

**HEALTH SYSTEM IN WESTERN AUSTRALIA, MANAGEMENT**

*Motion*

Resumed from 3 March on the following motion moved by Hon Simon O'Brien -

That this House notes with great concern -

- (1) The poor performance of the Gallop Labor Government in its management of the health system in Western Australia.
- (2) The inability of the Government to manage the finances of the health portfolio, which has led to adverse and unjustifiable cuts to a wide number and variety of health services around the State.
- (3) The consequent funding cuts to many areas of government activity other than health services which have occurred as a result of the rapid and uncontrolled escalation of the health budget in recent years.

**HON SIMON O'BRIEN** (South Metropolitan) [2.00 pm]: Before this matter was adjourned last week, I reminded the House of the ludicrous pre-election claims of Dr Geoff Gallop who said in his campaign launch speech on 4 February 2004 that he had taken the time to understand the health system and the solutions it needs. Those words have since been demonstrated to be hollow words, basely applied in the context of an election campaign speech. It is manifestly obvious that Dr Gallop and his colleagues did not understand the health system of Western Australia then, and they do not know what to do about it now. However, substantial damage has been done in the meantime. Last week, in my opening remarks, I referred to some of those symptoms. I referred to the escalation in the application of health dollars from the State's budget and how a disproportionate quantity of money out of the State's budget is being applied to the health portfolio each year. Normally and traditionally we would all applaud when a Government can find extra money to put into the priority area of health. However, when it becomes a black hole, we all must be concerned because it shows two things: first, that our health system is not functioning properly, which has a ripple effect to everyone who is a potential patient of that system; and, second, that colossal amounts of public moneys are being wasted rather than being applied to other areas that should also have priority - I will show some evidence of that as we go through.

Last week I gave the figures of the escalation in total budgeting and I also noted the increase in budget blow-out that was accruing year after year under this Government. Whereas this Government has increased the amount of the money thrown annually at the health portfolio by hundreds of millions of dollars, the budget figure is now up around \$2.7 billion. Just last year the Government managed to blow that bloated and over-inflated budget by a whopping \$164.1 million. What was the Government's response? I have already referred to the actions of health minister, Hon Jim McGinty, in September last year when he moved decisively, as he would have us see it, to cut \$11.7 million from the health budget by cutting a range of worthwhile programs and services from particularly non-government organisations. I referred to a number of those and used the Life Education program, a good preventive program investing time and effort in 50 000 young people in 200 schools every year. That program was slashed with no notice and regardless of the consequences, all for the sake of saving \$174 000 per annum. Of course, the Life Education program and its backers have shown to be more resilient than the Government would have anticipated. It is not the end of that program; it has just made it damn difficult for the Life Education organisation to get on and run its truncated program. The Liberal Party has backed that program, and, if returned to government, it will certainly undertake to restore that level of funding to help the Life Education organisation get an independent footing.

Hon Ken Travers: How much are you going to restore the funding to?

Hon SIMON O'BRIEN: Up to \$174 000 per annum for the Life Education organisation, if it is willing to continue with the programs it was conducting -

Hon Ken Travers: So you're committing the full \$174 000.

Hon SIMON O'BRIEN: We have already committed. It is already out there. What bit of that does the member not understand; it is pretty straightforward.

Hon Ken Travers: I just wanted clarification.

Hon SIMON O'BRIEN: It has already been published; it is out there in writing. I will give it to the member again if he wishes.

After the Government cut these programs, the next thing we knew is that the Government made a savings of \$11.7 million, which sounds like a lot in a certain context. However, in the context of the escalating health

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budget and its rapidly escalating level of blow-outs year after year, it is tuppenny ha'penny stuff. This Government is attacking the preventive programs in the community that not only add value to our society but also reduce the overall impacts on the core services of the health portfolio. In other words, this Government will make things worse in the long term. Perhaps this Government does not see itself as a long-term Government. I certainly do not - heaven help us - but for now it is taking away the very programs that should be in place to ensure that we do not place even more pressures on the health service in the future.

The Minister for Health then backed up the September cuts to services by announcing a further savings, as he calls it, of \$1.7 million. He announced this via a statement released on 22 December 2003. He refers to this as tough financial management. It is a curious form of tough financial management that allows a budget to blow out by hundreds of millions of dollars and then exercises tough management by cutting relatively small preventive programs. The Minister for Health reminded people again of some of the so-called savings that the Government would make by cutting programs. I will mention a few. It is enough to make a member's blood boil when he sees the sorts of programs that are being attacked by this Government. This Government promised that it understood the health system and would make it work better.

A very worthwhile preventive health program called the Heart Start Support Clinic has been running in Bunbury. It is designed to help people who have undergone cardiac surgery. It provides a range of exercise and educational sessions daily over a seven-week period. The aim is to prevent people being hospitalised again by ensuring they know how to take care of themselves and stay as fit and healthy as possible after cardiac surgery. The program is run at a total cost of just \$100 000 a year. It has been a huge success, with more than 450 people participating in the program to date. Why is the Gallop Government cutting this sort of program from its priority list? It signals to the people of Bunbury that they are not a priority. Recovery programs such as the Heart Start Support Clinic are not a priority. Other programs that are so critical to preventing people from becoming a further burden on the health system are also not a priority. One wonders where the priorities of this Government really lie.

I said I would give several representative examples; here is another. The list goes on and on. An excellent program exists involving funding for nurses specialising in caring for people with Parkinson's disease. For several years, two specialist nurses have been available to assist people affected by Parkinson's disease, which is a debilitating condition and one that weighs heavily not only on the sufferers, but on their families and carers. A quick glance at the statistics for the two Parkinson's disease nursing specialists shows that in 2002-03 - the last full financial year - there were 598 case referrals. Between them, the two nurses made 763 home visits, 124 hospital visits, 206 nursing home visits, 55 office consultations and 1 605 telephone consultations and delivered 131 education sessions.

Hon Derrick Tomlinson: For what period?

Hon SIMON O'BRIEN: The financial year 2002-03. Those levels of service were delivered by only two Parkinson's disease nursing specialists.

[Quorum formed.]

Hon SIMON O'BRIEN: I sincerely hope that we see an end to this Government and its mismanagement of health within the next 12 months so that this sort of priority is restored, not done away with.

The other key issues I will raise relate to Fremantle Hospital, specifically to its cardiac surgery facility. It is something that the previous Government was proud of. Members fought long and hard to get the unit at Fremantle Hospital. It has been in operation since 1997 and there is now a very large group of former patients and their families and associates who can attest to the value of the Fremantle Hospital cardiac surgery facility. I am acquainted with the Fremantle Heart Patients Support Group through its president, Dave Webb. The group has a very active committee. As its name suggests, all the members of the group have been involved as patients or relatives of patients who have had cardiac surgery at Fremantle Hospital. It is quite a large group. I have attended a few meetings and I have met a number of people of all ages whom I already know. It is a real community organisation. I ran into Mr Hugh Jones at one of the meetings. He was the station officer for St John Ambulance in Fremantle in 1979 when I was an orderly at Fremantle Hospital taking heart patients out of ambulances that Mr Jones had backed up to the emergency department. That is the sort of grassroots community awareness that exists in this issue. I have met other patients, including people younger than I am. I have met people whom I went to school with who are patients and beneficiaries of the facility. The Fremantle Heart Patients Support Group is very unhappy, and well it should be. This Government commissioned another one of its wise men from the east to come here and tell us what we need to do about our health system. I will put that another way. This Government, which proclaimed from the rooftops prior to polling day that it understood and knew all about health and that the Court Government did not, and which promised to fix the system just like that

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and do away with all the crises, has gone to wise men in the east for them to cast on the waters ideas for what the hell it should do with our health system because it plainly does not know what to do.

Hon Bruce Donaldson interjected.

Hon SIMON O'BRIEN: Yes. The Government has a bit of form in this area. This same Government that knows all about what should be done in energy policy and where the future of the major public utility, Western Power, lies also got some wise men from the east at huge expense to manage Western Power. We know what an outrageous success that was. The Minister for Energy, Deputy Premier and Treasurer, Hon Eric Ripper, had to sack his mercenary, the Managing Director of Western Power, Dr van der Mye, and send him packing back over east in the wake of the disastrous events that beset Western Power. The only one who has not gone as a result of that debacle, and who needs to go, is Mr Ripper himself.

Hon Derrick Tomlinson: Send him to the east.

Hon SIMON O'BRIEN: If they send us some wise men from the east; if they want to send us Dr van der Mye, let us give them a dose of their own medicine and send them Eric Ripper. That would teach them.

Hon Ljiljanna Ravlich interjected.

Hon SIMON O'BRIEN: Is the member getting a little upset? She can go with him if she likes.

Hon Ljiljanna Ravlich: I thought you liked me.

Hon SIMON O'BRIEN: I do.

The health guru from the east has produced a few interim reports, which do not tell us what the answers are. They use words like "recommendations" and the like, but they are just points for discussion.

Hon Sue Ellery: That is right, they are discussion papers.

Hon SIMON O'BRIEN: The parliamentary secretary says they are discussion papers! After three years in office, having said it knows how to fix the problems and promising to do so from day one, and after things having gone from bad to worse at colossal expense, with the creation of the casualties of these non-governmental organisations and preventive programs, what have we got? A wise man from the east floats some discussion points.

Hon Derrick Tomlinson: So that we can all sit around and talk about it.

Hon SIMON O'BRIEN: We can all sit around and have a jolly good chat about it. Let us start talking about accountability. The Government used to be big on accountability, but that enthusiasm has evaporated. When it comes to the Reid review and the various discussion papers, what do we end up with? One of the really good proposals - or perhaps it is just a discussion point - is to close the cardiac surgery facility at Fremantle Hospital and move it to Royal Perth Hospital. There are other things, but I want to concentrate on that cardiac surgery facility.

Hon Derrick Tomlinson: Which they will move somewhere else!

Hon SIMON O'BRIEN: That comes later. That is another discussion paper. This is a recommendation, so at least it is something to talk about. The health system is not being managed effectively. Bucket-loads of money are being poured in, and at the same time worthwhile small programs are being closed, but at least we have some discussion points. One of these is closing the cardiac surgery facility at Fremantle Hospital and moving its function to centralise it at Royal Perth Hospital.

Hon Norman Moore: Has the minister not ruled that out?

Hon SIMON O'BRIEN: No, he has not ruled it out.

Hon Norman Moore: Is he not the local member for Fremantle?

Hon SIMON O'BRIEN: It is interesting that the other discussion points are not discussion points; they are matters for immediate decision. One discussion point is another decision point, but it shows that this Government does not understand the health system and does not know what to do. The local member for Fremantle is the Minister for Health. We had another one who was Minister for Health, and he did not do very well either.

Hon Norman Moore: I would have thought that, as the local member, if he had any concern for the Fremantle cardiac unit he would have ruled it out immediately.

Hon SIMON O'BRIEN: He has not ruled it out immediately, and that has caused a great deal of distress to the members of the Fremantle Heart Patients Support Group. By and large, they do not use the facility any more;

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they are volunteers who support others that need it. The group expresses that great spirit of the volunteer that, having benefited themselves, they will now offer their assistance to others who need it. Knowing they have enjoyed support, they consider it is their turn to put something back. On Wednesday, 7 January a public meeting was called by this group. Public meetings are not often called on the first Wednesday in January, but fortunately I was able to be there.

Hon Derrick Tomlinson: Was Mr McGinty there?

Hon SIMON O'BRIEN: No, Mr McGinty was not there. The meeting was held at the Costa Azzura room in Rockingham Road, and was very well attended. There were some hundreds of people there. It was a significant public meeting, held in the first week of the new year. I was certainly glad to be there to address the meeting and meet up with some of the people I have mentioned, including Mr Webb and Mr Hughes and a couple of other acquaintances who are part of the community supporting the Fremantle Heart Patients Support Group. The press was also there and a front-page headline said "Labor's heartland asks: where's Jim? Missing in action ALP polities suffer cardiac attack."

Hon Norman Moore: What newspaper was that?

Hon SIMON O'BRIEN: This is an august journal known as the *Melville City Herald*.

Hon Norman Moore: The extreme right-wing newspaper?

Hon SIMON O'BRIEN: It is hardly an extreme right-wing newspaper, and it is very cross about the issue. The article noted that the Minister for Health, Mr J.A. McGinty, certainly was not there. The members for Cockburn, Peel and Willagee were not there, but the member for Alfred Cove was. The parliamentary secretary is a member for South Metropolitan, but it is a pity that the meeting was probably at an inconvenient time, and she was not there.

Hon Sue Ellery: I was not even invited. I am sure I was not.

Hon SIMON O'BRIEN: It was widely publicised, and it is a pity that no Labor Party members were there. I am sure they all had good excuses, but they missed a very good meeting, which was united in one clear point; that is, the people there did not want to see their local major hospital downgraded. I asked the meeting if anyone wanted to see Fremantle Hospital downgraded, and not one person said yes. I was not that surprised, because nobody wants to see their local major health facility downgraded, and the people of Fremantle - Fremantle Hospital services the South Metropolitan Region - do not want to see it downgraded. Hundreds of people were there - former patients and their spouses - representing cardiac surgery patients who had made recoveries, and in many cases whose lives had been saved, as a result of treatment at the Fremantle cardiac surgery unit. They were there to give testimony to the value of this unit, while some wise man from the east wants to discuss whether the unit should be closed and centralised at Royal Perth Hospital. It is a sort of black hole philosophy of ultracentralisation. I will outline a few points to the Minister for Health on this ill-conceived discussion point. Firstly, it is so ill conceived that the Minister for Health should have come out on day one and said that it was not happening. However, he did not have the bottle to do that, because he does not care. In the same way that he did not care about any of the non-government preventive programs that he was so pleased to dump, he does not care about this unit, which, as the Leader of the Opposition pointed out, is in the major tertiary hospital in the minister's own electorate.

What does it mean to these people? Since that meeting I have had incidents referred to me of people who have been taken ill with a cardiac condition, including one person in a boat just off Fremantle and others in the neighbourhood, and who were lucky to survive. They survived because they were taken to Fremantle Hospital. However, if they had been taken to Royal Perth Hospital, with or without the ramping in place at the ambulance receival point there, they probably would have died. That is the difference we are talking about, and it is a difference that matters. I am not interested in any discussion papers about it! There is nothing to discuss, not only to my mind but also to the minds of the constituents I represent who have either been cardiac patients at Fremantle Hospital or are the loved ones of patients who died during surgery or later. That is why hundreds of people could get together at short notice at a public meeting in the middle of the holiday season when every Labor member either was too busy, was otherwise engaged or simply did not know about it. To suggest that no-one in the Labor Government knew this meeting was on is absolute nonsense. The feelers were out. The meeting was held in Labor heartland. They knew very well that it was on. They could have got messages to members who were around but did not know it was on, but they did not do that because they were not interested in listening. They just wanted a discussion paper.

On our first sitting day I was able to table a petition in this place, which respectfully asked the Legislative Council to inquire into the possible results of the potential move of the heart surgery unit. People were concerned about that. There were more than 8 800 signatures on that petition. It was a substantial petition. I

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received the petition just the other day. I had nothing to do with the organising of the petition, by the way; I was simply asked to present it as a member of the Legislative Council. The petition pages came from all over the place. Some were dog-eared, and different coloured biros and pencils had been used. They were all tied up and presented here. I recognised a lot of names on the petition.

Hon Bruce Donaldson: Did you notice Mr McGinty's name on that petition?

Hon SIMON O'BRIEN: I did not scan it thoroughly enough to discover Mr McGinty's name on it. I contrast the story of the Fremantle heart surgery unit with the second of the two key points contained in the Labor Party's executive summary of its election document, "Investing in our Public Hospitals", which states -

to develop good quality and more accessible hospital and community health services in regional WA as well as metropolitan Perth.

How that is done by ultracentralisation to Royal Perth Hospital has me beat. We should be pushing these services out to the underutilised metropolitan and regional hospitals that already exist. We should be taking services out to people's homes, and not requiring everyone to go to Royal Perth Hospital. There are some very good reasons for that. I remind the House that not long ago under this Government the intensive care unit at Sir Charles Gairdner Hospital was crippled and out of action for an extended period because of an outbreak of infection. It is a good job that that is not the only intensive care facility in Perth. It is good that not all the intensive care functions had been centralised at Sir Charles Gairdner Hospital for all the efficiency, technical expertise and other hollow reasons that wise men from the east tend to put into their discussion papers. Similarly, it is a very good idea not to put all the cardiac surgery eggs in the one basket. There are many counterarguments to every discussion point that has been put forward in the Reid report as to why the Fremantle heart surgery unit would somehow be of greater benefit to the people if it were shut down and the rump that remained relocated to Royal Perth Hospital. There are more human level reasons that I need to bring to the attention of the House, as well as referring in general to the macro picture and talking about specialists, centres of excellence and all the other things that these discussion papers want to talk about.

These days it seems that as many women as men suffer from serious cardiac problems. When they are taken over by such an event they are required to seek recourse to treatment, which is available at a cardiac surgery unit such as the one at Fremantle. What would it mean for that unit to be moved? Firstly, it would shatter the immediate prospects of a patient who suffers a life threatening illness. The effects on the immediate family of that person, particularly on the spouse, who may be aged, are dramatic. I am not telling anybody in this Chamber anything that is not already known, because there are not many families that have not been directly touched by this phenomenon. It affects all sorts of people, but typically those who are aged. A person may go to hospital for an extended stay and that person's husband or wife, who may be infirm or aged, must deal with that. There are the daily visits to make to the hospital for companionship, to take up a clean pair of pyjamas or a bunch of grapes, and to offer love and best wishes. There are the visits to keep up the morale of somebody who is at death's door but who will hopefully recover from the life threatening condition. If Labor members had been at the meeting, they would have heard one person say that if his wife was down the road at Alma Street in Fremantle for an extended period, he could get there by taxi for \$5. That is a lot to him because he is a pensioner and does not have much money. This could go on for weeks and months. If he had to go to Royal Perth Hospital to visit his wife, quite apart from the other considerations, that would cost him \$25 and he just could not afford that. Of all the arguments against this discussion paper idea, and there are many, I do not know of one that is more valid than that. That is what it means when a loved one has a serious cardiac condition that requires surgery. Is that not what it is all about? Is that not what we are meant to be doing in providing a health service to our people? It is about having regard to their survival and quality of life. It is about the quality of care that is provided and making sure that everyone enjoys a better quality of life as a result.

I am getting fed up with the Minister for Health, who has a legacy of telling us that the Government understands health, when it does not. The Government has spent over \$1 billion extra in the health budget, yet there is nothing to show for it. Rather than admit it mucked it up and admit that it does not know what to do, the best the Government can do is bring in experts from the eastern States who have told the Government to present a discussion paper about closing the Fremantle Hospital's cardiac surgery facility. The Government's attitude is to hell with the distress that would cause to patients - past, present and prospective - and their families.

In conclusion, a part of my motion deals with another result of this Government's failed management of the health system and its failed health policy. That relates to the effect the amount of public money being spent on health has had on all the other areas of government. I am sorry if Hon Ljiljanna Ravlich thinks it is a bit of a yawn.

Hon Ljiljanna Ravlich: I beg your pardon. What was that about?

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Hon SIMON O'BRIEN: The member gave an audible yawn as if she is bored with having to hear about this.

Hon Ljiljanna Ravlich: I happen to have worked very hard in the past few days, unlike you. If you had worked harder, you would have made a better presentation.

Hon SIMON O'BRIEN: That is an example of the level of care we get from this Government.

The DEPUTY PRESIDENT (Hon Jon Ford): Order, members!

Hon SIMON O'BRIEN: I remind members that on Wednesday, 4 June during the estimates committee, the then Parliamentary Secretary to the Minister for Planning and Infrastructure - I believe the responsibilities have since changed - replied to a question that I asked. He said in answer to previous questions that the top priority of this Government was unashamedly the health budget and that, in that sense, the Main Roads budget had made its contribution to that priority. That single example explains the budget cuts to roads across Western Australia. That is a policy that I have no doubt will increase the level of road trauma, which will deliver more patients to the overstretched health system. That is all the Government can say. I have cited only the budget cuts to Main Roads, but the budget cuts affect every other area of government, except for the south-west railway. This Government's priority is to pour all the money into health, regardless of how it is misspent. Ironically, the Government has made pathetic cuts in the health budget to preventive programs and it has engaged consultants to upset people by telling them that it is likely that some facilities will be moved away from where the people need them.

*Amendment to Motion*

The performance of the health portfolio under this Government has been scandalous. Other opposition members would like to speak to this motion. Therefore, in that spirit, I do not intend to provide further examples at this time. However, a number of members would like to do so and I hope that they will all get that chance. With that in mind, I now resume my seat so that we can hear from the Government. I predict that we will hear neither one word of regret nor an apology from the Government for what it is doing; it will keep defending the indefensible.

**HON SUE ELLERY** (South Metropolitan - Parliamentary Secretary to the Minister for Health) [2.44 pm]: The Government opposes the motion. I move -

To delete all words after "That this House notes" and insert instead -

- (1) The development of a long-term vision for the delivery of health care in Western Australia through the Reid review;
- (2) The extent of the public and stakeholder consultation leading to the Reid review plan which will provide the framework for health care delivery into the future;
- (3) The commitment of an additional \$10 million to offer surgery to all 3 200 on the "long wait" list for more than 500 days;
- (4) The commitment of an additional \$2 million to offer dental treatment to 3 000 Western Australians who had waited the longest for dental treatment;
- (5) That these initiatives, while important, will still leave an unacceptable waiting list and waiting time for surgical and dental procedures and the need for further initiatives to address this problem;
- (6) The need for a comprehensive resourced strategy to ensure patient access to emergency departments and, if need be, admission to hospital;
- (7) The difficulties which have arisen as a result of -
  - (a) inadequate federal funding for health in WA through the Australian Health Care Agreement; and
  - (b) the Howard Government's withdrawal of funding for the commonwealth dental scheme in 1996.

Accordingly, the House notes the significant efforts made by the Government to control health expenditure and redirect resources to the areas of greatest need and urges the Government to take even further steps to achieve better health outcomes for the Western Australian population.

Hon Simon O'Brien: The Government cannot run a health system and it cannot move a motion without notice.

*Point of Order*

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Hon SIMON O'BRIEN: Is the Deputy President entertaining this amendment to the motion?

The DEPUTY PRESIDENT: It has not been moved at the moment.

Hon SIMON O'BRIEN: I thought that the words in the motion said "I move". I respectfully submit that the amendment is out of order. We do not want to hear two hours of debate on it if it is not on the agenda.

The DEPUTY PRESIDENT: Is the member formally moving the amendment?

Hon SUE ELLERY: Yes.

Hon BRUCE DONALDSON: I consider that the amendment is ultra vires to the motion. I want to make sure that you, Mr Deputy Chairman, make an official ruling on it.

The DEPUTY PRESIDENT: I will leave the Chair until the ringing of the bells.

*Sitting suspended from 2.47 to 3.14 pm*

*Ruling by Deputy President*

THE DEPUTY PRESIDENT (Hon Jon Ford): The point of order taken by the Opposition Whip is that the amendment moved by the parliamentary secretary is out of order, presumably on the basis that it is contradictory to the motion as moved. The admissibility of an amendment depends on a number of matters. The first is whether the amendment is relevant to the subject matter of the question under consideration. I can dispose of this issue. It is beyond contradiction that the amendment is relevant to the subject matter of the motion. The amendment cannot be ruled out on the grounds of irrelevance. Secondly, the amendment, although relevant, will be out of order if it is in the direct negative of the original motion. The test is whether the amendment has the same effect as voting against the motion. Although it may be that the amendment can be seen as a positive reframe of the issues under debate, it is not couched in words that contradict the terms of the motion. I note, for example, the concessions made in paragraph (3) of the amendment, and I believe that is hardly a negative. Were the amendment to be accepted, I cannot see that it would be tantamount to voting down the motion in its original form. It may be that the amendment's content is unsatisfactory to some members of the House; however, that does not make it irrelevant or a direct negative of the motion. I therefore put the question that the words to be deleted be deleted.

*Point of Order*

Hon NORMAN MOORE: Mr Deputy President, I do not seek your ruling immediately, but you would appreciate that there is now a fixed time for debating motions and we have just spent the past 25 minutes waiting for your ruling. Does that 25 minutes come off the time allowed for motions or is it time out as such?

The DEPUTY PRESIDENT: My advice is that the clock was stopped as I left the Chair and will start again from now.

*Debate Resumed*

Hon SUE ELLERY: In February 2001, when the Gallop Government came to power, we were faced with the results of eight years of undermining the Western Australian health system by the previous coalition Government. The public hospital system had been starved of funds.

*Point of Order*

Hon BRUCE DONALDSON: The member is reading her speech. Members are not supposed to read from a document. They can quote from it, but they are not supposed to read a speech in this House.

The DEPUTY PRESIDENT: I note that the member has notes and hope that she is not reading directly.

*Debate Resumed*

Hon SUE ELLERY: I do not have a speech in front of me, but I do have comprehensive notes. The situation we faced when we came to power included a range of serious deficiencies in the health system. There was a lack of proper planning in emergency departments. There were bottlenecks in the major metropolitan teaching hospitals. Emergency departments were overcrowded. Staff faced significant occupational health and safety issues. There were increasing ambulance bypasses, inadequate -

Several members interjected.

The DEPUTY PRESIDENT: Order, members!

Hon SUE ELLERY: There were inadequate bed management practices which resulted in further blockages in the system. There was a lack of qualified medical staff and supporting diagnostic equipment in a number of the

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peripheral metropolitan hospitals. There were severe nurse shortages because permanent nurses were leaving the work force.

Several members interjected.

Hon SUE ELLERY: I listened to the mover of the motion in relative silence. There was substantial disillusionment on the part of many hospital doctors because of neglect in the public system, particularly in the major teaching hospitals. The WA Country Health Service was fragmented and unable to meet the challenges of ensuring that people in rural and remote areas had access to the same kind of best-practice health service to which people in the metropolitan area had access.

We reject the sentiment of the motion that this Government has performed badly. Some of the things we have done to improve the system already include the abolition of the Metropolitan Health Service Board. We came to power with a promise that we would abolish it and redirect the savings into patient care and health services. As a result, a single and coordinated management structure was put in place across the system. We reorganised the management and coordination of emergency department services across the metropolitan area. In the period from July to December 2003 inclusive, the total teaching hospital bypass time was 945 hours. This compares with 1 339 hours in the same period in 2002. That is a 29 per cent improvement. This is directly attributable to the Government's decision to open an additional 132 inpatient beds during the busiest time; that is, in the winter peak periods. It resulted in a reduction in the emergency department bottleneck and, therefore, reductions in emergency department overcrowding and ambulance bypasses. There were systematic reductions in the total public hospital bed capacity over the eight years of the coalition Government, and it substantially contributed to the problem of ambulance bypass that we inherited when we came to power.

We have undertaken a substantial program to expand public metropolitan emergency department capacity, including the upgrades at Swan District Hospital and Rockingham hospital emergency departments. We have established the South West Area Health Service to provide and develop high-quality, comprehensive care to meet the needs of the south west's growing population. The WA Country Health Service was established to provide the same services for people living in rural and remote areas across Western Australia. Significantly, there has been a major decline in the numbers of nurses who are leaving the work force. This was done by improving the pay and advancement of public health system nurses to be on a par with nurses in other States. There has been an increase of 841 full-time equivalent salaried nursing staff since February 2001.

Hon Ken Travers: How many was that?

Hon SUE ELLERY: Eight hundred and forty-one.

Hon Ray Halligan interjected.

Hon SUE ELLERY: That might have been the result of that; and, if it was, it was a good result. NurseWest commenced operations in July last year to coordinate nursing agency placements, initially in the metropolitan area, but that will spread throughout rural areas as well. This has meant a reduction of 153 full-time equivalent agency nurses in the first seven months of the financial year. That equates to about a \$11.4 million reduction in expenditure on agency nursing in the 2002-03 financial year. This Government instigated one of the most far-reaching examinations of this State's health system needs into the future. The final report of the examination will be delivered later this month. Already, it is foreshadowed that there will be a far-reaching rebuilding and relocation of major health facilities to meet the needs of Western Australia into the future. This Government has also tackled metropolitan hospital waiting lists with a \$10 million plan to cut the elective surgery waiting list focusing on children and adults who have waited for more than 500 days for their operation. As at 30 November 2003, all patients who have waited longer than 500 days for elective surgery will be offered their operation before July of this year, and children have been given a special priority to have their operations completed by Easter this year.

I turn now to the proposition in the motion before us about the inability of the Government to manage finances. The message we have got from the people of Western Australia is that they want us to spend money in a targeted fashion on things such as emergency departments, reducing waiting lists, increasing the number of nurses, holding the health budget holders accountable for spending, and reducing ambulance bypasses, just to name a few, and that is what we are doing. Savings have been identified from within the health system to be redirected into areas of greatest need. The results from the review of the non-government organisations and related funds from the Department of Health at Royal Street and the Drug and Alcohol Office to a total of \$248 million went towards that. Decisions on funding reductions have occurred following an analysis of the potential impact and availability of alternative services. In the great majority of cases, services that are currently funded by Royal Street met the assessment criteria in terms of being core Department of Health business. Health was one of the key areas of commitments given by the Government prior to the election, as Hon Simon O'Brien indicated by

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way of interjection just then. We made it clear that health, education, and law and order would be our financial priorities, and that is what we have done.

In the budget of 2001, this Government clearly indicated its priorities, which included reallocating resources into health, education and community safety.

*Point of Order*

Hon DERRICK TOMLINSON: I draw your attention, Mr Deputy President, to Standing Order No 83. The question was raised earlier about the parliamentary secretary reading her speech. She gave the explanation that she is referring to copious notes. I suggest that the pace and intonation of her speech and the turning of pages indicate that she is doing more than referring to copious notes, and that she is, in fact, reading her speech.

The DEPUTY PRESIDENT: I note the member's point of order and I also note that the parliamentary secretary is referring to her copious notes. I ask that she be wary of reading her speech.

*Debate Resumed*

Hon SUE ELLERY: I take your advice on board, Mr Deputy President, and I will continue accordingly. Unashamedly, the point I was trying to make was that we indicated what our key focus areas would be, and that is what we are delivering for Western Australians. However, there is more, and that is why I moved the amendment that, in the first instance, seeks that this House notes the development of a long-term vision for the delivery of health care in Western Australia through the Reid review. I have already touched on the Reid review but it is worth noting several things about the review, the results of which are to be made public at the end of this month. The committee was charged with developing a major system-wide reform agenda. It had an extraordinary level of public consultation in the lead-up to the plan that we will talk about later this month. The extent of public and stakeholder consultation included consultation with the community, local clinicians and senior health administrators. Indeed, the Health Consumers' Council of Western Australia received funding to conduct a consultation in the latter half of last year and to provide that consultation feedback into the reform committee process.

I have already touched on the additional commitment of \$10 million for people who have been on a waitlist for more than 500 days. There are 4 000 fewer people on the waitlist for elective surgery than there were under the previous Government. The number of people waiting for elective surgery in Western Australia is at an 11-year low. The current waitlist for elective surgery at metropolitan hospitals is 14 411 patients, which is significantly lower than the number three years ago when this Government came to office. However, the point I make in my amendment to the motion is that the figure is still unacceptably high. The \$10 million long-waitlist plan is only one of the strategies the Government will put into place to address the problem. The decision to remove some non-medical cosmetic surgery will improve the demand on hospital beds, clinical resources and theatre time. It will have a flow-on effect to those further down the waitlist. In addition, my amendment refers to a \$2 million commitment to address the long waitlist for people needing dental care. Approximately 3 000 Western Australians will benefit as a result of the decision to spend that money. It will be used to target all eligible public patients who have waited more than 14 months and who are registered for treatment at clinics in the Swan area, Rockingham, Warwick, Albany, Bunbury and the goldfields. Although they are important and go a significant way to addressing the issues for people who have been on the waitlist for a long time, the initiatives will still leave us with waitlists for surgical and dental procedures. We need further initiatives to address the problem. It was drawn to my attention that the Liberal Party policy released recently did not address the issue of elective surgery. I am interested to hear what members opposite have to say.

Hon Bruce Donaldson: It was not a policy document, it was a position statement.

Hon SUE ELLERY: A position statement?

Several members interjected.

The DEPUTY PRESIDENT (Hon Jon Ford): Order, members!

Hon SUE ELLERY: My amendment addresses the situation that arises as a result of the negotiations surrounding the Australian health care agreement. One positive result from the negotiations is that the restriction on foreign dentists has been lifted. Hopefully, that will help alleviate the problem of not enough dentists to perform the work required. A need still exists for a comprehensive resource strategy to ensure patient access to emergency departments and beds after emergency treatment. We must ensure that there are enough beds. The Government has taken significant action to manage that. In particular, it has increased the number of acute beds across the metropolitan region to ensure timely access for emergency department patients. It has also enhanced ambulance service response times and improved the control and direction of ambulances. The Government has

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increased the capacity of emergency departments by increasing capital expenditure, which I have already detailed. I will refer to other capital expenditure later.

I was interested to hear the remark of Hon Simon O'Brien about using secondary hospitals because that is exactly what the Government is doing. He also made reference to providing treatment for people at home. That is exactly what we are doing. The Government's strengthening of management arrangements in emergency departments will also make a difference.

If the House is to note anything with concern, it ought to be the inadequate federal funding that arose from the negotiations for the Australian health care agreement. The Western Australian Government was compelled to sign the agreement with a gun held to its head because failure to do so would have resulted in significant and serious diminution of the finances available to manage the health system. It cannot be disputed that, compared to the old agreement, the current agreement that the Government was forced to sign with a gun at its head equates to a shortfall of \$110.6 million. The House also ought to be concerned about why the Government needed to put in place strategies to deal with long waitlists in the dental system. It is a direct result of the Howard Government's withdrawal of funding for the commonwealth dental scheme in 1996.

Several members interjected.

The DEPUTY PRESIDENT: Order, members!

Hon SUE ELLERY: Provision of the service is clearly identified as a federal responsibility under the Constitution. Western Australia has experienced a reduced capacity as a result of the decision. Approximately 40 000 people a year are affected. I was interested to note recently that the federal Labor leader made a strong commitment to provide commonwealth dental services.

My amendment notes the significant efforts made by this Government to control health expenditure and redirect resources into areas of greatest need. It urges us to take further steps to achieve better health outcomes for Western Australia. We cannot meet every demand that is placed on the system. This is about priorities and deciding where the public wants the Government to spend the money. As I have already indicated, the Government is spending money on the areas identified by people as being key priorities. Efforts made by the Government to control expenditure - some of which I have outlined - include reducing reliance on agency nurses, reducing staff in corporate and finance areas, maintaining current staff levels in the head office of the Department of Health, procurement reforms, optimising commonwealth revenue, capping agency nurse fees, reducing staff travel, improving pharmaceutical service arrangements and a range of other matters. Those savings have been directed into priority areas, including cancer treatment, more nurses, elective surgery, emergency departments and hospital beds in times of peak need.

I have already referred to capital works expenditure, which demonstrates the Government's commitment to providing ever better service. I will draw to the attention of the House a number of significant capital works. Approximately \$900 000 has been allocated to undertake planning and construction at Nullagine; \$9.63 million is allocated over two years for Sir Charles Gairdner Hospital; \$900 000 for a replacement health facility at Oombulgurri; \$570 000 for expansion of the Princess Margaret Hospital for Children child protection unit, which is as a result of the recommendations of the Gordon inquiry; \$720 000 for the relocation of the Sexual Assault Resource Centre to peripheral metropolitan locations to provide counselling services, which was another recommendation of the Gordon inquiry; \$5 million for the upgrade and provision of staff accommodation in rural Western Australia for clinical staff, for which there is a crying need; \$3.92 million for the replacement of Ravensthorpe District Hospital; \$1.1 million for the Albany Regional Hospital paediatric ward; \$6 million for the new operating theatre and ward upgrade at Fremantle Hospital; \$40 million for the Geraldton Regional Hospital redevelopment; \$2.95 million for the expansion of the emergency department and a range of other facilities at Margaret River Hospital; \$10.3 million for a hospital theatre upgrade at Osborne Park Hospital; \$2.9 million for day surgery -

Hon Simon O'Brien interjected.

Hon SUE ELLERY: According to the member's proposition, the Government has spent nothing. The oncology unit at the Peel Health Campus will receive funds.

Several members interjected.

The DEPUTY PRESIDENT: Order, members!

Hon SUE ELLERY: The Port Hedland campus redevelopment will receive \$11 million, and \$8 million has been allocated for the upgrade of the emergency department facilities at Rockingham-Kwinana District Hospital.

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I referred earlier to the commitments to cancer treatment. Towards the end of last year the Minister for Health announced the Government's intention to establish a centre of excellence for cancer treatment. It is aimed specifically at reducing waiting times for patients to receive radiation treatment.

Hon Simon O'Brien: Where will that be?

Hon SUE ELLERY: Sir Charles Gairdner Hospital. Two additional radiation treatment machines - linear accelerators - costing \$3.5 million each, will almost double the treatment capacity that is now available at Sir Charles Gairdner Hospital. The total cost, which is jointly funded by State and federal Governments, will be \$14 million, with the State Government putting in \$8 million and the federal Government \$6 million. In addition, members will be aware of the fantastic work done by Dr Fiona Woods in the area of burns treatment. Another \$3 million will be spent on a world-class burns reconstruction and rehabilitation centre at Royal Perth Hospital, with a contribution, in addition to government funds, from Telstra.

Significant improvements have been made to the Western Australian health system, targeting the key areas of need. We expect more to come from the Reid review, and we are looking forward to the announcements we will make about that at the end of the month. It is a blueprint for the future. We are delivering in the key areas in which the Western Australian community expects us to deliver - more nurses, better emergency departments, reduced waiting lists, greater budget accountability, excellence in cancer treatment and a health system to meet the needs of the community into the future.

*Point of Order*

Hon BRUCE DONALDSON: I ask that the member identify the document she has been reading from.

Hon SUE ELLERY: I did quote from a list of all of the capital works, and I am happy to table that, but I did not quote from anything else.

Hon BRUCE DONALDSON: The member was reading from a document that she had in her hand. I want that to be identified, and the author named, and I want the member to table that document from which she was reading.

The DEPUTY PRESIDENT (Hon Jon Ford): Standing Order No 48 does require that a member identify a document quoted from and table that document, if requested to do so, at the conclusion of the speech.

Hon KEN TRAVERS: According to the customs and practices of this place, the member should be called upon to identify the document at the time it is believed the member is quoting from it, and requested to table the document at the conclusion of the speech. I recall this, because it has been the ruling that has been applied when I have sought documents and I have not requested that they be identified at the time. Secondly, I seek the guidance of the Deputy President, because under Standing Order No 47, the parliamentary secretary was responding on behalf of the Government. If the documents as stated are of a confidential nature, would that standing order apply? Thirdly, it is a case of deciding whether the member was quoting from a specific document or relying on notes to inform the House.

Hon GEORGE CASH: A number of issues have been raised about the request for the tabling of these documents. I make the point that, where a member quotes from documents that are part of a sheaf or file, it is not competent for the member to remove those sections of the documents that he or she may have quoted from. Rulings from previous Presidents say that the whole of the document must be tabled; that is, if the Deputy President directs that the documents be tabled in any case. If something is in a file, the whole file must be tabled.

A member interjected.

Hon GEORGE CASH: I will not enter into that. I am saying that another issue needs to be raised.

Hon Ken Travers: You are right about that point of view.

Hon GEORGE CASH: I am raising a third issue, and the member knows that.

The DEPUTY PRESIDENT: A number of points of order have been raised. Standing Order No 48(a) reads -

A document quoted from by a Member not a Minister shall,

- (i) at the time such quotation is made be identified; and
- (ii) on request from any Member, immediately upon the conclusion of the speech of the Member who has quoted therefrom, be tabled.

On the arguments put against the point of order raised by Hon Bruce Donaldson, it is my belief that Hon Bruce Donaldson did not realise that the member was about to conclude her speech, so he is entitled to ask that that

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document be identified, and then, on realising that the member had concluded her speech, ask that that document be tabled. On the point raised by Hon George Cash, my understanding of the ruling is that only the particular notes or documents quoted from need to be identified and tabled.

Hon NORMAN MOORE: I support the point raised by Hon George Cash, having been the victim of a point of order taken against me as minister, and having had to table a file that contained information that was not relevant to what I had been quoting from. I was required by the House to table the total file. I notice that the parliamentary secretary has a file. I request that the same provisions that applied to me when I was a minister now apply to the parliamentary secretary.

Hon KEN TRAVERS: On the point of order, and further to the reference of the Deputy President, I agree that that would be appropriate if the member were seeking documents from which the parliamentary secretary had been reading at the conclusion of her speech. She indicated to the House that the only thing she had read was earlier in her speech and she was happy to make provision for that. At no time in this place have members been required to provide their notes; it is only when they are actually quoting from a document. The parliamentary secretary indicated that she was happy to provide to the House the items from which she had been reading, but that was earlier in her speech. If Hon Bruce Donaldson wanted those documents tabled, he should have made the request at the time. That has been the previous ruling of Presidents in this place, and that ruling has always been applied. The member did not identify the document at the time, and the parliamentary secretary was not quoting from documents at the conclusion of her speech. I re-emphasise the point about whether the relevant standing order is No 47 or 48.

The DEPUTY PRESIDENT: I will deal with the points made by Hon Ken Travers. I have already dealt with that point of order. The ruling I made on that was that I believe that Hon Bruce Donaldson, in good faith, asked for those documents to be identified and then, upon noting that the parliamentary secretary had finished her speech, decided to ask for those documents to be tabled.

Hon DERRICK TOMLINSON: My understanding of previous rulings on this standing order is that, as you have indicated Mr Deputy President (Hon Jon Ford), there is a requirement that the request to identify the documents be made at a particular time in a speech and that the request for the tabling of the documents come at the end of the speech. On two occasions the speaker identified the documents. On two occasions a point of order was taken on the member reading her speech. To use your words, Mr Deputy President, reference was made to copious notes; the member referred to her documents as copious notes. Therefore, what we had was the identification of documents with the name "copious notes". The copious notes are contained in an A4 file, which the member held in her hand and referred to constantly during her speech. There was no doubt about what the documents were because they had been identified twice. Once the member identified them as copious notes, there was no need to stand and ask what the documents were because the documents had been identified. Once the documents were identified, any member was able to stand at the end of the speech and request that all documents contained in that file, without subtraction, be tabled.

Hon KEN TRAVERS: The member made an interesting point. If he is arguing that the time at which the documents were identified - I think he now accepts the argument that they needed to be identified at the time -

Hon Derrick Tomlinson: It has been ruled several times.

Hon KEN TRAVERS: The member should let me finish. The member is seeking to use that as the point at which the documents were identified. Hon Sue Ellery clearly indicated to this House that she was not reading her speech. The issue is one of quotation. A member needs to be quoting from a document, not using notes as a reference for a speech. There is a requirement that the member be quoting. The member needs to be reading from a document.

Several members interjected.

The DEPUTY PRESIDENT: Order, members!

Hon KEN TRAVERS: For the member to now say that that is the point he wishes to rely upon is absolute bunkum.

Hon NORMAN MOORE: Mr Deputy President, you have already ruled that the document has been identified and needs to be tabled. I accept your ruling. The issue, however, is what is to be tabled. As I explained a moment ago, it is my view, and previous circumstances indicate to me as I hope they do to you, that if the document is a file, the whole file must be tabled. I remember an occasion when I was a minister and was not aware of Standing Order No 47. I did not use the confidentiality clause. I was required to table a document. I was given advice that I did not need to table the whole document. A subsequent ruling was made that the whole document had to be tabled. The file contained information that was not relevant to what I had been talking

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about; however, it was tabled. I ask that you rule accordingly, Mr Deputy President. If you do not do so, I will ask that you explain why I had to table a file a couple of years ago if the same thing does not have to happen now.

Hon BRUCE DONALDSON: I had the same problem in the House during the finance brokers issue. I was asked to table a whole lot of documents because I had been quoting from a file. The President at the time ruled that I had to hand over all the documents I had on the finance brokers. That was the same situation as the one today.

Hon SUE ELLERY: I seek your advice, Mr Deputy President. There are confidential documents in this file.

Hon Norman Moore: That is bad luck.

Hon SUE ELLERY: I am seeking advice from the Deputy President and drawing to his attention that some documents in this file are of a confidential nature.

Hon Norman Moore: But you are not a minister.

Hon SUE ELLERY: I am just drawing it to his attention; I did not interrupt the honourable member.

The DEPUTY PRESIDENT (Hon Jon Ford): Given the number of points that have been raised, I need time to consider this matter. I will leave the Chair until the ringing of the bells.

*Sitting suspended from 3.55 to 4.14 pm*

*Deputy President's Ruling*

The DEPUTY PRESIDENT (Hon Jon Ford): The opposition Whip has asked that the Parliamentary Secretary to the Minister for Health identify the document from which she quoted. The Whip's request was in order. I ask the parliamentary secretary to identify the document from which she quoted. To assist the parliamentary secretary, I advise her that "document" means any number of pages that are bundled or held together as a discrete item; it is not restricted solely to one or more pages from which actual quotes were made. Bearing that in mind, I ask the parliamentary secretary to identify the document from which she quoted.

Hon SUE ELLERY: Mr Deputy President, I need to seek clarification from you about what you are asking me to do. At the time the original point of order was made I was referring to my notes. I referred to a list of numbers and some specific capital works expenditure. Is that the document you are asking me to identify?

The DEPUTY PRESIDENT: As I understand it, it was a file in the member's hand.

Hon SUE ELLERY: Are you asking me to identify the file in its entirety?

The DEPUTY PRESIDENT: Yes.

Hon SUE ELLERY: I am not sure how you want me to identify it.

The DEPUTY PRESIDENT: The member can simply identify it as her notes.

Hon SUE ELLERY: It is a file of a combination of my handwritten notes and some material that I regard as confidential.

Debate interrupted, pursuant to sessional orders.

*Sitting suspended from 4.15 to 4.30 pm*