

PUBLIC HEALTH SYSTEM, PRE-ELECTION CLAIMS

Motion

Resumed from 18 April on the following motion moved by Hon Simon O'Brien -

That this House recalls the Labor Party's pre-election claims that it "understood the public health system" and "would fix the health system" and calls on the Government to explain -

- (a) why the State's health system is under more pressure now than it was in February 2001, especially in relation to staffing;
- (b) why it has cut back rural health services;
- (c) why the Minister for Health will not support an MRI scanner for the southern metropolitan area;
- (d) the failure to obtain a PET scanner;
- (e) why it has halved funding for the Central Wait List Bureau;
- (f) why it has sacked country hospital boards;
- (g) the inadequacy of emergency services to outer suburban areas; and
- (h) the inadequacy of funding for health services generally.

HON BARRY HOUSE (South West) [10.36 am]: My contribution might seem tame by comparison. I am pleased to support this very important motion. It is interesting that a note from the Minister for Health has just been circulated, encouraging members to leave the Chamber to attend a briefing and morning tea in the cabinet dining room. It would be interesting to see what would happen if we took him up on that invitation!

The motion refers to the Government's pre-election claims about the health system, and contains a number of parts. We well remember the Labor Party's unequivocal commitment in the lead-up to the election in February last year that it would fix the health system. It did not acknowledge any of the difficulties associated with the delivery of public health in this State or the rest of Australia. It was absolutely unequivocal in saying that it would fix the health system. The new Minister for Health came into the position very gung-ho and hairy-chested about the whole thing. For most of the first year of his tenure as Minister for Health, his rhetoric continued to be unequivocal. He repeatedly said that his Government would fix the health system. He is starting to realise that the health system cannot be fixed overnight. His statements are now tempered with caution, an awareness of the reality, and an acknowledgment that he has not been able to fix the health system in 12 months. In fact, the health system is worse now than when he took over in February last year. That is the crux of this motion. In the 12 months or so since the change in government, we have seen disputes involving virtually every party associated with the health system in Western Australia. We have seen disputes with doctors, nurses and administration staff; almost every stakeholder involved in delivering services in Western Australia. That is one point. There has also been an increase in ambulance bypass times at metropolitan hospitals.

Hon Ljiljanna Ravlich: That is not true.

Hon BARRY HOUSE: Yes, it is. Unfortunately, I do not have the statistics with me, but I will try to get them after I have finished my contribution to the debate.

There has been an absolute upheaval in Western Australia's health administration, as the administrative structures in the metropolitan and country regions of WA have been turned upside down. As a result, there has been no gain in services at the pointy end of the hospital system. That is one of the frustrations experienced by the Liberal Party as it observes what is happening to the health system. Over many years, Western Australia's health administration has burgeoned at the expense of delivery services. That is a huge frustration for those of us who want to do our bit to improve the delivery of services.

Hon Ray Halligan interjected.

Hon BARRY HOUSE: That is my next point. There has been a growing shortage of nurses. Hon Ljiljanna Ravlich cannot refute that statement. There is a growing crisis in the availability of surgeons, and to some extent this is tied up with the difficulty of securing professional indemnity insurance, and other factors. I am not here to lay complete blame on the State's administration - other factors are also at work. However, at the end of the day, the buck stops with the State; it is responsible for the delivery of public health services in Western Australia. Some hospitals and services have also closed. Hon Simon O'Brien and Hon Derrick Tomlinson have already referred to last year's temporary closure of the emergency department and labour wards at the Swan District Hospital. After Easter this year, the South West Health Campus was closed for two weeks. I had a strange experience when I went to the hospital next door for an operation just before the hospital closed. After

my anaesthetist had finished asking me some questions, he launched into a complaint about the hospital being closed for the two weeks -

Hon Kim Chance: That is called a captive audience!

Hon BARRY HOUSE: I could not go very far, and I was not in much of a position to argue because he was going to knock me out!

The anaesthetist was angry because the word being circulated was that the hospital was closing because the doctors wanted to go on holiday, and that was a lie. The doctors were not going on holidays - the hospital was being closed simply as an administrative decision to save the bottom-line budget. Such action was not conducive to a good relationship between the hospital's administration and the doctors and surgeons who worked there.

Little money has been spent by the Labor Government on infrastructure and facilities. Indeed, it has slowed down to a trickle. I certainly hope that next week's budget will allow for more expenditure on facilities and infrastructure. That goes hand in hand with the pattern that is emerging right across the State in capital infrastructure on roads, schools and the like. The coalition Government's performance in health can be used as a yardstick to determine what should be done. Our performance reinforces the view that coalition Governments build things - they add to the State's capital resources through good economic management. In contrast, Labor Governments run our capital resources down and do not replace them. When Labor was previously in power in Western Australia, one of the biggest scandals was in the education system. The Labor Government withdraw the seven-year maintenance program for the schools throughout the State. We had to sit back and watch as the State's capital stock in education declined and deteriorated. It has taken an eight-year term of a coalition Government to arrest that slide and turn it around. I hope we do not see a repeat performance of this in education. Unfortunately, this pattern has already started to emerge in health.

Several members interjected.

The PRESIDENT: Order, members! Hon Barry House has the call, and not the members from either front bench.

Hon BARRY HOUSE: I have some facts about ambulance bypass times that I hope Hon Ljiljanna Ravlich will take on board. Hopefully, she will acknowledge the true situation. In his campaign launch speech, Dr Gallop stated -

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

However, in February 2001, the three major metropolitan teaching hospitals were on ambulance bypass for 1 957 minutes. In February 2002, the same hospitals were on bypass for 7 885 minutes. That is an increase of 302 per cent in bypass times. Is Hon Ljiljanna Ravlich aware of these statistics?

Hon LJILJANNA RAVLICH: Sorry?

Hon BARRY HOUSE: She has not even listened to what I have had to say. During the one year in which the Labor Party has been in government, there has been a 302 per cent increase in ambulance bypass times at metropolitan hospitals. That is a stark figure.

Hon Kim Chance: Even if that were correct - if the member states it as so, then I believe him - he should also balance that by recognising the degree of spending that this Government has put into accident and emergency services in Perth to fix the problem in the long term. We are spending approximately \$17.5 million.

Hon BARRY HOUSE: Does Hon Kim Chance agree with his leader's comments that -

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

Hon Kim Chance: Of course I do. However, \$17.5 million is being spent to fix the problem. This has been recognised by the Australian Medical Association. The Government is fixing the problem.

Hon BARRY HOUSE: So far, there is a negative 302 per cent success rate; that is how far the system has declined.

Hon Kim Chance: The accident and emergency expansion has not yet occurred. The expenditure is happening right now. The Government recognises that there is a serious problem, but it is doing something to fix it.

Hon BARRY HOUSE: We will measure it again next year, and the year after that. That is the point I will attempt to make in the next few minutes -

Hon Kim Chance: I hope you do, because that is Parliament's job.

Hon BARRY HOUSE: We must take the indicators into account, because they are the only way to measure the outcomes. I want to put on the record the difference between what I believe is the coalition's very successful record on capital construction in the health system throughout the region I represent and the record of the Government. The Peel Health Campus is a magnificent facility. We have seen a magnificent facility constructed in Bunbury - the South West Health Campus. That contains a collocation of private and public health systems. It is an outstanding facility in anybody's terms.

Hon Kim Chance: And Armadale.

Hon BARRY HOUSE: Yes. There is Armadale, Joondalup and many more. The coalition Government can be very proud of its record.

Hon Kim Chance: Armadale was ours, actually.

Hon BARRY HOUSE: The Government got to open it, and it claims it!

Hon Kim Chance: You got to open Bunbury.

Hon BARRY HOUSE: We built Bunbury!

Hon Kim Chance: We built Armadale.

Hon BARRY HOUSE: We started Armadale well down the track before the current Government took over. When we took over in 1993, the previous Labor Government's contribution to the health facility in Bunbury had been to conduct a four-year health study into the old Bunbury Regional Hospital and to dig a hole in the ground next to the hospital. It was left at that. It was a desert in the middle of the city. That was that Government's contribution to the Bunbury Regional Hospital; it was going absolutely nowhere. The coalition Government took up the challenge and floated the idea of collocating facilities involving St John of God Health Care and the Bunbury Regional Hospital. Initially, that raised a great outcry in the community, much of which was orchestrated. I think Hon Peter Foss was the Minister for Health at the time. I remember inviting him to a meeting in Bunbury to speak to rightly concerned people about the outcome. That issue was put in the hands of a local community group that owned the facility. It was led by people like Tom Cottee and Louie Touia, who did a fantastic job of making decisions on behalf of the community. Another member of that committee was Mike Eastman, an accountant from Bunbury. I attended his funeral in Bunbury two weeks ago. He made an enormous contribution, in a voluntary capacity, to many organisations in the area. His particular focus was health. He was on the board of the St John of God hospital in Bunbury. He was part of the group assembled to plan, organise and construct the new South West Health Campus.

Hon Kim Chance: He was a great contributor to the community in general.

Hon BARRY HOUSE: He was a fantastic contributor to the community in general. He was also the joint patron of the South West Cricket Association, of which I am president. Mike made a huge contribution to cricket as a player and an administrator for many years. He did not stop there; he worked for the community. There are many people like him in Bunbury and many other country communities. There is a stark difference between the city and the country in that respect. Country communities have committed groups of people who give their time, energy, initiative and huge amounts of money to produce facilities for the communities. That is part of my argument. People cannot just walk away from that type of commitment in a local community and destroy community ownership of facilities that have been built.

The parliamentary secretary recently opened brilliant new facilities in Nannup and Pemberton. I am pleased that she allowed the local member, Paul Omodei, to join in the opening of those facilities, as he played a major role in their development. As a local member for that region I would not have minded an invitation as well. But, never mind. There are many facilities in that area that were built during the time of the coalition Government. The record of the coalition Government stands very clear. I will remind the House of it from time to time. At the end of this Government's four-year term I will stack up the credits. We must make a fair comparison between facilities -

Hon Ljiljanna Ravlich: It is a bit like comparing apples with pears, because the previous Government had a windfall for many years because it was generating revenue by selling assets.

Hon BARRY HOUSE: Perhaps the parliamentary secretary will explain to the House what the new private-public partnership initiative is all about. I am confused about it.

Several members interjected.

The PRESIDENT: Order, members!

Hon BARRY HOUSE: Privatisation takes many different forms. The outright sale of an asset is one form. It can be done in disguise in many other forms. I want to receive some clarification from the Government about

the private-public partnership initiative that it is promoting. It may be a good idea; I do not know. I am a bit confused about the process. Let us not have the pious parliamentary secretary say that the Government is not selling assets. If human assets are sold it is the same as selling physical assets.

Hon Ljiljanna Ravlich: We will not sell assets. My point is that the previous Government did, and it did it consistently. It was one way in which that Government generated revenue to pay for additional hospitals. I am making a very fair point.

Hon BARRY HOUSE: We will see some very stark comparisons between the way coalition Governments handled asset sales and the way they are handled by Labor Governments. I will continue to compare the coalition's record with the Labor Party's record in health and other areas over many years.

I particularly want to focus on rural health services and health boards. We have seen a clear, unequivocal reduction and decimation in this area. Five south west health boards were unilaterally abolished overnight by the Minister for Health. It is a huge snub to many good people in the country regions that were represented in the area covered by the South West Health Board. The classic high-profile example of that was Mr John Edwards. I have raised this matter in this House on a previous occasion. He was probably the catalyst for the mass sacking of five south west health boards because he took on the Government. He was the former Chairman of the Vasse Leeuwin Health Service. He was not going to stand by and be bullied by this Government into accepting a budget that he knew he could not deliver. He knew the budget would have resulted in cuts to services in that health service. Mr John Edwards outlined very clearly, and I have outlined some of the figures, that he was being given a budget that represented a real cut in the budget for that health service. His only option was to reduce services. He was not prepared to accept that and was prepared to make a bit of a noise. The Government could not accept that those local people could be concerned about their health services and wanted to make some sort of protest.

Hon Kim Chance: Did he actually get a budget cut?

Hon BARRY HOUSE: Yes, he did.

Hon Kim Chance: That was most unusual in rural health services. There was a big increase generally.

Hon BARRY HOUSE: It was cloaked in some other language. The Minister for Health will produce information that shows the health service received a monetary increase, but it is the old story of tied grants. I think \$600 000 was taken out of his budget, which had been clearly earmarked by the Government to be spent on some other project that was the Government's priority. John Edwards was not sure exactly what it was, but it was not service delivery. That is where he had his problem. Service delivery in his health service would have had to have been cut back for him to deliver his budget. He objected to that and took exception to it. He was prepared to speak out about it. His resignation out of frustration provided the catalyst a few days later for Mr Kucera to say that all five south west health boards had been eliminated.

Hon Ljiljanna Ravlich: It was an inefficient administrative arrangement, and you know it. You only had them there so that they could promote your ideology in the community.

Hon BARRY HOUSE: That is the difference between the Labor Party and us.

Hon Ken Travers: You spent the money on bureaucracy and we put it into health services.

Hon BARRY HOUSE: No.

The PRESIDENT: Order!

Hon BARRY HOUSE: Those people who put their heart, soul and considerable resources into producing their community assets were chucked on the scrap heap and discarded. That clearly illustrates that the Labor Party in government does not understand community ownership of health facilities. It does not acknowledge the contribution of many good people in country regions to providing their own health system.

I use Augusta as an example. Augusta is one of the regions affected by the abolition of the south west health boards. Augusta is a fantastic community. The community has literally built, managed, financed and administered many of its local health community facilities over many years. I refer to the hospital and the Leeuwin Frail Aged Lodge in particular. The community feels a great sense of ownership and pride in those facilities. About three years ago, the facilities went to a multi-purpose service system. The community has grieved over seeing the loss of services from its town since that time. The pace has accelerated in the past 12 months. The community has seen its town lose obstetric services, the emergency capability at the hospital, surgery procedures and aged care services. The hospital has been reduced to little more than a nursing post. The community was very proud of its hospital. It felt a great sense of achievement and satisfaction at having funded a large part of the facilities and having initiated the construction of a large part of them and administering them. The community's frail aged board literally administered that facility.

Hon Ken Travers: Why didn't you give this speech when your mob privatised the Wanneroo Hospital?

Hon BARRY HOUSE: I do not represent Wanneroo. Why did the member not make the speech?

Hon Ken Travers: I did. I was not here when you privatised it.

The PRESIDENT: Order!

Debate interrupted, pursuant to standing orders.