

Mr Mike Board; Mr John Day; Mr Matt Birney; Speaker; Mrs Cheryl Edwardes; Dr Janet Woollard; Mr Rod Sweetman; Mr Ross Ainsworth; Mr Jeremy Edwards; Mr Kucera; Mr Paul Andrews

WESTERN AUSTRALIAN HEALTH SYSTEM, MANAGEMENT

Motion

MR BOARD (Murdoch) [4.01 pm]: I move -

That the Minister for Health act urgently to rectify the current lack of management and direction in the Western Australian health system.

The Minister for Health has now entered the House and I thank him for his attendance. The Opposition yesterday raised a matter of public importance in this House. Contrary to the debate, particularly on the government side, the Opposition raised that matter for a particular reason: there is a genuine concern in the Opposition and in the Western Australian community that our health system is deteriorating. I will repeat what I said yesterday: I do not want to take political advantage of this deterioration. I take no joy in raising this issue. The system is deteriorating because micro issues and some of the management issues which must be addressed every day in the Department of Health and the health system and which were addressed on a regular basis under the previous Government are not now being dealt with. There is a malaise and vacuum in the system while we await the results of major reports, committees and inquiries and the findings of consultants who are looking at some of the macro issues affecting health.

I likened the Government yesterday to Nero fiddling while he watched Rome burn. There is no doubt that our system is in genuine crisis and chaos. I do not feel, in any way, that the system in Western Australia is second to any other. We have a very good health system. However, it is under extreme pressure to grow and cope, particularly the public system, with the numbers and expectation of people wanting the delivery of health services. This Government is not meeting that expectation, which is contrary to what it led the community to believe prior to the state election. There has been a continuation of ambulance bypass of hospitals. I know that is often used as a management tool and I have no difficulty with hospitals using ambulance bypass in that way and to share resources. However, it is happening virtually daily, rather than on the odd occasion. The currency of ambulance bypass and the nature of comments made by ambulance drivers suggest that the health system is under incredible pressure and is deteriorating.

Industrial action is occurring. People have the right to pursue wage negotiations and have the opportunity to put pressure on employers to meet wage expectations.

Mr Kucera: Do you agree with the tactics that are currently being used?

Mr BOARD: No, I do not. I said that yesterday. The Opposition does not agree with the industrial action that is taking place or with some of the tactics that have been used during this health debate. I will go on the record as saying that. However, when a situation is created over a series of years and fuel is added to the fire, the issue will reach a crescendo. The Government inherited this situation, but prior to the election the issue was worked up by its team to a crescendo. It was like the conductor leading the orchestra. The Labor Party milked the health debate for every ounce it could get. When in opposition, the present Minister for Electoral Affairs brought personal, individual, one-off issues into the House. The Minister for Community Development, as the shadow minister for health, raised issues on a daily basis that were fed to her by some of the unions, the Australian Medical Association and various other bodies. The Labor Party tried to embarrass and hurt the previous Government. In many ways, it brought down the health system. Prior to the state election, there was discussion about the morale of workers in the health system. The Labor Party milked this issue for everything it could. By 10 February, it was such an issue that the community believed that there was a crisis in the health system. The Labor Party wanted the support of nurses, doctors and salaried officers. It told those groups that it would resolve the issues and support those workers, and everybody would win. They were told that they would all receive salary increases at the same rate and would all be winners. The Premier is on the record as saying that they would all receive equitable increases.

Mr Kucera: No, he is not.

Mr BOARD: Yes, he is. I have it here. The Labor Party created a huge expectation, which is why there is venom in the industrial situation today. Prior to the state election, the nurses may have felt that they were not getting enough support from the Liberal Government, but at least we were straight with them and told them they would get a wage increase of 13.5 per cent and that was it. We told the salaried officers about the restrictions on their wage negotiations. However, the Labor Party implied that the expectations of those workers could be higher and that it would return justice to them in the salaries and conditions they would receive.

Mr Kucera: No.

Mr BOARD: Yes, the Labor Party did. The reason there is so much venom in the debate and why the AMA is taking on the Government is that those people feel betrayed. A partnership was formed prior to the state

Mr Mike Board; Mr John Day; Mr Matt Birney; Speaker; Mrs Cheryl Edwardes; Dr Janet Woollard; Mr Rod Sweetman; Mr Ross Ainsworth; Mr Jeremy Edwards; Mr Kucera; Mr Paul Andrews

election. Those groups believe that they greatly assisted the Labor Party leading up to the state election. However, come 10 February, there was a vacuum, with nothing happening. That is why there is so much venom in this dispute. I do not blame the Minister for Health for the situation that exists today. However, he heads up health for the Government and he has inherited the situation. He must accept the mantle and try to solve the problems caused by petrol being continually thrown onto the bushfire so that it is now out of control. It is out of control because ambulances are bypassing hospitals because of the closure of emergency departments, hospitals are closing beds, elective surgery is being cancelled and outpatients and pharmaceutical situations are not being attended to. I know that emergency situations are being met and I thank the salaried officers and the health workers for that. However, the reality is, and the minister knows it, that at the moment the people in Western Australia, particularly those in the metropolitan area, are not being treated fairly because of a breakdown in the health system. The breakdown, the venom and the lack of cooperation is occurring because the minister created an expectation and an illusion about what this Government would do for health when it got into power, for which he got support, and now he is not delivering.

The Metropolitan Health Service Board, for all its perceived or real warts and problems - 90 per cent being perceived because they were again worked up by interest groups and by the minister's -

Mr Kucera: It was by the Australian Medical Association, member for Murdoch.

Mr BOARD: The Minister for Health fuelled the fire. He put the Metropolitan Health Service Board into a situation in which it had no tenure. Regardless of how good the board was, its decisions were no longer credible and they were out of step with the health professionals, the hospitals and the community. The board was called an "unnecessary layer of bureaucracy." It was a waste of public money and at the time its members were called economic rationalists who were not performing and not making decisions in the interests of the community. The minister knows now and this Government knew it then that the board was set up to make some of the tough decisions in the health system and to rationalise where the difficult resources would go and how the community services could be best applied. The Metropolitan Health Service Board was set up to decide whether those services could be applied in our secondary hospitals and closer to home; what needed to be provided through acute service hospitals; where were the unnecessary duplication in services; whether there could be cooperation with and coordination of the major teaching hospitals and in particular, those within a few kilometres of each other; whether there could be some rationality about shared resources, knowledge and information; whether the public dollar could be made to perform better; and whether it could stop some of this flexing of the muscles and make one group contest another solely for historical reasons. That was what the board was set up to do but it was never allowed to reach its objectives and perform to expectations. Its performance was trial by media and by Parliament during matters of public interest. It was trial by every means possible to denigrate not only what the board did, but also, unfortunately, some of the individuals.

Mr Kucera: That is exactly what you are doing now.

Mr BOARD: I am not denigrating the individuals. I am standing up for them.

Mr Kucera: No, but you are denigrating the system.

Mr BOARD: No, I am not. I am saying that there were great individuals there. I am saying that we had a board that was prepared to make some tough decisions and some changes. I support those people. The Government created an illusion and now the minister has inherited a nightmare and has created industrial disputes because of the expectations on his Government on which he cannot deliver. The health problems have been created by the minister's Government, and he must deal with them. It is one thing to have reviews - I will get onto those reviews - and to employ people to provide some advice; however, if the minister had a philosophical or political objection to the Metropolitan Health Service Board, maybe he should have left it in place until such time as he had an alternative in place. Maybe he needed a mechanism to help him as minister make those transitions and calls. However, by making the Metropolitan Health Service Board the political bunny that it became, the minister had no choice. He sacked the board because that was the expectation and the call he made when he was in opposition and the board had run out of support because there had been trial by media. The minister knows that the reality is that anyone who makes tough decisions in the health area will run up against interest groups and people who, by the minister's own words, resist changes. Every time this happens, there will be a debate about it. I said to the minister, and I will stand behind what I said, that I will assist him in those tough calls and with some of those macro issues that need to be resolved. However, the reason we are critical at the moment is that nothing is happening. One cannot sit back while the situation is deteriorating and there is a lack of services. The Metropolitan Health Service Board could have been supported enabling it to deal with some of the decisions that had to be made. It could have been eased into a different situation. The Government could have done what we proposed, which was to split the board into three or four regional boards. In the end, I will guarantee -

Mr Mike Board; Mr John Day; Mr Matt Birney; Speaker; Mrs Cheryl Edwardes; Dr Janet Woollard; Mr Rod Sweetman; Mr Ross Ainsworth; Mr Jeremy Edwards; Mr Kucera; Mr Paul Andrews

Mr Kucera: Why would you split it if it was going so well?

Mr BOARD: It was a compromise to try to ease the situation. The minister knows that and we had no alternative because of the crescendo of criticism. That is exactly the same situation the Government finds itself in today. The Government is now paying \$346 000 to consultants for them to tell it what the board could have already told it. The Government knows that. The Government will get out some of the board's reports and say, "That is what we need to do and that is where we were going anyway." In the end the Government will gain political advantage out of something on which it has spent a lot of money to support some tough calls that need to be made. We will support the minister's making some of those tough calls because we would have gone down that track, but he cannot continue to allow the situation to deteriorate and to get the health professionals offside while this review is happening. How long will this take? Will it take 12 months? How long will it be before those new boards and some of the changes that are recommended in the Health Administrative Review Committee's report cut in and are effective? In the end, how will those changes improve clinical services and where will we get the clinical services from to support those changes, particularly if the clinicians and health professionals are offside.

Morale is an important part of the health system as the minister knows from visiting the hospitals - I have been doing the same. There is an old saying that beatings will continue until morale improves. Maybe that saying should be hung from the shingles of some of our hospitals because that is how health workers feel. Leading up to the State election they felt that they were being beaten up by the Labor Party in opposition, that their services and credibility were being made into a political toy and now they feel betrayed. Some of the statements that have been made by the Government and by the minister are being interpreted as not being supportive of those in the system who want to deliver. That is how they are being read. The minister wants to take people on and improve morale and services. To do that he must get behind people. If he tells them that the Government will support them financially and give them better conditions, he must deliver. The reality is that the Western Australian health system budget is growing in recurrent terms by nine per cent a year.

Mr Kucera: It is unsustainable.

Mr BOARD: It is tough, but it is a core issue.

Mr Kucera: It is unsustainable.

Mr BOARD: It is unsustainable if the Government does not resource it. The Government must either do that or tell the Western Australian community that its expectations for public health must change and that the decisions made in 1975 when Governments fundamentally changed people's attitudes to health no longer apply. People were told then that they need no longer be personally responsible for their health care and could seek protection. They were told that the public system was there for those who needed it. The system was fundamentally changed so that Governments at state and federal levels were responsible for providing health care for every Australian.

That may or may not have been a great decision, but in retrospect it was a very expensive decision. This country must make some fundamental political decisions about how it will sustain that system in the long term with an ageing population. The reality is that the health system is not getting cheaper; it is becoming more costly because of more expensive equipment and pharmaceuticals, a greater range of pharmaceuticals, different procedures and an increased number of specialists. People have more complicated procedures and technology is improving results. This costs money, but the reality is that people want it. Throughout the history of Australia, Labor Governments have said that they will provide health care and people do not need to get private health insurance cover or seek protection of their own; the State will provide emergency services, essential surgery and elective surgery and a hospital system, not only in the city but also right throughout the State, that will meet those expectations. That is what people believe and they want it to be achieved. If the Government knows that the health system budget is growing in recurrent terms at nine per cent a year, it must meet that growth or tell the Western Australian community that the Government is sorry, everything has changed and it can no longer afford to deliver the health expectation that it has been talking about. The Government must say that it will set a benchmark and change policy so that services beyond that benchmark must be sought elsewhere.

The Labor Party increased people's expectations prior to the election. It traded on health as a high profile issue. It courted the Australian Medical Association, nurses and hospital salaried officers. It got into bed with them and told them that a future Labor Government would get rid of the nasty, penny-pinching Liberal Government that had increased the health budget from \$1.3 billion to \$2 billion a year by spending hundreds of millions of dollars on capital works, five new hospitals and the upgrading of others. The Labor Party said it would get rid of the nasty Liberal Government that set up the Metropolitan Health Service Board to deliver those tough decisions and take on vested interest groups to make sure the community got a better service which was located closer to

Mr Mike Board; Mr John Day; Mr Matt Birney; Speaker; Mrs Cheryl Edwardes; Dr Janet Woollard; Mr Rod Sweetman; Mr Ross Ainsworth; Mr Jeremy Edwards; Mr Kucera; Mr Paul Andrews

home. The Labor Party said that it would sack that board and do it another way. Nearly seven months later, what have we got? We have a vacuum. The situation is worse.

Mr Kucera: Are you suggesting Professor Bryant Stokes is not leading the Health Department?

Mr BOARD: No, I am not.

Mr Kucera: You have just said that. You said there was a vacuum.

Mr BOARD: It takes more than one person to run the health system, as the minister knows.

Mr Kucera: Of course it does.

Mr BOARD: That is why the minister is paying over \$340 000 to get advice. He needs to put in place a management system to control and make those tough decisions. Regardless of how good Bryant Stokes is, and I have the utmost respect for him, he cannot be a one-man band. The minister need not take my word for this; he can go and ask people in the community and the health system as well as some of the observers. They will tell him that regardless of where he and I would like to sit, the situation is deteriorating.

Mr Kucera: Nobody is disagreeing with you.

Mr BOARD: What are we to do about it? The reason we raised the matter of public importance yesterday and the reason we are raising these issues today is that we would not be doing our job as an Opposition if we sat back and let the situation deteriorate. The Labor Party made all the promises and set up the expectation.

Mr Kucera: I am very pleased you have at long last come to life as an Opposition. You have been letting everybody else do it for you for the past six months.

Mr BOARD: I can assure the minister that he will see much more of us because we will hold him to his commitment. The minister's colleagues have set him up and given him the hospital handpass.

Mr Kucera: You will not hold me to my commitment, the community will.

Mr BOARD: That is right, and the minister is letting the community down. We are raising these issues because the community is being let down. People are not getting services, operations and pharmaceuticals, and tomorrow the situation will be worse at Sir Charles Gairdner Hospital. Why? The Government misled the people prior to the election and they have an expectation.

The Government said that all people would get the same sorts of salary increases. We told them the truth. That is why they campaigned against us. We told them they would be subject to government wage rounds and that nurses were a one-off special case. That is not what the Labor Party said to the AMA. It raised expectations within the Hospital Salaried Officers Association, and those people want the Government to deliver. If the minister wants proof of that he should go back and have a look at some of Labor's policies and what the present Premier said leading up to the election about salary increases for health workers and health professionals. If the minister thinks he is under pressure now, come budget time when people will be expecting the Government to deliver, we will really raise the anti and represent the community. People will not sit back over the next few years and see a quality health system deteriorate, because with a growth of nine per cent a year in the health budget, the Government will not meet its needs. The Government told people that it would, and it must meet those needs. That is the reality of the situation.

Let us talk about some of the reviews and consultants. I have the utmost respect for Mike Daube who worked with me when I was a minister and supported much of what we achieved, particularly in the youth area. He has produced a report for the minister. The report is pretty highbrow and contains some froth and bubble that does not help the minister make some of the tough calls that he needs to make today to sustain the health system. What has the minister done? He has gone from the Daube report and has got some outside consultants. The firm of Corrs Chambers Westgarth is producing a report. Is the minister aware of the health service management expertise that firm may have?

Mr Kucera: The Department of Health selected it. I do not take part in that sort of process, you know that. It is part of the management process.

Mr BOARD: Do they have any health expertise?

Mr Kucera: They have expertise in auditing. In question time today, I talked about due diligence. Their principal role is due diligence of what was carried out by the MHSB.

Mr BOARD: So they are bean counters? They are doing a bean-counting exercise?

Mr Mike Board; Mr John Day; Mr Matt Birney; Speaker; Mrs Cheryl Edwardes; Dr Janet Woollard; Mr Rod Sweetman; Mr Ross Ainsworth; Mr Jeremy Edwards; Mr Kucera; Mr Paul Andrews

Mr Kucera: Again, if you want to get into denigration, I suppose you can call it bean counting. I am not going to answer the slurs on other people who are working for us.

Mr BOARD: I am not slurring them, but they have been brought in to look at financial issues.

Mr Kucera: They have been brought in to do due diligence.

Mr BOARD: Yes. The minister, having sacked the Metropolitan Health Service Board because he said it was concerned about money issues and not about providing services, has brought in consultants to do exactly that.

Mr Kucera: I will address that in my response.

Mr BOARD: It is amazing that the minister has brought in private consultants -

Mr Kucera: You of all people, and your party, should not be talking about private consultancies when I have seen the bill that we have to pay to sort out the level of consultancy that you left in this department; and I will address that later in the debate.

Mr BOARD: The minister and his Government have made statements about consultancies. I do not have a problem with consultancies when a department does not have the expertise -

Mr Kucera interjected.

Mr BOARD: That is not what the minister said prior to the election. The Metropolitan Health Service Board had the expertise. That is why it was set up. However, the minister sacked the board, and he now has to get consultants -

Mr Kucera: If a major company were wound up, would you expect that company to audit itself, and to do due diligence on contracts and consultancies that it had entered into? Would you expect it to do due diligence on its budgets and on the money that it had lost or spent, etc? Is that the proper way to run a business? Is that the way that an economic rationalist government should operate? No wonder we are in such a mess!

Mr BOARD: The minister sacked the board, which was making some tough financial decisions about the management of the health system, and now it has nothing in place. What has happened in the health system yesterday and today has happened because the Government has nothing in place. The Government has nothing in place to make the calls for the Health Administrative Review Committee report. The Government has nothing in place to help it take on some of the vested interest groups. That is why the Government is in the situation that it is in today. It would have been prudent for the Government to have had the assistance of the board while it made some of these difficult changes; and if it had then wanted to move to a different model, it could have done that over a six-month period. However, because the Government raised people's expectations prior to the election, it has now basically chopped off one of its arms and is trying to fight with its other arm. That is the reality of the situation. The Government has all these people who were promised all the lollies in the world but are now starving. They want the Government to deliver on its promises. The minister can thank some of his colleagues, because over the past few years every time there was a bushfire they would throw on some petrol and make the fire worse in order to gain political advantage. We suffered. That is why we made some ministerial changes. It was not because those ministers lacked competence. It was because of what had happened in this Chamber; namely, a job had been done on their credibility, and the difficult, emotive and sad issues had been whipped up into a frenzy and had caused concern in the community.

Mr Kucera: Do you intend to do the same thing?

Mr BOARD: No, I do not. I have told the minister that I will not bring up personal issues -

Mr Kucera: I am talking about your party.

Mr BOARD: I do not know. I am speaking as the shadow spokesperson for health, and I am telling the minister that I will not denigrate the health system, or individual people or situations, by bringing those issues into the Parliament. However, the Opposition will hold the minister and his Government accountable for the election commitments that they have made and the budgetary commitments that they will need to make, and for the maintenance and growth of the health system. If the minister does half as good a job as some of the other ministers have done, without the denigration, he will be able to hold his head high. However, the minister has got himself into a situation in which his colleagues have given him the hospital handpass. They have created the illusion that the reason our health system is failing is the medicos. That is not the reason. The minister has created that situation, and now people are against him. In fact, the minister has created Frankenstein's monster, because by talking it up, the reality is that he is making it happen. People are causing dispute within our health system and are not providing services -

Mr Kucera: Our public system employees are now monsters, are they?

Mr Mike Board; Mr John Day; Mr Matt Birney; Speaker; Mrs Cheryl Edwardes; Dr Janet Woollard; Mr Rod Sweetman; Mr Ross Ainsworth; Mr Jeremy Edwards; Mr Kucera; Mr Paul Andrews

Mr BOARD: No. I am not saying that. I am saying the minister has created a situation in which the people in our health system are failing the community - not because they are not professionals, but because they do not want to work for the Government. They do not want to support the minister, because he has betrayed them. Our health workers have no confidence, and their morale has declined. The minister has set them up.

Mr Kucera: In terms of service levels, are you saying we have a worse situation than we had this time last year?

Mr BOARD: Today and yesterday we do.

Mr Kucera: Do we?

Mr BOARD: Of course we do. We have services that are not being delivered, cancellations in our hospitals, and strikes. Of course it is a worse situation. That does not mean those people cannot deliver. I have every confidence in our health professionals and health system. However, it takes management and resources, and this Government has let those people down. The Government puffed them up by making a lot of statements prior to the election about resources and what it could deliver, because it wanted the vote of the community. The Government added fuel to the fire when it talked about the crisis in the health system, and it got the support of the nurses. However, now it has been found wanting. That is the reality of the situation. The Government wants to have it both ways. It wants to create the illusion that there is a problem, and it wants to add fuel to the fire. However, after the election, having gained from all that, it now wants to tell the Opposition that we need to work with the Government and help it to get back to the situation that we were in prior to the election. Well, I am sorry, minister; we are in opposition. The Government made the commitments, and it has created the situation that exists today; and that situation is far worse than the situation that existed this time last year, or even the year before. The health system is not only not delivering but also is deteriorating. The morale within the health system has declined to the extent that those people do not want to work for the Government. They do not trust the commitments that the Government made prior to the election, because those commitments are now being broken.

Mr Kucera: How can you talk about trust? No wonder there is little trust in the system after what you did to those people!

Mr BOARD: If the minister talked to those people he would recognise the incredible growth that occurred in the health system between 1993 and February 2001. Does the minister want to talk about what people inherited? In 1993, we inherited a State that was bankrupt, hospitals that had not been given any attention for a long time and that were crying out for some bricks and mortar, and people who were crying out for services to be provided. The situation that we faced on an everyday basis was how to restore basic services within our State. The minister of all people should give credit to the previous Government, because over a period of eight years we gradually restored this State from being a basket case and from having the highest debt and unemployment rate in the country to a State that was leading Australia in terms of the economy, the unemployment rate, and so forth. That is what the minister inherited; and the health area was a great beneficiary of that.

Mr Kucera: The problem with your theory is that the people of this State did not believe you and threw you out on 10 February.

Mr BOARD: The coalition had eight years in government. Winning third terms in government is not easy. Sustaining four years of abuse in health, sustaining four years of people bringing personal, individual issues into this area, sustaining four years of unions trying to bring down individuals and ministers, sustaining four years of putting out stories to the community about a deteriorating situation and sustaining four years of the Labor Opposition working with vested-interest groups to up the ante and to throw fuel on the fire take a toll. That is what happened; that took a toll. Now the Labor Party has inherited it. It has been passed the ball. Frankly, six months later it is not dealing with it too well. Why? I am not talking about the minister individually. He can thank his colleagues for giving him this hospital handpass.

The Opposition will hold the Government accountable. Even if we had the situation that existed last year, the Opposition would not have raised the issue today. However, the situation is deteriorating. There are more bypasses, more cancellations of surgery and more bed closures than ever before. The situation in Western Australia is worse today, in real terms, than it has ever been before. Why is that? Why is it that the Labor Party came in with all these promises but it cannot deliver? The Government can have all the reviews in the world, but by now it should be implementing systems that will improve services in our community. Those services should not be deteriorating.

How long will we wait? As an Opposition, for how long can we sit back and see hospital queues, with people not getting services? I will not make the emotive statements the Australian Medical Association has made, because I do not believe that any health professional will allow that to happen. However, frankly, anybody who is not getting a fair service is being badly treated in Western Australia at the moment, and the reality is that it is

Mr Mike Board; Mr John Day; Mr Matt Birney; Speaker; Mrs Cheryl Edwardes; Dr Janet Woollard; Mr Rod Sweetman; Mr Ross Ainsworth; Mr Jeremy Edwards; Mr Kucera; Mr Paul Andrews

the responsibility of the minister's Government. It is easy for the Premier to say that this is an industrial issue, not a health issue. However, who caused the industrial issue? Who worked up health in this regard? Who created the community expectation? Who created the illusion about a crisis prior to the election? Now the Government will wear it, and that is why I say that it must resolve the issue. Frankly, the Government does not have any solutions in place. It is putting its faith in consultants. I am not sure of their expertise in health.

Mr Kucera: Member for Murdoch, you are not listening to what I say, are you?

Mr BOARD: They have good financial capabilities, but what will that tell the Government at the end of the day? How will that find the resources? How will that quell the concerns of the interest groups? How will that create the cooperation and coordination that is required? That will not come from the consultants, and it will not come from the Health Administration Review Committee report. That was an umbrella situation. The minister needs to be able to make some of those calls and to put them in place.

Mr Kucera: So Fiona Stanley, Simon Towler, Michael Daube and Brian Lloyd are all wrong, are they?

Mr BOARD: No. I am saying that the HARC report was an umbrella of macro change and directional shift.

Mr Kucera: A starting point for a fundamental and profound change.

Mr BOARD: That is right, but it will not help the minister with the fundamental decisions he needs to make day to day. He cannot put his faith in those outside consultants to do that either, because they will give him financial information about what was happening within the Metropolitan Health Service Board. Where is the mechanism to resolve these issues today? Where is the mechanism to be able to provide the services that are required? Where is the mechanism to be able, at budget time, to look at what will be provided in each of those acute hospitals, where the secondary services will be delivered and increased? Where is the mechanism for that sort of coordination?

Mr Kucera: Were you in government before 10 February?

Mr BOARD: We set up the Metropolitan Health Service Board to assist in resolving these issues, but the current Government sacked it; it got rid of it. The Government said that it no longer needed the board, and it would make those tough calls another way. That is fine; it can make them another way, but it is not doing so. The situation is deteriorating today because there is a malaise. The Opposition brings this issue to the Parliament today, and it raised the matter of public interest yesterday, because of the deteriorating situation. The minister should act and take on board the current situation in Western Australia. He must make immediate changes, and he needs support from his colleagues to do that.

When in government, the current Opposition set up the Metropolitan Health Service Board to make changes in the delivery of health services in Western Australia and to make some of the tough decisions. The Opposition has offered support to the minister and to the Government on this issue. Unless the Government cuts services, the Opposition will not try to pull down what the minister demonstrates is a better way of delivering improved services to the community.

Mr Kucera: I find that hard to believe when you have stood here for almost an hour doing exactly that.

Mr BOARD: No, I have not. The minister is not listening.

Mr Kucera: I am listening very well.

Mr BOARD: No. I am trying to improve our services. The situation is deteriorating. The minister had a mechanism to assist him in changing the situation, but for the past six months he has put his faith in groups that have looked at the totality of the situation, with report after report, many of which have been duplicated over the past 10 years anyway. The minister has sat and watched a deteriorating situation, with a lack of services to the community. The Opposition will not sit back and allow that deterioration to occur or allow people's health services to be affected in that way when something can be done about it. The minister must grab this issue and get the resources around him. He must have support around him, with the coordination and cooperation of those who will not just talk but will deliver something in health. Maybe then we can avoid the crisis that is looming at present.

MR DAY (Darling Range) [4.46 pm]: I will keep my comments reasonably brief because a number of members wish to speak. The point must be made that two significant features about our health system have developed over the past six months or so. One has just been addressed by the member for Murdoch and relates to the very substantial lack of direction and lack of certainty that exists in the system at the moment. All that has developed as a result of the fact that the Metropolitan Health Service Board has been abolished and some senior people have departed from the health system for whatever reason - whether they have accepted redundancies, not been encouraged to stay around, been encouraged to move on or whatever. The consequence of all that is that there is

no doubt whatsoever that there is a substantial malaise in the administration of our health system in Western Australia at the moment, whether it be in the Department of Health or in the health services that are responsible for operating hospitals and providing health services directly around the State.

The reality is that in many cases people who are working in the system do not know exactly what their roles or futures are. They do not know whether they will have a job in a few months or so down the track, and they do not know in what direction they should take the health system because they have not received any clear direction from the Government. The Government was elected and, as Kevin Reynolds, a union leader, said, it is like the dog that caught the car and then it does not know what to do with it. As I said yesterday, the Government had a simplistic and populist policy of abolishing the Metropolitan Health Service Board. In a rhetorical way, the minister said that that got rid of a layer of bureaucracy and put \$4 million into the patient assisted travel scheme. I would like to know whether it is flowing into increased PATS services at the moment. I do not think it is flowing through yet.

The Metropolitan Health Service Board was set up to remove duplication in the system, to deal with exactly the sorts of issues that the minister and the Government are facing at the moment. I have no doubt that the Department of Treasury and Finance is telling them that there must be better value for money coming out of the almost \$2 billion that is going into our health system, and that a mechanism must be set up whereby changes can be brought about. To a large extent that was the reason the former Metropolitan Health Service Board was set up. It was also set up to remove the duplication that existed in the system to provide a better spread of health services across the metropolitan area. I have no doubt the minister too knows that is exactly what he needs to achieve. The reality of providing health services in Western Australia has not changed because of the election. Health needs are the same and most of the pressures are the same. Unfortunately, in a simplistic and populist way, the Government when in opposition - I do not blame the minister - went along with the notion that getting rid of the Metropolitan Health Service Board to a large extent would fix up everything in the health system. The Government is finding out that reality is different. It must quickly put in place a structure and employ personnel to rectify the substantial vacuum, lack of direction and malaise in the Department of Health and the health system generally.

I regret to say that the second major feature of our current health system is the Government's fixation on providing health services near the centre of the metropolitan area. That has been demonstrated in a number of ways. For example, in its election campaign it said it would commit \$109 million to upgrade facilities at teaching hospitals near the centre of the metropolitan area. In contrast, the Liberal Party's election policy was based on the provision of a much more sensible spread of health services with new facilities in new locations that would be more accessible to people. As I have said in this Chamber since the election, a prime example of the difference between the policies of the Government and the Liberal Party was when the Government said it would pour many more millions of dollars into teaching hospitals in the centre of the metropolitan area. Although teaching hospitals are extremely important, if we had been re-elected to government we would have spent \$42 million on a major new integrated health centre - a so-called day surgery centre - in Mirrabooka, which would have been of genuine benefit to the constituents of the Minister for Health and the member for Girrawheen.

Ms Quirk: There would have been no money for staff.

Mr DAY: Of course there would have been money for staff. One does not build a \$42 million facility and not staff it. Not even the Labor Party in opposition was stupid enough to suggest we would do that. The reality is that health services can be provided in a more accessible way by establishing such a facility for constituents in the electorates I mentioned, and for the constituents of the members for Ballajura, Bassendean and a number of others on both sides of Parliament, particularly the Labor side. I do not pretend that the \$42 million facility was the brainchild of the Liberal Party or that it was related to any Liberal Party ideology. It was based on good advice provided to us in government following consultation with many people around the State, in particular around the metropolitan area, where people made it clear that they wanted the standard of health services that they normally equate with teaching hospitals. They also wanted those services provided closer to where they live, wherever that could be achieved. However, unfortunately, the Labor Party, for populist reasons, and because it was clearly captivated by people in the health system who had their own interests in mind, very much focused on teaching hospitals in the centre of the metropolitan area. I am interested to see whether it holds to that policy, because if it does it will not be in the best interests of many of its own constituents.

I do not downplay the extremely important role played by teaching hospitals. I have experienced them with members of my family; for example, my mother was in Royal Perth Hospital a couple of years ago and my late father was there about 28 years ago. Teaching hospitals are extremely important and will always be supported by me and other members of the Opposition. However, it is important to strike an appropriate balance; that has

Mr Mike Board; Mr John Day; Mr Matt Birney; Speaker; Mrs Cheryl Edwardes; Dr Janet Woollard; Mr Rod Sweetman; Mr Ross Ainsworth; Mr Jeremy Edwards; Mr Kucera; Mr Paul Andrews

not been demonstrated by the Labor Party either in opposition or in government at this stage. That pattern has been further established, as indicated by comments of the Minister for Health on radio on 25 June this year, when he said -

Can we afford all of the emergency departments in every single hospital? We're just building a new hospital in Armadale and we're putting yet another emergency department in it. And, yet within . . . about 15 minutes of it . . . you've got the top line emergency units . . .

Mr Kucera: I refer the member for Darling Range to *Hansard* of 28 June.

Mr DAY: I shall finish what I am saying, as it refers to what the minister said on radio.

Mr Kucera: A clear explanation was made about exactly what we were talking about, which is what we have been talking about all this week. It is about level 1 triage right through to level 6. You know that very well because you were the former health minister.

Mr DAY: I do know it very well and I can see a theme emerging from the Minister for Health's comments. If he is retracting those comments, that is a good thing.

Mr Kucera: I am starting to see the same theme as emerged from your mates in the AMA who frighten people in the outer suburbs. Please don't go down that road.

Mr DAY: I assure the minister that I am definitely not going down that road. I am merely quoting the minister's comments. It is no wonder that people are concerned when they hear those kinds of comments.

Mr Kucera: Exactly, and I clarified them. The comments have been taken out of context by your party.

Mr DAY: They have not been taken out of context. However, I am concerned that a theme is emerging. I do not know where the minister got his advice when he made those comments. I hope he now realises that he was very much on the wrong track and that he will demonstrate a genuine commitment to the outer metropolitan hospitals as well as to the teaching hospitals.

Mr Kucera: Absolutely.

Mr DAY: That is good to hear and hopefully that commitment will be demonstrated in the services that are provided and maintained at, for example, Swan District Hospital, Kalamunda District Community Hospital, Armadale-Kelmscott Memorial Hospital and Rockingham-Kwinana District Hospital.

A third example of the theme that is emerging relates to the outcome of the emergency department in Swan District Hospital. I do not suggest for one moment that the theme is desired by the minister or the Government. However, when the signals to which I referred are sent, it is not surprising that there is no commitment from professionals in the health system to maintain the 24-hours-a-day, seven-days-a-week emergency health services at Swan District Hospital.

Mr Kucera: I caution the member for Darling Range that he is falling into the same trap. He is now saying that there is no commitment among our emergency people. That is so far from the truth, it is not funny. I caution the member for Darling Range on that.

Mr DAY: I am not saying that.

Mr Kucera: Don't add to the issue that is being driven now.

Mr DAY: I am most certainly not suggesting that there is no commitment from our emergency people.

Mr Kucera: Choose your words a little more carefully, please.

Mr DAY: I shall carefully say again what I said. When those signals are sent, there is perhaps not the same degree of encouragement to members of the health professions to maintain services 24 hours a day at Swan District Hospital as we would like to see. I know the minister is working on overcoming the problems there at the moment. However, it would have been far better if they could have been prevented earlier, rather than the minister having to react to a situation that has now arisen and which has about 150 000 people in the east metropolitan area very much offside. People are feeling betrayed, given that the Leader of the Labor Party in opposition said boldly during an election campaign that he would fix all the problems in public hospitals. People expect the Government to do that, rather than push the system backwards.

The minister suggested yesterday that the former Government did not have a commitment or had not put in place services in the emergency department at Swan District Hospital as recommended back in 1996. The reality is different. I recall, within a week or so of becoming Minister for Health in 1998, going to Swan District Hospital to present the emergency department with a certificate of accreditation from the Australasian College of Emergency Medicine. Swan District Hospital was in fact the first non-teaching hospital in Western Australia to

Mr Mike Board; Mr John Day; Mr Matt Birney; Speaker; Mrs Cheryl Edwardes; Dr Janet Woollard; Mr Rod Sweetman; Mr Ross Ainsworth; Mr Jeremy Edwards; Mr Kucera; Mr Paul Andrews

be given such accreditation. I do not take personal credit for that. I was simply in the fortunate position of having the pleasure of handing over the certificate of accreditation. The point is that emergency services at Swan District Hospital were built up during the time of the previous Government by our allocating a substantial amount of funds for the physical expansion of the emergency department there and increasing the recurrent budgetary allocation so that more staff could be employed.

All that ultimately led to the accreditation being granted, as I said, for the first non-teaching hospital in Western Australia by the Australasian College for Emergency Medicine. Contrary to the suggestion in the debate yesterday, the reality is that health services at Swan District Hospital were substantially increased when the former Government was in office. It is sad to see things unravelling now. I hope the minister can retrieve the situation and make a clear commitment to outer metropolitan hospitals.

The population is growing considerably in the north east metropolitan area around Midland, Ellenbrook and Jane Brook. To a lesser extent, Forrestfield, in the Shire of Kalamunda, will experience substantial growth in the next few years. Huge population growth is also occurring in the south east metropolitan district, in the catchment area of the Armadale-Kelmscott Memorial Hospital, where the new hospital is being built. No doubt the Premier will have the pleasure of opening the new hospital. However, the credit will be due to the former coalition Government, particularly the former Premier, who took a personal interest in ensuring that construction of the new hospital at Armadale proceeded, despite all the hurdles put up by the then Opposition. Substantial growth is occurring also around Rockingham. This Government must make a commitment to increase health services provided through the Rockingham-Kwinana District Hospital.

I raised the Kalamunda District Community Hospital in question time today. I think the Minister for Health said yes in response to my question about redevelopment proceeding. Am I right?

Mr Kucera: In configuration with the whole of the Swan district, yes.

Mr DAY: That sounds somewhat concerning. I have been provided with some information from local people who have concerns that obstetric services may not continue at the Kalamunda hospital. In other words, the facility for approximately 430 births a year may not be available in the future. Does that concern have some genuine foundation?

Mr Kucera: That is your view, not mine. I stick by my answer today that no decision has been made about services.

Mr DAY: Is the minister not prepared to make it clear that obstetric services at Kalamunda will continue?

Mr Kucera: Who knows what the future will hold regarding these issues? We may increase them in that area. I am not a medical person; that is up to medical people.

Mr DAY: Given that the Labor Party made the clear commitment in the election campaign to allocate \$5.5 million for the redevelopment of Kalamunda hospital, which matched the commitment of the previous coalition Government and for which planning had started, that can only be taken to mean that construction of the two new birthing units will proceed. It is extremely concerning for me to impute from the minister's comments that perhaps obstetrics will not continue.

Mr Kucera: I am concerned that you are speculating about budget issues. You know how the process works. I am also concerned that you might create speculation among your constituents about something that has not been talked about yet, let alone decided.

Mr DAY: I assure the minister that I am not seeking to speculate. I am raising an issue because it has been raised with me locally. I do not want to politicise the future of Kalamunda hospital. I am seeking for my electorate an assurance that the commitment made by the Labor Party in the election campaign, initiated by the former Government, will be met. My constituents and I will be happy as long as that is met and the expectation of my constituents is realised; that is, Kalamunda hospital will be upgraded in accordance with plans made towards the end of last year and for which all the planning has been done. I will commend the Government for going ahead with a project planned by the previous Government. Unfortunately, at best, we are receiving mixed messages from the Government on this issue. I did not initially raise the issue; it was raised with me by constituents. I have a responsibility to raise it in this place.

This issue can be resolved before the budget is brought down. If the Government meets its election commitment, I will commend it for honouring a commitment that the coalition Government began. Major questions surround Kalamunda hospital, which I hope can be put to rest so that it is not a political issue. If they are not put to rest, I will be failing my electorate if I do not ensure that the Government is held accountable for its promises.

There are many issues in health.

Mr Mike Board; Mr John Day; Mr Matt Birney; Speaker; Mrs Cheryl Edwardes; Dr Janet Woollard; Mr Rod Sweetman; Mr Ross Ainsworth; Mr Jeremy Edwards; Mr Kucera; Mr Paul Andrews

Mr Kucera: You would also be failing your electorate if you continued to fuel the speculation and rumour that has persisted in the past two weeks about both Swan District Hospital and Kalamunda hospital. We need to move on with this health debate.

Mr DAY: I do not want to put it too strongly, but the minister has implied that I am not acting properly in raising these issues in Parliament. This is exactly where they should be raised. I do not want the future of Kalamunda hospital to be a political issue. I want the Government's commitments to be fulfilled, so that the health services can be provided to my constituents and to people from surrounding areas. Four hundred and thirty births a year at Kalamunda hospital is not an insignificant number.

I do not shy away from the need to make reasonable and sensible changes within the health system. I took to Cabinet the need to close Wooroloo hospital as a 24-hour-a-day hospital. It was a nonsense that it operated as a public hospital. That was not an easy move to implement; there was much concern about the possible reaction of people in the area. The previous Labor Government tried to do that many years ago when Gavan Troy was the member for the then seat of Mundaring. It was stopped. However, it was nonsense for Wooroloo to continue as a public hospital because it was rarely used as a genuine hospital; it was more a prison hospital. That is how it should have been dealt with. I took that issue to Cabinet and it was worked through with the local community in a sensible way. I do not shy away from sensible change. However, if any suggestion is made that obstetric services be discontinued at Kalamunda, there will be an uproar. The constituents will see it as a betrayal and a broken election promise by the Labor Party, and it will be held to account for it.

MR BIRNEY (Kalgoorlie) [5.06 pm]: I support the Opposition's position in this debate. More particularly, I raise with members some of the health system issues in the electorate of Kalgoorlie. It is fair to say that the goldfields health system is undergoing some challenging times. Indeed, some people may say that the Kalgoorlie-Boulder health system is facing a crisis. I hope that when the minister returns to the House, he will listen to what I have to say. This issue is very dear to the people in my electorate.

Mrs Edwardes: Don't sit down until he gets back.

Mr BIRNEY: I am sure if the minister does not come back, he will be able to read my comments in *Hansard*.

The SPEAKER: I think he will be back shortly.

Mr BIRNEY: Certainly. In all honesty, this is an issue that the people in my electorate take very seriously. I will list a number of issues facing the Kalgoorlie Regional Hospital and the health system in the goldfields region. The Kalgoorlie hospital is undergoing an acute nursing shortage. It is short of some 30 nurses as I stand here today. I am a little heartened to say that 20 of those 30 positions have been filled by agency nurses. However, we are all aware that agency nurses impose a significant burden on the budgets of local hospitals. In fact, the employment of some agency nurses costs 30 to 40 per cent more than the services of standard nurses. Although those 20 nurses are filling those positions, the cost of their services is placing an unrealistic burden on the budget of the Kalgoorlie Regional Hospital. Having said that, Kalgoorlie Regional Hospital is still short by 10 nurses. In my view, that is having a detrimental effect on the hospital and is hindering its ability to discharge its duties. Kalgoorlie Regional Hospital is a big, busy regional hospital. It has some 13 000 admissions each year. To be between 10 and 30 nurses short is a crisis for a hospital that has 13 000 admissions each year. The other impost involved with employing agency nurses is that the local hospital must fly those people to Kalgoorlie. The price of airfares has been a constant bugbear of mine, with a return airfare between Kalgoorlie and Perth costing about \$536. The local hospital is required to shoulder that burden. When that is done for 20 or so nurses, the additional impost on the hospital's budget is significant.

I note that the Government has honoured a \$570 000 commitment, which had been made by the previous Government, for the construction of nurses quarters in Addis Street, Kalgoorlie. That money was to come from the sale of AlintaGas, but when I asked the minister some time ago, he was not sure whether that money would be committed. I am pleased to advise the House that the minister has authorised the release of that \$570 000. Considerably more funding is required - about \$1.8 million - to complete that project. Even though that \$570 000 is a fairly good start, it will not go all the way to fulfil the needs of Kalgoorlie. The hospital has also undertaken a program to build on-site medical staff quarters. I am pleased to advise the House that those on-site quarters are close to completion, as is the site in Cruesus Street, which is my own street. I now share my small street with 20 to 25 nurses.

Mr Sweetman: That must be terrible!

Mr BIRNEY: I am happy to advise the House that I think it is a good thing. Some of the residents in Cruesus Street were not too impressed when 25 units were about to spring up, but I did not object.

Mr Sweetman: The member for Eyre wants to be your parliamentary secretary.

Mr Mike Board; Mr John Day; Mr Matt Birney; Speaker; Mrs Cheryl Edwardes; Dr Janet Woollard; Mr Rod Sweetman; Mr Ross Ainsworth; Mr Jeremy Edwards; Mr Kucera; Mr Paul Andrews

Mr BIRNEY: A more serious issue involves the upgrading of Kalgoorlie Regional Hospital. Members on this side of the House, and in particular the member for Darling Range, would be aware that the previous Government committed some \$14 million towards the upgrade of Kalgoorlie Regional Hospital. By election day, about \$6 million of that \$14 million had been spent, so there is still some \$8 million worth of work to go. Some of the areas that have not been completed include the proposed new emergency and radiology sections, the upgrade of the medical records section and the complete revamping of the admissions area. There is \$8 million left of the sum that was committed to that upgrade. I am not sure whether the minister is listening, but I urge him to honour that \$8 million commitment at the appropriate time. All members are waiting for the budget to be delivered. The hospital has a wish list and would like a further \$15 million or \$20 million, but the \$8 million is urgently required. I call on the minister to honour that commitment. One issue that relates to the upgrade at the hospital involves the movement of allied health services into the hospital. Those services are spread far and wide in Kalgoorlie-Boulder. Members would agree that it would be more efficient to house all or most of those allied health services at the hospital. If the minister is prepared to commit that further \$8 million, it will facilitate the housing of allied health services, such as the public health and the mental and community health units at the hospital.

Allied health services in Kalgoorlie-Boulder are also facing a crisis. Kalgoorlie did have two speech pathologists, but unfortunately both those specialists moved to Perth, and Kalgoorlie is now without a speech pathologist. Members may not consider that to be a large issue, but three separate constituents have contacted me over the past two to three months to complain about the lack of speech pathologists in Kalgoorlie. Members are aware that when two, three or four constituents complain about an issue, there is some merit to their complaint.

Mr Johnson: The presence of a speech pathologist in an area such as Kalgoorlie is not a luxury; it is an absolute necessity. The work they do is tremendous. I cannot speak highly enough of the speech therapists in this State.

Mr BIRNEY: They are wise words.

The SPEAKER: Do you want some protection from the member for Hillarys?

Mr BIRNEY: No, I am comfortable with the interjections from the member for Hillarys. Thank you, Mr Speaker, for your concern. The member for Hillarys is right. Kalgoorlie had two speech pathologists, which was evidence of the significant demand for speech pathologists in the area. Kalgoorlie also had two paediatricians at one stage. They worked long hours to meet the demand within the community. I know the Minister for Health is aware of this issue. One of the paediatricians moved back to Perth, so Kalgoorlie is now down to one paediatrician. That person is involved in other things -

Mr Kucera: Kalgoorlie Regional Hospital is experiencing exactly the same problem as Swan District Hospital. There is a shortage of qualified paediatricians across the State. The Government is working hard to find paediatricians. It is a significant problem.

Mr BIRNEY: I know the minister is aware of the shortage of paediatricians and, in particular, the problem in Kalgoorlie. The one paediatrician that remains in the town has other interests and is downgrading the hours that she will work. She is interested only in working on a part-time basis. I understand and accept that there is a statewide shortage of paediatricians, but once again I raise -

Mr Kucera: There is also backup at the hospital. I understand that those two paediatric specialists were involved in a research project. Kalgoorlie still has the normal level of paediatric support at the hospital. It is not as if Kalgoorlie is without a level of paediatric support.

Mr BIRNEY: That is not entirely correct. Local people have organised a general practitioner paediatric response team, for want of a better term.

Mr Kucera: More power to them for doing that. That is excellent.

Mr BIRNEY: That is working to a certain extent. The problem is that we do not have what we used to have, which was two dedicated paediatricians. We are now down to one, and she is not interested in working full time.

I also raise an issue that concerns Laverton. The Laverton District Hospital is fully staffed when it has 12 nurses. I am sorry to report to the minister and the House that that number has now been reduced to six. This has not occurred for any particular reason, but through natural attrition, as nurses have moved to Perth or around the State. Therefore, the Laverton hospital is also undergoing a crisis. I know that I sound like a scaremonger; however, if we look at these facts on paper, we see that there are certainly some important health issues in Kalgoorlie-Boulder and the greater goldfields region.

Mr Kucera: They are challenges, member for Kalgoorlie.

Mr Mike Board; Mr John Day; Mr Matt Birney; Speaker; Mrs Cheryl Edwardes; Dr Janet Woollard; Mr Rod Sweetman; Mr Ross Ainsworth; Mr Jeremy Edwards; Mr Kucera; Mr Paul Andrews

Mr BIRNEY: The minister may call them challenges; however, I challenge him to address those issues adequately. I am sure that the minister intends to do that, although I have not yet seen a lot of action in those areas.

As a result of the decline in nursing staff from 12 to six at the Laverton hospital, many people are saying that the beds should be removed and the hospital should be downgraded to a nursing post. That action would be completely unacceptable. Once again, four of the nurses at Laverton hospital are agency nurses. As I said earlier, an area like Laverton can ill afford the impost on its budget of four agency nurses. Agency nurses cost between 30 to 40 per cent more than non-agency nurses. I call on the minister to address this issue in Laverton urgently, to ensure that the nursing staff is increased from six back to 12. I also call on the minister to ensure that the beds remain at the Laverton hospital, and that it is not downgraded to a nursing post.

The decline in the number of physiotherapists is also a problem in Kalgoorlie-Boulder. I know that I sound as if I am going on and on, but I am not making this up - these are facts. In the past, we had six physiotherapists. We are now down to four, and we have been down to four for quite some time.

We have not had an audiologist for 12 months. Some members may not believe that an audiologist is an absolute requirement in country areas. I am not of that view; to be without an audiologist for 12 months is a serious issue, and one that must be addressed urgently. I am not sure if the Minister for Health is responsible for the patient assisted travel scheme -

Mrs Edwardes: He is responsible.

Mr BIRNEY: I am aware that the minister is meant to be responsible for PATS!

Mr Kucera: Member for Kalgoorlie, I am starting to think that I am responsible for the drought the way you're going on!

Mr BIRNEY: We brought our Prime Minister over to fix that; we brought the Messiah over, and he brought the rain with him! The minister is off the hook with regard to the drought, and I am sure he will be pleased to know that.

If we look at PATS in the context of the crisis - I hesitate to use the term "crisis" - in the Kalgoorlie-Boulder health system, perhaps it is time to extend PATS funding to include specialists such as speech pathologists, physiotherapists and audiologists. We are all aware that at the moment a person can apply for PATS funding only if he is going to see a medical doctor or a medical specialist. The minister is faced with two choices: he can pull his finger out - if I can use that terminology - and have a good look at our allied health services in Kalgoorlie-Boulder, because they are sorely lacking, or, alternatively, in the short term, he can extend PATS to allow people to travel from country areas to see a non-medical specialist in Perth.

MRS EDWARDES (Kingsley) [5.25 pm]: I support the motion. I reflected back on one of the Minister for Health's pre-election pamphlets. I am sure that the Premier must have asked himself what sort of job he could give this man. Under the caption "Bob says", the minister states in his pamphlet that he wants to give every child access to a decent education. On that basis, he could have become the Minister for Education. The minister also states in the pamphlet that he wants to ensure that young people have the opportunity to get real jobs. On that basis, he could have become the Minister for Employment. However, I believe it was the words that he used about the health system that gave him the job of Minister for Health. In his pamphlet, the minister stated that he had a passion to fix the problems that he could see in our hospitals. No wonder he was given the job by the Premier. I am sure that once he was in the job his passion to fix the problems became even greater - he just was not sure what to do. However, the problems are of his own making - I do not mean his personally, but the Labor Government created an expectation that it could not meet.

I will discuss the industrial relations situation. The real issue is a lack of confidence by the people within the health system that the Government is prepared to negotiate in good faith, and doctors are a case in point. I want to go back over the history of the negotiations with the medical practitioners. In the public sector there are 1 500 full-time equivalents. That represents approximately 16 per cent of the payroll budget for health. The doctors' enterprise agreement expired on 1 July this year and they started negotiations approximately 10 to 12 months ago. There are a couple of issues about those negotiations. One is that since 1995 Western Australia, together with South Australia and Victoria, relied on fringe benefits tax concessions to provide a net income for public sector doctors. The Commonwealth changed the system from 1 July, the date that the agreement expired. Therefore, from 1 July, there was a significant impact on doctors' net remuneration. The issue is not so much about sitting down around the table in the current negotiations to determine how much the doctors will be paid; it is about how much the doctors will lose. Nobody likes to go into pay negotiations believing that they will come out worse off. About 70 per cent of doctors participate in salary sacrifice, and are packaging the maximum of 30

Mr Mike Board; Mr John Day; Mr Matt Birney; Speaker; Mrs Cheryl Edwardes; Dr Janet Woollard; Mr Rod Sweetman; Mr Ross Ainsworth; Mr Jeremy Edwards; Mr Kucera; Mr Paul Andrews

per cent of salary on items incurring the FBT. Overall, there is an income reduction of approximately 25 per cent, and it is far greater for those doctors who earn higher incomes. The focus has been on negotiating a package, and ignoring the issue of FBT. However, we cannot really do that because, at the end of the day, the outcome of the agreement must be a level of remuneration that will not only maintain the doctors within the public health system but also continue to attract doctors into the health system. Following 1 July, and after the changes to the FBT, the current enterprise agreement - doctors are still being paid under this agreement - ensures that the Western Australian public health system is at a significant competitive disadvantage in trying to attract or retain doctors.

What have the other States done? In South Australia, the Government has agreed to continue to allow doctors to salary sacrifice, and it has picked up the FBT component of that. In Victoria, the Government did a review of the medical practitioners' remuneration and paid a one-off average 15 per cent increase. Again, it was higher for specialist groups in recognition of the greater loss of the FBT exemption. The problem that the government health services face is the strong competition for highly skilled doctors. We have talked about the competition for and shortage of nurses, but we also have a shortage of doctors. There is a real need to ensure that the wages and conditions in the Western Australian government health system are pitched at a level that will attract and retain quality medical staff. At the moment, as I understand it, the system absorbs all locally trained first-year doctors or interns. Because of the shortage of doctors, most junior doctors move to registrar positions after only two years experience. That is quite significant. They are also working in all areas, including emergency departments, intensive care units and obstetrics.

Another problem is that for a number of years increasing numbers of junior medical staff positions have been unable to be filled by locally trained doctors. Therefore, there has been a particularly high loss of local graduates after the intern year, and it is increasing every year.

Mr Kucera: Would you look at the pay rate, if you have it, for junior interns and tell me how it compares with those in other States of Australia?

Mrs EDWARDES: I do not have the rates.

Mr Kucera: Our junior doctors are among some of the highest paid in Australia. That is before we even start to discuss the pay rates. Most of those youngsters are not able to salary sacrifice.

Mrs EDWARDES: I cannot dispute what the minister is saying and I accept it. However, the issue is that we have a shortage of junior doctors. There is competition around Australia and we are not able to retain them. One of the ways to retain them is through remuneration. If there is no improvement in the retention rate in the government hospital system, we must look at how to retain those doctors in the health system. The net loss of doctors means insufficient locally trained doctors to fill the needs of the acute sector. That gap is being filled only partially by interstate and overseas-trained doctors. As I understand it, all the tertiary hospitals have been declared an area of unmet need for residents and registrars, with the result that during the year 2000 some 2 031 overseas-trained doctors were registered to practise in metropolitan hospitals for at least part of that year. Their contracts were for varying periods, including three months, six months and 12 months. The minister might like to check this, but I understand that unlike the position the minister put forward yesterday, under their contracts those doctors can be transferred from hospital to hospital.

Mr Kucera: I am not disputing that. The problem with the Swan District Hospital has been the supervision of doctors and not the number of junior doctors.

Mrs EDWARDES: That is right, supervision and training are key components for most doctors. That is why there are sessional doctors. Much of the work that doctors do in the public health system is outside of normal working hours. Without that work, we would not have a health system. The minister has sat in an emergency department and watched exactly what happens. An ambulance will bring in a patient, and a triage nurse, an orderly, a nurse and a doctor will come in. One can see them running, and they do not stop. I was at the Joondalup Health Campus a couple of weeks ago. Those sitting outside had a four-hour waiting time. In the meantime, ambulances were coming in and medics were working hard.

Mr Kucera: How many GPs are you short of in that area?

Mrs EDWARDES: I do not have that figure. I am sure the minister can tell me.

Support for private health insurance has increased. The demand for doctors in the private system is still yet to be determined. I do not think that has yet been identified as having an impact, but as private health insurance use increases, it will have an impact. One impact on public and private health sectors is that some of the traditional incentives for doctors to work in the public sector, such as teaching hospitals providing challenging procedures and having leading edge research, are now provided by many private hospitals.

Mr Mike Board; Mr John Day; Mr Matt Birney; Speaker; Mrs Cheryl Edwardes; Dr Janet Woollard; Mr Rod Sweetman; Mr Ross Ainsworth; Mr Jeremy Edwards; Mr Kucera; Mr Paul Andrews

A discussion paper of 1998 headed "AMWAC Medical Workforce Supply and Demand in Australia" states that Western Australia has the lowest number of doctors to population, the lowest number of non-specialists in hospitals, the third lowest number of specialists and the second lowest number of specialists in training in Australia. That translates to a deficit of 111 non-specialists in the hospital system, 100 specialists and 177 specialists in training. Victoria was the benchmark for that national comparison. I do not always support such national comparisons because sometimes differences cannot be ironed out. However, I have not heard anybody say that that report is not a true reflection of what was happening here.

The Australian Medical Association for some time has been running a campaign on work fatigue and hours of work. Many unions and workplaces have started to run similar campaigns. The Australian Council of Trade Unions has been running a campaign to try to reduce hours of work. The hours of junior doctors were referred to in the discussion paper. Some 76 per cent of interns work more than 50 hours a week, and five per cent more than 80 hours; 70 per cent of specialists in training work more than 50 hours a week, and seven per cent more than 80 hours; and 68 per cent of specialists work more than 50 hours a week, and 10 per cent more than 80. Increase in demand, pressure on facilities for patients being cared for on a weekly basis, and working longer hours put everybody at a greater level of risk. A reduction in the availability of doctors for the public system is to be avoided at all cost.

I bring to the minister's attention the Labor Government's direction statement on industrial relations. Page 10 refers to the failure of the coalition Government to negotiate in good faith. It was a criticism. It says that the coalition Government at every turn sought to delay and frustrate the conclusion of new enterprise agreements for public sector employees. It says that employees through their unions have spent literally years trying to negotiate wage increases by way of a new enterprise agreement on the expiry of the old one. The statement also says that while refusing to negotiate in good faith to conclude a new enterprise agreement, the coalition Government made it clear to its employees that they could have the pay increase by signing a workplace agreement. The complaint was about the process by which unions and departmental representatives could get around a table and reach an agreement. In this instance the AMA and other bodies were negotiating around a table with the Department of Health. The Department of Productivity and Labour Relations' role is one of overseer. It has experience that provides continuity across the public sector. Its presence ensures consistency with the Government's wages policy.

Mr Kucera: Are you suggesting that that has not been happening?

Mrs EDWARDES: I will get to that. What has happened is that doctors and the Commissioner for Health sat around the table, DOPLAR was involved and the expenditure review committee was involved. The expenditure review committee and Treasury tick off whether we can afford it. A lot of people are involved in coming to an agreement. The Commissioner for Health wrote to the President of the AMA on 5 June. We must bear in mind that the agreement finished on 30 June. It states -

It had been my intention that the Agreement be approved by now and implemented by and from 1 July 2001. As you know, I have appreciated the professional approach taken by the Association during the Government's settling in period and sympathise with the concern of doctors in respect to the Health System and with their current conditions of service. I appreciate the Association and the Department's negotiators have used their best endeavours to resolve an agreed package in a professional manner and that the delays that are occurring are not of their making. I propose that the package be presented to Cabinet on the 18th June and I will be recommending the adoption of the package.

... I would propose that existing Salaried Packaging Arrangements continue and that subject to the revised Salaried Packaging Arrangements, the new Salaried Agreement once finalised take effect from 1 July 2001.

It states also -

It would greatly assist with the progressing of the package to Cabinet if you would indicate your acceptance to this proposal as soon as possible.

That is exactly what they did; they indicated their acceptance. However, did the minister take that package, which had been signed off by the Department of Health, the Australian Medical Association, the Department of Productivity and Labour Relations, and the Expenditure Review Committee, to Cabinet?

Mr Kucera: Of course we did.

Mrs EDWARDES: Did Cabinet roll the minister?

Mr Kucera: I am not going to discuss what was said in Cabinet.

Mr Mike Board; Mr John Day; Mr Matt Birney; Speaker; Mrs Cheryl Edwardes; Dr Janet Woollard; Mr Rod Sweetman; Mr Ross Ainsworth; Mr Jeremy Edwards; Mr Kucera; Mr Paul Andrews

Mrs EDWARDES: Cabinet rolled the Minister for Health. The current Minister for Consumer and Employment Protection has been highly critical of the process, and he has said in the past, and he has said in the Government's industrial relations directions statement, that if employees, through their union, sit down around the table and negotiate, and everyone signs off on it, Cabinet should not stop it. Given the fact that everyone had signed off on it, why did Cabinet not agree to it?

Mr Kucera: I am not going to discuss what is said in Cabinet. You know the rules and the protocol. Are you suggesting that when you were a minister, you signed off on every ambit claim that came before your Cabinet? Did you agree to every ambit claim? What a nonsense! Where was your responsibility to the people of this State and to the accountability of your Treasury? You obviously did not have any.

Mrs EDWARDES: Treasury signed off on it. If I had been in a situation in which everyone had signed off on a proposal, it would have gone through Cabinet. Sometimes when I took a proposal to Cabinet an issue had been raised by DOPLAR or Treasury, and we resolved that issue around the Cabinet table. However, in the case of this proposal, everyone had signed off on it, a Cabinet minute had been prepared -

Mr Kucera: That proposal had been negotiated under your Government to cover the taxation hole that you had left the doctors in.

Mrs EDWARDES: Sorry, but this is dated 5 June 2001. I do not remember being in government on 5 June 2001.

Mr Kucera: It was given to me based on negotiations that had commenced under your Government.

Mrs EDWARDES: No. Sorry, minister. This is why unions and employees - it does not matter who they are - do not believe they can bargain with this Government in good faith. What happened after that? The AMA did not hear a thing. It then received, just before the current agreement was due to expire, a telephone call from the Treasurer to say that the Government would like to meet with it in confidence to see whether they could resolve the matter. This was after a couple of days of the medical practitioners getting a bit upset about not being advised about what was going on. They sat down around the table. It was supposed to be in confidence, and they did not want anyone to go to the media, but, lo and behold, that same evening the Deputy Premier, Treasurer and Minister for Energy put out a media statement saying that he and the Minister for Health had met with the AMA in an endeavour to resolve the public hospital health dispute! This was really good-faith bargaining! Not only did they sit around the table and get agreement from everyone, only to have Cabinet roll the minister and knock it on the head, but also it was supposed to be a secret meeting, yet that evening the Deputy Premier put out a media statement! The minister and the AMA have sat down several times since, and they have even said that they can save money and that based on the Health Department's own productivity figures and cost implications, etc, over four years it will still cost \$365 million, with reductions. Where are we at? What has happened? It is no wonder there are problems in the health system.

I am pleased the Minister for Consumer and Employment Protection has come back into the Chamber, because I want to know about the failure to negotiate in good faith. The minister has been highly critical of unions representing employees and sitting around the table and going through the proper processes and coming to an agreement, only to have the Cabinet say no. What happened? Did the minister get rolled in Cabinet too? Who knocked it on the head? Who does not like the doctors in the system? I can tell the minister that if the doctors are not working for the Government and with the Government for patient care, the health system will fail. That is what the Government is seeing at the moment. The Government is having a problem with ambulance bypasses. The ambulance officers are saying, "This is not our problem. We are not going to take people all around the city"; and rightly so. The minister has acknowledged that there is a shortage of doctors in Western Australia -

Mr Kucera: Are you saying that all of the doctors in the system are interested only in what they are being paid?

Mrs EDWARDES: They are interested in patient care, but they are working flat out. The minister does not understand that they can get more money and better conditions elsewhere.

Mr Kucera: What a wonderful view you have of our hardworking doctors!

Mrs EDWARDES: They can go to the private sector. The minister is trying to be obtuse, and it will not work. If the minister is trying to negotiate by being a bully, it will not work. The minister needs to sit down and talk it through, but he also needs to do that in good faith. If the Government is not prepared to sit down with the doctors, the Hospital Salaried Officers Association and the public servants in good faith, no-one will trust this Government. At least under our Government, the rules were clear. There might have been disagreement, but everyone knew what the lines were. Some of our departments did not do the right thing. They did not get on to the negotiation of some of those agreements early enough. They did not follow through with sufficient vigour. I acknowledge that; and when we found that out, we roused them absolutely. However, some of the unions did

Mr Mike Board; Mr John Day; Mr Matt Birney; Speaker; Mrs Cheryl Edwardes; Dr Janet Woollard; Mr Rod Sweetman; Mr Ross Ainsworth; Mr Jeremy Edwards; Mr Kucera; Mr Paul Andrews

not do the right thing by their members either. Even when there had been cabinet agreement, the delay in getting registration by the Industrial Relations Commission was sometimes enormous, and that was not acceptable either. We always worked very hard to ensure that those public servants who warranted salary increases got those increases.

The clear message that is coming through is that people cannot negotiate with this Government in good faith. There was an agreement, but Cabinet rolled both the Minister for Consumer and Employment Protection and the Minister for Health, and now they will both have to wear the problems that they have created, because this dispute will spread wider than just the medical practitioners and will go to the other unions that represent employees in the public sector. Those unions now know that they cannot expect anything, because they can sit down around the table and get DOPLAR, Treasury and the Expenditure Review Committee to sign off on an agreement, and they can even get the minister to sign the cabinet minute, but when it gets to Cabinet, Cabinet will stop it. I wonder why in this instance the medical practitioners' agreement was not accepted by Cabinet, because the issues in the health system will be with the medical practitioners. Pressure is being put on a group of people who ensure that the system works. It will not work if we continue to lose doctors. As I said earlier this evening, there is already a shortage of doctors, and we cannot afford to lose any more. The system must be maintained with the current level of doctors, at a minimum. However, a remuneration package must also be in place, which will ensure that the current level of public service provided by the medical practitioners, who hold the system together, is maintained, and we must be able to attract doctors, particularly to those areas where there are shortages.

The problems in the health system are not of eight years making of the previous Government; they are of the making of the current Government. It has created the problems. Earlier this afternoon the Government talked about principle. Unfortunately, its key principle of negotiating in good faith has also gone out the window.

DR WOOLLARD (Alfred Cove) [5.51 pm]: I stand to support this motion, more in sorrow than in anger. Both sides of this House make promises about improving health without a clear idea of how to do so. While not wishing to complain on my own behalf, I was dissatisfied when I was not given a place on the Education and Health Standing Committee as I believe that I am the only health care worker in this Parliament.

Nurses are still trying to convince the minister and the Government to conduct a work value review. As for the minister's lament yesterday about not being able to transfer medical staff, I believe that that was part of the agenda of the Metropolitan Health Service Board, which has just been abolished by this Government. I am concerned that the minister may have a similar agenda for transferring nurses. I want to tell the minister that nurses do not want to be transferred from one institution to another. They work as part of a team, which creates a stable working environment, and they often rely on public transport to get to and from work.

Mr McRae interjected.

Dr WOOLLARD: I will come to the member's interjections afterwards. Nurses cannot be treated like pieces of equipment and shunted around the health care system to fill in gaps. The solution is decent forward planning, not a bandaid approach every time the system springs a leak. The quality of aged care continues to decline. Our elderly should not be treated as second-class citizens, with poor standards of care, while the State and federal Governments try to pass the buck to one another.

The report presented to Parliament today entitled "Lifting the Rating: Stroke Management in Western Australia" has demonstrated that the community south of the river, including my electorate of Alfred Cove, does not have the same facilities and level of care for elderly patients who have a stroke as are available to people who live north of the river. The health care system is still in crisis.

In conclusion, I point out that all politicians promise the world on health, yet seldom deliver on their promises. For health, perhaps warnings should be attached to politicians' promises, stating that these promises have never been delivered.

MR SWEETMAN (Ningaloo) [5.54 pm]: I agree with some of the comments that have already been made in the House today, particularly regarding the perceptions and expectations that the Labor Party created when in opposition. The Labor Party first set out to undermine the system in a devious and underhanded way. It was not a responsible part of the process of government, which is to educate, to inform and to try to improve the circumstances of the people of Western Australia.

The facts speak for themselves. The coalition Government came into power in 1993. At that time, the budget for health was just in excess of \$1.1 billion. When the coalition lost office earlier this year, the budget had increased to \$2 billion. That was a significant increase. When talking to people in my area, I have pointed out why a budget to a particular agency, whether it be in education, in police or in health, is increased. The obvious reasons are consumer price index increases, population increases and increased amounts required as a

Mr Mike Board; Mr John Day; Mr Matt Birney; Speaker; Mrs Cheryl Edwardes; Dr Janet Woollard; Mr Rod Sweetman; Mr Ross Ainsworth; Mr Jeremy Edwards; Mr Kucera; Mr Paul Andrews

consequence of advances in technology. As the abilities and skills of clinicians improve, and as technological instruments become more advanced, the more those people are able to do. Quite often, those instruments are replaced within a short time, whereas, in reality, an expensive \$5 million piece of equipment may have a working life of 15 or 20 years. However, Mr Speaker, you know as well as I do that in 18 months a certain model will be superseded; something else will come out to replace it.

When one looks at the reality of managing for eight years a difficult area of government, which is probably still the most expensive portfolio, \$800 million increased expenditure should have taken care of CPI increases, population growth and advances in technology. What has gone wrong? Where has the crisis developed? I guess I look at it from a distance, rather than look at the problems as they develop within the city. A report has just come out on the Department of Education, and the minister made some points about having to change a culture that had developed over a long time. To an extent, a similar culture has developed within health. I am not trying to be patronising or derogatory in referring to people in the health service. Our teaching hospitals put out a lot of registrars. A lot of those people, if they do not go backpacking around Australia or the world, choose to specialise. For a start, if they go backpacking, that is one reason that country Western Australia is dipping out. Those in the country do not get the fruit of the labour in training those people.

Mr Kucera: Should we conscript them? Shouldn't the citizens of this country have a choice? If those young people choose to do that, that is their business.

Mr SWEETMAN: That is right. We are not at odds on this. I simply make the point that there is a bit of irony in this. We have these teaching hospitals, and the idea is that we train people in the hope that we will be able to overcome a desperate and chronic shortage of health professionals. To some extent it is irresponsible if, after all that training, and when the need is desperate, they want to go off and backpack around Australia or the world. I believe that it somehow clashes with the oath they take. However, that is their prerogative. They are free to do that, but I do not have to be happy about it. When that happens, we must try to fill the void by recruiting overseas doctors. Members have seen what has happened over a period. It was a great breakthrough when we were able to recruit doctors from overseas. That recruitment process slowed, so the package was sweetened to enable practitioners who came from overseas to work for a period in country Western Australia - I think five years was the time - and they then got their provider number, which enabled them to move to the city to practise. That was a massive breakthrough for country WA people.

One of the problems in the system is that each board is responsible for a budget. We still live in a time of great change, and that will be with us for as long as we are around. Some boards have been more successful than others in managing their budget. Some hospitals - a classic example is a hospital in Perth - simply did not make an allocation for depreciation in their budget. Therefore, when they ran into problems, it was convenient for them to blame the Government for all their woes. That gathered a head of steam and, regrettably, it undermined further the confidence of the public in the system. At the end of the day, the whole system came crashing down around everyone's head.

The minister was not in government at the time. However, his colleagues who were in Parliament made great issue about the crisis in the health system. Without being informed and without engaging in intelligent debate, they railed against the Liberal Government at the time as the fundamental evil in the process. Now, to some extent, the minister is harvesting the bitter grapes sowed by the Australian Labor Party. It created an expectation in the community that the crisis in the health system would be solved by a change of government. The Australian Medical Association, hospitals, hospital boards and nurses expected this Government to be their salvation. The Government has not solved the crisis. The minister simply has not delivered the goods.

Sitting suspended from 6.00 to 7.00 pm

Mr SWEETMAN: Before we were so rudely interrupted by dinner, I had made some points to the minister that related to some of the issues that I have come across during my short time as a member of Parliament. I know it is not conventional wisdom to look backwards to go forwards, but sometimes we must do that. I remain an advocate for in-hospital training, enrolled nurses and registered nurses to spend more time in our hospitals.

It is no secret that there is some contention and conflict between registered nurses and many doctors in the hospitals. These days, our registered nurses are eminently qualified and, on many occasions, they feel that they are able to do a lot of the work that is done by the doctors. Generally, doctors are not happy with that arrangement and, probably for the right reasons, they would prefer to make decisions for themselves.

Again, that is a cultural issue in the health service that must be addressed in the interest of health and for better working relationships within hospitals. I hope that the resolution of that issue will result in the retention of more staff and the better recruitment of staff. Enrolled nurses still have a place in our hospitals; indeed, we still have enrolled nurses. Many people who do permanent night-duty stints in public hospitals are registered nurses.

Mr Mike Board; Mr John Day; Mr Matt Birney; Speaker; Mrs Cheryl Edwardes; Dr Janet Woollard; Mr Rod Sweetman; Mr Ross Ainsworth; Mr Jeremy Edwards; Mr Kucera; Mr Paul Andrews

Another disturbing trend that I am aware of has been the consistent undermining of the nursing post. Members will be aware of the structure of nursing posts. Generally, middle aged or perhaps elderly, well-qualified registered nurses run that type of position. Those people almost without exception are revered by their local communities because they do a wonderful job. A doctor may come to the clinic for one day or two half days during the week but the rest of the time the nursing post sister would be on duty. Madeline Smith was a nursing post sister in Useless Loop for many years, although she has since left. Maxine Shaw was in Denham and left at the same time as the private doctor, Dr Graham Luke, was told that his services were no longer required in the Shark Bay area because the Gascoyne Health Service believed that it could cover that area adequately. At the time, I am sure that it believed it could.

If members care to ask any person in the Denham community, they will be told that the health service has diminished greatly since it has been brought under the Gascoyne service. That has something to do with the different ethos that applied to doctors during Dr Graham Luke's era when he spent a long time as a public doctor within the Gascoyne public health service. He and a couple of other doctors that he worked with in the Gascoyne Health Service did some extraordinary work.

They saw too many patients; I do not hesitate to say that. I have a problem when Graham Luke and others are considered by some members of the medical fraternity to be practitioners of bad medicine because they exhausted themselves. They saw far too many people in the day, but they believed that they were obliged to do that even though it was detrimental to their health. Today, Dr Graham Luke is not a picture of health because he has continued to overwork himself. He and other doctors like him are the type of doctors that the minister should seek because they are resources of great wisdom and knowledge. I am sure that they would pass on valuable information to the health minister that may help solve many of the problems within our health system.

In conclusion, today during private members' business, members on this side of the House presented their cases constructively. They know that there is a bigger issue that transcends politics; that is, the wellbeing of citizens of Western Australia. We all want the best for them. We do not think that the health system was in as bad a shape as the minister and his colleagues indicated to the community in the lead-up to the election. As I said earlier in this presentation, some of the bitter grapes that the health minister must now swallow and some of the issues he must contend with are of his own making. As our spokesperson on this issue said, the minister created the expectation that on the day the Labor Government came into power, the health minister would wave his wand and solve the problems.

I hope that the minister can solve the problems in the best interests of the State. In a political sense, I thank God for his tender mercies because I do not think that the health minister will do the job that he says he can do. During question time and on other occasions by way of interjections the Minister for Health indicated that he would sort through these problems. Again, in the interests of the State, I hope the minister can sort out the problems. The Opposition will be constructive in the part it plays and in the assistance it gives to the minister.

MR AINSWORTH (Roe) [7.06 pm]: I am interested in the wording of the motion because it referred to the imbalance between the public and private hospital systems in Western Australia. Other members have made good points on that subject. However, I reflected on the topic and realised that in many parts of the area I represent, we do not have the two systems with which to compare. One cannot say that there is an imbalance between the two systems because all we have are public hospital services of one form or another. I say "all we have" without being disparaging about the service. People in my electorate do not have the option to go to an alternative private health service of any kind.

In the past couple of months I have referred this House to the problems in my electorate that continue to persist. I take issue with the minister on one matter in which he has consistently said that these problems will not be solved by spending more money. I agree with him that in many cases they would not. However, in some cases, the effects could be diminished by additional funds being spent to assist those hospitals.

The other day I mentioned the Esperance District Hospital, which services a population of about 15 000 people plus any travelling public. The elective surgery of that hospital was cancelled for the next five or six weeks, mainly because of a lack of nursing staff. Although the hospital has a little money left in its budget, it made the decision that it was not able to afford to pay for agency nurses, which, as I understand, would have increased the cost to the hospital beyond its means. It made the right decision based on its budgets and based on the situation at hand. That decision was supported by the doctors because they believed that it was the right decision. However, had there been some additional funds, a different alternative may have been found.

I listened to some of the comments made by the member for Ningaloo and I share some of his concerns about the way in which the health system has developed over recent times. Perhaps looking into the past is not so bad. We look to where we have come from to consider some of the mistakes that might have been made in the past so that we can rectify them in the future. That is not to say that everything that was done in the past is better than

Mr Mike Board; Mr John Day; Mr Matt Birney; Speaker; Mrs Cheryl Edwardes; Dr Janet Woollard; Mr Rod Sweetman; Mr Ross Ainsworth; Mr Jeremy Edwards; Mr Kucera; Mr Paul Andrews

what is being done now; perhaps some of the things that were put to one side were quite good and were working well. I have heard often the concerns of nurses who have been in the system for many years. They bemoan the fact that some of the graduate nurses from the university system, although technically very competent, have not been given the same level of skill and expertise through the hands-on activity that used to take place in the old teaching hospitals. In my youth I knew some of the trainee nurses from Fremantle. They were thrown in headfirst and had to deal with bedpans and so on. A neighbour of mine was a trainee nurse in Fremantle. One night when she was halfway between the operating theatre and the morgue, the power went off. She was carrying a limb to the morgue to put it into the refrigerator, and the lights went off. I do not suppose that taught her a great deal about medicine or nursing. However, I am saying that the trainee nurses saw everything and got involved in all of the activities at the hospital. They learnt an awful lot. They were not afraid to deal with difficult patients or with an unpleasant, messy situation that they might encounter with a patient. They had an understanding of the caring and human side of nursing, as well the technical aspects of treating people properly. I regret that people who have just been university trained have missed out on some of that valuable hands-on training. I am not against university training in any sense, but we must strike a balance between the theoretical side and the practical side, particularly when sick people are involved.

Maybe something can be done, and not just financially, with the whole process of attracting nurses, particularly to country hospitals. Money is not the only answer. People need decent working conditions. The hours that some of these nurses have been required or forced to work because of recent situations have made the profession unattractive. We must look at the whole package, not just at the money angle. Working conditions also will either attract people to or discourage them from taking up the profession. More importantly, at a time when there are shortages in my area, as well as in the rest of the State, we should encourage trained nurses who left the profession temporarily or permanently to provide short-term assistance to overcome those shortages. The stories of the pressures nurses are under and their working conditions certainly would not encourage those nurses to come back on board.

Another area that has not been talked about - certainly not in my hearing - and it is not something that the minister can necessarily do anything about, is the fact that nurses do not find it attractive to work in hospitals at night. Limited numbers of staff are on duty in some of the smaller country hospitals. At 1.00 or 2.00 in the morning, people come in looking for drugs or Fitpacks. Sometimes these people get into the hospital and follow a nurse along the corridor. Some nurses are finding themselves in a most unpleasant situation. They obviously fear that they are in greater danger than normal, when people who are not themselves or who are affected by drugs or alcohol come into the hospital late at night when limited staff are on duty to give them adequate protection. Some of the hospitals are old and rambling structures, so they do not have 100 per cent security. Issues like that will not be fixed overnight. However, they must be looked at as well as some of the other issues that were talked about earlier. It is a vital area for the whole community, whether we are talking about babies being born or the care of the elderly.

All of us, at varying stages of our lives, will need the health service and the people who work in that service. It is not restricted to only one part of the population. It takes on extreme importance when it is vital to the wellbeing of communities. That is why some of the smaller country communities that I represent get so upset when the level of health service is reduced, for whatever reason. In one of my areas a new hospital was planned to go ahead in February, except an election got in the way. Those plans have been put on hold until, as the minister said, the state budget is brought down. We shall then see whether the funding is available to continue with the new hospital, which will replace the old hospital. It was the Department of Health that decided the old hospital was inadequate, rather than the people clamouring for a new hospital. The health industry recognised that it was not appropriate.

Pressure is also put on the health practitioners in the smaller country hospitals. I spoke to a couple of doctors in areas that have only one doctor for the whole population. Because no locum service is readily available, those people are basically on call 24 hours a day, seven days a week. The member for Ningaloo raised the issue of the stress those doctors are put under. It is pertinent to mention the issue, because it is not confined to one part of the country area of the State. It is universal in areas that do not have a major town with 10 or a dozen doctors. A single doctor in a large country community is under enormous pressure, and there is no relief. The doctor cannot go away for the weekend. If he does, he knows there will be no medical service at all. Most of those doctors take that situation seriously and go well beyond the call of duty to meet the needs of their communities. The burnout factor for some doctors is amazing. I knew a young, overseas-trained doctor, who was brought to Western Australia to fill one of these areas of unmet need. He sat for the Australian exams to become a fully accredited doctor, so there were no discounted Medicare rebates to patients and all the other issues which impact on people because of the situation we face. He was a fantastic doctor. He was young and energetic and extremely well liked both as a person and for his professionalism. Yet, after four or five years, he said that,

Mr Mike Board; Mr John Day; Mr Matt Birney; Speaker; Mrs Cheryl Edwardes; Dr Janet Woollard; Mr Rod Sweetman; Mr Ross Ainsworth; Mr Jeremy Edwards; Mr Kucera; Mr Paul Andrews

although he loved the area in which he was working and the people he was working with, he had to leave the country area and return to the United Kingdom because he knew that he would suffer from burnout on a long-term basis, to the detriment of his health and the wellbeing of his family.

Although the motion refers to the imbalance between public and private hospitals, there is an imbalance in the health system generally. I do not expect the minister or the Government to wave a magic wand and fix that imbalance overnight. If we do not start addressing these problems in a systematic way and get to grips with the cause of the growing problem, we will find ourselves in a situation that both sides of the House will agree is a crisis. We have talked about the word "crisis" in the past. At the moment, because of the unrest in the system, we certainly have a crisis of confidence. However, that crisis will grow to the point at which it is not only a crisis of confidence, but also a crisis in fact, as far as the delivery of basic health services in some parts of the State is concerned. That is why I stress to the minister and to this House that in some areas, particularly in the non-metropolitan area, there are no options in the health service; there is no choice of public and private health care. In some cases, if an area loses a doctor or some of the nursing staff for any length of time, no health service will be immediately available in that locality. The nearest hospital or doctor can be two or three hours drive away. That is unacceptable in an emergency and could lead to - I suspect it will if we are unfortunate - a life or death situation. I stress to the minister and to the House that the shortcomings in our system can be fixed, but we must work on them in a very focused way, not to score political points or follow one philosophical line or another but to look at the real issues; that is, service to patients, and work backwards from there. That may mean changing administration structures in Perth's major hospitals to get better value for money and, as I was discussing with the minister a couple of weeks ago, rationalising costly services.

The minister referred to the fact that three hospitals in Perth within sight of each other each have a heart transplant unit. We must consider whether a population of two million people justifies three competing expensive, little-used facilities when not enough money is available to provide basic services equitably across the State. We cannot afford that duplication at the top end while on the ground, where the sick people are and where the doctors and nurses want to provide good care, the funds are not available due to uneconomic and irrational use of funds. The whole health system must be examined from top to bottom, not to be critical of it, but to be analytical so that decisions can be made to eliminate inadequacies and get the best value for our health funding and, if necessary, put more in.

MR EDWARDS (Greenough) [7.22 pm]: I will give some credit to the minister, which he may enjoy, having heard some criticism today. However, I will also dish out some criticism. It was good to learn that Geraldton will receive a \$3.5 million hospital over the next three years.

Mr Kucera: I wish we could build a hospital for \$3.5 million.

Dr Gallop: I think you mean \$35 million.

Mr EDWARDS: And much more than that. Whatever the case may be, it was good to hear some positive comments from that decision.

I appreciate that the minister has inherited a difficult task, which was made fairly clear to him today. However, it could be construed that some of those difficulties were self-inflicted. Prior to the election, in opposition the Australian Labor Party lumped every iota of criticism it could on the health issue and raised it to a level at the expense of the then Liberal Government. It fanned those flames, and those problems now belong to the Government. The biter has now been bitten. Frankly, the issue seems to be becoming messier and cloudier under this Government's stewardship. Nothing seems to be improving greatly.

The debacle on the radio between the minister and the Australian Medical Association representative did not give the people of Western Australia much confidence that those issues will be resolved.

Mr Kucera: They say that it is the first time anyone has told the truth.

Mr EDWARDS: The comments I heard in my part of the world tell a different story. As has been said, nurses and other health employees are finding this Government fairly intractable in negotiations on their cause and are disappointed at the lack of positive direction.

I will now be more positive and move on to other matters. Local government runs a country medical foundation, which promotes scholarships for doctors and nurses, and through which some fine young people have won scholarships.

Mr Kucera: They are not irresponsible backpackers as the member for Ningaloo said; they are fine young people.

Mr Mike Board; Mr John Day; Mr Matt Birney; Speaker; Mrs Cheryl Edwardes; Dr Janet Woollard; Mr Rod Sweetman; Mr Ross Ainsworth; Mr Jeremy Edwards; Mr Kucera; Mr Paul Andrews

Mr EDWARDS: That is the opinion of other people. I have no doubt that occurs in some cases, but we cannot tie people down and direct where they go and what they do. It is an extremely good scheme, which we could build on and use for other careers. We must encourage the development of more schemes like that.

That takes me to the question of whether we are over-qualifying our nursing staff, as the member for Roe indicated. I believe the "pinkies" still do a marvellous job. It seems to me that some time ago we tried to over-qualify our nursing staff. However, some young people who have a caring and humanitarian attitude would probably make extremely good nurses and would be employable within the health industry. The development of those young people in that way should be encouraged. It is a pity we do not give those people more of a leg-up to realise their potential in care and humanity. They certainly have a role to play. I am aware of young people in my electorate who would make very good nursing staff. However, they do not have the intellectual qualities to study at university and become qualified nursing sisters as such. I am trying to be positive with my comments about some areas.

Most of what the Opposition wanted to say has been said. I do not need to stress the issue of security because the member for Roe raised it. It is in all our interests that the minister resolve the issues before him. As has been said before, we are not here to try to be difficult about the matter; we understand how difficult it is. I hope that the minister can resolve the problems that are before him.

MR KUCERA (Yokine - Minister for Health) [7.27 pm]: I begin by putting on record my admiration for the people who work within the health system. Regardless of all the so-called crises I have faced since becoming Minister for Health, I have not yet met anyone within the system who does not want to excel. From Aggie, who works in the kitchen in Broome, to the top surgeon in Sir Charles Gairdner Hospital, everybody wants to excel.

Since the day I came into office, the Australian Nursing Federation has been faced with an enterprise bargaining agreement, which we negotiated and signed off last week for \$300 million. The doctor's EBA followed three weeks after that. We are now faced with the Hospital Salaried Officers Association's EBA. I am amazed at the level of advice I have been given today by the Opposition, considering it had eight years to put that advice into play.

Mr Day: You are talking about the EBA, which expired after the election. That is misleading.

Mr KUCERA: Had we thought about that in the interim, this situation would not exist. We have heard much talk all week about how the crisis in the health system is much worse than it was last year, with people being turned away from hospitals, lack of beds, etc. Last year, during the same EBA periods, there were 248 cancellations of elective surgery and other procedures at peripheral teaching hospitals such as Swan District Hospital.

During the whole period of industrial disputes this year, there have been 199 cancellations. That is 49 fewer cancellations than last year. However, the three major unions in the health industry are saying that we are in crisis. Much is being made of the teaching hospitals at the moment. Some country members pointed out that these hospitals draw an enormous amount of resources from the health system. The number of teaching hospital cancellations for elective surgery at this time last year was 2 438. These figures have been provided to me through one of the excellent initiatives that the member for Darling Range put in place when he was Minister for Health. He arranged the formation of the Central Wait List Bureau, which is run by Michele Wilkie and her staff. They provided these figures. It is not bad news all the time. I agree with what has been said today about some of the rhetoric that has been used. Last year, there were 2 438 cancellations at teaching hospitals and this year, for the same period, there have been 2 444. That is six more than at the same time last year. If the health system is in crisis, as I have been told all day, then it must be a terribly long crisis. Let us be honest about this issue. The crisis at the moment is about pay. Opposition members have spoken during this debate about the denigration of the system. I agree; there has been denigration of the system by many vested interests. As I said at the outset, those working within the health system are fine people.

The first enterprise bargaining agreement I faced as Minister for Health concerned nurses. That EBA has since been settled. There is a worldwide shortage of nurses. Nursing training was discussed during the debate. I suggest that the member for Greenough, who is not in the House at the moment, visit his local hospital in Geraldton. That hospital has put in place an innovative training system whereby it employs some 26 enrolled nurses from the Geraldton area. I understand that there are about 120 enrolled nurses on the books across the State. Those nurses are enrolled in a bridging course run by the Northern Territory University. The inflexibility of the system in this State does not allow those nurses to be registered or to work through the system of registration. I am desperately trying to bring that inflexibility to the attention of people across the health system. Thank goodness we had the good grace in the last session of Parliament to push through the Mutual Recognition (Western Australia) Bill 2001; in two years, those 26 young women will be able to move from the classification

Mr Mike Board; Mr John Day; Mr Matt Birney; Speaker; Mrs Cheryl Edwardes; Dr Janet Woollard; Mr Rod Sweetman; Mr Ross Ainsworth; Mr Jeremy Edwards; Mr Kucera; Mr Paul Andrews

of enrolled nurse to registered nurse. That is one innovation that is occurring in a little country hospital. That hospital saw a need and has done something about it. I applaud that kind of initiative in the health system. I applaud the health managers who want to move away from denigrating the system, and who take initiative and get on with the job. They are the sort of people we need in the system.

I will speak quickly about the matters I inherited when I became Minister for Health. Immediately after the election, the Government was confronted by a health system that was essentially fragmented and had adversarial management and clinical situations. I have no doubt that the member for Darling Range encountered those issues during his term as minister. I will repeat what I said yesterday: the fundamental difference between the member for Darling Range and me is that I have the full support of my Cabinet and Premier. They will not play mates and then go behind my back. That is the way it should be. Two hard-nosed industrial lobbyists in this State have worked with the Australian Medical Association for many years. Those lobbyists play strong political and industrial games. It is in their interest to do that. The member for Kingsley put forward the \$365 million ambit claim, saying that it had been proposed to Cabinet.

Mrs Edwardes: Did you take that to Cabinet or not?

Mr KUCERA: I am not going to discuss with the member for Kingsley what is said in cabinet. She knows the protocols.

Mrs Edwardes: You indicated earlier that you had taken it to Cabinet and now you are not willing to say so.

Mr KUCERA: I am not saying that. The ambit claim was for \$365 million. If the member for Kingsley is seriously suggesting that a Government should simply agree to every ambit claim that is made, regardless of the budgetary situation, it is little wonder that I inherited the problems that I am now talking about. These next points have been taken from submissions received by the Health Administrative Review Committee. There were claims that, after eight years of change and reorganisation, the work force was confused and hamstrung by competing administrative and clinical interests. I am sure the member for Darling Range is starting to hear some familiar points. The system was overburdened with bureaucracy, with the Metropolitan Health Service Board duplicating many functions of the Health Department. The department was disempowered and unable to take action to remedy those problems, while the Commissioner of Health had an indirect relationship with the entire health system, with no authority to direct or manage. No clear direction or endorsed plan was published to provide that management, and decision-making processes were largely misunderstood by the health system and the community. Health service management was not accountable for delivering services within budgets as funding was increasingly diverted from services to administrative infrastructure, and clinicians were disfranchised from decisions on priorities in health service provision. I will dwell on that last point for a moment. The members for Darling Range and Murdoch know full well that the AMA put pressure on them to neuter the kind of management structures that the Health Administrative Review Committee report clearly considers to be a way forward. Members have spoken tonight about a plan and about putting things in place. I remind the other side that it put a number of plans in place. Some of the stuff in the Norhealth 2020 plan is excellent. Again, it is simply a plan. The plan needs a proper structure in order for it to be enacted.

I move on to the so-called crisis that members have spoken about. There is no doubt that there are pressures on the hospital system. Anybody who heard Brian Lloyd from Sir Charles Gairdner Hospital talk this morning will know exactly what is occurring. The system has been thwarted by a lack of appropriate structure and direction. It is held together by little more than the dedication and professionalism of the people working in it. Much of that is goodwill. At the end of the day, we are talking about hard-nosed industrial lobbyists who, for many years, have held this State to ransom every time it has moved towards an EBA. That is what it is about. We cannot move forward with these kinds of structures until we start to move forward with pay claims. That is what the Government is doing. It has settled the nurses' pay claim. Today, I ordered the Hospital and Salaried Officers Association to the Industrial Relations Commission and later this week we will be in discussions again with the AMA about its ambit claims. We will not move away from the need to link the reform process to the doctors' pay claim; it is as simple as that.

It is clear that industrial and political issues underlie this debate. The AMA today said that everyone knows our emergency departments are struggling and delays are occurring, as they did last night when all three major hospitals were on ambulance bypass. The AMA is saying that the hospitals are understaffed. This is the middle of the worst part of the year for respiratory diseases. We all know the system is stretched. Of course it is stretched. The member for Darling Range will love this, especially after the things he had to go through last year when one of his parliamentary colleagues undermined him. Mr Beazley -

Mr Day: The greatest undermining was done by the then Leader of the Opposition.

Mr Mike Board; Mr John Day; Mr Matt Birney; Speaker; Mrs Cheryl Edwardes; Dr Janet Woollard; Mr Rod Sweetman; Mr Ross Ainsworth; Mr Jeremy Edwards; Mr Kucera; Mr Paul Andrews

Mr KUCERA: The member for Darling Range has talked about undermining all day today, so let us talk about it. I can remember that fellow putting his hand up, after he got the money from the AMA for his campaign, and saying he would love to be the next Minister for Health. The member for Darling Range was doing a damned good job of standing up to that, and he was undermined. That will not happen to this Government. According to the AMA, Mr Beazley should be telling his Labor mates in Perth to properly fund our hospitals. The press release reads -

“Any suggestion that the staff at Sir Charles Gairdner Hospital turned away a patient, or acted in any way inappropriately is offensive . . .

It was not offensive, it was properly done and it was appropriately put together; it was all of these things. If this is not a political campaign by the AMA, I do not know what is.

I have started to work rationally through all these enterprise bargaining agreements. I have stood up to them and I will continue to stand up to them until this community gets exactly the health system it deserves. The Opposition is as aware as I am that the perception is far worse than reality, and always has been.

Mr Day: Is that the case for the past year as well, despite what the Labor Party was saying?

Mr KUCERA: The member for Darling Range is telling me that a crisis exists at the moment, and yet the figures clearly point out -

Mr Day: I did not use the word “crisis”.

Mr KUCERA: I am pleased about that, because the member for Darling Range is one of the few people on the opposition front bench who do not go in for histrionics, and take things sensibly, logically and rationally, as I do. I will not denigrate the member for Darling Range for that. We both have similar views on some of these issues.

At the moment, at any given time, 300 aged care patients across the State are occupying acute-care beds in our hospitals. A big issue was made today in the federal Parliament about comments attributed to Kim Beazley and his daughter. On the same evening his daughter attempted to get treatment at Sir Charles Gairdner Hospital, 41 aged care patients were occupying acute-care beds in that hospital. They would have been more appropriately housed in aged care accommodation. Last night I met with a group of suppliers of aged care in this State. They asked what they could possibly do to convey to the federal Government that there was a crisis in health. Fifteen hundred beds in the system are not being capitalised, for whatever reason. I spoke at length with Bronwyn Bishop and Michael Wooldridge three weeks ago in Adelaide, and was told there was nothing wrong with the system here. Ms Bishop said that people in this State wanted to sentence old people to institutions. I cautioned her on her wording. Our institutions are not prisons. There are fine people working in the aged care industry, but they are under extreme pressure, and they are putting our hospitals under pressure in the same way.

There is a crisis in industrial issues in this State at the moment. We have a fine health system, with good basic underpinning, that needs some leadership and structure. The Government took the Metropolitan Health Service Board out of the structure, and that needed to happen. The member for Murdoch has made a great deal today of a due diligence review that has been undertaken with the MHSB. It would be remiss of me as a minister if I did not order a proper examination of a financial area of this State which is being wound up, particularly one that has been running multi-million dollar contracts and consultancies for the State of Western Australia. That is good business practice, and I make no apologies for doing it. In the process, those conducting the review have spoken to people from the MHSB, and asked their views on some of the issues being considered. I was given the views of those people after the board was wound up. Winding up that layer of bureaucracy had nothing to do with the people working in it. Fine people were working on that board, and they still work in the system. The Government’s actions were against the system, and aimed at sorting out the layers of bureaucracy that the Health Administrative Review Committee report very clearly articulates. Members should give me the opportunity to move forward on this, and we will have a fine health system in this State. The Opposition will thank the Government for that, because those in opposition may one day be back on this side of the House, and they will thank me, the Premier and the Cabinet for standing up to the pressure groups that the Opposition had so many problems with when in government. I know that I am going to take some pain - there is no gain without pain - but I am happy to do that.

Mr Board: The Opposition acknowledged, right through, the difficult decisions that needed to be made.

Mr KUCERA: The Government is making those decisions. The member for Murdoch has been talking about leadership today, and in suggesting that there is a vacuum and no direction, he is denigrating the people who have been put in place to begin moving things forward - people like Bryant Stokes, Michael Daube and Brian Lloyd, who are part of the implementation committee. The people who run all the major hospitals are part of the peak management group. I do not come into the House and spruik about what the Government is doing with

Mr Mike Board; Mr John Day; Mr Matt Birney; Speaker; Mrs Cheryl Edwardes; Dr Janet Woollard; Mr Rod Sweetman; Mr Ross Ainsworth; Mr Jeremy Edwards; Mr Kucera; Mr Paul Andrews

every step of the process of change. If the Opposition is interested in finding out what is happening, the direction is spelt out in the HARC report. If the member for Murdoch had read the newspaper - from which he seems to get all his research material - he would have noticed that the Government has advertised for a new director general of health. When that person is appointed, he or she will start to move forward, alongside some of the structures that have already been put in place, to bring a sense of vision, direction and hope back into the system. I will support that person, and whatever team is gathered around him or her. I will support completely all the people working within the health system, but I will continue to stand up to those people who want to turn our health system into an industrial battleground. There is absolutely no need for that.

Mr Day: When will that person be appointed?

Mr KUCERA: When the process is worked through. That is out of my hands, as the member for Darling Range well knows. That is a matter for the Department of the Premier and Cabinet. As far as I am concerned, the appointment should be made as soon as possible so that Bryant Stokes can reoccupy his current position. He is not an applicant for the position, but he wants to reoccupy his position as a chief medical officer and move on.

I do not believe in looking backwards. I am a great believer in imagining and looking forward with clear vision to where we need to go.

Mr Board: Does the minister not think that his side of politics bears any responsibility for the perceptions that prevailed in the period leading up to the election?

Mr KUCERA: The Government has every responsibility to deliver. I do not look back. I have to move on and make tough decisions, and I will do that. The member for Murdoch says that the removal of the Metropolitan Health Service Board left a vacuum. Among the very people whom the Opposition, when in government, was dealing with in the MHSB, there was scarcely a ripple. The move was, in fact, applauded for winding back that level of bureaucracy. Any change process is unsettling. In my previous life I went through six years of profound change in a major government organisation, so I know what lies ahead of me. That change process put steel in my back and gave me a clear direction forward, the same direction I will be taking with the health system, with the full support of Cabinet and the Premier. The abolition of the MHSB was applauded by everybody in the health system. Let us not haggle over accountancy.

The Opposition is denigrating that side of the system. However, much of the HARC report refers to the area health authorities, which will allow us to move forward and deal with the structural problems. We could go around in circles and debate this issue for as long as we like, but we all know that for the health system to move forward, it must experience profound structural reform. We are about to do that, but three enterprise bargaining agreements are getting in the way. We will go through a proper, structured process.

Mrs Edwardes: Getting in the way! They are crucial to it. I am sure the employees will applaud that comment.

Dr Gallop: Employees! In your language that means serfs.

Mr KUCERA: I am not an industrial expert. I work through these processes according to law. However, one of the saddest moments in my life was seeing people in balaclavas with dogs. That will not happen -

Mrs Edwardes: You should remember about good-faith bargaining, because if you introduce it, I will ram it down your throat.

Mr KUCERA: I am sure it was tremendous faith. We know exactly what the member for Kingsley stands for.

Dr Gallop: We have seen your values. We know what you stand for. We know from the questions you ask about individuals in this community.

Mr KUCERA: The member for Roe referred to the private and public systems in country areas. That is fair; it is part of the two of the motions. I agree with him. One of the difficulties we have in this State, which I have spoken about to Dr Wooldridge, is that no real private system exists outside the metropolitan area. Geraldton and Bunbury are the only two country areas with private systems. The problem is that, for a number of reasons, we receive only \$25 a head from Medicare, while the other States receive \$38 a head. We are starved of funds. The member for Ningaloo cited some figures about the amount of money poured into health. I do not dispute them. Nobody disputes the issues of the past few years.

Mr Day: You do not acknowledge that we put \$2.5 billion into health.

Mr KUCERA: I understand that the health budget is now \$2 billion, which represents an increase of \$1 253 million. I do not have the exact figures, but that is roughly what was quoted today. Over that five years, the Commonwealth contributed \$237 million in health funding. Every time I go to a health ministers conference, I am told we must do dollar-for-dollar deals, as the previous Government did. The \$237 million provided by the

Mr Mike Board; Mr John Day; Mr Matt Birney; Speaker; Mrs Cheryl Edwardes; Dr Janet Woollard; Mr Rod Sweetman; Mr Ross Ainsworth; Mr Jeremy Edwards; Mr Kucera; Mr Paul Andrews

Commonwealth went into only our public hospital system, not the total health system. Today I heard the leader of this country say that people like the member for Darling Range, the former member for Albany and me have been thieving from the public hospital system. I think that when someone wants to make an issue about another person taking his daughter to the hospital and having to wait for treatment, he has lost the plot. Nobody is thieving from the public hospital system. Each and every State is desperately fighting to keep the public system alive and working. We will work towards the things outlined in the report.

I touch on what the member for Ningaloo, in his infinite wisdom, said. He likened our fine medical students to a bunch of backpackers who irresponsibly run around the world after we have trained them. What a wonderful thing to say.

Mr Sweetman: You are misleading Parliament. That is not what I said.

Mr KUCERA: That was the impression I got.

Mr Sweetman interjected.

Mr KUCERA: He said they are irresponsible backpackers. Has the member for Ningaloo asked why we do not have nurse practitioners in this State?

Mr Day: Hopefully legislation is being drafted.

Mr KUCERA: It certainly is.

The report recommends a single, unified health system in this State. We need a single system with a common vision that allows for leadership and can move forward. That will be developed as the people who work in the system -

Mr Sweetman: Are they going to be replaced?

Mr KUCERA: - regain the trust and strength to move on. This is not the party to which the member for Ningaloo belongs; this is a strong Labor Party that does not undermine its members.

We have gone round in circles over the past two days. Apart from the member for Darling Range, who has an intimate knowledge of the system - I welcome his assistance and views - few of the contributions have provided constructive criticism.

Mr Day: I do not want to take your place.

Mr KUCERA: We know that; the member could not stand up to these issues. Our commitments have been clearly spelt out, both before and since the election. This report is a blueprint to move forward. I have faith in all the people who worked on this report and the fine people who work in our system. I have no doubt that when the hard-nosed industrial lobbyists are tied down and we get proper, negotiated settlements for these pay claims, we will move on and finally have one of the finest health systems in this country.

MR ANDREWS (Southern River) [7.57 pm]: I refer to long-term solutions to the funding problems in public hospitals. The member for Murdoch made the point that we are an ageing population. With one or two exceptions, members in this place are of the baby boomer generation. That means that we all intend to live forever - particularly me - and expect to have a healthy lifestyle over the next 50 years. Mr Howard tells us we must work to the age of 70, and I embrace that; I intend to be around in 70 years, or I will die in the process. The point that we need long-term solutions for the provision of public hospital funding is well made.

Last year's Senate inquiry into hospital funding found that the States have been underfunded over the past two years by \$450 million. That means less money for public hospitals. In 1995, the ratio of state-commonwealth public hospital funding in Western Australia was about 50-50. In the five years of the Howard Government, the Commonwealth's contribution has dropped to 43 per cent. The Australian health care agreement is in place, but the Commonwealth has not kept up with inflation or population growth. The States have been short-changed over the past five years by \$615 million. I will not go through the problems caused by the increase in the number of people entering private hospitals; however, they are numerous. The federal Government's long-term answer to this problem is the goods and services tax. It is to be the answer for all funding problems facing the States. In its response to the Senate inquiry into public dental services, the federal Government said that the States would be better off through the introduction of the GST than under existing commonwealth-state financial arrangements. The additional revenue that accrues to the States through the GST is supposed to be at the disposal of the States to augment the range of health services. The GST has not delivered the funding that is needed in this State for hospital services.

Debate adjourned, pursuant to standing orders.