

Speaker; Mr Mike Board; Mr Bernie Masters; Mr Brendon Grylls; Mr Matt Birney; Dr Janet Woollard; Mr Bob Kucera; Acting Speaker; Mr David Templeman

IMPROVED HEALTH SERVICES, GOVERNMENT'S COMMITMENT

Matter of Public Interest

THE SPEAKER (Mr F. Riebeling): Today I received a letter from the member for Murdoch seeking to debate as a matter of public interest the following motion -

That this House recognises the urgent need for improved health services across the State and calls on the Government to stop misleading the public of Western Australia as to its financial commitment to public health.

If sufficient members agree to this motion, I will allow it.

[At least five members rose in their places.]

The SPEAKER: The matter shall proceed on the usual basis.

MR M.F. BOARD (Murdoch) [2.41 pm]: I move the motion. The Opposition raises this issue as its matter of public interest for the week because it is a very important issue to the people of Western Australia. In the lead-up to consideration of the budget for the coming financial year the Minister for Health is given every opportunity possible to deal with the Treasurer and Treasury on funding for the health portfolio and to make a real commitment to meet the needs and growth in demands on the health system. By admission from the Opposition and the Minister for Health and from statements in the House, we are all aware that demands on the public health system in Western Australia are running at between seven and nine per cent a year. We are aware of the number of people visiting public hospitals, awaiting surgery and using emergency departments in city hospitals. We are particularly aware of the growth in demands in regional and secondary hospitals. As a result of that, it is important that we recognise the real context of the health budget in Western Australia at present. It is also important to understand what this Government has done, notwithstanding the rhetoric we have heard about the past two budgets, the previous Government's achievements and where we stand on funding for public health in 2002. One reason for the deteriorating situation, with waiting lists blow-outs, record numbers of ambulance bypasses and an ever-increasing problem in public health, notwithstanding the cost drivers and the shortage of medical professionals, is the lack of a real commitment to funding the health system in Western Australia. That was clearly outlined and admitted to in the last round of estimates hearings when I asked the Minister for Health about the full, proper and accurate extent of the health budget in Western Australia. We had seen press release after press release in Western Australia stating that a record amount of money was going into the health system.

The SPEAKER: Members, the level of noise in the Chamber is now at a stage at which it is louder than the member on his feet. I ask members, primarily those on my right-hand side, to desist from that conversation.

Mr M.F. BOARD: It may have been a record amount of money, but the Government could have achieved that by spending only \$1 more than it spent in the previous year. The reality is that there have been very small increases in health funding. The financial adviser from the Department of Health admitted in the estimates hearings that the real increase to health funding was two per cent, not 4.5 per cent as the minister indicated. Taking into account the Treasurer's three per cent inflation loading, in real terms that amounts to a decrease of one per cent in the health budget.

I remind the Premier while he is still in the House, if he needs reminding, of some of his statements leading up to the election. About 25 per cent of the Premier's speech was on the health portfolio. He said that it is a crisis when overcrowding reaches the stage, as it did in October 2000, at which all elective surgery in the main hospitals is cancelled. He said that it is a crisis when ambulances are forced to drive the streets of Perth to find an emergency ward that can accept patients. The Premier called it crisis management and said that it was a disgrace. The Premier went on to indicate his commitment to ending ambulance bypass and to reducing the number of people waiting for surgery in this State. However, there has been a record number of ambulance bypasses in this State - an increase of 1 000 per cent in the past 12 months. Waiting lists have blown out, particularly in some categories. Commitments made in announcements on the health system prior to the election, to treat patients through the Central Wait List Bureau and to strengthen that agency, have been broken. Money has been taken out of the Central Wait List Bureau and used for other purposes within the health portfolio. Promise after promise has been broken. There has been deception about the funding of public health in the State.

In the short time available to me I will talk about that deception and how the Minister for Health is going around the State talking about opening projects and about the Government's commitment to capital works and new facilities for the community of Western Australia. The Government should come clean on the deception, and tell the people of Western Australia about not only what the previous Government did but also this Government's shortfalls.

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I ask members to review the coalition's last state budget in 2000. The capital works contained in that budget, in particular new works, totalled \$129 million. Those new works were to be at Albany, Gascoyne, Geraldton, Halls Creek, Kalamunda, Kalgoorlie, Margaret River, Morawa, Narrogin, a north metropolitan dental clinic, Nullagine, Oombulgarri, Port Hedland, a remote area Aboriginal community, the south coastal multipurpose centre, the Oral Health Centre of WA; and so on. Members should compare those new works with the capital expenditure in last year's state budget. This Government's budget commitment to new works in the health system amounted to \$8.5 million, which was to be spent on the hospital and health centres at Denmark; planning, upgrade and land acquisition; a sobering-up centre in Carnarvon, the Joondalup dental clinic; and a south metropolitan dental clinic. That is \$8.5 million from a total of \$574 million for capital works. That \$574 million for capital works came from commitments to work in progress by the previous Government. This minister must get tired of going around the State and opening projects that were, in fact, committed to and funded by the previous Government. What will the minister do when he runs out of projects that we funded?

Mr D.F. Barron-Sullivan: On the basis of the figures you have just quoted, does that mean the Government is responsible for less than 20 per cent of the projects under way in this State?

Mr M.F. BOARD: Yes. I will point out a few of the deceptions that have been taking place in the past six to eight months. I have with me a press release of May 2000. Who was in government in May 2000? Who was the Minister for Health in May 2000? It was Hon John Day. His press release announced an allocation of \$35 million to the Geraldton Regional Hospital in May 2000. The funds were allocated in the coalition Government's 2000-01 state budget. In September 2001, in a media statement from the current Minister for Health headed "Budget gives Geraldton Regional Hospital redevelopment the green light" the minister announced -

The State Government has made a major \$39.5 million commitment to the redevelopment of the Geraldton Regional Hospital.

We had heard it before; this Government re-announced it. The Government re-announced expenditure on another facility - the Nannup multipurpose facility. Who first announced it? Who funded it and whose budget was it in? It was Hon John Day, Minister for Health in 2000. A media statement released by the Minister for Health in September 2001 states -

In another major announcement that will benefit the South-West, Mr Kucera said funds have been provided to finalise plans for the \$2.9 million two-year redevelopment of the Margaret River Hospital.

That is nearly 18 months after the announcement by the former minister.

Let us talk about Albany. A media statement in May 2000 by the Minister for Health reads -

Mr Day said funding had also been allocated to begin the first stages of the Albany Hospital Paediatric Ward development.

The money was allocated in the coalition's 2000-01 budget. The Treasurer then gets into the act. A media statement by the Treasurer in September 2001 announced that he had made allocations for the upgrade of Albany Regional Hospital's paediatric wards. Why did the Treasurer wait so long, when the money had been allocated in the 2000-01 budget?

An announcement about Moora by the former Premier, Hon Richard Court, reads -

Our Budget includes . . . improved health facilities at Moora, Narrogin, Goomalling, Jurien and Lancelin;

That was budgeted for in the 2000-01 state budget. This time the Minister for Community Development, who was acting Minister for Health at the time, issued a press release in February 2002, which reads -

Moora Hospital will be . . . refurbished at a cost of \$3.9 million \$3.9million . . .

That is another announcement that is 18 months old. Let us look at Halls Creek. The Opposition referred to this in question time today. In May 2000, a media statement by Hon John Day read -

. . . both the Halls Creek Hospital and . . . Oombulgarri and Nullagine would also be replaced . . .

There was a full allocation of funds in the 2000-01 health budget. A media release from the Minister for Health in September 2002 announced -

The State Government will build a new eight-bed hospital in Halls Creek . . .

It then refers to other smaller hospitals. The State Government is duplicating the work of the previous Government and is deceiving the people of Western Australia. Let us look at Mt Barker. In a media statement

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in May 2000, the former minister, Hon John Day, announced a funding allocation of \$1.9 million to the existing Plantagenet Banksia Lodge. That was a fantastic announcement that was well received in May 2000. It was celebrated in the community and budgeted for in the state budget of 2000-01. Then in September 2001 from the Labor Government's spin doctors came the announcement -

The Great Southern Region will get the purpose-built, 18-bed permanent care unit to replace Plantagenet Banksia Lodge.

This was another project that had already been announced and funded by the previous Government. No credit was given to the former Government and no mention made that it had been in the budget for nearly two years, and so it goes on. Let us talk about Port Hedland, and the announcements that the former minister made there.

The Opposition is pointing out the Government's deception in the capital works budget and its overall funding of public health. Health funding is at very low levels; in fact, the real increase has been one per cent. The Government knows it, and its financial advisers admitted it in the estimates committee hearings, yet the Government is still running around claiming that record amounts are spent on public health.

The Government has the opportunity in the coming budget and in its deliberations on that budget over the next few months to get it right and to make up for some of its deception and underfunding. The Opposition will expect the public health budget to increase by at least seven or eight per cent to meet the current demands at least. The Government must do something about general waiting lists, waiting lists for elective surgery and ambulance bypasses. The Government must stop the deception and the rhetoric and get on with the job.

MR B.K. MASTERS (Vasse) [2.55 pm]: During the private members' debate in this place yesterday on the health system, I read from a newspaper article in *The West Australian* which stated that eight beds had been closed in Busselton District Hospital. By way of interjection, the Minister for Health suggested that those eight beds were closed because of seasonal requirements, even though the newspaper article stated it was because of nursing shortages. I refer the minister to three faxes. On 12 September 2002, Wendy McDonald, Health Service Manager at the Vasse-Leeuwin Health Service, sent a fax to the Busselton districts general practice doctors surgeries, which read -

Due to the problems we are experiencing finding nursing staff, the number of beds available at the hospital has been reduced to 36.

A fax dated 13 September 2002, again from Wendy McDonald to the general practice surgeries, read -

We are unable to provide Nursing Staff for 44 beds. We can provide enough Nursing Staff to open 36 beds on General Ward.

Finally, on 17 September 2002, Tricia Nolan, the Acting Health Service Manager at the Busselton District Hospital sent a fax to the Busselton district general practice surgeries, which read -

Busselton District Hospital is experiencing a shortage of Nursing staff. In order to provide safe nursing care we have had to reduce our capacity on the General Ward from 44 to 36 beds until further notice.

Will the minister please tell us the truth about why the beds have been closed in the Busselton District Hospital? Will the minister also please tell us whether he misled Parliament yesterday?

MR B.J. GRYLLS (Merredin) [2.57 pm]: The National Party supports this motion. I will concentrate on mental health. Mental disorders impose a heavy burden of human suffering, including the stigmatisation of those affected, and they account for much disability and contribute to the deaths of many Australians each year. One of the most common forms of mental health disorder is depression. The experience of Central AgCare, which is the agency responsible for mental health issues in my region, is that often stressful events and vulnerability factors lead to a client's referral for counselling. These factors can include isolation, helplessness and lack of services.

People in regional areas do not have the same service levels as people in the metropolitan area. For example, there is no new mothers group to support a new mother returning home from hospital. Group support can often help women suffering from postnatal depression. Young people in the region are particularly vulnerable to drugs and alcohol. A lack of further education or employment opportunities can lead to boredom in small regional communities, which triggers destructive behaviour. The Western Australian Association for Mental Health stated in a report titled "Mental Health 21st Century Imperatives for Government 2001-2005" that while recent initiatives to establish mental and social health services have addressed some service gaps, there are still widespread unmet needs in country areas. In addition to this, a 1999 Human Rights Commission report titled "Bush Talks" found that mental health services are abysmal in the bush; they are almost non-existent.

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I again point out that since those reports were released, many rural families have come under a great deal more stress due to a number of successive dry seasons, which impact on not only agricultural producers but also entire communities that rely on agricultural production. The majority of mental health care in Australia continues to be delivered through general practice. The Western Australian Acting General Manager of Mental Health Services has admitted that Mental HEALTHDirect does not fit the preferred model for a mental health service. We have been advised that the total cost of Mental HEALTHDirect to the Department of Health last year was approximately \$9.2 million. Each 1800 call to Mental HEALTHDirect costs \$36.95, and callers speak to an operator whose advice is most often to call their local general practitioner. I hope that we can find ways to use our public funds much more effectively.

There has long been an above-average incidence of depression and suicide in rural Western Australia, a phenomenon that in July 2001 was exacerbated by the drought affecting agricultural areas. We are again experiencing drought conditions in the wheatbelt, and it is expected that many people living in these communities may need and seek support. We saw a plea from Wheatbelt Agcare in Saturday's *The West Australian* for additional funds to cope with the demands caused by the drought conditions. Unfortunately, people living in rural and regional Australia are faced with additional pressures when accessing mental health services. We might not care to admit it in these politically correct times, but a stigma is attached to mental health problems. Whether someone is suffering from depression, anxiety or a psychotic disorder, the step towards seeking help from a professional is made infinitely more difficult when that person is faced with the possibility that he may become the talking point of his small community. This is a reality for many people living in the small, close-knit communities in rural, regional and coastal Western Australia. Early intervention and adequate treatment for those suffering from depression in rural and regional Western Australia is hampered by several factors, including the stigma associated with mental health, the lack of accessible information, the lack of appropriate skills in the community and the perception by non-mental health providers that mental health problems are just too hard to deal with. Although a telephone counselling service is not the total solution to this complex and sensitive issue, it is certainly a step in the right direction. Anonymity is maintained, immediate support and comfort are provided, and options for treatment and a positive way forward are offered and explained by trained and experienced volunteers. The benefits of a telephone counselling service are clear, and include a decrease in suicidal behaviour and its associated costs, both economic and emotional; a decrease in demand on the public health system, particularly the Mental Health Services; an increase in the number of Western Australians trained in crisis counselling; and an increase in Western Australia's counselling service capacity. A telephone counselling service can provide additional and essential benefits to people in crisis living in rural Western Australia.

The National Party not only raises this issue as a key concern for our constituents and the whole of Western Australia, but also it promotes a solution. We encourage the Government to take our answers on board. Lifeline is a volunteer-based organisation offering a 24-hour telephone crisis counselling service to all Western Australians. This is not a duplication of services. Lifeline is the only broad-issue telephone counselling service that operates 24 hours a day, seven days a week, has an interventionist philosophy and is available to all Western Australians for the cost of a local call. The Department of Health 1800 telephone line does not provide crisis counselling. The Lifeline service includes provision of education and information on mental health matters and it facilitates access to services. It receives no direct funding assistance from the State Government. Only 12 per cent of Lifeline's budget is covered by the State Government, and that is for the Dads@Lifeline program. Lifeline is in the process of requesting \$707 400 over three years from the Mental Health Services for the continuation and upgrading of its telephone counselling service, which currently operates without any funding from the State Government. Lifeline and the National Party tried unsuccessfully to organise a meeting with the minister to explain the proposal. On 12 July, the minister replied to our request. His letter stated that his office was in the process of planning the diary for the coming months as, unfortunately, there was no further availability in that month. The National Party requested a meeting between the minister and Lifeline to explain its proposal, and his appointment secretary said he was too busy. We hope that the outcome of today's matter of public interest debate will be that the minister finds some time in his diary to discuss this most important proposal. Lifeline has three telephone lines; it needs 10 to meet the demand. Lifeline is seeking \$224 000 for this year to upgrade its telephone service so that it can attempt to answer the 91 per cent of calls that currently go unanswered. To be fully funded and meet the desperate need of telephone crisis counselling, Lifeline needs \$707 400 over the next three years. Funding at demand service levels is necessary to ensure that calls, including those from people experiencing mental illness, can be answered and that counselling is provided. Most of the calls are received between 7.00 pm and 3.00 am, as anxiety attacks or fits of depression do not occur neatly during conventional business hours. Figures from the Telstra Analyser report indicate that in the first eight months of 2002 - January to August - Lifeline's telephone counselling service answered 9 012 calls of the 100 115 call attempts to the service. Just nine per cent of the calls put through to Lifeline have been answered.

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Approximately 10 per cent of these calls were suicide related. Just over \$700 000 is a small cost for the State to fund Lifeline.

Without diminishing the personal grief and the devastating emotional effects felt by the family and friends of a loved one who has committed suicide, the cold, hard economic facts are sobering. The estimated cost of suicidal behaviour to the Western Australian economy is \$100 million per annum. Today, we ask for \$700 000 over three years. I urge the minister to prioritise this issue and hope that in the near future he can meet with the National Party and Tim Hawkins from Lifeline to put this issue on the table and come up with some innovative and positive answers to the most serious issue in our society. Thank you, Mr Acting Speaker, for allowing me the time to raise these important points. I also recognise the work of Tim Hawkins and the staff in the National Party office for their excellent research.

MR M.J. BIRNEY (Kalgoorlie) [3.07 pm]: I am pleased that the National Party raised the issue of mental health, as I will discuss that issue, particularly as it applies to my electorate. Mental health continues to be a significant problem in all electorates, but particularly in my electorate of Kalgoorlie. The member for Merredin has outlined the problems associated with mental health, not the least of which is suicide. An electorate such as Kalgoorlie, in which there is a significant problem with mental health, should have a dedicated mental health unit comprising all the necessary qualified staff capable of dealing with these problems. I am pleased to announce to the House that Kalgoorlie has such a mental health unit. It is brand-new. It was commissioned by the Court Government some time ago and completed around August 2001. I can hear members asking what the problem is if we have a brand-new mental health unit. The problem is that the mental health unit in Kalgoorlie-Boulder is still not open. It is an indictment on the Government of the day that a brand spanking new mental health unit capable of dealing with a significant problem in my electorate remains unopened. I am told that the problem is lack of staff. When we ask questions about the various shortcomings of the health system, I get a little sick of hearing the Government respond that it cannot get any staff for a particular facility. If the Government were serious about finding staff for regional health services, it would do so. We have a brand-new mental health unit with no staff. I am told that the staff required are a clinical manager, four level 2 registered nurses and five level 1 registered nurses. About nine or 10 staff in total are needed to staff what I am told is an \$800 000 project that was commissioned by the Court Government; yet to this day, sadly, that facility remains closed.

DR J.M. WOOLLARD (Alfred Cove) [3.11 pm]: I support this motion, because there is an urgent need to improve the State's health services. It is interesting that the minister believes the problem relates to communication. In March and August of last year the Australian Nursing Federation wrote to the minister, asking him to establish a task force. The minister never responded to that letter, yet in the House yesterday he endorsed the national review of nursing education. The first recommendation of the review is to set up a task force. The minister is therefore not practising what he is preaching; he is not communicating with health professionals.

I believe the minister gave the impression today that I was misleading the House about the use of personal care assistants. I can assure the minister that, in the past, personal care assistants have been used to replace registered nurses and enrolled nurses at Fremantle Hospital, Sir Charles Gairdner Hospital and Royal Perth Hospital. This week this practice is occurring at Shenton Park Rehabilitation Hospital. Is this yet another minister in this Government who does not know what is happening in his portfolio? Perhaps the minister will take a look at what is happening at Shenton Park, and give some thought to the nurses and the patients there. The minister is always quick to say in this House that he is here to support the patients and that he speaks to many of them. What about the nurses? Why is it that in Australia at the moment there are 5 000 vacancies for nurses? It may be that in 2006 there will be 35 000 vacancies. The problem is not recruitment; it is retention. When will the minister fully implement the recommendations for workloads in the full bench order of May of this year? The minister has implemented them in some rural and isolated areas, but what about the metropolitan area? Does nurses working in the metropolitan area?

Mr R.C. Kucera: You are suggesting that we close beds.

Dr J.M. WOOLLARD: I am suggesting that, yes, the Government will have to close beds, because those patients who come into hospital deserve first-class care. They deserve to be cared for by qualified staff. The minister is replacing qualified staff with unqualified staff. It is time that this Government owned up to the fact that not enough qualified staff are looking after patients in the hospitals.

Mr R.C. Kucera: You have not been listening for the past 18 months.

Dr J.M. WOOLLARD: Not only have I been listening, I have been reading. I have read one review after another. The minister set up a task force. Has he implemented the recommendations? No, he is sitting on them. One of the recommendations of the minister's task force was to look at personal care assistants. It recommended

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that they should come under the Nurses Board of Western Australia so that there would be dedicated levels of carers; that is, registered nurses, enrolled nurses and personal care assistants. Has the minister done anything about that recommendation? I think he has sat on it, just as he is sitting on a lot of problems that are occurring in the health care sector at the moment. Patients are not getting first-class health care in public hospitals. Nurses are leaving the public hospital sector because they have given up on this Government. Yes, they had given up on the previous Government, but what about all the promises the minister and this Government made when they came to power 18 months ago? What about all the differences the minister was going to make to health care?

What is the minister doing? The money is not going into health care. The Government is spending money on railway lines. What would \$1.4 billion do to address the needs of health care in the metropolitan area? Instead of resting on his laurels and not implementing the work outlined in the full bench order, the minister is agreeing with the other ministers in this Government to waste the community's money on other areas. The Labor Party in its election campaign did not say that it would spend \$1.4 billion on a railway line. The minister needs to practise what he preaches. He has been preaching in this House that we need to work together; that the Labor Party needs to work with the Liberal Party; that the State Government needs to work with the Commonwealth Government. Is it not about time that the minister started working with the nursing profession rather than blaming everyone else for the problems?

MR R.C. KUCERA (Yokine - Minister for Health) [3.16 pm]: I will go through the issues.

Mr B.K. Masters: Will you mention Busselton Hospital?

Mr R.C. KUCERA: I will plan my own speech. I will address the matter of Busselton Hospital. It is a 36-bed hospital. During the winter peak the Department of Health provided eight extra beds. All the local doctors were advised that when those beds were not available, they would be told. General faxes are sent to various general practitioners to advise them of the number of beds are available. They are simply telling the GPs now that beds are not available.

Mr B.K. Masters: It is understaffed because of a shortage of nurses.

Mr R.C. KUCERA: Of course it is understaffed if it is a 36-bed hospital. The number of beds is reduced from 36 when they are not needed; it is as simple as that.

Mr B.K. Masters interjected.

Mr R.C. KUCERA: I will not get into an argument about this.

The ACTING SPEAKER (Mr A.J. Dean): Order, member for Vasse!

Mr R.C. KUCERA: It is a 36-bed general, surgical and medical hospital. It operates 36 beds with full staff. I am advised by the director of the South West Health Service that eight additional beds were put on stream in anticipation of there being a peak during the winter period. It is no longer considered necessary. I am told that the procedures that would normally support the local doctors will have to wait. It is as simple as that. It is typical of the member to suggest that we are misleading the House, without his first trying to establish the true situation.

Mr B.K. Masters: I have the true situation.

Mr R.C. KUCERA: Where did the member get it from - the gardener?

Ms K. Hodson-Thomas interjected.

Mr R.C. KUCERA: The facts have been explained. A 36-bed hospital operates there. Eight extra beds were provided for the winter peak period. It is as simple as that.

Mr B.K. Masters interjected.

Mr R.C. KUCERA: I will deal with that later.

Several members interjected.

The ACTING SPEAKER: Order!

Mr R.C. KUCERA: I return to the matter being debated. The member for Merredin asked about mental health care. Of course we support mental health issues. However, Lifeline is one of many telephone services, not the only one in this State, dealing with mental health. I can think of at least three others. All of them must compete by putting themselves forward to the Department of Health as a preferred provider. I do not get involved in those kinds of contractual arrangements, and neither should any other minister; in fact, ministers are strictly precluded from becoming involved in contractual arrangements.

Mr R.F. Johnson: Which ones are they?

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Mr R.C. KUCERA: It is obvious that the member does not help his constituents in that regard. He should know that there are the Samaritans, Kidsline and a whole host of others. There is also the telephone service that the State runs in addition to Lifeline. Lifeline is one of many that compete for funds.

Mr B.J. Grylls: What about the 90 000 calls that get through?

Mr R.C. KUCERA: Quite frankly I do not know how many non-government organisations come under the health banner. Each one competes for its budget each year. Every year there is a huge percentage rise in the number of people who want to start organisations. Good on them. They do some tremendous work. All the organisations start off as volunteer organisations. When they become too big, they approach the Government. Every volunteer organisation that works in these areas ends up approaching the Government. The Government faces a dilemma each year as it approaches the budget for non-government organisations and it must work out the priorities. I do not become involved in contractual arrangements. I am well aware of the operations of Lifeline and other services, but at the end of the day they must compete in the same arena as every other non-government organisation. Some wonderful volunteer organisations never approach the Government for any money; they simply get on with the job. I am not suggesting that is the case with every organisation. We welcome any approaches. However, organisations need to go through the proper contractual arrangements. I think at some stage I actually made a donation to Lifeline.

Mr B.J. Grylls: Could you find the time to sit around the table with Lifeline if I could organise a meeting?

Mr R.C. KUCERA: By all means, but I have a fairly heavy schedule and I cannot promise a time at this stage. However, at the end of the day it will have to compete in the normal Treasury arena with every other organisation.

The total commitment of this Government is reflected in its expenditure on the public health system, a total of \$2.4 billion in the current year, which is almost equivalent to 25 per cent of the Government's total budget. In 1999-2000, health expenditure equated to 22.6 per cent of the Government's budget, and in 2000-01 to 22.8 per cent of the Government's budget. In 2001-02, this Government's first budget, health expenditure as a percentage of the Government's budget rose to 24.4 per cent.

Mr M.F. Board: I don't know where you are getting those figures from.

Mr R.C. KUCERA: They are in the budget papers.

Mr R.F. Johnson interjected.

Mr R.C. KUCERA: This is not the estimates committee. We had an estimates committee earlier this year, which the member for Murdoch attended.

As previously stated, in 2001-02, health expenditure is approximately 25 per cent of the total budget. Since the change of government, our decisions have ploughed an additional \$1.345 billion into the health portfolio over the forward estimates.

Mr M.F. Board: You are obviously reading. Tell us what you are reading from. We would love to look it up.

Mr R.C. KUCERA: Of course I am reading, because I like to get these things right.

Several members interjected.

The SPEAKER: Order, members!

Several members interjected.

Withdrawal of Remark

Mr R.C. KUCERA: Mr Speaker, I take objection to that. The member for Hillarys just called the Minister for Planning and Infrastructure an old witch.

The SPEAKER: Order! Member for Hillarys, I heard that. Will the member please withdraw.

Mr R.F. JOHNSON: I withdraw.

Debate Resumed

Mr R.C. KUCERA: This Government has a strong commitment to population health. I notice that the motion refers to public health, which is a little confusing, because there are different areas of health. It is particularly important that we mention population health today, because this morning the National Heart Foundation and the Australian Institute of Health and Welfare announced that over the past two years there has been a 20 per cent decrease in the number of cardiac arrests and cardiac problems. Today of all days some magnificent statistics have come out on that important prevention program in population health. We put an enormous amount of

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money into these programs each year and have done so again this year. It is interesting that I am being approached by all the major people who run the Quit campaign in this State. They acknowledge absolutely that 10 years ago the Quit campaign in this State was recognised as the best preventive program for smoking anywhere in the world.

Mr P.G. Pendal: It was very good.

Mr R.C. KUCERA: Yes. However, the problem is that they are now telling me how much the Quit campaign was allowed to degenerate in the past eight years under the previous Government and how it ripped money out of that program to support other programs as it saw fit. At the end of the day, we need to get back to preventive programs and make sure these programs are supported.

This Government has also been implementing new strategies focusing on a range of public health services. The member for Murdoch made a statement in the House today that waiting lists are burgeoning.

Mr R.F. Johnson interjected.

Mr R.C. KUCERA: I am talking about an informed member - the member for Murdoch.

Mr R.F. Johnson: Now you are being nasty to me!

Mr R.C. KUCERA: It takes two to tango.

Mr R.F. Johnson: You do not like the truth. That is the trouble.

Mr R.C. KUCERA: The member for Hillarys does not want to hear the truth.

The member for Murdoch made a statement today about waiting lists. As I have been saying consistently, the trend this year is that in the major teaching hospitals the waiting list has come down from 9 773 last year to 9 170 this year, and in the non-teaching hospitals from 4 902 to 4 530. That is a reduction of 603 in the teaching hospitals and 372 in the non-teaching hospitals. The gradual trend is that we now have the lowest waiting lists since 1993. That is in direct contradiction of what the member for Murdoch said.

Mr M.F. Board: Waiting times.

Mr R.C. KUCERA: The member said waiting lists. He can look it up in *Hansard*.

Between 30 June 2001 and 30 June 2002 the number of category 1 patients who wait longer than clinically desirable moved up from 124 to 263. In other words, the category 1 list increased by 139 cases in that period. However, we need to take into account that we deal with an average of 510 category 1 elective cases each month, so every month we get a different snapshot. I said categorically in this House a couple of weeks ago that we would be reducing category 1 elective surgery to make sure that our hospitals can cope with the winter peak. It is as simple as that. I made no bones about it. Of course those statistics go up and down on a monthly basis. However, the trend overall is that they are coming down.

In teaching hospitals, the median waiting times for elective surgery for all urgency categories as at 30 June dropped from 5.65 months to 5.46 months, and in non-teaching hospitals from 4.04 months to 3.39 months. The only surgery list that remained high was category 1. In June 2001, after we had come into government, the medical outpatient median waiting time was 63 days. I am pleased that this year the medical outpatient waiting time has dropped to 32 days. In other words, we have halved it. In June 2001, the surgical outpatient median waiting time was 41 days and it is now down to 23 days. The member for Murdoch should get his facts right before he comes into this place and again tries to frighten the public of Western Australia on these issues.

I will move on. The health sector employs about 30 000 people. About 4 000 people on the work force register are enrolled nurses, and 2 600 are medical practitioners etc. As part of the implementation of the Health Administrative Review Committee recommendations, in 2002-03 public health and community health, Aboriginal health and health information centres were amalgamated into a newly created population health division, and an overall restructuring of the health system in this State, which is now bringing us into line with modern health thinking around the world. We cannot run health systems with the anachronisms that we inherited.

Despite all the best intentions of the wonderful people who work in the voluntary health programs in this State, we had a health system with a budget of \$2.4 billion that needed to move into the twenty-first century and into a single unified system that would allow us to deal with the issues properly and sensibly and from a clinical and financial accountability perspective.

Last year we heard doom and gloom from the National Party about country health budgets. This year every country health system has come in on budget. The only country health system with which we have had some difficulty is the Kimberley. The Kimberley health system is facing enormous pressures at the moment. We are

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dealing with that matter, and this week I announced the amount of money that will go into capital works in that part of the State.

Mr P.D. Omodei interjected.

Mr R.C. KUCERA: The member for Warren-Blackwood is talking about something that he does not normally talk about. All of those levels of service have been maintained. The budgets are being met. For the first time, major hospitals' budgets are running on stream due to the changes we have undertaken, and our health services are enjoying professional, clinical management. I am very proud of what is happening within the health system in this State, although I acknowledge that it is under pressure.

Mr D.F. Barron-Sullivan interjected.

Mr R.C. KUCERA: I heard the member for Mitchell. I told him today what is happening there. Does he suggest I tell the doctors where they must work?

Mr D.F. Barron-Sullivan: This has been going on for 12 months, not just the past 12 weeks.

Mr R.C. KUCERA: The member for Mitchell did not listen. They are not salaried doctors.

Mr D.F. Barron-Sullivan interjected.

Mr R.C. KUCERA: He is not listening.

Mr A.D. McRae interjected.

The ACTING SPEAKER (Mr A.J. Dean): The member for Riverton is not in his seat so he should not offer opinions.

Mr R.C. KUCERA: I have no capacity to give direction to doctors on how they should set their rosters.

Mr D.F. Barron-Sullivan: You run a health system.

The ACTING SPEAKER: Order, member for Mitchell.

Mr R.C. KUCERA: The member's ignorance is outstanding. I do not direct private doctors.

Mr D.F. Barron-Sullivan: What are you going to do?

Mr R.C. KUCERA: I explained that at question time. Does the member for Mitchell suggest that I direct doctors?

Mrs C.L. Edwardes: Tell us what you are going to do.

Mr R.C. KUCERA: I have told the House what we are doing.

The Australian Institute of Health and Welfare bulletin estimates this year that the per capita expenditure in WA at \$3 092 per person for 1999-2000 compares with \$3 153 per person in the ACT. As per previous comments, the relatively low commonwealth expenditure on medical and pharmaceutical benefits underlies the relatively low per capita total health expenditure in this State. In other words, as I have said time and again in this House, whether we like it or not we get a raw deal from the feds. I am not blaming the federal Government for the situation other than to lay on the table that the people in this State miss out on the enormous amount of \$150 million a year.

That happened during the previous Government's term. However, I did not see it try to fix that problem; it just got into bed with the federal Government. This Government is talking about putting more money into health. Why did we have to put \$2.5 million into purchasing a magnetic resonance imaging machine this year for the children of this State? Members opposite, who are blaming this Government, tried to do a grubby little deal. I will tell the House what is happening now. We are not only struggling to pay for that machine out of our own capital and support it, but also members on the side of the member for Mitchell are now running around trying to undermine us and get a machine in Bunbury. What are they trying to do? They are saying it is our responsibility to provide a machine in Bunbury. The federal Liberal member for Forrest, Mr Prosser, is running around trying to do deals in that area to get a machine in Bunbury.

Mr D.F. Barron-Sullivan: Don't you want one in Bunbury?

Mr R.C. KUCERA: Of course I do.

Mr D.F. Barron-Sullivan interjected.

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Mr R.C. KUCERA: The member for Mitchell should listen, because I will write to his constituents and tell them what is going on. The federal member for Forrest is trying to undermine attempts to get MRI machines in Bunbury and Fremantle. This Government had to pay for the MRI machine for the children's hospital while, being accused of not putting extra money into the health system. Telethon has done the right thing and has come to the party on that. We have not had one iota of help from members opposite for our children's hospital. They worked actively against our support for the children of this State.

Members opposite are working in Bunbury to again make sure that a machine in that area is placed with a private operator. Those are the words I am hearing from that area. If being in opposition means that members must work actively against the people of Western Australia, I am very pleased I was never in opposition.

Several members interjected.

The ACTING SPEAKER: The level of interjections is far too high. The Chamber is turning into a schoolyard. I ask the Minister for Health to address me and I remind members that their interjections are unparliamentary.

Mr R.C. KUCERA: I apologise, Mr Acting Speaker, I was trying to be heard.

We have a large and complex health system in this State.

Mr M.F. Board: Are you going to address the spin doctoring?

The ACTING SPEAKER: Order, member for Murdoch!

Mr R.C. KUCERA: I was amazed at the member for Murdoch outlining all the health commitments we have completed as a Government.

Mr M.F. Board: That claim is a fraud; you are running around the State announcing things that have not happened.

Mr R.C. KUCERA: I take objection to that.

Mr M.F. Board: It is a deception. The press releases announce projects that we announced years ago.

Mr R.C. KUCERA: The member for Murdoch appears to be taking umbrage at our having finished projects.

Mr M.F. Board: We started them.

The ACTING SPEAKER: Thank you, member for Murdoch.

Mr R.C. KUCERA: I do not care who started them.

Dr G.I. Gallop: I think you might ask the shadow Minister for Health to consult with his leader because the Leader of the Opposition does not believe that the forward estimates represent anything.

Mr R.C. KUCERA: I am glad the Premier raised that. I wrote that on the third page of my notes when I first came into this House. The member for Murdoch's leader said that forward estimates do not mean anything. The member for Murdoch should be over the moon that we are fixing the problems.

I have acknowledged on countless occasions the efforts of the member for Darling Range. I know what he did. I worked for the Government when the member for Darling Range was my minister. I know how hard working he is. It was a tragedy to see how he was undermined at the end of his time as minister when he was trying to implement some of the things this Government is now implementing. He led the first of the amalgamations of the health services boards. He put many of the initiatives on the ground that this Government is completing.

This year I am very proud to say that the Treasurer allocated almost 25 per cent of the state budget to health. We are going forward and dealing with the issues and the neglect the mob opposite left us. We will continue to move forward and make sure that everybody in this State recognises the true value of our health system and where we sit. How will we ever get nurses back into the system while the member for Alfred Cove keeps beating the drum, describing the situation as one of doom and gloom and saying that nursing is a dreadful occupation? As I said yesterday, it is about time people in this House realised that their constant denigration of our health system does enormous damage to people's confidence in it.

At the end of the day, our Treasurer has given the Department of Health 25 per cent of the state budget and Cabinet has given it the capacity to get on with the job, and it is getting on with it.

MR D.A. TEMPLEMAN (Mandurah) [3.39 pm]: I am very happy to contribute to the debate this afternoon and to support the comments of the Minister for Health. I will outline a couple of key health initiatives that the people of Mandurah were promised by this Government. When the election was held in 2001, one of the key

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issues, as we all know, was health care. I am very proud to be part of the Government and to stand behind a minister who straight away sat down with the people involved in the health care system and worked out a clear strategy for what needs to happen in this State.

One of the first clear issues about health services in Mandurah and the Peel district was delivery of services to people with kidney disease. We promised in our first term that we would deliver an expanded renal dialysis treatment area and extend day surgery services at the Peel Health Campus. I am pleased to say that this Government has budgeted for, and is about to announce, the tendering process so that those important facilities will be delivered to the people of Mandurah in its first term. A \$2.4 million commitment - which will now be \$3 million - will double the renal health services in Mandurah so that the people of Mandurah who need to access renal dialysis will now be able to do so. The increased capacity of that service and the extra day surgery services will be in place early next year. A major expansion therefore will take place at the Peel Health Campus. Unfortunately, access to the campus was not planned by the previous Government when the campus was established. Part of the works will include a major upgrade of the car park area so that access will be improved. There was also no access for a bus service to the campus at Lakes Road and that will now be put in place.

However, that is not all. The Government also committed to a major upgrade of the community health facilities in Mandurah and the construction of a community health facility on the campus. That means the existing community health facilities at Ormsby Terrace will move to the \$3 million campus complex and all the allied health services crucial to the people of Mandurah, given the specific demographics in that area, will be catered for. However, this Government will not do what the previous Government intended to do; that is, sell off the Ormsby Terrace building. One of the first commitments this Government made to the City of Mandurah was that the community health buildings in Ormsby Terrace would remain in public hands.

One of the first things the Premier did when the Cabinet visited Mandurah in February this year was to sign a memorandum of agreement that those community health buildings would not be sold off to private interests but would remain in public ownership. They have been vested in the City of Mandurah so that the civic and administrative precincts of Mandurah will continue to be part of the cultural precinct in the middle of the city. The value of the land and buildings is about \$4 million. The Government therefore acknowledged that in many respects the City of Mandurah had a good case to retain those buildings in public ownership, and I am sure the City of Mandurah will utilise the buildings in an appropriate way. We acknowledged at the time of the signing of the memorandum of agreement that the buildings must continue to be used for community purposes; that is very important for the future of Mandurah.

Another matter I highlight is the expanded health services for women in the Peel region. The very important Well Women's clinic was opened on 1 August for women in the Peel region, and it will provide specialist services, including Pap smears to screen for cervical cancer, and information on women's health issues. It is important to acknowledge that cervical cancer is a terrible disease that, unfortunately, kills too many Australian women. It is a tragedy that 1 000 new cases are diagnosed each year and 300 Australian women die annually from that disease. The Well Women's clinic in Mandurah will ensure that Peel women have access to those services and that women's health needs are addressed.

All of this demonstrates that when we came to government, health was a key priority in the Peel-Mandurah region and it is being delivered by this Government. By the end of the first term of many terms of the Gallop Government there will be a \$3 million expansion of the Peel Health Campus with community health facilities delivered on campus. In addition, a \$4 million building and land that would have been sold by the previous Government has already been vested in the City of Mandurah. A number of other services will be provided, but that does not mean more services are not needed.

I speak to the minister all the time about the ever-increasing need for health services by the people of Mandurah. We are part of the fastest-growing region in the State, which means that the health services delivered to those people must be constantly improved and increased. This Government is delivering health services to the people in Peel and Mandurah. I support and applaud the Minister for Health and the Gallop Government for demonstrating that health is a priority and for delivering it.

MR M.F. BOARD (Murdoch) [3.46 pm]: We have heard today from a minister who has not addressed the fundamental issue that was raised in the matter of public interest. By his admission and the admission of his health advisers, the health budget has not been funded to the level promised by this Government through the illusion created by its spin doctors.

Dr G.I. Gallop: The figures are the figures.

Mr M.F. BOARD: Even if we agreed with the 4.5 per cent illusion, by the Treasurer's admission about an inflation rate of three per cent, it represents a real increase of only 1.5 per cent in a public health system that is

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running at a demand that is increasing by between seven and eight per cent each year. That is why there is a record level of problems in this State and a record level of ambulance bypass.

I hope the Government enjoys opening the Armadale-Kelmscott Memorial Hospital, the Peel Health Campus, the Joondalup Health Campus and the Bunbury Regional Hospital. The Government should get real and put some money into the public health system, especially capital works.

Question put and a division taken with the following result -

Ayes (19)

Mr M.J. Birney	Mr B.J. Grylls	Mr B.K. Masters	Mr T.K. Waldron
Mr M.F. Board	Ms K. Hodson-Thomas	Mr P.D. Omodei	Ms S.E. Walker
Dr E. Constable	Mr M.G. House	Mr P.G. Pandal	Dr J.M. Woollard
Mr J.H.D. Day	Mr R.F. Johnson	Mr D.F. Barron-Sullivan	Mr A.D. Marshall (<i>Teller</i>)
Mrs C.L. Edwardes	Mr W.J. McNee	Mr R.N. Sweetman	

Noes (26)

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

Pairs

Mr R.A. Ainsworth	Mr M.P. Whitely
Mr M.W. Trenorden	Mrs M.H. Roberts

Question thus negatived.