COUNTRY HEALTH

Motion

MS M.J. DAVIES (Central Wheatbelt — Leader of the Nationals WA) [4.15 pm]: I move —

> That this house expresses its grave concern about the medical crisis in country Western Australia and the lack of resources and priority for country health.

Before I go any further, a significant bill has just been read into the house by the Minister for Health. I echo the minister's hope that this house and the Legislative Council conduct their deliberations in a way that befits such a serious matter. Our communities are watching closely and anticipating proper debate on an issue that affects so many people. It was a momentous occasion.

Moving from one serious concern to another, the Nationals WA have some serious concerns about the state of country health. My colleagues and I have been watching carefully since we came into opposition, making sure that the infrastructure investment in regional health services made in the time of the previous Liberal–National government has been upheld and continued. Unfortunately, we start to see some of this fading away because the government's priorities seem to be directed elsewhere. Back in 2010, when the present Minister for Health was sitting on this side of the house, along with the then Leader of the Opposition, he read an almost identical motion into the house, claiming that the then Liberal–National government was failing in its efforts to invest in regional health. That was in 2010. We came into government late in 2008, so we had been in government for just over a year—just about the same mark as this government is now at with its investment profile. Following the raising of those concerns expressed in 2010, our government, particularly in regional Western Australia but without a doubt also in the metropolitan area when we look at the health infrastructure that has been built over the past eight years, made a significant investment in health services and infrastructure. Through royalties for regions, the Department of Health and the Western Australia Country Health Service were substantially changed under our leadership to deliver more modern and appropriate health services for regional Western Australians. It transitioned many of our communities that had very old infrastructure into a newer model of care, and started to transform some of the workforce challenges we were experiencing. That is not to say that there were not some growing pains along the way. I am sure that the member for Moore will speak about the fact that he has some much younger communities in his electorate, and some serious growing pains, in the southern and northern parts of his electorate, along the coast. We were dealing with some unique issues in the remote areas of the state. However, it is a fact that we spent a significant amount of money on regional health when we were in government.

When this matter was debated in 2010, the then shadow Minister for Health said —

> When a government makes a decision about where it spends its money, it sends a message to the community about its priorities … the WA Country Health Service is struggling to meet the demand and is failing to meet the expectations of the community that it serves. People expect that when they go into an emergency department, they will be looked after with the best possible medical care that our state can afford. We expect that a loved one, child, friend or relative who is taken to an emergency department will receive the best possible care available.

Fast forward to 2019, and the care and concern expressed in that debate seems to have evaporated, when we analyse some of the data, the information on the workforce, and the investment in regional health under this McGowan Labor government. It is not only my opinion that this concern from the Minister for Health has dissipated; it is fact. Our communities are really starting to grapple with the effect of the lack of investment and ongoing commitment to regional health. We have had two and a half years of this McGowan Labor government. I am sure that it will point to initiatives. We heard some of its members in question time today talk about the government's focus. A majority of the things that this minister has either signed off on, celebrated or pointed to as achievements are vestiges of the investment that the previous Liberal–National government made, particularly in regional Western Australia.

In our time, we directed millions of dollars to turning the tide of a broken and ailing health system in our regions. Every single person in regional Western Australia who was around during the previous Labor government will always be reminded of and remember the comments of the then Minister for Health, Jim McGinty, that services such as the Royal Flying Doctor Service were nothing more than an interest group. That set the tone for the type of investment and attention that the community was getting under that Labor government. We spent money on telehealth, we increased the funds available to the patient assisted travel scheme, and we upgraded hospitals from Karratha to Albany. It is not just about the shiny new bits; we did the hard things too. We had to shut two hospitals in my electorate but we replaced them with new primary health services. I sat with those communities and walked them through the opportunity that we were presenting to them to modernise their health facilities and better tailor the services that the WA Country Health Service could deliver to their communities, instead of trying to maintain an outdated and old hospital system with all the funding going into managing the old laundry, the old surgery and

the old morgue rather than into the health services and the people who run the services to deal with the issues that the community was experiencing—that primary healthcare initiative that was so important.

We provided incentives to attract doctors into hard-to-staff locations in the wheatbelt, in particular. As I said, we provided additional primary healthcare workers, whom I believe are the backbone of our medical and health system. We need to focus more on keeping people out of the acute end—the expensive end—of our health system and ensure that they understand and manage their own health in their own homes. That is what primary healthcare workers do. Unfortunately, one of the things that this government has ceased to fund is all those individuals who were funded under royalties for regions, WACHS and other community organisations. They are no longer employed in those areas.

I ask the minister what his record is. What is the government's commitment to our country health system? I travel the state with my colleagues and we see communities asking for answers, and searching for support. I am sure that the member for Roe will speak about this during his contribution. He has been holding health forums in a number of communities. We have invited all the key stakeholders and community members to come together and talk about the issues that impact on the ability of their communities to access quality health care. We are starting to see our communities questioning this government's priorities, as we have done since we have been in opposition. They see record amounts invested in metropolitan rail but they do not have a doctor in their town. They see $120 million committed to a new marina in Ocean Reef but we hear stories like the very unnecessary and tragic situation of an 84-year-old grandmother who was forced to spend two hours lying on the floor of the Geraldton hospital emergency department because no beds were available. They see the Premier sink $30 million into the East Perth power station while ambulance volunteers in every town that we visited across the state are stretched to absolute breaking point because ambulance ramping in both metropolitan and regional hospitals is at an all-time high and non-urgent patient transfers are becoming more and more regular. That is not what people signed up for when they became St John Ambulance volunteers in regional WA. They are there to support the community and help those who require support in an emergency. More and more of these services with fewer and fewer people are being asked to manage these inter-hospital transfers. They see an arrogant Premier and his cabinet, who have gutted royalties for regions and dismantled the former Department of Regional Development and the regional development commissions network, and have caused such great distress to the public servants that there are now psychologists and counselling support services in all those departments throughout regional Western Australia because of the stress that has been caused as part of the machinery-of-government changes. The government has attacked the community resource centres network. It has attacked regional and remote education. It is dragging its heels on animal activists and criminals who are attacking the agricultural sector and the communities that support them. People in the community draw the logical conclusion that they do not matter in the eyes of this Labor government. That is what they believe. That is what they feed back to us in our communities—that the government does not care about them.

Today we will outline why we believe the McGowan Labor government has its priorities wrong and, as a result, why our country health system is failing our regional communities and the families that rely on it. It is not a failure of the individuals within the health system. There are many committed, experienced and hardworking people who go above and beyond to make the health system work. I want to emphasise in all the debates that we have that we are not criticising the individuals who are committed to the health service. The reason they are committed is because they live in the regions that they serve. Their families have to access those health services. They want the system to work. However, the system cannot work properly if it is starved of funds, if the correct policy or direction is not coming from the minister and the government, if they are understaffed, and if there are gaps in the continuum of care that a patient requires. The ripples that go right through that pathway for a patient are extraordinary. It puts enormous pressures on the volunteers, the families, the community and external providers if our government system is not doing the job it is supposed to do. Pressure mounts on the general practitioners and emergency departments. That is a very expensive model to work to when we have talked about the fact that primary health care needs to be supported in our communities.

There are also significant issues in accessing palliative care services. Although I appreciate that the minister said that we are not talking about an either/or situation—I certainly concur with that—we need to be cognisant of the fact that as we embark on the debate on voluntary assisted dying, there is a renewed consciousness and community desire to understand more about palliative care, and the fact that there are significant gaps, particularly in regional Western Australia, for people to access that care. I simply do not think that many people understand what services are available or what they are missing out on by not being able to access palliative care specialists when they get to that point in their life. That is not because there is no desire to provide that safety, security and comfort at the end of life from our regional communities. When I am having a discussion with people in my communities, I liken it to someone who is diagnosed with cancer, and they go to an oncologist. When someone reaches the end stage of their life, they go to a specialist who is trained in managing end-of-life needs. Not many of those services are available and it is certainly very difficult to access them in regional Western Australia. Today we will talk today

about the gaps that we see, and the lack of funding, and where we see the lack of leadership creating very poor outcomes for regional Western Australians.

The first one that I would like to touch on is the workforce gap that we see. There is a GP shortage across the state. As I mentioned, the member for Roe will go into more detail on the shortages in his area. At last count, we understand that there are 15 GP vacancies across the great southern region alone. I have also raised concerns with the minister directly in this place and also through his office about the doctor shortages that we experience at Merredin hospital. A number of other shires across the wheatbelt in my electorate have vacancies that are proving very difficult to fill. I realise that there is some federal interaction on that issue that we need to acknowledge. We are certainly doing our best at the other end to try to address some of the changes that have been made that make it very difficult for us to attract doctors, but some state levers can be pulled. We have started to see numbers like 15 vacancies, FIFO workforces coming in and out of Kalgoorlie, and no doctors at all in a community such as Denham. I am talking about Shark Bay. It is one of the state's tourist hotspots and can have up to 10 000 visitors in the peak season but it has no doctor. Imagine all the grey nomads from the Speaker's electorate trundling their way up to the sun in the north and there are no doctors up there. It puts an enormous amount of pressure on the pharmacists and the community to manage that influx of people. There are other communities like that around the state, such as the Bremer Bays of the world, that struggle with having only a nursing post and then see an enormous influx of people in the summertime.

I would also like to talk about workforce shortages in nursing posts. The member for North West Central continues to raise concerns about the lack of staff at nursing posts in the Murchison. The nursing posts at Yalgoo, Mt Magnet and Cue are all staffed by a single nurse. When the nurse is called away, for example with the ambulance to deal with an issue or incident in that community with a patient who needs to be transferred to a larger centre, that community is left exposed because there is no-one at the nursing post. That is setting aside the fact that there are security issues for a single nurse in one of these remote locations and for the patients who come into the nursing post. I do not think that is acceptable in any workplace. We are putting people under extraordinary duress and probably requiring extended periods of overtime, with workload and fatigue management coming into it. Addressing single-person nursing stations in some of the most remote and far-flung areas of the state should be a priority.

We have touched on it today, but there were comments about the fact that fly in, fly out staff are coming into the Kalgoorlie Health Campus. I am sure they are being paid by the WA Country Health Service at great expense to taxpayers to fill the gaps in staffing at that very busy regional centre. As at the beginning of this month, 12 FIFO staff were coming in to conduct their roles. I do not think that is acceptable. We need to be doing far more to skill up a local workforce by putting in place training and incentives to make sure that we have people who want to live in these communities, because Kalgoorlie is a fabulous place to live. It is a fantastic place to live.

Mr R.H. Cook: I agree.

Ms M.J. DAVIES: It brings me to the next issue I want to raise with minister, which is midwives. I am not pretending that this is a cut-and-dried issue because the solution requires more than just providing a midwife, and when we talk about having babies, we need to make sure that we are always putting the child's and the mother's health at the centre of the medical model. Under questioning from our health spokesperson, Hon Martin Aldridge, it was revealed that for over 12 months the government has been unable to attract a single midwife to the major regional centres of Esperance, Carnarvon, Narrogin and Kununurra. That was for the period from May last year to May this year. That was despite the fact that 10 positions had been advertised in those locations alone. The Kimberley, member for Kimberley, was one of the hardest hit regions, with midwife positions at Derby, Halls Creek and Fitzroy Crossing Hospitals all remaining vacant. Our health spokesperson, Hon Martin Aldridge, raised these concerns directly with the minister. We have asked for a solution—how the government plans to reverse this trend. I look forward to the minister's response on this because our advocacy for people who would like to be able to have their babies closer to home is not going to go away. The data is very challenging. From May 2018 to May 2019, the state advertised 55.6 full-time equivalent positions, with more than 25 positions not filled. According to WACHS, that was largely because no suitable applicants applied or the position advertised was not attractive enough to pull someone into that role.

We say that the government has dropped the ball on this issue, especially midwifery. We want to know what investment the government will put into training and upskilling our regional nurses—there is a significant number of them out there—to fill that gap and create positions that will allow those midwives and nurses to step into more multitasking rules or indeed to specialise to provide those services across an entire region. Where are the incentives to get midwives into the regional centres where they are desperately needed? I have spoken to the minister about this, and he was encouraging at the beginning of our conversation, but I understand that a proposal to do that has now been abandoned. Geraldton Universities Centre put to government a proposal to try to train up midwives in the region to fill some of the staffing gaps. At the beginning of this year, the Nationals WA spokesperson for health was contacted by Geraldton Universities Centre, which is in his electorate of the Agricultural Region, seeking a letter of support from him for a proposal to commence WA's first regionally-based postgraduate midwifery

course. The proposal was based on the fact that GUC understood from the June quarter 2017 labour market research for WA that only 57 per cent of regional midwifery vacancies were filled because of low applicant numbers and there was a lack of regional contextual experience from those applicants. Working together with WACHS and the Department of Health on an innovative regionally-based solution, GUC and the University of Southern Queensland said they could potentially provide a solution to regional midwifery resourcing by training and educating regional nurses to become regionally-based midwives. It is slightly strange that it was to be a partnership with a university on the other side the nation, because I would have thought a couple of universities probably wanted to jump in on that proposal. But, in my experience—I am not sure about the minister's experience—some of our universities say all the right things when they want to have a regional footprint, but are a tad lacking on commitment after the fact. I have been a little bit burnt by some of them in my electorate, with Muresk Institute. I know the Western Australian School of Mines in Kalgoorlie is the same. Geraldton Universities Centre was born out of that very frustration; it is a very good model.

Mr R.H. Cook: I think there were about three local universities involved in Geraldton Universities Centre in the beginning and then they all seem to have retreated back to their metropolitan areas.

Ms M.J. DAVIES: All the universities identify an opportunity when funding is available or when they are currying favour with governments that are telling them that they must do more to educate regional people, but when it gets too hard and the funding model does not support them they retreat back to suburbs in the metropolitan area from whence they came, and we in the regions are left to fend for ourselves. That has been my experience; it is very disappointing.

Mr R.H. Cook: I thought Darwin was involved in GUC as well.

Ms M.J. DAVIES: GUC has had far more success partnering with open-source online delivery courses from other universities. We provided some funding through royalties for regions for it to provide the face-to-face support on the ground for students, but the actual curriculum was designed by identifying the skill needs for the region and then finding the best courses to offer and wrapping support around the student. The model has now been rolled out and funded by the feds in other areas of the state. There is one in the Pilbara and there are certainly others in the eastern states. It is a very good model; they have a great plan.

Mr R.H. Cook: It's a good set up. I have been there a number of times, member, and there is good energy in there. I have talked to the nursing students there; they're a great cohort.

Ms M.J. DAVIES: The midwifery proposal, which had been put to the government, I think from the latest advice that I have had, has been abandoned because WACHS and the Department of Health are saying that they do not want to disrupt their relationship with Perth universities that are already training their midwives. I find that unacceptable, minister.

Mr R.H. Cook: I will talk about that in my reply, but you are right to raise the issue, member.

Ms M.J. DAVIES: It is very concerning to us when there are such significant staffing gaps in the community. It is something that so many people raise with us as we travel around the state—no doubt, they raise it with the minister. We should all be striving to make sure that mums and dads can have their kids closer to home because of the cost for that family when they have to leave their home. It is the experience of one of my best friends and no doubt many of the regional members from more remote areas—not even that remote. People in my electorate, which is driveable from Southern Cross, have found themselves spending weeks and sometimes months living in Perth with friends and family or renting because they need to be near the hospital they are going to deliver their child in, because they do not have those services in their local town.

I referenced primary healthcare workers before. We had quite a significant program under the Southern Inland Health Initiative. I think the minister would be well aware that the sustainable health review recommends that five per cent of the health budget should be spent on preventive health initiatives. During questioning in estimates, our health spokesperson, Hon Martin Aldridge, revealed that the amount that this government is investing in primary health care initiatives is 1.7 per cent of the health budget. That gap where we all know the investment should be is concerning. Hospitals are the most expensive part of our health system. If we invest in the front end that deals with primary health care, we will keep people healthier for longer and out of the acute end of the system. My understanding is that there is no ongoing funding for the positions that have been built up by the Southern Inland Health Initiative to expand to the north west and, potentially, other areas of the state. It is disappointing that we are falling back to the acute care model. Those positions supported the transitions that we had made in the two communities of Pingelly and Cunderdin, where we shut the hospital and set up the primary health care centre. There is still an emergency department, but rather than focus on providing wards and beds, we shifted the staff into the community. I have to say that those communities have encountered some speed bumps along the way, but our government was committed to making those models work because we saw them as the future for smaller communities that have outdated facilities, not only for health outcomes, but also for financial outcomes. It would behove this government to wrap every support mechanism it can around Pingelly and Cunderdin to make that

work, because other communities will look at them and say that they will not entertain a model like that because of what happened in those towns. There is the opportunity to get that right. I know that there are some challenges in Cunderdin with the agreement with the WA Country Health Service and the palliative care agreements that were made at the very beginning of the process. I will follow that up with the minister at a later date.

The other issue I want to touch on is urgent care clinics. We have raised it a number of times in this place, and the minister has neatly sidestepped the question of when we will see one.

Mr R.H. Cook: I am glad you recognise it was neat!

Ms M.J. DAVIES: It was a bit of a side shoe —

Mr R.H. Cook: A soft-shoe shuffle.

Ms M.J. DAVIES: I should not have tried to say that at this time of the day!

This was a Labor commitment, so I do not think that we were being particularly tough in asking whether the government was going to hold itself to its own commitment. However, we find ourselves in the middle of the worst flu season experienced in many years—perhaps the entirety of the state's history. We are starting to wonder whether it was just a brash election promise by the Labor Party and whether we will actually see them, because two and a half years into this government's term, there is no sign of this policy hitting the ground. We have asked the minister a couple of times in this place whether he will deliver on his promise to the people of regional Western Australia. I suspect that we will get a similar answer today, but I will ask again. We will do more digging and talk to more people in the communities of Geraldton, Albany, Bunbury, the Pilbara, the Kimberley and Kalgoorlie. I think they deserve to know whether they will have these services in their communities as promised.

I wonder whether it was the minister's original plan for the government to build and staff the clinics near hospitals to direct non-urgent patients from the emergency department to the clinics. My understanding is that it was originally a government initiative—that the government would fund and manage it. I think that has come a little undone because there was some pushback from the Australian Medical Association and private providers that it would impinge on their ability to run their businesses, although most medical businesses in regional Western Australia are probably at capacity. However, they saw it as an impingement on their ability to offer services. I think a bit of rethinking is now happening in the department. I am happy to be corrected so that we have a clearer picture about where we are at with these urgent care clinics that will solve the problem that we currently are stuck in the middle of. There is consultation happening to encourage local general practitioners to become the urgent care clinic, but I do not think that some of these clinics in regional Western Australia have any spare capacity. Most of them have quite significant wait times. When I speak to my friends and colleagues and people in communities across regional Western Australia, they talk about having to wait days or weeks to get an appointment for things that are sometimes quite urgent, and they can end up in the ED. I am not sure that the plan is working out very well. Are the urgent care clinics doomed? Have we hit a challenge that is insurmountable because it was not a particularly well thought out election promise and is proving more difficult to deliver? Is there just no desire to deliver on it? I am very happy to be proven wrong.

I want to talk about ambulance ramping next. The shadow Minister for Health will no doubt talk about ambulance ramping from a metropolitan prospective in his contribution—maybe; I do not know.

Mr Z.R.F. Kirkup: It is a very regionally focused motion.

Ms M.J. DAVIES: It is. But I am about to tell members why it is important. Our volunteer ambulance services are telling us that they are being impacted by ambulance ramping in the metropolitan area because many patients end up in metro hospitals. Let us say a volunteer in Southern Cross picks up a patient. When they go to Merredin, they are told that the patient cannot be taken because there are no doctors. The volunteer shoots on through to Northam, but the patient is now in such a critical state that they have to go to Midland. But ambulances are ramping at Midland, so off they go to Royal Perth Hospital. The volunteer crew has gone from Southern Cross into the city centre and faces a full five-hour drive on the way back. The community has been left exposed because they are not in it and there are not many services. Somebody told me the other day that if a patient is released and the nearest ambulance is still in the metro area, it will be directed to pick up the patient. They are volunteers! These are some of the problems that metropolitan ramping is causing for regional communities and have been raised in forums we have held around the state. I understand that there have been reviews of St John Ambulance's contract with the WA Country Health Service, and a recent Auditor General's report follows up on the 2013 report. I do not think there is one community that I visit in which the volunteers do not raise the sustainability of their service and the pressure that they are under. The minister can clarify this for me, but I think there are ramping figures for metropolitan hospitals, but we do not see them for regional hospitals.

Mr R.H. Cook interjected.

Ms M.J. DAVIES: So metro ones are provided; do you think regional ones are?

Mr R.H. Cook: No. I would have thought that you were right—that we do not do country ones.

Ms M.J. DAVIES: Okay. Some services around the Geraldton area are coming into Geraldton Regional Hospital and seeing ramping. That is impacting them as well. It would be good to have some transparent data for regional hospitals in the same way that we can see metropolitan data. There also needs to be a commitment to deal with that very concerning issue. If we lose our ambulance volunteers because they get burnt out, regional Western Australia will be lost and the state will be up for a far bigger budget for its health system than it currently has. Volunteers are invaluable and are doing it for the right reasons, but they are under an extraordinary amount of pressure. Every member who represents regional electorates in this place will attest to that.

The last thing I want to mention before I finish is palliative care. As we travel around the state, we have been meeting with representatives in anticipation that debate on the Voluntary Assisted Dying Bill will raise some of those concerns. Clearly, that is how some are positioning themselves for this debate. We have members who would very much like more clarity from the government about how regional people will be able to access what is being proposed in the voluntary assisted dying legislation. That is something we will delve into in great depth because whatever new system is put in place will need to offer equality and equity of service. That is very difficult to do in a state that is so big. That is the new system that will be introduced, as the minister outlined in his second reading speech, but we have an old system that currently exists for palliative care that is far from providing a service that most families would say is acceptable for people at that point in their life. I know that this is not just a regional issue. My father passed away in a private hospital in the Perth metropolitan area, and the palliative care he had access to was far from what I would consider appropriate or adequate.

That was very distressing for us. I can only imagine what it would be like for someone in a very remote community to come to Perth and who, like my grandparents or others, would like very much to die in their local community, in their own home and in their own local hospital surrounded by their friends or family. Although it sounds a bit twee and maybe as though we are over-egging it for many regional people, but it is a very stressful experience when someone is well; it is certainly not something that people wish to do at a point in time when they should be considering their family and friends and staying close to home.

I appreciate that as we travel around the state the minister is giving us the ability to meet with palliative care people working in the state system, and also some of the private partnerships being formed. We were in Geraldton a couple of weeks ago and we sat down with the providers. The midwest model is quite exceptional, but it is unique, and I do not think that even in some of the areas immediately outside its catchment area there is that level of support, certainly in the central wheatbelt. There are some good people, but when we start talking about the fact that a lot of these people see only the palliative care specialist who supports the whole network on the ground maybe once a month, because that is what they are funded for through the WA Country Health Service, I wonder whether it is sustainable for the person who is offering the service, because it is a lumpy service to provide. They cannot anticipate when people will require a ramp up or ramp down of their services. There is certainly no shortage of it. One of my very closest friends and supporters is the funeral director in Northam, and he is not going out of business any time soon. These palliative care specialists have ongoing work, and as people start to face more complex diseases, as we live longer and require palliative care for various things that maybe we have not experienced before, the challenges are growing exponentially. We would always say that the question is, "How long is a piece of string?", for how much funding is required. When we put this to the people who are in the services, bearing in mind that they are at the coalface, without question, all of them would say they need at least double what they are getting now. We could say that about every public servant, every person who is running a business, everyone who is offering a service, but these people do a lot with very little. I do not think anyone would begrudge additional funds going into such an important area of our budget and I think there will be much discussion as we move forward.

We need to create better awareness of what palliative care can offer, how it can be accessed, and to educate people within the system. I am sure the minister has come across that. There are probably doctors and medical providers who are unaware of some of the services that are available, so it is as much about educating people in the system as it is educating the people who require assistance. That all comes with a fairly hefty budget. Those concerns are being raised with us and the gaps are real. We have the Cunderdin example, in which we negotiated for one of the independent living units that was built surrounding the Cunderdin primary health care sector to be assigned to palliative care. WACHS is currently saying there is no ability for it to provide services into that unit, despite that that was a very clear intention of the community up-front. We are starting to see that in aged care interaction as well and in some of the lodges that WACHS provides services to. Again there is an interaction between the federal government and state government's responsibilities, but in some of these communities, WACHS is the provider of last resort. I just cannot see that big providers will come in and offer the services that WACHS have traditionally offered. More and more they are being told that they are hanging back. They are withdrawing their services to see

whether a private provider will step in and that is unacceptable for the families who get caught in the middle of that discussion. Those are the more common stories that we are hearing across the board.

I draw the minister's attention to the fact that prior to the budget, we as a party brought to this house a motion that everybody voted for and supported. The last time we raised this issue was prior to the budget, and we called on the government to prioritise regional health care funding and services, including palliative care, in the current state budget. The minister and his colleagues voted to support that motion. We are seeing some real challenges, as I have just outlined, in the workforce, training and incentives, general practitioner shortages, investment into hospitals and physical infrastructure, and we are seeing people very distressed and almost at crisis point when they talk to us about this. There are nursing and primary healthcare worker shortages and midwifery services diminishing every day; the urgent care clinic promise is yet to be realised; and there is record ambulance ramping, which impacts on patient and volunteer outcomes. I have not touched on the patient assisted travel scheme, but I recall that when the minister was in opposition he was all care about PATS. We have not seen any revisiting of PATS and how that operates under this government yet, and the minister is on notice on that front because that is something that is regularly raised with us as well. In our mind the system is reaching a crisis point and it is up to the government to step in.

Our record in government was good. I can stand here and say that every day of the week. We reset metropolitan and regional health to ensure that the current government had the ability to capitalise on that when it came to government. We do not want to see that good work eroded because the government's priorities are elsewhere. We are arguing about the "need" to have, not the "nice" to have, for an essential service for every single person living in regional Western Australia.

MR P.J. RUNDLE (Roe) [4.55 pm]: I rise to make a contribution today and certainly agree with the motion, which states —

> That this house expresses its grave concern about the medical crisis in country Western Australia and the lack of resources and priority for country health.

I firstly congratulate the minister on his reading in of the Voluntary Assisted Dying Bill 2019 today. I know he has done a lot of work on that and on my preliminary look at it, it seems pretty well organised. I know there has been a lot of consultation, so I congratulate the minister and the government on that.

The minister would be disappointed if I did not bring up the lack of staff at Katanning Hospital and a variation of subjects about the electorate of Roe, which I will be reminding the minister of as I have done so over the last year or two. But I heard the minister's words today about being a young activist. I certainly look forward to more activity in the electorate of Roe.

Mr R.H. Cook: So long as you are not looking for more youth out of me, that is fine!

Mr P.J. RUNDLE: A youth activist, as it was, but I am sure it will flow on.

I would like to elaborate on some issues about not only Katanning but also the electorate of Roe. As our leader said, it is important right from the start that we recognise the fantastic work that our health professionals are doing in the regions. Our criticism is more about a lack of resourcing the gaps in the system. I look at the likes of Katanning, Narrogin and Esperance, and we have some fantastic people out there: doctors, nurses and allied health staff. I certainly congratulate them on the hard work that they are doing and I look forward to filling those gaps that are in place.

My assessment of things is that from 2008–09, the Liberal–National government delivered what I call the "much admired" royalties for regions program. As members know, I was certainly in a position to witness that in my role as chairman of the Great Southern Development Commission, and as part of each development commission we put together the regional blueprints, which were very comprehensive documents, and health was a big part of each of those documents. I congratulated all those development commissions. Most of them spent a good 18 months to two years putting those documents together and, as I said, health was a major part of it. They stretch from the Kimberley right through to the great southern and everywhere in between. I believe the Southern Inland Health Initiative was revolutionary, and the spend of $565 million throughout the regional areas of WA is a great credit to the government and to the cabinet, which our leader here, the member for Central Wheatbelt, and the member for Warren–Blackwood were part of. I think it is ironic in a way that the WA Country Health Service was a major part of the design of the Southern Inland Health Initiative program, and I can still remember the likes of Jeff Moffet and Geraldine Ennis extolling its virtues. I know that the cabinet took to the WA Country Health Service the proposition of designing this initiative. It was really designed by the health professionals and the people who are involved in the WA country health system, and it was about the country. As I said before, I think it is ironic that in our research we found that a very similar motion to what we have moved today was moved by the now Premier and debated by the now health minister. I draw the attention of members to a couple of those quotes. One of them is from Hon Mark McGowan. He said —

> For people who live in the country and those people who live just outside the metropolitan area there can be no greater issue than the provision of health care. The lack of that care, of course, can be a life and death issue for people living in communities throughout regional Western Australia.

He went on to say —

> As we all know, the further away from the city, the more disadvantaged the electorate.

He was well and truly aware of the situation as a member of the opposition, and I think that is why it is important that we recognise the significant infrastructure projects through royalties for regions—the likes of Albany hospital, Karratha hospital, Busselton hospital, Carnarvon hospital and, of course, in my electorate, the Katanning, Esperance and Narrogin hospitals, which were all major infrastructure projects. We should also recognise the Williams Health Centre, which was opened fairly recently by Hon Darren West. I appreciated the opportunity that Darren gave me to say a few words. That is a $4 million health centre and it is very important for that community of Williams. They are the types of centres that came on stream through the Southern Inland Health Initiative and royalties for regions.

I have a couple of other quotes from Hon Roger Cook, the now health minister. He said —

> People expect that when they go into an emergency department, they will be looked after with the best possible medical care that our state can afford.
>
> …
>
> Perhaps it is the system itself that is broken, not the concept that people now have higher expectations of emergency departments. Now what would provide the minister with the resources to reinvent the system to provide extra GPs and new and innovative ways of delivering health care?

There it is. He said that we have to stop playing politics with our country health system and royalties for regions. There it is, minister. That is his quote from 2010, I think. It is very appropriate, and I am sure he will take it on board with some of the challenges lying ahead of him.

I would like to take the minister back. I think we had a cup of coffee with Hon Darren West at The Daily Grind Cafe in the main street of Katanning around mid-2016.

Mr R.H. Cook: Yes, Darren was saying, “This young Peter, he’ll go a long way”!

Mr P.J. RUNDLE: That is it!

Mr D.A. Templeman: He went to the end of the road!

Mr P.J. RUNDLE: Yes!

It was in the seat of Wagin, which is now the seat of Roe. I remember that in the now minister’s travels with Hon Darren West, he was building up the expectation of the community of Katanning. He said, “When I become health minister, I’ll fix the maternity service and I’ll fix the emergency department.”

Mr R.H. Cook: I don’t think they were listening to me that closely, but it is very nice of you to say!

Mr P.J. RUNDLE: I know the minister makes some big claims!

But the people of Katanning remember Hon Roger Cook making those promises on the main street of Katanning, and they look forward to him delivering on them in time to come.

Some of those issues are still there in the great southern, and unfortunately for my electorate, it seems to have been a major focus. Some of the announcements in the state budget seem to focus on the electorates of Collie, Bunbury, Mandurah and Albany—those coastal Labor-orientated seats.

Mr D.T. Punch interjected.

Mr P.J. RUNDLE: I look forward, member for Bunbury, to some of that money travelling east to the electorates of Central Wheatbelt, Roe, Moore and Warren–Blackwood. In time to come I think the minister will see that right; I am sure he will.

I do not want to speak about the Nationals WA doing the minister’s job for him, but I want to return to the health forum that we held in Katanning recently. We brought together all the stakeholders, because there is so much concern in the region. We had our leader there and we had Hon Martin Aldridge and Hon Jacqui Boydell. We brought together a large list of stakeholders, including the Katanning St John Ambulance. We had Rural Health West there, and we had the Shire of Katanning, of course, hosting us. We had a couple of doctors from the Southern Regional Medical Group from Albany who are keen to look at starting up a practice in Katanning. We had Nick du Preez from St Luke’s Family Practice in Katanning. We had Geraldine Ennis from the WA Country Health Service.

I congratulate Geraldine. I gather she has been seconded from the goldfields–Esperance region across the great southern, and she is doing a very good, proactive job.

Mr R.H. Cook: She's great, isn't she?

Mr P.J. RUNDLE: Yes. She is very well regarded in the community. She gave us a tour of Katanning Hospital that morning, along with Robyn Millar, and it was great to see that piece of infrastructure that was developed through the royalties for regions program. We also had some community members there and some other shire members. It was really a positive, constructive forum. It was not about negativity. It was about what we can do to help, the positives that can come out of this forum that we can take back to the minister and the WA Country Health Service and talking about some of those issues that might impact.

I want to give a couple of details from some people who were at the forum. We had Barb Groves and Chris Conning from St John Ambulance. They talked about the huge impact that patient transfers are having on our St John Ambulance drivers, and the recent increase in patient transfers from the emergency department in Katanning, whether it be to Narrogin or Albany, and the impact that is having on local crews—the numbers and the struggle to get continuity. We had Kelli Porter from Rural Health West. As the minister knows, Rural Health West is involved in recruiting doctors. We have also been in conversation with Tim Shackleton, whom I also know very well from our history. I understand that Tim and Kelli are working hard to recruit doctors. As our leader said, the great southern has 15 vacancies, and five of those are in Katanning and one in Kojonup. That is 12 per cent of the GP vacancies in WA and they are in the great southern. Of those five vacancies, two international medical students have applied. We currently have a medical graduate, and one international graduate is in Perth awaiting the paperwork. One thing Kelli told us on that day was that the process for international recruitment takes between 18 months and two years, which is becoming a real frustration. There is also a high failure rate for those international recruits due to the difficulty of the language exam and the regulatory hurdles.

As such, our leader, the member for Central Wheatbelt, has written to the federal Minister for Health, Greg Hunt, about two things. One is to get him across to WA to talk to some of our communities—obviously, we will invite the minister—and the other is whether he can help with the visa requirements and difficulties that we are facing.

Mr R.H. Cook: Good luck getting him here. I tried to get the whole COAG health council to go to Broome in July. I have never seen a more resistant exercise. I said, "It's July and this is Broome." The Tasmanian minister went, "Ooh, that's too far. That's too far." Greg Hunt even organised Parliament to conflict with it after the election.

Mr P.J. RUNDLE: Keep persevering.

Ms M.J. Davies: I had to go to COAG for water, in Tasmania. It is just as far going the other way.

Mr R.H. Cook: I know, but if you can get people in Tasmania past Geelong, you're doing really well!

Ms M.J. Davies: Tassie was quite lovely.

Mr P.J. RUNDLE: I am sure it is warmer in WA than in Canberra, anyway.

Mr R.H. Cook: What time of year did you have to go to Tasmania?

Ms M.J. Davies: No, it was freezing cold.

Mr P.J. RUNDLE: Keep persevering with that one.

Dr A.D. Buti: It would not be as cold as Katanning.

Mr P.J. RUNDLE: No, come on. Come on, member for Armadale. We have a nice hotel with air conditioning for the member to stay in.

Mr D.T. Redman interjected.

Mr P.J. RUNDLE: He has been there.

Some of the other challenges that Kelli spoke about were the need to push doctors out of the metropolitan area to the rural practices. I know the minister has spoken about the number of health practitioners in the seat of Cottesloe. We know that there are 17 doctors in Dunsborough. These are the challenges with attracting doctors away from the coastline and out into our regions. I believe the rural clinical schools are a really important part of this scenario. I do not know how much engagement the minister has with the rural clinical schools, but I think as a government we need to really push this one. They are not all regional kids at the rural clinical schools, but it is a great segue for them to come into it. That was another issue that Kelli spoke about.

Geraldine, the WA Country Health Service director of the great southern region, talked about GP recruitment and retention, as well as about the rural clinical schools and the two GP practices that have contract services to the ED roster, which has gaps, filling that availability especially on the weekend. She spoke about trying to work through a solution to get doctors out of Albany and up to Katanning. That was another one. We also had a review from Dr Nick Du Preez, who has the St Luke's Family Practice, and the difficulties he is having with the visa situation.

We had a talk about the new practice interest from Dr Chris Swarts and Dr David Mildenhall from Southern Regional Medical Group, who are looking to set up a practice in Katanning. Potentially, the old shire building will be converted to a medical centre. There is obviously a tender process and the usual governance requirements, but there may be an opportunity for them to start up a practice there. I think that would be a great opportunity.

I would like to cover some other things relating to the health forum. Paula Bolto is a fantastic community person and has been involved with medical issues in Katanning. She tries to put a positive spin on it and she makes various positive comments on the Katanning Facebook page. She spoke about the maternity situation; we have had that scenario since 2012 when we lost our maternity service. I know that the current Minister for Health has acknowledged this situation and I am hoping somehow that we can get the Katanning maternity service back up and running, because between Armadale and Albany, Narrogin is the only place women can have a baby. We are losing families when they leave town five or six weeks before the baby is born and not coming back until several weeks after the baby is born. That is a real issue.

[Member's time extended.]

Mr P.J. RUNDLE: Steve Gash, the CEO of the Woodanilling shire, also talked about safe and affordable housing options that the Woodanilling shire is looking into. Hon Martin Aldridge spoke about how the international doctors are saving our bacon. I think that is right, and that is why the visa situation is so important. Hon Jacqui Boydell spoke about the importance of continuing professional development for our doctors out in the regions. They were some of the issues.

I will briefly mention a couple of the other situations around my electorate. Firstly, I am concerned about the $38.457 million cut to funding of public health emergency services in the state budget—not good. I think that needs to be reversed. I refer to the Narrogin Health Service chemotherapy scenario; there are four bays in the new Narrogin Hospital and two or three nurses have been trained up, but, unfortunately, we cannot seem to coordinate an oncologist to provide support. That seems a shame when we have just spent $35-odd million on Narrogin Hospital and we cannot open the chemotherapy unit. That also flows on to the likes of aged-care beds in the region. We have spoken about Kojonup, where the numbers were trimmed from six to three. We seem to be having a battle between the WA Minister for Health and some other federal elements about getting those three beds reinstated. I look forward to some positive comments there. Another example is the Esperance aged-care home, which recently received a fantastic extension opened by federal minister Ken Wyatt. I was lucky enough to be there. There was $3.5 million of royalties for regions funding and $3 million of federal funding that went in there, but now we have problems with staffing those beds. This is what we are looking for.

The minister is talking about palliative care. It is all linked and, as our leader said, people want to age and die in their own communities, and they want to be there in those last stages. We seem to be having problems getting those people in the right places. That has to be a real focus for this government. It is the same scenario for the independent living units at Wickepin, Corrigin and Cuballing. We had it set up. We had the business case. We had the royalties for regions funding. Unfortunately, Hon Alannah MacTiernan decided to pull the funding and said, "Here you go. Do another business case. Here's some money for that." We do not need to do any more business cases. They have already done about three.

Mr R.H. Cook: What was that for?

Mr P.J. RUNDLE: That was for the independent living units project at Wickepin, Corrigin and Cuballing. As the member for Central Wheatbelt said, it is about people ageing in their own communities with their families. I have mentioned the Katanning maternity service and I know the minister will certainly be onto that one. I would like to mention the well women's clinics. Dr Susan Shaw, who was going right throughout the great southern out to places such as Lake Grace, was doing a fantastic job. She was doing that off her own bat. She was getting support from the WA Country Health Service by way of some rooms and certain other things, but for some reason the rug got pulled out a few months ago. It is really disappointing for a doctor such as Susan Shaw, who does the well women's clinics throughout the regions. They were fully booked every time she came out there, and then somehow the Western Australian Country Health Service removed its support, which is really disappointing.

I would like to finish on some positive points. We are looking forward to the Narrogin helipad, which I know is in the design stages. As I said before, the rural clinical schools are an important element in fixing some of the problems we are having with our emergency departments. We want people to age in their own communities. I would like to thank people such as Julie, in the minister's office, who provides me and my staff with regular updates about some of the internal issues. I appreciate that, because she is doing a good job there, telling us about some of the positives, and some of the work going on behind the scenes. My final assessment is that, through royalties for regions, the Liberal–National government did the hard yards and built the infrastructure. As I said, it has been designed, in a lot of cases, by the WA Country Health Service, including telehealth, which is a great breakthrough, as far as I am concerned. Now it is the minister's job, as I quoted him from 2010, to put the right people in the right places.

MR R.S. LOVE (Moore) [5.21 pm]: I also rise to speak to the motion that this house expresses its great concern about the medical crisis in country Western Australia and the lack of resources and priority for country health. A similar motion to this was moved a number of years ago by the Labor Party when in opposition and, given that it attacked the former government for its lack of performance in many areas, it may still believe that there is a crisis in country health, and therefore it should support his motion. We know that there has been less of a concerted effort by the current government to address the ongoing issues faced by country communities in the provision of health services than under the previous government. We saw the previous government introduce hundreds of millions of dollars of investment through the Southern Inland Health Initiative, but in my electorate we saw cuts to programs that had been announced, such as the Turquoise Coast Health Initiative, and cuts to aged care. The member for Roe spoke about aged care being not strictly speaking part of the Department of Health's budget, but certainly a very major part of making a country town a healthy place to live is the ability of its older citizens to remain there.

I recently had the opportunity to travel to Saskatchewan in Canada on a parliamentary exchange, and I saw in numerous towns magnificent facilities for aged care in communities no bigger and no richer than, and just as remote as, the communities that make up the bulk of the electorates that Nationals members represent. I see no reason why, if Canada and Saskatchewan in particular, can provide those kinds of facilities in the towns and districts where people live, we in Western Australia cannot do just as well. We are a very similar state to Saskatchewan. We are rich in resources, but we have a somewhat larger population, and I think we have a few things going for us that Saskatchewan does not, and it surprises me that in some ways we are so far behind the comparable situation in Canada.

The fabric of country towns relies on their health services, as was outlined by the member for Central Wheatbelt and the member for Roe. One of those fundamental services is the St John Ambulance, and I will briefly digress and speak about that. We recently held a discussion forum in the town of Toodyay—sorry; it was Northam, but a significant number of people from Toodyay were there, and hence I forgot that I had actually gone to Northam.

Ms M.J. Davies interjected.

Mr R.S. LOVE: I do not often go to Northam, but I went to Northam on that day. We work together occasionally.

Ms M.J. Davies: He interlopes into my area!

Mr R.S. LOVE: We are always working together. I do not often go to Northam, because it is just that extra little bit down the road. It is a lovely town, and it is full of services and the like that my community would dearly love to see spread throughout the rest of the communities.

However, at this forum in Northam, at which many Toodyay people were present, some of the discussion points were around St John's. I think the member for Roe, and perhaps the member for Central Wheatbelt, spoke about the potential costs to Western Australia if St John Ambulance were to be fully funded by the state, as opposed to using volunteers. There seems to be a difference in view between different sub-centres. Those sub-centres that have access to a good pool of volunteers are actually quite happy to do quite a bit of patient transfer between hospitals—for instance, going up to Dalwallinu and picking up a patient and bringing them to Northam, or taking them to Perth. This is an activity that the Toodyay sub-centre encourages, but it has a strong number of relatively well, and not really old, retirees and part-time workers who can do that. In other communities, such as those around Carnamah et cetera, where they are expected to provide the same service from, say, Morawa or Three Springs to Geraldton, that is a real strain. Those communities do not have that cohort of people who have maybe retired from full-time work and are able to volunteer. Many times they are under the pump, because their volunteers may also be the local mechanic or work for the shire. They do not have that pool of volunteers, and real pressure has been put on those communities with the withdrawal of services that used to be provided in the local hospitals. The tendency now is that the patient is taken to the place where the best level of care is available, within reach for that person. Oftentimes that is in a larger regional hospital or in Perth, rather than the smaller country hospital, and that basically means that St John's is acting as an orderly, if you like, transferring patients between wards, except that the wards might be many hours apart by road transport. That is not an issue for some St John Ambulance sub-centres, but it is for others. We need to look very carefully at situations such as that in Jurien Bay, where an inordinate number of transfers take place out of the town, because there is not actually a hospital.

Another situation that the Toodyay sub-centre has come up against is that it took the initiative of beginning a system of patient transport that was not an ambulance but a small car, which does not need a fully-fledged ambulance driver. This is around Toodyay and the upper part of the Avon Valley. It takes people from the nearby farmlets—a lot of people live on hobby farms around Toodyay—and brings them in to appointments in Toodyay or Northam, or it may take townspeople to the metropolitan area. That is a great service for the people in the area, but one of the problems it faces is that when the drivers come to the metropolitan area and go to the local hospitals, they are being charged significant parking fees, and that is affecting their ability to provide this service to some of the metropolitan hospitals. I want the minister to take notice of this, because I would like him to address it if

possible. Their request is that there be some exemption, or some system under which they might be refunded or charged a discounted rate. It is a great service, and I know other towns have started to do that sort of thing. I know that Gingin, some time ago, instituted a similar service, as did Lancelin and some other communities. I have a lot of elderly people in my electorate, and often when they lose the ability to drive, or their partner loses the ability to drive, they are very isolated. There is no public transport to speak of, and they have no other way of getting to appointments except by car. Therefore, they often have to prevail upon friends and the like. Many of those people are proud and do not like to do that too much. If such a service was available, I would hope they would use it and it would not offend their sense of pride.

Gingin is another community that has faced some challenges in recent times. The provision of GP services has been a problem for some time in Gingin. That is quite a topical issue in that area. Therefore, the focus of discussion at one of the recent local branch meetings of the National Party was how to better provide medical services into that area. This discussion focused on Gingin in particular, because the nearest option for that community is Chittering, which is already under a great deal of stress. We need to find a way to make more GPs available in regional areas. I recall seeing figures some time ago that indicated that Western Australian country people do not get as much money from the federal government through Medicare payments as do people in other areas.

Mr R.H. Cook: I can give you the exact numbers.

Mr R.S. LOVE: Yes; that is good. But we need to start to use some of that money and say, "How come all the doctors are in Nedlands?" I am sure the member for Nedlands has a lot of doctors in his electorate, for instance. He is not here at the moment, and I am not slandering him, but he often boasts to me that he has many doctors in his electorate.

Several members interjected.

Mr R.S. LOVE: The member for Cottesloe may have some doctors in his electorate.

Mr R.H. Cook: The member for Cottesloe has them all!

Mr R.S. LOVE: He has some, and there are many doctors in Nedlands, but I can assure members that there are not many doctors in Moore, Roe and the Central Wheatbelt. We would like doctors to recognise that there are business opportunities out there. They are in business. It cannot always be about lifestyle. Surely money can be made by going to the regions and servicing the needs of the regions. The populations of the regions are generally older and sicker than those in other areas, and they generally receive a lower Medicare rebate. To me, money talks. Maybe one way of getting doctors to the regions is to change their view about what is a good place in which to run a business. Certainly, a lot of the towns that are struggling to find GPs have very good facilities and are quite pleasant places in which to work. I am sure that if people saw what was available in the regions, the situation might start to turn around. The Gingin branch of our party sees that issue as one of its major priorities, and it intends to demand some action, in a policy sense at least, at our state conference to try to bring about change for those people.

I was recently in another area of my electorate, Northampton, and people told me about the problem of keeping a doctor in the town. A doctor service is available in Northampton, but on a part-time basis; that doctor service also has a surgery in Geraldton. The hospital in Northampton is ageing and in desperate need of upgrade. Indeed, at some stage that hospital was listed as a priority by the previous government for further investment down the track. It is the first hospital that people come across when they leave the pastoral areas and come into the settled areas. It services a large catchment to the north, and deals with a large number of traffic accident cases and other situations. Of course, not having a full-time doctor makes it very hard for the town to keep a range of other services. In a number of communities in my electorate, there is a pharmacist, but no doctor. Pharmacists provide quite a good level of service for a number of people in those communities. In fact, they provide the only continual service, as opposed to other communities in which a number of doctors might be available. Representatives of a group called the Rural Pharmacy Support Network explained to me the other day that they see some potential for pharmacists to play a bigger role in health delivery within those communities as part of an effort to better coordinate services. That is not to take away from doctors. However, pharmacists can, for example, monitor chronic disease conditions such as diabetes, which take up a lot of doctor time. When a continual doctor service is not available in a town, it is difficult for people to keep on top of their diseases and medications et cetera. People cannot go to a doctor and have their condition reviewed when they need to. Many of these communities are characterised by having locum doctor services. They do not have the continuity of the old country family doctor, whom people might have some view about. Quite often, people have to see a different doctor every time they go to a service, and those doctors are not familiar with the patients and often not familiar with the region and the services that are available in the region—and certainly sometimes not even familiar with the funding requirements and the limitations of what can be authorised for people. I know that the minister has authorised pharmacists to provide vaccines, for instance.

Mr R.H. Cook: Yes.

Mr R.S. LOVE: That occurred quite recently. That is a good step. However, things like enabling people to keep on top of their medications is important. People go to different areas to see different doctors. For example, they might be sent to a hospital in Geraldton and then have to go to Perth. It was pointed out to me that sometimes when people return, a suite of medications might have been given by a range of different doctors, and some of those medications might conflict. Someone needs to overview and keep an eye on that situation.

Mr R.H. Cook: The grey nomads represent a real challenge with that stuff as they are travelling around the country dragging their prescriptions with them. From that perspective, the system is particularly difficult.

Mr R.S. LOVE: A number of grey nomads travel through my electorate. However, my concern is for the people living in the area who have no other choice. They cannot hop in a large recreational vehicle and go to Carnarvon or somewhere else for a medical service; they have to live in Northampton and make do with what is available in that community. However, I take the minister's point that other people and other circumstances are involved and such things happen.

Mr R.H. Cook: I'm saying that they are real challenges for rural pharmacists.

Mr R.S. LOVE: There certainly are.

In the midwest, for some time there has been an unmet need for a healthcare workforce. A practice had been built-up by the local WA Country Health Service with agency staff filling gaps et cetera. I have to say that a concerted effort has been made in recent years to try to get away from that model.

[Member's time extended.]

Mr R.S. LOVE: That is very important, because we need to do something that is more economically sensible than paying enormous amounts of money to someone who does not live in the area and comes in for a short time. Sometimes the local options are not fully explored. I think other members have spoken about Geraldton as an area with huge potential for workforce developments and to be a focal point for that midwest area. As I have said, there is a degree of opportunity in this area, in that there is a less than optimal uptake of Medicare. That is because people are simply seeing locums, or seeing doctors only occasionally, when they should have greater continuity of treatment and be able to access the treatment plans that they should properly receive. Also, there are opportunities for programs such as the National Disability Insurance Scheme, and aged care. Although they are not in the minister's area, strictly speaking, there is a synergy between the training that could take place for WACHS and for other —

The ACTING SPEAKER (Ms M.M. Quirk): The member for South Perth and the minister are talking less than sotto voce. You are distracting the speaker.

Mr R.S. LOVE: Now we have the member for South Perth under control.

I was saying that there is an opportunity to build on what is available. There are great facilities at the local TAFE, with the rural clinical centre. There are different opportunities, including those provided by the Geraldton Universities Centre, to drive some of that. There is a need for employment in some of these areas. There is significant underemployment of some age groups within a lot of towns. If people could envisage working in the health services after being trained and receive a good wage, there might be an uptake of those opportunities.

Mr R.H. Cook: That's why I think the GUC nursing school is so important because the people who go to study there will be locals or people from other parts of regional Western Australia. We know exactly where they will go ply their trade immediately after graduating.

Mr R.S. LOVE: I agree, but it needs to be part of a concerted workforce development plan for the region. Under the previous government, the Mid West Development Commission carried out a regional health plan for the midwest. I think someone mentioned Tim Shackleton earlier. Tim headed up that program and developed that strategy. Amongst other things, such as improvements to the hospital et cetera, workforce development was probably the key thing for improving health services in the midwest. I see that as an opportunity to improve health services, improve the ability of towns to keep older people and less well people in the town and also provide those services from within the town so that money can flow from Canberra, Perth and other places into those communities so residents get their fair share of human services that other communities take for granted.

As I said before, we can potentially do that in a number of ways not just through pharmacies, but by unlocking the potential of underused human resources within the town. I am talking about people who do not have a job but perhaps could have a job if they thought a job was available. I think they see the opportunities. In the past, it was too easy for the health department and other bodies to grab a trained person instead of setting up something in which they have a pool of people to call on so they will never be short of staff in the future.

Today I note that the minister read in the bill to enable voluntary assisted dying. I note that in a matter of public interest debate in March 2019 we discussed the importance of a palliative care program. We did not have a budget figure at that time. I acknowledge that the government has put money in the budget for this program. In his speech today, I think the minister mentioned that a total of $206 million will be spent on improving palliative care over

the next four years. My concern with that, as I outlined then and I continue to outline now, is that my electorate is lacking a superstructure of medical centres and service points to deliver these services. Because of that lack of infrastructure, which the Turquoise Coast Health Initiative accentuated, we will miss out on improvements to services. For instance, the member for Roe highlighted a number of towns with hospitals et cetera. No doubt, those places will see an improvement in services. I am not so sure that communities such as Leeman, Green Head or Cervantes will see any improvement in services because they do not really have that superstructure to deliver them. That will lead to further disadvantage for my communities. I highlighted that during the MPI in March. In response, the minister and the member for Morley promised action on those matters. I take the minister at his word but I am pointing out that there will still be gaps in my area unless a concerted effort is made to address that inability to provide these services in areas where we do not have hospitals et cetera.

I noted that Hon Jacqui Boydell spoke about this on radio today, and the minister has had a discussion about these types of issues. The timbre of that discussion was not just about palliative care but also the delivery of assisted dying. There are requirements for consultations and opportunities to meet with a number of health professionals, which is not always easy when communities do not have a number of health professionals. I hope that a concerted effort will be made to address those issues in the future, not just through the assisted dying legislation but also through the program for palliative care. I do not believe that at the moment we have anything like an acceptable level of palliative care in many communities in country Western Australia—not all communities. I think Albany has been highlighted as an example where it does work. It is a larger community. There are dedicated professionals who have worked in that area for a long time. Without that local champion and that larger critical mass, it is hard to see how we will advance. It is not always easy to do.

Morawa hospital had a number of aged-care units within it for a number of years. When the hospital was built, which was not that long ago, a room was set aside for palliative care but because no-one needed palliative care immediately, there was pressure to open it up for aged care, but then that opportunity disappears for people in the future. I am not exactly sure whether that bed is available for palliative care today but at times it has not been because it has been chewed up for aged care. It is hard to make facilities available for people when their use is rather episodic. I appreciate all that. It will be more than just "business as usual" to address these issues. I think the government's strategy needs to be sympathetic to the diverse range of communities that we represent. In saying that, I fully acknowledge that communities in remote areas of the state have problems that are even more difficult. We have just ignored the issue for many years and have not had to address it. Oftentimes, we have not known that a person is ill or they have moved to a different area and then disappear in the system in the metropolitan area and nobody knows that that is not where they want to be.

I thank the minister for listening. I hope that he will bear in mind that this was originally his motion. There was a crisis in health. I ask the minister to think very carefully about what the Labor Party has done to address that and perhaps understand that there are still some critical failures. Perhaps he should come over to this side of the house when we vote and acknowledge that there is a crisis and that he needs to reprioritise his government's efforts to ensure that that crisis is addressed.

The ACTING SPEAKER (Ms M.M. Quirk): Member for Dawesville.

Mr R.H. Cook: I thought I was going next.

MR Z.R.F. KIRKUP (Dawesville) [5.49 pm]: We are making sure that we follow the Nationals WA in this case.

Mr R.H. Cook: You pulled the agreement.

Mr Z.R.F. KIRKUP: I am not sure it was an agreement.

Mr R.H. Cook: So, you didn't agree.

Mr Z.R.F. KIRKUP: I said I am not sure it was an agreement. I am here to support our National Party colleagues. As I said, I am here today to support the National Party and to express grave concern about the medical crisis in country Western Australia, and the lack of resources and priority given to country health. That is what we are here to discuss. I absolutely support the National Party's motion. It is important to help to set the agenda on what we have in front of us—that is, of course, as a number of our National Party colleagues have outlined, a record of achievement when it comes to health in country Western Australia. The previous Liberal–National government allocated record funding for health in successive state budgets. Absolutely, regional Western Australia and regional health needs were consistent priorities for the previous Liberal–National government.

In particular, I would like to talk about the $170.4 million for the Albany Health Campus. I remember that funding being discussed and committed to a number of times under the Labor government that was in power before the previous Liberal–National government came to office. It was promised again and again, but the Labor Party did no work at all to see that hospital built. A Liberal–National government built that hospital. It opened in May 2013. I find it amazing how often Labor Party members stand and suggest that they somehow support the regions and care about regional Western Australia, yet they continue to dud people in the regions. That was no more evident

than in Albany. I was very surprised that at the time the member for Albany was not more vocal in his advocacy to get the hospital built during what was a Labor government. Labor did not build the hospital. It promised it time and again, at every election, and then it withdrew and failed to adhere to its promises. It is a consistent theme we see in this government now, not only for regional Western Australians, but also for all Western Australians.

There was $120.4 million to set up the Busselton Health Campus. It opened in, I think, March 2015. There was $59 million for the redevelopment of the Kalgoorlie Health Campus. I will talk more about that later in my contribution today. The redevelopment was completed in August 2015. There was $31.3 million for the redevelopment of the Esperance Hospital. The emergency department was finished in December 2015. There was $26.8 million for the Carnarvon Multi Purpose Service. Those are significant investments in health and a very clear regional focus from the previous Liberal–National government. In addition to our investment in hospitals, we gave significant funding to health centres, health support services, Aboriginal health services and a range of clinics. When the current government was in opposition it had the gall to move a motion suggesting there was a crisis in the state health system when there was a record amount of investment in our regional health infrastructure. It is amazing that the Labor Party would move that motion in opposition, but it is absolutely warranted that the National Party moves it now, because we are seeing a continuing and very real concern about elective surgery, emergency access targets and a lack of investment in our regional health system. We implore government members, particularly the few regional members on Labor's backbench, to consider their own circumstances and the health system they have now that is largely due to investment from the previous Liberal–National government that is going to rack and ruin under this Labor government.

We have talked about hospital investment, but I would like to quickly go through the health centres and a number of health services that I think deserve attention. Often hospitals outshine other services as the shiny piece of health response infrastructure in our community, but important health services were funded under the previous Liberal–National government. There was $19.5 million for the Laverton Community Health Centre. It was the out-of-date Laverton hospital and now provides a comprehensive range of primary care in a short-stay environment, as well as six aged-care independent living units, which were funded by the previous government. The Exmouth health service was redeveloped. It was practically complete in, I think, 2015. The previous Liberal–National government funded a number of Aboriginal health clinics. There was a commitment of $150 million over five years for the North West Health Initiative. The Southern Inland Health Initiative was an important program to help address the chronic general practitioner shortage. There was a commitment of $41.8 million for the Onslow Hospital and health service. The previous Liberal–National government also funded training for Aboriginal health workers to identify ear disease in children in remote communities.

Again, a consistent theme of the Liberal and National Parties in government is that we pay attention to and invest in regional communities. Unfortunately, the same cannot be said about this Labor government. In addition to that, the previous government supported eastern goldfields residents with an $8 million investment in telehealth and increased funding for renal dialysis services in the wheatbelt, which no doubt affects the member for Central Wheatbelt's electorate quite significantly. There was a significant investment, in the millions, to help ensure that there was better access to renal dialysis.

I find it interesting that the Labor Party in opposition would have suggested that that record amount of investment indicated that the medical system was in crisis. It had grave concerns that country Western Australia had a lack of resources and priority was not being given to country health. I think that record investment by the previous Liberal–National government shows a commitment to regional health in Western Australia. Fast forward to 2019, and we see a government that has no interest in investment in regional health, in regional Western Australia or in supporting the communities with the chronic health service shortages that we see across Western Australia.

Looking at the regional hospitals that are hurting, the Leader of the Nationals WA quite rightly pointed out that we cannot access daily or hourly ambulance ramping data for regional hospitals; it is simply not populated. There is, however, data worth looking at in the absence of ambulance ramping data—that is, the WA emergency access target or WEAT. If we look at the WEAT and compare May 2019 with May 2018, we can get a sense of the trend developing in our state's metropolitan and regional hospitals. There is a consistent deterioration in the WEAT for the time patients are meant to be seen in our hospitals. It is happening at alarming rates. I am quite interested to hear from member for Bunbury, because he has one of the worst performing hospitals for patients being seen within the four-hour rule. As of May 2019, only 68.1 per cent of patients in Bunbury were seen within four hours. One year ago, that was 76 per cent. There has been a nearly eight per cent deterioration year on year, member for Bunbury. I have not heard the member making a fuss about what is happening in his local hospital whatsoever. I am very surprised that the member who considers himself such a regionally committed member is not advocating more for his community and what is quite clearly an emergency room in distress if only 68.1 per cent of patients are being seen within four hours. That is a great concern to me. I imagine it would be a great concern to anyone. If the member were a fierce advocate for his community, he would have spoken about that in this place, but to date he is yet to do so. That would be greatly concerning for me if I were a constituent of the member for Bunbury.

Thankfully, I am not, but, unfortunately, the Peel Health Campus services my district, and that is even worse. I will get to that in due course.

We have seen the WA emergency access target times deteriorate in Bunbury, Carnarvon, Esperance, Geraldton, Port Hedland, Kalgoorlie and Karratha hospitals. They have deteriorated to the point at which emergency departments are no longer seeing patients within four hours. I will use Bunbury as an example, because the member for Bunbury is in the chamber. When we talk about Bunbury being at 68.1 per cent that is just the average number of people who are being seen within four hours. Imagine the deviation on that figure. Undoubtedly, people are waiting much, much longer in the Bunbury emergency department. But, of course, all we hear from the member for Bunbury on that is silence. He is not an advocate for his community whatsoever. Evidently, if a person wants to advocate for regional Western Australia, they need to be a member of the Liberal or National Parties, because if they are a member of the Labor Party, we hear nothing but crickets when it comes to regional hospitals—and they are hurting. I am surprised that the member for Bunbury has not been more vocal in this place, but I look forward to his contribution as the evening wears on. Maybe the member will finally stand up and advocate for his community. More than that, maybe he will vote with the Liberal and National Parties on this motion, because, quite clearly, if 68.1 per cent of patients in Bunbury's emergency department are not being seen within four hours, one could argue that there might be a bit of a crisis going on in that emergency department. Unfortunately, not nearly enough people are being seen. The standard should be much, much higher. The target is much, much higher than 68.1 per cent. I am surprised that I have not heard from the member, but I look forward to his contribution. No doubt, I will hear something from him. I hope so. I am here with bated breath, member for Bunbury.

Another indicator that might be worth looking at when we talk about the circumstances of our regional hospitals is elective surgery and the elective surgery waitlist. Once again—predictably—we see blowouts from this government. Unfortunately, the news is not great for regional Western Australia. There has been a 51 per cent blowout at Albany Hospital in the elective surgery waitlist. The member for Geraldton knows that there has been a significant blowout in the elective surgery waitlist in Geraldton.

I was with the member for Kalgoorlie at a health forum last week. Health is huge concern in Kalgoorlie. The waitlists in Kalgoorlie, Busselton, Derby, Kununurra, Narrogin, Northam, Moora and, of course, Peel Health Campus have blown out. The average across regional Western Australian hospitals is a 12 per cent blowout in waitlist times for elective surgery. That is a very real concern. One would hope that the vocal members of the Labor Party would fight the good fight and advocate for their communities, but once again we hear nothing but silence.

Mr A. Krsticevic: They're not even here!

Mr Z.R.F. KIRKUP: They are not even here!

I am very surprised that we do not hear more from Labor Party members about elective surgery and four-hour rule targets. As the member for Roe pointed out, patients in regional Western Australia are typically older and may be in a much more acute or chronic health situation. Of course, there is the tyranny of distance. They are further away from their health services.

The member for Kalgoorlie, Hon Nick Goiran, from the other place, and I attended a health forum in Kalgoorlie as part of the Liberal Party's parliamentary conference in Kalgoorlie last week. It was very well attended. The member for Kalgoorlie tried to manage my expectations and told me not to expect too many people. He told me that the Commissioner of Police came up with his entourage and only got six people in a room. However, we got 45 people in a room.

Mr P.A. Katsambanis: That's because people care about their health.

Mr Z.R.F. KIRKUP: The member for Hillarys is absolutely right. They attended the health forum because they care about their health. The circumstances in Kalgoorlie made for concerning listening. The situation in Kalgoorlie and the goldfields, more broadly speaking, was quite upsetting to hear. I will talk more about the complex situation in the goldfields. To set the scene, 12 per cent of goldfields residents are Aboriginal. There are some important health concerns that you would expect any hospital or health service to be well equipped to respond to as part of an important and holistic culturally appropriate healthcare in the goldfields. We have to make sure that any health services are being delivered in an appropriate fashion. Between 2011 and 2015, 4 773 deaths of people under the age of 75 were due to preventable diseases. If there had been better access to healthcare, they could have been prevented. In the goldfields, it is 5.4 times more likely for Aboriginal people aged 15 to 64 to be hospitalised, compared with non-Aboriginal people. That is a significant disparity. People in the goldfields are twice as likely to die as a result of a transport injury. Unfortunately, the suicide rate in the goldfields is 1.2 times higher for men and 1.3 times higher for women than the rest of Western Australia. On maternal health, 5.9 per cent of women in the goldfields who gave birth were aged less than 20 years old. That is largely because of the younger teenage Aboriginal population. As per the health notes, it was 18 per cent of those who presented at the hospital to give birth. As part of the tour I had the opportunity to take at Kalgoorlie Hospital, I saw the birthing centres. They were

amazing and the staff are doing an outstanding job. It was really impressive. I managed to meet the midwife of the year. It was a fantastic visit and I will speak more about it shortly. In summary, the situation in the goldfields is that, compared with the rest of the state, adults in the goldfields are more likely to have high blood pressure, drink at riskier levels, have significant chronic disease risk factors, be less likely to go to a dentist, be less likely to go to primary health care, be less likely to use allied health, and be more likely to use a hospital service because they have an acute chronic condition. They are 1.5 times more likely to have a potentially preventable hospitalisation. The preventable death rate comes along with that. Road transport accidents and major trauma are a significant issues in the goldfields. The rate of notifiable diseases in the goldfields is 1.3 times higher than the rest of Western Australia. Members will be getting the picture very quickly, I hope, that the situation in goldfields is at a critical point. During 2016–17, 71 per cent of emergency department attendances were triage 4 or triage 5—that is, semi-urgent or non-urgent cases. For the rest of Western Australia during the time the figure was 58 per cent. People are attending the hospital with semi-urgent or non-urgent cases and going straight to the ED because they are less likely to use allied health or community health services. Although they account for only 12 per cent of the goldfields population, Aboriginal presentations at the emergency department accounted for 25 per cent of all ED attendances in 2016–17. To complement the contributions of the members of the Nationals WA, the mortality rate of the goldfields is 1.2 times higher than the rest of Western Australia. The avoidable mortality rate is 1.5 times higher than the rest of Western Australia. As other members here have spoken about, the situation in the goldfields and other regional areas indicates a crisis in our health system. We are getting to the point where we should express our grave concern about what is happening.

[Member's time extended.]

Mr Z.R.F. KIRKUP: I have grave concerns about the medical services being provided in Kalgoorlie. At the forum I hosted with the member for Kalgoorlie it became evident, not unlike the contributions by the member for Central Wheatbelt, the member for Roe and the member for Moore, that people are crying out for a more permanent resident workforce—doctors and specialists in particular.

I spoke to people who are waiting three weeks in winter to get an appointment to see a general practitioner because of the GP shortage that exists in Kalgoorlie. That is not an exaggeration. Time and again people told me during the health forum and meetings I attended in Kalgoorlie with the Parliamentary Liberal Party that it was almost impossible to get an appointment. If people have a child who is ill, they would be very worried. People end up going to the emergency department. I appreciated the tour that was facilitated by the Minister for Health's office. The hospital in Kalgoorlie is outstanding, but I think we went to the ED on Thursday afternoon and it was very busy. A lot of those patients presented with semi-urgent or non-urgent cases. I suspect that is happening largely because of the GP shortage. As a number of members said in their contributions, addressing GP shortages is complex. A lot of the people I spoke to at the health forum said that it was a more complex than just providing more money. If a doctor brings their partner with them, they want to make sure that there are good economic opportunities for their partner, good schools, and that they will be part of an embracing community.

Hopefully, we can pay GPs more, but that is only part of a much broader approach that needs to be taken to attract and retain GPs in Kalgoorlie. That seems to be the critical point there. I think Esperance has significantly more GPs to service a smaller population than Kalgoorlie.

Mr P.A. Katsambanis interjected.

Mr Z.R.F. KIRKUP: Indeed.

A lot of people I spoke to suggested that it is because more people choose to live in that community. In Kalgoorlie, more measures and mechanisms need to be put in place by the state government, which has to deliver these frontline services, to retain and attract doctors in that community. If we do not, we will end up with a three-week waitlist to see a GP, which has an ongoing effect across the state's health system, in particular in the goldfields, which is undergoing an acute problem, where people are presenting with more complex cases and higher visitations for a range of non-urgent or semi-urgent cases that could possibly be dealt with by an urgent care clinic or a GP.

Mr P.A. Katsambanis: Given that Kalgoorlie is trying to attract more people to live there permanently rather than have FIFO, one of the detracting factors would be the lack of access to health services and GP services, so it compounds the problem that the city already has in attracting people to fill the vacancies that are there.

Mr Z.R.F. KIRKUP: That is exactly right, member for Hillarys. What that points to is that it is a vicious cycle.

The city and the member for Kalgoorlie have advocated a number of times to ensure there is a permanent workforce in Kalgoorlie that is supported as much as we can, but of course families are more reluctant to move there if they do not believe there are enough health services supporting them. I would largely argue that if a person went from any of our districts, except for the member for Kalgoorlie's, and then moved to the member for Kalgoorlie's district, we would automatically find ourselves at a loss with accessibility to general practitioners.

That is a concern, especially if families are bringing children with them. I imagine that they would be worried if they want to see a doctor as quickly as they can; it is a very difficult task getting there.

I also had the opportunity to visit Bega Garnbirringu Health Service. It is an outstanding community service. The member for Kalgoorlie knows its CEO, Clive Holt, very well. I encourage members, when they are in Kalgoorlie, to visit that Aboriginal health service. There is clearly a lot of trust with the Aboriginal community, especially those who come into Kalgoorlie from the lands to get their health services met. Bega has a view to try to create a health precinct. That is a culturally appropriate holistic health service that can be offered outside the hospital setting. A number of people told me that because of institutional issues with the hospital that has existed in Kalgoorlie on the same site since the 1890s, a number of Aboriginal residents do not want to go to that hospital and choose to go to Bega instead. That might include those who have very concerning situations. One story relayed to me by a clinician at Bega was that of someone who was having the symptoms of a heart attack on the weekend and decided to wait until Bega was open on Monday. They needed to get transferred immediately to the hospital emergency department, but that again shows the trust that Bega has, and the concern that some Aboriginal residents have about going to the hospital. From my perspective, it is an outstanding facility that was well invested in by the previous government. It is clearly under strain, and that is the story that we are getting across the board when it comes to regional health in Western Australia. It was very well invested in by the previous government. Fast forward to this government and there is now not enough funding going to regional health, there are not enough GPs in Kalgoorlie, and as the elective surgery wait lists have blown out, the WA Emergency Access Target has blown out, and it causes members on this side of the house to move motions like this one, expressing our grave concerns.

Very quickly, I note the introduction today of the Voluntary Assisted Dying Bill 2019 by the Minister for Health. That will present a watershed moment for the state of Western Australia and it is a significant bill for this Parliament to deal with. The member for Mandurah tells me that in the decades that he has been serving in this place he doubts he has dealt with a more significant bill. I agree with that, but of course echo the sentence of every regional member and Nationals WA member who has spoken prior to me, and that is that we want to make sure there is requisite investment in palliative care. It is important that the government invest in palliative care in regional Western Australia. I had the opportunity to talk with a palliative care nurse in Kalgoorlie as well who said to me that she has real concerns about the lack of investment in palliative care, right now in Kalgoorlie, and that if something like this comes along—I did not ask her position on it—she is concerned about what that looks like if it meant that palliative care would not get the same attention. The minister's speech made very clear that that is not the case, but I think most people in this place would want to see a very strong commitment to palliative care in Western Australia.

Finally, because I cannot let the opportunity go by and it is dealt with in the south metropolitan area as a fellow regional member, I think it is important to very quickly talk about Peel Health Campus. I note today the dorothy dixer for the Minister for Health lauding the investment in Peel Health Campus, forgetting that once again it was the federal Liberal government that delivered $25 million to the Western Australian government to invest in our emergency department at Peel Health Campus. It is the largest single investment in Peel Health Campus in its history, aside from its construction, and that is thanks to the federal Liberal government, Andrew Hastie and the whole community who delivered there. I guess this is the new normal from this government, trying to spin its way out of things, trying to shift the blame as much as it can, but it is surprising to me that the government is now three budgets in but time and again we see it blame the previous government for all the ails and problems that this government has decided to not try to approach and fix. It has not taken any leadership to try to fix these problems and ignores that there is a lot of federal funding for places such as Peel Health Campus. It says somehow that its meagre investment will solve all the problems out of Peel Health Campus. I can tell members now that we are going to be watching that $25 million very closely and what this government does with it, because so far it does not appear that it has been accessed whatsoever. The government went out there a week or so ago with its schematics showing the emergency department redesigned for the eight waiting bays. That is an important step for our hospital, absolutely, but it is nowhere near what is required. The Peel Health Campus needs a significant investment. I realise now that with the $25 million, thanks to the federal Liberal government, that is a step in the right direction, but of course we expect that the state government will step up to the plate, given it is a hospital that it owns, and invest in the significant resources required to expand that hospital for a growing population. I remind members in this place that our hospital was built to service a population of 27 000 to 29 000 people. The population in the Peel region now sits at around 100 000 people and the hospital emergency department has not expanded whatsoever. There has not been a significant or wholesale investment in our local hospital and people there are absolutely crying out for it. When we talk about the emergency access times, the WEAT times in Peel is only slightly better than Bunbury. Unfortunately, the member for Bunbury still has the crown of having a hospital with the worst WEAT. At my hospital, 68.9 per cent of patients are being seen within the four-hour rule. That is not good enough at all. Unfortunately, that has been a long-term deterioration at Peel Health Campus. We expect that the government would be aware of the issues confronting regional Australians. The government inherited an exceptional investment program thanks to the previous Liberal–National government and we would think that it

would take those amazing investments made by the opposition in government and do something with that. But instead we see a government that has turned its back on regional Western Australia, no more clearer than what is happening in Mandurah. Peel Health Campus has not had the investment that it needs and it took this government kicking and screaming to do anything about it. I am sick and tired of having to do rallies in Mandurah to force the hand of this government to listen to our community and do something about it. I am sick and tired of doing it.

Mr D.T. Punch: You seem very happy when you do them.

Mr Z.R.F. KIRKUP: I will tell the member why I am happy when I do them. It is because the community is coming together and demanding action from this government. The government has so far been missing in action when it comes to the residents of the Peel region. I find it fascinating when I see the member for Murray–Wellington get up and have the gall to ask a dorothy dixer of this Minister for Health. She has not once written a letter to the Minister for Health about anything to do with issues at Peel Health Campus. I know that because I asked a question on notice and there has been zero correspondence about it. The member for Murray–Wellington has been missing in action when it comes to Peel Health Campus. It takes a community coming together in a rally with hundreds of people, who we managed to get to come along to things such as the health campus issue and the police and crime issue in Mandurah, before this government decides to do anything about it. The reality is that we do it because on this side we care. The government continues to ignore us because of course it ignores regional Western Australia. Mandurah is part of the proud Peel region and this government continues to ignore us. We have seen that happen with Peel Health Campus and we are now seeing that it is happening in all the regional centres around Western Australia. Hospitals are in dire need of investment. This government is turning its back and so is the minister. I urge members to consider when voting on this motion to vote with the opposition on this and express their grave concern for the crisis that is Western Australia country health.

MR R.H. COOK (Kwinana — Minister for Health) [6.19 pm]: I thank members for their contributions today—the member for Central Wheatbelt, member for Roe and member for Moore. They were good contributions that clearly had insights into the members' electorates. I thank them very much for the opportunity to talk about country health. Of course, the member for Dawesville is as pathetic as ever. He cannot even lie straight. We had an agreement about the speaking list tonight and he could not even keep his word on that. If the member for Dawesville wants some respect in this place, he has to keep to his word, and if he is going to break it, he should let us know. Tonight's performance was absolutely pathetic.

Mrs L.M. Harvey: Did you tell the AMA you would give them a draft copy of the VAD bill before you brought it to Parliament and made it public?

Mr R.H. COOK: What has that got to do with this debate?

Mrs L.M. Harvey: You accused my member of not keeping his word.

Mr R.H. COOK: Yes, because we had a discussion behind the Chair not half an hour ago —

Mr Z.R.F. Kirkup: I let your Whip know that it changed.

Mr R.H. COOK: No, the member did not. I do not care. All I am saying is that if the member for Dawesville wants some respect in this place, if he wants to work constructively, he should keep his word. It is as simple as that.

Mrs L.M. Harvey: Don't be precious; rise above it.

Mr R.H. COOK: I am not being precious, Leader of the Opposition.

I am very pleased that the member for Dawesville does lots of rallies in Dawesville and Mandurah. He can take every opportunity to explain why the government he was a senior staff member of did nothing at Peel Health Campus. He said we inherited a good investment trail. We know what we inherited from the member for Dawesville's mob when he was a senior staff member and that is the worst finances in the state's history. The member's pathetic defence writ large tonight of what has gone on in Peel from his government shows just how hopeless he is. He said there has not been investment in Peel hospital for years. That is correct, that is because the Liberal Party was in government. There is a reason that there has not been investment in Peel hospital—it is called the Liberal–National government. If the member for Dawesville is angry about this and is in front of these crowds who he says forced us to make this investment, even though we announced it prior to his stage rallies, if there is outrage in his voice about the lack of investment because Mandurah's population has been growing and investment in the Peel has plateaued, it is entirely down to him and his incompetent friends. His laughable government neglected Peel hospital in a manner that no government had done before. Even Kevin Prince had the integrity to invest a bit of money down there, but the member for Dawesville's mob did nothing in the eight and a half years it was there.

Dr A.D. Buti: They did do one thing. They preselected a candidate who was working there, didn't they, to run against the member for Mandurah.

Mr R.H. COOK: Indeed, that was one significant contribution!

If the member for Dawesville is going to be a frontbencher in this place, he should please conduct himself in a manner that is worthy of the position, because at the moment his activities have been nothing short of pathetic.

Mr D.T. Punch: He's not even listening.

Dr A.D. Buti: He's pretending.

Mr R.H. COOK: He is pretending he is not even listening.

We have this motion tonight and I respect the spirit in which has been moved. Health care in our regional settings is really difficult. It is a very hard activity because we have the largest and most isolated single-jurisdiction health district in the world. Providing health care in this unique setting is a challenge, but at the moment we have some great performances from WA Country Health Service, and I want to look at some of those. The member for Dawesville was keen to point out the emergency access target numbers. It is really pleasing to see that the WACHS monthly national emergency access target results continue to perform in the mid 80 per cent range. That means it is significantly outperforming any of the metropolitan health services in Western Australia. That is a great outcome for country patients. It is true that the member for Bunbury's hospital, the Bunbury Health Campus, is struggling at the moment, and I am sure he will get up and tell members in a second about all our plans to meet the needs of Bunbury hospital. The other hospital struggling with its emergency department performance is the member for Geraldton's hospital, the Geraldton Health Campus, and that is why we have an investment program to address the ED issues there. We are investing heavily in Bunbury hospital's ED and expanding services there, we are investing heavily in Geraldton hospital and we are investing heavily in the member for Dawesville's hospital. The member for Dawesville tried to start off with this narrative to suggest that we are somehow neglecting regional hospitals, but there are three big hospitals all deserving of investment. The Peel and Geraldton hospitals were starved of investment during the Liberal–National government's time; in eight and a half years it spent nothing on those hospitals.

Mr I.C. Blayney: We did spend something on the cancer facilities and the hotel out the back.

Mr R.H. COOK: The previous significant investment in Geraldton hospital was from the Gallop Labor government, was it not?

Mr I.C. Blayney: There was about five million bucks.

Mr R.H. COOK: For the cancer centre?

Mr I.C. Blayney: Yes.

Mr B.S. Wyatt: The answer is yes.

Mr R.H. COOK: Yes, but the previous significant investment at Geraldton hospital was made by the Gallop Labor government. The next significant investment in Geraldton hospital, phase 2 of its overall master plan, is from the McGowan Labor government. The last significant investment in the Peel hospital was made by the Carpenter Labor government. The next significant investment in the Peel hospital is from the McGowan Labor government. The next significant investment in Bunbury hospital is from the McGowan Labor government. I understand what the member's narrative is, but if there is going to be a narrative, there has to be something to support it. The emergency access target numbers in the regions are significantly higher than for metropolitan patients. There is significant investment in three big hospitals—just those three alone—and we will talk about the rest of the infrastructure issues. These are significant investments in big regional hospitals and, notably, two in areas that we would have thought the opposition might have had a bit more interest in when it was in government. They are being fixed by a Labor government. In addition, Western Australian elective surgery in WACHS is still performing extremely well. There has been consistent improvement in the elective surgery waitlist during 2018–19, with 2018–19 results indicating that 2.3 per cent of waitlist patients are waiting over boundary for reportable procedures compared with 5.5 per cent in 2017–18. That means that in 2017–18 over 94 per cent of patients—94.4 per cent—of the WA Country Health Service got their elective surgery on time. Now, we are looking at a 2.3 per cent elective surgery waitlist over boundary, and that means that 97.7 per cent of country patients get their elective surgery on time—within the clinically recommended time. That is an outstanding performance by a country health service that clearly has a lot of challenges, and I will talk about some of those challenges, because members outlined a few of them.

At the moment we have a range of construction projects that are coming to fruition or have been completed, and some of these were really strong investments by the Nationals WA when they were in government. The Karratha Health Campus is a significant investment driven mostly by the royalties for regions program, which has produced a fantastic hospital. Last week I had the pleasure of opening Onslow District Hospital, unfortunately without the member for North West Central, although we read out a testimony from him. There were some good investments and the Nationals will no doubt know of some others. I opened the Jurien Bay nursing post with the member for Moore in 2018, I think, and the Jurien Bay helipad is on its way, as is one for the Narrogin Health Service. Obviously, there have been significant expansions to Merredin Health Service and we were very pleased to announce funding, as part of the last budget, for the Carnarvon Multi Purpose Service aged care and palliative care facility to make sure that we reach scale. I am pleased to announce today that following a meeting with the WA Country Health

Service, I have asked it to put together a business case for the redevelopment of Meekatharra Hospital, which, as members will recall, is ageing. It is made up of a series of different services. I wish the member for North West Central were here to hear this announcement. That is my announcement tonight.

Ms M.J. Davies: He's at the Gascoyne Food Festival. He will be very happy.

Mr R.H. COOK: My opportunity was stolen from me, but the Leader of the Nationals is texting him now. I have asked the WA Country Health Service to put together the business case. During the Nationals' time in government, they signalled that they would move the primary care facility that sits alongside the hospital. I have asked the WA Country Health Service to look at moving not only the primary care facility, but also take primary care, aged care and the hospital and redevelop all of them. That will include a new mortuary, which is a separate facility, at Meekatharra. I accept that is not cutting ribbons, but that is a very firm indication that we are looking very closely at how we can update Meekatharra District Hospital, because it is in desperate need of improvement. That hospital, lovely as it is—wide verandahs, rustic characteristics—really has come to the end of its time.

Ms M.J. Davies: It's somewhat of an anachronism.

Mr R.H. COOK: It is. In some respects it is not dissimilar to the old Pingelly Hospital. I know when we open a new facility at Meekatharra, there will be a few tears or melancholy moments about moving from one facility to the next, as there was about Pingelly. The Pingelly facility is a fantastic health clinic and provides a really good service.

The member for Moore mentioned that people are not getting the same level of services within their communities and perhaps that is why they are utilising ambulance services more. We will come to the question of ambulance services, but I want to talk to the member for Moore about the importance of our telehealth services. It means that we are holding more patients in the smaller health facilities than we have in the past. The reason for that is emergency telehealth allows nurses to practice at a much higher scope, making sure that they can stabilise patients and potentially hold on to them. It means that more patients can get their outpatient clinics in a telehealth service or inpatient episodes. We are continuing to expand tele mental health services.

The significance of the telehealth service comes particularly in outpatient appointments. It means people do not have to travel to Perth, and this is a vote of confidence in those smaller facilities. In 2018, telehealth saved WA patients from travelling 28.6 million kilometres for outpatient appointments. To put that in perspective, that is the equivalent of going to the moon and back 37 times; that is, 21 450 outpatient appointments were held by telehealth in 2018, which is a 17.5 per cent increase from 2017. Really, we are providing a better service to country patients because if they do not have to travel those distances, it is less inconvenience for them and it means they can have continuity of care with either the nurses or the doctors who are in the telehealth episode. It means that we are really providing modern health care. If the member for Kalgoorlie were here, I would remind him that we are investing in the MRI machine at Kalgoorlie Health Campus, which means another 1 200 patients will not have to travel from Kalgoorlie to Perth to have an MRI. I am very proud of the investments that we are making and that we will be making in our country health service because I believe services for patients are improving rather than deteriorating.

I do not resile from the fact that delivering health care in WA in the country is difficult and staffing is even more difficult. I get that. We often have dwindling population centres, which puts pressure on the viability of the health care. We also have a dwindling number of general practitioners. I promised the member for Moore that I would quote the statistics around the impact of that. In Western Australia, we have 79 GPs per 100 000 population compared with the national average of 96 per 100 000. As we know, and have observed already, the member for Cottesloe has the lion's share of those GPs. The impact of that on healthcare resources is that Western Australia gets $270 a person in pharmaceutical benefits, whereas the national average is $332. That is a significant gap. That means patients have to go to hospital where they are not charged for medications, but also that people are not getting access to the medications they need. Expenditure on Medicare is $695 a person in Western Australia compared with the national average of $888. Again, health resources are not coming to Western Australia and, as the member knows, a lot of the Medicare benefits go to the doctor, so that is money that is not going into rural communities.

Unfortunately, we do not have control of primary care. I wish we did, and I wish we had the money that came with it. I am sure we would do a better job. The situation with primary health care is that is funded by the commonwealth and we have a system that requires a GP to come in and hang their shingle outside their door and provide a service. We cannot compel a GP to do that and we cannot influence the number of GPs who practise in Western Australia. That is really frustrating. But as the member for Roe mentioned, the rural clinical schools do a fantastic job at providing exposure for the medical students to health care in rural and regional communities.

Mr R.S. Love: Is it possible for you, in areas of unmet need, to put in a doctor that you may employ and then gain Medicare back from the commonwealth or is there a problem in doing that if you had a salary doctor or some sort —

Mr R.H. COOK: We are barred from doing that. We can team up with GP practices so that we have GPs practising in the hospital so that they do part of their roster in the hospital and part of their roster in the GP clinic. That is often how we primarily provide GP clinics in a lot of the smaller communities. They get the exposure to the hospital and the support of the hospital and do a bit of locum ED work, for want of a better description. From that

perspective, it is one of the more sustainable ways we can get GPs into smaller communities. But as the member for Roe will tell us, staffing in these sorts of communities is often very, very difficult. Merredin and Katanning hospitals' on-site medical gaps are due to an insufficient number of local doctors and an inability to reliably source locum doctor coverage as well. I agree with the member for Roe; Katanning is a wonderful town, and previously when we met that day in the cafe and he was head honcho of the local government—was he shire president?

Mr P.J. Rundle: Not local government—development commission.

The SPEAKER: Hear, hear!

Mr R.H. COOK: Until that point, we had a GP obstetrician practising in the town, I think with his wife, so they were able to provide those services. There was a bridge to a new GP obstetric team, but there was some fallout amongst the partners.

Mr P.J. Rundle interjected.

Mr R.H. COOK: I must confess that I have spoken to a number of patients who have said they would rather go to Albany anyway because the Nationals built this big flash hospital down there. They might have done too good a job in Albany.

This stuff is difficult, but it is not for lack of trying. We are doing the best we can, and the only useful contribution made by the member for Dawesville was to say that it is difficult because we have to provide a worthwhile experience for the doctor's partner as well.

Mr D.T. Redman: With respect to telehealth services, we offer emergency telehealth care, and I think there is some specialist care that goes over that, from a distance. What about primary health general practitioner consults over the telehealth service, and being able to get the federal rebate for doing that, where there are thin markets? Obviously, the perfect scenario is the face-to-face consult, but a certain proportion of the market might be able to be met under that type of scenario.

Mr R.H. COOK: This is a proposal we are trying to get up with the federal government at the moment. It has been very reluctant to recognise telehealth episodes in the Medicare benefits scheme. However, it is reviewing the Medicare benefits scheme, and I am hoping that there will be an opportunity to have this as part of the offering from a GP. As the member says, in a rural setting, it just makes sense.

Mr D.T. Redman: Particularly in rural markets. I do not think it is a perfect scenario—not for those sorts of consults—but in some markets it would be an option.

Mr R.H. COOK: Often dispensing of medicines needs to take place, and if the doctor is in a telehealth episode, they cannot hand over the prescription, which comes to the point that the member for Moore was making that pharmacists are often the fundamental opportunity to get health care in rural communities. That is the reason—the member for Moore is quite right—I have moved to make chemists able to provide more and more vaccinations, because I think they provide a continuing role in low-risk medical services. Do not quote me, but I think about 40 communities in Western Australia have a chemist but do not have a GP. Obviously, we need to look to these GPs to provide important access to some level of primary health care. I have said to the Australian Medical Association, because it gets very cross with me when I talk about these issues, that I think the primary role for extending the scope of practice for chemists is in preventive and community health, and they can provide a gateway to a primary care pathway. The fact of the matter is that in many communities they are all that people have, and because of that we need to invest more in what they can do.

Ms M.J. Davies: In regard to nurse practitioners and pharmacists in those areas, I can understand the objections from the AMA about what it sees as creeping into general practitioners' scope of work, but in these parts of the state, GPs simply do not exist. We simply would not be having those conversations if doctors were practising in those areas. It is a licence to print money in regional Western Australia, but we do not seem to be able to attract them into those areas to do it.

Mr R.H. COOK: I could not agree more. It is a lost opportunity for a young GP to not only make lots of money, but to get really rich experiences.

Ms M.J. Davies: The whole range of things in the community, as well, from a work perspective.

Mr R.H. COOK: One of the outcomes of the sustainable health review, and I know the member for Central Wheatbelt mentioned it at the beginning of her address, is that one of the recommendations is that there should be more generalist practitioners so that, particularly in a regional setting, we actually get a better service. If we have a GP, we want an obstetric GP, or a GP who can also double as an anaesthetist, and things like that. We need more rural generalists in order to continue to provide those services. That would also be the case in palliative care, if we turn briefly to that. As the member for Moore pointed out, we are investing $206 million over the next four years in palliative care, including the $41 million package that we announced in the budget this year. The vast majority of that $41 million is going to rural and regional palliative care. The Western Australian Country Health Service

believes that that money is best invested in people who are already in those regional communities. It tells us that we need to provide more support for nurses in small towns so that they can provide low-level palliative care. Again, we need to utilise telehealth services—not to the patient for palliative care, but to the doctors and nurses in those small rural hospitals who are providing a palliative care service so that they can practise at a much higher level of scope. I expect to see a much bigger uplift in palliative care services in the bush—that is our big challenge around palliative care—and certainly some strong outcomes. Obviously, a minister does not go to Treasury without any ideas about how they want to spend money, but I have committed to meet with the palliative care industry later this month to talk about where it sees the main gaps—it will not surprise members to hear that they are all in regional communities—and how it wants that money to be spent to be most effective. I have accepted the challenges of the joint select committee to improve palliative care services. I am determined to make it part of the government's response to that committee report.

As I said, the vast majority of the palliative care money will go to rural and regional communities for the provision of palliative care services, but that is mainly around training and better support for the doctors and nurses in those small hospitals so that they can provide a higher level of palliative care. It is interesting that the big push in aged care and palliative care is that people want this to happen in their homes. We will notice a plateauing of aged-care bed numbers throughout all communities into the future, because organisations such as Silver Chain are getting really clever at providing aged-care services in people's homes. That will be a reality into the future in the way that aged-care services are provided. It is not counterintuitive.

Mr R.S. Love: Can I just point out something to you?

Mr R.H. COOK: Yes.

Mr R.S. Love: In more dispersed rural communities, it becomes quite problematic when patients are located on isolated farms et cetera, which is why that program of building independent living units within towns was a good approach to get people to where they could be serviced in a more cost-effective way. On paper that sounds great, but if a nurse is spending eight hours of her day driving, there is no room left in her day to make that care available.

Mr R.H. COOK: I heard the member make those comments. I thought they were interesting.

Ms M.J. Davies: That is the link with Cunderdin, which has the palliative care unit very close to the new primary healthcare centre, but it needs to be supported by WACHS or another service agency to offer the services so that when it has patients who want to die in their own setting or in the community, they can do that with the supervision that they require.

Mr R.H. COOK: People growing older in the towns in which they grew up makes a lot of sense for their own wellbeing.

Before we go on to talk about ambulances, I want to touch on the point that the member for Central Wheatbelt made about the Geraldton Universities Centre. I have not lost faith. I am trying to break some difficult arrangements between the existing universities and the universities that sponsor the GUC. What has been explained to me is that the biggest inhibition in training midwives in Western Australia is the number of births. We have about 60 000 births a year, and it is a limitation on the number of midwives we can train. I think that the GUC deserves to have its own share of that, but it may mean that those students have to leave Geraldton for a portion of their training to make sure that they get hands-on experience, because usually that is done in a big hospital setting. We certainly do not have the throughput in a place like Geraldton, for instance, to provide someone with meaningful midwifery training, but we are determined to make sure that we provide a meaningful opportunity for those people.

Ms M.J. Davies: So we can keep the faith, minister?

Mr R.H. COOK: Ah—we can try, member for Central Wheatbelt!

Ms M.J. Davies: I don't think Hansard can record a deep sigh like that for posterity.

Mr R.H. COOK: Hansard heard nothing!

At the beginning of the member for Central Wheatbelt's presentation she talked about the amount of money being spent on preventive health under the sustainable health review. The goal is to spend five per cent of our health budget on preventive health by 2026. I think we spend anywhere between 1.9 and 3.1 per cent—depending on who one is listening to or at what time of the day—at the moment. That is going to be a big challenge for us, but it is about turning the ship around and making sure that we move away from, as a member said, critical care as the focus of the health system.

I want to acknowledge the work of volunteer ambulance drivers and volunteer paramedics everywhere. They do an extraordinary job. I heard the member for Central Wheatbelt's criticism in the news about the treatment of volunteer drivers attending larger hospitals and potentially spending time ramping. I am trying to get a better line of sight on the level of incidence of that, but I think the member is right that that is not acceptable. We are, as the member for Dawesville will point out to members on any occasion they want him to, suffering from some difficult ambulance ramping at the moment. That is because we are having record presentations to our emergency departments.

We had 86 000 people present to EDs in June. It is the highest number of presentations ever. We understand that is due to the flu. We have had 21 000 notifications so far compared with the 3 000 we usually have at this time of the year. Incredibly, and regrettably, there have been 66 deaths so far this year compared with six usually. We are suffering at the moment. The EDs are doing a great job. Those people getting into the EDs are getting a great service. In June, Fiona Stanley Hospital hit 90 per cent for its weekly targets. They are doing an incredible job, but we have to get people into the ED in the first place. Lots of people are presenting to our EDs via ambulance, yet the hospitals are coping really well.

The Country Ambulance Service is a challenge. We have two opportunities coming up. The response to the country ambulance strategy has been completed and should be released in the coming months—that is what my notes say, so I am excited about that.

Ms M.J. Davies interjected.

Mr R.H. COOK: Yes. It depends how old this briefing note is—months! It will be in the coming months. The important opportunity is the St John Ambulance contract, which expires in June 2020. It is all leading to that moment. We do need a better line of sight on country ambulance services. I have already said to Michelle Fyfe that that will be a feature of the contract negotiations if we have our way. Obviously, it is a negotiation, so they have to play ball as well. WA Country Health Service needs to know where its ambulances are and where its patients are so it can move them around the system for optimum outcomes.

I am sorry this is rambling on a bit now. We are developing a command centre at Royal Perth Hospital based upon similar centres overseas. I recently had a look at one in Canada. Essentially, these are patient tracking systems across entire networks. We will be able to have line of sight on where a patient is, where the ambulance is in relation to them and where other ambulances are in terms of capacity to get to that patient. As members would know, we are often calling ambulances from very long distances away depending on the needs of the patients and the availability of the crew. As a member for Moore said, these things vary from town to town. I had a chat with a community paramedic in Onslow last week. He has 16 volunteers to draw on, so they are doing really well.

Ms M.J. Davies: That's what those community paramedics do—they provide that. They are the keystone to so many of those sub-centres when they feel really supported and have the appropriate training and backup from the paramedics.

Mr R.H. COOK: That is right. We need to look at the opportunities that they provide for us. We also need to front up and say that having a volunteer ambulance service in a particular area is not good enough and we need to invest.

Mr Z.R.F. Kirkup: We have an ambulance sub-centre in Dawesville that is entirely serviced by volunteers, which is part of the problem.

Mr R.H. COOK: That is what we have when we work with 100-year-old organisations. They grow up over time. The member is right, we do need to shift to a professional clinical model. I am not saying that we should always use professional paramedics but we need to use a more clinical model in the way we—what is the word for it when they are called out to a particular service? What happens in particular is that the volunteers get called out to extract a patient off the road, they take them back to the hospital and they stay at the hospital while the patient is being stabilised. They then go home to bed and fall asleep and get another phone call asking them to take that patient to Northam. As the member has observed, sometimes they get to Northam and are told that the patient has deteriorated or that the hospital is full and they need to go to Midland—the journey continues. We have to do it better. Quite frankly, that is not good enough.

Ms M.J. Davies: Volunteers do the job for all sorts of reasons, as the minister knows. None of them really object to covering genuine emergencies, and there are cases in which they make money out of the non-urgent patient transfers, I think. It is the interaction between the genuine emergencies and the patient transfers that is creating that pressure, and the financial liability of some of those sub-centres. There will be lots of discussion from our part of the world.

Mr R.H. COOK: I am sure there will be, and I am not surprised that the member for Moore and the Leader of the Nationals had a good roll-up to the forum that they held. It is something about which the community is anxious. We also understand that we are getting to the tipping point at which we have to do some work in that space.

I understand the points that members have made. I appreciate that health care in the bush is sometimes difficult, particularly for the patient, but the patients are our focus. We want to make sure that we do the right thing by country patients. We want to make sure that we do the right thing by staff who work in the facilities. But it is not fair to characterise it as a crisis. We still get very good performance from the WA Country Health Service. As I said, the emergency departments continue to operate well and truly above the performance of our metropolitan EDs. By the way, our metropolitan EDs operate better than the EDs in other states. In the elective surgery waitlist, the number of patients over boundary is very low, which means that more than 95 per cent of all country patients get their elective surgery within the clinically recommended period of time. This cannot be characterised as a crisis, but it is a challenge. We will continue to meet this challenge through continuing strong investment into our facilities and by making sure that we have good clinics, multipurpose service centres, rural hospitals and general

hospitals in which our staff can work to provide these patients with care. We will continue to invest in our workforce. We believe that our rural workforce is second to none and deserves our support through ongoing training and the provision of facilities. From that perspective, I very much look forward to the ongoing challenges and the support of members to meet them.

MR D.T. PUNCH (Bunbury) [6.57 pm]: I rise to make a short contribution. I listened very carefully to the contributions of members from the National Party and the member for Dawesville. I think it was the member for Dawesville's first speech as the opposition spokesperson for health. Providing health care in the bush is a tough issue. I have certainly had many conversations about this with the member for Roe in a previous life in the development commissions. We talked about the issue of access and equity, and how the more remote people are, the more difficulties there are associated with that. By and large, over many years the healthcare services in Western Australia have done an extraordinary job in meeting the demands of such a large state with such diverse communities. The metropolitan-style communities in my electorate are very different from those quite remote regional communities with very limited access to general practitioner services. Interestingly, I also picked up on the point made by the member for Moore about the importance of encouraging people who work in the health sector to work in the bush. From my point of view, I have always found living and working in regional Western Australia an incredibly rewarding experience professionally. Certainly, for the healthcare professionals that I have met over time who have worked in the bush, it has been a very rewarding experience. Some of the people in my electorate who have worked in regional Western Australia over many years have been recognised for that work, such as the winners of the excellence in person centred care award, the midwifery group practice at Bunbury Hospital. Dr Ramesh Parthasarthy, who is a leader in geriatric medicine, was recognised by the Bethanie Aged Care Awards. I understand that Dalyellup general practitioner Andrew Kirk has been nominated for GP of the year in country WA.

A member interjected.

Mr D.T. PUNCH: Just a little bit of mentoring on the way through.

A member interjected.

Mr D.T. PUNCH: I would just have kept going.

A member interjected.

The SPEAKER: There is a mercy rule, but it has not been enacted yet.

Mr D.T. PUNCH: I am sure that those sorts of stories are replicated right across regional Western Australia. We should recognise the fantastic opportunities of health care in the bush from a professional point of view. The challenges of working in regional Western Australia provide a unique experience for people in remote-area medicine. That is something we should celebrate and recognise in the debates that we have.

I was less enamoured of the first contribution by the member for Dawesville. It seemed to be more repetition of a backbencher's performance than a serious analysis of regional health services. I have not seen the member for Dawesville in my electorate in his new role yet, but I probably will.

Mr Z.R.F. Kirkup interjected.

Mr D.T. PUNCH: I did see the member for Dawesville on the ABC, though. I have a piece of advice for him. When dealing with a serious matter that affects people's lives, such as ambulance ramping, he should not look so happy about the negative results. He stood on the front steps of Parliament with the TV cameras talking about ambulance ramping with a big smile. I know that in opposition people can revel in negative outcomes and numbers. It is the very thing that sparks rallies and over which they try to get a bit of a frenzy whipped up, but it has to be treated in a serious manner. Not everything is dealt with by a rally. As the member would know, advocacy in government does not always have to involve a rally. It can involve working with ministers and department agencies through ministers to get the outcomes that we need in regional WA. That is certainly bearing fruit on this side of the house, which has a far more disciplined approach to these issues than the previous Liberal–National government had. Having said that, it is a serious matter, as the minister said.

I have had a long history of contact with regional healthcare services. My first wife spent many months in the Moora District Hospital. My youngest son was born in the Collie District Hospital. More recently, I spent a considerable amount of time in the emergency department of the Bunbury Hospital with my mother-in-law, who has gone through a successive series of health issues. I am very aware of the quality of service. I have to say that I have always been amazed by the work those people do. I thank them sincerely. I note that those thanks have been expressed by members opposite. It goes without saying that a lot of very good work is done within our health system. I do not agree with the view that it constitutes a crisis in our healthcare system, but there is certainly continuing work to be done.

The busiest hospital outside the Perth metro area is Bunbury Hospital. It did not get any significant upgrades at all under the previous government but, unlike other areas and as the member for Dawesville has mentioned, the population of the greater Bunbury area has increased significantly. Bunbury and the south west experiences a significant increase in tourism numbers—up to 30 000 people in the peak period during summer. We have enormous population pressures that drive demand for medical services. Bunbury Hospital, as the peak hospital in the south west, is the centre for that. We went into the election with a commitment to a $20 million upgrade for Bunbury Hospital. We announced $11 million of that in the recent state budget and a further $11.8 million has just been added, bringing it to a total of $22.8 million going to the hospital. As part of that, planning is well underway. We spent the first period of government looking seriously at the needs of that hospital in the context of the challenge of undertaking significant upgrades to a hospital that has suffered from long-term neglect while keeping it functioning in a way that does not impact on patient health care.

That additional funding is set to deliver a number of outcomes for Bunbury. There will be the construction of an additional operating theatre. There is considerable demand for both elective surgery and critical urgent surgery in Bunbury, so we know that this will have a direct impact on the ability to move people into theatre in an expedient way to receive the care they need. There will also be a reconfiguration of the emergency department's fast-track area. For a lot of these services and the way in which they are delivered, reconfiguration is sometimes needed to get a better outcome for the staff who work there and the patients who use that service. Reconfiguration of the emergency department's fast-track area should have an impact on some of the issues the member for Dawesville raised. I also make the point that although we have an issue with waiting times in Bunbury, the hospital has a very effective triage unit, and I am very confident that patients who need urgent care are seen appropriately.

The government will also be establishing an acute medical assessment unit and will implement a mental health observation area at the hospital, which is critical because it will tie in with the work now underway on the Bunbury step-up, step-down facility. This was originally promised in 2013. My predecessor, Hon John Castrilli—a very good member for Bunbury and a strong advocate for his electorate at that time—spoke out of frustration in 2014 and said that although it was announced as an election commitment, there was nothing in the budget or the forward estimates. It was a little like the Ellenbrook rail project promise: it was there but nothing actually happened. In 2016, it came out as a recycled election commitment for the 2017 election. Two election commitments and two elections, just the same as the Ellenbrook rail project promise: two promises, two elections and it was never delivered. That step-up, step-down facility will have a dramatic impact on the cluster of mental health provision that is having an impact on the emergency department at Bunbury Hospital. We will also expand the capacity of the intensive care unit and, importantly, increase the number of parking bays for the whole hospital site. I am very hopeful that that will lead to improved security of bays for hospital staff and also improved accessibility to the hospital, particularly for older people who are using the hospital.

That contribution to Bunbury is very much an initial look at how we can meet some of the critical demand areas that are impacting Bunbury Hospital. We know that as the population in the south west grows, demand on Bunbury Hospital, as the peak regional hospital servicing the whole of the south west as well as the Bunbury area, will continue to grow. It will be a dynamic process of looking at the needs of that hospital and how we can respond to them. We will be looking at how we can engage with the general practitioners and the primary healthcare network so that we have an impact on the demand for hospital services. We will work with people so that the need for acute care within the hospital is diminished, while at the same time making sure that acute-care needs are met as population demand grows into the future. I have no doubt that with the excellent work the Treasurer is doing in terms of improving the state's economy, we will see an influx of people into Western Australia. I know from history that as Western Australia and the metropolitan area grows, Bunbury and the south west areas grow as well. We can see that there will be continued demand.

That is the difference with this government. This is not a stop–start government; this government adopts a continuing strategy of looking at how to improve services over time by looking at the broad mix of resources that are available. I totally took on board what the health minister said about the role of general practitioners and the broader primary healthcare network in terms of managing the demand loads on regional hospitals. We also had a number of other commitments in Bunbury to help create the climate for addressing some issues of demand. We made a small election commitment of $25 000 for funding dental equipment to the South West Aboriginal Medical Service. That is not a lot of money, but dental health care is a very significant way of impacting on people's general health. Infections of the mouth and gums lead very rapidly to more critical issues and in the most basic economic terms have an impact on cost drivers through the rest of the health system, let alone on the social and health impact on the individuals concerned. That was a small grant, but we expect it to make a big difference. That was something that the South West Aboriginal Medical Health Service had identified quite clearly as something it felt would have an impact on general health within the community. We were very pleased to provide that.

We provided funding towards the Lishman Health Foundation, which is doing excellent research work on some of the drivers of health issues that lead to people needing acute services. It is looking at better ways of delivering

health services so that we can avoid the acute end of the spectrum, and at how we can improve general health from a primary health care point of view. We also provided $10 000 towards Solaris Cancer Care in Bunbury. I know that many members have some association with Solaris Cancer Care in the metropolitan area. It provides a complementary healthcare service to people who are experiencing cancer and on the journey of cancer, complementary to normal clinical practice, but also helps to look after the personal, psychological and social needs of the person who is experiencing that journey. We also committed funding to Doors Wide Open. That is a specific grassroots organisation that is helping people who are using methamphetamine, and their families, on their journey to recovery. We know that meth usage is a major driver of presentations at emergency departments and by putting those services in place and supporting them, we expect that to make a significant difference in people's ability to recover from their usage, re-establish themselves and not require the services of an emergency department in the future. Complementing that, we are supporting drug and alcohol rehabilitation beds in the south west through both Palmerston Association and Cyrenian House, and the government has provided funding to Cyrenian House to operate 12 Aboriginal residential rehabilitation beds and three local medical withdrawal beds. This brings the total number of treatment beds opening in the south west this year to 34. It is not just about the needs of the hospital itself—that is a central plank of the work that we are doing—but also the ancillary work that is happening around the hospital and within the health sector itself. I want to acknowledge the role of the general practitioner practices in their commitment to primary health care and supporting the broader health needs of the community.

I mentioned earlier the step-up, step-down facility. I am sure that many members have a similar experience to that of my electorate, with an increasing number of people presenting at electorate offices with various mental health issues. The issues of depression, psychosis and anxiety are pretty critical in both the metropolitan area and in regional WA. It is an important issue. Although we have focused on physical diseases in the main in this debate so far, I do not think we should stray away from the fact that those conditions have a serious impact in both regional Western Australia and the metropolitan area.

Debate adjourned, pursuant to standing orders.

House adjourned at 7.13 pm