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Acting Speaker; Mr Bob Kucera; Mr Eric Ripper; Mr Peter Watson; Mr Dan Barron-Sullivan; Mr John Kobelke;
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HEALTH SYSTEM

Matter of Public Interest

THE DEPUTY SPEAKER (Mrs D.J. Guise): Members, today I received a letter from the member for Cottesloe seeking to debate as a matter of public interest the following motion -

That this House condemns the Labor Government for its complete failure to fix the crisis in our health system and the Minister for Health for his attempts to mislead the people of Western Australia over this issue.

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

[At least five members rose in their places.]

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

MR C.J. BARNETT (Cottesloe - Leader of the Opposition) [3.25 pm]: I move the motion.

In this morning's *The Australian Financial Review* an article headed "Gallop to review health budget" reads -

... Dr Gallop revealed in an interview with *The Australian Financial Review* he had recruited former NSW Health Department director-general Michael Reid to lead a health review committee.

The article continues -

He said the committee would be charged with identifying the service delivery efficiencies and savings required to curb the unsustainable growth in health spending in the next five years.

There are two points to this issue. First, that decision, and the appointment of Mr Michael Reid, clearly reflects that a razor-gang approach is being applied to health. There is absolutely no doubt about that. Second, because it is looking at service delivery, it also has a policy implication. It is about cutting funds and policy in health service delivery. What is incredible is that this so-called health review committee is being formed at the beginning of the Gallop Government's third year. It is, by any measure, an admission of this Government's failure to fix the problems in the health system. It is also a clear admission of the Minister for Health's failure to competently handle his portfolio. At the bottom-line, this issue amounts to the Premier's moving to effectively sideline his Minister for Health. Anyone who has been a member of Cabinet, both past and present, knows that that has happened. The Minister for Health has been sidelined.

Several members interjected.

The DEPUTY SPEAKER: Order, members!

Mr C.J. BARNETT: The Premier should finish the job and remove him totally, and then the Government might make progress in health issues. The Premier does not have too many members from which to choose for this job. However, I will give him a tip: the Attorney General and the Minister for Police and Emergency Services are the only two ministers who have a chance of understanding the intellectual problems in the health portfolio and who may have the clout and nous to do something about them.

No-one denies that when the change of government occurred there were ongoing issues in health care. The endemic problems are an ageing population, increasing demands on health services, increasing demands on the availability of treatments, services and pharmaceuticals, and the cost of those. There are drivers in the health system that present problems for every Government. The previous Government funded the health system properly. The average funding during the coalition years was 6.5 per cent each year. We had an aggressive public works program in the health system that saw the construction of the South West Health Campus in Bunbury, the Armadale Health Service, the Peel Health Campus and the Joondalup Health Campus. We addressed the issue of building infrastructure. No-one denies that that job was not finished, but we funded health services and poured large amounts of money into upgrading our health infrastructure.

Dr G.I. Gallop interjected.

Mr C.J. BARNETT: The Premier will get a chance to speak. What did the Labor Party promise?

Dr G.I. Gallop interjected.

Mr C.J. BARNETT: Madam Deputy Speaker, I am addressing my comments to the Chair. In the Labor Party's campaign speech on 4 February 2001, Dr Gallop stated -

There will be no greater priority for a Gallop Labor Government than to resolve the crisis in our hospitals.

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That was his great priority. The policy paper stated -

Labor will:

- fund public hospitals properly,

These are the commitments given to the people of Western Australia. What do we find on funding? Members opposite laugh. The Government's first budget in 2001-02 increased health funding by 3.8 per cent. After allowing for inflation, this is a real increase of only 0.8 per cent, in spite of a growing and ageing population and increasing demand on the health system. In 2002-03 the budget increased by two per cent. After inflation, this means a real decrease of one per cent, leaving aside the real per capita figure, allowing for population growth. The Government intended to work with health professionals and do all these wonderful things. *The West Australian* of 15 August 2002 quotes from a letter to the Minister for Health, Hon Bob Kucera, in 2002, from Dr David Mountain, head of emergency medicine at Sir Charles Gairdner Hospital - a person in a position to know - in which he stated -

As you are aware the ED is suffering unprecedented and increasing levels of overcrowding. Things are now much worse than last winter.

On ambulance bypass, the present Premier, on 4 February 2001, before the election, said

When ambulances are forced to drive the streets of Perth to find an emergency ward that can accept patients, that is a crisis.

He called it a disgrace, and said that if Richard Court could not fix it, he would.

What has been the performance? Ambulance bypass has increased by 850 per cent - more than an eight-fold increase. That is the reality under the Labor Government. Other members will say more about country health services, but in the Legislative Assembly on 28 August 2001, the Minister for Health said of the Government -

It will provide more money for health and greater support for regional health services.

All he has done is close the regional health boards. The Government has not maintained the necessary expenditure on capital works. In fact, it has deferred and diminished capital works spending in a host of areas. Nothing can more strongly remind this Parliament of its responsibility to the people of this State than the appalling circumstance of a week or two ago, when an 88-year-old war widow, Phyllis Retallack, was forced to lie on a trolley in the emergency department at Sir Charles Gairdner Hospital for nearly 20 hours. The Premier is clearly uninterested in this, but appalling as that was, the response of the Minister for Health was more offensive. He is quoted as having said -

"It is time the private hospital sector shouldered a much greater burden for the care of the urgently ill
...

The woman was not in a private hospital; she was in Sir Charles Gairdner Hospital on a trolley for 20 hours, and the minister tries to blame Hollywood Private Hospital. What a pathetic effort by this Minister for Health! He is an appalling minister, and he should be moved. Now the health review is proposed. Does the minister not realise that he has been sidelined? He has been taken out of the role. Now Michael Reid will head the review, looking at savings and service delivery. He is doing the minister's job. The minister has been moved to the side. He is a fumbling, bumbling, incompetent minister, a first-termer in this Parliament, and even if he were up to being a cabinet minister, from day one he was never up to being Minister for Health.

DR G.I. GALLOP (Victoria Park - Premier) [3.34 pm]: I will raise a number of points about the motion put forward by the Opposition. When the Labor Party came to government, there was no doubt that the state of our health system left a huge amount to be desired. The coalition Government was incapable of bringing a sense of purpose to the system, or of uniting the people who worked in the system, because it was creating a dual system - a privatised system on the one hand and a government system on the other. The members for Mandurah and Joondalup know only too well the implications of that attitude. The previous Government failed to convince nurses that they had a future in our system. There were real problems in the way emergency departments were operating. I can report to the people of Western Australia, through this Parliament, that the Government has taken steps to remedy some of those problems. There is no doubt that health represents a real challenge for the Government.

Mr C.J. Barnett: What have you done?

Dr G.I. GALLOP: I will come to that. This is what is called the introduction to the speech. I will then go to the middle and then the conclusion.

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The Government has done some things that have improved the situation, but real challenges are still before it. These are state-federal challenges, not just state challenges. The Government understands this; the Opposition does not. This is a reform Government. Many of the reforms introduced by the Minister for Health will be continued through the health review committee announced yesterday.

Several members interjected.

The DEPUTY SPEAKER: Order, members!

Dr G.I. GALLOP: I find it somewhat amusing that the Leader of the Opposition would say that the person selected to be involved in that review is being put in to sideline the Minister for Health, given that Mr Reid was suggested by the Minister for Health to assist the Government in its reform program.

I will move to the three points: firstly, what the Government has done; secondly, what it intends to do in relation to both state and federal issues; and, thirdly, how it intends to improve the efficiency of the system. There is no doubt that the Government has taken large steps forward. It has improved the pay and conditions of nurses, recruited an additional 361 nurses, reduced waiting lists to an 11-year low, injected over \$1 billion extra into the system and allocated \$20 million to rebuild and improve hospital emergency departments. When the health system as it existed at the beginning of 2001 is compared with the health system at the beginning of 2003, significant changes have taken place. Not only has the Government done the things I have just pointed out, it has instituted a major reform of the administrative structures of the health system. The truth is - and the member for Murdoch knows this - that the Liberal Government could never have undertaken those reforms. It just did not have the will.

Mr M.F. Board interjected.

Dr G.I. GALLOP: I ask the member for Murdoch a question: will he reverse the regionalisation that has occurred in non-metropolitan health systems in Western Australia?

Mr M.F. Board: We will give back to regional areas opportunities for people to play a real decision-making part.

Dr G.I. GALLOP: That is interesting. The Treasurer should make a note of that. We will put that on the little list we are making up about the money the Opposition intends to spend on administrative change.

The Government had the capacity to bring about those changes. In the non-metropolitan regions the managerial and accountability structures are now in place to bring about a coordination of health services right across the regions, instead of having very small health units run by particular boards fighting one another. The regions will now work together to bring about better services to everyone. The member for Murdoch knows that that was a good reform, and he also knows that his party was incapable of doing it. The Government has made the administrative changes, committed the extra \$1 billion, reversed the privatisation madness, improved the pay and conditions of nurses and begun the capital works program. The process has started.

We must now look at what is holding up further progress. The Opposition can put its head in the sand, as it has done on a range of issues in Western Australia, such as child sexual abuse in Aboriginal communities, the water crisis and the infrastructure needs of rural and regional Western Australia. It is quite clear to everybody who studies the problem that health is a state and federal issue.

We are working with the other States - which at the moment are all Labor States - in renegotiating the Australian health care agreement to ensure that the Commonwealth accepts its responsibilities rather than shifts some of the cost pressures onto our state public hospitals. That is the point. Some of the costs in our health system are the result of the failure of the Commonwealth Government. We have a responsibility to point that out to the people of Western Australia, and we will do so. We want to stop the decline in the level of bulk-billing by general practitioners, address the lack of GPs in regional Western Australia and the outer metropolitan areas of Perth, and have more funding provided for nursing homes to allow the State to free up hospital beds. Those three things will be achieved only if there is a change of government at the federal level. The one thing we can do to improve our health system is join the Labor Opposition at the national level to bring about a change of government. That is what we will do. I make it clear, as I have done in many of my public statements, that we will campaign on health. If the Opposition likes, it can support the Howard Government.

Opposition members interjected.

Dr G.I. GALLOP: It supports the Howard Government. We support a change at the national level, as that will bring about some treatment of the issues of the lack of GPs, bulk-billing and nursing homes. Unless we deal with those issues, we cannot deal with the problems we have in Western Australia.

The third point I wish to make in my contribution to this debate relates to the Health Reform Committee we have set up. I make it very clear that under Labor, health as a proportion of total state funding has increased from 22.8

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per cent to 24.2 per cent. That is a very significant increase and is indicative of how we are making health a priority in our budget thinking. However, if that rate of growth continues, by 2010 health will represent something like 35 per cent of our state budget. An extra \$2 billion will have to be put into the system. We want better value for the dollars we are putting in. We want to make sure there is efficiency in the way we deliver services, and we want to improve the services we deliver. I have illustrated how we are starting to do that through our regional structures and improved management accountability. The Minister for Health on the radio this morning indicated how we could achieve better delivery of services in the metropolitan area. We are serious about this issue, and we will continue the reform process. We have brought Mick Reid on board to assist us in that.

Mr M.F. Board: Why?

Dr G.I. GALLOP: I tell the House why. We have a reform process, and that person has much experience carrying through that reform process in other jurisdictions. We have engaged him to assist us in doing what we intend to do as best we can. That sounds a sensible approach to the delivery of health reform in Western Australia. We are being sensible and getting someone with a lot of knowledge to help us out. The Opposition can put its head in the sand and say all the things it has said in the Parliament today, but I think the people of Western Australia understand what we are doing. They understand what we have done until now, the problem we have with the Commonwealth and the need for reform in the way our state system operates. We are doing the things we said we would do.

As I said in question time, our dealings with health cannot be reduced to a thirty-second sound grab on the TV or radio. It is a much more difficult issue than the Opposition is indicating.

Mr M.W. Trenorden: When did you find out that?

Mr J.N. Hyde: We did more than you ever did. You were in government eight years and you went backwards.

The DEPUTY SPEAKER: It is very difficult for any one person in this place to respond when there is a shouting match across the Chamber. I suggest that if members wish to speak to the person who has the call through an interjection, they do it in an appropriate way.

Dr G.I. GALLOP: I summarise the position of my Government on the health system in Western Australia. Firstly, we have put in the extra dollars, and we are backing that up with administrative reform throughout Western Australia. Secondly, we will continue to campaign for the resolution of the federal-state problems, such as the number of GPs, the amount of bulk-billing and the crisis that exists in nursing home care in our State. I have been listening to the Minister for Health over the past few days. He has a profound understanding of the link between the problem in our nursing homes and the problem in our state hospitals. He has spoken to people in those places about why they are where they are in the health system, and he has analysed the matter. That is why he is the Minister for Health. Thirdly, we recognise that the rate of growth of health expenditure is unsustainable. We need better value for the dollars we are putting in so that Western Australia has a sustainable future.

We have every aspect of the strategy: we have the dollars, and the extra dollars are going into the system; we have a recognition of the importance of getting value out of those dollars; and, finally, we have an understanding that this is a commonwealth-state issue and not just a state issue. We are carrying out a comprehensive strategy in Western Australia. That strategy has started to produce results, such as reduced elective surgery waiting lists and extra nurses in the system. The emergency department capital works program has started to produce results, and we will make sure that goes right through the system to bring about a better outcome. However, the one area in which this strategy is really starting to work and of which we are proud is in the remote and regional parts of Western Australia.

Opposition members interjected.

Dr G.I. GALLOP: The member for Murdoch should go to Broome in the seat of Kimberley. He should ask the indigenous people of Broome what they think about our new regional health delivery mechanisms. He should ask the indigenous people about the respect they are now getting from our health system. They can now be close to home when they have serious illnesses and in the later days of their lives. That respect we are showing for indigenous Western Australians through the delivery of health is one of the major reforms. We have the strategy.

Mr C.J. Barnett: It shows how out of touch you are that you think Broome is a remote community.

Dr G.I. GALLOP: That is the quote of the day: "Broome is not remote". That is wonderful.

Several members interjected.

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Dr G.I. GALLOP: We have the dollars. We understand the need for sustainability in the use of those dollars and the commonwealth-state connection. We have a minister with the capacity to bring about these changes and a Government that is willing to bring about these changes. We have a clear understanding that privatisation undermines the sense of purpose in our health system. We have priorities, and we are doing what we said during the election campaign we would do.

Mr M.W. Trenorden interjected.

Dr G.I. GALLOP: We are doing it. All I can say is that we are doing what we said we would do, and that I am very proud of what we have achieved. However, we have a lot more to do.

MR M.F. BOARD (Murdoch) [3.48 pm]: Today, by any measure, the Government has admitted absolute failure in the health portfolio. Two things have emerged today. Firstly, the Government has announced another review into health, the Health Reform Committee; and, secondly, the Government is starting to make announcements about issues that the Opposition has spent at least two years trying to push the Government into resolving. Why do we need another committee? Do government members sit back and ask why we need another committee? How many committees, reviews and reforms do we need? The Government could ask Joe Blow on the street what is the problem with the health portfolio. He would tell it that hospitals are overcrowded and he cannot see a general practitioner. They are the problems. The Government does not need an Einstein to tell it that; nor does it have to import someone from the eastern States to tell it that. We have enough people here who cannot get into hospitals who can give the minister the answer right away.

The Health Administrative Review Committee report was to be the be-all and end-all in resolving issues in the health portfolio; it was to produce an administrative review to change the structure of health delivery. It did nothing. Where is the promised clinical senate to deal with clinical issues outlined in the HARC review? Where is the "HealthWatch" promised two years ago? It does not exist. None of these things has eventuated.

As a result of pressure in the media and general community about the failure of the health minister and the Government to deliver, we see another knee-jerk reaction. We will have another committee. We saw six weeks ago another knee-jerk reaction when the minister gave his bureaucrats 10 days to produce a solution to problems in emergency departments. He said, "If the solution is not given in 10 days, I will hold my breath until I turn blue." The minister has had two years to resolve that issue. We see today another furphy, another gunna, another review committee and another way of stalling the major reforms.

Let us look at the scorecard in the health portfolio. Let us talk about ambulance bypass, about which members opposite made a lot prior to the last state election. Prior to the election, headlines appeared orchestrated by people in the hospital system. These stated that people would shut down the hospital system and would show that the Court Government had failed to deliver. Within a few months, the minister opposite was subject to the same pressure. In fact, the problem was tenfold. In August of last year, the Opposition showed a 1 000 per cent increase in the incidence of ambulance bypasses. That situation applied to not only single hospitals, but also three or four tertiary hospitals were on bypass simultaneously. Rather than this being a rare event, a "management tool", it is now a daily event. We then saw the advent of ambulance ramping. Not only must ambulances go past the hospitals, but also when they are allocated a hospital to attend, they line up like a taxi service with patients in the back. We see more patients on trolleys -

Mr R.C. Kucera: What's your policy?

Mr M.F. BOARD: We will get to that, minister. The minister has failed to deliver. The Opposition raised this matter in Parliament three times in matters of public interest, and how did the minister respond? He blamed the doctors. During the pay dispute, the minister said, "This has been the worst performance by doctors I have ever seen; they are orchestrating ambulance bypasses. As a result, the Government has nothing to do with it as it's an industrial campaign." He said that in Parliament. When the issue was raised a few months ago, what did the minister say? He responded, "The ambulance service hasn't come to see me. I did not know about this. I didn't know times were blowing out. I didn't know the situation was so bad. I've not met them for 18 months, but they should've raised the issue with me."

What about our emergency departments? People are stacked up waiting for increasingly longer periods. We have seen people wait for 11 hours in emergency departments when previously they would have had a two or three-hour wait at maximum. Although the minister denied two weeks ago in Parliament that it was possible, today he announced a way of resolving the situation in general practitioner clinics so that people who should not be in emergency departments are dealt with in GP clinics.

Mr R.C. Kucera: No, I didn't. You're misleading this Parliament!

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Mr M.F. BOARD: No. We raised this issue for two years, and the minister said in Parliament that the solution was not possible under the health care agreement. He said, "I can't do it", notwithstanding that every other State has been able to resolve some of the issues.

I turn now to elective surgery. We saw a big press release after some pressure was applied in the media about a lack of performance in the reduction of our elective surgery waiting list. Was any mention made of the Commonwealth's 30 per cent rebate, and the huge number of people who moved from the elective surgery list to the private hospital list? Was any mention made of the surgery performed in private hospitals as a result of the federal Government's 30 per cent rebate? No. The only reductions achieved were as a result of a commonwealth government initiative. That has happened in every State of Australia.

The minister wants to talk about country health. The Premier had the audacity to say, "We're delivering in the country." What has been done in the country? People's input to country health has been removed. The Government wrecked 250 jobs in the south west alone. Meanwhile, the minister created greater bureaucracy in metropolitan health, in a city-centric bureaucracy, and consequently decreased services to the country.

I now refer to indemnities for doctors, particularly country doctors. Why do we no longer have obstetrics in the country? Why are we not seeing guided surgery? It is because the Government has not acted on the indemnity issue. It has propped up a program put in place by the previous Government, but it has not dealt with law reform and capping payouts. We have seen none of the legislative change that has taken place in other States. Where are the Health Act amendments? They are three years overdue. Where are the amendments to the Physiotherapists Act and the Osteopaths Act? We are waiting again. Practitioners have been waiting for years. They wait again. The minister had the audacity to issue a press release on Sunday, having done a deal with *The West Australian* to ensure no-one else could comment, and that it would make the front page -

Mr R.C. Kucera: You must be joking!

Mr M.F. BOARD: That is right. What was in the press release? It stated that in 12 months the Government will review the Medical Board. For 18 months the minister has sat on a report written by Justice Heenan following an inquiry put in place by former minister Hon John Day that recommended changes to resolve all the issues raised in the article. The minister did not have the courage to say to the Western Australian community that he had a resolution. He used smoke and mirrors to explain how he would change the system. He blamed the doctors, as he did with the attention deficit hyperactivity disorder issue; that is, he did not come in with the major reform required to deal with a difficult issue - he blamed doctors for oversubscription. That was the minister's solution to the issue. We saw no in-depth treatment, no long-term solution and no long-term planning. We saw lots of little press releases and smoke and mirrors.

We have talked about budgets. The Premier said the Government has allocated a record amount of money to health. Only one more dollar needs to be allocated than was provided in the previous year to have a record health budget. One must look at the actual increases in the budget, and what that means for the delivery of services on the ground. When one does that, one finds, as admitted by the Treasury adviser in the estimates committee, that the real increase in health in the delivery of services was one per cent. It is in *Hansard* - members should read it. After all the froth and bubble, it is one per cent. Service costs are driven at about a nine per cent increase each year, but the best increase the Premier could produce was one per cent.

The Minister for Health spends all his time bashing up the Commonwealth. The real increase in the allocation from the Commonwealth to the States just for public hospitals in the term of the last health care agreement was 28 per cent. That is an audited figure. That increased allocation by the Commonwealth went into public hospitals in this State.

Ms K. Hodson-Thomas: He won't tell us that.

Mr M.F. BOARD: No. What is the minister's contribution to the State? It is nowhere near a 28 per cent increase. The difference between the state and commonwealth contributions is changing dramatically. Members should look at the Medicare rebate and how much of it is directed to indigenous health and aged care. The minister does not add up those figures. To be honest, the Commonwealth spends more on health in Western Australia than does the State Government. Does the minister say that? No. He blames the Commonwealth Government for problems all the time. I think we should have Senator Kay Patterson come over here and run the system -

Mr R.C. Kucera: Good idea. Get her over here!

Mr M.F. BOARD: The minister is saying that he is not capable of running the system.

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I turn to capital works. Let us talk about who actually built some things in this State. In the past two years the minister has been busy opening the hospitals, clinics and other facilities that the previous Government put in place. I refer to the Armadale-Kelmscott Memorial Hospital, the Perth Dental Hospital and all the other facilities we funded and put in place. What will happen when the Minister for Health runs out of those places to open? He will not be too busy in the next two years because there is not much new capital works. That can be seen in the budget, which has only \$8.5 million for new capital works - that is, virtually zero. I would like to see the minister issue a press release on the four new hospitals and dental clinics that the previous coalition Government built and the range of services it provided. What has the minister done for dentistry? He opened a dental hospital and during Dental Health Week closed the program that subsidised pensioners in private clinics. The Western Australian taxpayer subsidised 129 private clinics so that pensioners who could not access public dentistry because of the waiting list could be dealt with privately. What did the Minister for Health do? He closed down that program and had the audacity to do that during Dental Health Week.

He has come into this place blaming other people for the situation we are in today. Who has been blamed since we have had this minister? He blamed doctors during the industrial disputation, which was the worst industrial dispute in this State. Not only that, but also the nurses were on strike for a record time. He blamed the health boards, saying that they were greedy and could not talk to one another. They were trying to do the right thing for their country towns. They were fighting for a better health service for their local community and had the audacity to put up their hand and ask for better services. The minister said, "Too bad; let's get rid of them; they're no bloody good."

The other day the ambulance drivers were blamed for raising issues about ramping and blow-outs in times. The minister got that information from the ambulance drivers themselves through their union. The bureaucrats also were blamed. They had 10 days to come up with a solution, when the minister has had two years to deal with issues. The Medical Board of WA has been blamed for not making decisions, as was reported the other day on the front page of *The West Australian*. Yet, the current legislation restricts the board from doing the very thing that this minister demands of it. A legislative change would give it the power to stand down doctors. Depending on the charges, it cannot do that under the current legislation. The minister blamed the Commonwealth Government and the previous Government. This minister takes no responsibility for the delivery of services or for any increase in them. There has been a lot of froth and bubble, lots of reviews and committees and a lot of press releases. I have seen seven press releases in 12 months on the same announcement - a small upgrade to Sir Charles Gairdner Hospital. That upgrade cost the nickel and dime amount of \$9 million. A lot of work went into that and I give credit to the minister's staff for that work.

However, the minister should focus on one area in which he has failed. He should look at the rhetoric that does not match the solution and visit the brand new Armadale-Kelmscott Memorial Hospital that the previous Government built. I as shadow Minister for Health was not even asked to the opening of that hospital. I had to take someone else's place to attend that opening - a bloody tragedy! The previous Government funded it and put it in place. We put a high-dependency unit in that hospital so that the people of Armadale would not have to drive to Sir Charles Gairdner Hospital or Royal Perth Hospital to get treatment. That high-dependency unit was intended to be well staffed and well equipped and would have worked beautifully. What do we have today? We have a high-dependency unit vacuum with no-one in it, no equipment in it and no-one servicing it. It is a completely vacant ward with zero in it. The people of Armadale must drive past that hospital and go to Sir Charles Gairdner Hospital or Royal Perth Hospital. Why? The whole plan of the former Metropolitan Health Service, which the minister disbanded, was to provide services to places where people live - to members' electorates in places such as Armadale, Rockingham and other difficult-to-service areas. The minister disbanded that service but did not put in place any alternative solution. Today we see the result of that. By any measure the situation has deteriorated significantly. The minister will be judged by not only the Opposition and the media but also the community that elected him. On all counts he is a failure.

MR L. GRAHAM (Pilbara) [4.04 pm]: I want to take a quick five minutes of the Independents' time to put a country perspective into the debate. In the years that I have been a member of this place I have outlasted about seven health ministers and five commissioners of health. I have looked, listened and tried to involve myself in the funding of health services as strongly as I can, particularly in the region I represent. A few former ministers in this place can vouch for that.

There is no doubt at all that the worst health outcomes in Western Australia are in country Western Australia. If there were any doubt about that, one need simply read the State Government's submission to the federal Government's Commonwealth Grants Commission to understand that the State Government knows that fact and uses it in its arguments with the federal Government. I watched one of those seven ministers, Keith Wilson, almost have a nervous breakdown trying to deal with the questions confronting health. I have seen seven health

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ministers change the names of the department and organisations in the department, claiming that those changes were revolutionary and would bring about significantly improved health services. In the 15-odd years I have been in this place, I have yet to see one minister finish what he started. Changing the name of a government department by inserting the word “country” does not constitute reform. In January, when the Minister for Health released the country health services review document, he stated -

“The vision outlined in this document is unashamedly bold . . .

“It is a document that recognises the reality of trends in rural health care and puts forward practical, flexible and most importantly, achievable solutions.”

The organisation under the department that the minister has put together for country health services is based in Royal Street, East Perth. That is the first obvious point I make. East Perth has a wonderful football team but it is not country Western Australia. The structure for country health services is exactly the structure that Ian Taylor, the Minister for Health in the Dowding and Burke Governments, abolished because it was a centralised, bureaucratic, overriding, decision-making body that ate up money that could have been used for the delivery of health services in remote and regional Western Australia. The model that this Minister for Health has created is exactly that model. In fact, some of the people who were involved in developing the model were the very people that Ian Taylor moved on when he abolished that department. He put in place the best regional structure for health that this State has ever seen. It was so significant that in 1990 the Pilbara 21 study, which I chaired, recommended that the Government adopt that structure in every government department because it gave the maximum amount of clout and delivery of health services to country Western Australia for a minimum amount of expenditure.

If I have any doubt about the role and function of the country health services department, I need only go to its web site. You, Mr Acting Speaker (Mr P.W. Andrews), can see that I have my computer with me. I have the department’s link set up on my computer so that I can hit it and see what the Department of Health says this bold new vision will be for country Western Australia. That web site shows a wonderful graphic. However, about the role of country health services it says, “To be updated”.

Notwithstanding all that I have said before, I began with an open mind looking at country health services because I am interested in health outcomes. Every time I raise health issues, the minister accuses me of putting down country health. The report makes crystal clear that not one cent has been spent in that area. Having said that, I will sit down now because I am allowed only five minutes in which to speak.

I will not support the motion because the Government is only halfway through its term; nonetheless, I hope that the minister will significantly improve his performance and that of his department.

MR M.W. TRENORDEN (Avon - Leader of the National Party) [4.10 pm]: I find it fascinating that when the Premier spoke, he did no more than make an election speech in support of Simon Crean. He did not speak about the Western Australian health system or the delivery of health services to Western Australians. He said that the only way to fix the Western Australian health system was to get Simon Crean elected. That is not an appropriate use of the time of this House. I have been a member of this House for about a decade and during that time I have heard all health ministers criticise the federal Government’s attitude to the health system. However, this matter is about Western Australian health, the Western Australian Government and the Western Australian Minister for Health dealing with the issues affecting Western Australians. It has little to do with the federal health system, which has been in place for several decades.

I find it interesting that many federal Labor Party members tell constituents to refer to their local emergency hospital for attention. However, on ABC Radio this morning the minister told people not to refer to their local emergency hospital but to see their general practitioner, with which I agree.

Mr R.C. Kucera: No, I didn’t.

Mr M.W. TRENORDEN: The minister referred to the bottom end of the system.

Mr R.C. Kucera: I said when appropriate.

Mr M.W. TRENORDEN: I agree; that is one area about which the minister is right. Many of the minister’s federal colleagues have said that Medicare is about fronting up to their local emergency hospital at no cost.

Mr R.C. Kucera: They do not.

Mr M.W. TRENORDEN: I can think of hundreds of them. In my electorate, recently a woman from Perth asked why a doctor was not at the Northam District Hospital when she attended it. Her attitude is typical. When the Labor Party was elected two years ago, it boasted that it had listened to everyone who had spoken about the

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health system and it knew how to fix its problems. The minister may not have been officially in opposition, but he was unofficially in opposition. He was having a go. Two years down the track the health system is in total disarray. I will not listen to the minister pass the buck.

Mr R.C. Kucera: That is nonsense. You should read your own press releases. I might read a few back to you.

Mr M.W. TRENORDEN: It is in total disarray. What has the minister delivered for country areas? He has disbanded country hospital boards, overseen budget blow-outs of enormous proportions - up to \$1.3 billion -

Several members interjected.

Mr M.W. TRENORDEN: Government members can make as much noise as they like. Budget blow-outs have been quite substantial.

The ACTING SPEAKER (Mr Andrews): The Leader of the National Party has three minutes. If members have points to raise, I ask that they do so in their own time.

Mr M.W. TRENORDEN: Thank you, Mr Acting Speaker. If the minister knows everything about the health system, why does he not fix it? He has been telling us for years that he knows everything about it. He should fix it. He does not need to implement any more reviews or recruit any wise people from the east. When the coalition appointed Michael Moodie, the then Labor Opposition pilloried him. The other bloke - a wise guru from the east whom we have never heard of - will get the same treatment. The minister must get on with improving the health system, as he is charged to do. I agree that the health budget is blowing out and that core areas in the country -

Mr R.C. Kucera: It is not blowing out in the country; it is running very well.

Mr M.W. TRENORDEN: In the country? We cannot get figures from the Auditor General because the minister is trying to cook the books. I will have some interesting conversations with the minister about that.

Withdrawal of Remark

Mr R.C. KUCERA: That comment impugns my reputation and should be withdrawn. Nobody is trying to cook any books.

The ACTING SPEAKER: There is no point of order.

Debate Resumed

Mr M.W. TRENORDEN: I am running out of time. The Government is trying to change the accounting system so that we cannot compare last year's figures with this year's figures. As far as I am concerned, that is cooking the books.

We need the minister to guarantee regional hospitals will not be downgraded, core services such as mental health will not be removed from regional areas, and there will be no downgrading or removal of core services, such as heart bypass facilities and services, to regional areas. Country people often suffer because of ambulances bypassing hospitals. We need the minister to say today that emergency bypasses will be eliminated. The minister should also make a commitment that beds will not be closed and that key emergency services will not be downgraded, particularly in country areas. Those are the minister's responsibilities. The minister's track record for the past two years is terrible. We will put him on notice every time he comes into this House. He does not need any more reports or reviews. He must get on and fix the health system.

MR R.C. KUCERA (Yokine - Minister for Health) [4.13 pm]: When I first came into this House some two years ago, we announced the Health Administrative Review Committee. I made it clear from day one in my ministry that I would insist on two things: accountability of fiscal responsibility and structure of health and medical delivery of services. It was as simple as that. In two years we have worked well down the track towards dealing with the first side of the equation - namely, structure - and making sure that the structure, both medically and administratively, is such that we can move forward in a unified direction. We have achieved that restructure.

It is clear in the HARC report that it would be time to move on once that structure was in place and to examine the accountability of the fiscal and medical structure of health. I am referring to the health and public hospital systems, both of which impact enormously on the amount of money it takes to run the health system. We have done the work on the structure. We have a good senior management team in place. The discussions I have had with our Treasurer and excellent Director General of the Department of Health, Mike Daube, have clearly indicated that it is now time to drill down into the delivery of health services in this State from a medical and fiscal perspective. Together, those two men have talked to the Government. The Functional Review Taskforce recommended that it not drill down into health. The task force said that it was a separate issue that had been

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clearly identified by this Government on which it should take action. At the Australian Health Minister's Council recently, I spoke to a number of health ministers about people who could assist us with a reform process and who would bring a degree of independence so that they could advise Treasury of progress, and who could work with the director general on medical issues. The people around this country who can bring an independent view on both medical and fiscal issues are few and far between. Most of them, like Mike Daube, are already employed within the system and doing a damn good job under very trying and difficult circumstances.

These issues have been discussed with Treasury and with my senior management team. It has been decided that the best way to move forward is to find someone who can assist them and to put together a structural group that will allow Mike Daube to get on with his job of running health and at the same time start to drill down and look at the kinds of issues that are absolutely necessary if we are to reform the health system in this State. This is no different from the process that Andrew Refshauge undertook in New South Wales, which incidentally took nearly five years to accomplish. It is also no different from what the Victorian Government is doing. I am pleased to say also that the recent Northern Territory report about the review of its health system is almost word for word what we were talking about and what the Health Administrative Review Committee report recommends. The purpose of this review is to move us into the next phase to ensure that if, for example, Royal Perth Hospital is delivering services, the cost centres in Royal Perth are such that every precious health dollar is put where it is needed most so that people who are sick and in need are supported. That is what this is about. It is not about this absolute rubbish and diatribe that has come from the Leader of the Opposition today. That is the sole purpose of this group. It is not a razor or hatchet gang. It is not something that has been imposed on me. I recommended a number of people to the Premier, and Mick Reid's name was among them. Michael Reid comes highly recommended. He is respected greatly by all the people in health in this country. It is excellent that he should support Mike Daube in the great job that he and his health ministry team are doing. I applaud the fact that they are now moving on with the next phase.

I will now address some of the other issues that have been talked about in this House. This same debate came up just before the Christmas recess. Not one policy announcement has come from the Opposition since that time that has progressed the debate in any way. All we have had is constant support for the nonsense that is taking place at the moment to undermine Medicare in this country. I will not resile from the fact that the health system in this country is an Australian health system; it has been since the first day it was put together. It consists of a program of primary health care, essentially delivered by probably the most underrated and undervalued group of people in this community; that is, our family doctors or general practitioners. I say "underrated and undervalued" because of the attitude that the federal Government is taking towards those people. It wants to pay my doctor \$25 to keep me alive! My plumber charges me \$65 just to look at a broken tap, for goodness sake! Where are we coming from? When I stand in this House and defend our great bunch of family doctors, I am accused of bashing the federal Government. I am proud to bash the federal Government if that means our family doctors will be properly supported to do the job that they are trained to do.

We have heard a lot today from the member for Murdoch. The member for Murdoch said on 22 December 2002 on Radio 6PR -

" . . . this is not a problem that's isolated to Western Australia, it's a problem that's right around Australia.

He is talking about ambulance bypasses. He continues -

And it's brought about primarily for two reasons, it's brought about because we have more and more people wanting to use the public health system . . . -

These are wonderful words from a person who is so supportive of the private health system. He continues -

and not necessarily for emergencies . . . but for their primary health care.

It is our family doctors - our GPs - who deliver primary health care. Do we have any support from the member for Murdoch? Every time we try to get a decent quid from the Commonwealth, he tries to undermine what we are seeking to do in this State. He continues -

" . . . a lot of people are doing that for two reasons. One, because . . . we're seeing a shortage of GPs after hours and on weekends, -

Several opposition members interjected.

Mr R.C. KUCERA: I am happy to table this. He continues -

and they're going into emergencies for normal . . . primary health care.

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It is not the Minister for Health who is saying this; it is the member for Murdoch - this wonderful champion of the private health system and of John Howard's policies. He says also -

And we see also a situation where we have a clogging up of beds in the tertiary hospitals themselves.

“We've got . . . an ageing population, -

Goodness me! The member for Murdoch has managed to find that out! He continues -

we've got people going into those hospitals and staying longer when they don't really need a tertiary bed but because there's some difficulties finding them an aged care bed. They stay in there and that sort of ramps it up down through the system, so the emergencies get full.”

That is not me talking, that is the member for Murdoch.

The Leader of the Opposition made much about the issue involving Phyllis Retallack. Of course I was disturbed when I heard about Phyllis Retallack. Members opposite give us this constant diatribe about blaming someone. I will pose a few questions. I have gone to great lengths to explain that this is the only State in Australia in which the support by the Commonwealth for bulk-billing is not the biggest issue on the agenda. The front page of the Brisbane paper today is about the lack of bulk-billing and the collapse of the GP system. The possibility of a war in Iraq is not mentioned. The front page of the Sydney papers yesterday was about the collapse of the bulk-billing system. However, the front page of our paper says nothing about bulk-billing. It is about time people realise what the real issue is in this country. If we want to talk about blaming someone, the member for Avon said in that wonderful paper *The Gnowangerup Star* -

“It is a grim picture and we have to come up with innovative ideas that make it worthwhile financially for doctors to set up practice in country WA,” . . .

He said also that currently we rely on overseas-trained doctors, and we need to introduce a Medicare fee regime that carries a rebate weighting for remoteness. I could go on and on.

We have a proud record in this State. Over \$1 billion has been committed to the health system so far. Nearly 400 nurses have been put back into the system. Waiting lists are at their lowest level for 11 years. Yes, we have difficulties and pressures on our emergency departments, and of course I get upset and disturbed when I hear about things such as what happened to Phyllis Retallack the other day. However, why can our nursing homes not provide the level of nursing care that is required? Why are our GPs unable or unwilling to go to nursing homes so that people like Phyllis can be treated in their own beds instead of having to be loaded into an ambulance? Why was the door of Hollywood Hospital slammed in her face even though she had a gold card -

Mr R.F. Johnson: It was full!

Mr R.C. KUCERA: Yes, it was full, but Sir Charles Gairdner Hospital was full as well, because during the eight years of the former coalition Government, it lost 146 beds. I take full responsibility for putting back those beds. We are rebuilding that hospital. Twenty-one million dollars is being spent on that hospital. At the end of the day, I will ask the people to judge whether what we are saying is right. The entire country is now realising how much we are being undermined. I refer to the front page of the Australian health care system national web site that was put in place by the Howard Government. It states -

The aim of the national health care funding system is to give universal access to health care while allowing for choice . .

That is the federal Government's own web site, but John Howard says that that is not the case. The Opposition should be condemned.

MR E.S. RIPPER (Belmont - Deputy Premier) [4.31 pm]: When we came to power we inherited a set of forward estimates from the coalition Government, including some deficits into the future that this Government has turned around. It is interesting to compare what we had planned for health with what the coalition Government had planned for health. A comparison between the Government's forward estimates and those it inherited from the coalition Government reveal that this Government will add an extra \$1 345 million to health over the two four-year forward estimate periods. The Opposition has stated that insufficient finances have been put into the health system. However, we are putting \$1.345 billion more into health than was planned by the former coalition Government, even though the plans it took to the electorate in February 2001 included two more deficits.

There has been some concern about what the health budget increases have been. The increases since 1994-95 have been as follows: five per cent in 1994-95; 10 per cent in 1995-96; three per cent in 1996-97; 13 per cent in 1997-98; seven per cent in 1998-99; six per cent in 1999-2000; and seven per cent in 2001. The increase in

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2001-02 - the Government's first year - was 10 per cent and in 2002-03 it was four per cent. That is a good record on this Government's part of putting additional money into health. We have increased the share of the budget going into health from 22.8 per cent to 24.2 per cent. The problem is that because of the growth rate of health into the future, we have to make sure that we get the best value for money so that the services are sustainable into the future. That is what the Government's health reform program - it is not a review - is all about.

MR P.B. WATSON (Albany) [4.34 pm]: I congratulate all the health workers in Albany, some of whom have won awards statewide. The hospital, doctors and health support workers in Albany are tremendous. We should be giving a boost to the doctors, nurses and health workers, instead of being negative, because that negativity shows. We should be supporting them.

MR D.F. BARRON-SULLIVAN (Mitchell - Deputy Leader of the Opposition) [4.35 pm]: On 30 January 2001 the now Premier was reported in *The West Australian* as having said -

"The Labor Party is going to come up with solutions to all of the problems in our public hospitals."

The people of this State deserve to know how the Gallop Labor Government will do that, when it will do it and when it will live up to its responsibility to fix the problems in the health system. The simple fact is that the people of this State were not given those answers today. I ask the Deputy Premier to table the official document to which he referred.

The ACTING SPEAKER (Mr P.W. Andrews): The Deputy Premier has indicated that the document to which he referred was not an official document, and I accept his word.

Point of Order

Mr C.J. BARNETT: The Deputy Premier quoted from a typed document. I ask you, Mr Acting Speaker, to rule on this matter, because it appears to me that, in every sense, the document is an official one. Why would the Deputy Premier not wish to table a record of health expenditure if he is so proud of it?

Mr J.C. KOBELKE: A number of rulings have clearly stated the application of the relevant standing order. A typed document is not necessarily an official document. One can have written or typed notes prepared for a speech, but they are not official documents. The Deputy Premier has indicated that the document to which he referred is not an official document, and, on that basis, there is no requirement that it be tabled.

Mr R.F. JOHNSON: I seek the Acting Speaker's guidance. What is an official document and what is not an official document?

Mr J.C. Kobelke: Speech notes are not.

Mr R.F. JOHNSON: The Deputy Premier has not stated that what he had was speech notes. He said that he had a typed written report. He may not want to call it an official document, but quite clearly it is a document of some significance. The Deputy Premier should have the fortitude to table that document, because he was quoting official financial figures and estimates.

The ACTING SPEAKER: The Deputy Premier clearly indicated that he referred to his personal notes and not an official document, and I accept his word.

Motion Resumed

Question put and a division taken with the following result -

Extract from *Hansard*
[ASSEMBLY - Tuesday, 11 March 2003]
p5093d-5104a

Deputy Speaker; Mr Colin Barnett; Dr Geoff Gallop; Mr Mike Board; Mr Larry Graham; Mr Max Trenorden;
Acting Speaker; Mr Bob Kucera; Mr Eric Ripper; Mr Peter Watson; Mr Dan Barron-Sullivan; Mr John Kobelke;
Mr Rob Johnson

Ayes (20)

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

Noes (28)

Mr J.J.M. Bowler	Mrs D.J. Guise	Mr J.A. McGinty	Ms J.A. Radisich
Mr A.J. Carpenter	Mr S.R. Hill	Ms S.M. McHale	Mr E.S. Ripper
Mr A.J. Dean	Mr J.N. Hyde	Mr A.D. McRae	Mrs M.H. Roberts
Mr J.B. D'Orazio	Mr J.C. Kobelke	Mrs C.A. Martin	Mr D.A. Templeman
Dr J.M. Edwards	Mr R.C. Kucera	Mr M.P. Murray	Mr P.B. Watson
Dr G.I. Gallop	Mr F.M. Logan	Mr A.P. O'Gorman	Mr M.P. Whitely
Mr L. Graham	Ms A.J. MacTiernan	Mr J.R. Quigley	Ms M.M. Quirk (<i>Teller</i>)

Pairs

Mr M.G. House	Mr C.M. Brown
Mr R.A. Ainsworth	Mr N.R. Marlborough
Mr B.J. Grylls	Mr M. McGowan

Question thus negatived.