

Mr Mike Board; Mr Paul Omodei; Mr Kucera; Mr Kucera; Acting Speaker; Mr Tony McRae; Mr Rob Johnson;
Ms Sue Walker; Deputy Speaker; Mr Norm Marlborough; Mr Colin Barnett; Mr John Day; Mr John D'Orazio

PUBLIC HOSPITAL WAITING TIMES

Motion

MR BOARD (Murdoch) [4.16 pm]: I move -

That this House calls on the Minister for Health to take urgent action so as to avoid further blockages and the blow-out in waiting times for patients in our public hospital system this winter.

The Opposition raises this issue during private members' time because this will be the last opportunity to do so during the sittings of the House this session before the House breaks for its winter recess. The reality is that we will not be back here for six or seven weeks. During that time we will see continued increased pressure on our public hospital system. We raise this issue today because it is my belief and that of people who work in the tertiary hospital system, that we are ill-prepared for the demands that will occur this winter. We call on the minister to listen to what we have to say today, because we are looking for long-term solutions and we also need a priority system that will cater for what is likely to be a very difficult and long winter.

We, the minister and the whole State know that Western Australia is growing very quickly, probably at the second fastest percentage rate in the country. The reason for that is the lifestyle, environment and opportunities that are afforded to people who come to this great State. Those things have been created since the foundation of the State, and we are proud of that. However, incumbent on the State is the responsibility to maintain growth in the services that meet the critical and important primary demands of health care. Not only does the State have an expanding capital city, but also it has particular issues, such as the city's very rapidly growing residential areas. For reasons of lifestyle, people's access to housing and transport and their ability to travel freely around the city, people tend to opt for single residential housing; hence, it is not unusual for people to live 50 to 70 kilometres from the city, and, in many cases, long distances from public hospitals.

One of the critical issues is the State's ageing population. We can be proud that people are living longer and enjoying quality retirement for a longer period. It, therefore, becomes even more critical to ensure that we can afford adequate health care and services that meet the requirements of the population, particularly at a time when they need it most and when they are vulnerable during winter periods, when particularly older people are prone to suffer from a number of viruses. The State has a great shortage of health professionals and every year the shortage becomes more critical. It applies not only to nurses, who are essential, but also to general practitioners, specialists, surgeons, allied health professionals and a whole range of people who are necessary to service the community. The shortages arise after hours and at weekends. They arise in remote, regional locations of the State. For many reasons it is difficult to get adequate health professionals 24 hours a day, seven days a week to provide the services that the community needs.

Other demands are being made on the health service. The minister must cope every day with the cost of technology and manpower. One of the biggest driving forces is the cost of pharmaceuticals that are developed around the world and brought to this country. Many of them are lifesaving drugs that are subsidised under the pharmaceutical benefits scheme. To supply the public hospital system with them is expensive, but people are entitled to them. The reason some of those drugs are extremely expensive is that they are developed by private companies that need to recoup their investment in a short period before the next wonder drug comes onto the market. It is therefore not unusual for a drug to cost in the order of \$500 to \$1 000. All these issues affect the health system and they are generic not only to this State and the country but also to the world.

Knowing those cost drivers and issues, as a community we must make sure that when the health service and the public hospital system are funded, at least the growth that is required is funded. It is one thing to talk about additional services and another thing to talk about improvements in services, but at least the growth should be funded. If it is recognised that, according to audited figures, growth is running at between six and seven per cent in this country and in Western Australia, the health service must be funded with an extra six to seven per cent a year, as the coalition did. That is what the Government must do. That does not even take account of inflation and the real cost increases in the delivery of health. When a system is funded at three or four per cent, and inflation is running at 2.2 per cent - in the Treasurer's documents, the projected figure for inflation is three per cent - the Government will run into trouble; it must do. The population and demands on tertiary hospitals are increasing. There is an increasing demand for technology and drugs. People are growing older, so the utilisation of the health service is greater. In those circumstances, the health service must not be starved of resources. The lemon can be squeezed harder and harder each year and the Government can say that it will get more out of administration, that it will cut a little bit here and there, that it will make sure that people have their shoulder to the wheel and will deliver 100 or 110 per cent, and that better ways of delivery will be found. The Government can do all that; that is wonderful. However, the reality is that the demand for services and the cost of delivery are increasing. That is not something new or isolated to this State. It is a reality.

Mr Mike Board; Mr Paul Omodei; Mr Kucera; Mr Kucera; Acting Speaker; Mr Tony McRae; Mr Rob Johnson; Ms Sue Walker; Deputy Speaker; Mr Norm Marlborough; Mr Colin Barnett; Mr John Day; Mr John D'Orazio

Why do we not fund the system? The reality is that the cost drivers are so high that the Government must find hundreds of millions of dollars a year to fund it. Members on this side of the Parliament say that those services must be funded and delivered. If the Government can find alternative ways to deliver those services at the level that people want, the Opposition will support that. However, the Government cannot say that too many people are waiting for hamburgers so it will close half the shop. That is not the solution. The solution is to find a better way to shorten the line. I know that the Government is looking for solutions, but until it finds them, it cannot starve the system. That is what has happened. The Opposition has raised this issue today because it knows about the situation that arose last winter. There was the same problem with providing services as a result of people taking leave during the Christmas period. However, the situation will be much more difficult this winter than it was last year and the year before. Members should not take my word for it. I challenge any one of them to speak to the people in the tertiary hospital system and those who were on quadruple bypass. I understand that at two of our public hospitals, six ambulances were lined up and were not able to deliver their patients. That was the first time the situation had reached that level.

The minister talks about peaks and troughs. We know there are peaks and troughs; there always are. However, the number of peaks compared with the number of troughs -

Mr Kucera: Are you suggesting that I tell people to stop being sick?

Mr BOARD: No, I am saying that the frequency and height of the peaks are now at a stage at which they are nearly flat lining. That is the reality. The troughs are starting to get smaller and the peaks are getting higher.

Mr Kucera: You threw out a challenge to people in the House. If I brief you on the Australian health care agreement, will you come with me, in a bipartisan way, to challenge the federal Government this year to get a decent deal for Western Australia?

Mr BOARD: I have absolutely no problem with trying to get as much money as possible out of the Commonwealth to assist the State. The more we get, the better off we will be.

Mr Kucera: So you are happy for me to brief you?

Mr BOARD: I have no problem with that. I will be meeting with Senator Patterson next week, and I will raise the same issues as the minister will raise and as the former Minister for Health raised when the coalition was in government.

Mr Kucera: I look forward to that.

Mr BOARD: There are no great shakes about this. We want to get more money from the Commonwealth, but the reality is that it is the State's responsibility to run hospitals.

Mr Kucera: It is also our responsibility jointly to get a decent deal from the federal Government.

Mr BOARD: Yes. The Government cannot close half the shop door because the line is too long and then blame the supermarket around the corner for not helping it out. That is what it is doing. The Government has a duty and a responsibility to maintain an adequate service so that people are not waiting in ambulances. We must look after our elderly. With the service that is provided, people must not be backed up in emergency departments and through the health care system generally. They should not have to wait longer for elective surgery.

The minister wants to consider administration changes as a result of the Health Administrative Review Committee report, and he has inquiries and task forces looking into emergency departments. The minister wants to bring about changes, and I will support him in that. However, I do not support the fact that in the meantime the response is inadequate. The current pressures are not being dealt with. People will be disadvantaged and will face serious dilemmas when they seek emergency services. If there are days like last Monday when people are locked in ambulances, the situation will be very serious. When the coalition was in government, I do not recall a time when Fremantle Hospital, Sir Charles Gairdner Hospital, Royal Perth Hospital and the Joondalup Health Campus were all on bypass at the same time for six hours.

Mr Kucera: Are you saying that under your Government that never occurred?

Mr BOARD: I do not believe that four hospitals were on bypass for six hours at the same time when we were in government. If I am wrong, I will be happy for the minister to point that out to me. As far as I am aware, this is the worst case of bypass that we have had. The frequency with which it is happening must alarm the minister. The frequency and the length of time involved are extraordinary in comparison with the situation some years ago.

Mr Kucera: I do not want to interrupt your flow, but that is why I asked you that question about the health care agreement. You know what other pressures there are.

Mr Mike Board; Mr Paul Omodei; Mr Kucera; Mr Kucera; Acting Speaker; Mr Tony McRae; Mr Rob Johnson; Ms Sue Walker; Deputy Speaker; Mr Norm Marlborough; Mr Colin Barnett; Mr John Day; Mr John D'Orazio

Mr BOARD: That will not resolve the issue. The situation is that the health care agreement, which will operate for the next few years, is an overall funding agreement and will not fix the situation being faced this winter. The minister cannot come back from Canberra and say that we have ambulance bypasses because of that agreement. That agreement will operate for the next few years. Yes, we want more money and will always push for additional funds, but the minister's responsibility is to deliver now, and he should be examining that issue.

Where is the emergency department strategy that should have been put in place when Labor first came into government? Why has the Government not delivered more to this point? Contrary to all the promises made by both the Premier and the Minister for Health leading up to the state election, why do we have an intolerable situation in this State? The issue is that the Government does not have the resources to implement the types of strategies that it wants to put in place. The minister announced not very long ago that he would put 65 additional beds into the tertiary hospitals, which would alleviate the front-door pressure to some degree. However, my information - I am sure it is the same as the minister's - is that the minister has not resourced those 65 beds. There is still an issue about who will staff those additional beds and how they will be serviced. The patient and nursing staff ratio issues have still not been resolved. As a result of that, I ask the minister how many of those 65 beds are operational as we move into winter? It is one thing to make an announcement, but are those beds operational? Are they relieving the situation? Are they being effective? They cannot be, otherwise we would not have had six ambulances lined up at one hospital with three other hospitals closed last Monday. The Government is big on announcements and getting media support, but the reality of putting solutions in place finds the Government wanting.

The House has discussed elective surgery. The subject was explored during the estimates committee hearings. The minister has made statements about the waiting lists for elective surgery being reduced. By the minister's own treasury documents, and information on his web site, it appears to me - as it would to anyone who looked - that people are waiting longer in categories 2 and 3.

Mr Kucera: The member is being selective.

Mr BOARD: That is what the minister will find. People are waiting longer. In some cases, people are waiting up to 25 per cent longer for elective surgery. What will be the effect this winter - with pressure on the public hospital system - on elective surgery? What will happen to the lists as pressure for beds, surgeons and medical support grows? Elderly people are particularly affected, as they are often awaiting placement for other purposes. I will make a prediction, although it is one that I hope does not come to fruition: elective surgery waiting lists will blow out over the next two months in a large way. That is not a good thing. Many people have waited 12 to 18 months or longer for surgery which is called elective but which, in many ways, relieves them of great pain and distress. The pain and distress denies them the quality of life they deserve.

The State has seen many reviews in health. It has seen many committees, including the Health Administrative Review Committee, and a range of announcements and strategies. At the end of all that, where are we? We are in the second winter of this Government and we have seen its second budget. By any comparison with two years ago, no-one can say that the State is better off. In fact, the State is worse off. One need only look at the number of hospital bypasses and the pressures on emergency services - the issues by which the Government should judge the delivery of a quality health care system. The Government is one-third of the way through its four-year term, but where are we with health? The State has cornered the advisory council, the review and the investigative market but it has not provided anything better for the community.

Mr Kucera: I would like next week to take the member's speech to some of the good people who work in health.

Mr BOARD: I would be more than happy for the minister to do that; I am fighting for them. The minister should make sure that he takes the whole speech. He should not take selected pieces. He should write on it that the opposition spokesman for health is fighting for greater resources for tertiary hospitals. He should highlight that. Of course, he may choose to take an edited version, which is what the Government tends to do.

Mr Kucera: I will send the whole truth.

Mr BOARD: I hope the minister does. If that is the case, I will get an enormous amount of support from people in the system who want more resources and who do not want to see ambulances lined up outside hospitals or people denied hospital beds. They certainly do not want to see people in hospital corridors awaiting placement. This is what needs to be addressed and the minister knows it. The minister is looking at it but he should have acted before now to control the pressure that the hospital system will be under this winter.

The House has also discussed tertiary hospitals because they are the hospitals under most pressure. However, we must not forget country hospitals. As I indicated yesterday, the Opposition is not convinced by, happy about or supportive of the minister's move to abolish country hospital boards. His decision is not in the interests of providing better delivery of health services in country areas. By taking away the power of communities to be

Mr Mike Board; Mr Paul Omodei; Mr Kucera; Mr Kucera; Acting Speaker; Mr Tony McRae; Mr Rob Johnson; Ms Sue Walker; Deputy Speaker; Mr Norm Marlborough; Mr Colin Barnett; Mr John Day; Mr John D'Orazio

involved in real decision-making affecting the delivery of health services, the Government will not be able to provide a better health service. History shows that the development of health in Australia and around the world has involved communities at a level that allows communities to determine their requirements and priorities. We do not have a real understanding of what that means in real terms for many towns. The minister and I have spoken to country hospital boards. I understand their passion and commitment. If the boards have made mistakes with coordination or the utilisation of funds it is because they have wanted to do the best they could for their communities and to provide the best possible service. The boards have tried to attract general practitioners and nurses to help their towns survive. The boards have been proud of their health services because they know how important they are for country towns. They know that many things hinge on the delivery of health services, such as the development of industry, attracting new people to the community, keeping young people in towns and creating new jobs. All these things are often affected by the quality of a local health service and the range of services provided. In no way should we judge people for their commitment. Why do we deny them the opportunity to continue their involvement? As I said yesterday, if there are issues concerning cooperation and coordination and providing better and more effective services, they could have been resolved by continuing the boards on a regional basis and looking at a range of responsibilities for the boards. The boards should not be reduced to a single advisory council for a region or removed completely by the minister from ownership of medical services and the quality of the services. That is what is being denied.

I initially spoke of the demand and the need for a large number of medical clinicians and health professionals. The State has a shortage of qualified medical people, as does the rest of the world. The State is in competition with other States and other countries to attract medical professionals, particularly general practitioners and surgeons. That the situation has reached this point is a blight on the State. It is not something that has just happened to the minister.

Mr Kucera: Did the member not hear my report on King Edward Memorial Hospital for Women earlier today?

Mr BOARD: I did. The point is that we need to do something dramatic about the number of people trained in health, particularly doctors and allied health professionals. As a State, we have done little to provide a catalyst for that. Other parts of the world have moved on, but most States in Australia, including Western Australia, limit the number of doctors they train. In some ways, Western Australia is worse. We still restrict the number of higher education contribution scheme places.

Mr Kucera: Does the member know how they are determined?

Mr BOARD: I do, but I do not see much lobbying to increase the numbers. If the minister is doing more, I want to hear about it. I have not heard anything from the minister about that in this place. I have not heard how the Government will effectively broaden the range of medical occupations, how it will attract more people to them and how it will attract older people with experience in the community. The Government must explore the advantages or otherwise of support for post-graduate training at the University of Western Australia and possibly fee-paying training at the University of Notre Dame Australia. A range of issues must be considered. The minister in his own way has tried to rectify the range of registered nurses, yet many parts of the world are moving to the use of enrolled nurses for the delivery of services to patients and encouraging greater numbers of nurses through flexibility in the profession. Medical professionals need to be able to move around for training and professional development. The Government must examine the opportunities in health, not as it was structured 20 years ago, but as it is moving into this new century.

Many issues are facing us as we move into the coming winter. The minister and the Department of Health have been very slow in bringing about real change. They have been proactive in setting up committees, writing reports, changing the structure of administration in the Department of Health and appointing people to positions, all of which might or might not have been needed. I agree that they must be done if the minister is to follow the recommendations in the report of the Health Administrative Review Committee. However, they cannot be done at the expense of the delivery of services. We have not had any action at the bottom end of the health system. The Government has provided neither the resources nor the stimulus to a solution to the growing waiting list problem. If money were the solution, it is being further denied, because fewer resources in percentage terms are going into the growth of health. The minister said that he can provide better services by using better accounting methods and better ways of streamlining the utilisation of funds. We have heard all that before; every Government says that. The reality is that ultimately more people will be coming through the public hospital system and we will need more doctors, nurses, beds, money and resources to resolve the issue.

As we come into winter, we will find ourselves in a far worse situation than at any time before. There will be greater pressure on the public hospital system than last winter or the winter before with more people wanting to use it. Western Australia has an ageing population and there are stronger and probably worse viruses going around than we have had before. Why is that so? It is because that is what happens in health and that is what is

Mr Mike Board; Mr Paul Omodei; Mr Kucera; Mr Kucera; Acting Speaker; Mr Tony McRae; Mr Rob Johnson; Ms Sue Walker; Deputy Speaker; Mr Norm Marlborough; Mr Colin Barnett; Mr John Day; Mr John D'Orazio

happening around the world. To effectively change that, we must address the issues at the front door. We need long-term solutions. We will support the minister in those long-term solutions, but the minister has denied our hospital system the short-term solution of providing important resources to continue the delivery of services at the required level, particularly at crisis points during winter. When we come back to the Parliament in the new session after the six to seven-week recess, it will be interesting to review exactly what has happened throughout the public hospital system, particularly in the metropolitan area, during that time. If we have not had the problems that the Opposition has outlined today, I will be the first to say I was wrong. However, if we have had those problems, the Opposition will say that it is incumbent on the minister to do something about it then to resolve those issues.

MR OMODEI (Warren-Blackwood) [4.44 pm]: I support the motion moved by the member for Murdoch, which calls on the minister to ensure that action is taken to avoid any blow-out in waiting times and to ensure there is an efficient delivery of services in the health system in Western Australia.

As the member for Murdoch mentioned, in winter nowadays a number of new illnesses occur around the State. There is no doubt that that will put the hospital system under pressure. I also have no doubt that the health professionals who service patients in the health system will continue to provide the excellent services they have provided in the past. I visited Princess Margaret Hospital for Children last weekend for private reasons and I must say that I was quite taken with the wonderful service that that hospital provides. The doctors' response times were excellent, their diagnostic processes were thorough and the nurses were efficient. The nurses seemed to me to be under a great deal of pressure, particularly the small number of nurses rostered to the children's ward I visited. I have no doubt that those health professionals will do their very best.

I wonder what they think about ministers and government members who come and go. I am sure that the minister would have said in his first visits to hospitals and in discussions with health professionals that he was there to look, to learn and to understand the system to ensure there was an efficient health service in this State. All ministers do that in the portfolio they take on. However, ultimately, the buck stops with the minister and he must make sure the system works.

I rose deliberately in this debate to make comments about my electorate, particularly on the issue of hospital boards. I believe strongly that the comments I will make about my community have been borne out in recent weeks. In the absence of a hospital board, there is also the absence of a filter to carry through information to the community and to ensure that conflicts that occur are snuffed out or brought to a head quickly. A number of new hospitals were built or refurbished by the previous Government in my electorate, such as the refurbishment of the Manjimup-Warren District Hospital and the Nannup District Hospital; the brand new Pemberton District Hospital; additions to the Margaret River Hospital and the Bridgetown Hospital; and more work is due at Margaret River. However my biggest concern is about a recent conflict in Pemberton between doctors and staff that was so serious that members of the community were prepared to raise a petition to remove one of the parties involved in the conflict. Members can imagine how that conflict divided the community. The response to that conflict by the new chief executive officer of the South West Health Service, Michael Moodie, was quick and efficient.

Mr Kucera: That is one of the very reasons that I have much concern about the board system. When a conflict has occurred in other towns, unfortunately, boards end up between a rock and a hard place. The boards are the ones regarded as the ogres in the conflict and they must sort out the problem. Michael Moodie is a classic example of a very efficient and structured manager who will come in and sort out those conflicts. I am concerned about putting excellent and well-meaning people in a position where they must take a judgmental position between a community and a hospital. In fairness to them, that is the kind of conflict that general managers paid by the Department of Health should sort out.

Mr OMODEI: The minister is absolutely wrong. It is, in fact, the opposite way around.

Mr Kucera: The board members are telling me that.

Mr OMODEI: I have served on a hospital board and I have been involved in making sure that there are good health facilities in my electorate over a period of more than 20 years. I have an understanding of the health system. The minister is wrong. It is the knowledge and experience of people on hospital boards that are able to nip these issues in the bud because they are able to address the personalities.

Mr Kucera: I say to the member -

Mr OMODEI: Let me make my speech so that I can get my story across to the House because it is a very important issue. The minister can make some notes and respond later.

Mr Mike Board; Mr Paul Omodei; Mr Kucera; Mr Kucera; Acting Speaker; Mr Tony McRae; Mr Rob Johnson; Ms Sue Walker; Deputy Speaker; Mr Norm Marlborough; Mr Colin Barnett; Mr John Day; Mr John D'Orazio

The issue in Pemberton caused great concern to the community and I am fearful that it will further divide the community. I hope that Michael Moodie will intervene. However, a hospital board would have fixed the problem in its early stage. It would have been aware also of the minister's proposal for redundancies in the South West Health Service.

It could have made representations to the minister to ensure that those numbers were minimised, if not eliminated. In the South West Service Board at the moment we are talking about a reduction of 50 full-time equivalents - some sources say it is more than that - and there has been no commitment to replace those people. It follows, therefore, that services must suffer. A one per cent increase in the health budget, when costs have increased by six per cent, means a real reduction in funding of five per cent for that health service, which can only result in one thing: a reduction of services.

In Pemberton the doctor has withdrawn his services from the hospital. There is a multipurpose service at Pemberton and the nursing home section of that hospital has four patients. The only way those patients can be serviced is for them to come out of hospital and see the doctor in his surgery, which is some distance away. A change in medication must be rewritten by another doctor. This situation has arisen because of a conflict between the doctor in question and the director of nursing. The matter should have been resolved at least a couple of months ago. What is devastating is that in the past three weeks, three out of the four patients have died. The presumption is they died from natural causes. One was a cancer patient, one fell and broke his hip and one had an aneurism as a result of a fall. One of the people who died had a partner in the nursing home. The only two remaining are a 102-year-old woman and the husband of a woman who died last week. This is a delicate and serious situation. I believe that the situation at that hospital contributed to the mental state of some of those patients. Whether it caused their deaths or not, I am not prepared to say, but I would hope not. However, the situation is so serious that I have had discussions with the chief executive officer of the health service.

I say to the minister that the withdrawal of hospital boards is a serious matter. If the minister wants to gain some credibility and if he wants to be regarded as a sensible Minister for Health and a minister who listens to the people, he should reinstate the boards in country Western Australia. Some members on those boards have more than 20 years experience. People like Ross Bremner, Mike Dawn, Laurie Bonadeo and Janine Simcock have been on the hospital boards at Manjimup for years and years, and, with respect, they would know more about the health system than the minister. The same people serve on the boards of the nursing home and the hostel for the aged. The minister is gutting those communities and leaving those people without representation. It is bizarre. Pemberton District Hospital services a very large area, including Northcliffe. Last week the ambulance was requested to bypass the hospital because a doctor was not in attendance. The hospital is not overflowing with patients; it is a brand new, state-of-the-art hospital, and the ambulance from Northcliffe had to take a patient to Manjimup!

Mr Kucera: Do they have a salaried doctor there?

Mr OMODEI: Yes, I think so. There are two doctors. I do not know why the doctor was not at the hospital. All I know is that the ambulance was forced to bypass the hospital, much to the consternation of the St John Ambulance people.

A number of little issues to do with roadworks and the like at the hospital that I brought to the attention of the former manager of the Warren-Blackwood health service have still not been fixed. What do these people think of me? I am the local member. The ambulance drivers raised the issue with me, I raised it with the people who are responsible for having these things fixed, and I then received a letter from the director of nursing, with whom there had been no communication. Again, if the hospital board had been there, those issues would have been fixed. These are the simple little things that a hospital board attends to.

We have the situation where two new doctors came to town. Now one of the new doctors has gone to Carnarvon. The member for Ningaloo is getting an excellent doctor. This occurred because the issues between the doctors could not be resolved. This fellow was also an anaesthetist, and members know how important it is to have an anaesthetist and a surgeon in a country hospital. We need these specialists if we are to have an obstetrics wing in our hospital. This hospital has state-of-the-art obstetric facilities, but if we do not have the necessary specialists, families must travel the extra 100 or 150 kilometres to Bridgetown or Bunbury. In many cases where complications occur, that is what happens anyway. However, these issues can be resolved if they are talked through at a local level. We are trying to convince the one remaining new doctor, Dr Caleb Chow - a highly regarded doctor - to stay, which would leave us with three doctors servicing the large area of Pemberton-Northcliffe. In the past few weeks, a facility called Patchwork House in Manjimup has closed down, one of the doctors has moved to Pemberton and another doctor has thrown his arms in the air and gone to Carnarvon.

Mr Mike Board; Mr Paul Omodei; Mr Kucera; Mr Kucera; Acting Speaker; Mr Tony McRae; Mr Rob Johnson; Ms Sue Walker; Deputy Speaker; Mr Norm Marlborough; Mr Colin Barnett; Mr John Day; Mr John D'Orazio

These are not matters of state importance, but they are issues that, with a little bit of goodwill and some facilitation by a hospital board, could have been resolved to the satisfaction of the local community.

I now refer to funding cuts. When one has critical mass in the metropolitan area and budgets of tens of millions if not hundreds of millions of dollars, the minister can make budget changes and savings. However, it costs more to deliver services in the country. The minister knows that; it is common knowledge that, in any sphere of government, it costs more to deliver a service in the country than it does in the city. What concerns me most is that this adds fuel to the country-city divide that is happening at the moment. You know, Mr Acting Speaker (Mr Dean), that people in country Western Australia are very concerned about the activities of this Government and the apparent disdain with which they are treated. One of the fundamental aspects of our society today is good health and education, and what goes with that is the necessity for good health and educational facilities and good professionals. We are treating these people like dirt and we are imposing a growing burden on them. In country Western Australia, the senior high school principal also heads up the country week team; she is on the hospital board - or was on the hospital board - and so on. All these professionals occupy very important positions in the community, and that is why the communities have operated so well over many decades since settlement.

Mr Board: Many of those people on hospital boards are people who accept responsibility, because they are the movers and shakers in those towns.

Mr OMODEI: The people who go into these positions are busy people. We have all heard the old adage: if you want something done, give it to a busy person. The same people are members of every significant organisation in the town. Many of the professionals raise their families in those towns.

The minister has the responsibility; in the end the buck stops with him. He must make the system work. The minister can make nice noises at the hospitals, but in the end he will be judged on his performance. The minister can go to the Commonwealth with all of our best wishes. When the previous Government was in power, the Minister for Health did not receive much support from the Labor Opposition - in fact he received no support - and it used every opportunity and tactic possible to undermine the minister and the health system in this State. In contrast, the member for Murdoch, as shadow Minister for Health, is prepared to give the minister support and to lobby the federal minister.

This is a very important issue. We are putting the minister on notice: while 21 June might have been the winter solstice, it is not the middle of winter - it is only the beginning. We still have three months of winter left, and hospitals in Western Australia, in both metropolitan and country areas, will be under huge pressure. It is incumbent upon the minister to ensure that these matters are resolved.

The minister has appointed a good chief executive officer to the South West Health Service. The reintroduction of the boards would make for a very good system in that part of Western Australia. It is one of the most highly populated regions of Western Australia. The challenge is with the minister. We will watch him very closely. The first place people go when they are in strife is the local member's office. The local member is expected to have a good understanding of the health system, the education system, the family welfare system and so on. The minister will certainly be hearing from us. I do not want to get down on my knees, but I implore him to admit that his judgment about the hospital boards was wrong.

Mr Kucera: I must have a little chuckle. I have been in this place 15 months, and I do not think there has been a day when I have not heard from your side.

Mr OMODEI: What would the minister expect?

Mr Kucera: I look forward to it with relish.

Mr OMODEI: The Westminster system of government is an adversarial system. The minister must expect that I might call him a few names every now and then. I think I have been very kind to the minister. Those matters in my district must be resolved. The area is not as populated as the city, but it has a first-class hospital and first-class people. The minister has an opportunity to create a state-of-the-art system in the south west. We have an excellent hospital. St John of God Health Care does an excellent job, as does the regional hospital. It is not a great task. The minister is trying to screw these people. He is putting the thumbscrews on -

Mr Kucera: It concerns me that you mentioned the private hospital first. There are very good public facilities in your area.

Mr OMODEI: We have very good public and private facilities.

Mr Kucera: You put the private system first.

Mr Mike Board; Mr Paul Omodei; Mr Kucera; Mr Kucera; Acting Speaker; Mr Tony McRae; Mr Rob Johnson; Ms Sue Walker; Deputy Speaker; Mr Norm Marlborough; Mr Colin Barnett; Mr John Day; Mr John D'Orazio

Mr OMODEI: That is the difference between the minister and me. I do not discriminate. I would give both private and public schools \$100. There are many struggling families in the private school system. I do not differentiate between the two spheres. I simply look at the service that is provided to my constituents, because my constituents come second to only my family. In many cases, it is the other way around. That has always been my aim in public life. It frustrates me when I listen to the minister's rationale, because it is wrong. The minister is wrong. I ask him to talk to the people in the south west who have been on hospital boards for 25 years and who understand the system better than most.

I rest my case. The minister has been put on notice. In the end, the buck stops with him, and he must make the system work.

MR KUCERA (Yokine - Minister for Health) [5.02 pm]: I thank both the member for Murdoch and the member for Warren-Blackwood for their contribution to this debate. The member for Warren-Blackwood cares about his constituency so much that he went to his football team's grand final rather than help open the local hospital. We will worry about that later.

Mr Omodei: I did not see you there.

Mr KUCERA: The member may recall that, at great expense to his local health service, we had to change the plaques so that he could go to his local grand final. I do not think we should get into that sort of nitpicking.

Mr Omodei: The minister does not understand country towns. Everyone went to the football.

Mr KUCERA: Exactly. Had the member worked a little more closely with us, that might not have occurred. We might have saved a few dollars because we would not have had to buy new brass plaques.

We are well into the winter peak. Some excellent planning for emergency services was commenced last year by Dr Brian Lloyd and his team. This motion is essentially about the metropolitan problem rather than the issues occurring in the country. The country has different demands and very different and unique problems, and we deal with those on a daily basis.

I will touch on the issues to which the member for Warren-Blackwood referred. It would be pretty pointless for an ambulance to go to a hospital at which there was no doctor. It is like *Yes Minister* - the greatest hospitals are the ones with no patients. Regardless of the issue, it was good, sensible medical management by that team in the ambulance to go to the other hospital. There could a raft of reasons for the hospital not having a doctor. I will get into those later.

Members need to realise that when we came to government, five different systems were operating in this State. After 15 months in office, we are gradually heading towards a single, unified health system. I have talked about these issues in this House. When we first came to government, we inherited five disparate systems. I do not know how many times I have had to say this, but I need to again put it on the record to put this debate in context. We inherited a Metropolitan Health Service Board that reported directly to the minister. It was responsible for the major tertiary hospitals in this town. We inherited something like 71 different boards and authorities, all of which reported to the minister. Thirty-five of those - the ones relating to country hospitals - still exist and report directly to the minister. We have a Department of Health that supplies all the money, equipment, training, resourcing and everything else and that, again, reports to the minister but, apart from the standards it sets, has no direct control over the way any of those boards, authorities or hospitals are run. This State also inherited a federal system that, despite what the other two speakers said, supplies the general practitioners in this State. The State Government does not supply or pay for general practitioners in this State. That is the responsibility of the federal Government, and an issue with which it must deal. We have an aged care system, which a federal minister, in his wisdom, took over some years ago. The federal Government supplies the aged care system. That impacts on the State. On top of that, we have a private system that reports to itself.

Over the past 15 months, we have set out to attain a single, unified system that allows us to deal specifically with the kinds of problems we are talking about today. We need to draw together all those strings. I commented about the member for Darling Range during question time. I was quite sincere when I said that he, like I, realised that unless we can start to draw those strings together and get a single, unified system, we will not be able to deal with the enormous pressures that we face at various times of the year.

Mr Day: Do you mean by having something like the Metropolitan Health Service Board?

Mr KUCERA: I did not see too many blinks from the member for Darling Range when that board went by the board, nor did I hear much of a ripple from the health system. I also know that many people in this State, particularly our country members - the member for Warren-Blackwood talked about it earlier - were pleased that we put the \$4 million we saved from the administration of that board back into the patient assisted travel scheme system. Regardless of the structure of the health system during the time of the former Government, there is no

Mr Mike Board; Mr Paul Omodei; Mr Kucera; Mr Kucera; Acting Speaker; Mr Tony McRae; Mr Rob Johnson; Ms Sue Walker; Deputy Speaker; Mr Norm Marlborough; Mr Colin Barnett; Mr John Day; Mr John D'Orazio

doubt that we are now starting to see the development of a single, unified system in this State. However, we still face enormous pressures.

The system has some 30 000 employees. It is the biggest employer in the State. I take the point the member for Warren-Blackwood made about the employment of people within systems. However, when redundancy schemes are offered across government, we do not have much say in who decides to take them up. We do not have a great deal of choice. Many people in the south west are getting towards the end of their careers. They might decide to take a redundancy package that would allow them to set themselves up and spend the rest of their years in Manjimup or Pemberton. If I discriminated against those people and did not allow them to take a package, the member for Warren-Blackwood would be the first to come into this House and complain. The system is there to do that.

Mr Omodei: I am concerned not about who takes redundancy but about retaining the numbers.

Mr KUCERA: We cannot stop people from doing that.

The health budget for this year is \$2.4 billion. That is an important point. Both the previous speakers talked about reductions and cuts in health. The state health budget for this year represents an increase on the previous year of almost \$100 million. The actual increase over the budget period is far more considerable than that. The key priorities this year have been addressing nursing shortfalls, waitlists and ambulance bypasses, to which the member for Murdoch referred. Bypass in itself is a sensible management tool.

Several members interjected.

Mr KUCERA: The member for Moore needs to take a deep breath. Morawa will get a new hospital and Moora will get a new theatre, and no doubt the member will be there to have his little brass plaque put up alongside that of the member for Warren-Blackwood, if he lasts that long. This year's health budget is the biggest budget ever allocated to the health system in this State; it is 25 per cent of the state budget. How many times have we heard both the Premier and the Treasurer say in this House that the Opposition continually says that the Government should not spend any more money and risk losing the State's AAA credit rating? At the same time as the biggest budget has been allocated to the State's health system, members opposite are saying that the Government should not spend any more money, but more money should be allocated to hospitals. It is little wonder that they got themselves into so much strife.

Mr Barnett: Can you name a year when it has not been the biggest health budget ever?

Mr KUCERA: When the Leader of the Opposition has something to say, I will listen to him.

The key priorities in this \$2.4 billion budget are nurses, waitlists and ambulance bypasses. A \$16.4 million program to recruit more nurses is in place, and \$6.95 million has been allocated to the care of those awaiting placement to pick up the shortfall left by the federal Government. I do not hear much noise from members opposite about the disgrace that the federal Government calls aged care, for which it took over responsibility and which it then dumped back on the States. We have allocated over \$7 million extra to prop up the service provided to the aged people within the community, who have been left to fend for themselves by the federal Government.

The health system in this State currently services 651 facilities. Every resident in the State is a potential user. In fact, let us look at some of the figures and some of the so-called pressures on the system at the moment. In 2000-01, there were 424 300 in-patient attendances; in other words, 424 300 patients were admitted to this State's hospitals. Of that total, there were 3 470 complaints about the service those patients received; yet the system is said to be in crisis. That means that 0.82 per cent of patients were not satisfied with the service once they were in the system. I am advised that the surveys undertaken on patient satisfaction, which we have introduced since coming to government, indicate that almost 88 per cent of the people who go through our health system are satisfied with the service they receive. Not many government departments, or indeed businesses, in this State could boast that kind of satisfaction level. However, members opposite tell me on a daily basis that we are in crisis.

Mr Board interjected.

Mr KUCERA: I do not care what happened then; I was not in Parliament then. I am in Parliament now and I am worried about the health system I administer today. The member should talk to the Premier about that. I will talk about the contentions he has made today.

I have some current figures, and I will talk about last week's ambulance bypasses. Last year there were 628 200 attendances by emergency services.

Mr McNee: What are you on about then?

Mr Mike Board; Mr Paul Omodei; Mr Kucera; Mr Kucera; Acting Speaker; Mr Tony McRae; Mr Rob Johnson; Ms Sue Walker; Deputy Speaker; Mr Norm Marlborough; Mr Colin Barnett; Mr John Day; Mr John D'Orazio

Mr KUCERA: I am just pointing out that our system is under pressure and that we plan for that system. It just goes to show how much members opposite are interested in the welfare of the sick people of this State. As I am citing these figures, they are making the kind of inane comments that normally come from the opposition benches.

Mr McNee interjected.

Mr KUCERA: The member for wherever he is from -

Mr McNee: You wouldn't know.

Mr KUCERA: His constituents never see him either. The member for Moore had better listen to this. The health system provided 98 200 nursing home-type bed days. That would probably interest the member for Moore. Last year, 3 422 200 hours of home care was provided in this State. That is almost three and a half million hours during which people were dealt with in the comfort of their own beds in their own homes with their families. What a fantastic system. There were 517 700 vaccinations.

Points of Order

Mr OMODEI: I raise the question of relevance. The minister is quoting a whole lot of figures that are totally irrelevant unless they are compared with those from the previous year. All he is doing is rabbiting on and bullying his way through this debate, when he should be responding to the motion.

Mr KUCERA: Unless I put the whole health system in context, any suggestion that the State's health system is in crisis cannot be evaluated. It is as simple as that.

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

Debate Resumed

Mr KUCERA: I could go on and on. The problem with the Opposition at the moment is that it does not see the true picture in the system. Opposition members just want to talk about crisis and misinformation. The misinformation about last year's budget was quite disturbing from a couple of perspectives; that is, the pressures and the so-called crisis. One of the biggest problems in this State is obtaining and maintaining a work force, particularly in country areas. It is very vexing when people want to score cheap political points and talk about crises and closing hospitals when what they say is simply untrue. It is very difficult to attract those kinds of work forces to this State. I am happy to say that, despite all the talk and nonsense about different issues within the system, our system is coping very well.

Mr Omodei: Which hospitals were they?

Mr KUCERA: Let us talk about Carnarvon Regional Hospital. There was a brouhaha about that hospital, yet all members opposite want to talk about are boards. All the brouhaha and the noise that went on in Carnarvon, which was facilitated by a member of the Opposition, was a result of the board deciding in true *Yes Minister* style that it did not want to spend money to keep 40 empty beds going, while people in the other parts of the town who desperately needed allied health services were struggling to get funding for them. Some \$17 million worth of funding was spent on a hospital in Carnarvon that was essentially sitting empty. On that occasion, the board had the courage to deal with the issue. That board is one of the health service boards that is quite happy with the new arrangement that the Government has put in place for the Pilbara.

I turn now to the pressure on the emergency departments, and I will talk about what happens within the system. There is no doubt that the system is under enormous pressure at this time of the year. However, it is under pressure for a number of reasons. It is under pressure because not one of the emergency departments, apart from that at Fremantle Hospital, has had any kind of upgrade in recent years. Some extra money has been spent on the intensive care unit at Royal Perth Hospital. The emergency department at Sir Charles Gairdner Hospital needs to be rebuilt. The Government has said that it will rebuild that emergency department, and the money has been put aside for that. I will not cite all the figures. We have already started the upgrade of that emergency department. The architects are in place and the tenders are about to be let, and building will commence in the next few months. I hope the member for Peel will comment on the emergency department that has been put in place at Rockingham-Kwinana District Hospital. The simple reality is that at certain times of the year hospitals get busy. How much of a scream would there be tomorrow if we had the same kind of dreadful tragic accident that happened in New York in which there was major loss of life and injury in one day? The system must cope under pressure from time to time, whether it likes it or not.

I will now provide a snapshot of the hospital figures from two weeks ago. We are now in one of the worst periods of the year. August is usually our strongest period and June, July and August are our winter peak. However, from 9 to 15 June, 5 167 people presented at Perth's public hospitals. I do not have the current figures

Mr Mike Board; Mr Paul Omodei; Mr Kucera; Mr Kucera; Acting Speaker; Mr Tony McRae; Mr Rob Johnson; Ms Sue Walker; Deputy Speaker; Mr Norm Marlborough; Mr Colin Barnett; Mr John Day; Mr John D'Orazio

from last week but I suspect that they are a little higher than that at the moment. Of those 5 167 people, only 1 447 were admitted - a considerable number - and 3 104 were discharged home.

I will now deal with the crisis in our waiting areas and the average waiting times. A major car accident may involve 10 or 12 people who come into the hospital when it is flat out on a wet night. That is not to say that somebody with a sprained finger will not sit in an emergency ward for quite some time. However, in reference to the figures I mentioned before, 70 per cent of patients presenting to public hospitals are discharged home. The reality is that a vast majority of those people who are presenting at public hospitals and putting pressure on the system could quite easily be dealt with by a local general practitioner. The problem is, as the member for Peel might indicate, if a person lives anywhere outside certain parts of Perth, he will not be able to get a GP after 5.00 pm. He will not be able to access a GP on a Saturday or Sunday and if he does, he will not be bulk-billed. If that person is on the lower end of the socioeconomic scale, the only place he can afford to go for treatment is the waiting room of a public hospital. These hospitals are first-class emergency hospitals; they are not designed to be general purpose hospitals. That problem must be fixed. Earlier I asked the member for Murdoch about taking a bipartisan approach to the new health care agreement. One of the issues that must be addressed is that of the framework for the delivery of GP services in this State, its link with public hospitals and the pressure that it is now putting on the public system.

I will now refer to hospitals generally and the pressure on emergency departments. The member for Murdoch talked about the number of people who are a little sicker who are presenting to public hospitals. This week I was pleased to see the federal Opposition clearly oppose the Government on increasing the cost of pharmaceuticals to the consumer in the pharmaceutical benefits scheme. There is no doubt that the increased costs in the PBS and medicine generally will put enormous pressure on the health system. The few extra dollars that have been added to the cost of medicine over the past few years is enough to push some people over the edge so that they will not buy medicine. The figures for the past couple of years show that people are presenting to hospitals much sicker, without having bought medication and with a much greater need to be admitted to hospital. All of these additional matters are putting pressure on the system.

Over the past year we have gradually worked towards the settlement of a number of major enterprise bargaining agreements with nurses and doctors in this State. Today the member for Murdoch made a comment about a current industrial dispute in relation to nurses. That will be the fifth EBA that the Government has settled as it goes through the process of making sure that the workforce is supported. The difference between this Government and the previous one is that we negotiate EBAs properly. We do not play around with taxation schemes and issues that eventually will be unsustainable and will fall over. We do it properly and we negotiate through the EBA, albeit not without a great deal of pain from a political perspective. The difference is that we have delivered, but the previous Government did not.

I will now deal with waiting times, because a great deal has been said about this matter in terms of ambulance bypass. I will refer to the average waiting times for the same week, 9 to 15 June. In that week alone, the number of people who needed immediate resuscitation was relatively small. Emergency departments are divided into five levels with the highest being level 1, immediate resuscitation. Across the entire city that week, 31 people required immediate resuscitation; that is, 31 people out of a total of 5 167 who presented at public hospitals. Those 31 people got immediate resuscitation; there were no problems with that. Of the people who fronted at the hospitals, 293 were level 2 patients. That was a big number, but when compared with the size of the hospital system, it is not huge. Of those 293 people, 82 per cent were admitted to hospital. People in the first three levels of emergency are dealt with very quickly. The problems with bypass and emergency services come into effect at the next two levels of triage; the levels that make up the bulk of the system. However, we will consider the average waiting times because much more has been said about that issue. A large number of people may present to a hospital with serious injuries, perhaps on a Saturday when the hospitals are under pressure. On some days those who come under levels 3 and 4 will wait for a longer time than on other days. However, some of the average waiting times are well within the scope of international figures. During that week, the average waiting time for all categories - from the most serious cases to those with sprained noses or ankles - at the Armadale-Kelmscott Memorial Hospital was two hours and 13 minutes. The waiting time at Fremantle Hospital was three hours and 37 minutes and at King Edward Memorial Hospital for Women it was two hours and two minutes. The figures for that week show the peak and trough to which the member for Murdoch referred.

Mr Omodei interjected.

Mr KUCERA: I will refer to the matter the member raised. Earlier the member for Murdoch talked -

Mr Omodei: Sprained noses would have to be a major issue around here.

Mr KUCERA: Some people in this House can sprain their noses. However, most of us cannot.

Mr Mike Board; Mr Paul Omodei; Mr Kucera; Mr Kucera; Acting Speaker; Mr Tony McRae; Mr Rob Johnson; Ms Sue Walker; Deputy Speaker; Mr Norm Marlborough; Mr Colin Barnett; Mr John Day; Mr John D'Orazio

Earlier the member for Murdoch talked about elective surgery. I said that the member for Murdoch was being selective, because there are variations in waiting times for surgery. However, for elective surgery, there is a big difference between the waiting time for a nose job and that for a knee or a hip job. I apologise if that comment was taken personally by any members; it was not meant in that way. However, as there are different levels from 1 to 5 in emergency departments, there are also different levels for elective surgery, although I cannot remember the exact categories. There is no doubt that for some people cosmetic surgery is as serious as some other procedures. There is also no doubt that when working with a finite purse, decisions must be made about what kinds of elective procedures will be carried out. The reality is that there are long waiting lists for the elective surgery to which the member for Murdoch referred. However, for procedures that deal with the quality of life, the waiting lists are getting shorter. In fact, I am advised the waiting lists are at their shortest since 1993.

Mr Board: What about hip replacements?

Mr KUCERA: I understand the waiting period for hip replacements is about 15 months, depending on which hospital people go to. If I may give an example from the member for Albany's electorate, I recently received a complaint about a patient who has been waiting for a considerable time for a hip replacement. We found out that she was scheduled to go to Bunbury Regional Hospital, because her hip replacement was urgent. However, she chose not to go to Bunbury Regional Hospital and said that she would rather go to Royal Perth Hospital. Royal Perth Hospital, like all other major emergency hospitals, is subject to emergencies, so when there are emergencies, elective surgery is cancelled and the waiting lists grow. That is a fact of life. It is no different from balancing any other service for which there is a finite purse. We have talked to the person and said that if she is prepared to go to one of the other country hospitals or if we are able to get a surgeon to Albany, we will see what we can do for her. Had that person taken the opportunity to go to Bunbury Regional Hospital, she would have had the operation a number of months ago.

I can recall being roundly criticised last year, I think in this House and in the newspaper, because Geraldton Regional Hospital was offering a two-week stay for people in need of hip replacements or knee replacements, because the hospital had an orthopaedic surgeon who was able to carry out those kinds of operations. Many people took advantage of that because they were offered the choice. They were not forced to go there. A number of people took the hospital up on that, because the hospital had the capacity to do it. Bunbury Regional Hospital is a very fine hospital and has an orthopaedic training system.

Mr Johnson: Why were you criticised?

Mr KUCERA: The point I am making is that the waiting lists for elective surgery do not merely depend on the length of time that is imposed by the system. There is also an issue of choice. Many people choose to have their own doctor in the public system or choose a hospital, which unfortunately becomes a waiting issue.

Mr Board: Isn't that exactly why the former minister set up the Central Waitlist Bureau?

Mr KUCERA: Absolutely, and it is doing a tremendous job.

Mr Board: Isn't it true that you took resources out of it?

Mr KUCERA: As I explained to the member in the estimates committee, and last year on a number of occasions when he raised the question, the resources were to deal with the issues in the hospitals. The money is spent on the issues in the same hospitals.

Mr Board: Not necessarily. You put the money into tertiary hospitals.

Mr KUCERA: Who holds the money as a banker is immaterial for where the operation is done.

Mr Board: People were buying operations at Geraldton Regional Hospital and Rockingham-Kwinana District Hospital where it was needed.

Mr KUCERA: Absolutely, and we continue to do that. The issue was that the money went into tertiary hospitals, and it is as simple as that.

The member for Murdoch, the member for Darling Range and I know that at the end of the day there are no options for some procedures and operations. If a 747 aeroplane crashed onto St Georges Terrace, I guarantee that hospitals would be on bypass and that they would have enormous pressures. I applaud the member for raising the issues but I ask him to be cautious so that we are not putting pressure on the magnificent people who coped last weekend. I do not have the figures with me, but last Sunday and Monday were one of the busiest times that the emergency hospitals have ever experienced.

How do I stop people being sick? As I understand it from reading questions on notice, two weeks ago in another place the Government was criticised for the fruit and vegetable campaign. As the member for Murdoch well knows, the campaign will go an enormous way to preventing such things as heart attacks. We are introducing preventive programs that will start to deal with those issues.

Mr Mike Board; Mr Paul Omodei; Mr Kucera; Mr Kucera; Acting Speaker; Mr Tony McRae; Mr Rob Johnson; Ms Sue Walker; Deputy Speaker; Mr Norm Marlborough; Mr Colin Barnett; Mr John Day; Mr John D'Orazio

Mr Board: We know that a jumbo coming down in St Georges Terrace would be an extraordinary event. What is happening this winter is not an extraordinary event. It is predictable every winter, and every winter the waiting list grows.

Mr KUCERA: I will deal with that in a moment. I have been setting the scene.

I do not mind the member for Murdoch criticising me as a minister, but some of his comments during the debate related to the system and were a direct criticism of people like Dr Brian Lloyd who are starting to turn the tide a little. I have gone through the system. Let me compliment the member for Darling Range on his vision for some of our hospitals. Without talking the system up or down, the great thing I have found with the health portfolio is that the basic infrastructure for health services in this State is good. There is no doubt about that. The other excellent thing is the people involved in health. Everybody in health wants to be the best at what they do, which is a plus.

Mr Omodei: The member for Darling Range was the best minister we ever had. He was a member of the previous Government.

The ACTING SPEAKER: Order!

Mr Omodei: He was a credit to the previous Government.

Mr KUCERA: The member should take a deep breath and go and hug a tree somewhere.

This State has some of the best health workers in the world, but they are under pressure. I have said on a number of occasions in the past few weeks -

Mr Omodei interjected.

Mr KUCERA: The member for Warren-Blackwood might learn something if he listens to this.

Mr Omodei: If I learn something from you - that will be the day!

Mr KUCERA: If the member is not careful I will take his plaque down.

When I became the Minister for Health, I found that I had inherited what was essentially another Appealathon house, because that is what the basic health infrastructure of this State was like. The basic infrastructure of the health system is good; there is no doubt about that. I applaud all previous Governments for bringing that about. The problem is that whoever built the Appealathon house forgot about the front door. They must have got the doors from WA Salvage; it is as simple as that. We now have six major emergency departments in this city that need some new doors, quite frankly. The Government is moving ahead to put those in place. It will not be a short fix. Princess Margaret Hospital for Children will get its new department. King Edward Memorial Hospital will get its new emergency department; in fact work has already started on it. The planning is under way for work at Princess Margaret Hospital for Children, as is work at Rockingham-Kwinana District Hospital. Tenders are almost ready to go out for work at Sir Charles Gairdner Hospital. We need a long hard look at what we will do with Royal Perth Hospital. We have already started some of the planning and equipment changes for Royal Perth Hospital. The list goes on. The new theatres for Osborne Park Hospital will open this year, which will take some pressure off current orthopaedic services. I could go on for hours and hours about that.

Let me answer some of the specific issues that the member for Murdoch raised. There will be an additional 65 beds. Let me give their current status. Royal Perth Hospital has already provided 20 beds. The East Metropolitan Health Service has 10 beds, but it has not yet dedicated those to a particular hospital, so 10 beds are still to come on stream. My understanding is that there is an issue with nursing, but if we must employ agency nurses, so be it. Sir Charles Gairdner Hospital has already provided 10 beds. I understand that Fremantle Hospital still has some issues with nursing, but it has already brought 25 beds on stream. That adds up to the 65 beds. Dr Brian Lloyd has brought them in on budget within the existing budget.

Let me talk about care-awaiting-placement beds, because they are as important for flow-through as emergency beds. Bentley Hospital has had commissioned 18 extra beds. Rowethorpe nursing facility has commissioned and is using 30 extra beds. Murray District Hospital has four beds and is looking to open some additional services, as I advised in an answer to a question on notice. The number of beds available in the following institutions is as follows: Carinya, 30 beds; Hawthorn, 22 beds; Hollywood, 22 beds; and Royal Perth Hospital ward 3K, 20 beds, which were made available on 30 May. We have also included in that list a medical step-down unit. These are purely winter issues. Of course, the pressure will come at the end of winter when we must decide what we will do with those 65 beds. We will make that decision further down the track.

The emergency department task force will report in early July. This report will address many of the so-called bed-block issues. The East Metropolitan Health Service executive, in conjunction with the Central Wait List Bureau, is undertaking a project to develop and implement strategies to address the waitlist issues in a

Mr Mike Board; Mr Paul Omodei; Mr Kucera; Mr Kucera; Acting Speaker; Mr Tony McRae; Mr Rob Johnson; Ms Sue Walker; Deputy Speaker; Mr Norm Marlborough; Mr Colin Barnett; Mr John Day; Mr John D'Orazio

sustainable fashion. One of the exciting things that Dr Lloyd pointed out to me the other day was the planning strategies being implemented to facilitate the passage of patients through a hospital from the time they are diagnosed to the time they go home after discharge. Some areas in which there were gaps in the system were causing us problems. These strategies have been developed in the East Metropolitan Health Service. We are clearly identifying surgical cases that should not be undertaken in the tertiary sector. In other words, guidelines are in place for the identification of the cases that would be more appropriately referred from general practitioners. Again, that is support for general practitioners.

Clinical assessment priority guidelines are being developed, and existing policies regarding the addition of patients to elective surgery waiting lists are being implemented. In other words, some people will have to wait a little longer. That is a fact of life. However, the key issue is the 49 per cent of people who present at a hospital and must be admitted, and the period during which that occurs. The other people will have to wait a little longer because it is a peak period. When I said last year that it is akin to getting a hamburger or a sandwich at lunchtime, it was made light of. That was a slip of the tongue, I am sorry.

Mr Board: You can't help yourself with these hamburgers.

Mr KUCERA: I cannot. It has become embedded lately.

Mr Board: McDonalds will give you a lifetime -

Mr KUCERA: I think it will give me a gold sash. It is almost akin to going for a meal at lunchtime. A person knows that if he goes to a cafe or deli at 12.15 pm, he will wait a darn sight longer than if he goes at 1.30 pm. It is the same kind of system.

I will talk about some of the key pressures that are now coming into play in the hospitals, because this is important. Earlier, I put a challenge to the member for Murdoch about briefing him on the Medicare agreement. The member for Ballajura has visited emergency departments in other places, so I might ask him to comment on this issue later. I will get a nod or a shake of the head from the member. My understanding is that general practitioner clinics operate in the hospital systems in other places.

Mr D'Orazio: Absolutely.

Mr KUCERA: Pharmaceutical benefits scheme systems are also in operation.

Mr D'Orazio: Absolutely.

Mr KUCERA: They have pushed the envelope with the Health Insurance Commission in other places.

Mr D'Orazio: It is by agreement with the HIC.

Mr KUCERA: In this State, an innovative program was put in place by the previous Government at Fremantle Hospital - I am not sure whether it was introduced by the member for Darling Range when he was Minister for Health. An innovative GP clinic was opened at that hospital. In fact, the pressures on Fremantle Hospital have been greatly relieved on weekends and after hours because of attendance at that clinic. My understanding is that the HIC still does not agree with that system, or it did not agree with it under the previous Government.

Mr Day: It has been done at Armadale as well.

Mr KUCERA: We must jointly take on the federal Government to push the envelope with the HIC to ensure that we are not missing out on the dollars that every other State is accessing. I will refer to the specific figures for admissions to the hospitals. Of 5 167 people who presented at our hospitals the week before last, only 1 447 were admitted. Given that the doctors and nurses in the emergency departments must deal with those 3 104 people who were immediately discharged, one can understand why hospitals are on bypass and why departments are under pressure. Essentially, those 3 104 people should have gone to a general practitioner. The money that we are given and that we give to our public hospitals is essentially aimed at that other 40 per cent of people - those 1 100-odd who are admitted to hospital. Is it any wonder that our systems are under pressure?

We are trying to deal with that issue and the member for Murdoch should take it up with his federal colleagues; he should beat the drum with his federal colleagues on that issue. I noted today that the federal member for the Bunbury area, the member for Forrest, commented about a magnetic resonance imaging machine in Bunbury and had the gall to say that because we had asked for a machine for our kids hospital in Perth, we were interfering with Bunbury's chances of getting a machine. I could not believe the gall of the man when he said that. For goodness sake! I do not know what is the relationship between the member for Murdoch and the member for Forrest, but the member for Murdoch should go to Bunbury to explain the situation. I would be delighted if we got a licence for Bunbury. That woman who came to Perth to be treated in one of the metropolitan hospitals would have put pressure on the emergency systems in Perth. We need to get balance across the board.

Mr Mike Board; Mr Paul Omodei; Mr Kucera; Mr Kucera; Acting Speaker; Mr Tony McRae; Mr Rob Johnson; Ms Sue Walker; Deputy Speaker; Mr Norm Marlborough; Mr Colin Barnett; Mr John Day; Mr John D'Orazio

This State has gone through the first phase of a reorganisation of the health system to bring it into line. As of next month, for the first time in this State, the Director General of the Department of Health will have a degree of direction over all the health services. Some comment was made about hospital boards today. I will not enter a lengthy debate on that because, as I said to the member for Murdoch, that issue will be raised in this House at another time.

I was heartened last Friday week when I met at The Vines with Ian Mickel, the people from the local government agencies and many of the hospital boards. I do not breach confidences. I would love to present in the House the letter that Ian Mickel sent to me, but I will not do that. Ian gave me a clear and concise run-down on what occurred. I will breach that confidence to the extent that he said that he now agrees that we can steer the process, and that the process was accepted by the vast majority of the people with whom we spoke at The Vines, as well as the vast majority of people on the various boards with whom I have spoken.

There is no doubt that the people on the hospital boards have done an enormous task. However, they are looking at only the keyhole of their hospitals. Unfortunately, they are not broadening their view to encompass all the other allied health systems and issues. For example, Carnarvon has an excellent hospital board, but it also has an excellent Aboriginal medical service. The vast majority of people who use medical services in Carnarvon are Aboriginals. I do not see any representation of that group, and it must be represented. I made a point at The Vines that no board members could answer, and nor has anybody else with whom I have spoken about the legal niceties. A hospital board is no different from any other board of directors. Unfortunately, this country is confronting the spectre of huge medical liability claims - it is heading towards us at 5 000 kilometres an hour. It would be remiss of any minister to leave boards exposed to that. Nobody should have their home, farm or anything else put in jeopardy because of that issue.

Mr Omodei: What a load of rubbish!

Mr KUCERA: The member for Warren-Blackwood can call it a load of rubbish, but there are enough smart lawyers in this country nowadays to find their way around it. I will not expose the member's constituents to that kind of thing. If he wants to call it poppycock, that is up to him. However, I refuse to be the first minister to see a farmer lose his farm because of something he does voluntarily - end of story.

We have talked about general practitioners and bulk-billing. I will not talk about neglect. All one need do is go through the front door of the emergency departments that this Government inherited and, as the member for Murdoch said, talk to the doctors and nurses about the conditions under which they are working. Those conditions were not created over the past 18 months. The Opposition has the gall to turn around and demand an overnight fix. It knows darn well what the situation is.

I move to aged care. I do not hear any member on the other side of the House banging the drum about aged care. I have not heard any member on the other side say that he is going to go to Canberra to talk to the federal Government on behalf of Western Australia.

Mr Johnson: You go; you are the minister.

Mr KUCERA: Member for Hillarys, I know I am the minister! The member for Murdoch should be reminded of that when he wants to go behind the back of the minister to see the federal Minister for Health to do a grubby little deal at the expense of the children in our hospitals.

Mr Johnson: He was trying to help.

Mr KUCERA: Let me put that on record: that deal was done in October last year with South Australia. The member for Murdoch had nothing to do with it. The deal was suggested to him by the federal Minister for Health as a result of what she did with South Australia. That is the advice I am given. That grubby little deal was not even negotiated at the time the member said it was. The member should not talk about going to the federal Minister for Health. The member is destroying the chances of the State getting a licence.

Mr Johnson: It is the responsibility of the minister to run health in this State.

Mr KUCERA: Exactly! That is why I am offering the opposition spokesman for health the opportunity this year to stop the Liberal-Labor nonsense and to take on the federal Government to make sure that the State gets the money it deserves under the new health care agreement. That is the challenge I throw to the member. He should not go to Hon Kay Patterson - behind the back of the minister - to try to broker another deal. That is not what it is about.

Several members interjected.

Mr KUCERA: We fixed it; we bought the machine.

Mr Mike Board; Mr Paul Omodei; Mr Kucera; Mr Kucera; Acting Speaker; Mr Tony McRae; Mr Rob Johnson; Ms Sue Walker; Deputy Speaker; Mr Norm Marlborough; Mr Colin Barnett; Mr John Day; Mr John D'Orazio

Mr Board: And you took the money!

Mr KUCERA: We will take the money that was decided last October. It was not decided through a grubby little deal. The member for Murdoch came into this House and tried to ingratiate himself with a deal made in October last year with the South Australian Minister for Health. That is the truth of it, and the member knows it.

I wish to move on as I want to talk about our great health system and the great people in it who are starting to repair the neglect of the previous Government. We have a new health team and in the near future the director general will announce the names of the new heads of the new health teams in the metropolitan area. The Government will then move towards creating one unified health system in this State. The team has put together an overall planning process and members will learn more when the document outlining the vision for health in the State is tabled. It will show where we want to go with health in the next 20 years. Members will see details of a single unified system.

Points of Order

Mr McRAE: The member for Nedlands, sometimes known as the white pointer without teeth - the gummy shark - is holding up against her left lapel a sticker stating "support honest cops". It is unparliamentary to bring campaign material of any sort into the House. I ask her to desist.

Mr JOHNSON: The member for Riverton has got it absolutely wrong. Even the Leader of the House is smiling; he knows he has got it wrong. Members often enter the House with material in support of something. It may be a charity or an organisation. The member for Nedlands' material shows she supports honest cops. There is nothing wrong with that. I hope that every member of this House would wear one of those labels. This is not a point of order.

The ACTING SPEAKER (Mr Andrews): There is no point of order. Members from both sides of the House occasionally introduce material, wave it around and make a point. It is usually done when a relevant issue is being debated. I am sure the member for Nedlands has made her point and her colleagues will advise her of its appropriateness. If it is a distraction to the House, the material would be inappropriate.

Withdrawal of Remark

Mr OMODEI: The member for Riverton made some derogatory comments about the member for Nedlands and I ask that he withdraw them.

The ACTING SPEAKER: The member for Riverton did use a certain expression. All members know that members should be referred to by their proper titles. I ask the member for Riverton to withdraw his remarks.

Mr McRAE: I withdraw whichever description was offensive.

Ms SUE WALKER: The member for Riverton made two comments about me. He is now dissembling by saying whichever one. I want him to withdraw both.

Mr McRAE: I have no difficulty with withdrawing both or either of the comments.

The ACTING SPEAKER: Members should be addressed by their proper titles.

Debate Resumed

Mr KUCERA: I compliment the member for Nedlands for supporting former colleagues of mine with whom I worked very proudly for 35 years. It may also be a sign that she does not support her leader. The Police Service is a fine body of men and women to whom I gave 35 years of my life. I am very proud to see the material she held up.

We must return to the topic of health, which is one of the most important issues before the House. The House has discussed a range of issues - everything from nose jobs to the finest physicians in the land. I am very proud to be the Minister for Health in this State. I also realise the enormous task and challenge that health and I face in this portfolio. There is an enormous amount of goodwill in the health system. The goodwill is coming back as the Government is starting to fix some of the mistrust and mismanagement that has occurred for many years. However, there is still a long way to go. I have adopted many of the issues that the member for Darling Range talked about 15 months ago. I have also adopted many issues talked about since then. I have an enormous amount of respect for the team, led by the director general and his two deputies, put together in the health portfolio. For the first time, the State is seeing control of the quality of medical services and financial management. For the first time we are starting to see a unified health system. I am seeing morale rise in the hospital system as people realise there is a vision for health in this State. At long last, we have a strong Premier who allows his minister to get on with the job. He does not allow his minister to be rolled by someone from a pressure group. At long last, we have a strong Cabinet that believes that health is one of the most important

Mr Mike Board; Mr Paul Omodei; Mr Kucera; Mr Kucera; Acting Speaker; Mr Tony McRae; Mr Rob Johnson; Ms Sue Walker; Deputy Speaker; Mr Norm Marlborough; Mr Colin Barnett; Mr John Day; Mr John D'Orazio

issues in the State. We have a health management team that believes passionately in what it is doing. We will face enormous challenges this winter; our hospitals will be under enormous pressure. Brian Lloyd and his team of physicians, along with Michael Daube and his team of administrators, have set a task for themselves to cope. Some days they will not cope, but most days they will. Last Sunday was a record in the State for sick people presenting at hospitals. I must ask, why they were presenting. Was it because of the gaps in the general practitioner system? Was it because GPs are not being paid a decent wage? Was it because GPs in this State - the unsung heroes who prop up our health system - are being ignored by the federal Government? Was it because of those matters? It darn well was because of those matters. Is it because the federal Government, as alluded to by the member for Murdoch, let us down on training in this State? Why does the federal Government permit this State to train only the same number of doctors we trained 10 years ago? Why is it difficult for doctors from overseas to get through the acceptance system when they are queuing up to come to Australia from countries like England? They have to sit an examination that is set by an English board because of the visa system we have in this country. Why are many older Australians - Australia's treasures - presenting day after day at emergency wards in hospitals because the aged care system does not support them? It is because the ministers in Canberra do not care. There are ministers in Canberra who say, "You've got 1 500 beds in your State, Mr Minister." Where is the capital to build those beds? Where is the capital to support the Anglicare people? Where is the capital to support the people in Collie who desperately need capital for those services, as the member for Collie said? Where is the capital from the federal Government for all of those matters?

The member for Murdoch told me not to blame the federal Government. Why should I not blame the federal Government when it is letting us down? It is worried more about people living in Nauru who came off a boat than the people who live in Collie who have given their lives to this State. That is the kind of federal Government we have. That is the kind of Prime Minister we have. He is the kind of person who would sweep these matters under the carpet and say that the people stuck on the island of Nauru need another life. That is the kind of people in the federal Government we must deal with, and the Opposition has the gall to come into this place and talk about ambulance bypassing.

Several members interjected.

The DEPUTY SPEAKER: Order, members! I remind members that they are not in Coles' cafeteria. I remind them of where they are and I remind them about the standing orders. Members who want to have a discussion should please leave the House.

Mr KUCERA: The member for Nedlands thinks she is in Hungry Jack's!

Several members interjected.

Mr KUCERA: Members should take a deep breath. I do get passionate about this issue of health. In the past 15 months I have been privileged to meet people in the health system. Last Friday morning I went to the Sir David Brand Centre and talked to a fellow there who builds small frames for kids who were born with cerebral palsy. He has been employed at that centre as a metalworker for 21 years. I have to tell the House that I was absolutely amazed at his work. It is days like that when I do not care about the rubbish that I have to put up with from the other side of the House. It is days like that when I really want to be the Minister for Health. When I saw a little kid come out of there in a frame, I knew that little kid would have a quality of life that makes it worth spending every penny that we have spent in the health system. I also acknowledge the work that our fine Minister for Disability Services puts into that place. Members on the other side can denigrate me or any other member in this place but they should not denigrate that fellow who does a fantastic job at that place.

I do not mind being told about what we are heading into now that it is winter, because I am sure that, although the nurses and doctors will be under enormous pressure, Dr Brian Lloyd and his team have put together a firm plan to cope with most of those pressures. The plan will not cope with all the pressures and there will be days like last Sunday when the system will be under great pressure. I must tell the House that on Monday evening Brian Lloyd put on his white coat, went down to Royal Perth Hospital and acted as a doctor. He is the deputy director of medical health in this State but he knew the pressure under which his workers were working. This is not a matter of funding; it is a matter of helping the doctors and the nurses in our hospital system.

Mr Board: Isn't that the point we are making?

Mr KUCERA: The member for Murdoch shoots himself in the foot every time he moves a motion like this. He says that there is a worldwide shortage of nurses and doctors. Because doctors who work in our hospital administration system believe in the system, they are prepared to roll up their sleeves and get out and do the job, just as I am prepared to roll up my sleeves as the health minister in this State and get out there, do the job and not be distracted by the sort of nonsense I get from the other side of the House.

Mr Mike Board; Mr Paul Omodei; Mr Kucera; Mr Kucera; Acting Speaker; Mr Tony McRae; Mr Rob Johnson; Ms Sue Walker; Deputy Speaker; Mr Norm Marlborough; Mr Colin Barnett; Mr John Day; Mr John D'Orazio

As I said, the Department of Health staff have a winter plan in place, with which I am proud to work, and I am proud to be the health minister in this State.

Amendment to Motion

MR MARLBOROUGH (Peel - Parliamentary Secretary) [6.06 pm]: I move -

To delete all words after "House" with a view to substituting the following -

congratulates the Minister for Health for what he has already done and urges him to continue with his programs to alleviate potential blockages or blow-outs in waiting times for patients in our public hospital system this winter.

I want to take some minutes to talk about the health system as its pressures impact on my electorate and about the action that has been taken in the past 12 months to alleviate those pressures. More than 12 months ago the Rockingham-Kwinana region was faced with an ideological health model driven by the now Opposition, which decided to put all its emphasis and dollars into a private hospital system in the City of Mandurah. At that time we as the Opposition had to sit in this House and listen to the arguments of the previous Government about the workability of that private model. Just how much money was spent on propping up such a system was hidden from us on many occasions, as we soon discovered with the government-funded Joondalup Health Campus. In propping up that private system, the previous Government ignored existing public hospitals that should have had services established and/or upgraded. One of those hospitals - the Rockingham-Kwinana District Hospital - is in my electorate.

Mr Day: If you are so critical of the Peel Health Campus, why did the Labor Party in its election campaign promise to expand the campus with, I think, increased day surgery and palliative care?

Mr MARLBOROUGH: The previous Government ideologically pursued the private health model through the Peel Health Campus and, in doing so, stripped money out of existing state hospitals instead of adding more money to the health budget. One of those state hospitals was in my electorate, in Rockingham-Kwinana -

Mr Day: I think you were playing to the votes in Mandurah.

Mr MARLBOROUGH: I was not playing to anything. We then had to listen to the rhetoric of the Government of the day that argued that it was the best manager of the health dollar.

Let us look at some simple facts. How could the previous Government articulate an argument that it could best manage the health dollar in my electorate when it started to put all of its health resources into a population of 40 000 - that is, the population of Mandurah - and ignored the needs of a population of 80 000 in Rockingham-Kwinana? I would have thought it was simple logic that if a Government wanted to better spend the health dollar, it would put that health dollar into the population of 80 000 and bring the health needs of the 40 000 up to it, rather than put all of the resources down the Mandurah end with 40 000 people and force the other 80 000 people to go to Mandurah. We lived with that situation for the last three to four years of the previous Government's term. The services in the hospital in my electorate were run down and incentives were offered to specialists to leave the public hospital system and go to the private model at the Peel Health Campus. Many of the services required for the physical health needs of people were available in the Rockingham-Kwinana Hospital prior to the opening of the Peel Health Campus. The services were not replaced; they disappeared and went down to Peel. Why? Because there were deals. Doctors had the opportunity to use government-taxpayer provided beds in a hospital provided by the taxpayer - not by some private consortium, but by the taxpayers of Western Australia - while we, some 35 kilometres away, missed out. I had to deal with numerous health ministers in the Government, because they changed on a regular basis. I think I can remember four health ministers during the coalition's term in office; they did not last long. I think the Opposition had two Ministers for Health for the length of time this Minister for Health has been in office. The infamous then member for Riverton holds the record as the shortest serving Minister for Health. I think he lasted about six months before the doctors got on the blower to the then Premier and said, "Get this madman out of our organisation before he destroys it completely." Not long after that he reached his peak in industrial relations and he had people in the building industry ringing the Premier saying, "Get rid of this madman from the construction industry." He is now planning to resurrect his career under a different guise. We look forward to seeing whether the member for Cottesloe has the numbers to keep him in his present place or whether the member for Murdoch will help resurrect his political career. Will the member for Murdoch help resurrect the worst Minister for Health this State has ever seen?

Mr Board: Don't be ridiculous!

Mr MARLBOROUGH: That is all I wanted to hear. The member for Murdoch is on the side of the member for Cottesloe. They can fight together to make sure that that evil health minister never comes back to haunt us. If I

Mr Mike Board; Mr Paul Omodei; Mr Kucera; Mr Kucera; Acting Speaker; Mr Tony McRae; Mr Rob Johnson; Ms Sue Walker; Deputy Speaker; Mr Norm Marlborough; Mr Colin Barnett; Mr John Day; Mr John D'Orazio

have a quick word with my colleagues, we can quickly side with the members on this issue. This is one area of health in which we could have agreement across the Chamber. We will keep the evil member out of here.

Points of Order

Mr BARNETT: This is a serious debate about health care in this State. It was seriously presented by the member for Murdoch and it was seriously responded to by the Minister for Health. We now see a blatant attempt to talk about a whole range of extraneous matters to delay a vote on this matter and to prevent other matters being debated in this House. I ask, Madam Deputy Speaker, that you either ask the member for Peel to sit down or require him to speak to the motion, which is about health care.

Mr McRAE: It is true, and the member for Peel would acknowledge that the member has gone to the edge of the envelope of this debate, but it is also absolutely true that he is running through the history of health management in this State. To suggest otherwise, when he is talking about the policy and administrative approaches of former Ministers for Health, would be to not correctly listen to his views. I ask that the member be allowed to continue.

Mr BOARD: In moving across the envelope, as the member for Riverton has said, the reality is that the member for Peel is impugning a former minister of the Crown and a former member of this place. It is not appropriate; he is not here to defend himself; he is not here to put forward his points of view. I do not think it is appropriate to talk about former members, let alone former ministers, in that way.

The DEPUTY SPEAKER: On that last point, there is no protection for former members. The rules are quite clear about that. The member for Peel seemed to digress slightly, but I am sure he was about to bring a point to the motion about which he was speaking, and I ask him to do that.

Debate Resumed

Mr MARLBOROUGH: We on this side of the House - now in government - had to sit through all that rhetoric and carry-on from the other side and see all of this money put into a private model that has not delivered appropriate health services to this State. We brought to government a platform that we would walk away from the private health sector. We did not believe in making a profit out of health. We believed in delivering a service that was appropriate for the community and delivering it in the way it should have been delivered.

Mr Omodei: Why don't you write to the St John of God Hospitals in Murdoch, Subiaco and the south west and tell them that?

Mr MARLBOROUGH: I would be more than happy to do that. I have been a patient there twice.

Mr Omodei: I challenge you to write to them and tell them that.

Mr MARLBOROUGH: Hang on. I will take up the challenge. I will be more than happy to write to the St John of God Hospitals and tell them about their health system. I have been a patient of theirs twice in the past two years. Let me speak personally. The health services provided at St John of God Hospital at Murdoch were no better - in fact, in many instances, were worse - than the health services I have had provided at Fremantle Hospital. That is my personal position. I am more than happy to write to them. I will put this on the record about St John of God medical centre. I was in that centre only two weeks ago and I went to see the cardiologist. The first thing that hits people when they walk through the doors of the cardiologist's rooms at St John of God medical centre, before they reach the receptionist, is a massive sign at head height that reads, "We charge AMA rates". I could forget the Government's standards when I went to that room; they charged AMA rates. I received an excellent service; they found a heart, which was great for me, because I know a number of people on the opposition side do not think I have one. I will tell members what the St John of God model did for me: before I left they tried to get \$70 out of me. That highlights the different views we have about the delivery of health. How many of my constituents in Kwinana could afford to go through that process and be charged \$70 before walking out of the building? Not many. That is why we put a major emphasis -

Mr Omodei: Why did you go there?

Mr MARLBOROUGH: Why does the member think I went there?

Mr Omodei: Because you would get a better service. If you had gone to the public hospital they would have made you wait like they make everybody else wait.

Mr MARLBOROUGH: I went there because I have private health insurance. That prevents the public system being crammed up, and enables people less fortunate than I in terms of income and health to get into that public system. If we followed the preferred model of the now Opposition, we would see a massive growth in private sector health cover and my people in the Kwinana-Rockingham region - a low socioeconomic area - would be forced to find some \$70 a visit to have their hearts checked, which would normally be done through the

Mr Mike Board; Mr Paul Omodei; Mr Kucera; Mr Kucera; Acting Speaker; Mr Tony McRae; Mr Rob Johnson; Ms Sue Walker; Deputy Speaker; Mr Norm Marlborough; Mr Colin Barnett; Mr John Day; Mr John D'Orazio

government system without that cost. We do not hide why we are working with a government health system. I am delighted that during the past 18 months the Minister for Health has started to turn around the dramatic loss of the health dollar we in the Kwinana-Rockingham region saw under the previous Government. In Peel it was being swallowed up by the private model. There has been a dramatic turnaround and the Government has started to put real money and services into the Kwinana-Rockingham region.

I will run through some of the things that the Government is putting in place in my region. In the past six months the Government announced some \$300 000 expenditure on new theatre equipment for obstetrics and gynaecological services in the Rockingham-Kwinana District Hospital. In the past three months the Government announced that \$7 million had been set aside for new emergency services in the Rockingham-Kwinana District Hospital. That new equipment, particularly in the area of obstetrics and gynaecological services, will benefit the many babies that are born at that hospital. At many of his public meetings the federal member for Brand refers to that part of his electorate as nappy valley because, statistically, it has one of the largest birth rates of any metropolitan area in Australia. In the Warnbro-Port Kennedy area seven houses are built every day of the week; and that has been occurring for the past 10 years. The people in my electorate have seen those announcements. I can tell the Opposition that regardless of the health services that were put into the Peel area, the 80 000 people who live between Rockingham and Kwinana are absolutely delighted to see that their public hospital, at which they get health services and pay no more than the commonwealth agreements that apply, is being brought up to date to cater for their health needs.

A new mental health facility has opened in the Rockingham-Kwinana region. I have been in office for 17 years. Ten years ago the Rockingham area was covered by one full-time psychiatric nurse. The mental health facility in Rockingham, which was opened in the past two weeks or so, has 43 staff on board. We have a long way to go, but we are starting to put the health services where they are most needed. The new mental health centre is in a magnificent new building that was completed in September last year at a cost of about \$780 000. I can assure the minister that it is greatly appreciated by the Rockingham-Kwinana community.

Mr Kucera: The member for Rockingham might like to know that a children's service will be located in the part of the building which is not yet finished.

Mr MARLBOROUGH: We are very appreciative of that.

I will refer to equipment purchases. Tenders have already been called for the computerised tomography scanner, which is a state-of-the-art machine with quicker and sharper imaging than conventional CT scanners. Of course, work is continuing on the restorative day hospice for patients with head injuries and those recovering from strokes. The old part of Rockingham-Kwinana District Hospital has been upgraded at a cost of \$1 million to accommodate, in the main, our aged community who by definition of age suffer from ailments such as strokes.

I want to touch on a number of other aspects of the problem with the health services in my electorate. In the past two years the Rockingham-Kwinana area has lost over 20 general practitioners; that is, 20 GPs have left the area. We have found that they cannot be automatically replaced. Why? Because the federal Government has in place a doctor provider number system that follows the doctors wherever they go; it does not apply to a region. If a doctor retires from a full-time general practice - he may decide to work half a day or one day a week - he carries with him that provider number. I will walk members through the process of what happens then. The Rockingham-Kwinana area was the first outer metropolitan area in Australia to start to come to grips with this problem of lack of GPs. As the local member who has been involved with local doctors in approaching Canberra to upgrade the number of provider numbers, I have found that in the battle to replace 20 doctors who have disappeared from my region, after two years of solid argument with the federal bureaucracy, we have been allocated six provider numbers. After two years, my region is still down some 15 doctors. That means there are people in hospital who could have been kept out of the hospital system simply by visiting their GPs at a time when their ailments may not have been as severe; however, they were unable to see their GPs. I have elderly people in my electorate who cannot get to see their doctor for up to three weeks. Aged people in my electorate are being advised by GPs in Rockingham and Kwinana to go to Fremantle for doctors' appointments. We are negotiating with the federal bureaucracy on a weekly basis on a Howard plan that allocates provider numbers to the name of the doctor instead of to an area and/or town of Australia. What we need to change, which should surely get the support of both sides of the House, is that in Australia and particularly Western Australia -

Ms Sue Walker: Tell us which doctors cannot see people for three weeks.

Mr MARLBOROUGH: That has been going on for two or three years in Rockingham-Kwinana.

Ms Sue Walker: Tell us their names. They do not exist, do they?

Mr Mike Board; Mr Paul Omodei; Mr Kucera; Mr Kucera; Acting Speaker; Mr Tony McRae; Mr Rob Johnson; Ms Sue Walker; Deputy Speaker; Mr Norm Marlborough; Mr Colin Barnett; Mr John Day; Mr John D'Orazio

Mr MARLBOROUGH: I do not have to tell the member for Nedlands. The opposition shadow minister knows this because he gets told the same story. I do not have to put up with the member's nonsense. She got away with that crap in the court, but she is unable to get away with it here.

Several members interjected.

The DEPUTY SPEAKER: Order!

Mr MARLBOROUGH: The member for Nedlands is an empty vessel. She is like a vacuum flask; there is nothing of substance there.

Several members interjected.

The DEPUTY SPEAKER: Order! Interjections across the Chamber are considered unparliamentary. I ask that the member for Peel continue in the time he has left.

Mr MARLBOROUGH: The facts speak for themselves. I call on both sides of the House to come together on this issue of provider numbers; it is causing dramatic health problems in outer metropolitan regions across Australia and my electorate has suffered for the past two years. I am sure that the Deputy Speaker's electorate is also suffering the same problem, and it is obvious from media reports that the same problem is occurring elsewhere. I congratulate the Minister for Health on taking the initiative that he has with the government hospital in my electorate, and I hope to see those public facilities in place as quickly as possible.

As to Adjournment of Debate

MR JOHNSON (Hillarys) [6.28 pm]: I move -

That the debate be adjourned.

Question put and negatived.

Debate Resumed

MR DAY (Darling Range) [6.29 pm]: Madam Deputy Speaker -

Several members interjected.

The DEPUTY SPEAKER: Order! Only one person in this place has the call and that is the member for Darling Range. Those members who want to speak, please, leave the Chamber.

Mr DAY: I think the Opposition would have liked to debate a couple of issues in private members' time but it appears that the Government is not keen to do so. I will therefore comment on the motion moved by the member for Murdoch concerning access to hospitals and health services. It relates to some specific concerns about increased waiting times for elective surgery and other treatments in our public hospital system, particularly during the winter months. I acknowledge that the winter months always put greater pressure on the hospital system, particularly due to respiratory diseases. However, it is important that whichever party is in government act to manage the problems in the best possible way.

I was interested in the minister's comments during question time and in this debate about my role as health minister under the coalition Government. He expressed a significant degree of support for the measures implemented when I was minister; albeit they were not implemented only by me as minister but by the former Government. Cabinet made all the major decisions, although I and other ministers made a number of individual decisions. I am delighted to have the support of the Minister for Health on those decisions.

Mr D'Orazio interjected.

Mr DAY: There is no doubt that a huge amount of undermining occurred when I was Minister for Health, principally by the Australian Labor Party, particularly in this Chamber. It is interesting that now that the Labor Party is in government its attitude has altered to one of support for many of those measures.

Mr D'Orazio: You were undermined by your own leader regarding some of the things you wanted to do. You know what happened.

Mr DAY: I was not undermined by my leader. The former Premier came to the conclusion that some changes needed to be made. The other organisation that sought to undermine me was the doctors' union, the Australian Medical Association. The AMA was very active in trying to undermine many of the changes that had been implemented. Health is a complex issue. I do not pretend that everything the coalition Government did was perfect. Some things can always be done better; nonetheless, the overall direction was well considered and very much the right one. The establishment of the Metropolitan Health Service was not to create, in any sense, greater layers of bureaucracy, as the current Government describes them. It was to ensure that a unified system

Mr Mike Board; Mr Paul Omodei; Mr Kucera; Mr Kucera; Acting Speaker; Mr Tony McRae; Mr Rob Johnson; Ms Sue Walker; Deputy Speaker; Mr Norm Marlborough; Mr Colin Barnett; Mr John Day; Mr John D'Orazio

operated across the metropolitan area, to use the minister's expression, and to ensure we got better value for money from the metropolitan hospital system through less duplication and a better spread of services across the metropolitan area. The aim was to have more health funding directed towards providing treatment rather than administering the system.

Mr D'Orazio: Why did you not sell the bypass operation as good management? It has been called a crisis. It is not; it is a great management tool. You as minister knew that, but you did not tell the community.

Mr DAY: I said many things the member might not have heard or that are not in his mind now. I can understand the need for a certain amount of ambulance diversion. However, when, as the member for Murdoch said, four major hospitals are on bypass at once, as occurred a week or so ago, that amounts to a problem.

Mr D'Orazio: Not necessarily.

Mr DAY: When all three major adult teaching hospitals in the metropolitan area are on ambulance bypass at once, that is a problem. It occurred when I was the minister. On the Saturday morning after that, I had a meeting in my office with senior health officers, including, I think, Dr Brian Lloyd and the then Chief Medical Officer, Professor Bryant Stokes, to implement a system to ensure that that would not occur again. The system required greater group coordination and approval for teaching hospitals to go on bypass before it occurred, if it was necessary.

In referring to the policies of the former Government, I assume that the Minister for Health referred to the establishment of the Central Wait List Bureau, for example, and the allocation of \$125 million over five years, which was achieved by the previous Government. The increase in funding was achieved in late 1998 through negotiations between then Premier Richard Court and the Prime Minister when finalising the Australian Health Care Agreement between Western Australia and the Commonwealth. The extra amount achieved was \$125 million. It was very much the view of the former Premier and me as Minister for Health that all that money should be quarantined for additional elective surgery rather than sinking it into the great black hole of the health budget and into less well-defined programs within the hospital system, particularly teaching hospitals. It was therefore to be expended at about \$25 million a year for additional elective surgery. It is disappointing that since the election, the allocation to the Central Wait List Bureau to pay for extra elective surgery was reduced last calendar year. I am not sure of the current situation because I am not as close to the issue as I used to be. That will inevitably reduce the amount of elective surgery that can be performed. I hope it has been reinstated at the level originally allocated by the previous Government.

I assume that the Minister for Health referred also to the policy we took to the election to establish the first phase of an integrated health centre. That would have provided much more up-to-date and accessible services for people in the Mirrabooka region. It appears that the intention to establish in Mirrabooka has been put to one side by the Government, which is a great pity. We have not heard anything more about it. Perhaps the Government will reactivate that idea. It will be difficult to fund such a centre given it would cost about \$45 million and given the major promises it made during the election campaign to fund certain upgrades at the teaching hospitals.

It is important to provide up-to-date and accessible facilities. The establishment of an integrated health centre would be of benefit to the residents of electorates such as Ballajura, Yokine, Girrawheen, Nollamara and Innaloo, all Labor electorates, and Wanneroo, your electorate Madam Deputy Speaker. Residents would have greater access to ambulatory care services than they have under the current arrangement. Much was done for health services by the previous Government.

The Minister for Health referred to the problem of aged care. One of the very conscious decisions of the former Government was to allocate \$40 million to health from the sale of AlintaGas, and of that, \$8 million for 100 so-called sub-acute beds, which are largely for aged-care patients. That money was to ensure that once patients came out of the acute beds in teaching hospitals they could be moved into sub-acute beds while they were awaiting placement in nursing homes. That would have helped to relieve the backlog that occurs in emergency departments to which the Minister for Health referred. Unfortunately, the Government rescinded that allocation of \$8 million after the election. It has the right to do that, but it does not have the right to complain about the federal Government's priorities given its own priorities in this area.

One issue that does not relate to in-hospital treatment but which is equally important concerns community health centres. I was informed earlier this week that a decision had been made to reduce the number of days in which occupational therapy services were provided through the community health service within the Kalamunda Health Service from five days to two days a week. I understand that will apply from the beginning of next week. I am informed that at present clients must wait up to six months for occupational therapy assessment or treatment from an occupational therapist employed five days a week. Clearly, reducing the amount of employment from five days a week to two days a week will substantially increase the waiting time above the existing level of six

Mr Mike Board; Mr Paul Omodei; Mr Kucera; Mr Kucera; Acting Speaker; Mr Tony McRae; Mr Rob Johnson; Ms Sue Walker; Deputy Speaker; Mr Norm Marlborough; Mr Colin Barnett; Mr John Day; Mr John D'Orazio

months. That is very concerning. I have been informed that the community health service will be able to be involved in the assessment and treatment of only children under the age of three years. At the moment, it also deals with older children, which is very necessary. This change has been brought about by a reduction in the funds available for the service.

One of the particular issues that I remember being made aware of when I was Minister for Health, and in particular during 2000, was the quite unacceptable waiting times for services such as occupational therapy and speech pathology in the community health services, particularly in the metropolitan area and to a lesser extent in the rural parts of Western Australia. I remember visiting the community health centre that was part of the North Metropolitan Health Service, which I think was in Koondoola, and being horrified to learn that the waiting time just for assessment was up to 12 months. The same story existed in the south metropolitan and east metropolitan areas. I became personally involved in ensuring that additional funding of \$1 million per annum on a recurrent basis was allocated so that the waiting times for assessment and treatment could be reduced. It took a lot of effort to have that funding allocated, because many other parts of the system, in particular the teaching hospitals, wanted that \$1 million a year to use for treatment elsewhere. I was adamant that community health services were equally important. They tend to be less recognised as a priority within the health system because their voices are not as loud. However, they are extremely important in providing assessment and treatment to children, so that intervention can be provided when it is appropriate and children who have speech, coordination or other developmental problems can have those problems identified and treated before they develop into bigger problems. We all recognise that those types of problems can lead to children being left behind in the education system, not becoming as literate as they should be and not being able to communicate adequately. That can lead to a whole range of other social and emotional problems, and, in more extreme circumstances, it can lead to antisocial behaviour and involvement in the criminal justice system. That is well recognised and has been well documented and explained in Western Australia. If there is to be a reduction in, for example, the amount of occupational therapy services provided at the Kalamunda Health Service, as I have been made aware will occur, there will be a substantial increase in waiting times. That is completely unacceptable and the Minister for Health needs to reverse that situation in a very short time, and I call upon him to do so.

Many issues within the health system need to be dealt with. It is interesting to see the conversion that has occurred within the Labor Party since the election. It has now recognised that a lot of what was being done by the previous Government was entirely appropriate, and it is facing the same issues now that it is in government. Efforts need to be made to get better value for money out of the system. However, the two parties differ about the way in which some of the changes should be made. The Minister for Health would do well to look in detail at some of the proposals and plans that the previous Government had started, such as the integrated health centre that was to be established at Mirrabooka. I call on the minister to look closely at the issue of community health services. They are very important and are less well heard within the health system. However, they need to be heard by the Minister for Health and all members of Parliament as much as do issues within our public hospital system.

MR D'ORAZIO (Ballajura) [6.44 pm]: I am very privileged to speak about the State's health system. I totally support the amendment moved by the member for Peel. Today the Public Accounts Committee paid a visit to Princess Margaret Hospital for Children. Those of us who are in public life should take the time to pay a visit to a place such as Princess Margaret Hospital. Today we went through the emergency department and the oncology unit, and we saw the teen department and the megazone, as well as other work that is being done at the hospital. The Public Accounts Committee has been looking at the health issue for over a year. I will not talk about the evidence that the committee has gathered, because that would be inappropriate.

A year ago the morale of some of our health professionals was very low. There was a lot of irritation between different professional groups and things were being done in an incoherent way. Today I spoke to various professionals from different backgrounds, including nursing, medical and administrative backgrounds, and I was absolutely amazed at their feelings of support for and commitment to the health system. As one of the doubting Thomases during that period, I say to the minister that the appointment of the new Director General of the Department of Health has made a huge difference to the health system.

I will talk about some of the changes that have occurred that will be of great benefit to the State. When the Labor Party came to government, there were problems with nurses, doctors, low-paid cleaners and the people whose work seemed to be lowly valued by the then Liberal Government. There were problems within the system and bypass was rife. Why was that? There seemed to be a lot of division between the minister, the Premier and others in the Cabinet of the day about what was the right strategy. They may have had the right intention, but their efforts to implement it did not work. For example, the Liberal Government created a culture in which each hospital was a single unit competing with other hospitals. That caused bypass to mean something. If hospitals were on bypass, they had no capacity at all. Members of the committee have just come back from

Mr Mike Board; Mr Paul Omodei; Mr Kucera; Mr Kucera; Acting Speaker; Mr Tony McRae; Mr Rob Johnson; Ms Sue Walker; Deputy Speaker; Mr Norm Marlborough; Mr Colin Barnett; Mr John Day; Mr John D'Orazio

Sydney, where bypass is accepted terminology. It is about managing a hospital's resources most effectively. It does not necessarily mean that it is full; it means that another hospital may be able to provide better care. It does not necessarily mean that the first hospital cannot accommodate a patient. When each hospital acts independently of the other hospitals, bypass means something different; it means that the capacity at that hospital is not there.

Mr Day: Are you saying that the Premier was wrong in the comments he made about bypasses during the election campaign?

Mr D'ORAZIO: No. The Premier was talking about bypasses in the context of the operation that the Liberal Government was overseeing. Some of the changes that occurred have made it a different process. When the Liberal Government was overseeing that bypass system, the individual hospitals were single units. They did not know what Joe Bloggs down the road was doing; they did not know what resources were available at X, Y or Z hospital. That has changed under the current system, and it will be further changed by the groupings that the Director General of the Department of Health, together with the minister, has put in place. Royal Perth Hospital will now be linked to Swan District Hospital and Kalamunda District Community Hospital, Sir Charles Gairdner Hospital will be linked to Osborne Park Hospital and Joondalup Health Campus, and Fremantle Hospital will be linked to the Peel Health Campus and the Rockingham-Kwinana District Hospital. That will make a difference, because those hospitals will share resources. What is the difference between an ambulance from, for example, Swan District Hospital going to Royal Perth Hospital and its going to Sir Charles Gairdner Hospital? There is no difference. What is more important is where the patient will get the best level of care. We must avoid using bypass as a method of slagging hospitals. It is a management tool. People in New South Wales indicated to us that their hospitals were on bypass every day.

Mr Sweetman: That is an interesting argument. You should read *Hansard*, because that was said at least a dozen times. It seems that only the Government mounts that argument. The Government says that it is a management tool, but the Opposition says that it is a crisis.

Mr D'ORAZIO: The member needs to understand that under the health system that the former Government was running, that was a huge problem, because there were not enough resources, and no-one knew how to make best use of the resources that were available. We need to have a proper management system for emergencies. I hope the minister will take that on board.

Mr Omodei: Bypass was a crisis when the coalition Government was running it, but it is a management tool when the Labor Party is running it.

Mr D'ORAZIO: The member is not listening. I have pointed out that we cannot just say that. We need a change of structure. We are now putting in place that change of structure, which means we will make the best use of facilities. The contrary argument is that we should build spare capacity in emergency departments just so that we will not have to stand in front of a camera and justify in the Press why hospitals are on bypass. That is what the member is saying. We need an emergency management system that uses the available resources in the best possible way. I am upset that the member for Murdoch is not here, because I have had this discussion with him before. He knows that to use bypass as a political tool in the way that he is using it now is detrimental to our health system. We need to make sure that we support the people in the health system, who are doing a fantastic job.

Today I was talking to the lady in charge of the oncology unit at Princess Margaret Hospital for Children. She said the cure rate for paediatric oncology is about 80 per cent. The hospital has about 100 cases a year; so that means that 20 kids a year are dying. I then asked her how she copes, and she said on some days with great difficulty. When we walk in there and see these young kids in different stages of treatment, it pulls at our heartstrings. I feel great sympathy for the people who work with these kids day in and day out. They see the tragedies and the joys. The joys are great, but when 20 out of every 100 children are still dying of cancer, there is a problem. We need to support those people.

Mr Sweetman: I heard you nearly missed the visit!

Mr D'ORAZIO: I was on time. The others were not.

The people in our health system are absolutely committed. I talked with that lady about waiting times. The medical staff at that hospital told us they have great peaks. They said to me that if a child has a temperature or a fever attack at 1.00 am, where can the parents go? No bulk-billing clinics and hardly any medical practices are open after 10.00 pm. Therefore, the parents will go to Princess Margaret Hospital. In winter there is huge pressure on the emergency department at that hospital. That has a flow-on effect into its normal bed days, because some of those children will be admitted to that hospital. In winter the hospital's waiting list blows out. I asked whether that meant the waiting list got longer and longer. The response was that it does not, because

Mr Mike Board; Mr Paul Omodei; Mr Kucera; Mr Kucera; Acting Speaker; Mr Tony McRae; Mr Rob Johnson; Ms Sue Walker; Deputy Speaker; Mr Norm Marlborough; Mr Colin Barnett; Mr John Day; Mr John D'Orazio

some of the children on the waiting list have conditions that are not life threatening. When I asked her to tell me some of the ailments for which children are on the elective surgery waiting list, she said tonsillectomies and religious circumcision. It struck me that they were not likely to cause problems.

Mr Omodei: Religious circumcision?

Mr D'ORAZIO: Yes. It means people who have a religious belief that their child should be circumcised, and that child is on the elective surgery list.

Mr Omodei interjected.

Mr D'ORAZIO: She said "religious". I am relaying what she said. I found that interesting, because all of a sudden it put things in context. However, that is not of great significance.

The time has come for us to look at the health system and understand what it is about. I could stand here and bucket the Opposition and ask why, when it was in government it allowed a situation to develop in which only one surgeon will qualify in the next five years and only 120 university graduates will go into medicine when 10 years ago there were 130.

Mr Board: How come we put record amounts of money into health? We built four new hospitals and upgraded others. Give some credit where it is due.

Mr D'ORAZIO: A number of people have said to the Government that it can throw as much money as it likes at the health system, but unless we have fundamental change we will not be able to solve the health problem.

Mr Board: That is what we are saying. That is the point of the motion.

Mr D'ORAZIO: That is exactly what is occurring. I am rather excited about some of the changes that are being proposed, because although they seem on the surface to be fundamental, no-one seems to have taken up these issues until now. One issue is the training of specialists. I am not blaming the former coalition Government totally, because I think we have been conned by the federal Government. It is about time we took a bipartisan attitude to this matter.

Mr Board interjected.

Mr D'ORAZIO: I am serious. At some point in the cycle, members on that side will be on this side, and the problems will be exactly the same as they are now. It takes 12 years to train a specialist, and unless we as a group understand the fundamental problems and that we need to work together and lobby -

Mr Board: Did you hear what I said? I said I support that. I urged the minister to be more proactive, and I said we would work with him in trying to provide opportunities.

Mr D'ORAZIO: If the member were so cooperative, he would not have come in here and started bucketing bypass, because he knows that it is only one small factor. In fact, it really has no consequence for the efficiency of the health service.

Mr Board: Tell that to the people prior to an election!

Mr D'ORAZIO: I have explained the situation. When the former Government was using the bypass terminology, it was for only one location. That was the way its system had been set up.

Mr Board: We now have every hospital on bypass every week.

Mr D'ORAZIO: No. We now have an emergency management system that coordinates the resources of the health system. The member knows that what I am saying is absolutely true.

Mr Board: Emergency management! No-one is open!

Mr D'ORAZIO: At the end of the day we might have better emergency facilities at Armadale or Swan Districts Hospital than at Royal Perth Hospital, because of the pressure that is being exerted. We need to understand the system. I also tell the member for Murdoch, because he seems to be the champion of this cause, that the amount of money that the federal Government has cost shifted to the State is astronomical. Some weeks ago I brought up the issue of Medicare and bulk-billing. That is an absolute rort. The federal Government has capped the Medicare payments to such a level that if a doctor were doing his job properly he would be lucky to get between \$80 and \$100 an hour in total; and that would be before he paid his nurses and other staff. It is just not viable. That automatically puts pressure on the emergency departments and that is a real problem. The other problem is the pharmaceutical benefits scheme. It is acceptable to do it in Victoria and New South Wales, but it is not acceptable to do it in Western Australia. What a lot of nonsense that is! When the former coalition Government tried to do it, when Beresford was the head of the Australian Medical Association, the federal Government said no, and the former Government did nothing about it. In the end, we need to have cooperation. I strongly support

Extract from *Hansard*
[ASSEMBLY - Wednesday, 26 June 2002]
p12109b-12132a

Mr Mike Board; Mr Paul Omodei; Mr Kucera; Mr Kucera; Acting Speaker; Mr Tony McRae; Mr Rob Johnson;
Ms Sue Walker; Deputy Speaker; Mr Norm Marlborough; Mr Colin Barnett; Mr John Day; Mr John D'Orazio

the Minister for Health for what he is proposing to do, and the Director General of Health, because they are absolutely fantastic.

The DEPUTY SPEAKER: The question is that the words to be deleted be deleted. All those of that opinion say aye, to the contrary no. The ayes have it.

Mr Board: Divide!

Amendment thus passed.

Amendment (words to be substituted) put and passed.

Motion, as Amended

The DEPUTY SPEAKER: The question now is that the motion, as amended, be agreed to. All those of that opinion say aye, to the contrary no. I think the ayes have it.

Mr Board: Divide!

Mr Bradshaw: I was under the impression we called for a division some time ago.

The DEPUTY SPEAKER: I had already spoken. We will divide on the motion.

Question put and a division taken with the following result -

Ayes (24)

Mr Andrews	Dr Gallop	Ms MacTiernan	Mr Murray
Mr Bowler	Mr Graham	Mr McGinty	Ms Radisich
Mr Carpenter	Mr Hill	Mr McGowan	Mr Ripper
Mr Dean	Mr Kobelke	Ms McHale	Mr Templeman
Mr D'Orazio	Mr Kucera	Mr McRae	Mr Watson
Dr Edwards	Mr Logan	Mrs Martin	Ms Quirk (<i>Teller</i>)

Noes (19)

Mr Ainsworth	Mr Day	Mr Omodei	Mr Waldron
Mr Barnett	Mr Grylls	Mr Pendal	Ms Sue Walker
Mr Birney	Ms Hodson-Thomas	Mr Barron-Sullivan	Dr Woollard
Mr Board	Mr McNee	Mr Sweetman	Mr Bradshaw (<i>Teller</i>)
Dr Constable	Mr Masters	Mr Trenorden	

Question thus passed.

House adjourned at 7.03 pm