

PUBLIC HEALTH SYSTEM, GOVERNMENT'S PRE-ELECTION CLAIMS

Motion

Resumed from 9 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) [4.25 pm]: Last week, I made a few comments in support of this motion and I focused particularly on rural health issues. I used Augusta as an example of a rural town where health facilities have gradually deteriorated over the last three or four years, and unfortunately that is a trend that is accelerating, not decelerating. Augusta is a good case study because most of its health facilities were built and financed and are managed with huge local community input. Local medical people and volunteers, like Dr John Williams and Mr Eric Stephenson, have dedicated huge amounts of time, effort, energy and even their own finances to providing their local community with good facilities. In Augusta, the Friends of the Hospital Group was formed to fund many of the facilities that are provided through the Augusta Hospital. That group is made up of very dedicated people and it works with other local groups, such as the Leeuwin Lions. The group has raised more than \$40 000 specifically to go towards providing a dementia care unit in Augusta. The group is experiencing enormous frustration at the inability to get that facility accepted and up and running. It is very suspicious of attempts to steer some of the money raised towards general health administration. The valid point is that Augusta has a large proportion of aged residents and it is appropriate that those people have access to a dementia care unit in their town so they do not have to go elsewhere if they are afflicted with this unfortunate disease in later life. The residents of Augusta despair at the growing practice of removing dementia patients from the area. The closest facility is in Busselton, but it is difficult to get in as demand is very high at those facilities. A facility used to operate at Nannup, but it has now closed. The Margaret River facility does not have enough capacity and Silver Chain, which runs many of the health services in Margaret River, missed out on the latest round of applications for aged care beds. Hopefully, it will get some more beds in the future. However, the end result for Augusta people is that virtually all of those with dementia will end up in Perth or some remote community away from their friends and families.

I contacted the new regional chief executive officer for the south west health region, Mr Michael Moodie, about this issue. I had not met Mr Moodie before but found him to be pleasantly receptive to the exercise. He took on board the point I raised and went to Augusta where he met with the people, had a good look at the facilities and, I think, understood where the community was coming from. He is now taking steps to get an advisory group together to at least give the Augusta community some sense of ownership of the resources that it worked very hard for in years gone by. I am encouraged by Michael Moodie's attempt to address that problem.

Hon Ljiljanna Ravlich: Why do you not give him a fair go then?

Hon BARRY HOUSE: I am. I am also encouraged by Michael Moodie's attitude to his job in the south west. He has bought a house in Margaret River and operates his headquarters from what used to be the Busselton office of the Vasse-Leeuwin Health Service. The worst thing he could have done, which he acknowledged and I give him great credit for that, was relocate to the south west and set up his office in the tower in Bunbury and be an ivory tower administrator. To his credit he is now on the ground amongst the communities and he is genuine in his desire to help with the Augusta situation.

The situation at the Bunbury Dental Clinic is another area of decline that has come to my notice over the last year and I have asked questions in Parliament about matters like this. Last year concern was raised about a delay

in the funding for the Bunbury Dental Clinic. The annual waiting list for orthodontic treatment had blown out to 134 children compared to the normal 30 or 40.

Another issue involving constituents that came to my notice was the need for members of the veterans community to have cataract operations in country hospitals. An aged widow in the southern region was denied the opportunity to have a cataract operation at the Busselton District Hospital. For some reason, the Busselton hospital - I understand that hospitals make independent decisions on this matter - classifies operations to Department of Veteran Affairs patients as private. Now this lady has been put on an eight or nine-month waiting list to be treated as a public patient in Busselton, or she can come to Perth and be put on a waiting list at Royal Perth Hospital. Either of those options is massively inconvenient for a lady in her eighties. That is an example of the issues faced by people in the country. A urological surgeon who consults in Margaret River wanted to perform some minor surgery at the Busselton hospital. He was not allocated facilities to do that, so his patients from the Margaret River region have now ended up on a waiting list for a metropolitan hospital. That is counterproductive to health service delivery in rural areas. Bunbury Regional Hospital has a terrific mental health facility, but there are no people to staff it. People from the south west, who cannot access that facility, are shunted straight through to Graylands because there are no skilled specialists to deal with them in Bunbury. The previous Government worked very hard to have that facility included when the hospital was built and now it seems that the problem is not the building, but the lack of qualified personnel.

A couple of recent press articles have summarised some of the slow progress, or lack of progress, of the Labor Government on health issues. *The West Australian* of 6 May carried an article headed "Key health reforms on waiting list". Under the subheading "HealthWatch: the Vision", the article reads -

The committee recommends a new health standards and surveillance council, HealthWatch, be established . . .

Under the adjacent subheading, "Progress", the article states that HealthWatch is still not operating. Under the subheading "Clinical Senate: the Vision", the article states -

The committee recommends that a Clinical Senate be established to ensure the active involvement and support of clinicians . . .

The clinical senate is still not operating. The article further states -

The committee recommends that Health, Consumer, Mental Health and Aboriginal Health Advisory councils be established to provide independent advice to the Minister and Health Department.

Those advisory councils are still not operating. A specific examination of the Office of Health Review was also recommended, to consider whether its format and functions meet the needs of consumers and providers in the health system as a whole. This review has not started. The article also states that permanent chief executive officers have not yet been appointed to the east, south and north metropolitan district health services and the women and children's health services. That is just a snapshot from an article published last week.

Members could probably not help noticing the lead article in the *Sunday Times* of 12 May, headed "Health Rescue", which predicted what may be in this week's budget. The information in the article all sounds very good in a sense, but it did disturb me that metropolitan health services seemed to benefit the most. In fact, from my reading of the article, if it is accurate, nearly all the expenditure will be in the metropolitan area. The only mention in the article of regional Western Australia is that it will get money for sobering up shelters. Well - hooray! That is terrific and they may be needed in some areas, but it is a very dangerous portent if a few other pieces of legislation come together. The Gallop Labor Government intends to govern this State in a very city-centric, metropolitan-biased manner.

The issues I have raised are relevant to this debate, because the Labor Government said unequivocally that it would fix the health system. I have tried to establish a few trends over time. The trend has not even plateaued over the past few months; it has taken a dive for the worst.

Several members interjected.

Hon BARRY HOUSE: I mentioned ambulance bypasses. I hope the parliamentary secretary will at some stage in this debate acknowledge that she was totally wrong. The figures for ambulance bypasses for metropolitan hospitals are 302 per cent worse than they were 12 months ago. Those are straight-out factual statistics.

Debate interrupted, pursuant to standing orders.