HOSPITALS, BED SHORTAGES

Motion

MR BOARD (Murdoch) [4.03 pm]: I move -

> That the Minister for Health take immediate and decisive action so as to avoid any shortage of hospital beds in our acute-care public hospital system and to avoid any ambulance bypass at emergency wards anticipated this winter.

This is a very important motion, particularly as we are moving into the winter period, when our public hospital system will be under stress. I do not move this motion with any malicious intent towards the minister, the public hospital system or the Health Department. This side of the House is well aware of the pressures on our public hospital system. It is well aware of the issues faced by health professionals and of what is happening as a result of the imbalance between the public and private hospital systems. It is well aware of the difficulties, particularly in the emergency area, and that many people using the hospital system during the winter could be better serviced in other areas of health. However, it is appropriate to raise these issues now so the Minister for Health can consider and address them in the coming months. It is important that the Opposition put on the agenda the issues and its thoughts on those issues, and that it hold the minister and his new Government accountable, particularly for fulfilling the expectations of the community, which endorsed the Labor Party's health policy at the election.

There is no doubt that health was the major issue in the lead-up to the state election. The Labor Party, in conjunction with others in the community, made health and related issues the top agenda item for those casting their votes on 10 February. The new Government made a commitment that it would fix the hospitals. It said it would be able to resolve many of the difficult and outstanding issues, such as waiting lists and access to acute-care hospitals, particularly in difficult times. It said it would address those issues and that it would introduce accountability and a system of better management into the hospital system. It promised it would be able to have the sort of success that we were apparently unable to have. The Labor Party took those promises to the electorate; the community now has the impression that, since 10 February, we no longer have a hospital crisis or huge waiting lists. The Labor Party is now in government and these issues must be resolved. According to some of the statements that have been made, they have already been resolved. It is important that we raise these issues at this time because we are well aware, as is the minister, that very little has changed since 10 February.

[Quorum formed.]

Mr BOARD: I reiterate that this motion has been moved, not maliciously, but for the purposes of highlighting the major issues and concerns regarding the health system and to put on the record some of the ways in which we hope the minister will address those issues. The community expectation is strong because the Government went to the election indicating that it would be able to fix the problems. The Government is now under a lot of pressure. It is an easy promise to make, but a hard one to fulfil. The Opposition offers a bipartisan approach to some of the macro-issues facing health, notwithstanding that it will hold the Government accountable for the statements it has made and its budgetary commitments. The Opposition expects the Government to resolve the issues on its plate.

We offer support in some of the macro areas of health that are causing concern in Western Australia with respect to the commonwealth-state relationship. There are many issues -

Mr Ripper: What issues?

Mr BOARD: I will get to them. I have a bit of time left on the clock. The debate has only just started and I know the Deputy Premier is excited and cannot wait to hear how the Opposition will help. He will have to stand in line and wait.

I raise this issue today as it is such an important one for the community. All the polls taken over the past 12 months, and particularly those taken before the election, indicate health as being the number one issue for the community. It should be, as it represents our quality of life, who we are as individuals, how we enjoy the time we have and how our loved ones are cared for. The support the Government gives to the public hospital system and the way in which the community is dealt with, through the public hospital system, the private system and all integrated health services is the number one issue in the community. The pressure is on the Government, having been endorsed by the community, to show that it is able to achieve significant changes that will address the outstanding issues.

I want to discuss administration in health. The minister and the Government moved quickly to remove the Metropolitan Health Service Board and set up the Daube inquiry, which will look at the changes in the administration of health in Western Australia. The terms of reference are very wide; in many ways there is an

expectation that the committee will be able to deal with the major issues facing health and, through its report, somehow resolve them. The committee has only a few short weeks in which to work. I think the committee will be unable to meet expectations; however, I wish it well. It may be able to set in motion a number of significant changes that will be needed if - for the long-term - the Government is to address the fundamental issues facing the hospital system and achieve the integration of health services to the community. Mike Daube is well-known to me: he was one of my former chief executive officers when I was the Minister for Youth. I have the greatest respect for him and I know he will go about his mission in an open and honest way. The other members of the committee have enough experience in health to be able to deal with the difficult issues.

Like a number of other people, I have had the opportunity of making a long verbal submission to the committee. The Government went to the election indicating that there was too much administration in health in Western Australia - it was top-heavy - and too much money was tied up in the Metropolitan Health Service Board. The MHSB was considered to be just another layer of bureaucracy and the Government thought it would be able to remove administrative costs and streamline delivery of services, particularly in the State's acute hospitals. That is a great mission but someone has to administer the metropolitan health service; someone must coordinate the Health Department and the delivery of services. It appears to me that the committee will support the establishment of three or four regional health boards. If it does so, it will be in line with the thinking of the previous Government in moving away from a single Metropolitan Health Service Board and breaking up the geographical areas of control into three or four boards. That may be a reasonable decision, as the quantum leap from individual hospital boards to one major board seemed too much for some people to cope with. Difficulties were experienced when the single board was created as we were not able to bring everybody into line on that decision. The concept and goals of the MHSB remain as the critical issues affecting health in Western Australia: the ability to coordinate and integrate services, and for the major teaching hospitals to communicate with each other, share clinical experiences and not duplicate services; and to integrate into the community many of the services of the major teaching hospitals. The goal of the MHSB was to bring about many of those major changes, but it failed to bring all the players onside. That is regrettable and, as a result, the Labor Party was able to make good mileage from the situation and conducted a campaign during the election to the effect that the hospital system was in crisis as a result of the MHSB not being able to get consensus from all the major players about significant changes.

That may have been a difficulty with the board but the goal of what needs to be done in health remains. It is the same situation in every other State of Australia and around the world. Health services need to be provided where they are needed. Everybody knows that there is no point having hospitals only a few kilometres apart that duplicate services and create a concentration of services in one area rather than spread services across the whole community - particularly services that are required after acute care. That remains the major focus in health administration. The minister will face a huge challenge in making changes while at the same time retaining credibility about the Labor Party's promises during the election to implement change and make health administration cheaper than under the MHSB. How can five, four or even three boards be established to cover, in a cheaper way, what was done by one board? It is a difficult task but one that I wish the minister well in achieving. Notwithstanding that, it is probably appropriate to bring practitioners and the community along with the decision. Whatever decisions the minister makes about administration based on the findings of the Daube committee, he must involve the community at a much wider level that has been the case in the past. There is no doubt that the community wants part ownership of health in Western Australia; it wants to be part of the decision-making process and to talk about the priorities of the community. There is a role for the community on the boards: the people are the recipients of health services in the State, and board representation would enable them to address matters of concern. That should be the major focus in returning health to the community, as 25 per cent of the State's budget is spent on health. The Government should be aware of community expectations and priorities about health; it should be aware of the stresses and strains in the system and the sort of services people want for the money spent. I suggest to the minister and the bureaucrats that it would make their jobs far easier if they were to include the community in the decision-making process.

As part of the debate on this motion, I will talk briefly about the inquiry into King Edward Memorial Hospital for Women, because it is important and sensitive. The former Government set up that inquiry. It has become as high profile as it is today as a result of issues raised in this Parliament by the Labor Party and by others in an attempt to make sure that it would be extensive. That inquiry has raised in the community issues of personal concern to clinicians - those people practising within our health service. For reasons known to the minister, he has extended the inquiry. I do not argue with or criticise the need for the extension of the inquiry. However, I question the $6 million tag that has gone along with it and how that has blown out six-fold as a result of these extensions. I ask the minister in his reply to indicate to the House the reason for a 600 per cent increase on the original budget for these extensions. In relation to this inquiry, it is evident in our community that this hospital assists with the birth of some 5 000 babies a year and is the focus of the most difficult births.

Mr Kucera: Almost 50 000 births.

Mr BOARD: No. Sorry, are my figures wrong?

Mr Day: It is 5 000 births a year.

Mr BOARD: I think it is 5 000 births a year. Many of those are the most difficult births. Women with acute conditions come from all over the State to this hospital. However, considering the number of people who have been admitted to King Edward Memorial Hospital and who have been most satisfied with the services they received, the hospital has performed exceptionally well over a long time. Issues have arisen at the hospital. However, if the minister intends to extend the inquiry, it is important that he make fundamental statements about his confidence in the delivery of services at KEMH at the moment and about his confidence in the nurses and clinicians - all the medical staff who are now at the hospital. He should boost the morale of the staff at the hospital, and let the community know that the inquiry is looking at historical issues that must be resolved. It is important for our community that the minister and the department make those statements. I have not heard much from the minister or from the department about their ongoing commitment to service and safety at KEMH. That commitment must be made now.

In question time today, the issue of nurses in Western Australia was again raised. The Opposition is aware of the critical shortage of nurses in this State, and that shortage exists around Australia and in most parts of the world. There are a number of reasons for that, but this debate will not focus particularly on them. However, some of those reasons emanate from decisions made in our community, particularly by females. In 2001, and during the past 10 years, they have had the same choice of occupations as males have had. Some of the decisions traditionally made by women in the 1960s and 1970s - entering the nursing profession was one - are not made these days because they have a much wider choice of occupations. Not only are they choosing other occupations, but also they are outperforming their male counterparts in many respects. In recent years I had great pleasure in presenting awards to apprentices of the year in electrical trades who were females.

Another factor that affects the decision to enter the nursing profession is the university qualification that is now required because of the expertise, technology and so forth involved. However, there is a lack of practical training. That has reduced to some degree the number of people who want to enter the nursing profession, and it has also reduced the number of people who complete their training.

Mr Kucera: What is your definition of the scope of nursing?

Mr BOARD: I will come to that, because I intend to talk about enrolled nurses and the fact that most of the debate is about registered nurses and their pay, conditions and hierarchy. I agree with all that. I place on the record that I think our nurses are underpaid. As is the case with teachers, our society - I am not talking necessarily about Governments - has undervalued them over a long time, and for some reason we have allowed their pay rates to slip gradually. Much of that has to do with their own profession, their organisation, the public sector and so forth. However, that has been allowed to happen and it is a historical fact.

The issue now is how to address a critical shortage when the need for nurses throughout the world is increasing, and when a very hungry private sector wants to poach any qualified nurses it can get hold of, not only in this State but in other countries. That continually puts more pressure on the health system. One issue the minister will need to examine is how he can change the shape of the pyramid. As the minister knows, there is more reliance on people with different classifications, such as the bed carers, who supplement the work of registered nurses. Most of those people are unqualified for some of the tasks they are required to perform from time to time because of pressures on the nursing profession. Many of them, who are working diligently and trying to do their best, are not in a position to fulfil the duties required of registered nurses. If the minister is to address this issue, and there is an interim period in which it must be resolved, he should look at the status of enrolled nurses in this State. In some way the minister must encourage enrolled nurses back into the profession so that they can supplement the work of registered nurses in Western Australia. If I were the minister, I would consider pushing the career structure of registered nurses further up the scale to nurse practitioner, and I would address some of the legislative issues required to do that. That has become a fundamental issue, particularly in regional and country areas in this State. I would push registered nurses further up the scale and make available to the health system a range of qualified nurses, whose career path would be from enrolled nurse to registered nurse, and then to nurse practitioner. By doing that, some of the immediate issues may be solved much faster, and it would be a cheaper exercise.

Mr Kucera: I am sure my predecessor spoke to the Australian Medical Association about it.

Mr BOARD: Yes. I know that the AMA has difficult issues to address within the health system, but it does not need to carry the entire responsibility. The minister must look after the community. It is important that people in the community receive the highest possible quality care.

Mr Day: The coalition Cabinet gave approval to draft legislation to enable nurse practitioners to be recognised and registered. I trust that drafting is continuing. We made a clear policy decision to allow nurse practitioners to be established in this State.

Mr Kucera: As I said in a previous interjection, I am sure you discussed this with the Australian Medical Association.

Mr Day: The AMA had a representative on the working party.

Mr BOARD: The Opposition knows this is not an easy issue to address. However, it must be addressed. Other jurisdictions in the world have addressed it. The community and the Government know that a balance must be reached between enrolled nurses and registered nurses. I suspect that in the light of community expectations and the changes in administration, together with the enterprise bargaining agreement process, there is no better opportunity than now to tackle some of the major issues facing the Government. This is the opportune time for the minister to do that. If he does not tackle those issues, he will regret it and face escalating problems further down the track.

Mr Kucera: Are you putting yourself on notice now that any of those changes will have your complete support as a party?

Mr BOARD: I cannot give carte blanche support to changes that may be made because I do not know what they are. However, the shortage of nursing staff is critical and difficulties exist with nursing tasks, in the hospital system and in the nurses' career structure. The pyramid is wrong. More people are needed in hospitals caring for patients. Registered nurses are spending a lot of time on other issues, particularly technology. That is a serious issue. Some of these issues must be addressed and in addressing them, the minister must examine the role of the nurse practitioner and how to achieve a balance between enrolled nurses and practitioners. He should be bringing the AMA on board with him.

Mr Kucera: Of course.

Mr BOARD: At the same time he should be dealing with the issue of enrolled nurses. Many people in the community would like to be in the nursing profession, yet the units required to obtain a degree means a range of other options are available to people on those courses. It also means that if they are not dedicated enough to complete a nursing degree, they can move into allied health areas. As we know, many people begin a nursing degree, but move into allied health areas when they realise they can change tack to qualify in other professions. Although nursing degree status is important and warranted, it has effectively changed the balance of nursing staff in our hospitals. That must be addressed if this issue is to be resolved long term.

Contrary to statements made by the Labor Government, and contrary to the perception held by the community, the Liberal coalition resourced health with unprecedented increases in funding over the past eight years, particularly the past five to six years. The Western Australian health budget shows an audited six per cent real growth for each year. It might surprise new members to know that we spend more on health per head of population in Western Australia than any other State in Australia. However, the perception is that we underspend on health.

Mr Kucera: Annually, you allocated only two per cent for increases.

Mr BOARD: Health had a six per cent real growth in funding. Irrespective of how that figure is determined, it represents money that has been spent. The pressure on the minister - I do not envy him - is to continue that growth. That growth has raised expectations for spending on health to continue at that level.

The minister can make public statements, as he has done, about the top-heavy nature of administration and claim that too much money has been spent on the non-clinical areas and non-delivery of services in our community. However, he now has the power to readjust that budget. If he can manage the health system so that it meets the expectations of our community without additional funding, I will take off my hat to him.

Mr Kucera: As you know, we took out $4 million immediately for the patient assisted travel scheme.

Mr BOARD: Redirecting funds is the minister's priority. If he thinks he can get a better bang for his buck, he should do it. The biggest expectation of the community is that when people go through the emergency door, they get attention and a hospital bed.

This motion is to address the fact that the Government will come under incredible pressure this winter over the availability of hospital beds. The Opposition is well aware of that pressure. I suspect that the ambulance bypass situation is likely to occur at an increased rate unless the minister can make some important policy decisions now to rectify that. I will go on record now as saying that come July or August, the minister will be saying in this Parliament that problems have arisen due to the terrible policies of the previous coalition Government because it did not make the necessary decisions 12 months ago. That will be a cop-out because the minister can make decisions now to rectify the problems. He must address some fundamental issues. He has the power and the expertise around him to do that. It may not be easy but he should be able to address those issues. He will be accountable for what happens in our public hospitals throughout this year.

Commonwealth-state relations in health do not have a happy history. They go to the very heart of the delivery of health in Western Australia. The fact that we have nine health administrations in this country only adds to the dilemma of providing consistent and adequate services despite an increasing amount of bureaucracy in the control and administration of health. The public does not care that we have a Medicare agreement and commonwealth-state funding agreements and that the Commonwealth is responsible for funding aged care, which impacts on people because it is linked tightly to hospital beds; nor should they care. The availability of beds, the type of beds required, how they access them, how long they must wait for them and the assistance they get when they are required is important to them.

Mr Kucera: Will you as a Liberal spokesperson raise this with Dr Wooldridge and Hon Bronwyn Bishop?

Mr BOARD: I can assure the minister that I will do that. I said at the outset of this debate that there are macro issues with which the Opposition is prepared to assist the Government in addressing delivery of health services in Western Australia. The Opposition has been fighting for a better deal for Western Australia in health services and funding, and will continue to fight for it regardless of who sits on the Treasury benches. That is an important part of what we do for our communities.

Mr Kucera: Unfortunately, we failed dismally this year in the federal budget.

Mr BOARD: The federal budget puts $20 billion a year into health funding. The State Governments accumulatively contribute another $20 billion. Every year, $40 billion goes into the health system in Australia. The number of people in Australia divided by $40 billion shows that $2 000 a head is spent on health for every man, woman and child in this country - that is only the money spent on the public health system. It is an extraordinary amount of money. When members consider that, they must ask themselves where all that money goes and why we still have to deal with some of the issues?

Mr Kucera: Rigour and accountability, remember?

Mr BOARD: Accountability is fine. If the Minister for Health can get a bigger bang for the buck in Western Australia, and if he can refine administration and get more delivery for services, the Opposition will support him. The minister has already said he will do it, so we will hold him accountable.

In many ways it is a tragedy that the State does not have enough control of home care, nursing home beds or hostel beds. All state jurisdictions would agree with me that if the federal Government were prepared to tie its resources in the aged care area to outcomes and if those outcomes were controlled and managed on a state basis, the health system in Australia would be better. A critical issue facing the long-term control of the health issue in this State is the integration between nursing home and hostel beds, and being able to move people out of the hospital system into nursing homes. In many ways, elderly patients are clogging up hospital beds, particularly elderly female patients who find themselves in those beds because they have nowhere to go. If the Minister for Health wants to address those issues, the Opposition is prepared to support him. However, that does not mean that we do not support what our federal colleagues are trying to achieve in health - we do.

Mr Kucera: That does not make sense.

Mr BOARD: It does make sense, because they are trying to achieve the best results for the community.

Mr Kucera: Bishop's programs are taking beds away from us. It does not make sense.

Mr BOARD: The federal Government has a formula that indicates the number of home care places, nursing home and hostel beds that are available. About 10 out of 100 people over the age of 70 in this State require those services. That ratio may be the correct ratio. The difficulty lies in where those beds are, the changing population needs, the geographical spread in our State, who has those beds, who is registered to have them, the transition from hostel beds to registered beds and so forth. Those issues would be managed better at the state level integrated with the health system. I will make those representations to our federal colleagues, as I would to other Ministers for Health around Australia.

The long-term solution to health is to get a better flow in that area. That is not a political exercise; it is an exercise in delivering better health services for the $40 billion that is spent, and achieving a better result for the community.

Mr Kucera: The difficulty is that the federal counterparts see it as a political exercise. It then becomes an exercise in cynicism.

Mr BOARD: It is not an exercise in cynicism; it is a historical issue that must be resolved. In the long term, those delivering and controlling the services at the bottom end should make some of the policy decisions. I am prepared to argue that strongly.

One of the critical issues that the Minister for Health must address is the percentage of day surgery patients occupying hospital beds. The minister may or may not know that the figure for day surgery runs at about 40 per cent. The international average in day surgery is 60 per cent. We have one of the lowest percentages in the world for day surgery. The percentage for the country and for the State of Western Australia, which has many advantages in facilities and technologies, must be boosted and supported. The figure for day surgery is so low because of where it can be done and because of the step-down facilities that are available as a result of day surgery.

Mr Kucera: Especially since Mt Henry was closed.

Mr BOARD: Those issues must be addressed if we are to relieve the pressure on our acute hospital beds.

Mr Day: The Mt Henry beds have been distributed in other new nursing home facilities around the State.

Mr Kucera: Though not to rehabilitation and step down.

Mr BOARD: The Opposition is aware of the pressure on the public hospital system and of the imbalances between usage in the public and private hospital systems. We are aware of the chronic shortage of nurses and of the pressures on the budget. Due to the Government's election commitments and its promises to the community, it is in a position to make effective changes that can alleviate a number of those pressures. The Government must make those changes. It must look at the macro issues and alleviate those pressures now but, at the same time, be able to resolve some of the long-term issues that face the community. I will raise these issues on a regular basis.

In closing, the Opposition moves this motion today, some three months into the Government's administration, because we are moving into winter. There is an expectation in the community that the Minister for Health can make decisions tomorrow morning that will alleviate those pressures to some degree.

MR D'ORAZIO (Ballajura) [4.37 pm]: It gives me great pleasure to speak on this topic because I was part of the health profession before I came to this place, and it is a subject dear to my heart. I am glad we can debate this issue. During the election campaign, health was probably the most important issue. By doorknocking and working in my chemist shop, I was better placed than most members to understand the community's expectations in the area of health. The elderly people in our community expect a better health service. Families expect better access to the health system. With all the improvements that happen each day in the medical field, there is sometimes an unnecessary expectation for better treatment, but that is not necessarily the case.

A number of fundamental issues in the health care area must be considered. I am glad that the minister has undertaken various reviews. A problem with delivering a better service is that the innovations usually cost a lot of money as do the drugs. We must have a better perspective of how to handle some of these issues. I was happy that members opposite referred to nurses.

During the campaign, I talked with a number of nurses in Ballajura. Although they want pay rises, what concerned them most was the enormous stress they were under. They had no job satisfaction, and we must go back to the fundamentals and examine that. Not only were they concerned about their workload, but also the perception that they were the forgotten link in the health chain. They need to be reassured that they have a huge and worthwhile role to play.

In the surveys conducted on the community's expectations of professionals, chemists come first and nurses come second. The nurses will say that they are first and that the chemists are second.

Mr Board: Have you seen where we sit?

Mr D'ORAZIO: I did notice that.

Mr Board: How do you feel about moving from the top of the pyramid to the bottom?

Mr D'ORAZIO: Hopefully, by coming into this House, I might be able to elevate the status to a more appropriate level.

Other health professionals in the system also have problems. We must look at some of the problems that have arisen, because State Governments, as well as the federal Government, look after health. I will bring to the attention of the House an area with which I am very familiar; that is, the dispensing of drugs. As members are aware, through the state system people can get medications that are not available on the national health scheme, and that puts pressure on the state system. Most of those drugs are issued through the outpatient process and are usually rather expensive. I am not denying that those drugs should be supplied, but we must put some pressure on our federal colleagues to make them available through the national health system. Failing that, we need to look at the process by which those drugs are prescribed. Not only do patients go to the outpatient clinics to get those drugs - I do not begrudge them that - but also they tend to use outpatient clinics like a doctor's surgery, and that puts pressure on the health system. We need to look at how that is managed. Maybe we need to make better use of the private health system in relation to doctors and chemists. It is one of the big bugbears of the retail pharmacists association and the community that when patients ask for a particular medication, it cannot be supplied because of the restrictions that apply. A pharmacist must ask for $200 or $300 for a medication because it is not covered by the national health scheme; yet, if patients go to the state hospital as an outpatient, they can get the medication. There is a dilemma.

There also seems to be an expectation by members of the community that the care they get from the outpatient clinic is better than the care they get from their private doctor, because the clinic has access to a wider range of drugs. Some of these fundamental issues should be looked at.

I am glad the member made the comment about the shortage of nurses. However, we must look at the structure of the nursing profession and the qualifications nurses require. They are a bit like chemists. When I studied pharmacy, 69 people started the course, but only 19 finished. From looking at what pharmacists do in retail pharmacy, I think that maybe the level of qualification required or the level of failure that occurred in the profession was too high - not that I want to lower the standard. The number of people who fell by the wayside astounded me. I was talking to some of the nurses and they made the same comment. The standard that is required in their profession is very high.

Mr Board: That is why we talked about enrolled nurses.

Mr D'ORAZIO: We need to look at the fundamentals of the education process. Must we have such a great fallout rate? That must be looked at. Is it the pressure that is put on nurses, or maybe there is a better way to address that through the education process? The minister needs to look at that issue in the review, and I am sure someone will raise it. We do not want to lower the standard of the profession.

Mr Board: There are two levels.

Mr D'ORAZIO: Yes. They need more assistance. A suggestion was made in the pharmacy profession that a pharmacy have a pharmacy assistant who was semi-qualified and who could do a certain level of tasks, but who did not need the degree required by a fully qualified pharmacist. We need to look at those qualifications in conjunction with those in the profession, because they jealously protect their profession, as we all do. I strongly support their being given better recognition.

Another comment that was made by a number of people involved in the health profession is that there are too many chiefs and not enough indians. There are many senior bureaucrats and senior doctors, but there are not enough on the ground to deliver services to the people.

Mr Day: That is why we formed the Metropolitan Health Service Board in part.

Mr D'ORAZIO: That just adds another lot of bureaucrats and professionals who, again, are not doing what is needed; that is, delivering services on the ground. That is what is needed in a review, and I am glad that one is being undertaken.

Mr Board: You are going to replace one board with four boards.

Mr D'ORAZIO: In the end we must look at every facet of the health system. The federal Government also is to blame in this process. It has run away from a lot of its responsibilities. The member made the comment that our health system has the greatest cost per capita. The amount spent per capita does not necessarily guarantee the best delivery of service. We must assess every level, whether it is the people on the ground delivering services, the adjuncts, the bureaucrats or the people making the decisions, to ensure the service is delivered efficiently. If a saving of 10 per cent were made to the budget of $2.5 billion - close to $3 billion - a large amount of dollars could be used in better ways in the various levels of the health system.

The public perception of the health system is also very important. The health system is under pressure at this point. We as a community must understand that our expectations should be realistic. Sometimes members of the community need to be taken through the issues. When the requirements and pressures are explained, they will come on board and support what is being done. Health care is fundamental to all of us. None of us begrudge spending money on health services, but we do begrudge the waste of money. It is important that we look at every level, and every level is accountable. In all the dealings I have had with health professionals at all levels, whether it was with doctors, nurses or pharmacists working in the government system, they all expressed to me that there was a great deal of bureaucracy and that, from a ground level, they could make many suggestions on how to improve the system. However, they are frustrated that there is no process by which those on the ground who deal with the day-to-day issues can provide feedback on how to improve the system. Whatever happens in the review and with the committee that is being set up, there must be a recognition that the people who know best are those on the ground delivering the day-to-day services to the community. Sometimes, inviting input from members of the community into what is going on and the services they are receiving and getting feedback from them will make the system even better. Sometimes those health professionals may not, for whatever reason, be able to deliver the care they would like. By talking to members of the community who receive those services, members can get feedback and analyse why there are problems.

It is a difficult portfolio, but I think the minister has a handle on it. We need the confidence of the professionals and the community. In the end, we must remember that it is a partnership between the community, health professionals, politicians and bureaucrats, all working together. At the moment, as an outsider who has come into this place and is involved on the fringe, it seems that all the different facets are pulling against each other and everybody is blaming each other, rather than everyone taking a step back and working out how to fix the problem. I am happy with the commitments we have made in capital expenditure and the allocation of resources to various groups. However, that alone will not solve the problem. We need to take a fundamental look at the whole process and at ensuring the facilities that already exist in the state health system are better used. That means private doctors, chemists and other support groups within the community working with the state health system to make it better.

The outpatient system deserves major attention. Members of the community see a huge blockage when they go to outpatient clinics. That blockage is caused by a demand for services, because patients think it is a way of getting quick service. However, if people look at some of the treatments that are provided at outpatient clinics, they will find that they could be handled easily by their local practitioner, and sometimes better and quicker. One person related to me how she waited 16 hours at an outpatient facility to get treatment. If she had gone to her local doctor, in a matter of hours she could have had the treatment, which, in the end, would have been the same and possibly better. The perception has been created that outpatients clinics provide a better service because they have greater access to drugs. That anomaly must be investigated. We should inform the public that we have an excellent national health system and that it must be fostered. That will take pressure off the state system and allow those in urgent need to get the treatment they need. It is atrocious that people cannot access emergency services when they need them. The system is being clogged as a result of a misunderstanding of the process.

Many people have suggested that we could make better use of nurse assistants. That is a controversial issue, but those assistants could take on duties currently undertaken by registered nurses and thereby relieve some of the pressure. That proposal must be investigated. Someone must do the work. I hope that those undertaking the review will consider the many issues confronting the system. Looking at one issue will not help; plugging a hole in one area could cause a rupture in another area. We need an across-the-board investigation designed to improve efficiency. A small improvement in one area might free up substantial funds to be spent in an area of greater need. The desirable result will be a better service for everyone.

I came into this place having made a commitment to my community that I will do everything I can to ensure that our health services are the best available, not only in Western Australia, but throughout Australia. As the member for Murdoch indicated, although we are spending more per capita than any other State, the service we are providing is not the best in Australia. We need to redress that situation. That can be done only by improving efficiency, and I hope the review achieves that.

MR DAY (Darling Range) [5.03 pm]: The motion moved by the member for Murdoch raises some important issues about the provision of health services in Western Australia, and those issues are of major concern. The Australian Labor Party sought to derive as much advantage as possible out of this situation during the recent election campaign.

I acknowledge that the Minister for Health has a demanding and difficult job. I empathise with him - it was only four months ago that I held that position. The minister must deal with many complex issues, including how our

system should be funded. If he is anything like his predecessors in that portfolio, he will frequently ask for more funds for the health system and, in so doing, make himself unpopular with his cabinet colleagues - in particular, the Treasurer. The reality is that he needs to confront major issues in deciding how services should be provided both in the metropolitan area and rural Western Australia. We are facing an ever-increasing demand for services through our public health and hospital systems. Australia has an ageing population, and that leads to increasing demand for health-related services. New technologies and medical procedures that provide a better quality of life for much longer than has ever been the case previously cost a great deal of money. Many more people want to use the public hospital and health systems. As Minister for Health, I often pointed out the irony that the better we make the system the more people want to use it. Of course, that leads to an increase in costs.

We have a very high standard of public health care in this State. That has not suddenly changed as a result of the change in government - it has been the case for many years. The Government always faces major challenges in this area, and the new minister is no doubt finding out about them. Hard decisions must be made and the minister must meet, as far as he can, the public expectations created in recent times. In the lead-up to the election, and during the campaign in particular, the Labor Party set itself a very high bar. The leader of the Labor Party, now the Premier, made the clear statement that a Labor Government would fix all the problems in public hospitals. The Minister for Health has been given the job of doing that, and I wish him success. It will keep him occupied for a long time. The Opposition will continue to remind the Government of the many promises members opposite made about the health system during the election campaign. Members on this side of the House are interested in establishing which promises were costed and which were not. The leader said that a Labor Government would fix all the problems in the public hospital system. We on this side of the Chamber will remind him about that regularly. The clear public expectation is that the Government will honour that commitment. The Labor Party has exploited natural community concerns about the provision of health services. Although many of the issues raised were overstated, it was legitimate to raise them.

I found it amazing that some of the supposed crises that existed up to the eve of the election have suddenly evaporated now that it is over. The incoming Government cannot take credit for that, because it has not had time to fix the system. A range of pressures was being exerted. Mention was made of the shortage of beds in teaching hospitals and the so-called ambulance bypass problem - although that is more appropriately called the "patient diversion" procedure. I said while in government - the situation has not changed - that it is reasonable for some patients to be diverted from the nearest hospital if they do not have an urgent need. That is a sensible use of resources in some cases, but obviously it should not happen if patient welfare is put at risk.

The incoming Government must make hard decisions. The health budget was increased substantially while the previous Government was in office - from $1.2 billion a year in 1993 to almost $2 billion this year. One would expect an increase over that time, but a rate of 6.8 per cent a year was far higher than that experienced during the last three or four years of the previous Labor Government. Much criticism was levelled at the coalition Government by the Labor Party for not getting the health priorities right. As I said yesterday, the reality is that the previous Government put more into providing health services in real terms and on a per capita basis than was the case during the last Labor Government. That can be easily demonstrated by undertaking an analysis of the budget figures over the past eight years.

While in opposition and during the election campaign, the Labor Party made great play of the promise to abolish the Metropolitan Health Service Board and, therefore, the Metropolitan Health Service. That commitment has been honoured, and I do not criticise members opposite for that. It is another matter whether that commitment was well founded. The reality is that the Metropolitan Health Service and its board were established to enable better coordination of the provision of health services across the metropolitan area, to achieve better value for the large amount of taxpayers' money that is spent in providing health services in the metropolitan area and to remove some of the duplication in the provision of health services in the metropolitan area. When the Metropolitan Health Service started to get close to some of those issues and foreshadowed changes, there was a predictable reaction from some sections of the health sector. I recall recent comments of the member for Ballajura that the system is top-heavy with administrators. One of the main purposes of the Metropolitan Health Service was to reduce the amount of its budget that was spent in administering the system. A corporate reform plan was to be put in place that was, unfortunately, strongly opposed by some sections. The Hospital Salaried Officers Association was not entirely unreasonable about that process. Despite its concern about the future of its members, it adopted a constructive rather than obstructive approach to the issue. However, some sections of the metropolitan health sector made life difficult for the Metropolitan Health Service. The Labor Party traded on that as much as it could. It is interesting that Labor members of Parliament are now effectively calling for a reduction in the amount of money spent administering the system. That is necessary, but I will be interested to see this Government put that into effect. The minister says there needs to be a greater degree of rigour and accountability in the system. I do not disagree with that. However, he implies that the former Government did

not pay sufficient attention to those issues; I disagree with that. If we are to get value for the taxpayers' money in the provision of health services, health services must be accountable.

One of the problems is that the Government abolished the Metropolitan Health Service and its board, and as a result there is not the same degree of control over expenditure in the metropolitan area as there was towards the end of last year, because there is not the same degree of authority. I know that authority for the system has been vested in the Commissioner of Health. He is an extremely capable and competent officer. However, if he is to have that role in the longer term, it must be made clear to him that he will have complete authority to implement the decisions of the health system and the Government that ensure the taxpayers get value for money. The greatest possible proportion of that money must be spent on providing health services rather than it being consumed through the duplication of services or administration of the system.

To some extent, there is now a vacuum of authority. The Government is considering setting up four new health boards. Towards the end of last year, the former Government also decided it would establish four new health authorities; three would be based in the regions and the metropolitan area and a fourth would focus on providing children's and women's health care on a statewide basis. It was also the clear intention of the former Government that the Metropolitan Health Service and its board would continue to play a role in coordinating health provision and ensuring compliance with budgetary requirements. Unless an organisation or individual, presumably the Commissioner of Health, is given clear authority to ensure that tough decisions are complied with and budgetary allocations are met, the Government will find it difficult to meet its budgetary forecasts.

There is a clear need for balance in the provision of health services between the metropolitan and country areas of Western Australia.

Mr Acting Speaker, in this situation, you may tell the people who are making the noise to be quiet.

The ACTING SPEAKER (Mr Dean): Members are being too audible. Please keep the decibels down.

Mr DAY: Mr Acting Speaker, I am sure that when you have been in the Chair a while, you will flex your muscles.

The Government must ensure balance in the provision of health services between the metropolitan and country areas of Western Australia and between the inner and outer parts of the Perth metropolitan area. There was a clear difference in the election policies of the Labor Party and the former coalition Government. Some of the commitments of the Labor Party were the same as policies that had been started or announced by the former Government. I drew attention to one of those earlier today; that is, the identical policies of the Labor and Liberal Parties in relation to the redevelopment of Kalamunda District Community Hospital. Our Government announced commitments for a range of capital works programs that the Labor Party has replicated. The clear difference between the two policies concerns the provision of health services in the metropolitan area. It appears that the Labor Party was unfortunately captured by those who believe that the centre of the metropolitan area, particularly the teaching hospitals, is the centre of the universe for the provision of health services in Western Australia. There is no doubt that teaching hospitals are the most important hospitals in Western Australia in terms of their size and the complexity of the services they provide. However, they are not the only part of the system. It is essential that policies be put in place to, wherever possible, improve access to health services, whether they be in the fast-growing outer parts of the metropolitan area or in rural parts of Western Australia. The Government needs to ensure that there is not an excessive concentration of health services in the teaching hospitals, though they are extremely important.

In the lead-up to the election, the coalition committed funds and made a clear commitment to the electorate that, if it were re-elected, it would construct a new day surgery centre, otherwise known as an integrated health centre, in Mirrabooka. The amount set aside for that project was $45 million during the life of this Parliament. It is regrettable that the Labor Party did not make the same commitment. The Government did not make that pledge; therefore, I will not criticise it for not honouring it. It is a great pity that the Government has put most of its eggs in the one basket of the teaching hospitals in the centre of the metropolitan area. It seems to have been captured by people promoting that argument. The interests of many of the Labor voters in the metropolitan area would have been better served if the Government had taken on board the advice that we in government took on board to decentralise the provision of health services in an appropriate way. The integrated health service in Mirrabooka would have been a great advantage to the constituents of the Minister for Health in the electorate of Yokine and the members for Ballajura, Girrawheen, Bassendean, Maylands and others representing electorates surrounding the Mirrabooka area. I hope the Government will consider that policy. It was not simply plucked from thin air or dreamt up overnight. Our decision to go ahead with the centre in Mirrabooka was based on extensive consultation undertaken by the health system over the past four years.

Mr D'Orazio: It was not with the former member for Ballajura, was it?

Mr DAY: The member may not have been involved in the consultation process, but I know that many members of the public and of the health system, including the nursing and medical professions and others, were involved. It led to the delivery of good advice from the Health Department to go ahead with the centre. During the election campaign the Labor Party committed an extra $109 million for capital works projects in teaching hospitals. Presumably, the Government will not be able to both provide the funds and proceed with what would have been the new centre in Mirrabooka. That is a disappointing result from the point of view of many constituents of Labor members of Parliament in this House. Many questions need to be answered by the incoming Government about how better health services will be provided, how the Minister for Health will address the major issues of funding and control of the health system and how services will be provided in a way that makes them more accessible to more people in Western Australia. We know that when health services are made available to people who are in most need, better public health outcomes occur. It is a pity that the Labor Party policy did not recognise that fact and that it has unwisely chosen to focus on the teaching hospitals in the central metropolitan area. It will be to the regret of the Labor Party in government.

Amendment to Motion

MS QUIRK (Girrawheen) [5.21 pm]: I move -

> That the motion be amended by deleting the words "That the Minister for Health take" and substituting "That the House supports the Minister for Health in taking".

The amended motion would read -

> That the House supports the Minister for Health in taking immediate and decisive action so as to avoid any shortage of hospital beds in our acute care public hospital system and to avoid any ambulance bypass at emergency wards anticipated this winter.

Point of Order

Mr DAY: The amendment moved by the member for Girrawheen appears to be a direct negative of the motion moved by the member for Murdoch. It is within the rights of the member to move an amendment but not one that directly negates what was previously put forward. I draw it to the attention of the Chair and ask for a ruling.

The ACTING SPEAKER (Mr Dean): I have consulted the standing orders and the amendment does not appear to directly contradict the original motion. At first appearance it may appear to do so, but in my opinion, it does not.

Debate (on amendment to motion) Resumed

Ms QUIRK: The original motion was somewhat "cute". I can say from personal experience that the subject of ambulance bypass at public hospitals is a perennial problem that has beset the hospital system for many years. I was fortunate enough to be on the board of Sir Charles Gairdner Hospital for a few years during the 1990s and I was aware even then that this was a problem. In recent years epidemiologists have said that the peak period for flu and cold infection is becoming longer and it is now necessary for health authorities to cater for these longer periods. Nursing shortages are also creating challenges for public health authorities. The member for Darling Range was gracious enough to concede that ambulance bypass is a sensible notion and that the tenor of my amendment is based on that concession. The public hospital system, for many years, has taken a number of measures to anticipate and ameliorate the situation that occurs every year during winter. The measures include the bypassing of accident and emergency departments for less than acute cases and trying to obtain casual agency nurses to be held on standby. That is less possible these days because hospitals rely on casual agency nurses as a matter of course for day to day nursing requirements. They try more and more to schedule elective surgery so it does not interfere with the demands placed on hospitals at this time of the year. I am pleased that the Minister for Health has widely promoted the use of flu vaccinations; that will counter the current pressures on the hospital system. The offer has been taken up by those most vulnerable in the community. There has been a demand for flu vaccine, but adequate supplies now are available.

I enjoyed my experience on the Sir Charles Gairdner Hospital board, although it was truncated by the then Minister for Health, Hon Peter Foss, who very graciously accepted my resignation. The only problem was that I had not tendered it! It is the largest public hospital in Western Australia and it is a teaching hospital of some renown. It was interesting to see from the inside the demands on funds by doctors who wanted the latest technology; the expectations of the public; and the sort of people who frequented the accident and emergency department at 3 o'clock in the morning who could have ideally waited until the next day. There is no question that there are serious issues and the public needs to participate in a discourse about whether community expectations can be met. The debate is not furthered by having such motions as that moved by the member for Murdoch that politicise a matter that should be above political banter.

Mr Board: Was it not an issue during the election campaign?

Ms QUIRK: The member for Murdoch quite rightly points out that health was a great issue in my electorate, but only because there are no services! My constituents did not complain about the health services they received. It was not a debate as there were no services.

Mr Day: Does the member not want the integrated health centre in Mirrabooka to go ahead?

Ms QUIRK: I thank the member for Darling Range, as I was going to comment on that issue. I would not want it to go ahead because, as in my submission, the problems with the health system are not connected to more capital expenditure - they are analogous with the police in that they relate to the need for more human capital. Hospital beds and wards are going empty and there is no need for more capital expenditure. We need to fill the empty beds and wards with personnel.

During my time at Sir Charles Gairdner Hospital an issue arose regarding the use of orderlies. Management consultants from the United States recommended that orderlies not be attached to particular wards but be placed in a pool from where they could be used as required. Needless to say, our comrades in the Miscellaneous Workers Union were vehemently opposed to the proposal. They were right to be so opposed. Instead of having orderlies on the wards who knew the patients and assisted the nurses at a moment's notice, it was necessary for nurses to drop everything, get on the phone and get an orderly from some distance to help. A lot of the time the nurses would not do that and they would end up stretching their nursing resources even further. In many cases nurses incurred back injuries. There was no sense of job satisfaction for the orderlies as they had no follow-through with patients and the whole situation turned into a disaster.

That is just a small example of the fact that practical people management must be considered when looking at the outcomes. It is not sufficient to look at only the bottom line; one must look at the outcomes. It is all very well to say that the system is more efficient, but if that means effectively that patients feel neglected and feel that they have less appropriate care, it is not satisfactory. To give an example, a constituent told me that last year, since this regime has been brought in, her husband was left in a bath for three hours. He had been forgotten, because one nurse went off duty, the next nurse came on duty and there was no follow-through; whereas ordinarily that would be the responsibility of an orderly.

I support this amendment. The minister should be commended for his efforts to anticipate the standard winter peak. This is a normal management practice that occurs every year. The actions being taken are appropriate, as has been conceded by the member for Darling Range. The bypass action is standard procedure in these sorts of circumstances. The minister is ensuring that all available management tools and all resources are being freed up to meet the annual demand on our public health system.

MR BIRNEY (Kalgoorlie) [5.31 pm]: If one asks Western Australians what are their priorities when it comes to what Governments should be doing, the message that comes back clearly is that health is at the top of the list. In fact, in Kalgoorlie during the election campaign, we conducted a telephone poll. We asked people in Kalgoorlie what were the issues of most importance to them, and the overwhelming response was health, health care and, indeed, health care at the Kalgoorlie Regional Hospital.

It seems to me that we can never spend enough money on health and health care. I am aware that the previous Government spent $2 billion on health in the last budget, which was 25 per cent of the overall state budget. The previous Government also built three or four hospitals. It is fair to say that the previous Government had a fairly strong commitment to health care. However, the Government of the day tends to get it in the neck when health care is mentioned. Indeed, some Governments may deserve it. Somebody once told me that the public would not be happy until our hospitals are like five-star hotels and we have one teacher for every student and a policeman on every corner. Of course, people have a right to put that view. The Government of this State will need to look very closely at its finances. It has an obligation to at least match some of the financial commitments given by the previous Government. The Government will have to act sooner rather than later, because the budget process is coming up fairly soon, and it will have to fund all manner of projects.

I take this opportunity to talk a little about health care in Kalgoorlie and at the Kalgoorlie Regional Hospital. The Minister for Health will be aware that about a month ago I wrote to him on this issue. Surprisingly, I received a response this morning. I told the minister that the previous Government, the Court Liberal Government, had given a $14 million commitment to the Kalgoorlie Regional Hospital to undertake a number of projects. By election day, some $6 million of that money had been allocated and spent. After some time in the wilderness, a new dedicated palliative care unit was built, and ward B was refurbished. However, a further $8 million worth of commitments were made by the previous Government, including commitments for a new medical imaging department, a new emergency department, a new administration department and a new medical records department. While the Minister for Health is in the House, I take the opportunity to put on record that

the previous Government's promises or commitments were very well received by the people of Kalgoorlie and by the staff and management at Kalgoorlie Regional Hospital.

Unfortunately, the letter I received from the Minister for Health is somewhat non-committal. I appreciate that we have to go through the budget process. Therefore, perhaps the minister is a little loath to make a commitment to me while he is in the middle of the budget process. However, the people of Kalgoorlie and the people at the Kalgoorlie Regional Hospital expect the Government to provide that further $8 million for the Kalgoorlie Regional Hospital. During the minister's budget deliberations, I urge him to consider allocating that $8 million and upholding a promise of a previous Government.

Members may also be aware that following the sale of AlintaGas, some $570 000 was allocated to the Northern Goldfields Health Services. That money was to be spent on nurses' quarters or hospital staff accommodation. Over the past few years in Kalgoorlie there has been somewhat of a crisis in hospital staff accommodation. The money was allocated for the building of accommodation units in Addis Street, Kalgoorlie. As a result of some fairly tense negotiations between a number of government departments, the units were to be built initially overlooking a park. There was a public outcry. Therefore, the Department of Land Administration swapped the land with the Health Department. Everybody was happy and the project was to proceed. Of course, the election campaign was then held, and we still have not received a commitment from the new Government that that $570 000 from the sale of AlintaGas will be committed to building those staff accommodation units in Kalgoorlie.

I will finish on another subject that is of concern to me, to my constituents in Kalgoorlie and to the people at the Kalgoorlie Regional Hospital. The need for paediatricians is dire. There have always been two paediatricians in Kalgoorlie. Although they had a fairly heavy workload, they were able to get the job done. At the end of April, one resigned, and I believe she has now moved to Perth. In an article in the local newspaper, she was quoted as saying that she was resigning because she could not get clear-cut commitments from the Health Department on whether it was prepared to continue to fund the position. To be honest, I am not sure whether that remains the case. However, the need for at least another paediatrician in Kalgoorlie is dire. The remaining paediatrician, Dr Christine Jeffries-Stokes, made a statement in the media, and she made four very important points. She said that she intends to consult for only two and a half days a week; in future she will not necessarily be available on call; there will be no guaranteed attendance at emergencies; and the monthly visits to some of the outlying areas will stop. This presents us with a bit of a problem, because there are eight or nine primary schools in Kalgoorlie, and the younger population there is extremely large. If there is such a problem, it was amplified last week when I was telephoned by somebody who works at the hospital to tell me a baby was being delivered and the doctor on duty did not have the required skills to deal with the situation. In fact, the baby almost lost its life. The lack of paediatricians is a very large problem in Kalgoorlie. I am informed that there are some 11 or 12 paediatricians at Royal Perth Hospital. I ask the minister to consider the possibility of rotating some of them on a one, two or three monthly basis to the electorate of Kalgoorlie. I hope that the minister will take on board my comments about the funding of the Kalgoorlie Regional Hospital. As I said, the previous Government made approximately $8 million worth of commitments to the area, which I guess are still in the pipeline. The people at Kalgoorlie hospital are waiting for the minister's answer, and I am sure they wait in anticipation of the next budget.

DR WOOLLARD (Alfred Cove) [5.40 pm]: I speak against the amendment and in support of the motion. In so doing, I highlight that our teaching hospitals are already experiencing a shortage of beds. Only last week a memo from one of the major public hospital's consultants stated -

> The hospital continues to experience ongoing difficulties in finding beds on a daily basis. This can be attributed in large part, to the increased seasonal demand through our emergency department and in part, to our nursing shortages.

This is not a new problem. Any shortage of hospital beds in our public hospital system is primarily due to lack of nursing staff to care for patients in those beds. Members should know that a shortage of beds is really about a shortage of nurses. The cost of the beds is primarily the cost of nursing staff to look after patients.

Why do we have a shortage in this area when there are enough professional nurses in Western Australia to look after our sick and elderly patients? We are experiencing shortages because in the past the Government had its priorities wrong. There can be no more compelling priority than the need for acutely ill people to have confidence that there will be a place for them in a hospital. To achieve this, the Government must make a real commitment to address the problems in our health care sector. Nurses make up the majority of the work force in the health industry. However, they are leaving the profession because Governments have taken them for granted and not addressed the problems of salaries and conditions. Nurses have waited patiently. Sadly, their patience has not been rewarded.

If the Government does not seriously address these issues, even fewer registered nurses will be left to care for patients. Over the past 20 years there has been a six-fold increase in the number of nursing agencies. The question must be asked: why is the Health Department not improving salaries and conditions of public hospital nurses to attract them back into public hospital employment?

I have been given to believe that nurses feel that if they accepted the offer by the former Liberal Government, rather than waiting for the offer from the Labor Government presently under consideration by the Industrial Relations Commission, they could have proceeded with negotiations for improvements in salary and conditions.

Nurses are caring professionals who take their responsibilities for patient care very seriously. Nurses want to maintain nursing standards just as you, Mr Speaker, have the responsibility for maintaining standards in this House. This Parliament has set rules. There must be a quorum in this House before debate can occur to maintain a standard for parliamentary debate.

Nurses want to maintain nursing standards. They are leaving their profession because they are dissatisfied with the care they can give. In the current negotiations with the Government the union is attempting to achieve adequate nurse-patient ratios to ensure patient safety. Working conditions must be addressed if the Government hopes to attract nurses back into the profession.

If the Government deals well with the current problems, former nurses may be attracted back into nursing and we can then look at offering more reregistration courses to encourage more nurses back. Funding for a greater clinical component of nursing education may also stem the attrition.

Prior to the election, I attended a health forum where a senior nurse described how, during a recent night shift, two registered nurses were on duty in a high level area when three patients suffered cardiac arrest. Those nurses had to decide which patient they would not attempt to resuscitate. In this Chamber I have watched the debate which sometimes becomes quite heated. If two of my parliamentary colleagues were to have a cardiac arrest, would you like to make the decision about whom to resuscitate, Mr Speaker? The problem is not only a shortage of beds in the public hospital sector, but also how they are being used. In my maiden speech I informed this Parliament that nurses in aged care are paid $130 a week less than nurses in the public hospital sector. When the current dispute is settled these aged care nurses will earn 30 per cent less than their colleagues in other States. After hours, these nurses must sometimes transfer patients from aged care facilities to public hospitals because of a shortage of qualified skilled nurses. By increasing the level of professional nursing staff with expertise in aged care facilities, these transfers may not be necessary. This would free up additional hospital resources. Currently, there are around 170 aged people in public hospitals just waiting until space is found in nursing homes. These acute-care beds are not designed to care for our elderly patients who need long-term care.

This is not the only area in which resources can be freed up. Public hospitals today have far greater patient turnover than they did five or 10 years ago. Patients are now discharged earlier to free up beds. However, there is insufficient nursing support for these patients in the community. If one of our university nursing schools were funded to run a course in domiciliary nursing, patients who are discharged early would receive appropriate support in the community and the level of re-admissions would decrease.

In *The West Australian* yesterday, Gavin Mooney, professor of health economics, called for an independent body to review the funding of the big hospitals, thus undermining the role of teaching hospitals. If Mr Mooney is claiming those hospitals are overfunded, obviously he has not been acutely ill and found he has had to be shifted to three hospitals in search of a bed. Of course we need hospitals outside the metropolitan area. People want quality services to be provided locally. However, we will not fix these problems by robbing Peter to pay Paul. Our ageing population has associated health problems such as pneumonia, bronchitis and dehydration and a greater propensity to have falls causing factures. I hope that one of the recommendations from the Health Review Committee will be a winter bed management plan.

I reiterate that one of the main reasons for the shortage of beds is the lack of registered nurses. The workplace must be made more attractive if we wish to keep beds open or open additional beds.

The nurses' demands are reasonable. They are not asking for salaries higher than their colleagues receive in the eastern States; nor are they asking for better working conditions than their colleagues. They simply believe that standards for the employment of nurses in Western Australia should be at least as good as they are in the Eastern States. They are asking for recognition of nursing qualifications by instituting a qualification allowance to give nurses an incentive to further improve standards of patient care.

The minister queried the ratio of nurses to beds. I would happily have joined the health and education subcommittee that looked at this. However, I believe the Australian Nursing Federation. I am sure that the research it has done in this area is adequate.

The second point that the Minister for Health asked -

Mr Kucera: Have you read the Government's full offer? Are you aware of the current stage of negotiations and the full offer?

Dr WOOLLARD: I met with representatives of the nursing federation yesterday and have spoken with them today. I would be delighted to look through the paperwork that the Minister for Health has presented to them.

MR O'GORMAN (Joondalup) [5.51 pm]: I find it intriguing that the member for Murdoch has the audacity to raise the issue of shortages of hospital beds and ambulance bypasses when his Government presided over possibly one of the worst periods for public hospital bed shortages and ambulance bypasses in this State's history.

I am a relative newcomer to the State, having arrived here in 1981. It was only in the past couple of years that I heard of the practice of ambulance bypasses being introduced. What did the former coalition Government do to ensure that there was no shortage of public hospital beds? Why was the public hospital system allowed to run down to the extent that the new Gallop Labor Government must undertake major repairs and restructuring of the health service, with diminishing health funding from the federal coalition Government?

Mr Board: You have been to that brainwashing school.

Mr O'GORMAN: The member for Murdoch has been to the same one. The abolition of the Metropolitan Health Service Board will redirect funding into patient care where it is drastically needed. The member for Murdoch has mentioned that the number of nurses in our hospitals is fast reducing, and asked what the Gallop Labor Government will do to address that issue. The Government has committed $70 million over four years to address the issue.

The member mentioned also that private hospitals are drawing nurses from the public hospital system not only across Australia, but also worldwide. That is occurring because pay and conditions are better in those hospitals. Western Australia should be a prime target area for nurses to come to because of its climate, the affordability of housing and general lifestyle but we still cannot attract nurses. The main reason we cannot attract nurses is that under the former coalition Government public hospitals did not deliver appropriate conditions and pay on which nurses could live. Casualisation of working conditions of nurses in the public hospital system has greatly affected their decision not to work in the Western Australian public hospital system.

Also, the federal Government has not efficiently administered the Medicare system and has caused many general practitioners to move from bulk billing to direct billing. That is another contributing factor to the excessive demands on the public health system's emergency departments. If bulk billing were still attractive to GPs, the health system would be better able to cope with the number of emergencies at public hospital emergency departments.

I congratulate the Minister for Health for tackling head-on the nurses dispute. An end to the dispute that has plagued the public hospital system over the past few months is now in sight.

MR WALDRON (Wagin) [5.54 pm]: Immediate and decisive action should be taken in our acute-care public hospital system. We must avoid ambulance bypasses to emergency wards. I support such decisive actions. However, I am concerned that country health services in my electorate and other regions have not been able to draw half the budgets set out in their health service agreements for May and, I am led to believe, for June. I am not sure what happens after that. During question times this week, I have raised this issue with the Minister for Health.

We must ensure that our major metropolitan hospitals have adequate resources to provide a sufficient number of beds. We must make sure that ambulances do not have to bypass hospitals; but that should not be resolved at the expense of country health services. I am concerned that that could happen. Country health services need that money to provide services in their regions. Sometimes the environments in which those services are delivered can be very tough. Some of the situations and particular needs of country health services must be recognised.

This motion refers to acute care and ensuring its availability. It raises the issue of the accountability of the Minister for Health and the major Perth hospitals. Acute care and the availability of specialists are of particular importance to country communities, and I am sure they would welcome acute-care resources. However, those resources are overwhelmingly concentrated in Perth. We understand that, but we want to make sure that country Western Australia gets its fair share of services.

I draw the attention of members to an article in yesterday's edition of *The West Australian*, in which the Curtin University professor of health economics, Gavin Mooney, who has already been mentioned, said that Perth's big

public hospitals appear to be taking more than their fair share of health funding. The National Party wants to make sure that funding is provided for Perth hospitals. It also wants to ensure that a fair share goes to the country and that it is not siphoned off.

I draw the attention of the House to the Premier's statement in *The West Australian* on 20 January concerning the ALP's regional policy, which states -

> "It's based upon our view that wherever you live in WA you deserve equal access to quality health services"

I also believe in that, and it sets a benchmark for accountability on which the Government will be measured as time goes on.

I ask the Minister for Health to ensure that, if any structural changes are made to health service boards, people from the rural health services and health specialists be involved. The people who have local knowledge and understanding of the issues that affect their areas should have more involvement in major health matters concerning rural Western Australia. I am not knocking the people who are currently on the advisory committee; they are all eminent people who know a lot more about health issues than I do. However, the members of the committee need input from country areas about specific matters that affect those areas, especially the long distances involved. I mentioned in my inaugural speech the importance of the staff in country hospitals, especially the nurses, doctors and health professionals. It is important to mention that in country hospitals it is the people who are important, not so much the facilities. That was also mentioned by members on the other side.

In my inaugural speech I also said that my region has pretty good facilities. I highlight to the Minister for Health that a couple of facilities were budgeted for by the previous Government, but the agreements have not yet been signed off. The public expects those facilities to be built, and builders are waiting to start. Plans have been put in place for decisions that were to be made. I refer to the extensions to the Narrogin Regional Hospital, the proposed extensions to the Wickepin Health Service and I believe the redevelopment of the Moora District Hospital. People expect these projects to be completed, and it is important that they are. They were budgeted for and mechanisms have been put in place.

I stress that the hospitals need health professionals. I mention again the mental health professionals in rural Western Australia. I am sure the minister is aware of that. I have a personal friend who works in that area and I know the great pressure under which that person works. I am concerned for those people, and the issue must be pursued. The National Party wants, and will support any endeavours or measures taken to support, good health and hospital services for all Western Australians, whether they be in the city or the country. However, my colleagues and I will fight to ensure that country regions get their fair deal.

MR QUIGLEY (Innaloo) [5.59 pm]: As the member for Innaloo, I take this opportunity to acknowledge and thank the Minister for Health for the decisive action he is already taking to avoid ambulance bypasses this winter. The public health system in the teaching hospitals is operating at about 95 per cent capacity, so we are told by the chief executive officer of the Osborne Park Hospital in my electorate. Once an emergency occurs, the hospital finds that it is in an overload situation.

Sitting suspended from 6.00 to 7.00 pm

Mr QUIGLEY: I congratulate the Minister for Health for the decisive action he is taking in my electorate, which will have the flow-on effect of reducing the pressure on the public teaching hospitals. As I was saying before the dinner break, it has been identified to us that the public hospital system is operating at about 95 per cent capacity. Any emergency pushes the Osborne Park Hospital's capacity to deal with elective surgery over the edge. It is not as though the former Government took decisive action to put the health system in crisis, at least in Innaloo; for years it neglected the Osborne Park Hospital and allowed it to wither on the vine. There is no immediate decisive action one can take to fix it for this winter. However, I applaud the health minister for the concern he has shown for this hospital, which is not in his electorate. On many occasions he has visited the hospital with me as the local member and had in-depth discussions with the medical staff, nursing staff and even the cooking staff in the kitchen, such has been his interest in this hospital. He has indicated to me and my community, and I accept it, that he will not allow this hospital to wither any longer and die on the vine. Shortly before the election, ward 5 was closed as a surgical ward to take overflow rehabilitation and aged care patients. Elderly patients awaiting placement in other hospitals were parked in ward 5, much to the concern of the nursing staff. They would then be shifted out of ward 5 just as aged persons and health carers moved into ward 5. It was a misuse of the hospital. The critical action needed at the Osborne Park Hospital is the refurbishment or rebuilding of the four operating theatres. The hospital's chief surgeon Dr Michael O'Halloran, a very dedicated surgeon, has identified that as the clog-up point at the Osborne Park Hospital. It has the beds to deal with more surgical patients, but there has been a disgraceful neglect of the operating theatres over the past eight years,

which cannot be fixed before winter. Once the operating theatre situation at Osborne Park Hospital is corrected, the big clog-up at the hospital will be unplugged. That will allow the teaching hospitals, when they are overloaded and staring down the barrel of an ambulance bypass, to send elective patients to Osborne Park Hospital, which might have excess capacity once its operating theatres are back to a satisfactory standard.

I rose only briefly to applaud the commitment of the Minister for Health to reinvigorate the Osborne Park Hospital. It is a wonderful campus. I have not a shadow of a doubt that the neglect of this hospital was because it is a huge campus sitting on a plum piece of land adjacent to the Stirling train station. Had it been allowed to die on the vine, it would have doubtless suffered the same fate as the Sunset and Mt Henry Hospitals, and the land would have been sold and the proceeds tipped into consolidated revenue. It will not happen under a Labor Government, because I have received decisive assurances from the Minister for Health that it will not be allowed to occur. The Minister for Health has already taken decisive action by flagging his intention to get together the chief surgeon Dr Michael O'Halloran, Dr Barry Vieira - a very dedicated geriatrist - the chief executive officer and the consumer groups to ask what necessary steps need to be taken to make this a five-star hospital once again. I do not mean that in terms of the accommodation, which is fantastic, but in terms of the service delivery. Once this decision is put into action, it will obviously take the pressure off the major teaching hospitals in the metropolitan area and allow them to deal in a more orderly fashion with emergencies, which they have not been able to do in the past, resulting in ambulance bypasses which occur when hospitals do not have excess capacity to deal with sudden emergencies.

Mr McRae: That marks the stark difference, does it not, between what the Minister for Health is doing and what we have seen in the previous eight years?

Mr QUIGLEY: It does. I thank the member for Riverton for that interjection.

Mr Sweetman: You should be the Government!

Mr QUIGLEY: We are, and the member is staring at the voice of the Government. He is looking at the Minister for Health, who is the Government. The minister has moved in with decisive action to restore the Osborne Park Hospital to full working capacity to take the pressure off the teaching hospitals, which will allow them to deal with more emergencies. On behalf of the community of Innaloo, I thank the Minister for Health for his commitment to the refurbishment and rebuilding of the Osborne Park Hospital. People in my electorate appreciate that this will not happen before this winter to allow the pressure to be taken off the teaching hospitals, but it will be put in place and it will happen. I applaud the Minister for Health for his decisive action.

Amendment put and passed.

Debate (on motion, as amended) Resumed

MR KUCERA (Yokine - Minister for Health) [7.08 pm]: There has been an enormous amount of bonhomie and a great deal of bipartisanship this afternoon. I thank the member for Alfred Cove for reminding me about cardiac arrests. I hope that neither the member for Murdoch nor I have one while we are here, because I assure him that I will not be giving him mouth-to-mouth resuscitation.

Mr Board: I would do it for you. I don't know what's wrong.

The SPEAKER: I would do it for all of you.

Mr KUCERA: Thank you, Mr Speaker.

I will address this matter in two ways. I will begin by formally addressing the motion about the issue of ambulance bypass. I will then speak broadly about issues that have been raised by all speakers on this motion tonight. I assure the member for Murdoch that there was no need for him to make me aware of the issue of the winter bypass. I am well aware of it and I have already held meetings with all chief executive officers of the hospitals. The Government is committed to improving access to public hospitals for people requiring both emergency and elective surgery. As the member rightly pointed out, that was a major election platform of the Labor Party. The Government intends to honour that platform.

It is well known that there is a peak period in all hospitals during the winter flu season, or the influenza epidemics as they are called. The member pointed out that I recently had an influenza injection. I must say that it hurt. However, it was necessary and I am pleased that there has been a tremendous take-up of that program. In fact, supplies ran out for a short while. The size of the winter epidemic depends on a number of factors. In the United States of America, between 10 000 and 40 000 people will die during a flu epidemic. These epidemics can be monitored by looking at the situation in the Northern Hemisphere. The indication this year is that it will be a moderate flu season, particularly if people are inoculated. If the figures in Australia compare with those in the United States, this year between 800 and 3 200 excess annual deaths will occur in Australia and

between 80 and 320 excess annual deaths will occur in Western Australia. The Government is aware that it is vitally important that the winter peaks be addressed.

To reduce the health impact of the flu season, free influenza vaccine for people in the 65 years or older age group - there may be a few in this House - has been funded annually by the Commonwealth since 1998. In addition, subsidised influenza vaccine is available through the Pharmaceutical Benefits Scheme to patients who are less than 65 years of age, but who have high-risk medical conditions. Indigenous people are an important part of this State's health services. Free influenza vaccine is available to indigenous people aged 50 years and older and to those aged between 15 and 49 years who have a predisposing medical condition.

The Health Department of Western Australia coordinates a winter strategy. The winter strategy committee includes general practitioners and people from the Health Department, metropolitan hospitals and long-term care facilities, and virology representatives. This committee is working to address community and health work force issues that relate to influenza epidemics. The main focus of the committee has been to increase vaccine coverage. This is the main reason for the peaks that occur. A media awareness campaign is under way, which includes the use of advertisements and key events to bring to the public's attention the value of immunisation as the preferred way to avoid the effects of influenza. A bed utilisation and emergency department diversion executive reference group, chaired by the chief medical officer, is operating well. The member for Murdoch and my predecessor know that that also operated reasonably well last year.

Full computer systems and call centres are now in place, providing the benefits of increased health services across the board. Working parties have been formed to address specific areas. I can go on, but I am not sure that I need to. The main thing is that a full and comprehensive scheme is in place to deal with peak issues within hospitals. I must say that the expectation that the Government can deal with every problem at the same time is unrealistic; it cannot happen. Whether people like it or not, at times there will be peaks and troughs. The Government knows that. No-one seeks to get rid of the whole problem in one hit and no-one is saying they can get rid of the problem in one hit.

Improved communication and data systems for St John Ambulance can be achieved. I found an interesting point while I was planning for this session. I hope members are aware that the previous Government sought to contract out the ambulance service in this State. Nothing within the contracting system allows private ambulance companies to put any of the profits from state funding back into that wonderful group of volunteers who support the St John Ambulance system. I am not speaking against the private operators; they are operating to their maximum efficiency.

The groups that have been working on a number of areas that will impact on hospital bed availability and ambulance diversion, and the policy guidelines -

Mr Board: There have been a number of instances, which have been well documented by the media, in which St John has not been able to meet some of the demands.

Mr KUCERA: That might not have occurred if the additional funding had been left where it was. It is an academic question. I will move on. I gave the member for Murdoch time during his contribution to the debate.

Policy guidelines for St John Ambulance Australia on whether the redirection of patients to other emergency departments is required, is well under way. The member for Murdoch is well aware of that. There is also much greater collaboration between the teaching and non-teaching hospitals, Aboriginal health services, nursing homes and community-based programs. A full-blown emergency system is in place for winter. It will never be able to cope with every emergency; everyone must realise that.

I will now talk generally about the health system and the main pressure points on health.

Mr Bradshaw interjected.

Mr KUCERA: If the member for Murray-Wellington gives me the opportunity, I will come to country hospitals in a moment. Health is a major issue for any Government. There are major pressure points, as has been rightly pointed out tonight.

Mr Waldron interjected.

Mr KUCERA: I will talk about the budget in a moment. I will begin by addressing various issues that were raised by speakers. The first issue concerns the administration of health. When I took over as Minister for Health in the Gallop Government, I was faced with five different health systems in this State, all of which had different lines of accountability, reporting, structures and, in most instances, funding. I had to contend, on day one of the ministry, with the debacle called the Metropolitan Health Service Board. There is no doubt that that board was a debacle. No-one has mourned its passing. It was interesting to see the joint moves by the previous

Government and the Australian Medical Association. This did not involve my predecessor but another member of the previous Government, who had moved to get rid of the Metropolitan Health Service Board anyway.

I have spoken about accountability on a number of occasions in this House. How on earth can there be any accountability when there are five separate structures, none of which report or link with one another, and all of which report to the minister and not to the administration of health services in this State? How can there be any rigour or accountability within that line? I was faced with the Metropolitan Health Service Board, which thankfully now has gone on its way. The responsibility has been given to the Commissioner of Health. I was pleased to hear today that people want the role of the Commissioner of Health reinforced. I had been a little disturbed at a report in a newspaper the other day that the role of the committee I put together to look at the new structure was to undermine the role of the commissioner. Nothing could be further from the truth.

I am also faced with a country health system that operates with numerous boards. It would be difficult to count the number of country boards. That is no denigration of the boards or the wonderful people who give their time, free of charge, to those boards. However, each board reports individually to the Minister for Health. They draw funding from the Health Department of Western Australia, which incidentally has no responsibility for the expenditure of those budgets. The member for Wagin raised a question about the budgets for country hospitals. All the Government has asked is that those hospitals spend the reserves of cash they are holding, which any responsible business would ask. The Health Department has advised me that many of the hospitals were holding reserves far in excess of any they needed. The services that the money was supplied to purchase were not needed at this time of the year.

Those funds have not been used, although they will be used when the need arises. The hospitals have their full allocations, but there is little point in having money in accounts when is not used for the services for which it was provided. The third system with which I am faced is the Health Department, which is responsible for all the specialist services purchased by this Government. In addition to that, I am faced, as was rightly pointed out by the member for Murdoch on a number of occasions, with a federal system operating in this State. Many Aboriginal programs are purchased and paid for by the federal system. That is a dichotomy and mixture of services with which the state and federal agencies must come to terms. The fifth and final system from which we also purchase services is the private health system, which reports to nobody except its shareholders. There is nothing wrong with that. The Murdoch St John of God Hospital is in the member for Murdoch's electorate. Its chief executive officer, Glyn Palmer, is a fine man, and one of the finest hospital administrators I have worked with. However, Glyn Palmer works in a private system with an emergency care centre that, when it is full, shuts its doors and sends cases to Fremantle Hospital or Royal Perth Hospital. It would be wonderful to administer a system like that. However, at the end of the day, Royal Perth Hospital, Sir Charles Gairdner Hospital, Fremantle Hospital and the other emergency hospitals cannot shut their doors.

Members talked about bypasses.

Mr Board: To be fair to St John of God, it will accept and stabilise people.

Mr KUCERA: Absolutely. I made no criticism of Glyn Palmer and his hospital, or of the St John of God Health Care group. It is a fine group of people running fine hospitals. However, they have two advantages: their patients can pay and they can shut the doors. Aboriginal families from Coolbellup that are supported by the State and other families supported by welfare do not have those advantages. The health system must be open. I am well aware of the problems within the system.

The structure is important. Some criticism was made of the review committee I set up, which is headed by Michael Daube. That was because people did not understand my intentions. I deliberately chose eminent Western Australians to be members of that committee.

Mr Trenorden: There is not one country member.

Mr KUCERA: The member obviously was not in the House when I explained to his colleague the reason for the structure of that committee. I tell him now because I do not want him to go down the wrong path. The committee has been set up initially to restructure the Metropolitan Health Service. Obviously, input from country people is needed, and the committee has received 200 submissions, many from country people. The committee deliberately sought submissions from and has met with the vast majority of rural health authorities. In fairness to the committee, it would be an enormous task to take on the whole sorry mess that is the state health system. The underpinning is in place for a wonderful state health system. The infrastructure is there. However, we must start at the beginning: the Metropolitan Health Service Board. My reasons for choosing the present membership of the committee is that each person is an eminent Western Australian who knows the problems and difficulties we have in health in this State. It is about time we used those people in this State who know the

system. An absolute plethora of consultants, wise men from the east and sultans from other parts of the world - I do not seek to denigrate them - have put systems in place that do not suit the people of this State.

The first task of the review committee is to put in place a structure that will allow the Commissioner of Health and the chief medical officer of this State to take back control of the health systems. I deliberately say systems, because there are five of them. I want the committee to move forward on behalf of the people of this State and to start to put in place a system that will suit all of us. I do not want people from the east. I will use those in the system. However, one of the issues that we as a Government took on board was consultancies. The best people to determine the operation of this State are those who live and work in this State. We must start utilising those people. The metropolitan systems are a large enough bite-sized chunk with which to work. The member for Murdoch was right: it is a huge challenge. I do not profess that I can fix everything. I have never said that. I have said that I will meet the challenge head-on and do something about it.

The first bite-sized piece I expect the review committee to take on board is the metropolitan health services. We will implement a structure that works for not only the people in the city but also those people in the country, who deserve access. It is not the supply of services that is so important, but the access to them.

Mr Trenorden: The point is that I and other members do not want that access in the metropolitan area; we want the services in the country.

Mr KUCERA: I have done a tremendous amount of reading recently - although I usually read most days anyway. One book I read recently was chosen only because the title was *A New Look at Medicine and Politics*. The author is a fellow who I despise as a person, Enoch Powell; however, he was a successful health minister in England. He made a couple of profound statements in the first chapter of his book. The first statement was that when he was first given the health portfolio, he immediately realised that every time he wanted to talk about health and caring, other people wanted to talk about money. I thought to myself that I had heard that before. The second thing he said, which I thought was profound coming from Enoch Powell - the only good thing about him was that he was a Welshman - was that we can do anything in medicine. That is true; the hospitals today can do tremendous things with kids who are born at 28 weeks. Some of those doctors are akin to God. I do not mean that to be in any way disparaging. However, as some members pointed out, what we cannot do in medicine is everything. It would be wonderful if Northam, rather than having a closed hospital, as it is as the moment, could have the likes of Sir Charles Gairdner Hospital and Princess Margaret Hospital for Children. That cannot be done, but we can guarantee access to those services.

Mr Trenorden: You're going to have to do better than that. We don't want Sir Charles Gairdner Hospital, but we want more than a review.

Mr KUCERA: Nobody could do better after three months in office. The member should wait to see where we go from here. It is very difficult to expect rigour and accountability unless structures are in place to complement those things. Our first task is simply to get the structures in place. We will make sure that happens. I have spoken about the country. I have worked for most of my life in and around country centres, so I know the pressures, and the Government will complement that area in anything it does.

Members mentioned the issue of special needs in relation to aged care. I neglected to mention that the $4 million we will save from the Metropolitan Health Service restructure is earmarked for the patient assisted travel scheme. It will go into PATS, not for a review but for it to operate properly.

I will not dwell on the King Edward Memorial Hospital inquiry. When I took office, I inherited a bill of well over $4 million. At that stage, none of the examinations had been carried out. I have no option but to complete that inquiry. It should be completed properly, because King Edward is a fine hospital.

Mr Board: Does the minister now have confidence in the King Edward Memorial Hospital?

Mr KUCERA: I was going to get to that. Members do not normally talk in the House about their personal experiences, but I have recently had a personal experience connected with King Edward Memorial Hospital. It concerned a little girl who was born at 28 weeks. The staff at the hospital were magnificent. Great things happen at that hospital, although there still has to be a regime of accountability within the hospital. As I said in the House the other day, there seems to be a lack of accountability across the entire health system. That issue will be revisited over the next four years. I will ensure that there is a regime of accountability and it is certain to hurt. It has already hurt some of the country hospitals; they are asking for more money. It is unfortunate but it must be done, whether we like it or not. I will table the report on KEMH at a later time. It will show that the things that have been put in place by Bill Beresford and his team since the previous report was tabled are going a long way to fixing the problems. The Government has committed a considerable amount of money to the

hospital - more than was committed by the previous Government - and we will ensure that the commitments are carried out.

I want to refer to the nurses' dispute. On day two of the dispute, the Saturday morning, I took the time to meet the secretary of the Australian Nursing Federation. I also met with them during the election campaign. I make my comments in relation to the remarks of the members for Murdoch and Alfred Cove. I was intrigued by the speech of the member for Alfred Cove. I would love to know who wrote it; I have a fair idea as it reads very much like the settlement programs that we are discussing with the nurses. I received a document from my negotiators today and I will refer to it as I go along. The chief negotiator is not a member of the Health Department because the ANF asked us to change negotiators. We now have a new negotiator, Mr Ellery. The document states -

> "This has gone on for far too long - nurses want to know what they will be getting and the public wants the dispute resolved."
>
> Mr Ellery said the ANF faxed a new claim to the Health Department at 11pm last night.
>
> "This new claim asks for 3% more for community nurses, on top of the 13.5% that all nurses are getting", he said.
>
> "The ANF knows that to ask for more money for one group of nurses will mean there's less for others."

That is an important statement. At the 11th hour, yet again, things have changed. My predecessor, no doubt, also got up to the 11th hour a few times. I have visited hospitals and I do not disagree with anything the member for Alfred Cove said about nurses' needs. Nurses are a great bunch of people. I am currently talking about the registered nurses and not the whole range of nurses; there is a whole scope of nurses. The member for Murdoch and the member for Alfred Cove - as a former member of the profession - would know that the scope of nursing is enormous. It is no longer the wonderful Florence Nightingale scenario it once was. Nurses do an enormous range of work, but there is a range of nursing that needs to be factored into their structure. Nurses now say that long-term structural issues must be dealt with in the profession. The Government fully intends to do that. The new visions, new directions program that was established is starting to do that. It is difficult to progress with that when the ANF does not want to be part of the organisation. The Government is doing everything in its power to ensure that the nurses' issue is settled. The previous Government offered $104 million. If the members have read the papers, which they say they have, they would know that the Government has offered almost $300 million over the next four years to settle this matter with the nurses. The Government wants to resolve this issue and move on. I will not talk about ratios and the like at this stage as it is not appropriate. Those things are before the Industrial Relations Commission.

Budgets, finances and resources of health have been discussed. A budget process is coming up so I will not address those issues now. I have settled on some issues with a winter plan. The member for Murdoch quite rightly raised the issue of commonwealth-state relations. When it comes to the current federal Liberal Government, Western Australia is almost like the piece of toast that is having margarine scraped across it. It has just about reached the edge of the crust. Children's and country hospitals were promised magnetic resonance imaging machines in the budget but, once again, have missed out. It comes back, member for Wagin, to access. Access is dependent upon the member's Liberal colleagues in Canberra doing something about the issues.

Mr Trenorden: They will in a few months' time.

Mr KUCERA: Hallelujah! Maybe we will see some changes when Kim Beazley is a proper Prime Minister of this country. We may then see some decent changes. The member for Avon should note that the landscape has changed since 10 February - the day of infamy that the member for Mitchell referred to; it was really a day of salvation for this State.

The member for Murdoch referred to enrolled nurses, as did the member for Alfred Cove and my predecessor. The member for Mitchell will be aware of a place in Bunbury called Forrest Lodge. It is a residential care facility. It has been built by a private operator and it was contracted out by the previous Government to allow staff to move across from what was an old hospital to what should be a new nursing home. I looked at the contract for that deal the other day and, lo and behold, I noticed that the previous Government took out one of the clauses that allowed the transmission of business.

Mr Barron-Sullivan: How long ago did you look at it?

Mr KUCERA: Recently. It allows the operators to pay the enrolled nurses - who are at the bottom end of the pay scale and who are struggling in the aged care industry - at a much lower rate than their counterparts in the public service. The nurses are hard-working Bunbury people. The member knows that a transmission of business case will fail in the industrial court.

Mr Barron-Sullivan: Is the member saying that the previous Government deliberately took out the clause?

Mr KUCERA: Why else would the clause be taken out?

The issue of paediatrics in Kalgoorlie was mentioned. I would be happy to discuss the issue with the member for Kalgoorlie at another time as it is something between the University of Western Australia and the Kalgoorlie Regional Hospital.

I believe I have covered most of the issues raised in the debate and I want to move on to talk about some of the future issues. I want to refer to the committee that has been set up to deal with special needs. By the end of June the Government will have in place an interim structure that will start to deal with some of the issues left behind from the metropolitan health system. An interim program will be put in place. The Government has in place a planning system to deal with the problems that arise every winter. I will be pleased to work in a bipartisan way with members on the other side of the House, but I ask them to ask the same of their Liberal colleagues in Canberra and to get them to look at what they do to our State.

A key issue, which I have mentioned on a number of occasions while I have been talking about health in this Chamber in the past few weeks, but which I have not mentioned today, is trust.

Mrs Hodson-Thomas interjected.

Mr KUCERA: Thank you, member for Carine. I am referring to the debate today. I visit hospitals and talk to the doctors and nurses, and the key issue among them is trust. I do not know what the coalition Government did to them over the past eight years, but it is almost impossible to get them to a negotiating table to talk about issues. If members opposite want to be bipartisan, they can help to build that level of trust. The underpinning in our health system in this State is good. I have not met one person who does not want to excel or do the things we expect our nurses and health professionals to do.

I am pleased that members opposite have taken me up on my suggestion to visit hospitals, and that people are as concerned as I am about health in this State. I am pleased that the member for Avon will keep me on record regarding country hospitals. I have no problem with that. I am pleased that we can work together to fix this issue. However, we will not fix it all. As the bloke I said I did not like very much said: we can do anything in health, but we cannot do everything.

MR BOARD (Murdoch) [7.44 pm]: In closing, I thank all members who spoke in this debate, especially the minister. This issue was raised today because after eight years in government the Liberal Party is well aware of the pressures on the public health system and of some of the issues facing the minister. This Australian Labor Party went to the people of Western Australia and said, "We will fix it." They were the headlines in *The West Australian*. Dr Gallop called for the community to elect the Labor Government on the promise that he would fix the hospital crisis. What crisis? What happened on 10 February? We all woke up on 11 February, and there was no waiting list or crisis. Everybody was in harmony working together because an election had been held on 10 February. What a lot of garbage.

The minister spoke about people who wanted to excel in the hospital system. They have always wanted to excel. They have excelled. We have one of the best hospital systems in the world. The Australian Labor Party misled the people of this State into thinking there was a crisis throughout the system, so that they would elect the Labor Government to fix it. That has created a huge rock for the Government's back because the expectation of the community is far beyond what the minister or the Labor Government can deliver. As I said at the outset, Western Australia has one of the best-funded health systems in this country. More is spent on health per capita of population in WA than in any other State. However, there are issues about where the money goes, the delivery of services, administration and management that the minister must deal with now. It will be no good coming into this Parliament in two months, when an ambulance bypass situation occurs and there are insufficient hospital beds, and blaming the former Government. The minister is on notice that he has the opportunity to make positive decisions to resolve some of those issues. I can outline some of them, but in fairness to the member for South Perth who wishes to move a motion after this, I will not do so. There will be other opportunities to do that.

Money has not always been the issue. Many resources contribute to the health system. The minister has not had the privilege of sitting in this place year after year listening to Labor members saying that the hospital system was starved of money and we were denying it sufficient resources.

Ms McHale interjected.

Mr BOARD: The member for Thornlie was one of them.

Ms McHale: Absolutely, due to your mismanagement.

Mr BOARD: She should show us the money. Members opposite told the community that we were starving the hospital system in this State of resources. However, now the Messiahs are here and they will deliver the finances into the system!

Mr Kucera: On your next hospital visit go and look at the Shenton Park Campus.

Mr BOARD: It is on my agenda. We moved this motion, not to embarrass the minister or to hurt the Government, but to put the minister on notice. He has come in on a wave of change to our health care and hospital systems. He has made many promises to the community. The nurses and the community voted for him. They expect him to deliver. I will hold him accountable for results in the health care system in Western Australia.

Question (motion, as amended) put and passed.