PRIMARY HEALTH CARE — REGIONS

Motion

HON NICK GOIRAN (South Metropolitan) [1.03 pm]: I move —

> That this house notes with grave concern the ongoing lack of proper access to primary health care in many regional and rural areas in our state, and calls on the government to prioritise this as a matter of urgency.

The WA Country Health Service defines a primary healthcare service to include the following: medical specialists, a general practitioner, a community health centre, and a community or district nurse. Primary health services are particularly important because they do several things: they provide, first, an ongoing contact; they are able to identify health risk factors; and they provide interventions and education that can prevent people from needing to access acute health care. Some essential facets of primary health care include education, early detection, early treatment and symptom management. Indeed, primary health services also help people manage their chronic conditions so that they can experience a better sense of wellbeing through effective symptom management.

I found it instructive to look at a 2019 report by the Australian Institute of Health and Welfare entitled "Potentially Preventable Hospitalisations in Australia by Small Geographic Areas". This report tells us several things, including that potentially preventable hospitalisations are a good metric for measuring sufficiency of primary health care. This report also tells us that poor access to primary health care is strongly related to higher rates of PPHs—potentially preventable hospitalisations. The methodology used in the provision of this 2019 report included measuring potentially preventable hospitalisations over the period 2016–17 across 31 primary health networks. The findings from this report are important because they indicate that country Western Australia faired seventh worst, with approximately 3 200 potentially preventable hospitalisations per 100 000 people. Nationally, the rate was 2 732 per 100 000 people. This report also further analysed three categories of conditions: chronic, acute and vaccine preventable. Interestingly, country WA rates were higher than the national average across both acute and chronic conditions. The conclusion to the 2019 report is that avoidable hospital admissions and readmissions are costly, but they are avoidable with good access to primary healthcare services.

That brings me to my recent visit, and, indeed, the entire shadow cabinet's recent visit, to Kalgoorlie. One of the things I did during that time there was attend a public health forum that involved the shadow Minister for Health and the member for Kalgoorlie; I note that Hon Kyle McGinn was also present. One of the interesting and telling things that came out of that forum for me, as a metropolitan-based member, was the prevalence of a shortage of general practitioners, and the waitlist to see a general practitioner, to say nothing of the waitlist to see a visiting specialist. I note that fairly recently, on 17 June this year, in the *Kalgoorlie Miner*, the following remarks were made by the reporter under the heading "GP shortage woes". It says —

> Kalgoorlie–Boulder GPs are struggling to keep up with the demand for appointments in this year's horrid flu season, with many saying the ongoing GP shortage has increased pressure on them.

Later in the article, the journalist says —

> Dr Sterry said her practice, which was forced to close its books to new patients years ago due to a low number of GPs, was turning away 20 to 30 people a day who were sick or needed a follow-up appointment as her wait lists were pushed to about three weeks. "Our reception is sick of the abuse they continue to cop from patients who ring us unable to get an appointment anywhere in town and being told the only option is to head to the Emergency Department," Dr Sterry said.

This article goes on to say —

> Tower Medical Centre's Dr Mal Hodsdon said it was not only overseas trained doctors which were hard to get through the red tape.
>
> He has been waiting months to get approval for a GP to come over from NSW. He said it was also hard to obtain graduate students.

The article concludes by saying —

> He warned the GP shortage would get worse once his generation started to retire as there would be few people interesting in filling the gaps.

As I understand it, the situation in Kalgoorlie is that many people end up having to present to the emergency department due to this waitlist. Indeed, I recall one of the ladies at the forum expressed a fair amount of exasperation and stress about being on the waitlist for the visiting specialist. Understandably, the waitlist is recorded in priority order. People who are low on the priority order are exasperated because they wait for a specialist, who comes and goes, and they do not get to see them. They then have to wait for the next visit and hope that they will eventually

climb up the priority order. On 1 August this year, another article in the *Kalgoorlie Miner* under the heading "Upset at FIFO Health Staff" addressed this point. The article said —

> Frustrations among local health professionals about FIFO practitioners were on display at a forum hosted by shadow health minister Zak Kirkup and Kalgoorlie MLA Kyran O'Donnell in Kalgoorlie–Boulder on Tuesday night.
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> Mr Kirkup said there was a clear message from the forum people did not believe there were enough permanent, long-term medical practitioners in the Goldfields.

The article goes on to say —

> "What I saw here tonight is a lot of people saying they were promised a lot of things by the Government, and a lot of things have yet to be delivered."

I might add that that seems to be a recurring theme at the moment. As I understand it, these people are still waiting for an MRI machine in Kalgoorlie, which is set to be installed in mid-2020–21. However, the situation is not unique to Kalgoorlie. In *The Geraldton Guardian* earlier this year, similar concerns were expressed. An article from 15 January this year states —

> "There has been an attempt to rectify the doctor shortage but it hasn't filtered through to rural and regional areas," Dr James Quirke said.
>
> "The Government needs to be more proactive about it—they need to engineer a stream of graduates that would find working regionally and rurally acceptable.

The article goes on to say —

> He said more must be done to market Geraldton and the Mid West as attractive places to live and work.

In 2015, the federal government committed to delivering an efficient and effective primary healthcare system through the establishment of primary health networks. On 1 July of that year, 31 of those primary health networks were established. The purpose was to increase the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes, and also to improve coordination of care. Primary health networks are a start, but they are not a silver bullet. I wish to recognise the work that the WA Primary Health Alliance is doing. It is overseeing the strategic commissioning functions of the three Western Australian primary health networks, which are Perth North, Perth South and Country WA. The WA Primary Health Alliance is implementing an outcomes framework tool to measure not only the health outcomes of people, but also their experience. I am sure that members of this chamber will be interested to see this data as and when it becomes available in the fullness of time.

This brings me to the sustainable health review. The "Sustainable Health Review: Final Report to the Western Australian Government" was published in April this year. I turn to several of the findings. In particular, I draw members' attention to the information about demand for services. The following comment is made in the report —

> Approximately 190,000 of the one million attendances to WA Emergency departments (ED) in 2017–18 could have been potentially avoided with treatment in primary care or community settings.

On the issue of population health, the report goes on to state —

> WA's suicide rate was approximately 20 per cent higher than the national average in 2016 and has been consistently higher than the national average since 2007.

The review further states on the issue of funding or resourcing —

> WA has a lower number of General Practitioners (GPs) per person (79 GPs per 100,000 population compared to national average of 96 GPs per 100,000) …

These are the findings of the sustainable health review, published by the government earlier this year. One of the outcomes of that review is that it identified a need for transformational change in the primary care space and a greater focus on prevention, and that it is time to get serious about community and primary care.

Strategy 4 of the sustainable health review report, under the heading "Person-centred, equitable, seamless access", states —

> Strong partnerships with primary care will improve care in the community for people with a range of chronic and complex conditions and enable more appropriate and timely access to specialist outpatient services.

Person-centred, equitable and seamless are three very important aspects that are hit-and-miss for our regional and rural Western Australians. I will give an example by virtue of a 2015 study done by the Western Australia Cancer

and Palliative Care Network, titled "Improving regional and rural cancer services in Western Australia". Its purpose was to compare cancer services in WA pre-2005 with service delivery in 2014. The conclusion of that study was —

> Services for cancer patients need to be accessible closer to home with distance being an appreciable barrier to treatment access. A statewide approach needs to be developed to ensure all people have equitable access to service delivery.

It is not fair if people only in metropolitan Perth can access some of those services.

I recall a nurse from Northam telling me a few years ago, on the issue of palliative care, that we cannot just paint a hospital room blue, put a crochet blanket in it and call it palliative care—specialised, trained staff are needed. Just this month, on 6 August, an article in the *Albany Advertiser* headed "Hospice plea to fix crisis in palliative care" stated —

> Albany Community Hospice is urging the State Government to fix WA's palliative care crisis before introducing proposed voluntary assisted dying legislation.

It continues —

> Albany Community Hospice chairwoman Jane Mouritz said there was an urgent need for better palliative care access across the Great Southern.

The journalist then quotes Jane Mouritz —

> "We need more community awareness of how palliative care can ensure people who have a life-limiting illness have a quality of life until the end of their life."
>
> WA Palliative Medicine Specialists Group chairman Dr Anil Tandon said he worked closely with palliative specialists in the region and the services fall a long way short of what is required.
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> "In the Great Southern, and across regional WA, palliative care teams are doing their best with the available resources," he said.
>
> "But sadly they are not at the level which we ourselves would want if our loved ones needed this care.
>
> "Because appropriate expert care is not available, many have no choice but to continue suffering. As a result, euthanasia may seem like the only option."

I also note that an answer to a question on notice asked by Hon Martin Aldridge on 8 August this year revealed that $12 million is being offered by the government for the expansion of palliative care in the regions. What was instructive was the government's answer to the second part of Hon Martin Aldridge's question —

> (2) Has the government now defined a plan to allocate the additional funding?

The one-word response from the government was, "No." The government has allocated money but it has not defined a plan for how that money will be used. That is cold comfort for people in the regions who desperately want access to these services. It is certainly not person-centred, equitable or seamless.

I note that a palliative care summit will be held on 24 August—in a few days—which, at this eleventh hour, seems to be tokenism. I also note that some of the legislation and matters that we will be debating seem to be cart before the horse, with all due respect. I understand that a teleconference for regional Western Australians, scheduled for earlier this week, took place on Monday between 9.00 am and 12 noon. However, it troubles me that a government thinks that a three-hour teleconference with regional Western Australians is adequate consultation.

I do not have time today to talk about the good work of other organisations like Silver Chain; however, I note that Hon Jim Chown has been asking some very important questions about this and that he has been interrogating the government about the lack of certainty on that contract moving forward. I hope perhaps on another occasion to be able to deal with that issue. However, I will say this: the opposition will not cease holding this government to account for the lack of priority it gives to regional and rural areas, particularly on the important issue of primary health care. Indeed, the purpose of this motion, of which I seek the support of other members, is to call on the government to get serious about primary health care in regional and rural areas in Western Australia.

HON ALISON XAMON (North Metropolitan) [1.23 pm]: I rise to also speak on this motion. I thank the member for bringing this issue forward because, as we know, access to health care in regional and rural areas is particularly pertinent in a state such as this because most of our state has been classified by the Australian Bureau of Statistics as being very remote. This motion is very broad and any number of issues could be looked at, but it will be of no surprise to any member that today I will focus specifically on access to mental health services in rural and regional Australia. I also want to highlight some findings that came out of the recently released Auditor General's

report. We know that people who live in rural and remote communities face a combination of factors linked to very low rates of access to mental health services, and there is also a very high rate of suicide. A recent Senate report into this issue titled "Accessibility and quality of mental health services in rural and remote Australia" listed a number of factors including poor access to primary and acute health care, social and geographical isolation, limited mental health services, funding restrictions, ongoing stigma surrounding mental illness and, of course, the important issue of the cost of travelling to and accessing mental health services. In addition to those elements facing everyone living in the regions, Aboriginal people also face specific cultural barriers and a lack of culturally appropriate mental health services. I have already spoken at length in this place about some of these issues in response to the coroner's report on the tragic deaths by suicide of 13 young people from the Kimberley.

As I said, I particularly draw the attention of the house to the Auditor General's report "Access to State-Managed Adult Mental Health Services", which was released only last week. This report paints a pretty damning picture of what is described as a disjointed state-funded mental health care system that is out of touch with how people use services, and results in an inefficient system that relies heavily on crisis-style care. One of the Auditor General's key findings was limited progress in implementing the 10-year mental health plan since its release in 2015. That was no surprise to me, because I have been getting up in Parliament and banging on about that repeatedly since I took my seat in 2017. The Auditor General specifically found that against the plan's baseline proportional spend, the funding for hospital beds has increased from 42 per cent to 47 per cent, but that the proportion of funding for community treatment services has remained the same, at 43 per cent. I remind members that that was meant to see a significant boost in investment. Unbelievably, the proportion of funding for both prevention and community support has decreased. That was also an area that was meant to be getting a significant boost in funding.

The Mental Health Commission's 2019 progress report noted that it had only finalised 24 per cent of the projects it had expected to complete by 2017. Although the veracity of the 10-year plan—a good plan—is widely recognised, the Auditor General found that the lack of a system-wide implementation plan or funding strategy to support that coordinated approach means that any meaningful progress is unlikely. Accordingly, one of the three key recommendations made in the Auditor General's report was the development of an implementation and funding plan. Unsurprisingly, in its response to the report, the Department of Health could not accept this recommendation, because, as we know, the plan has not been fully funded to enable full implementation. However, the department did say that it would work with the Mental Health Commission and the Department of Treasury to secure either full or phased funding for the implementation of the plan. I stress that this clearly needs to happen as a matter of urgency, as anyone here who deals with people currently in crisis in the mental health sector, either in their personal lives or through their constituents, would know. This came home to me very sharply last weekend, with the suicide of a young woman who was a friend of mine.

The sale of Graylands Hospital represents a rare opportunity to make a significant investment in the mental health system, as has been identified as being so desperately needed. I urge the government to commit to ring-fencing the proceeds of the sale for this purpose. Every time I raise this issue I am told that a decision is yet to be made. We know what the right decision is and what needs to happen. As it currently stands, without this injection of additional funding we still have a great 10-year plan, but no realistic prospect of achieving it.

I would also like to take a moment to acknowledge, for the purposes of this motion, that primary healthcare providers and private clinical mental health providers fell outside the scope of the Auditor General's report and that the report does not differentiate between rural and regional services and those provided within the metropolitan area. However, the response of the WA Country Health Service to the report quite cogently sums up why the Auditor General's quite sobering findings are even more alarming for Western Australians living in rural and regional areas.

I quote from page 16 of the report —

> WACHS supports the OAG's conclusion that this imbalance in the mix of services and settings is a consequence of broader system-wide complexity in funding, accountability and governance. Such imbalances are often further amplified in rural settings where State-managed Mental Health services are sometimes the only provider of care, and where, for urgent and emergency presentations, rural hospitals are frequently the only point of access to MH care. Often it is the only "accommodation" available to a consumer at that point in time.

It makes sense, then, that the Auditor General's findings on the strain on our emergency departments are particularly pertinent in rural and regional areas in Western Australia. The report highlights that, across the state, emergency departments are being used as a gateway and that hospital care has become harder to access, with people spending more time in emergency departments in order to access a secure mental health bed. We know that from 2013 to 2017, almost half the people seeking care first accessed state-funded mental health services through an emergency department. This suggests that community pathways to hospitals are not working for a significant number of patients.

The latest modelling presented in the 2018 update of the 10-year plan also provides some quite staggering numbers, highlighting the dire situation in rural and regional Western Australia. For example, in the northern and remote regions—we are talking about the goldfields, Kimberley, Pilbara and midwest—the figures in the update show that the actual number of hours of mental health community treatment services provided for older adults in 2017 was 8 000 hours, but the optimal number of hours needed by 2020 will be 47 000 hours. That is a significant disparity. The plan tells us that we need an almost sixfold increase in services for older adults in the northern and remote regions. That is a massive gap, yet we have not made any progress towards closing it. There are many, many other examples in the update of areas in which we are falling way short of required services, as identified in the plan.

Another of the Auditor General's findings that I find deeply concerning is that the total cost of providing mental health care in our emergency departments simply is not known. This seems to be a continuing theme when it comes to service provision in the regions. The same issue has been raised about palliative care services. I note that in its submission to the Joint Select Committee on End of Life Choices, the WA Country Health Service advised that there is limited oversight, coordination and governance of medical palliative care services across Western Australia's country health services. Clearly, significant structural problems within the Department of Health and WACHS are preventing them from being able to gain an accurate understanding of where our money is currently being spent, and are therefore compromising their ability to deliver effective services in the regions.

Finally, the Auditor General's third finding was that the Mental Health Commission and WA Health do not use existing data effectively to manage service delivery and reform. Currently, the Mental Health Commission and WA Health know the volume of care they are providing, but do not know how many individual people are accessing that care, or if they are using the service as it was intended in the first place. A particularly revealing part of this audit involved the Auditor General undertaking a data analytics exercise that enabled the Auditor General to follow people's pathways across state mental health services over time. It is actually very interesting; the report goes into quite a lot of detail. Essentially, this data has, for the first time, quantified how Western Australians are using mental health services. Through this method, the Auditor General was able to conclusively show that 10 per cent of people using state-managed mental health services accessed 90 per cent of the hospital care provided and almost 50 per cent of both emergency department treatment and the care provided by community treatment services. This clearly demonstrates that a number of vulnerable individuals are not getting the pathways for support that they need, despite the fact that they are presenting over and over. This exercise led the Auditor General to recommend that the Mental Health Commission and the Department of Health examine and analyse people's pathways across all state mental health services to better understand the capacity, effectiveness and efficiency of care options currently provided. On the face of it, this recommendation makes complete sense and I note that both the Mental Health Commission and the Department of Health supported it. However, it is significant, particularly for the purposes of this motion, that the WA Country Health Service was much more circumspect in its response. Its submission went on to state —

> WACHS supports the finding that a better understanding of how individuals interact with existing services should enable targeted, lower cost care options to be developed. However, such a reconfiguration needs to have sufficient capacity to manage redirected demand, as WACHS has seen previous efforts to meet specific needs overwhelmed as the rest of the system seeks to move people elsewhere. This has occurred with early psychosis services, personality disorders, ADHD clinics and with secure extended care beds. Demand booms, waiting lists develop, responsiveness wanes, confidence is lost and services are mainstreamed again—failures from their own success.
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> The level of data analysis undertaken by the OAG exceeds WACHS and most likely all other HSPs capacity to produce. The application of business intelligence processes to MH service delivery is still quite rudimentary and leveraging it for meaningful planning and evaluation is not yet well developed. It is our understanding that access to further data analysis and breakdown into HSP level data may be available in the future and WACHS would welcome the opportunity this presents.

This is exactly the kind of blunt analysis that we need to hear. Time and again agencies on the front line have had to implement, unfortunately, seemingly ad hoc reform that simply serves to shift the problem elsewhere. Comments from WACHS add further weight to the need for whole-of-system reform, as is articulated in the 10-year plan, which needs to be backed up by adequate funding to ensure that we do not end up merely shifting the problem around. There is no doubt that the Auditor General's report provides further evidence of a mental health system in crisis, and nowhere is this more evident than in the regions.

Although I welcome this report, and believe that some really interesting work has taken place behind it, particularly, as I mentioned, the data analytics, how many more reports do we need before we can start ensuring that we are doing something to support people in rural and remote areas to get the level of health services they require? As we have said, the outcomes for people living in rural and remote Western Australia, from a health perspective, are

poorer, and that is of grave concern. This state is meant to be providing for all, bearing in mind that health services are fundamental. This is a core business of government.

The Greens support the motion and believe that it is really important that we start looking at the sorts of plans that have already been created, the sort of analysis that is already being done, and see what we can do to finally get some statewide, appropriate implementation.

HON ALANNA CLOHESY (East Metropolitan — Parliamentary Secretary) [1.39 pm]: I am responding on behalf of the state government. I thank the honourable member for bringing this important motion to the house for debate today, because our government considers the issue of providing access to primary health care to be very important, particularly for people in regional and rural areas. We know that when people cannot get timely and affordable access to primary health care in a community setting, they end up in a more expensive model of care; for example, in a hospital. More importantly, we also know that if people do not get affordable access to primary health care, their outcomes are often not as good as they would be if they have access to primary health care.

The government will not oppose the motion because we agree that the federal government needs to do a lot more in providing access to primary health care for rural and regional Western Australians. Under the Australian health system, the federal, state and territory governments and local governments all share some responsibility for running our health system. However, under the Australian health system, the federal government has responsibility for a number of things, including supporting and monitoring the quality, effectiveness and efficiency of primary health care. That means that the federal government is responsible for primary healthcare services. As part of primary health care, it is also responsible for the provision of Medicare rebates and community and Aboriginal health services. The federal government is responsible also for subsidising aged-care services such as residential care. Especially important is the fact that the federal government is responsible for maintaining the number of doctors in Australia and ensuring that they are distributed equitably across the country. It is the federal government's responsibility to make sure there is access to primary health care across the country, including in regional and rural areas. However, we in Western Australia know that the primary healthcare workforce is not distributed equitably across the country.

We have already heard from the honourable member about GP numbers, and we know that the federal government is not doing enough to make sure that Western Australians get their fair share of access to GPs. Western Australia has only 79 GPs per 100 000 head of population compared with a national average of 96 per 100 000 head of population. Therefore, other states get 17 more GPs per 100 000 head of population than we do here in Western Australia. When someone is trying to find a GP for primary health care, we know that access is easier in other states simply because there are more GPs per head of population in those states—just for a start. As at 30 November 2018, 338 GPs were practising in Western Australia in regional locations, including 188 GP proceduralists. The Royal Australian College of General Practitioners, for example, has reported that Western Australia has fewer GPs per 100 000 head of population than the rest of Australia.

That is just the number of GPs that the federal government is responsible for and that Western Australia is being short-changed on. In addition, WA residents do not get their fair share of Medicare. As members know, the federal government is fully responsible for the provision of Medicare. Western Australians get, on average, $695 of Medicare services per person compared with a national average of $888 per person. They are GP numbers and Medicare rebates. There is a third level to this, and that is the pharmaceutical benefits scheme, which is another Australian government program integral to the provision of primary health care, which the motion refers to. Western Australians do not get their fair share of that either. As members know, the PBS provides subsidised prescriptions for medications, therefore making primary health care more accessible. We all benefit from that incredibly important scheme when we take our prescription to the chemist to be filled because for many of the medications on that scheme, we pay a reduced cost as they are subsidised under the PBS. Under the pharmaceutical benefits scheme, Western Australia gets $270 per person, compared with the national average, which is $332 per person. Western Australia is being short-changed again. Another area of primary health care that the federal government is responsible for under our Australian health system is aged care. On average, Western Australia has fewer aged-care beds per head of population than the rest of the country. Currently, waiting times to access home-care packages are significant. Western Australia also has a shortfall in transition-care places. There has been a modest improvement in the number of transition-care beds since the last election, but it still falls well short of the need. That is the responsibility of the federal government. We are being short-changed and we deserve a better deal than this.

In his contribution, Hon Nick Goiran mentioned the sustainable health review, which was released earlier this year. He quite correctly pointed out that it identified a disproportionate strain on our hospitals, and a need for greater focus on primary health, prevention and community health. It also identified that about seven per cent of hospitalisations are potentially avoidable and that 20 000 emergency department presentations each year could be

better dealt with in a primary-care setting. One of the steps that our government is taking to address those dramatic findings is to develop urgent care clinics, which was an election commitment and is now taking shape. It is designed particularly to address the issues that I have identified. The sustainable health review indicated that almost one-fifth of all attendances in emergency departments in 2018 could have potentially been avoided and could have been treated in a primary health care setting. From September 2019, the state government will commence a new pilot to test community-based urgent care models to try to alleviate the pressure on emergency departments and give patients more choice and access closer to home. The pilot will include both metropolitan and regional areas. That is one step the government will take to try to address some of those gaps. When people cannot access primary health care, they rely on other services, and long-term outcomes are often not very good.

Where there has been market failure and the federal government has failed to provide our fair share, the WA Country Health Service steps up to be the provider of last resort. It provides general practitioner services in places such as Exmouth and many other places that are known as section 19(2) exemption sites because no private practices are in those towns. The sustainable health review also referred to significant shortfalls in aged care and stated that new models were needed. The review has provided us with a clearer understanding and picture of what is going on, and also a framework to address some of these things. We have yet to hear the opposition's views on those recommendations of the report of the sustainable health review, which was released in April this year, but we look forward to hearing them.

We know that the problem we are talking about—the lack of access to primary health care in regional and rural WA—has been years in the making. This is not a new problem, but our government is taking every step it possibly can to bring the federal government to the party and to try to reduce some of the gaps that exist by being a provider of last resort. I am keen to know what was happening in the eight and a half years before our government took responsibility for addressing these huge gaps and the need that exists in the regions in particular.

In April 2018, the Department of Health released "A fair share for WA health care". I know that members would have seen some of it when it was released, but I draw their attention to it again. It shows that WA forks out millions of dollars to fill the gaps in health spending that the commonwealth government has short-changed us on. This is what the Western Australian government is forced to do because the federal government does not step up to the plate in its responsibility for primary health care. The Western Australian government provides a remote loading for funding when the commonwealth government falls short in paying the true cost of delivering services in regional and remote areas. The Western Australian government steps up to address a massive shortfall in aged care that leads to an additional cost borne by the state for hospital services for older Western Australians waiting for care. We also successfully lobbied the federal government, albeit for a slightly better deal, for an adjustment to the remote loading for the provision of services in regional and remote areas. Tasmania still receives a higher remote loading than the Kimberley does. That is just not fair. Think about that. Think about the distance that is involved. I do not know how many times Tasmania could fit into the Kimberley, but it would be a number of times.

Several members interjected.

Hon ALANNA CLOHESY: Thanks very much, members. I look forward to the contributions of honourable members opposite on how long the federal government has been letting down Western Australia.

I need to be fair. I need to acknowledge that the federal government has responded to our government's call for additional transition-care beds for the elderly. As I mentioned, although it is one step in the right direction, much more is needed. The Minister for Health has also successfully lobbied the federal government to introduce a Medicare item for providing telehealth to general practitioners in remote health areas. This is incredibly positive for people in regional and rural Western Australia. It will assist in improving access to primary health care, which is largely the responsibility of the federal government, for people in regional and remote Western Australia. Although I acknowledge that it does not go far enough and it needs extending into more areas, again, it is a step in the right direction. These are things that our government has taken on in just the last two years to try to address the massive shortfall left by the federal government and those who were responsible for the provision of health services across the state, including in regional and rural Western Australia.

As I mentioned, the WA Country Health Service is the provider of state-funded healthcare services, as well as the provider of last resort in rural and remote WA. It is the provider of last resort because the federal government has not stepped up to meet its responsibility in the provision of primary health care. WACHS also provides emergency and trauma care, acute inpatient care, specialist out-of-home care and community-based care, including aged care, Aboriginal health, mental health, public health and population health, which are also the domain of the federal government. Members will be aware of some of the challenges associated with the provision of rural health care in Western Australia. Such a huge state with a generally isolated population has significant problems providing the kind of workforce that is needed. Our government is continuing to work with the WA Country Health Service to address some of the medical workforce challenges. Just on that note, I think Hon Nick Goiran mentioned the fly in,

fly out profile of Kalgoorlie's health professionals. Twelve of the 500 health employees in Kalgoorlie are currently fly in, fly out. There is significantly more work to do. We understand that and we are getting on with the job.

There is so much more that I could talk about, such as enhanced service delivery, the Clinical Directors Network and the country health initiative, under which the state government provides annual incentive payments to GPs to provide emergency support and anaesthetics; obstetric risk support in Kalgoorlie, Morawa, Meekatharra, Esperance, Katanning, Northam, Merredin, Narrogin, Moora, Manjimup, Collie, Bridgetown and Margaret River; remote location practice incentives in Kalbarri, Norseman, Leonora, Laverton, Southern Cross and Ravensthorpe; and Aboriginal healthcare incentives and payments. There is much more I could say about the Southern Inland Health Initiative.

I wanted to pick up on a couple of other points made by the honourable member about the supposed lack of primary healthcare support by our government, recognising that it is the federal government's responsibility to provide primary health care. I wish to point out that our government also provided a mammogram machine in Geraldton, which I am sure other members would like to talk about. It will save lots of lives in Geraldton and surrounding districts. The federal government provided only $6 million for that machine, but we were short-changed because the cost is likely to be double what it provided, even though it was responsible for the majority of the funding. We have also allocated $13.8 million for radiography in Albany, more than double what the federal government provided, which again was primarily responsible for the funding. We have expanded the Find Cancer Early program into regional areas. We have committed $41 million for palliative care in regional areas of Western Australia. That is a 74 per cent increase over what was there in the first place, and that is just in this budget. The model for that is being developed as we speak.

Hon Nick Goiran spoke about a teleconference that was held earlier this week. I participated in that teleconference. It was also a physical conference, connecting everyone across the state. It was an incredible conference, with an amazing contribution from all those who participated. It was the first step in the development of the palliative care framework for regional Western Australia. I thank and congratulate everyone across WA who participated in that teleconference. We will continue to participate in the development of this important $74 million increase in funding.

HON MARTIN ALDRIDGE (Agricultural) [1.59 pm]: I rise on behalf of the Nationals WA to support this very sensible motion before the house. I am glad to hear from the government that it will not play the same tricks that it did last week and try to amend this very good and sensible motion.

The parliamentary secretary, responding on behalf of the government, asked what we did in eight and a half years. I am not sure what Hon Alanna Clohesy did in the four years she was in opposition in observing some of the things that we did in the health sector, particularly in regional Western Australia, but in 2008, when the Liberal–National government came to office, the outgoing chief executive officer of the WA Country Health Service described regional health as "blatantly bloody unsafe". That is a direct quote from the outgoing CEO of the WA Country Health Service under the former Labor government. I remind members that at that time Hon Jim McGinty, the then Minister for Health, described the Royal Flying Doctor Service as a "community interest group"; at the weekend, people could not find a doctor on call in a public hospital between Kalgoorlie and Perth. That was the situation when we came to government in 2008. I think the Labor Party forgets its underinvestment in regional health when it was in government. None of the parliamentary secretary's contribution reflected on the $600 million that we invested through the Southern Inland Health Initiative. It is such a good program that we now have Hon Darren West rising during member statements and claiming that the program is his, as an achievement of the McGowan government.

Hon Jim Chown: Seriously?

Hon MARTIN ALDRIDGE: Just last week, Hon Jim Chown; he does not have much else to talk about. This is a very important issue to regional members, and I am proud to support this motion. Hon Nick Goiran talked about some of the measures of regional and rural health; I am not going to go over that again. But I think part of the problem is that we all know that on just about every measure, people who live outside our cities—not only in Western Australia, but also nationwide—are at a disadvantage. I think part of the problem is that for too long, country people have accepted this as the norm. I think country people realise that they are not going to be able to see an oncologist or another type of specialist in every town in which they live, but I think we should certainly aspire for better than we have. I do not think this is an issue that any of us can ignore. Those regional members in the chamber will know that the bulk of the contact that comes through our electorate office doors relates to health in one way or another.

It is a very complex task, as legislators and policy makers with a complex intersection of responsibilities and funding arrangements, and the parliamentary secretary outlined some of those complexities in her contribution.

She said that it was a shared responsibility with local, state and federal governments. I am a little bit puzzled about the responsibility of local government in the delivery of primary health care.

Hon Alanna Clohesy: I said "the health system". The provision of health is a shared responsibility.

Hon MARTIN ALDRIDGE: Okay. So, what is local government responsible for delivering?

Hon Alanna Clohesy: The federal government is responsible for primary health care. Local government is responsible in part for environmental health.

Hon MARTIN ALDRIDGE: Environmental health.

Hon Alanna Clohesy: The member knows that. That is not what I said, and the member is deliberately misleading.

Hon MARTIN ALDRIDGE: Okay. That is very interesting.

Several members interjected.

The PRESIDENT: Order! Everyone else was heard quietly—almost in silence. I think Hon Martin Aldridge can be, too.

Hon MARTIN ALDRIDGE: Thank you, Madam President. The Southern Inland Health Initiative was a very important program of the former government. Certainly, a big chunk of it was committed to making our "blatantly bloody unsafe" hospitals safe once again; however, a big part of that program was also about delivering health care differently in the bush. We can look at emergency telehealth, inpatient telehealth, our primary healthcare demonstration sites and our primary healthcare programs that were developed. Some of those were the community nurse practitioner program, the chronic conditions health navigator program, the diabetes telehealth service project, the diabetes building capacity program, the social work program, the kids' health link program and the kindergarten oral language program—all initiatives of the SIHI primary care stream. What else do these programs have in common? They were discontinued in the same year that Labor came to government, at the end of 2017, as it handed down its first budget and retreated back to acute care in its hospitals, abandoning many of our communities. We could talk about a whole range of areas in primary health care, but today I want to speak about the Labor Party's so-called election commitment of urgent care clinics. We know that the government has been on the run with this election commitment, because two and a half years in it has rushed together a pilot project to deliver 130 urgent care clinics predominantly in the metropolitan area, in what appears to be looming as another failed election commitment. Members might remember that in opposition the Labor Party committed to 11 urgent care clinics, and the model accommodated both hospital co-location and community clinics. The four metropolitan ones were all hospital co-location clinics, and the government also ensured that the clinics would be able to bulk-bill patients. There now appears to have been a departure from that because under its urgent care clinic pilot there will be no bulk-billing of patients. The government also promised to deliver these clinics at Albany, Bunbury, Collie–Preston, Geraldton, Kalgoorlie, the Kimberley, the Pilbara, Royal Perth Hospital, Osborne Park Hospital, Joondalup Health Campus and Fremantle Hospital.

Earlier this week, a media statement issued by the Premier and the Minister for Health announced this pilot, which will be in the metropolitan area, including Peel and Bunbury. There is still no plan from the government to deliver its election commitment in those other regional centres, including Geraldton. I have spoken on many occasions about the significant challenges Geraldton faces with the Geraldton Health Campus. This government is once again hatching a failure to redevelop the Geraldton Health Campus, where an urgent care clinic would alleviate pressure on its emergency department. The government has no plan to deliver on its election commitment. I think we will go to the next election with no movement from this government on an urgent care clinic in Geraldton.

One of the other issues that I want to talk about relates to the federal government and international medical graduates, in particular the visa changes and the impact that is having on attracting general practitioners to regional and remote areas of our state. According to data from November last year, 53.6 per cent of our rural general practice workforce attained their medical qualifications overseas. The largest proportion of those came from the United Kingdom, Ireland and India. I am not quite sure how long, but I suspect for a significant time, Western Australia has relied on international medical graduates more than other states and territories have. The recent visa changes have been well outlined in the media. I quote from an article from the Royal Australian College of General Practitioners on 31 May 2018 titled, "Government reduction of visas for overseas GPs to save $400 million". I think it outlines the problem well. The article says —

> The move to cut 800 visas for overseas GPs over four years was initially announced in the 2018–19 Federal Budget, with more detail coming to light in this week's Senate Estimates hearings.
>
> The visa changes are intended to better distribute GPs coming into Australia, reducing overall numbers entering and redirecting new arrivals to rural and regional areas.
>
> Senator Murray Watt asked how these savings would be achieved, suggesting that patients would just go and see another GP.

> Department of Health … officials responded by saying increased supply of doctors means increased billing, and that patients would go to see a GP for more issues than they would otherwise.
>
> The officials said the move is not intended to remove good ratios of GPs, but rather reduce an oversupply and, in doing so, reduce use of Medicare services. The savings would be re-invested into the health system.
>
> Any Medical Benefits Schedule … items affected are expected to be mainly GP-specific, as well as some referrals and pathology.
>
> The DoH has agreed to provide a breakdown on savings, affected Medicare items, and geographical area by year in the coming months.
>
> The RACGP has previously advocated for GPs to be removed from the medium and long-term strategic skills due to the recent increase in Australian-trained medical graduates.

I am not quite sure where these graduates are working. In the budget estimates this year, the Department of Health admitted that there was an underutilisation of GPs in the metropolitan area of Perth. Basically, GPs in Perth were underemployed. That is what the government's metro urgent care clinic model appears to be predicated on, after coming under pressure, I suspect, from the Royal Australian College of General Practitioners and the Australian Medical Association of Western Australia to deliver on its election commitments to provide co-located urgent care clinics in public hospitals and for those patients to be bulk-billed.

In my electorate, we are not seeing an oversupply of GPs. The National Party has written to the federal ministers who have responsibility for this matter, to urge them to reconsider the decision around the visa changes. The fact that they think that we will be able to redistribute GPs from Perth to regional or remote areas of our state by simply stopping the pipeline of international medical graduates is causing pain in the bush, and needs to be revisited. Perhaps in time it would be nice to be at a place where we can train and graduate enough doctors in Australia to be able to serve Australia, but that certainly is not the case faced by us today.

I want to talk about a couple of other areas; one is the important role that dental service providers play in primary health care in the regions. My experience in the first four years of being a member of Parliament—noting that I am only in my second term—is that I do not recall a single inquiry to my office about dental care. In the last two and a half years, I have had multiple inquiries about dental care. Earlier this week, I had a meeting with the WA Young Achiever of the Year, Dr Jilen Patel. He is a specialist paediatric dentist and senior lecturer in clinical dentistry at the University of Western Australia. He is only 29 years old. He has done a lot of volunteer work with remote Aboriginal communities in the Kimberley and, as I said, is the WA Young Achiever of the Year. He told me a most concerning statistic. He said that by the time our five-year-olds reach the school dental program, 50 per cent of them have signs of tooth decay. That was really quite a shocking conversation that I had with Dr Patel earlier this week. The data from the budget estimates process shows us that in a number of places in Western Australia, people wait for a significant time to access public dentistry. In Albany, it takes 10.3 months to see a dentist; in Broome, it takes 9.6 months; in Bunbury, it takes 11.1 months; in Geraldton, it takes 6.1 months; and in the goldfields, it takes eight months. Putting that from a different perspective, in Bunbury alone, 1 323 people are on the public waiting list to see a dentist and a further 2 184 people are on a recall list for follow-up appointments. Some of the dentistry data is not looking very good. I am not in a position in this time-limited debate today to talk about the significant correlation between good dental care and broader primary health and population health outcomes, but there is significant Western Australian research about how costs can be avoided in our public hospital system. In our conversation earlier this week, Dr Patel outlined some of the significant cases he sees on a weekly basis at Perth Children's Hospital. He said that young people had been sent into an acute-care environment to deal with dental issues that would have cost less had intervention occurred sooner.

I want to talk about palliative care, which is certainly in keen focus at the moment, particularly as I understand that the other place will embark on its debate of the Voluntary Assisted Dying Bill 2019 next week. I recognise that the government has increased regional palliative care funding this financial year from $6.9 million to $12 million, which it says is an increase of 74 per cent. The problem is that we are two months into the financial year and nobody can tell me how the government intends to spend that money, nor how it devised this figure of $30.2 million as being an optimal level of funding for palliative care services in our regions. Did the government use a dartboard to determine how much money ought to be spent on palliative care in our regions? Has it held some money back in order to help it negotiate the passage later this year of the Voluntary Assisted Dying Bill 2019? I know there is a level of incompetence in this government, but surely it is not so incompetent as to simply pluck a figure out of plain air and say that this is the amount of money that it will commit to regional palliative care because it is a 74 per cent increase in funding. Every time I talk to one of the WA Country Health Service providers in this state and ask them what this 74 per cent increase in funding means to them, they do not know the answer. That is a particularly concerning approach to making investment decisions, particularly around an issue that is in such focus at the moment as palliative care. The government probably does have a strategy and it is probably related

to the successful passage of its bill, but I certainly do not think that that is the way to do it. We are two months into this financial year and we have people in regional Western Australia who need better access to palliative care, but the government is still trying to work out a plan to spend the money that it has already announced.

There are a whole range of other things. I would love to have had time to talk about the Geraldton hospital and the failure of the Labor government in Geraldton. It not only has closed the sobering-up centre, but also is claiming the step-up, step-down facility as a Labor Party election commitment, even though there is no evidence of that.

Several members interjected.

The PRESIDENT: Order! There is not long to go. Hon Martin Aldridge.

Hon MARTIN ALDRIDGE: Thank you, Madam President. I know the government does not like what I am saying, but there is much truth in the arguments I am putting to the Legislative Council this afternoon.

Since this government came to office, I think it has taken its eye off the ball when it comes to regional health service delivery. I think it is too focused on the city and on Metronet, ambulance ramping and voluntary assisted dying. It has dropped the ball on this issue. The government could perhaps appoint a ministry for rural health or maybe a parliamentary secretary for rural health, who could perhaps refocus the government's attention on these important issues. The contrast between the focus of the former government and that of this current government is quite stark when one lives in or travels through our regions. We heard from the parliamentary secretary for 20 minutes; her contribution was to largely blame the federal government. I agree that there is a bit of blame to be apportioned to the feds, but at the end of the day, the state runs hospitals in Western Australia. If we do not get primary health care right, those patients —

Several members interjected.

The PRESIDENT: Order!

Hon MARTIN ALDRIDGE: When we do not get primary health care right, those patients end up in our hospital system. I think the way this government is going, we will once again end up with a bloody blatantly unsafe hospital system in Western Australia.

HON DARREN WEST (Agricultural — Parliamentary Secretary) [2.18 pm]: I, too, rise in part support of the motion put forward by the honourable member today. I am always happy when a metropolitan member takes an interest in what is happening out where I live. I think that is terrific and I thank him for that. I also begin by sincerely thanking and acknowledging all our wonderful doctors and healthcare professionals right across regional Western Australia. I thank them very much for their service to our communities. They are wonderful people who do a fantastic job, often in difficult circumstances and for patients they know well in our small communities. I just cannot thank and acknowledge them enough for the great work that they do. It is always a challenge to attract doctors to the regions, because the majority of doctors prefer to live and practice in larger population centres in the metropolitan area. But not our doctors—our doctors and healthcare professionals in the regions have made the conscious choice to come and work with us and serve us in regional Western Australia, and I thank them very, very much for doing that.

We have the world's best healthcare service. Although there will always be little spaces and gaps throughout the service—it is a very big state to serve—our healthcare professionals do a fantastic job, and so does WA Country Health Service. I think it is also important from time to time to focus on the good in our health services, not only the negative, and there is plenty of good to be seen right across the state. Of course, we can always do better. I think that is the intent of this motion, and I thank the member for bringing it forward, but I think that he has unwittingly kicked an own goal, because the villain, if you like, in this scenario that we are facing is indeed the federal government, which has fallen down on providing GPs and primary health care in our regional areas. During the debate, I asked by interjection where federal members are. Where are people like Rick Wilson, the federal member for the safe Liberal seat of O'Connor? Kalgoorlie is the subject of and inspiration for this motion, yet there is such disparity in the number of GPs per 100 000 people in Western Australia—in Mr Wilson's electorate. Where is Rick Wilson? During the federal election campaign, he was nowhere to be seen. The best thing he did during the campaign was to keep quiet, because every time he opened his mouth, he lifted Labor's vote. He had a swing against him in that election, but he has done nothing in this space to help address primary health care and the number of GPs across Western Australia. The parliamentary secretary made a great contribution, might I add on her birthday, and mentioned the heavy lifting that the state government has had to do because the federal government has failed in its duty to provide WA with adequate primary health care—that is, GPs and doctors—right across the regions. It will always be a challenge, but I, for one, want people like Melissa Price, Nola Marino and Rick Wilson, who all represent very safe seats, to get their elbows out and get stuck in for people in regional Western Australia and to get them more GPs. WA has about 17 GPs below the national average —

Hon Alanna Clohesy: Per 100 000 people.

Hon DARREN WEST: Per 100 000 people, as the parliamentary secretary eloquently and correctly points out.

I remind the house that I am always somewhat amused when members of the coalition, the opposition or crossbench bring these motions forward and imply that Labor does not have a clue when it is talking about the regions. I remind members opposite that there are more regional MPs in the Labor caucus than in any other party. There are 13 Labor MPs in electorates all the way from the Kimberley to Albany. The Labor Party has MPs right across the state, and even with the recruitment of Ian Blayney from the Liberal Party to the Nationals WA, the Labor Party has more regional MPs in this Parliament.

Hon Martin Aldridge: Then why aren't they ministers?

Hon DARREN WEST: Because they have a lot of ground to cover, member, and a lot of issues to fix after eight and a half long years of the former Liberal–National government.

Hon Martin Aldridge interjected.

Hon DARREN WEST: I am pleased Hon Martin Aldridge raised the Geraldton Health Campus.

Hon Alanna Clohesy: It's $74 million in palliative care that they could have provided in eight and a half years.

Hon DARREN WEST: It could have provided it; it could have done a whole lot of things, but it failed. Now that the state government is doing the heavy lifting that the federal government is falling down on, and dealing with the issue exactly as Hon Nick Goiran has put before us, the state government is being asked why it is not doing something that the Liberal–National government did not do. Geraldton hospital has been in need of an upgrade for many years. Ian Blayney failed to get that upgrade across the line. The National Party failed to get that upgrade across the line. All we saw were front-page promises in *The Geraldton Guardian*. There was nothing—no planning, no scoping, no costing, nothing. We started from scratch. I am pleased to say that I have seen the very first cut of plans and that that work will be starting on the hospital in the first half of next year. I am delighted that, finally, the issue of Geraldton Health Campus has been resolved, with an expanded emergency department and more mental health services—all the things that the Geraldton community has been crying out for for a decade. Members of this government, Minister Cook, Premier McGowan and Treasurer Wyatt, have all been there and seen what we needed to do. I understand that the busiest ED in the state is now finally being dealt with by the McGowan Labor government.

Hon Martin Aldridge: That is not right. It is not the busiest ED in the state.

Hon DARREN WEST: I understand that there are more patients per bed through Geraldton ED than any other hospital ED. That is my understanding, but the member can correct me if I am wrong. If we take the number of patients and divide it by the number of beds, we find that Geraldton is the busiest.

Hon Martin Aldridge: That is not what you said.

Hon DARREN WEST: That is what I said; it is the busiest.

We know what we are talking about with the regions. Here is another little thing: our regional MPs actually live in the regions, are well embedded in their regional communities and understand the needs of those communities. We do not live in the electorates of the member for Nedlands or the member for Perth; we live in regional Western Australia. All our members live and own property in their electorates. I think that is an important distinction between our members and members of the parties opposite.

There has been a high turnover and loss of general practitioners throughout the wheatbelt. We know that. It has been happening for a long time, and we need to look at ways to help address it. I think the federal government has a role to play there. We saw the loss of services such as maternity services from Katanning and Northam under the previous government because there was a lack of GP obstetricians who are able to provide those services, and I will talk about Northam maternity services in a minute. There was a 3.6 per cent net loss in the number of GPs in 2018. It always has been a challenge to hold GPs in the wheatbelt. We often recruit doctors from overseas to come into our regional communities, but I note that the federal government is clamping down on those immigration opportunities for overseas doctors. It could also be argued that those doctors are just as needed in other parts of the world, but employing the many overseas-trained doctors who come to the wheatbelt has been a very useful way to fill the shortage, and we thank them for coming and for their service.

Of new doctors who came to the regions, 20.2 per cent of them established themselves in the south west, only 5.6 per cent established themselves in the goldfields and 7.3 per cent established themselves in the wheatbelt. As members can see, even across the regions there is a disparity in where those doctors established themselves. On Northam, as members who have been around the house for a while will know, we had a tragedy involving the birth of one of our children, so I have been a user of the service and deeply understand it. Now we once again have the capacity, although not in high-risk situations such as ours, for women deemed at low enough risk to have their children delivered in Northam thanks to an initiative of Minister Cook and the McGowan Labor government.

I think that is outstanding. Those midwives are fantastic. I have met with some of them and I think they are terrific; they do a great job.

We are also looking to change the model somewhat to increase primary healthcare services in some of our hospitals. I note with interest that communities such as Pingelly and Cunderdin have been brave enough to say that they understand that the 1960s-style model of health care in hospitals that has been delivered is no longer relevant to their communities and they want to try something else. I have a deep involvement with this. Way back in about 2012, when I was on the Wheatbelt Development Commission, we formed a group to look at healthcare delivery across the wheatbelt. As chair of the organisation, I was very fortunate to have a very capable deputy chair in Tracy Meredith, who had worked for Fred Hollows rolling out blindness prevention programs across the world. We were able to get some money out of the then government and put some —

Hon Martin Aldridge: Which government was it?

Hon DARREN WEST: It was the member's government.

We got some money and we did some work on healthcare delivery models. We looked at what was really required in our hospitals. That work came about, and it was augmented by the Southern Inland Health Initiative funding. I acknowledge the former government for its injection of SIHI funding. Those healthcare delivery models came out of the initial body of work from the mid-2000s, but the body of work and reporting that we did came up with models such as the Cunderdin–Pingelly model, which brings all those services together in those communities—GPs, an ED and everything that is required. I applaud communities like Cunderdin and Pingelly for being a bit bold and trying the new health service delivery model in the wheatbelt. It is working a treat. I have dropped in to Pingelly since Minister Cook went down to open it, and things are working really well. Those two are the first primary healthcare demonstration sites, and I hope more communities will follow their lead. I really take my hat off to the WA Country Health Service for this innovation. It has driven this from the initial idea stage right through to opening the facilities.

With regard to urgent care clinics, the default position of the Nationals WA members is to whinge. Whatever the government does, they will whinge and talk down regional Western Australia, and I think many of us are getting a bit tired of that. Urgent care clinics are an initiative of the McGowan government, and they are a good initiative, but we can operate urgent care clinics only where there is doctor capacity. The Nationals are scratching their heads and wondering why most of the clinics are in the metropolitan area and we are yet to devise the pilot model for the regions; it is purely because the metropolitan area is where GP capacity is. Once again —

Hon Martin Aldridge interjected.

Hon DARREN WEST: No, I am not taking interjections. One day —

Hon Martin Aldridge: Why didn't you make a commitment, then?

Hon DARREN WEST: We have made a commitment.

Hon Martin Aldridge: When will you deliver on it?

Hon DARREN WEST: We are going to roll out an urgent care clinic in Geraldton.

Hon Martin Aldridge: When?

The PRESIDENT: Order! This debate has been managed in a very good way today. People have not been bellowing across the chamber and I think it has been quite sensible and moderate. It does not help to raise your voice. If you want to ask a series of questions, there is another session that is probably more appropriate for that later in the day. You will have to ask the appropriate person, and you know that, member, so I think we should just let Hon Darren West say what he needs to say without people yelling at him and causing difficulties for Hansard.

Hon DARREN WEST: Thank you, Madam President.

Once again I come back to the federal government's responsibility in this, because we are rolling out these urgent care clinics where there is capacity. The pilot begins next month and will go for 18 months. We are not rolling them out in areas where there is a shortage of GPs, and we need to work with the federal government and healthcare providers to work out a way to get more GPs. There is no point in taking GPs out of general practice and putting them into urgent care clinics; we need to find a way to get doctors to staff those clinics, and we will do that. There will be an urgent care clinic in every place that we promised, because, unlike the previous government, we will deliver on our commitments. We will not go to an election and promise something without delivering it. We will see. In time there will be an urgent care clinic in Geraldton. We will run the pilot for 18 months, we will collect some data and we will work out the best way to roll out urgent care clinics across the state.

I am really pleased that, without even realising it, the National Party has endorsed our urgent care clinics plan, because it is saying, "How come our community didn't get one?" We have had to explain why they are not included in the pilot. There has been a general endorsement of urgent care clinics by the National Party, and I am very pleased about that because I think they will revolutionise the way in which we deliver services and that they will, in time, help take some of the pressure off our emergency departments, especially during peak seasons, such as flu season.

I ask the question: how did the Nationals' new recruit, Ian Blayney, go with delivering health services in Geraldton? Nothing—absolutely nothing. There would not be a new hospital upgrade if it were up to Ian Blayney; there would not ever be an urgent care clinic in Geraldton if it were up to Ian Blayney. The Nationals might see him as a star recruit, but it is pretty hard to reel off three of Ian Blayney's achievements in Geraldton during his time in Parliament.

Hon Martin Aldridge: Why didn't you win, then?

Hon DARREN WEST: I think we did win the primary vote, if the member wants to go and have a look. We got a little knocked off track by preferences from One Nation, the Shooters, Fishers and Farmers Party and the member's party, the Nationals WA; we had a bit of a gang up, and —

Hon Martin Aldridge interjected.

The PRESIDENT: Order! Member, I am going to remind you about unruly interjections, and I am going to remind Hon Darren West that he should be addressing his comments to me and not be distracted from the path he is meant to be on, which is speaking to the motion.

Hon DARREN WEST: Thank you, Madam President.

I want to remind the member that we are upgrading Geraldton Health Campus to the tune of $73.3 million, and that it was a Labor government that built the initial Geraldton hospital in 2004. If the member wants a hospital scoreboard in Geraldton, it is now Labor 3, coalition nil. I do not think members of the National Party and the Liberal Party can speak with any great authority about health services and health service delivery in Geraldton; I do not think they can at all.

This is a worthwhile motion, as I have said, and I thank the member for bringing it on, because I always enjoy the opportunity to talk about issues that affect us in the regions, and certainly regional health. We accept that we will not have heart specialists and cancer specialists in all our regional communities. We accept that patient transfer is becoming a greater issue for us, and that is why the Gallop government introduced the first emergency helicopter, and another one has been added since in Bunbury. I am delighted that we have been able to secure the funding for that. When there is an emergency, we need to get to the appropriate care as quickly as possible. We have a fantastic army of St John's volunteers right across the state, and I want to thank them for the great work they do. Every time we go to a country football game, the Dowerin field days or any regional event, we find a hardworking band of local volunteers who man our ambulances and take care of us. They often have to attend accidents at which they know the people involved, which is a great ask. I do not think people can do much more than that for their communities.

Coming back to the motion, when we think about primary health care, we think about such people as general practitioners, community-based health professionals, pharmacists, allied health professionals, and Aboriginal health practitioners; services such as health screening, early intervention, treatment and management of chronic and complex conditions for which acute inpatient care is not required; and schemes such as the Medicare benefits scheme, the pharmaceutical benefits scheme, and the Aboriginal-controlled primary health services and primary health networks. If we think it through, it is the domain of primary healthcare services to provide that care before a condition worsens so that people receive treatment and are cured early. The WA Primary Health Alliance is the Western Australian primary health network, and engages with not-for-profits across the state, functioning on alcohol and other drugs, Aboriginal health, aged care, chronic conditions, mental health, oral health and sexual health. As the parliamentary secretary pointed out, as at 30 November 2018, 838 general practitioners were practising in regional locations, including 188 GP proceduralists.

These are generally the domain of the federal government. I encourage the member opposite, after this debate has concluded and after listening to some input from regional MPs, especially those who are users of the services, to talk to his federal counterparts and ask: why are we 17 doctors per 100 000 people behind the rest of Australia; why are we seen as second rate; and why do we have to wait a while for these extra GPs? That would change the game right across the regions, because that is where those doctors are needed the most. I encourage federal members to lobby for this in Canberra. Western Australia has needed a lot of things for a long time, and I am pleased that we are able to tick off a few of these things, but the lack of doctors in the regions throws the weight back onto the state government. We are happy to do that heavy lifting, but it should not be that way. The federal government should do its bit and the state government does its bit. I am not sure what Hon Martin Aldridge was saying with his objection to local governments being involved, but local governments are big providers in the

health space right across Western Australia, and they will fork out large sums of money to have a doctor in their town, because the federal government will not stump up for one. Local governments have an important role to play. We could probably argue that they should not have to play that role, but the reality is that they do. They often provide accommodation and premises for the doctor, and chip in to cover the cost of any losses that the practice may incur. Everyone has a role.

I will raise another point on the subject of emergency departments and urgent care clinics. The general population has a bit of a role to play here, too. It has become a bit of a culture that we just rock up to an ED, even though we might want to think that decision through a little bit and wonder whether that is the best place for us to seek the treatment that we need, and whether we would be better off going to see a doctor. Our emergency departments are becoming increasingly overwhelmed, especially in the flu season. The first thing we can do as patients, or users of the system, is to perhaps consider our decision to front up to an emergency department when we could go and see a doctor or pharmacist instead.

I thank the member for bringing the motion forward; it is a worthy motion, and I appreciate the opportunity to talk about health in the regions, but the McGowan Labor government is getting on with the job.

HON RICK MAZZA (Agricultural) [2.39 pm]: Firstly, I would like to thank Hon Nick Goiran for bringing this motion to the house. If my memory serves me right, this is about the third time this term that we have debated motions on country health. It is good to see that Parliament is taking this seriously and we are discussing issues surrounding the challenges of delivering health services to country people. As the parliamentary secretary pointed out, Western Australia is a massive state and presents a lot of challenges when delivering health to very remote and regional areas.

I say from the outset that I appreciate the WA Country Health Service and the hard work all its medical staff and dedicated people do. Quite recently, I had to avail myself of the Western Australian Country Health Service when arriving at the Dowerin field days and being struck down by a kidney stone, which is one of the most painful things we could ever have, and ended up in Goomalling. The service there was absolutely first class. I can therefore say firsthand that the country health service does work, but, of course, it can always be better. This first-class service is probably well demonstrated by the fact that Geraldton Health Campus has been named the best regional hospital in Australia for the second consecutive year. There is no doubt that Western Australia has some things to be proud of. The WA Country Health Service boss, Jeff Calver, praised Geraldton hospital in *The West Australian* when he said —

> … while the hospital had been under pressure due to limited bed numbers, staff had been dedicated to providing safe, high quality care.

As has been mentioned, $73.3 million has been committed to upgrade the Geraldton hospital, with construction commencing next year. The upgrade is a matter of urgency, so notwithstanding that the Geraldton hospital was awarded the best hospital in regional WA for the second year running, there have been some challenges there. The hospital went into code yellow on five occasions because there were not enough beds at the hospital. Certainly, the upgrade will be welcome.

Living in the country means that there is the tyranny of distance to deal with. It is not just primary care; aged care has to be delivered also in country Western Australia, and, of course, emergencies arise from time to time. I take this opportunity to put on the record that we are now at the beginning of the snake season and last year there were issues due to the lack of antivenin in many hospitals, so I hope the country health service has plenty of antivenin supplies. A response I received to a question in October last year was that of 81 WA Country Health Service facilities, 69 stocked the antivenin. At this time of the year, when we are seeing tiger snakes and dugites emerge, it would be very good if all 81 country health service facilities stocked antivenin.

A Western Australian Local Government Association report of August 2018, titled "Regional Health Services in Western Australia: Survey of Local Governments" contains these comments about staffing, and I quote —

> The shortage and/or lack of adequate staffing at remote nursing posts has been a problem for many years. The Parliament of Australia launched an inquiry into the nurse shortages and the impact on health services in 2002. The report noted that workforce planning and education has been sporadic, poorly integrated and inadequate. At this time is was highlighted that recruiting and retaining skilled experience nurses, with no forecast to improvements, was likely. In conducting the Regional Health Services in Western Australia Survey of Local Governments (the Survey), in May 2018, it is evident there has been no change in present challenges.

It states further on —

> Survey comments on access to health professionals included the hours that doctors and nurses are employed within their Shire with, for example in the Shire of Coorow a doctor visits for 0.5 days per week and Wandering … has no health service provision at all.

There were a lot of comments about the availability of general practitioners in country Western Australia. While I was on the Standing Committee on Estimates and Financial Operations, Professor Stokes, who was the head of the Department of Health, came in on a couple of occasions. Some of the annual reports showed that we had more metropolitan GPs than we needed, yet we were short on GPs in the country. When I questioned Professor Stokes about that, he made the point that being a country GP is a very specialist role. Not just any GP can be put into a country environment. Country GPs have to deal with many different things, which takes specialist training and specialist experience. When providing GPs to country Western Australia, we need to have those specialist country GPs who are able to handle all the things that will be thrown at them in country and regional Western Australia.

I would like to tell the house a firsthand experience of a constituent in the Agricultural Region. Barry Watkins was born in Lake Yealering—he farmed there all his life and wants to stay there. As a child, Barry lost an eye. When he was using a ballpein hammer, he happened to cop a bit of metal in his eye, which meant that he lost that eye. Unfortunately, about seven years ago he was told he had wet macular degeneration, which made him pretty much legally blind. Every five weeks Barry has to travel to Bunbury from Lake Yealering. That is the closest facility for him to receive a scan and have an injection into his eye to relieve the pressure. The return drive from Lake Yealering to Bunbury for the appointment takes about six hours. Barry gets about $71 per trip through the patient assisted travel scheme and he also gets a fuel card with $570 on it for the year. He usually gets it in July and says that it runs out in about six months. Of course, Barry does not drive a car; his friend Bob volunteers his time to take Barry into Bunbury and back again every five weeks. Barry has called Lake Yealering home for 78 years, so he does not want to move from there. A cleaner arranged through the WA Country Health Service's domestic assistance general housing service comes to his house for one hour a week to give him limited cleaning services and assist him to continue staying there, because that is where he wants to be. It is too far for someone from Silver Chain to travel, so if he wants meals on wheels he has to go to Narrogin Hospital to get meals for $10 each. However, he has a friend in Lake Yealering who cooks him meals, freezes them, and codes them so he can work out what is what. That enables him to have a meal at home. If it were not for the local community in that town, their spirit and belief in looking after their mates, Barry would have to shift, and that is something that he does not want to do. There will come a time when he will need to shift, but the aged-care facilities available around him would make that very difficult. There is no doubt that there are challenges for people in country Western Australia, particularly in their later years, and, unfortunately, the demographic is ageing. Aged care is becoming more and more critical for country people.

I have spoken about palliative care in the house on a couple of occasions. Most palliative care for country people is conducted at home by family members. There may be long trips to see specialists, but when it gets to the time when people are confined to their beds, the palliative care treatment is undertaken by family and friends if the person is able to stay at home. That means that family members and friends communicate with nurses on the phone to work out what medications are required for that person. If pain management is required, there will be phone calls to a nurse at a hospital to assess what pain relief is needed and, if need be, the nurse will come out to the home. The nurse will then liaise with the doctor to decide whether the nurse should administer the pain relief or call an ambulance. In many cases, an ambulance is called and people spend their final days in palliative care outside the home. Palliative care is obviously a very hot topic in Western Australia right now, with the euthanasia bill that will come before us. Of course, palliative care needs to be explored much further. For Western Australians in country areas, there are a lot of challenges with that.

As I said earlier, Western Australia is a massive state. Having specialists on every street corner of every country town cannot be done. We physically and economically cannot do that, so we have to look at innovative ways to deliver health care to regional Western Australia. Of course, telehealth has played a big part in assisting people who need medical care. The WA Country Health Service had a couple of news items on its website today and one that caught my eye is titled "TelePalliative Care in the Home service allows Midwest local to pass away peacefully at home with his dog by his side". I will read a little bit of it. It states —

> William "Nugget" McClymans had lived in the same Shark Bay home for 60 years and after being diagnosed with terminal congestive heart failure he received palliative care via telehealth to achieve his wish to die peacefully at home.
>
> The WA Country Health Service TelePalliative Care in the Home service aims to provide care and support via telehealth during the terminal stage of life for patients who wish to die at home.

Telehealth enabled that patient to achieve his wish to die at home.

Hon Alanna Clohesy: Provided by WACHS.

Hon RICK MAZZA: Yes, provided by WACHS. Another article on the WACHS website is titled "Wheatbelt palliative care services via telehealth celebrated this Palliative Care Week". Telehealth has provided some innovative ways to deliver health care and assistance to people in country Western Australia. I think a lot of this innovation needs to be explored further.

Hon Alanna Clohesy: And our government recently got the federal government to increase the rebate for telehealth.

Hon RICK MAZZA: Yes.

There are several findings and recommendations in the report of the Joint Select Committee on End of Life Choices called "My Life, My Choice". Finding 19 states —

> There is limited access to palliative care medical specialists in regional Western Australia.

Finding 20 states —

> There is limited medical oversight, coordination or governance of medical palliative care services across WA Country Health Services.

Recommendation 12 states —

> The Minister for Health should prioritise policy development and improved governance structures for the delivery of palliative care by WA Country Health Services.

The findings and recommendations of that report, and those three in particular, are very important. If we are going to deliver palliative care that serves the needs of Western Australians in country areas, we certainly have to look at ways of delivering it so that people can receive palliative care in a comfortable way.

Hon Alanna Clohesy: An extra $41 million for the provision of palliative care in regional areas is a good start.

Hon RICK MAZZA: That is good and it is welcome. The more funding we can give to country Western Australia, the better. Unfortunately, I think we could spend billions and still not be able to cover our massive state.

Several members interjected.

Hon RICK MAZZA: In closing, there needs to be greater investment in the patient assisted travel scheme. I think that the $570 fuel card could be improved upon to assist people to travel to their health appointments. I welcome the recent news that the state government plans to establish more than 100 urgent care clinics throughout the state. However, only one of them will be located in the regions, with 132 opened in Perth. The location of a single regional site has not yet been confirmed, but the statistics prove that the metropolitan focus persists and needs to change.

The PRESIDENT: I indicate that once we hit the last five minutes, I will give the call to the mover of the motion, as set out in the temporary standing orders.

HON KYLE McGINN (Mining and Pastoral) [2.54 pm]: I understand that, Madam President. I will be brief. I would like to thank Hon Nick Goiran for bringing the motion to the house. I feel as though I have to respond to a couple of things that he said in his speech. I want to make it very clear that the WA Country Health Service covers 2.5 million square kilometres. It is the biggest health district in the world. Straight off the bat, that tells us that we are dealing with a big beast. I take my hat off to all the people who work in the health sector, particularly in regional WA. They do a fabulous job delivering health services to regional Western Australians.

Hon Nick Goiran mentioned that a health forum was held in Kalgoorlie, run by the shadow Minister for Health, Zak Kirkup. A few things were raised at that forum. There was quite a lot of interesting debate. I noticed a lot of practitioners in the room. One of the things that people harped on about a lot was fly in, fly out workers. The perception of people in the room was that everyone in the health system was FIFO; and we have a massive issue with the fact that no-one is a resident. We did some research on it. An officer from WACHS responded to that research, saying that 12 out of 500 workers were FIFO. WACHS is going through a process to try to reduce that number to zero by the end of the year. The feedback from the room was that people had a fear that specialists would leave the regions completely. But the workers were being transitioned into residential workers. There was probably a communication issue. The *Kalgoorlie Miner* is an interesting paper. What is reported in the *Kalgoorlie Miner* is generally read in this place or read everywhere else in Kalgoorlie. I would like to put on the record that WACHS was working towards residential employment for its specialists.

The real question is: Why do we have 12 FIFOs out of 500 workers? Do we have those FIFOs or do we not have the service? We have to have the service and then aim to turn those workers into residential. That is the driver behind a lot of things. It is critical to have that service. It has been reflected in this debate that we want to see as many services as we can in regional Western Australia. Unfortunately, when we cannot get hold of people with specific skills, we have to bring them in. I do not think there is anything wrong with that. I also think it is critical that the departments work towards trying to make those positions residential. WACHS is trying to do that, and I think it will be successful.

I turn to something that is disappointing in the health space. We delivered a 64-slice CT scanner to Kalgoorlie early last year. The scanner it had before that was a 16-slice scanner. A similar situation occurred in Geraldton, which had a 16-slice CT scanner and it was delivered a 64-slice CT scanner. I want to give members an idea of the two different reactions from regional Western Australia. We delivered a 64-slice CT scanner to Kalgoorlie. We were told that it was a Volkswagen by certain individuals, not good enough for regional Western Australia and the government should be ashamed. The front page of *The Geraldton Guardian* said it was the greatest thing that a CT scanner was delivered to Geraldton, and it was excellent news for health. But when the same scanner was delivered to Kalgoorlie, it was downtrodden and people said it was not good enough. When we deliver good things, we should be celebrating them and be thankful for the service, not talking them down—we should talk them up. It was really disappointing to see. The government acted very quickly as soon as it was identified. It went out there and delivered it. It happened in Geraldton, and it was celebrated for what it was—a great piece of equipment that was needed. In Kalgoorlie, it was downtrodden. It was absolutely unapplaudable.

The PRESIDENT: Member, I am going to interrupt you, in accordance with the temporary standing orders, to give Hon Nick Goiran the capacity to reply in the last five minutes if he so chooses. If he does not, I will give the call to somebody else.

Point of Order

Hon NICK GOIRAN: If I do not take it, can Hon Colin Tincknell speak?

The PRESIDENT: There is still a member on his feet.

Hon NICK GOIRAN: Then I am happy to take it.

Debate Resumed

The PRESIDENT: If everyone would sit down, except for Hon Nick Goiran, who has the call, that might help me.

HON NICK GOIRAN (South Metropolitan) [2.59 pm] — in reply: I am grateful for members' contributions to the motion before the house. In particular, I acknowledge and thank the various parties represented here for their expressions of support for the motion. I note with interest the government's position, as expressed by Hon Alanna Clohesy, the Parliamentary Secretary to the Minister for Health, that it will not oppose the motion. I particularly recognise the contribution made by Hon Alison Xamon and her, as per usual, passionate advocacy for mental health services. I heard her articulate once again the lack of access to mental health services in the regions. I thank Hon Martin Aldridge for his contribution to the motion before the house and for the support of our friends the Nationals WA for the motion. It was very interesting that Hon Martin Aldridge spent some time setting the record straight. In particular, he articulated the state of affairs in health in regional and rural Western Australia in 2008, the rebuild that took place thereafter and the backward steps that have been taken since 2017. It was interesting to hear from him following the various inquiries that he undertook, which have exposed that the government has no idea how to spend its palliative care commitment. The parliamentary secretary regularly refers to the government's commitment. I put to members that there is a big difference between making a commitment and the implementation of that commitment. Hon Martin Aldridge asked the Minister for Health what is happening with the commitment and whether there is a plan, and the response from the Minister for Health, via the parliamentary secretary, was, "No"—just one word. It is no wonder that members no longer trust this government with health issues; in fact, we find it hard to trust this government in any portfolio area at the moment, least of all health.

I was interested in Hon Darren West's contribution. In summary, he said that he and his government take no responsibility for this situation. I find it rather ironic that in the same contribution a member can say in one breath that this is all to do with the federal government, they then say in the next breath, "Those terrible Liberals and Nationals in government—they left the health system in disrepair." Whose responsibility is it, Hon Darren West? Who is the member blaming? Is he taking responsibility at the state level or is he trying to shift the blame, as usual, to the federal sphere? What we are asking for, and what Western Australians expect from this government, is that it take seriously the issue of health care in regional and rural Western Australia. It is clear that that has not been happening and that it has not been prioritised. At least the parliamentary secretary was being honest when she answered no to the question, "Do you have a plan as to how you're going to spend the money?" It was a transparent answer but it is disgraceful that the government has no plan for the implementation of funding, quite apart from the fact that the sector and specialists in the area say that that provision, that commitment, is inadequate. There is inadequate commitment and no plan for implementation.

I also recognise the contribution made by Hon Rick Mazza, who has a longstanding commitment to and is a passionate advocate for health care in the regions. I also recognise the contribution of Hon Kyle McGinn, who has a keen interest in health care in the regions. I did note that he seemed to dismiss the issues that were raised at the health forum as communication issues.

Hon Kyle McGinn interjected.

Hon NICK GOIRAN: If the member takes the opportunity to review *Hansard*, he will see that he referred to them as communication issues and that he said that this is the fault of the journalists and that he is not very happy with the newspaper in the local area.

I commend the motion to the house, and I am grateful that it will be supported unanimously.

Question put and passed.