. Many people are now over qualified. Some nurses need higher levels of education, and that additional training can be provided for those who want to pursue that course. In general, the old system worked well. However, nurses got the ear of the Government and worked to raise their status by requiring a degree for registration. That is totally unnecessary and does not encourage people to stay in the system as long as they once did. Those issues must be addressed so that we can attract nurses to and retain them in the system.

It is a disgrace that the minister shot through during a major crisis. That crisis will not disappear overnight and it must be well and truly addressed. I remember the minister's saying earlier this year or last year that there were too many permanent care patients in our tertiary hospitals and that moving them to nursing homes would free up beds. I heard a rumour that during the past few weeks staff at Sir Charles Gairdner Hospital moved a large number of permanent care patients to Hollywood Private Hospital and then shut down a ward. All those beds are now unavailable.

Another problem that has arisen is that people are booked in for an operation only to be told the day before or the day of the scheduled procedure that there is no bed and it cannot be done. It is very distressing for people who have prepared themselves to go to hospital to be told to come back in three or four months, or whatever. That is happening time and again. It is not good enough.

A case was raised with me recently involving a young constituent who was unfortunately born slightly deformed. He has had many operations to fix his neck and the side of his head, which was not formed properly. He has been undergoing plastic surgery at Royal Perth Hospital as a public patient. The plastic surgeon performing the procedures has told him that he cannot give him a date for further treatment because the hospital is so busy with emergency patients; that is, motor vehicle accident victims and so on. His parents have told me that their son has gone into a decline and is suffering from self-denial; he does not want to associate with others. He is at an age at which he wants a girlfriend, but, because of his problems, he will not go out. The fact that he cannot be given a surgery date is a disgrace in this day and age. His parents have decided to try to pay for the surgery privately so their son can get back on track and, once again, be outgoing.

Our health system is suffering major problems. When they were in opposition, members opposite made outlandish statements about fixing the health system. This Government's allocation to the health budget has

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[ASSEMBLY - Wednesday, 14 August 2002]  
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Mr Arthur Marshall; Mr Mike Board; Mr John Day; Mr Bill McNee; Dr Janet Woollard; Mr Ross Ainsworth; Mr Bob Kucera; Mr Paul Omodei; Mrs Cheryl Edwardes; Mr Rob Johnson; Acting Speaker; Mr John D'Orazio; Mr John Bradshaw; Mr Mark McGowan

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been abysmal. The coalition increased the health budget by six per cent, but even that did not keep up with demand. This Government has increased it by only one per cent or two per cent. That increase will be gobbled up overnight.

Improvements can be made by restructuring the health system. As I have pointed out on other occasions, our health system is over administered. The administration section at the Harvey Hospital has been increased from two to six personnel and some functions have been contracted out - for example, human resources and information technology services. Money could be saved in that area and channelled back into health services. The Government does not seem to want to go down the track of fixing that up. I support the amendment. It is about time the Government got off its tail and did something positive to fix the health system in Western Australia.

Amendment put and division taken with the following result -

Ayes (16)

Mr R.A. Ainsworth	Dr E. Constable	Ms K. Hodson-Thomas	Mr B.K. Masters
Mr C.J. Barnett	Mr J.H.D. Day	Mr M.G. House	Mr P.D. Omodei
Mr M.J. Birney	Mrs C.L. Edwardes	Mr R.F. Johnson	Ms S.E. Walker
Mr M.F. Board	Mr J.P.D. Edwards	Mr W.J. McNee	Mr J.L. Bradshaw ( <i>Teller</i> )

Noes (26)

Mr P.W. Andrews	Mr L. Graham	Ms A.J. MacTiernan	Mr A.P. O'Gorman
Mr J.J.M. Bowler	Mrs D.J. Guise	Mr M. McGowan	Mr J.R. Quigley
Mr A.J. Carpenter	Mr S.R. Hill	Ms S.M. McHale	Ms J.A. Radisich
Mr A.J. Dean	Mr J.N. Hyde	Mr A.D. McRae	Mr P.B. Watson
Mr J.B. D'Orazio	Mr J.C. Kobelke	Mr N.R. Marlborough	Ms M.M. Quirk ( <i>Teller</i> )
Dr J.M. Edwards	Mr R.C. Kucera	Ms C.A. Martin	
Dr G.I. Gallop	Mr F.M. Logan	Mr M.P. Murray	

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Pairs

Mr T.K. Waldron	Mr D.A. Templeman
Mr M.W. Trenorden	Mr C.M. Brown
Mr A.D. Marshall	Mr E.S. Ripper
Mr D.F. Barron-Sullivan	Mrs M.H. Roberts
Mr B.J. Grylls	Mr J.A. McGinty

Independent

Dr J.M. Woollard

Amendment thus negatived.

*Debate (on motion) Resumed*

**MR M. McGOWAN** (Rockingham - Parliamentary Secretary) [6.56 pm]: I congratulate the Governor on his speech. He did an outstanding job in delivering his speech, and his speech was very well written and of great quality. It certainly differed from some of the extensive speeches that we have heard in past years. It cut to the chase in outlining the agenda of the Government, which is what the Governor's speech at the opening of Parliament is all about. The speech was a concise and very interesting tour de force of the legislative agenda of the Government in the coming term. The appointment of Lieutenant General John Sanderson as Governor was an enlightened appointment by the last Government. I congratulate the former Premier, the former member for Nedlands, on his appointment of the Governor, because he is an outstanding person to occupy that position.

Mr P.D. Omodei: That former member would make a good Governor himself one day.

Mr M. McGOWAN: We will leave that for a future Government.

Mr P.D. Omodei: While you are being so fulsome in your praise, you could say that you would support such an appointment.

**Extract from *Hansard***  
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Mr M. McGOWAN: I was heaping some praise on the former Premier for his appointment of the Governor, because he is carrying out his duties very well and is a great Western Australian. He was born in Geraldton and grew up in the area around Bunbury, and he went on to become one of the most senior military officers in Australia. He is now performing an admirable public role.

That leads me to what I want to talk about in my response to the Governor's speech. I want to address some aspects of Australia's position on asylum seekers. I will approach this debate from the point of view of someone who represents an electorate in which the people who are tasked with enforcing the current federal Government's policies on this issue live and in which their families live. My electorate also contains the ships that are tasked with carrying out the federal Government's asylum seeker policies and the ships that are predominantly involved in the operations in Afghanistan and the Persian Gulf. I have a great deal to do with many of the families of the crew members involved in these operations. I also have some contact with the crew members on the ships that are carrying out these roles. In a general sense from the point of view of what they are going through, this matter has not been brought out in the public debate.

[Leave granted for speech to be continued.]

Debate thus adjourned.

*House adjourned at 7.00 pm*

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