

PUBLIC HEALTH SYSTEM, GOVERNMENT'S PRE-ELECTION CLAIMS

Motion

Resumed from 14 May on the following motion moved by Hon Simon O'Brien -

That this House recalls the Labor Party's pre-election claims that it "understood the public health system" and "would fix the health system" and calls on the Government to explain -

- (a) why the State's health system is under more pressure now than it was in February 2001, especially in relation to staffing;
- (b) why it has cut back rural health services;
- (c) why the Minister for Health will not support an MRI scanner for the southern metropolitan area;
- (d) the failure to obtain a PET scanner;
- (e) why it has halved funding for the Central Wait List Bureau;
- (f) why it has sacked country hospital boards;
- (g) the inadequacy of emergency services to outer suburban areas; and
- (h) the inadequacy of funding for health services generally.

HON BARRY HOUSE (South West) [3.34 pm]: This has been a rather disjointed contribution over three days. In summary, I am happy to support the motion moved by Hon Simon O'Brien. In particular, I want the Government to explain, first, why the State's health system is under more pressure now than it was in February 2001, especially in relation to staffing; secondly, why it has cut back rural health services; thirdly, why it has sacked country hospital boards; and, fourthly, the inadequacy of funding for health services generally.

I have attempted to establish a few benchmarks by which to measure the Labor Government's performance and attitude against the coalition Government's performance and attitude. The coalition Government had a very proud record of providing capital infrastructure for health services throughout the south west. It has built magnificent health facilities at Mandurah, Bunbury, Nannup, Pemberton and throughout the regions. So far, the Labor Government's scorecard reads nil. This Government has unilaterally abolished five rural health boards. I used the Augusta community as an example to demonstrate the degree of community ownership of health facilities in many rural areas. That is in stark contrast to the way in which the Labor Party appears to view country health services. Unfortunately, it does not understand the concept of community contribution to and ownership of health facilities. We have seen a rapid decline in some services. People who need cataract operations and minor urological services are being denied those services at the Busselton District Hospital. Dental health services in Bunbury have fallen behind the pace and mental health patients are shunted to Graylands Hospital because the magnificent facilities at Bunbury are not staffed by qualified personnel.

Two obvious trends have emerged: first, an overall decline in public health services - which has been more rapid over the past 12 months; and, secondly, a very worrying city-centric trend under the Gallop Government.

HON LJILJANNA RAVLICH (East Metropolitan - Parliamentary Secretary) [3.37 pm]: The Government will not support this motion. It is poorly worded and I am not sure what it calls on the House to do. It states -

That this House recalls the Labor Party's pre-election claims that it "understood the public health system" and "would fix the health system" and calls on the Government to explain -

It then lists a number of matters. I do not have any problem doing that. However, I do not know what will happen after I have done that.

Hon Kim Chance: You will have to explain it again.

Hon LJILJANNA RAVLICH: It is an unusual motion, but I will provide the requested explanations.

Clearly, many members opposite have their heads in the sand when it comes to this Government's achievements in the health arena. If they had read last year's budget, they would know that it provided a \$68 million increase in expenditure on the previous year's outturn, which was adjusted for comparative purposes. That included capital and recurrent expenditure. In fact, it represented 3.7 per cent real growth in recurrent expenditure on the previous year, and 3.5 per cent real growth in capital and recurrent expenditure. Last year's budget lists a range of election commitments made by the Government. They demonstrate its real commitment to health. The health and wellbeing of Western Australians is a top priority for the Gallop Government. To ensure that all Western Australians have access to high quality and sustainable health care, the Government has begun to implement a long-term strategy to restore and reform the public health system.

The review by the Health Administrative Review Committee resulted in some restructuring of the health system. I know there is a view that that is not moving as fast as some members would like, but the health system was probably in worse shape than we had anticipated. To suggest that not enough is being done in health - it was not an easy matter to deal with - would be a real under-estimation. This Government has injected an additional \$158 million, the biggest annual increase ever, into the health budget in the financial year 2001-02. The state budget will be handed down this Thursday and I am confident it will contain more good news for health.

We have abolished the Metropolitan Health Services Board, an unnecessary extra level of bureaucracy in the health system, and we have begun implementing the recommendations of the HARC review. We have increased the patient assisted travel scheme funding by \$1 million per annum and commissioned a review to identify the community's priorities and preferred options for the future direction of PATS. I could go on and on, because I know there has been enormous capital development in the accommodation area in the regions, but it is becoming increasingly difficult to deal with health when pressures are coming from other areas. One problem is the pressure being applied by the federal Government in its funding across the board, including the area of health. I mentioned, when Hon Simon O'Brien was making his presentation, that one of the pressures is that the federal Government has lost considerable amounts of money through foreign exchange deals, and the figure quoted was \$4.8 billion. I quoted a figure of \$5.5 billion, so I do apologise, but the member said that the federal Government was a very good Government and he thought that figure was fairly wide of the mark. It is not very wide of the mark. The point I make is that \$4.8 billion was lost because the federal Government took its eyes off the ball. We can add to that the fact that the federal Government has contracted out its banking services and has lost an additional \$1 billion, making a total of \$5.8 billion.

Hon Simon O'Brien interjected.

Hon LJILJANNA RAVLICH: That has nothing to do with it.

Several members interjected.

The PRESIDENT: Order! There seems to be a bit too much background noise.

Hon LJILJANNA RAVLICH: Thank you, Mr President. What an absolute joke. Senator Minchin said that the \$4.8 billion loss by the Treasurer's department would also have no impact on the federal budget. That \$4.8 billion has to be found from somewhere. The federal budget will be in deficit this financial year by \$3 billion. That money has to be found from somewhere.

Hon Simon O'Brien: Give or take \$700 million.

Hon LJILJANNA RAVLICH: I thought it was \$1.2 billion. I am subsequently advised it will be \$3 billion. It is somewhere between \$1.2 billion and \$3 billion. I apologise; I have not had sufficient time to check the accuracy of the figures. The fact is that \$4.8 billion has been lost, and if the member is telling me that there will be no downward pressure on the moneys allocated to the States, and additional pressure on the public health system in all States, then he is away with the fairies. The cuts in the health and welfare budgets are greater than the increased defence expenditure for the war on terrorism. That is the real impact of the loss.

Hon Peter Foss: Is that why you have not fixed up health?

Hon LJILJANNA RAVLICH: We are fixing up health. After 10 years of economic growth at the federal level, why do we still need to cut health programs? Why does the federal Government still need to cut funding to health programs? The federal Government promised that it could secure our borders without hurting families and without going into deficit; we now have a problem and we will start feeling the pressure at a state level. When members on the other side accuse Labor of having done nothing about fixing up our health system, they are very wide of the mark, because most of them sat on their hands and did nothing over the previous eight years. Our Minister for Health will probably go to the federal Treasurer and the federal Minister for Health, and the federal minister will start putting the screws on. Why will the federal minister start putting the screws on the States? Because the federal Treasurer has been asleep at the wheel and has lost \$4.8 billion. At the end of the day, that money has to be found, whether members opposite like it or not.

Hon Ray Halligan interjected.

The PRESIDENT: Order!

Hon LJILJANNA RAVLICH: What I really wanted was, first, an acknowledgment that there is this problem in the federal Government and, secondly, an acknowledgment that it will create additional budgetary pressure in the States. Members opposite have no idea, or they do not want to acknowledge that this problem exists.

I will move on. There are a number of parts to this motion, the first being why the state health system is under more pressure now than it was in February 2001, especially in relation to staffing. I am told that that is not the case and that there has not been a decline in staffing numbers across the health system.

Hon Ray Halligan: Do you have all the nurses you need?

Hon LJILJANNA RAVLICH: We will have an additional 400 nurses that the previous Government did not put in.

Hon Ray Halligan interjected.

The PRESIDENT: Order! The parliamentary secretary will address the Chair, and Hon Ray Halligan will cease interjecting, especially when he reaches the level of trying to drown out the person who has the call.

Hon LJILJANNA RAVLICH: This motion is a bit of a mishmash and is pretty typical of members opposite. They have no idea what the issues are, so they cobble together a motion of this nature, and half of it is no longer relevant. I will get to those bits. Staff numbers have been declining across the health system and the Government is working hard to address the problems it inherited in critical areas such as nursing and allied health. Anticipated reforms are likely to see more numbers employed over the next few years in direct patient care, nursing, allied health and medical staff, and fewer staff in administration. We had to look hard at this situation. It needed reform because it was totally inefficient under the previous Government's competition model. That model had the hospitals competing with one another, duplicating administration and all the costs associated with that duplication. It was totally cost ineffective. As a result, this has been a real challenge for us. We are trying to move people out of administration and more into direct health delivery services. It is true that the past 12 months have been difficult on the industrial front. However, that is because the enterprise bargaining agreements are cyclical. They needed to be dealt with and have been dealt with in the past 12 months. All the major enterprise agreements in the Department of Health have been set up for renegotiation. An inevitable part of the negotiation progress means that work force issues have been highlighted and the Government has had the opportunity to address them. The Opposition might think that the Government has done something bad because it has negotiated new agreements with personnel in the medical profession, but I do not need to apologise on behalf of the Government because it is a normal process of government.

Prior to February 2001, the employment conditions in the public health system consisted of a mishmash of enterprises and workplace agreements across more than 23 different health services. That decentralised approach caused inconsistent human resource management policies and competition between health services based on employment conditions, and had little real effect on the productivity of staff or the ability to attract and retain staff. The new approach to labour relations seeks to recognise staff as a valuable asset of the public health system and will lead to sensible resolutions of enterprise negotiations and the introduction of more consistent human resources management policies.

It is no secret that since February 2001 all major employment agreements for employees in the health system have been up for renegotiation. Those agreements include registered nurses, incorporating the role of mental health nurses, hospital salaried officers, doctors, support workers and enrolled nurses. There is no need for me to go through each of those. However, I will comment on some other issues that were raised as part of the motion. One part of the motion asks why the Government has cut back rural health services. The Government has not cut back funding for rural health services. An initial funding increase of \$385.3 million has been allocated, which is an 8.3 per cent increase over the previous year, whether or not members opposite like it. I do not know how they have formed the view that rural health services have been cut.

An opposition member interjected.

Hon LJILJANNA RAVLICH: They must be misleading the member because I am giving him information from the budget. No cuts have been made to the amount of money allocated to rural health services. A total of \$394.1 million was spent on rural health last financial year. After the recent allocation of additional funding by the Government, that is a 10.8 per cent increase over the previous financial year. It is fictitious to say that cuts have been made to rural health. No cuts have been made. Indeed, the Government has increased spending on rural health care.

Again I refer to the issue of the MRI scanner for the south metropolitan area. The Opposition alleges that the Government has done nothing about this matter. This matter has been debated before in this place as part of an urgency motion. The Government continues to support the acquisition of an MRI scanner. We would like more MRI scanners. Members will recall from a previous debate that just about all the existing MRI scanners are in private hospitals. The distribution of where MRI scanners are shows that there was a lack of planning on the previous Government's behalf because they were not put where they are most needed. The cost of an MRI machine is not the main issue.

Hon Peter Foss: You are cheapskates.

Hon LJILJANNA RAVLICH: Give me a break! The issue goes back to the losses by the federal Treasurer. We need a Medicare agreement so that people who use an MRI scanner can receive a Medicare rebate. The

member's federal colleagues will not come to the party with a simple Medicare agreement. How pathetic is that? The money to purchase an MRI machine is in the bag but the federal coalition will not come to the party.

As a priority, the State wants two additional MRI scanners located at the Princess Margaret Hospital for Children and the Fremantle Hospital. The Government is committed to providing funding for the purchase of scanners for those hospitals.

Hon Peter Foss interjected.

Hon LJILJANNA RAVLICH: I am sure that the *Hansard* reporter cannot report the both of us at the same time. I have the floor and the member should keep his mouth shut for the moment.

The Government has continued to provide funding for the purchase of scanners for both hospitals at a total cost of around \$4 million subject to the Commonwealth being prepared to licence the scanners so that the services provided will be eligible for Medicare rebates. Unfortunately, the Commonwealth has not come to the party. Perhaps if the Treasurer had not lost the money it might have. In the case of the Princess Margaret Hospital, it is ridiculous that the Commonwealth has licensed four private MRI scanners within a short distance of the hospital yet it refuses to licence a scanner that would provide critical services to Western Australian children. Although there is a concentration of MRI scanners in the Perth metropolitan area north of the river, there is only one MRI scanner at a private hospital south of the river.

In the motion, Hon Simon O'Brien claims that the Government has not given a commitment to fund a positron emission tomography scanner. However, the State Government has already committed funding to establish a PET facility at Sir Charles Gairdner Hospital that should be operational by the end of 2002. That is a combined commonwealth-state initiative. The State Government will provide \$4.7 million and the Commonwealth Government will provide the remaining \$3.85 million.

This motion goes to show how out-of-touch and out-of-date date it is - not that it does anything but call on me to explain the Labor Party's pre-election commitments, which I am happy to do.

Hon Simon O'Brien: I invite the member to suspend her final judgment about my remarks about the PET issue until she goes back and reads *Hansard* -

Hon LJILJANNA RAVLICH: Will the member agree he was unkind?

Hon Simon O'Brien: No. When I made my introductory remarks, I acknowledged that a development in that area had occurred since I gave notice of the motion.

Hon LJILJANNA RAVLICH: Will the member accept that we are a very hard working Government that delivers to the people of this State?

Hon Simon O'Brien: The short answer is no.

Several members interjected.

The PRESIDENT: The parliamentary secretary should not invite further comment.

Hon LJILJANNA RAVLICH: Although he may be embarrassed to admit it, I am sure that the member opposite can see for himself that the Government has done a wonderful job in securing part funding from the Commonwealth to make sure that this PET facility is provided for the benefit of all Western Australians.

I refer to the sacking of the country hospital boards. The Government has undertaken a restructure of health.

Hon Simon O'Brien: They were vaporised and no longer exist. That is not restructuring.

Hon LJILJANNA RAVLICH: If the member opposite thinks that a change of Government means that there will not be any change, he is not on this planet. There has been a change of government. We did not like the way the previous Government had structured hospitals. The hospital administrations were too heavy and they were competing rather than cooperating with one another. We did not like those features of the public health system that the former Government had organised and so the Minister for Health commissioned the Health Administrative Review Committee. One of the key recommendations in its report was that we should have a single unified health system that works to a common vision and allows for leadership accountability. The review also recommended that there be simplified structures throughout the health system and a more simplified central health structure. The simple fact is that it will not be possible to achieve the recommendations of that inquiry if the status quo is maintained. Those boards were put into place by the previous Government. I am sure that some of them had value, but they were administratively burdensome. There was a review of the south west, and one of the recommendations of the interim Bunbury health task force was that the boards be abolished and a regional board established in their place. I make no apology for that. People from the community or former members of the boards may have come to opposition members with axes to grind and some may well feel aggrieved, but they must understand that Governments move on and systems move on. Reforms happen so that greater efficiencies

can be achieved. Having a thousand boards in every spot that has a hospital was simply administratively ineffective. Members opposite must accept that no country hospital boards have been sacked. In keeping with the recommendations of the Bunbury health task force, former boards in that region were amalgamated into one and a single chief executive officer was appointed. The reason underpinning this recommendation was to optimise the development -

Hon Simon O'Brien: You cannot say that the boards were amalgamated. They were done away with, and replaced with a single-person board consisting of Bob Kucera. Are you suggesting that one board was Bob Kucera's leg and another somewhere else was his arm, and they were suddenly brought together? The boards were done away with in their entirety, and the minister was there solely to proceed with the recommendations of his report.

Hon LJILJANNA RAVLICH: When I sat on that side of the House, the leader of the Government would say to me day after day that the Government's job is to govern, and I should get used to it as I was in opposition. Now the tables have turned, and members opposite do not share my point of view.

Several members interjected.

The PRESIDENT: Order! One person will be heard - the parliamentary secretary.

Hon LJILJANNA RAVLICH: The reason underpinning the recommendations for the amalgamation of the country hospital boards was to optimise the development of a cohesive service system throughout the south west. The Government did not want hospitals to be in competition with one another, and it did not support such a bureaucratic administrative structure.

Hon Barry House: You did not support any local input into the health system.

Hon LJILJANNA RAVLICH: Members opposite just need to cop the fact that when they were in government, they governed. They set up these boards, and they thought the health system was in great shape.

Hon Peter Foss: It was in better shape than it is now.

Hon LJILJANNA RAVLICH: Hon Peter Foss was an appalling Minister for Health.

Hon Peter Foss interjected.

The PRESIDENT: Order, members! Hon Peter Foss will come to order. I am sure there will be plenty of opportunity for the member to participate, over many days, no doubt. The parliamentary secretary has the floor.

Hon LJILJANNA RAVLICH: The penny has just dropped here, because, if I am not mistaken, Hon Peter Foss actually established the boards when he was Minister for Health.

Hon Peter Foss: I increased the numbers.

Hon LJILJANNA RAVLICH: He increased the number of boards when he was the Minister for Health. Hon Peter Foss has been the minister for just about everything I can think of. The minute he got a ministry, he basically stuffed it up, and he would have to be given another one, which he then stuffed up. This former minister has something to say on everything, because he has had just about every ministry possible.

The PRESIDENT: Order! Perhaps the parliamentary secretary should get back to the motion, and depart from the subject of Hon Peter Foss.

Hon LJILJANNA RAVLICH: The point I am trying to make - it is a valid point - is that Hon Peter Foss feels so close to these boards because he was one of their creators. He finds it very difficult to distance himself, because he thinks that everything he did as a minister was wonderful. It simply was not. The boards were not an effective system, and this Government, which has promised more efficient and effective government, has decided to amalgamate the boards in the south west and establish one south west entity.

The other area listed in the motion was emergency services in outer suburban areas. This Government has recognised the challenge of improving emergency services, and will do something about it.

Hon Simon O'Brien: It is a pity you did not recognise it when your leader was bragging that he understood it and was going to fix it.

Hon LJILJANNA RAVLICH: The member obviously did not understand that \$8 million will be spent on constructing a new emergency department at Sir Charles Gairdner Hospital.

The PRESIDENT: Order, members! The parliamentary secretary and Hon Simon O'Brien will come to order.

Hon LJILJANNA RAVLICH: Also, \$9 million will be spent on modifications to the emergency department at Princess Margaret Hospital for Children; \$6.5 million will be spent to rebuild the emergency department at Rockingham-Kwinana District Hospital; \$420 000 will be spent on an observation ward at the Swan District Hospital; and \$1.3 million will be spent on the computerised tomography unit at Swan District Hospital. In November 2001, the Department of Health convened an emergency department task force to recommend appropriate action to address current pressures on the metropolitan emergency department system and to present a medium to long-term strategy. It is not as though the Government has its head in the sand. Quite the contrary - the Government is aware of the challenges and has put its money where its mouth is, as members can tell from the allocations I have detailed.

I could go on, because there is plenty of information to support my view that this motion is a load of nonsense and that many of the issues raised in the debate have already been addressed, or are in the process of being addressed. I ask the Opposition to recognise that it must accept responsibility for the state in which it left the public health system, for the location of the magnetic resonance imaging machines and for the cutback in the federal Government's allocation to health. It cannot come out of eight years in government and accept no responsibility for anything.

Hon Peter Foss interjected.

Hon LJILJANNA RAVLICH: I can write the script. Hon Peter Foss, is offended that someone dared to question the establishment of hospital boards. The simple fact is that as a failed former Minister for Health, he will get on his feet and carry on as he usually does. We always hear the same diatribe from his mouth. He goes on and on because he cannot let go of the fact that he was an absolute disaster as a Minister for Health.

I have put on the public record the fact that this motion at this time is irrelevant because many of the issues it raises have been addressed by the Government.

Hon Bill Stretch: They have been looked at, but they have not been addressed.

Hon Barry House interjected.

Hon LJILJANNA RAVLICH: It does not matter what I say. If members opposite want me to continue to elaborate -

Hon Kim Chance: You should remind them about the additional spending on accident and emergency services.

Several members interjected.

The PRESIDENT: Order! Everyone seems to be participating in the parliamentary secretary's speech, including the Leader of the House. Only the parliamentary secretary has the call.

Hon LJILJANNA RAVLICH: Thank you, Mr President. It is fair to say that I could stand up here and speak for days, but I will not convince anyone on the opposition benches because they do not accept responsibility for anything. The Government will not support this motion. I do not think this motion has any substance. In line with the usual way in which this Opposition operates, the motion has been moved to fill in time rather than provide anything constructive for debate in this Chamber. The Government will not support the motion.

HON PETER FOSS (East Metropolitan) [4.12 pm]: I often think that Hon Ljiljanna Ravlich should be Hon Moaner Ravlich because what she does best is stand up and moan. When she is not moaning she appears to be engaging in amateur psychology. She seems to think that the reason members on this side of the House object to the closure of country hospital boards is because I established them. Although I am very grateful to be given credit for the amazing amount of influence she thinks I had on my colleagues, she is wrong in two respects. Firstly, I did not establish the country hospital boards. Secondly, I do not think my colleagues would have supported me if I had tried to establish them. Despite the extravagant claims of the Australian Labor Party before it was elected to government on what it would do with the health system, it has done nothing. While it has been inactive in health services, things have become worse. To be inactive in health is typical of this Government. Inactivity is its watchword when it comes to actually governing.

When I read the Australian Labor Party's health policy, I noticed that it contained a nice little catchphrase - "Labor getting the priorities right." - which I thought was really good. That is a fair statement. That is what government is all about. We know we do not have an unlimited amount of money. Apparently Osama bin Laden has had an impact on Western Australia since before 11 September. Did members know that the reason this Government could not do anything between February and September was because of Osama bin Laden?

Hon Kim Chance: How do you work that out?

Hon PETER FOSS: I am drawing an inference from what Moaner said to us.

Point of Order

Hon LJILJANNA RAVLICH: My name is Ljiljanna and my second name is Maria. Nowhere in my name is there a Mona.

Hon PETER FOSS: I withdraw that title and I will call Hon Ljiljanna Ravlich the Moaner, making it clear that it is not a name but an epithet.

Debate Resumed

Hon PETER FOSS: The moaner has told us that the reason the Government can do nothing is that the federal Government has not provided sufficient funding because of Osama bin Laden.

Hon Kim Chance: She did not say that. I was listening very carefully.

Hon PETER FOSS: For the very first time in my life, I will read one of Hon Ljiljanna Ravlich's speeches. My impression was that the Government's excuse for not taking action in the future is that it cannot afford to because of Osama bin Laden. I always thought the big O was Roy Orbison, but the big O is now obviously Osama bin Laden, who will be this Government's excuse for anything in the light of the war against terrorism.

I refer to the point I was making about getting priorities right. There is no doubt that Governments cannot do everything that people want them to do. It is therefore important that parties in government get their priorities right. It is rather interesting to review this Government's priorities since it has been in government.

Hon Kim Chance: Health, education, law and order, justice and disability services.

Hon PETER FOSS: One of the priorities indicated by the Minister for Health was new health legislation. Surely if it were that much of a priority we would have seen it by now. It would have been one of the first pieces of legislation to pass through this Parliament. It is now May. Have we seen any sign of health legislation? We have seen electoral reform, gay and lesbian reform and industrial relations legislation. Where is the health legislation?

Hon Simon O'Brien: This Sunday the cannabis working party is coming out.

Hon PETER FOSS: No. In October 2001, Hon Bob Kucera said that he was pleased to announce the Government's intention to progress legislation for nurse practitioners. In April he said that in reality there is an urgent need for this legislation right across WA, not just in remote and rural areas, so he sent the legislation back for further drafting. That sounds like a good idea. He sent it back for more consideration. When this Government has a problem it appoints a committee or a public forum or sends something back for further consideration, but it does not commit to anything. He went on to say that he sent the legislation back for further drafting and has now received draft 3 of that legislation. He said that he understands from the AG that it has received an AA rating.

It is interesting that despite the urgency of this nurse practitioner legislation, the Government has addressed everything else it planned to deal with early so that people might forget about it, but we have not seen anything on health.

The other fascinating thing is that the Government claimed that it understood the public health system. That is good. I would describe a claim of that nature as "puffing". A Government that claims that it understands the public health system is making a broad claim. Nonetheless, it was prepared to make that claim. It also said that it would fix the health system. That is another really brave claim. The process of understanding the health system takes a fair amount of time; it is not an easy system. However, what did the Government do to ensure that the health system would be fixed? It appointed Sergeant Bob. If a model of administration were wanted that was the epitome of how things should be organised, would it be based on the Police Service? Would it include somebody with a police background? It is like the old joke about having Italian efficiency and German lovers.

Hon Simon O'Brien: And English cooks.

Hon PETER FOSS: Yes, and English cooks. Perhaps if we worked our way through Cabinet we could find examples of each of those. However, in that top priority area we have ended up with our version of Italian efficiency and German lovers. We got a policeman; a man with long experience of running the Western Australia Police Force, the epitome of organisation. I must admit that within this Government, finding somebody who has had any experience running anything is somewhat difficult. I accept that the Government was presented with a difficult task; that is, to find someone who had run something successfully. I suppose that picking Hon Bob Kucera as Minister for Health was the best of a bad lot, but it is still the equivalent of Italian efficiency and German lovers. What have they done?

Hon Kim Chance: Is that why you had John Day as health minister? You are throwing stones, so let us throw some stones.

Hon PETER FOSS: What was wrong with John Day?

The PRESIDENT: Order, Leader of the House! We are not throwing stones. Hon Peter Foss will not be diverted by interjections.

Hon PETER FOSS: I will pick up on one of the brilliant claims made by the Premier. A media statement he made on 6 February 2001 states -

Labor - \$24 million to ease hospital bed crisis and fund new aged care facilities

State Labor Leader Dr Geoff Gallop today unveiled an innovative solution designed to address the shortage of beds in the State's public hospital system.

Labor will enter into a joint partnership -

Not a partnership, but a joint partnership -

Hon Simon O'Brien: And it will abolish tautology!

Hon PETER FOSS: And it will abolish useless tautology! To continue -

with aged care providers to address the problem of acute care hospital beds being occupied by elderly patients unable to obtain nursing home care.

Labor will provide \$21 million over four years to commission up to 150 aged care beds to be used on an interim basis by those elderly patients awaiting a permanent place in a nursing home.

"We are confident that there are reputable aged care providers who are in a position to quickly provide suitable nursing home facilities," Dr Gallop said.

"Although these facilities are not currently in use, Labor will provide \$3 million towards the cost of upgrading these nursing home facilities to ensure they meet appropriate standards."

Dr Gallop said Labor's plan would provide a prompt and practical solution to the bed shortage and staffing crisis in the State's public hospitals.

"About 160 elderly patients are occupying beds in our acute care hospitals because they simply cannot get a nursing home bed," the Labor leader said.

"Our plan is to provide more appropriate, high quality interim facilities. This will result in at least four positive outcomes . . .

He lists the outcomes and then says -

Preliminary discussions with the aged care sector indicated that the new "care-waiting" beds could be provided within just three months of Labor winning Government.

It says "just three months". It then goes on to say -

Labor will set-up a working party -

Well, there is action for you; a working party!

to include Health Department officials and aged care industry stakeholders - to establish guidelines and address issues relating to standards of care, staffing, funding and accountability requirements for the interim aged care facilities.

All that was going to happen within three months of Labor taking office. It continues -

This commitment will provide an efficient interim measure while long-term structural and operational plans are developed to address the residential care needs for frail aged members of the community.

I thought that three months was an interesting point. Therefore, after the three months had expired, I asked a question without notice on 18 December 2001 -

- (1) Has the Government provided any aged care waiting beds?
- (2) If so -
 - (a) how many have been provided;
 - (b) when were they commissioned;
 - (c) where are they situated; and
 - (d) what amount has been expended in providing them?

Hon Kim Chance replied -

I thank the member for some notice of this question.

- (1) Yes.
- (2) (a) 82.

This sounds like the meaning of life, the universe and everything -

- (b) Between February and July 2001.

How efficient the Government was. It had only just taken government and it had already provided the beds.

Hon Derrick Tomlinson: Retrospectively.

Hon PETER FOSS: It gets better. The answer continues -

- (c) Carinya nursing home in Bicton was commissioned in February 2001; Rowethorpe nursing facility in Bentley was commissioned in July 2001; and Sir Charles Gairdner Hospital-Hollywood Private Hospital in Nedlands was commissioned in July 2001.
- (d) Amounts of \$484 905 in capital funding and \$5 582 566 in operational funding are budgeted for the 12 months to June 2002.

We inquired about this, because we thought it was very efficient of the Labor Government to get the beds up and running by February. How quickly it had moved. We asked when in February the beds had been commissioned. Our inquiries indicated that they were commissioned in January. Now that is efficiency! Labor provided aged care beds before it was in government. That is pretty good going. It is miraculous. Unfortunately, 82 beds is somewhat fewer than the number promised, which was 150, but the Government is on the way. The fact that Labor could produce some of the beds before it even took government indicated two things: it was either a miracle or Labor was taking credit for something that was put in place prior to its getting into power. Most things that Labor claims have been done were actually in place or in the process of being implemented before it came to power. The big problem now is that it must make things work.

Hon Kim Chance: What about fixing up the nurses dispute?

Hon PETER FOSS: I am getting to the nurses dispute so the Leader of the House should wait and listen.

Hon Ljiljanna Ravlich: You are a failure and that is why you are over there. Just accept it.

Hon PETER FOSS: I have always accepted the judgment of the people. However, that is now history. Members opposite are in charge. They keep thinking that by standing up and abusing us they are doing their job. They have forgotten that their job is to do something, not to stand up and criticise us. It is their job to do what they told the people of Western Australia they would do; that is, get the priorities right and fix the system. Members opposite are not doing anything. Their problem is that they cannot solve anything. The only things that they can point to that have happened are those that were already in place before they came to government. What else has happened?

Hon Ljiljanna Ravlich: Get used to being in opposition and lower your voice.

Hon PETER FOSS: I am.

Hon N.D. Griffiths: You are an embarrassment.

Hon PETER FOSS: I must be an embarrassment to the minister, because he does not understand. The problem is that we have a Parliamentary Secretary to the Minister for Health who thinks she is a doctor. She gives medical diagnoses across the Chamber, and if she is like that with us, what will she be like in the health system? I can imagine her wandering around, diagnosing patients and knowing precisely what needs to be done, because, through some form of, perhaps, laying on of hands since she has become Parliamentary Secretary to the Minister for Health, she has become qualified in medicine. It is nice to know that she is so psychiatrically qualified. Perhaps she has learnt her psychiatry under circumstances of which I am not aware. However, I would not have thought that she was the sort of person who should be talking about my state of mind.

The reality of this matter is that this Government has had task forces and working parties for everything. It promised to set up a working party on aged care, but now, a year later, it still has not been set up. This matter was going to be dealt with by Labor within three months of coming to government, but the working party has not even been set up. They have been in government for more than 12 months and have not set it up. They said they would set up a more general task force that would do the job instead - 12 months later! This is urgent but this is how this Government works! It cannot even set up a task force let alone actually do something.

Although I would not say that I would always treat the AMA as being dispassionate and always to be believed as a commentator -

Hon Kim Chance: It has been described as the most powerful union in Australia.

Hon PETER FOSS: Yes. It has had a few things to say which people cannot ignore. I do not want any member to think that just because the AMA has said something that I endorse it. We cannot ignore the fact that it is saying something. I recommend that members go to <http://www.amawa.com.au> on the Internet and look at some of the AMA's media releases. I do not have the time to read to the House all the things the AMA has had to say about this Government. It is still saying things about this Government.

I have visited the occasional doctor and one of the terrible things about being a politician is that doctors think they can tell me all about the health system. I spend most of my time in consultation with doctors having my ear bent about the health system. The doctors I see think the Government is doing an atrocious job. I must give members of the Government a few doctors' names. Doctors are always saying to me, "How long do we have to put up with this mob - they are absolutely terrible!" One media release dated 15 October 2001 states -

Ninety per cent of salaried doctors responding to an AMA (WA) survey on hospitals believe the health system has deteriorated under the Labor Government.

Nearly 63% of doctors rated the performance of the State Government in health since February as "poor" and another 25% as "below average". Only 8.3% rated the performance as "average" or "good" with no respondents saying it was "excellent".

"These responses demonstrate what a shocking job the Labor Government is doing in the management of health in WA," AMA (WA) President Dr Bernard Pearn-Rowe said.

Is the AMA right? It is right. It is not just a matter of opinion; there are some hard statistics to show why this Government is making the situation considerably worse than it was before. I can imagine that the Government takes the view that the health system needs fixing and that it will fix it. I do not expect the Government to fix it overnight. I do expect the Government to not make it any worse. The Government has to check some of the fundamental things in the health system, such as waiting lists. What has happened to the waiting lists? Waiting lists are longer. What has happened to ambulance bypasses? They are at record levels. Elective surgery waiting lists are now 20 per cent longer. What is this Government's response to that? It needed to put an extra \$70 million into the teaching hospitals because what it put in the budget was nonsense. The Government has had to find an extra \$70 million. One of the sources of that money was to halve the budget of the Central Wait List Bureau. Is that clever; is that good management? One of the important things in getting the system to work is to manage the waiting lists. The Central Wait List Bureau tries to overcome one of the fundamental flaws in the health system. I am not saying that the system does not have fundamental flaws. It has flaws that are built in that are almost impossible to get rid of. The fact that the public believes Labor shows how little it understands the system. For Labor to say that it was going to fix the system just like that indicates a degree of overweening confidence that should not have been there. The Government should not get rid of the very things that are trying to address the inherent problems in the system. Labor did just that. It halved the budget of the Central Wait List Bureau. The bureau is an essential part of trying to cope with the inherent difficulties in the system. The Government's action was short-sighted and stupid. I have no other words to describe it.

Hon Kim Chance: What has been the effect of halving the budget?

Hon PETER FOSS: I have just said that there has been an increase in the waiting list of 20 per cent.

Hon Kim Chance: The effect on the bureau.

PETER FOSS: Judging by results, it is not working as effectively as it did before.

Hon Kim Chance: The bureau just churns out figures; it does not do anything else.

Hon PETER FOSS: It does more than just churn out figures. It enables the hospitals to move people around from hospital to hospital. That is important. Previously, every hospital would have its own waiting list. A patient might be on three waiting lists. The difficulty was giving patients security as to when they could go to hospital. The system never really knew how many patients were waiting. It was almost impossible to run a system in which there was no idea of the real demand because the waiting lists were kept in the pockets of the doctors. That is how it worked.

Debate interrupted, pursuant to standing orders.