

HEALTH — MANAGEMENT

Motion

MS L. METTAM (Vasse — Deputy Leader of the Liberal Party) [4.00 pm]: I move —

That this house condemns the Minister for Health and the McGowan government for their shambolic management of the health system that has had a series of failings and continues to put health workers and Western Australian families across the state at risk.

During question time today, we saw the extent of this failing, particularly through the responses of the Minister for Health to a number of issues raised by the opposition. We asked about information received this week from Silverchain that the Hospital in Home service would be extended for only one year—a miserly 12-month extension. At a time when we know the health sector is struggling to attract staff, this uncertainty is very concerning. It is also concerning that the Minister for Health was unable to rule out a public sector takeover of this valuable service.

The Leader of the Opposition asked about Wyndham Hospital. This hospital once operated a 24/7 service, but staff shortages are leading to an ongoing cut to the operating hours. I am sure the Leader of the Opposition will touch on that further as part of this debate. It is very concerning to hear from the Minister for Health that there is no end in sight and no time line for restoring those services.

The Leader of the Liberal Party asked questions about the asset investment program and the McGowan government's underinvestment in and lack of priority for health infrastructure. In its first five years, the Liberal–National government invested \$4.3 billion in asset investment, compared with only \$1.6 billion under the McGowan government, and we are very proud of our \$7 billion investment in capital infrastructure, which delivered for Perth Children's Hospital, Fiona Stanley Hospital, Midland Public Hospital, Joondalup Health Campus, Albany Health Campus, Busselton Health Campus and Kalgoorlie Health Campus.

The issues across the health system are widespread, impacting the sector in a range of ways. I again point to the need for a royal commission into the health system, backing up the calls from Aswath and Prasitha, Aishwarya's family, and the need for an honest and transparent evaluation of the health system.

It brings me no joy to again raise the issues that are impacting the health system in this state. I certainly do not relish raising the crisis that is unfolding across the hospital system. The feedback that we are receiving from health workers, patients and people in the community is that the government's promises are falling short of delivering any real improvement across the health system. Despite a \$6 billion surplus, the McGowan government's management of the health system is shambolic. That is undoubtedly putting not only our health workers under extraordinary pressure, but also, increasingly, Western Australian patients' lives at risk.

After several inquiries, reports, inquests and reviews over the last couple of years, we see no real evidence that the system is improving. In fact, the latest reports show that the system is much worse, and they all point to the mismanagement of the health system under the McGowan government. No single area can be pinpointed anymore. While the Premier has been sipping Grange in the western suburbs and crowing about a \$6 billion surplus, which is apparently the envy of every other state, our health system is crumbling around him. No amount of spin, deflection or diversion can hide the failings that we see in the hospital system in not only the metropolitan region, but also regional areas.

The deterioration of the health system began in this government's first term, when members opposite tried to cut corners in funding, and has led to chronic under-resourcing and a government scrambling to fix the problems. While the government was stating that it would keep the state safe from COVID, the Premier dropped the ball on ensuring that our health system kept pace and remained battle ready. It turns out the Premier; Treasurer's real battle was delivering the funding to ensure that the system was operational. After closing a number of beds in its first term, the government is now trying to open them in an effort to ease the bed block. In fact, the full complement of beds committed to at the end of last year is yet to be delivered.

In December last year, the Premier installed a new set of eyes to oversee the health system. The new Minister for Health was going to turn the ship around. She has been almost 12 months in the role now. What improvements do we see with the new captain at the helm? It is fair to say that very little has changed, particularly when we look at the key metrics. One key metric, which this government is trying to bury once again, is ambulance ramping. In fact, ambulance ramping has become significantly worse, and I will get to that later. As to the minister's oversight and the measures brought in to try to ease the crisis created under the McGowan government, it is very clear that the state of crisis continues.

The signs that the pressures were building were there for all to see in the first couple of years of the McGowan government, as it cut funding and significantly underinvested in the health system. The death of Aishwarya Aswath in April last year was a shocking tragedy that truly highlighted the extent of the pressure that our hospital system

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is under. I would like to take this opportunity to congratulate the family on the birth of their beautiful daughter who was, over the weekend, named after Aishwarya in her honour. She is a bundle of hope and joy after such a heartbreaking loss. Whenever I have talked in this place about Aishwarya's death and questioned what has changed, the government has accused me of being grubby and claimed that I am trying to gain political points. That is certainly not the case. I have done so purely to call the government to account on the promises it made and question what has changed. Can the public have faith that the system is better and has the government acted since the tragedy? I have also asked questions in the other place. Some questions were put into the Council today, but I am yet to see the responses. I note that Aishwarya's family called for a royal commission into the health system; it backed up those calls over the weekend. I question why the Premier is so reticent for a thorough, open and transparent evaluation of the health system—so much for gold-standard transparency. It should be made clear that the family is not seeking a royal commission into the circumstances of their daughter's death or Perth Children's Hospital; rather, it believes that the issues highlighted at Perth Children's Hospital are endemic across every hospital in every region of the state. Members of the opposition will certainly outline and raise those concerns. A royal commission would look at the whole system and would allow individuals to come forward and provide evidence without fear of speaking up. We have seen bed blocks, code yellows, record levels of ambulance ramping, under-resourcing and fatigued staff, all of which are real issues.

Concerns have also been raised about the culture within the hospital system. I point to comments made by Dr Aresh Anwar about Perth Children's Hospital at the coronial inquest. He said —

“It was an organisation that was very, very fragile in terms of integrity and working as a team.”

That is quite a stunning comment and it points to cultural issues. We know that a number of concerns were expressed in the state government's health worker survey, which the government suspended this year. I am pleased that it will be reinstated next year because that vital survey provides feedback to the government about morale issues. Health worker feedback certainly pointed to concerns about staff morale. Only 47 per cent of health workers felt comfortable speaking up and only 33 per cent felt very safe talking about issues in their workplace. It is very concerning that such a survey was suspended under this government.

We have seen from Aishwarya's death and the response to the tragedy that the system is not working as well as it should, and that is despite an internal and independent inquiry last year. Evidence at the coroner's inquest suggested that things are not much better. The minister has said in this place that the dedicated emergency resuscitation team might have been called something else and stated that I was confused with the designated resuscitation team. The Child and Adolescent Health Service's status report clearly pointed out that the department is working towards a dedicated resuscitation team. It is concerning that at the time of the inquest, some nine months later, people in the emergency department were still battling the same pressures and there was no dedicated resuscitation team. Hopefully, one has now been implemented. Nurse Cathryn Davies told the inquest in August this year —

“I think we're one of the only tertiary hospitals in Australia that doesn't have one and it's ridiculous,” ...

“Not much has changed to be honest. We are still extremely busy and we are not covered enough and if [resuscitations] come in we are in trouble.”

She said there had been an occasion she was the shift coordinator and if there had been the need for a resuscitation team the staff would have embarrassingly needed to come from different departments at the hospital other than ED.

In August this year, the opposition in the other place asked the minister how many of the 30 recommendations of the independent review had been implemented. The answer was that six have been completed. We accept that some are ongoing and not easily completed in a short time frame, but I would have thought that something as important as a dedicated resuscitation team would have been a key priority; clearly, it is not. The ED in our state's flagship children's hospital should not have to call in staff from other wards to perform resuscitations. Patients and their families rightly expect the state's largest children's hospital to address the needs in its emergency department in an appropriate and timely fashion.

It also highlights that there is a clear disconnect between what is happening on the ground in our health system and what the government has been spinning. When it comes to the health system, the government has invested in spin doctors; it consistently points to something else when statistics and reports are mentioned. One of the key metrics is ambulance ramping. Despite the government's best efforts to deflect blame for the truly shocking extent of ramping in this state, the reality is that the situation has never been worse. In 2017, when the Labor Party was elected, the annual ramping figure was 9 819 hours. In 2018, it was 15 437 hours; in 2019, it was 24 438 hours; in 2020, it was more than 25 000 hours; and in 2021, it was more than 52 400. With six weeks to go until the end of the year, the ambulance ramping record for this year so far is 58 627 hours.

Dr D.J. Honey: No wonder the government wants to hide the statistics.

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Ms L. METTAM: The Leader of the Liberal Party made a fair point about why the government is moving to bury those statistics. Ambulances have spent 2 442 days ramped this year, which equates to more than six years. It is absolutely gobsmacking. The government has used creative ways to spin these figures, but the reason is bed block; indeed, there are not enough beds in hospitals to accept patients. Management of the hospital system is shambolic.

An inquiry into the ambulance service was launched. Again, it was an effort to deflect attention from the real issues. Even though the Premier thinks investigations are nothing more than talkfests, it was recently announced that embedding senior health bureaucrats and police officers at the St John Ambulance control centre to oversee the operation has so far failed. The headlines described it as a move to address the ambulance crisis. At the time, the Premier fronted the media and said it would help ensure the full weight of government and the full resourcing of government would be used to plug any future holes in the availability of ambulance services. What absolute spin that is. It is clearly a capacity issue—that is, the bed block in our emergency departments.

That happened in May. In the five months since then, from June to November, we saw a record 34 470-plus hours of ramping. It was more than the total number of ramping hours for 2020. In July, it was 6 972 hours. In August, it was 6 949 hours. They are the highest ramping figures on record. Of course, the government did not want to make public those figures.

We know the government has form in trying to bury such figures. In 2019, the government decided to stop reporting ramping figures. Why would it? The figures highlighted the slide in the health system as bed block was getting worse. That was despite the Labor Party making a clear election commitment to address this issue, which has only become significantly worse under the Labor government's watch. It fits with the government's modus operandi of "gold-standard transparency" at any cost. When the government stopped being open and transparent, St John made this information public. It was an extraordinary attempt to bury the truth. I note that last week in this place the minister confirmed that negotiations for the new contract with the service provider are underway, but she refused to say whether a gag order would be imposed on St John preventing it from reporting ramping data or publicly commenting on the hospital system or McGowan government policies. It was a simple yes-or-no question, which the minister refused to answer, stating —

It would be completely inappropriate for me to divulge any details of those negotiations and it is inappropriate for the member for Vasse to ask me to.

As I stated, it was a pretty simple yes-or-no question: will the ramping data information be publicly available following those negotiations?

The \$250 million investment in the emergency care reform package was a key health budget announcement in May. It was to address long-stay patients causing bed block. It is caused by the commonwealth government. The minister told this place —

... we are stepping in and we are stepping up to fill the gap that the commonwealth has left. We have around 250 patients in the system who are awaiting NDIS and aged-care plans. That is a shockingly high number.

...

The 15 other measures are targeted at existing pressures, like long-stay patients ... Quite frankly, what is letting us down the most right now is the commonwealth government, with its lack of funding for primary care and lack of incentives for GPs, particularly in the regions, and the state system is bearing the brunt of that.

The lack of commonwealth funding and GPs is also being blamed for the state health crisis. The government allocated money for a task force—hopefully it was not a talkfest, because the Premier does not like those—a business case for an operation centre and measures to address long-stay patients. There was \$74.1 million for innovative measures to free up emergency departments by securing appropriate forms of care for long-stay patients. The opposition accepts that patients waiting for aged care and NDIS packages, and community beds are contributing to the issues across the hospital system. It is also true that many long-stay patients are waiting for social housing and mental health support, which are both state responsibilities.

I note the innovative measures included a \$5.8 million commitment to a long-stay patient fund for support measures tailored to the needs of individual patients experiencing barriers to being discharged from hospital. This is interesting in light of the Auditor General's report into the management of long-stay patients in our health system. The report highlights some very troubling home truths about the government's management of long-stay patients. In large part, the government is undeniably focused on the spin around why the health system is floundering and less focused on actually developing a strategy for how to address these issues and help patients in the system who need to be discharged. According to Auditor General Caroline Spencer's report *Management of long stay patients in public hospitals* —

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The Department of Health, as system manager, does not know, in real time, how many patients across WA Health remain in hospital when they are medically fit for discharge and therefore has limited understanding of the cost and impact on hospital bed capacity and patient flow ... without reliable data, and determined focus on continuous improvement, WA Health will struggle to recognise and adequately improve underlying systemic issues and make well-evidenced value for money investments.

The government is blaming this cohort of patients for the many underlying issues across the hospital system, but it actually has no idea of the scale of the problem or how much it is costing the hospital system. The government is throwing money at fixing, or trying to fix, something, yet it has no idea of the scale of the problem. It is just hoping that these funding commitments will take the heat off. Effectively, that is what the Auditor General stated in her report. The closest to that WA Health has been was with the snapshots for 2021 and 2022 that showed almost 500 patients spent an additional 40 000 days in hospital when they were medically fit for discharge. I again quote the report —

Some patients have been in WA hospitals for many weeks, months and even years beyond medical necessity.

...

WA Health's approach to reducing the number of long stay patients is hampered by the absence of a strategic plan and measures to coordinate and track initiatives to reduce the number of long stay patients.

There is no strategy to deal with one of the most significant issues for patients or the efficiency of the hospital system, which is ultimately a cost to patients as well. How can we be confident that this government under the Premier has any understanding of what it is doing, direction or a plan to alleviate this very serious concern? The report rightly points out that this is not a new problem. The Auditor General was at pains to talk about the number of reports that she had published in recent times. One was on ambulance ramping. One was on the mental health system. That report had also pointed to these issues and action that had been sporadic and resulted in shambolic management. The Auditor General also touched on the government's review and the lack of data to identify the best value-for-money spend. That was backed up by the independent governance review, which the Auditor General also referred to, which found that the government's lack of data sharing across the system was contributing to inefficiencies. To quote a small part of that review —

All data should be shared openly and transparently to improve patient outcomes and experiences ... The processes around which data is shared should provide a consistent source of truth to assist in properly informed decision making.

That is some of the feedback that we have heard, and the sustainable health review pointed to this as well. Data should provide a consistent source of truth to assist in ensuring that decisions on investment in the health system are made properly. That is effectively bureaucratic speak to describe how decisions have been made on the hop and there has been a scattergun approach to endemic issues that need proper supporting data and need to lead to measurable outcomes. Throwing money in the general direction of an issue in the hope that it will address it will not be enough. That is effectively what the report pointed to. The sustainable health review certainly highlighted the importance of gathering data.

It is not surprising that this scattergun approach to decisions is having an impact on patient care. In September this year, 28 560 patients were on the elective surgery waitlist. The waitlist has barely budged all year. The situation was significantly different in March 2017, when just over 19 900 patients were on the waitlist. I have asked questions in this place about the expansion of the elective surgery waitlist. One of the responses of the Minister for Health was —

... it is not the number of people on the list that matters; it is the time that they wait —

The minister went on to say —

— particularly when it is urgent surgery. That is what matters ... The member needs to look at the data.

I do look at the data. The data shows that not only has the number of people on the waitlist grown, but also the time they are waiting has increased. For category 1 elective surgery, the median wait time in October 2021 was 12 days, with 198 people over boundary. In October this year, the median wait time was 14 days—it was longer—and 360 patients were over boundary. That was a significant increase. In April, it blew out to 19 days. We see the same picture for category 2. In October 2021, the median wait time was 47 days, with 1 216 patients over boundary. In October 2022, the median wait time was 59 days, up from 47 days, and the number of patients over boundary rose from 1 216 to 1 995. The picture for category 3 is even worse, as we might expect. In October 2021, the median wait time was 142 days. In October 2022, it was 185 days. We have gone from 1 800 cases being over boundary to 4 189 cases.

Dr D.J. Honey: That is hardly a system getting better.

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Ms L. METTAM: Yes; the system is under extraordinary pressure. More than 4 000 patients have been waiting for more than a year for category 3 surgery, and we know that there can be significant impacts as a result. Elective surgery does not mean that it is nonessential surgery. We know the impact that a delay in surgery can have on the acuity of patients. Michelle Hansford from Busselton is a clear example of a patient who waited for category 3 surgery. She waited three years, until her situation became much more serious. She had needed preventive breast cancer surgery but, unfortunately, because of the delay, she needed to be treated more urgently for breast cancer once these issues were raised through the media.

Code yellows, or a lack of capacity in the system, is another metric to evaluate our health system. There is now a different policy around how code yellows are managed, but when we look at the data, as the minister implores us to do, it points to a system that is under extraordinary pressure. There were 490 code yellows between June 2020 and June 2021, and there were 603 code yellows across the whole system from 2021 to 2022. That is an extraordinary sign that the health system is under extraordinary pressure.

The four-hour rule is another metric that is used to see how the hospital system is performing. Despite a 90 per cent target for patients to be seen within four hours, there has been a failure to reach anywhere near that target—it is sitting at between 58 and 60 per cent.

In terms of how the hospital system is managing and the health crisis that is continuing, we should not forget the shambolic way in which this government has managed critical wage negotiations with our nurses and midwives. At a time when we are desperately trying to retain and recruit nurses and midwives amid a mass exodus of health workers from the profession because of burnout, it is extraordinary that we are seeing the pay dispute and political fighting continue between the Australian Nursing Federation and this government. The government will argue that three per cent is in line with what others and the union were offered and had accepted, but it is hard for our frontline workers to cop this when they were asked to do more with less over the last couple of years during the pandemic. They accepted the wages cap because of the need for budget repair, but they have effectively gone from being some of the highest-paid health workers in the nation to some of the lowest paid. It is fair to say that those who are really losing in all this are our nurses and midwives. We certainly do not support the approach of the nursing federation in recent times to ignore the direction of the Western Australian Industrial Relations Commission, but we have so much sympathy for our health workers, who deserve a negotiation in good faith. Enrolled nurse and United Workers Union member Julie-Marie Hay said about the three per cent offer —

“Five per cent isn’t actually what it costs to live anymore. So we’re not even asking what we deserve,” ...

“I’m a single parent, I got three kids. I do it on my own. Just to be able to survive and go to work every day is a goddamn struggle.

“Currently in the hospitals we are struggling to survive, just because we don’t have staff.

“[If] they want to retain us, they want to keep us, they want to be able to keep us motivated so we actually have the resources to be there for you, then they need to respect us.”

It is fair to say that many nurses and midwives feel very let down by the way the political debate and negotiation between the government and the unions have played out. They feel insulted by a Premier who, on one hand, crows about a budget surplus that is apparently the envy of other states and then, on the other hand, cries poor when it comes to our health service. As one nurse said —

No more “health-care hero” lip service!!! ... Pay us what we’re worth

This government has buried its head in the sand on the plight of our healthcare workers, who are already a diminished workforce through mismanagement and a failure to recruit the health workers we need. Day after day, we hear very concerning feedback about what it is like to operate on the ground.

This morning, I spoke to a nurse about dialysis services in some of our major hospitals. The nurse raised concerns about how dialysis hours are being cut due to a lack of dialysis beds and support. I hope that is something the minister will be able to clarify. Some patients have had treatment cut from the recommended four hours to three hours. Instead of patients undertaking dialysis three times a week, they are going for a reduced number of days because the health system is under-resourced in that area. It is certainly very concerning and points to a health workforce that does not feel supported. We know our health workers will always put their patients first because they are so committed to the job. The nurse described to me her utter frustration and the extent to which she feels let down by not being properly resourced and not being able give patients the recommended level of care.

The Premier stated that he gave the nurses the concession they wanted on nurse-to-patient ratios, when the government offered to shorten the time frame for implementing the ratios from three years to two years. We would argue that if the health system had enough incentives, so many health workers would not be leaving, more workers would be coming into the workforce and we would have less of an issue. Health workers on the ground felt that it

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was an insincere offer that lacked urgency to fix the healthcare crisis. The government has dragged its feet on addressing this issue.

The Aishwarya Aswath inquest heard from one nurse who worked that night and stated that there were nine patients to every nurse at the Perth Children's Hospital emergency department. Professor Phillip Della, who is Western Australia's former chief nursing officer and was a witness during the coronial inquest into the death of Aishwarya Aswath at Perth Children's Hospital, found the existing staffing system for nurses and midwives was flawed, resulting in "increased workload stress, low staff morale and decreased staff satisfaction".

A number of questions were asked today about the issues that are affecting our regional hospitals. I am sure that my colleagues will point to those concerns. We have a situation that is not what it should be. Strikes appear inevitable on Friday. Patient care will undoubtedly be compromised as elective surgeries are cancelled or delayed further. The Australian Nursing Federation is demanding the five per cent increase. As I have stated, the union needs to respect the decisions of the Industrial Relations Commission, but the government also needs to step up and de-escalate the situation with a fair and reasonable offer.

It is very clear that our nurses are at their wits' end. Many are walking off the job. They are desperately trying to get a message through to the government that the government has its head buried in the sand. It is fair to say that nurses have had enough. The government and the Premier can fix this. The government could resolve this, but it seems that there is no appetite to fix it. It is wholly and utterly compromised going into these negotiations and keeping all the competing unions at bay.

I know other members would like to speak, but we hope that a resolution will be sought and addressed for this wage dispute. We hope that it will be imminent. Our health system is being propped up by our critical health workers, who continue to do more with less. They are doing double shifts and feeling the real impact of burnout, for not just the last 12 months, but also several years before under the McGowan government. They face a string of issues that I have pointed to—record levels of ambulance ramping, increased wait times, surging lists for elective surgery, all the code yellows, and our nurses and health workers being in the unenviable position of speaking to patients about a level of care that is compromised by under-resourcing and this government's lack of strategy.

This government's only mode of operation is diverting and deflecting. In this place, we have heard that the government cannot rule out gagging St John Ambulance on ambulance ramping figures. We know the government attempted to bury those figures before. I also touched on the scattergun approach to reform, which has been highlighted by the Auditor General. In the meantime, patient care is being compromised, despite the best efforts of our dedicated health staff.

It is unconscionable that we are at this point. This is a state that was meant to be battle-ready for COVID and well past COVID, but we are seeing ambulance ramping figures that are the worst on record, and more and more damning reports about a government that has lost its way and is not prioritising health.

It is quite clear that there is no strategy and no long-term plan. We know that the health system is in crisis, but without an honest and transparent look at the issues and an evaluation of the health system, it is difficult to see how that will be turned around. We also support calls from Aswath and Prasitha for a royal commission into the hospital system because it is very clear that there is a disconnect between the McGowan government's spin and what is happening on the ground in our hospital system. We absolutely need that line in the sand. Our patients deserve it and, quite clearly, our health workers—our nurses and midwives—deserve it as well. It is very clear that they have been let down by the McGowan government and there is no sign that the situation will improve under the current Minister for Health.

DR D.J. HONEY (Cottesloe — Leader of the Liberal Party) [4.50 pm]: I rise to support this excellent motion moved by the shadow Minister for Health. It was interesting and instructive today when the Minister for Health was asked about her claims of record investment in the health system and she effectively refused to answer the question. Of course, when the minister makes public claims about a record investment, one is led to believe that somehow or other this government is doing better than any other governments have done. The shadow Minister for Health has demonstrated quite patently that the records that this government holds are records it should be ashamed of. It certainly does not hold a record for performance or investment in our health system. This government is big on announcements but poor on performance. As we heard, this state's health system has significantly worsened under the McGowan government. This government was elected on a platform, in part, based on claims that the previous Liberal government had a poor record in this area. Although the government was effective in its strategy, it was untruthful in what it said. If a massive shortage of beds and ambulance ramping rates that are five times worse than the rates under the previous government are an improvement, perhaps the government could say there is some validity to that statement. I want to go over this. Minister after minister in this place loves to dwell on the past and go back in time. I have heard ministers in this place criticising this side and referring to the Court government era

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in 1997, which was 25 years ago. I am going to go through in some detail the record of our previous coalition government and what it achieved and contrast that with the appalling poor performance of this government.

History is often rewritten in this place, but it is good to go through these achievements and put them in *Hansard*. I will talk about health budgets. This is a difficult topic for this government and its public relations folk—and, boy, does this government have a lot of them! I think the government had 110 PR staff before the COVID pandemic and then it took on another 50 journalists to manage the COVID message, but I would say that was to manage the message on the dysfunction in the hospitals. It has a very large number of PR staff. This government has certainly achieved recruitment in that regard, if not with police and hospital staff. It is a touchy subject.

The government is saying that everything is okay. It does not matter whether it is law and order, crime or, in this case, the performance of the hospitals in this state, because everything is okay. Of course, as was pointed out, the reality is that thousands and thousands of Western Australians cannot access critical health care. In many cases, care is needed for a condition that is profoundly affecting their quality of life. We heard about the increase in waiting lists for various surgeries such as a hip operation. A hip that requires surgery is not some idle condition. It can keep people housebound and it can keep them from socialising. Immobility can bring on a person's early death, yet waiting lists for hip surgery, amongst others, are increasing. The government likes to pride itself on how much it is spending on the health system and it likes to make these statements, but, as was pointed out, it is a health system that is going backwards.

Let us go through some facts. Under the previous Liberal government, the health budget increased by more than 90 per cent from \$4.5 billion in 2008–09 to \$8.6 billion in 2016–17. That health budget increase occurred under the previous Liberal government over two terms. That investment turned a health system that Labor had once again run into the ground into a modern health system. Labor inherited a gold-standard health system. This Labor government now claims that it is fixing the health system. In fact, it is degrading the outstanding, first-class health system that it was given, a system that had been largely rebuilt with almost a doubling of expenditure in the health budget. What has this government done? During the five years that the McGowan government has been in power, which is over half the time of the previous Liberal government's term, the health budget has increased by 30 per cent. This government has not kept pace with the demand for health services. Our health workers are utterly distressed. I resonate with the comments made by the shadow Minister for Health in this regard. If any government members bothered to talk to health workers, they would hear of the enormous distress that they are experiencing. The industrial campaign that is going on at the moment is not some idle campaign by health workers to simply enrich themselves. This group of workers is utterly distressed. In fact, the senior staff in these hospitals are massively overburdened. The government can say that everything is fine because of its record expenditure, but the facts belie the truth of that statement.

A whole heap of preening is going on amongst members on the other side who think they are going to get some positions in the forthcoming cabinet reshuffle. In the upper house, members are hoping to get the position of Minister for Agriculture and Food. In this place, there are various hopeful parliamentary secretaries putting on their best show, puffing out their chest and hoping to get a cabinet position. They are not worrying about the wellbeing of hospital patients in this state.

Under the previous Liberal government, the number of doctors increased by 52 per cent. This government cannot get doctors to go into the hospitals, part of which is the government's own making, and I will go through that. Health practitioners have been turning away from hospitals because they do not want to work in a dysfunctional hospital system, and the shadow Minister for Health touched on this. The government is so embarrassed about its poor performance, it actually stopped its Your Voice in Health Survey. That was an election promise of this government, but it stopped running that survey when the information was most needed, when hospital staff were under the most pressure and needed this government's support. At that time, the government should have known that staff were suffering and struggling and it should have been working out how to support them. This government stopped that survey under the ruse that staff would be too busy to do the survey. What an absolute farce! It was stopped at a time when staff were under stress and the government should have known how they were feeling, but it chose to ignore the survey. Why? Because it did not like the results. That is the simple truth of it. I will not go through the survey in detail for the sake of time, but it asked staff whether the organisation supported them and their goals, and less than half the staff were positive about that. It also asked staff whether their organisation was making the necessary improvements to meet future challenges and only 44 per cent of staff believed that. The outcomes of that survey reflected the reality of what we have already heard in this debate today: leaders are not being open to communication and the like.

I will say, and I have said this before in this place about this industrial dispute; it is not just about pay and conditions. Those are clearly important to everyone, logically, particularly in the example we heard of the single mum who is struggling to get by. However, it is the way that they are being treated. It is the arrogant dismissal by this minister

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and government of their issues and concerns, portraying them as grubby opportunists who are seeking to leverage their position to get a bit more money. They are probably distressed. Now we are seeing an industrial issue and I think that issue has been covered very well.

As much as anything else, it is a cultural issue. As I mentioned, under the previous Liberal government health workers were one of the highest paid the country. Why was that? Why were they amongst the highest paid in the country? The reason is that we wanted the best possible staff that we could get, the most qualified and professional. We are competing with an ascendant resources sector in Western Australia. That means that if we are going to compete for those trained people, we need to offer competitive salaries.

We have listened to all the issues around those health workers. The senior staff who are working in those hospitals are absolutely overburdened. Do we have trainers in wards? In most hospital wards we do not have trainers. Do members know why? Because those nurses and midwives are actually out there working on the wards. The minister can laugh and think that this is funny that those staff are overburdened —

Ms S.F. McGurk: We are not even talking about you.

Dr D.J. HONEY: The minister can sit there laughing. The reality is that those staff are absolutely overburdened and distressed. As I said, the trainers are not on the wards. If they are on the wards, they are not actually training, because they are completely overwhelmed with carrying out the work of the ward. Junior staff are coming into the hospitals, but of course, in many cases, that actually increases the burden on senior staff and it does not help them. It takes about two years before a nurse or midwife who has come out of university can work at capacity on those different wards.

Our strong record in health goes well beyond pay. We knew that we needed to dramatically rebuild the health system after Labor destroyed it, which is what they are part of the way through doing once again in this place. I will go through some of the record of our previous coalition government in providing facilities for the state. As I said, there was a massive increase in the budget itself. Our emergency departments saw about 1 million patients in 2016. That was up from 25 per cent in 2008–2009. That was a significant increase in the load.

Again, the government carried on about COVID, but what we actually saw in the hospitals with COVID was, in fact, a drop-off of a lot of the demand, because people were not going to hospitals. The former coalition government saw a significant increase. Our doctors and nurses were the best paid in the country. We made an unprecedented investment in redeveloping our entire hospital system. I was fascinated to hear the pathetic attempt today to talk about the claims of what Labor did. They mentioned something from some years ago and suddenly they said that was their project. Let us go through the reality.

Fiona Stanley Hospital cost \$2 billion. It was a major new tertiary hospital. It had 643 beds, and a 140-bed state rehabilitation service that opened in October 2014. The Perth Children's Hospital cost \$1.2 billion and had 298 beds. It was being built to replace the 250-bed Princess Margaret Hospital for Children and the state's paediatric tertiary hospital. The expansion to the Joondalup Health Campus cost \$230 million, which was completed in 2013 and increased the number of public beds from 280 to 498. The 30-bed mental health unit at Sir Charles Gairdner Hospital cost \$31 million and was opened in June 2015. There was also the 307-bed Midland Public Hospital, which cost \$360 million and opened in November 2015.

Unlike this Labor government, with their obsession with the western suburbs and building more facilities at the QEII Medical Centre, we established a major tertiary hospital in Midland. What a fantastic hospital it is. It was established through a public-private partnership with St John of God. That hospital takes as many emergency patients as Sir Charles Gairdner Hospital. We provided that in the eastern suburbs, not in traditional Liberal territory. We actually established a major tertiary hospital out in the eastern suburbs, which is now a critical part of our health system.

In the regions we invested hundred and \$170 million in the Albany Health Campus, which opened in May 2013. Another \$120 million was invested into the Busselton Health Campus, which opened in March 2015. The redevelopment of Kalgoorlie Health Campus cost \$59.6 million, and was completed in August 2015. At the time, the government had gone to the election and had also commenced the construction of the new \$207 million Karratha Health Campus, and the \$31.3 million Esperance Health Campus redevelopment. There was also the \$26.8 million development at the Carnarvon Health Campus, as well as the Onslow Health Service, which was, at that stage, a \$42 million redevelopment.

In addition, the Liberal–National government made major investments in improving health and aged care facilities and services under the southern inland and north west health initiatives. Again, they were major investments in the regions of Western Australia. The coalition government also introduced and expanded the telehealth initiatives, which enabled 33 500 regional patients to have assistance from health practitioners via teleconferences. Additional money was invested into medical research, with \$30 million allocated over four years in the 2013 budget for

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the future health medical research initiative. That was a previous commitment, in addition to \$58 million already committed to health and medical research.

We were a government that managed for the whole state, not the tribal punishing politics that this government practices. Through negotiation and agreement with Curtin University, the absolutely historic development of opening Curtin Medical School in Midland was made. The government carries on about having to assemble some trains out in Midland. Imagine actually establishing a whole tertiary campus for training doctors in Midland so that youth in the eastern suburbs, students that face intrinsic barriers to medical school attendance at existing universities, have their own campus out in Midland to bring a whole new cohort of people into medicine. It was the previous Liberal government that did it. The government committed \$22 million to the land for that project.

This was a coalition government that introduced a whole range of other programs, immunisation programs and the like. That was a government that was focused on this state. If members want to sit in this chamber and dwell on the past, then I suggest that Labor members actually look at the achievements of the last government and compare them with the pathetic efforts of this government. When government members come into this place and talk about their record investment, it is a joke.

[Member's time extended.]

Dr D.J. HONEY: I have come into this place and heard members say, "Yes, there were those investments" and give the criticisms they ran with publicly at the time around Fiona Stanley and the children's hospital. It is quite fascinating to see how members want to blame a previous government for issues due to construction during that period, issues which no minister could have possibly had any control over. Yet, the debacle of the Forrestfield–Airport Link involved massive safety issues and issues with the construction and the Minister for Transport said, "It's nothing to do with me." Members can have it one way, or they can have it the other. Either ministers are responsible for construction issues, or, that is in fact something that is beyond ministerial control. We have said in this place that the critical factor is what the minister does in response to issues.

In December 2020, the Labor government announced—they are good at making announcements—a new world-class \$1.8 billion hospital to be built in Nedlands to replace King Edward Memorial Hospital for Women. In February of this year it was still in the design phase. When are we going to see that hospital? In fact, we should have another major tertiary hospital in Perth on top of a replacement women's and babies' hospital; in fact, we have neither from this government. The government announced the reopening of beds that it had closed before, as was pointed out by the shadow Minister for Health. The hospital is being located in Nedlands—not on any public transport route—where it will be extremely difficult to access, and where there are already major issues with traffic and parking that affect residents all through the area. Murdoch University would have been a good location for that hospital, or another location that would be more accessible to people from across metropolitan Perth. That is where the Liberal government located its hospital. The middle of Nedlands is not accessible to a great many people. It is an area that people find extremely difficult to access. We have been through that issue and raised questions in this place; again, we get dismissive or no answers to our questions. As I say, we still have no idea when that women's and babies' hospital will be delivered. It will be fascinating to see what will actually be delivered by this government. On every capital project, this government fails to deliver on time and definitely fails to deliver on budget.

As I said, I have been through a number of those projects. Under the previous Liberal government, there was a massive increase in our hospital system's capacity and a massive improvement in service delivery, not only in our own electorates, but also across metropolitan Perth and regional Western Australia.

Dr J. Krishnan interjected.

Dr D.J. HONEY: I am not quite sure what the member said but I am sure it was insightful. In 2018–19, the asset investment program under the Barnett government saw \$5.9 billion in funding for critical assets across Western Australia. That was the previous government's investment over its two terms. Between 2018–19 and 2021–22, in half the time that the government has been in power, what have we seen from this government? We have seen an asset investment program of around \$1 billion. That is 16 per cent of what we saw under the previous government. Do the numbers; go through the budget papers. Health is five per cent of the capital program. Metronet is 18 per cent of the capital program. That is this government's priority. They are telling figures. It picks apart —

Ms A. Sanderson: We know you hate public transport; you've already made that clear.

Dr D.J. HONEY: I value the health of the community above a project that has a 30 per cent rate of return, let me tell the minister that. A new children's hospital is being brought in; it should be there now. I value that a lot more than purely vote-buying exercises in government members' own electorates. They do not care about women and children. They do not care about the pregnant mums who were turned away from the maternity hospital because there was no room. They were redirected to other hospitals that they did not want to go to. Government members do not care about that. They want to stand beside the Minister for Transport wearing their hard hat and fluoro vest, and

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boasting about how they are going to build something in five years' time; meanwhile, something that is critically needed for the health of women and children in this state is not being delivered by this government. The government is not committed to that investment. Its priorities are purely political. It is purely about what votes members can get at the next election—not about the health of people in Western Australia.

As I said, the system is under enormous distress. If we look at the period 2009–10 to 2017–18 again, we saw a 77 per cent increase in operating expenditure. I have already talked about the total increase over that time. If we look at the current government, we see that there has been only a 32 per cent increase in spend. Any contention that this is somehow a record increase in expenditure is clearly untenable.

We can look at regional health and the issues in regional areas. I am sure my colleagues will cover this in more detail, but we have a simple example in Toodyay with the Alma Beard Medical Centre, which has operated since 2012 but is going to close. Anybody who has been through Toodyay would realise that there has been a massive expansion of the population in that area. About 4 600 people are going to lose their only GP. It is the role of government to make sure that those services are delivered in that community. It is the role of government to oversight that and make sure that those services are provided. We know about the GP vacancies in rural areas. There are record vacancies in the system. Let us be clear about the shortage of doctors, nurses and midwives: this government stopped them coming into the state. Western Australia is critically dependent on a steady stream of health professionals—doctors, nurses, midwives and other professionals—coming into this state. This government, for the pure chest-puffing politics of being strong on the borders, stopped doctors, nurses and midwives coming into the state for two years. What a farce that was, because plenty of other people came in. Let me tell members that plenty of billionaires in this state—there is a good number of them—could travel at will around the world with the approval of this government, but the government stopped critical health workers coming into the state. That was a farce. We clearly accept that the government did not want people coming into the state for idle purposes, but to stop key health workers and other critical workers from coming into the state was absolutely ludicrous. As I say, it seemed like their mates could come and go as they pleased, but people who were actually going to save lives were kept out of the state of Western Australia. That is one of the reasons we have this problem now. I am sure the government was approached about this. I was approached by numerous people who work in the medical system who said that this would be a disaster. They said that, post-COVID, we would have a massive shortage of health staff in this state. That shortage was entirely predictable, and it sits at the feet of this government. The government can wave its hands and try to blame someone else, but it stopped that pipeline of workers for that period for just pure, crass political reasons and not for any practical purpose, even though it was warned that that would cause problems in the future. That was an absolute disgrace.

This government is good on public relations. It does not seem to have any trouble recruiting more journalists to its ministerial offices. I do not know whether they give their special office a name—the COVID information office, or whatever it is. There are 55 staff up there monitoring my social media 24/7 and sending little letters down. I give a shout-out to them, by the way. I am sure they will be listening to this. They will be able to come back with something pithy.

Every week in this state, we see ordinary Western Australians suffering because of the mismanagement of the McGowan Labor government and this health minister. The government has hidden behind COVID for the last two and a half years and used it as the excuse for every failure of this government, but those failures are being revealed. This government is failing patients and the people who work in our hospital system. I will pass on to someone else.

MS M. BEARD (North West Central) [5.17 pm]: I rise to support this motion. It will be no surprise that I will speak from a regional perspective on the many health issues and challenges that are faced by people across our state. I think members will appreciate that as we get further away from Perth, services become less reliable, and as we get further away from a regional centre, they also become less consistent. That happens for lots of reasons. We understand that there are challenges with distance and remote areas, but we need to remember that those areas still need services and facilities. The people living in those areas contribute in a large way to our economy and our state.

I asked a question today about Paraburdoo Hospital. Obviously, it is vitally important that patients, staff and residents are catered for with important infrastructure and the ongoing development of hospitals. When I asked my question about Paraburdoo in question time today, I was surprised that the minister was surprised that I was raising it, and also that I was commenting about a lack of investment in parts of the north west. What I was alluding to, which the minister may have been confused by, is that although work on Meekatharra Hospital may be underway, it has still not started. Tom Price Hospital has apparently stalled. Residents are still waiting to hear when the project will start and there is no clarity around when it might be delivered. I tried to meet with people from Paraburdoo Hospital when I was in Paraburdoo but, unfortunately, they were not able to make that possible. Paraburdoo Hospital allegedly has scaffolding, is in disrepair and needs urgent upgrades. Paraburdoo Hospital is important to places like Tom Price because, if anyone is airlifted out of Tom Price, they have to travel by ambulance to Paraburdoo, which

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is 80 kilometres away. They will often have to spend time in Paraburdoo Hospital, so it is very important for the region. There needs to be a time line for the project upgrades that were mooted to give people confidence that the upgrades will happen. Comment was made around the fact that I am always talking down the town. As a person who is living in, has grown up in and is invested in the regions, I am very aware of the opportunities in the regions but these cannot be maximised without robust services and facilities. The growth that is going to happen or could happen will not happen without these vital services.

Aged care is another area in which we had some wins in the regions but some areas still need improving. People in Tom Price want to stay in the region, which means that families will stay there. It is the same in Exmouth and Kalbarri. We need to find a way to accommodate these people who want to stay in their towns with aged care and for the seniors who want to remain in their homes or move to some kind of care so they can stay in the regions. That will keep their families in the regions too.

There is an increasing level of activity across the regions with mining, industry and a lot of new businesses. There is also an increased amount of tourism. Tourism WA is marketing the area widely. It is encouraging people to travel to the regions, yet nursing posts are struggling, particularly in Yalgoo and Cue. Although we understand the difficulty in resourcing these nursing posts, there was a death four years ago and we are still no closer to making sure it does not happen again. We are stretched with the number of volunteers. The nursing posts in Cue and Yalgoo need to be upgraded. Shark Bay is another example. I am sure everyone is well aware that around 700 residents live in Shark Bay and that figure swells to 7 000 people in holiday periods. I have friends who went there and to the equivalent in Coral Bay, which swells to 5 000 people. It has one nursing post. Someone was bitten by a snake in the middle of nowhere. I think anyone in this house in that situation would appreciate the stress levels that people reach and the impost on the very few people in those settlements who have to deal with these situations, which are life and death in many cases. In Shark Bay, there are long waits for appointments and there is a heightened need for at least nurse practitioners to be on the ground if that is possible. It has a visiting doctor but, with numbers of people like that visiting, it is a deficit that needs to be plugged.

The patient assisted travel scheme is also being exacerbated. It is more difficult for people to get to services and appointments. They are struggling to get on flights because there are no seats. On top of that, seniors are faced with increased fuel costs and it is around \$100 a night when they travel away. It is very difficult. A lot of people here would have booked accommodation in Perth. It is pretty hard on a pension to facilitate travel and line that up with accommodation they can afford for that price. Patients are forced to travel long distances. They need to find accommodation. Some patients are cancelling appointments they should be attending. Unless it is a crisis, they are putting off these things. The PATS is definitely something that needs to be looked at in line with the cost-of-living increases that have happened. There has not been an increase. Many people are taking long journeys, often by road, especially pregnant people or people who need before and after treatment for operations. It is 1 000 kilometres return from Carnarvon to Perth and it is 1 400 kilometres from Exmouth. If they can get on a plane, that is well and good. If they cannot, they will miss appointments as well. We need to have some reprieve in that space.

The services in the regions are becoming acutely under-resourced. Silverchain does an amazing job. It really does hold families together in these towns but, unfortunately, it needs to be bolstered because in some instances people have no care over the weekends if it does not have enough people. There are not enough facilities so people are being forced to leave. Part of the Silverchain service means that people are able to stay in their homes and stay where they are with their families.

I have raised in the house access to breast screening and support services, which are absolutely critical to people in isolated locations. Everyone needs to have access to them. I went to the Breast Cancer Network Australia event last week and I met a regional survivor who made it very clear that she was forced, 20 years ago, to move to Perth because she did not have access to services. I would like to commend —

Ms A. Sanderson: It was 20 years ago!

Ms M. BEARD: She is no different because 20 years ago she still had breast cancer and went through the same thing that people are going through today. She is saying that, even now, nothing has changed.

Ms A. Sanderson: It's not the same.

Ms M. BEARD: It is the same. My mother was one of them. The BCNA is critical to people in regional areas and I commend it for its service because people can access support services and networks through online facilities and services.

Another issue is renal dialysis. There is a growing list of people within the regions and a very long waitlist for people who cannot access a chair. They are having to move away, off country, or wait for a chair at the expense to their health. A person in Kalbarri I spoke to recently is going to need to travel to Perth. Some patients are undertaking education so that they can administer their own dialysis in their homes, which is a stressful proposition in itself

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because it is fraught with dangers. These are the extremes people are going to try to mitigate the need for a chair. They need support with accommodation and being able to find a chair when they do move to the south for the six-week period they need.

We all know there is this shortage of specialist anaesthetists, but, given the tyranny of distance, anaesthetists are an essential service, at least within regional centres, for people who have all sorts of issues, including those who have car accidents, emergencies, or whatever might be going on in whichever area. It is a long way to travel and I know the Royal Flying Doctor Service is flat out doing transfers daily. It flies in and out of towns on a consistent basis to airlift people out because these services are not available. Maternity services fit into that same category. It is not a luxury but a fundamental health service that we need to be able to provide in every region. We clearly have another issue with staff who are battling extreme burnout. In Port Hedland, Hedland Health Campus had acute understaffing. In regional health facilities, we are struggling with the added pressure of no housing and, particularly in some of the hotspots in my electorate and I gather all through the state in the north, the issue of crime is making it extremely difficult for people to be sourced to fill positions. We need to take an approach that is going to remediate some of those issues. Groups of kids are running the streets and terrorising some of these people in their homes. Some of them are nurses who are working very hard and doing an amazing job in our health system. I am alluding to the situation at Banksia Hill Detention Centre and what is happening on the ground in these towns definitely not being mutually exclusive. It is having major knock-on effects to our health services.

Mental health is also a major issue, as we all know, particularly with the crime situation. It is crucial, critical and increasingly necessary. We have a high rate of suicide and domestic violence across the regions and we need to focus on and bolster access to the services through some form of mechanism. Drugs and alcohol are in that same bucket. With the crime situation in Carnarvon, Meekatharra and many other towns across the regions, the mental health of victims of crime is at a point at which residents really need some help and they really need to be offered help. It needs to be provided to them if they want to take it. I have received calls and texts as recently as the middle of last night, close to midnight, with people telling me, “I’ve had enough. I can’t leave my house. I’m a prisoner in my own home. Three houses in my street have just been trashed.” They are financially and mentally stretched. We need to do something about it before we are faced with a tragedy, and additional resources need to be afforded to that group of people.

Lastly, I know that the minister—more than one of them—has said that I am talking down the town. In actual fact, there is no way I am talking down the town. It is a beautiful region. It has been my home for most of my life. I make no apology for asking the questions I have been asking, and I will continue to do so. These are things that are important to our communities. These are things that are affecting our communities. People should be able to live a peaceful life and have the services and facilities that they need. I think it is staggering that people would assume that I have no idea about this. It is actually a bit confronting. It does not make sense to me that people would think that, and I want to put that to bed.

Some of the people who live and breathe these issues are now reaching breaking point. Parts of the region are in crisis, and it seems the government is not listening. There seems to be a disconnect between the government and some of the regions. I would be more than happy to host any government minister willing to come and have a look to get a grasp on exactly what is happening on the ground and what might be required. We need to make a change. I know people have mocked my inaugural speech and completely misconstrued it. I am happy to talk to anyone about that as well. I want to reiterate that I am not raising these issues because they are not real.

MS M.J. DAVIES (Central Wheatbelt — Leader of the Opposition) [5.32 pm]: I am very happy to contribute to this debate. I commend the member for Vasse for her hard work in continuing to raise these areas of concern in the health portfolio. I think her contribution had great depth. She provided statistics and analysis of what we have seen over the last 12 to 24 months—even longer than that—under the watch of this government and the impact of the government’s mismanagement of health in Western Australia. The member for Cottesloe and the member for North West Central added to the debate, and I would like to do the same and raise some issues in my electorate. We want to assure the minister and members that we do see the challenges that are emerging as a result of the mismanagement and lack of investment, and we want to share the feedback we get from people who work within the system. As the member for Vasse pointed out, there are nurses, midwives and allied health service providers—those who work on the front line—who feel utter despair about the system that they are now a part of.

We understand that health is a complex portfolio and there are no simple solutions, but there is no doubt that this government has dropped the ball on investing in infrastructure and the workforce and ensuring that the conversations that need to be had with our federal colleagues are being had. It is a complex ecosystem between aged care, doctors and the services that are provided directly by the state government.

I can point to any number of cases of regular issues being raised by the opposition over the course of the last 12 months. At the very least, there is the ongoing and protracted negotiations with nurses and the record ambulance ramping that the member for Vasse spoke of. It hit an all-time record in November this year. I understand that

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ambulance ramping is now five times as bad as it was when the government was in opposition and calling it a complete crisis. The numbers do not lie about the failure to manage what we all know is a challenge with the hospitals, not the ambulance service. Substandard procedures and protocols in emergency departments have come at the cost of people's lives, in some cases, and the shortage of staff and beds across the system puts an enormous amount of pressure on the staff who are left. That is the concern we have. We have regular contact with staff members who say they are reaching the end of their tether.

In a regional context, there are unique challenges, particularly with the attraction and retention of staff. The member for North West Central talked about it within the context of some of the challenges that we see in regional communities, particularly in the north west. The crime and dysfunction in those communities is most certainly having an impact on staff attraction and retention. Outside the north of the state, there are issues relating to housing and the ability for staff, whether staff within the health system or doctors in private practice, to access professional support and be safe in the hospital and in the community.

It is difficult to access GP and specialist services in regional communities. The patient assisted travel scheme, which we have raised on a number of occasions, is no longer hitting the mark. It has not been hitting the mark for some time, but in the context of rising fuel prices that is creating great challenges for community members in regional areas to access the services they need. These are specialist services that they cannot get in the regions they live in. They must travel. As the member for North West Central pointed out, it is equally difficult to find affordable accommodation in the metropolitan area. I will share an example of that with members as I go through my contribution.

Then there are the long wait times for access to specialists, something that Hon Donna Faragher and the member for Vasse have done quite significant work on, particularly when it comes to child and adolescent health services and education services. Everybody knows that early intervention is key with significant health challenges, particularly with child health, allowing people to avoid ending up at the more expensive and challenging end of our health system. We do not want people landing in the emergency department. We want them to be able to access health services, preventing illnesses and challenges from escalating.

There is a significant wait time for access to specialists. In fact, I have examples of country people having to travel from distances as far as Esperance and the north of the state, only for the surgery to be cancelled at very short notice. For people living in the Perth metropolitan area, that is an inconvenience, and it certainly causes great distress. For people in regional Western Australia who have gone through the process of booking accommodation and arranging travel, whether driving or flying, it is easy to imagine the distress caused when they arrive and are told within a matter of hours or even a day that they are no longer on the list for the surgery. They have to travel back to their community, wait for a new appointment and then go through the whole process again. Unfortunately, I have had more than one person contact me for whom that has happened not once or twice but three times. To be addressed, it usually takes the intervention of a member of Parliament raising it with the minister's office, saying, "Surely there needs to be an understanding that these people cannot continue to travel at their own expense and in great discomfort, in some cases, on a regular basis." We know that surgery lists are cancelled for any number of reasons, but they have certainly been put on hold and the backlog has not been addressed, due to the shortage of staff, and that creates even more challenges.

I would like to furnish the Parliament with some examples so that the minister and members can see that there are indeed shortcomings in the system and that more needs to be done. I am sure that, when the minister and members of the government stand up, it will be all about the investment they believe they are making that will make a difference. We just want to put on the record that there are gaps. There are many gaps in regional communities, but there is no shortage of gaps in our major metropolitan hospitals, either.

Before I go on, I would like to address the ongoing negotiations with nurses and midwives and the threat of imminent industrial action. The government has made four offers of pay and conditions. The shortages and conditions that nurses and midwives in particular have been operating under have no doubt exacerbated an already very difficult job. I received an email from a midwife a couple of weeks ago. She shared with me what she has to do on the floor as a midwife and why nurses are arguing so passionately for the staff-patient ratios. She said that the government is not listening to nurses' and midwives' concerns about that issue. She writes —

I could show you so many posts and replies today from Midwives who are now so frustrated and are considering leaving our profession because we are at our wits end ...

Her very lengthy email goes through in great detail what midwives need to do in their observations to manage mothers and babies. Seven paragraphs talk about what they have to do on a regular basis to make sure that the mothers and babies in their care go home safely. There are things that do not fit within the criteria that they do to make sure that the system works. She finishes the email by saying —

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I am writing this to at least highlight that there is so much more to midwifery and that only approximately 15–20% of babies need only basic observations and basic Midwifery input. It is so important that if cares are given after the birth and monitored correctly it reduces the cost to the system for readmissions that can occur 1–2 days after discharge if Midwives are under pressure and miss crucial signs and symptoms.

...

It is scary working as a Midwife at the moment and honestly we leave each shift glad that the heavy patient loads and limited care we were able to give did not result in any deaths. This is so sad, and I know my unit has had 17 very experienced Midwives leave the profession altogether due to PTSD, Vicarious Trauma plus exhaustion and frustration from such heavy patient loads. They have gone into jobs such as real estate, fast food, waitressing and customer service. These are midwives with 10–20+ years of experience who are magnificent at their jobs but they're just done. I know of 7 others looking at leaving pending the results of the EBA. And this is only 1 level 2 Government health service. For me I've been a Midwife for over 10 years and I am just so sad with how the Midwifery profession has declined and I am tired from working so much overtime and extra shifts to just ensure my coworkers and the women are not put at risk. Plus dealing with my PTSD all of these things has me considering leaving the profession not for better pay but for better conditions.

I will not share the name of the individual who wrote to me, but I assure the minister that we have received a number of communications from people who are working in the health system. I urge the government to do everything it can to ensure that this situation is resolved as soon as possible so that nurses and midwives have access to the remuneration and conditions of which this woman speaks.

I have an example of the surgery issue that I raised, which is not uncommon. This example is representative of the communications that the offices of many members would receive from regional constituents. This constituent, JE, contacted me with her experience in the health system. She is based in Esperance, and the member for Roe very quickly followed this up. I understand that there has been contact with the minister's office to resolve the challenge. Without identifying the individual, I will outline exactly what happened. She had to attend a metropolitan hospital for surgery at the end of October. She booked her accommodation. Forty-five minutes after she checked in, she was contacted by the hospital, which had cancelled her surgery. This was her third trip concerning the same medical condition. The lady and her husband have to drive to Perth; it is a 16-hour return trip to Esperance. Her husband is also unwell and her condition means that it is very uncomfortable for her to travel, so they take two days to get to and from Perth. The first appointment was with a specialist. She was told at that appointment that she could have had the appointment over the phone with telehealth rather than going to Perth. The same thing happened a second time after a 16-hour round trip. After having the date shifted from the end of October to the beginning of November, she rebooked the hotel. When she booked into the hotel, she was told that there were five cancellations at the hotel due to the cancellation of surgery lists. She explained in her email not only the frustration of not being able to get through the surgery list, but also the impact that fuel costs were having on them, having to constantly drive up and down from Esperance and having to keep the vehicle roadworthy for long trips. As I said, the trip had to be done over two days because her condition did not allow her to sit for too long. She finished the email by saying that she feels utterly traumatised by this experience.

That is not a good reflection of the health system. Surely, we can do better for regional patients. Certainly, I am always dismayed when I hear that people have had that experience because when someone is already under pressure, I can imagine what it is like for them to go back home without having their medical issue resolved, knowing that it may happen again and again.

The final thing I want to talk about is the meeting that I had with Rural Health West this morning. The minister may say that the recruitment of doctors and the provision of doctors in regional communities is not the job of the state government—the WA Country Health Service and various governments have said exactly that—but the recruitment of doctors in the Western Australian health system is crucial to the running of regional hospitals and the wellbeing of our communities. I know that WACHS has conducted internal investigations and reviews into GP recruitment and that reports exist within the WA Country Health Service on exactly this matter. I will be very disappointed if the minister says that this does not need to be addressed by both the state and federal governments and that there is no role for the state government to play. The Rural Health West representatives who spoke to us this morning said that they have never been so concerned by the lack of doctors in regional communities. They talked us through the statistics and what communities are facing at the moment.

In 2017, there were 80 GP vacancies; in 2022, there were 115 GP vacancies. There is also the concerning trend of an increasing number of GPs retiring and the recruitment of GPs into the system is not keeping track. I am happy for the minister to correct me, and I am also happy to say that mistakes were made at the federal level by our colleagues in the previous government when they turned off the tap for overseas-trained doctors too early. The promise was that a significant number of Australian-trained doctors were coming through the system. The former federal government

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increased the number of training placements, but the transition has not gone well and there is a significant gap, which is having an impact on the entire health system in regional communities because without a doctor, primary health care is not being done, which could prevent people from entering the acute end of the health system. The system is not able to staff hospitals and EDs and there are challenges with the recruitment processes of WACHS and GP practices because the government is paying far more to recruit doctors in regional hospitals. The poaching that is going on is causing additional stresses. There are some solutions, but they will require the state and federal governments to work together. It takes 18 months to recruit an overseas-trained doctor—that is too long. We need to do whatever we can to speed up that.

[Member's time extended.]

Ms M.J. DAVIES: Decreasing that time frame will certainly address some of the challenges.

Again, I am going to be magnanimous: I think blame lies on both sides. The Liberal–National coalition government started it but the Albanese government has carried on with the changes to distribution priority areas—the DPAs—which are the places that international medical graduates can apply for. For those who do not understand what I am talking about, the modified Monash —

Dr J. Krishnan: Model.

Mr S.A. Millman: Model.

Ms M.J. DAVIES: Look at that—it is a chorus. Members do understand what I am talking about!

It is the Modified Monash Model. The places where international graduates can be placed are now competing with what are essentially metropolitan areas. When a place like Wyalkatchem or a hard-to-staff area like Meekatharra or Paraburdoo tries to recruit a doctor, that doctor can go there potentially or they can go and work in Yanchep or somewhere in the outer metropolitan area. A doctor going into a community also has concerns about their professional development, the support network they have around them and their family. Doctors face these challenges when they go regional, but with the decision made by the previous federal government—this came into play in early 2022—they can be placed anywhere in the MM 2 to MM 7 districts. That is playing out in some really rural and remote areas, and they do not have access to those doctors. I think that is very challenging. It is certainly a policy change that I would like to see the state government take up with the federal government. We are having that conversation with our colleagues as well.

There are a range of other challenges in attracting and retaining doctors. I know that the state government has a GP generalist pathway. It is very hard to attract people into the GP profession when they see the bright lights and higher pay of specialist professions, but we need to somehow address the remuneration package through Medicare, the overseas recruitment piece and the policy levers the government has at its fingertips. Part of that is access to housing and access to administrative support for these doctors—those solo GPs who find it very challenging to operate in isolation. I think more can be done at a state level because certainly that support is provided when doctors are recruited by hospitals and when they are in the local community.

I am concerned that Rural Health West, which exists to recruit GPs to Western Australia, is telling me that it is worse than it has ever seen. When I first started as a member of Parliament, I went to any number of town hall meetings at which local governments were being berated and belted around the ears because they were unable to attract a doctor to and retain them in their community. As a result, many of our regional local governments pay significant and exorbitant fees to attract a doctor. It is a bidding war whenever a doctor leaves a community. We have to be more creative. When we were in government, there were localised incentive payments, but as soon as those incentive payments ceased, those doctors dissipated and this challenge re-emerged. I think the member for Cottesloe mentioned Toodyay. The practice that was in Toodyay was an offshoot of a practice that operates out of Northam—that is, the Wheatbelt Health Network. It is experiencing challenges recruiting doctors to manage its practice in Northam, let alone a practice in the neighbouring town. It has left the community without a doctor. Some may say that Toodyay is just 20 minutes down the road, but it is a significant population centre in the electorate that has an elderly population. Again, people not having access to primary health care makes it very difficult to prevent them entering the health system in the first place and ending up at the acute end. I think we would all agree that needs to be a priority for government.

They are some of the issues we have coming across our desks. I also raised with the minister that, in addition to the comments from the member for North West Central about staff feeling unsafe, I have had a number of fly-in fly-out and locum nurses who travel to some of the remote communities in the north in particular tell me that some of the accommodation and the security provided is substandard. In fact, they have been under attack going from the hospital back to their nurses' accommodation. One of the nurses was very distressed. She came to see me. She was no shrinking violet. She has been a long-term member of the medical profession and a nurse, and has lived remotely and regionally. She answered the call to go back into the system because of the shortage. She did the right

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thing. I do not think we will see her back in the system because she felt very unsafe in the accommodation provided. Certainly as I travel around the state, I see nurses' quarters and accommodation for nurses that needs significant upgrades to meet a standard that I think would make it easier to attract and retain the staff that the government is looking to recruit into those regions. It is just one of the solutions, but it needs to be done with urgency in the challenging context of an overheated market. Without that piece of the puzzle from the Minister for Housing, through Government Regional Officers' Housing, I think we will find it very difficult to attract those people to the regions where we need them.

They are the issues I wanted to raise. Again, I urge the government and the minister to do absolutely everything they can to resolve the issues between the Australian Nursing Federation and the government on the enterprise bargaining agreement negotiations. I know it is complex, but the people who are being left out in this process are the nurses and midwives we talked about today who feel they are not being recognised for the very complex work that they have done on the front line with reduced services and support. It would be really unfortunate if we saw the situation escalate to the action nurses are threatening to take on Friday. If we cannot see that resolved after four offers from the government, it has taken too long for those offers to be made. Certainly, it is not good enough that the people who have supported us through COVID are getting to the point at which they need to threaten industrial action, because I do not know any nurse who really wants to do that. They certainly do not go to work wanting to make it more difficult to provide care to their patients. With that, I will finish my contribution. I look forward to the minister's response.

MS A. SANDERSON (Morley — Minister for Health) [5.56 pm]: I rise to respond to the motion moved today and address a number of the comments made by opposition members. I will start by saying that it is quite impressive for the opposition to speak on health for two hours and not once mention COVID. I am impressed—and they did it with a straight face! They did not once mention the challenges of the global COVID pandemic. It was quite incredible. Credit where credit is due, they did an outstanding job of having one eye open and refusing to acknowledge the reality of the state.

The Leader of the Opposition gave the most coherent speech, and I largely agree with many of the things that she said. I can, first of all, absolutely provide assurance to the community that the safety of our regional staffing is a big priority. I have certainly made it clear to the WA Country Health Service executive that we will provide them with whatever they need in terms of securing staffing and making sure they have everything they need. WACHS has had a significant funding uplift in the last 12 months to upgrade accommodation. During every regional visit, I make a point of visiting the staff accommodation so that I can see it myself. I totally agree that one bathroom between six bedrooms is not the standard that we would expect. Laverton is one example where that is the case, and there will be new staffing accommodation with the redeveloped Laverton Hospital.

I am aware that numerous sites have challenges because I travel the state and talk to people. I talk to staff without health or hospital executives present. Every visit, I sit down with staff in a room to hear from them directly because that is how you get the best information about what is really going on in a workplace. I also hear about a lot of really positive work and dedication, and the incredible support that they provide our community.

There are other members who want to speak on this debate so I will not take up all the time. There are members in this house who have a deep commitment to health, particularly public health. Our commitment to public health services is actually why many of us joined the Labor Party to start with.

I will run through some of the comments the opposition has made. The first was from the member for Vasse, who quoted a whole range of statistics from over the last 12 months but made absolutely no mention of the COVID-19 pandemic, which we know has skewed all the performance data. I challenge her to name one jurisdiction around the world whose performance data improved whilst dealing with a COVID peak. That is what we dealt with this year. I challenge her to do that. In fact, we are working with all key stakeholders around emergency access. One of those really important groups is the Australasian College for Emergency Medicine, which has been really constructive in its engagement with the government. The president of that college, Dr Peter Allely, an outstanding emergency physician at Sir Charles Gairdner Hospital, has himself been part of the ramping task force that has been working with the government on solutions. He has said that it is not just about more beds. In fact, he went on the record in November this year and said that in terms of the rest of Australia, WA is actually doing very well. He said that emergency department overcrowding is a worldwide phenomenon. There is a response for opposition members! If they talk to the clinicians at the coalface, they will find out that the work the government is doing within the system is starting to ease pressures.

The member for Vasse also claimed that we have cut corners in funding the health system and cut funding and significantly underinvested in the health system, and then linked that to the death of Aishwarya, which, frankly, was in poor taste. There has been a 30 per cent year-on-year increase in funding since we were elected. That claim by the member for Vasse was completely incorrect. There has been a 30 per cent increase in funding. The member

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for Cottesloe acknowledged the 30 per cent increase, but said that it is not enough and that we have not kept pace with the demand for services. Emergency presentations increased by about half that amount, so our funding has actually been double the increase in demand. What we are seeing are issues with complexity and length of stay.

The member for Vasse also claimed that after closing beds, we are now trying to reopen them. Which beds did we close? What beds is the member talking about? We have significantly more beds now than there were in 2016–17. That was not true; it was a complete and total fabrication. We delivered 483 beds in 12 months through the deployment of new modular build techniques. That is the equivalent of a new tertiary hospital, member for Cottesloe. That is what we did. I recently went to a forum hosted by the Australian Medical Association, in which it invited discussion and suggestions around managing some of the challenges and their pinch points. Not one person from the AMA said that more beds were needed. Not one person said that that was part of the solution. No-one said that. That is not where the solution lies. We are providing an increase in the number of beds.

The member for Vasse claimed that there are different policies around how code yellows are managed, but when we look at the data, it is a similar level. Code yellows are not a performance statistic—we have said this over and over. They are used for internal communications. They can be called by a single staff member at any time, and multiple times. They are not a performance statistic. That is why that information is not reported on the live performance statistics website on which we publish statistics every day.

The member for Vasse made some claims about a lack of transparency around the reporting of ramping. The Department of Health reports what is called transfer of care. It is exactly the same thing; it is just a different name! Transfer of care is the amount of time it takes for a patient to be transferred from the care of a paramedic into an emergency department, also known colloquially as “ramping”. It is the same thing. That information is published by the Department of Health, along with live emergency department data. The member claimed that we are somehow burying these statistics. The Department of Health is one of the most transparent government departments. Complete nonsense is being peddled.

I have to say that I am finding it distasteful that the member for Vasse is interfering in live contract negotiations. The government is in live negotiations for a big contract with our ambulance provider, yet she comes in here asking for information and making commentary about it, which could be seriously detrimental to the outcome of those negotiations on behalf of Western Australian taxpayers. That is what she is doing. We know that the member for Vasse does not listen at all. We have explained that emergency access block is not about the emergency department, which is why we have invested \$250 million in a package and task force that is overseeing a comprehensive strategy. We have invited the likes of the Australasian College of Emergency Medicine, the Royal Australian College of General Practitioners and representatives from primary care, emergency care and aged care—all the components that feed into our hospital system—to work through the blockages and how we will address them, so that we make sure that our community has access to that care. The member for Cottesloe claimed that the task force is costing money. The task force does not require any money; it is bringing people together. It is bringing the boards together. It is bringing the devolved system together. That is exactly what it is doing.

The member for Vasse claimed that we had launched an inquiry into the ambulance service to deflect attention from the real issues. What inquiry was that? Was she referring to the one started by the independent committee of the upper house that had an opposition member on it, who unanimously agreed with the recommendations? Is that the committee inquiry that the member for Vasse means—the one that had Hon Colin de Grussa on it, who agreed with the recommendations? I did not see a minority report! That was a whole-of-committee report with very clear recommendations. To make some kind of claim that we launched some kind of underhanded inquiry is absolute nonsense.

The member for Vasse also claimed that even though the Premier thinks investigations are talkfests, the announcement of senior police officers and health officials being embedded at St John Ambulance has failed. That was a total conflation of the issues! It was an example of complete confusion by the member for Vasse. Let me be clear: a multiagency support team was put in to support St John Ambulance through the COVID period. Absolutely—we were very transparent about that. Before we put experts in emergency management into St John, St John’s crew numbers were 40 per cent below establishment levels—40 per cent!—and with no reasonable explanation. St John had not implemented all its business continuity plans and protocols, and we saw the terrible impact of that on the community. I have met with the families who were impacted by that. Before the government took the bold decision to put people in there and take control, and make sure that the organisation was doing what it needed to do, crew numbers were 40 per cent below establishment levels. Now, they are at record levels; it is almost green. St John is meeting its targets with existing resources. It had a significant funding uplift—16 per cent over two years. It is now meeting all its targets with existing resources. The member for Vasse claimed that this is somehow a failure. Show me the evidence that this multiagency support team has failed! I want to see the evidence. Start backing up your claims with some facts! That is absolutely what the member for Vasse fails to do every time.

The member for Vasse also claimed —

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... the minister ... refused to say whether a gag order would be imposed on St John, preventing it from reporting ramping data or ... commenting on ... McGowan government policies.

That is completely dangerous and speculative information in the middle of contract negotiations. I caution the member for Vasse to be very careful.

The department already publishes data on transfer of care, which is the same thing as ramping. The Department of Health also publishes daily reports on the number of attendances and admissions, and median ED waiting times, including by triage category. The live activity is where people can see the average wait time for triage 4, which is the semi-urgent patients.

We also released the *Your safety in our hands in hospital* report, which is published annually and provides information on the number and type of clinical incidents across the system. There is the monthly report on median wait time for elective surgery cases by category, specialty and hospital site, along with the total cases on waitlists and percentage within boundary. There is transparency in our system. We absolutely provide that information and to say that somehow we are constantly trying to hide information is complete rubbish.

The member for Vasse quoted from the Auditor General's recent report about the long-stay patient fund, claiming there were some very troubling home truths about the government's management of long-stay patients. According to the Auditor General, without better data —

... WA Health will struggle to ... make well-evidenced value for money investments.

Firstly, WA is a national leader in this space. We are absolutely leading the way in this space. The aged-care sector sees us as a leader, the disability sector sees us as a leader and the Minister for Disability Services sees us as a leader. We are purchasing supports that the commonwealth government should provide so that we can make sure our long-stay patients have a better quality of life. The data issue is challenging. I take members opposite back to 2016, with a bill passed in this place that established the current government's arrangement for the health system. We just passed the Health Services Amendment Bill 2021, which was a tidy up of that rushed legislation just before the 2017 election. We already had to go back and tidy it up. I support the devolved governance arrangement, but not enough time and investment was put in place by the former Liberal Minister for Health and his government to establish the consistencies required around the system. Every health service provider was allowed to go off and establish their own policies, data collection, staffing arrangements and clinical guidelines, instead of emboldening the system manager to have consistency around that. I agree with the independent governance review about consistent data. Guess who criticised that review? The member for Vasse roundly criticised that review before even reading it. She was in here criticising the review on governance, whilst today she was supporting its claims about data. It is the schizophrenic life of the member for Vasse. She cannot think and her left brain and right brain just cannot engage. You have to have, at least, a consistent position.

The member for Cottesloe made a range of claims around funding and infrastructure and so on and so forth. I want to address some of those claims because they are wrong, which is fairly consistent. The member for Cottesloe claimed today in question time, and also in this debate, that the Liberal–National government had a \$4.3 billion asset investment program over five years that was larger than the current government's \$1.6 billion. Let us unpack that for the chamber. The previous Liberal–National government completed the construction of Fiona Stanley Hospital, which was commissioned by the former Labor government that had already set aside \$1.76 billion of funding debt free. We set aside that funding, as we have with the women's and babies' hospital. He acknowledged that on top of the \$1.6 billion capital investment, we have committed \$1.8 billion for the women's and babies' hospital. He did not acknowledge that we are delivering 530 beds into the system, the equivalent of building a new tertiary hospital, and that the previous Liberal–National government did not build any of that into its asset investment project.

Dr D.J. Honey interjected.

Ms A. SANDERSON: You did not. You did not acknowledge the 530 beds, the tertiary hospital that the member claims we need.

Dr D.J. Honey interjected.

Ms A. SANDERSON: We have actually opened that. We have opened 483 of those beds within 12 months. The member did not include any of these. Major hospital redevelopments include Geraldton Health Campus, Joondalup Health Campus, Fremantle Hospital, Bunbury Regional Hospital, Peel Health Campus, Laverton Hospital, Tom Price Hospital, Newman Health Service, Meekatharra Hospital and many more. Many are receiving significant investment. Also not built into its investment is the significant staffing uplift that we have seen of 12 per cent. I get challenged by my cabinet members for the significant staffing uplift that the Department of Health gets in FTE.

Ms S.E. Winton: Be proud of it.

Ms A. SANDERSON: I am proud of it!

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We have had a 12 per cent significant staffing uplift in the last two years alone. That is an investment. Investment is not just about buildings; it is absolutely about people.

The former Liberal–National government absolutely threw money at projects; there is no question about that. They were botched and mismanaged. Also, money can be spent on asset investment, but it is not the same as effectively delivering major infrastructure. It is not the same. Perth Children’s Hospital, which accounts for a large component of the \$4.6 billion referenced, was so poorly managed that it took a Labor government to open it.

Several members interjected.

The ACTING SPEAKER: Members!

Dr D.J. Honey interjected.

The ACTING SPEAKER: Member for Cottesloe!

Ms A. SANDERSON: The Langoulant report described it as “plagued by one problem after another”. The \$4.3 billion —

Dr D.J. Honey interjected.

The ACTING SPEAKER (Ms R.S. Stephens): Member for Cottesloe, please stop interjecting.

Ms S. Winton interjected.

The ACTING SPEAKER: Member for Wanneroo!

Mr W.J. Johnston: Don’t you remember Mike Nahan saying that the problem at the hospital was a pipe under a road?

Ms A. SANDERSON: Yes, I do.

Mr W.J. Johnston: It was not; it was actually the taps they had installed in the building.

Ms A. SANDERSON: Correct—and the asbestos in the roof.

Several members interjected.

The ACTING SPEAKER: Member for Cottesloe!

Ms A. SANDERSON: The \$4.3 billion contract to Serco with no cost–benefit analysis was astonishing. Serco took a few members of the backbench out for dinner, and by the time those members came to cabinet, Serco had a contract of \$4.3 billion. Mike Nahan and Joe Francis enjoyed the wining and dining of that particular organisation and they ended up with a multibillion-dollar contract that this government brought back in-house. There was the dodgy deal to outsource the Queen Elizabeth II Medical Centre car park, paying \$16 million in compensation; \$81 million in unnecessary IT services; and no genuine reform in health other than an ideological obsession with privatising those services. That was the only reform. Under this government, the health budget increased by 30.9 per cent. That is an average of 5.5 per cent per annum. That is our commitment to public health services. It is about people, it is about funding and it is about recurrent spending. The 2022–23 budget alone committed \$2.5 billion to our health and mental health system. That takes the overall investment to \$5.7 billion in just eight months. There has never been more investment in our system and I am proud of that investment. Public Sector Commission data shows that under the Liberal–National government the health workforce grew by 1.7 per cent over eight and a half years. That is how many people it put in regional WA and across the metropolitan area—1.7 per cent. Over five years there has been massive growth under the McGowan government.

The opposition never has any constructive ideas. Why not spend more money? We increased health funding by 30 per cent since 2017. Why not build more beds and a new tertiary hospital? Guess what? We did that with 483 new beds. Why not hire more staff and pay them more? Absolutely. We have had an increase of 12 per cent of staffing in the health system. We are increasing their wages and introducing historic and significant reform for our nursing and midwifery staff, which is the introduction of nurse-to-patient ratios. That is real workforce reform in our health system.

I go to our more recent Liberal Minister for Health, Kim Hames, who said, this year alone —

... it’s easy to sit outside and say how it should be done, it’s a lot harder from inside and I know they are trying to do some of those things.

Members can see from our investment our absolute commitment to working across the system as a whole. We are working on the front door with appropriate diversion strategies. We are committed to working with our commonwealth partners on how we lift the value of general practitioners and on their attraction and retention.

I will go through some of the comments made by the Leader of the Opposition. WA Health is absolutely acutely invested in how we increase our GP numbers. In Western Australia, we pay our GPs well and we will continue to do that. In fact, I got criticised by two GPs in Margaret River who said that the WA Country Health Service was paying GPs too well.

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Ms M.J. Davies: It is creating a bit of a bidding war.

Ms A. SANDERSON: Yes, it is a bidding war. A national locum price would resolve that bidding war. We are urging the commonwealth to engage in a single national locum price so that we do not get the constant ratcheting up of the locum price and the sense of frustration of people on the ground who live in the communities and provide health care. What is best for communities is to have the jobs there and an even playing field. A single national locum price is one way to achieve that and we are advocating for that strongly as part of the national reforms.

I have talked a bit about the emergency department package. I will reflect again on some of the comments from Peter Allely, the president of the Australian College for Emergency Medicine, about the emergency department package that has been criticised by the two Liberal members in this place. The ideas for all those initiatives actually came from clinicians. They came from the staff on the floor, just like the idea for the Midland emergency access clinic came from staff on the floor. The emergency consultants and the nursing consultants said that they had a solution and this government provided them with \$3.4 million to give it a go, and it is working. The package that members opposite just criticised has come from clinicians on the floor. The president of ACEM has said that it is very encouraged by the package, that it has been working closely with government to provide advice and recommendations and that the recent increase in bed stock is very, very welcome.

I will finish up soon because I know that other members want to contribute. I will finish on comments around the workforce challenges and the current negotiations. I am going to be very cautious because we are in negotiations at the moment. Firstly, the opposition has said that somehow the government's position is driving away nurses and no-one wants to work in WA Health, but it is the opposition's negative rhetoric that is driving it down and making it sound like no-one wants to work in Western Australia. The reality is that health system FTEs have increased by 12 per cent over the last two years. Yes, people might be retiring and people might be tired and in need of a change, but people are flooding to our system to work. The claim that we did not let a single health worker into the state during the COVID pandemic is just a falsehood. That is absolutely wrong. Firstly, the commonwealth government controls the international borders; I have said this many times in this place. Secondly, healthcare workers were consistently being given approval to come into the state, into quarantine and into our systems. It is absolutely not true that we locked out everyone for two years—absolute rubbish! Between July and September this year, a period of three months, we grew the mental health workforce by 195 workers, 105 allied health staff and 101 medical practitioners. We are incredibly grateful for the work that our nursing and midwifery staff have done and continue to do. I support ratios, full stop. This government supports ratios.

Mr W.J. Johnston: The first government to do it.

Ms A. SANDERSON: We are the first government to do it. I notice that the opposition has not provided a position on ratios. The opposition spokesperson for health has provided no position on ratios or the proposed pay rise. This government supports that reform and we support including babies in the midwifery workload. That is what we have offered and put on the table. We have sought to meet nurses' and midwives' key demands at every point; that is how this government has conducted these negotiations, and at every point the key demands have moved. That has been the great challenge of resolving these negotiations. I am deeply and immensely grateful for the work that our nursing and midwifery staff do in our health system. They do a fantastic job. I implore them to continue to work with us to negotiate in good faith and bring the Australian Nursing Federation back to the table. That is in stark contrast to the position of the opposition that has given no message of support around the reforms that we are putting on the table and the pay rise.

I have many more areas to cover, but I will sit down because I know that members want to speak, including the member for Collie–Preston who wants to make some comments about regional health care. This is a shambles of a motion. It is a nonsense. It is full of falsehoods. The claims of members opposite are not true and they are simply not backed up by evidence.

DR J. KRISHNAN (Riverton) [6.25 pm]: I applaud the remarks of the Minister for Health and I commend her for the fantastic work that she has been doing. If anyone can speak to the maximum extent about healthcare workers, with only 25 years' experience working alongside nurses and doctors, it is me. I hear about it the most. Every day I get calls about the engagement of the current Minister for Health with the health workforce and the effort that she is putting into engaging with them and taking action.

Dr D.J. Honey interjected.

The ACTING SPEAKER: Member for Cottesloe!

Dr J. KRISHNAN: I will reply to the comments made by opposition members and the shadow Minister for Health. Let me go through them one by one. I am sure that this will be an educational process for the shadow minister.

Let me share my experience of commonwealth funding for general practitioners. We had nine years of a federal Liberal government that refused to engage with GPs. What happened when the Albanese Labor government came into power? It started to engage with GPs. Last week, discussions commenced with the Strengthening Medicare

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Taskforce. A federal Parliamentary Friends of General Practice group was formed. The federal Minister for Health and Aged Care participated in that meeting to engage with GPs to bring in reforms. Action is taking place, but change will not happen overnight. The shadow health minister made the statement that this government is throwing money at the problem with the hope of fixing it. No, this government is not throwing money at the problem. It is strategically investing the money into the areas of need with a plan to move forward. The current average length of stay in WA for an aged-care patient is 13.1 days. The average length of stay for a mental health patient is 16.9 days. Investment into transitional care and alternative pathways will free up beds taken by long-stay hospital patients to enable a smooth transition of patients into hospital, eventually resulting in quicker access to care and a reduction in the so-called transitional ambulance ramping. Members opposite continue to harp on about it.

As the health minister said, not one member opposite mentioned the COVID pandemic and the impact it has had. As a clinician, let me tell members that during the COVID period, many people with chronic disease avoided going to their general practice for fear of contracting COVID from other patients. Those underlying chronic diseases have now surfaced and we are seeing an unexpected load in the demand for emergency and chronic disease management, which we are managing efficiently. To make no mention of COVID is pathetic from the shadow health minister. Elective surgery wait times have increased due to postponed surgeries during COVID, resulting in an additional demand post-COVID and a plan to manage it.

The minister also spoke about a strategy that will open theatres and have hospitals function over seven days, making them more efficient and reducing the waiting lists, instead of building a brand new tertiary hospital. In one year we have provided 483 additional hospital beds, which is equal to the number of beds in a tertiary hospital.

The final comment from the member for Vasse, the shadow Minister for Health, was about the pay dispute for nurses. She made a statement that the strike on Friday is inevitable. Is this what we tell our healthcare workers? The shadow health minister said that the nurses have lost. They have not lost! I have been working alongside nurses for only 25 years. I have interviewed a lot of medical students. People who come into the healthcare workforce have a passion to care. They have a passion for clinical governance. The reform that is being brought in by this government and this health minister to bring revolutionary change to the patient–nurse ratios is close to nurses’ hearts. It will result in long-term better care for every patient who comes into hospital, and it is a big, big win for every healthcare worker. It is definitely not acceptable to talk that down.

I come back to the comments of the member for Cottesloe. The Leader of the Liberal Party claimed that ambulance ramping is now five times higher, and then the Liberal Party claimed that there is no data and no transparency. Where did this come from? There was no mention of COVID. COVID did not happen! The Leader of the Liberal Party spoke about the hip operation waitlist. Let me tell the Leader of the Liberal Party that it is not about operating on a person who has had a fall and replacing that person’s hip. This government is putting more focus on preventing the fall in the first place. After nine years of lobbying, nothing happened with the federal Liberal government.

Several members interjected.

The ACTING SPEAKER: Members!

Dr J. KRISHNAN: Now, funding has already come. Funding has already been reached and it is now going to be distributed in preventive activities, which are more critical in the long run, rather than mopping the floor and not fixing the roof.

The Leader of the Liberal Party said that we need to talk to health workers. Yes, we are talking to them; I made that clear previously. He spoke about the Liberal Barnett government doing this and doing that. The real statistics are that from March 2014 to March 2017, there was actually a reduction of 916 full-time equivalent healthcare workers in the WA health system. I repeat: there was a reduction of 916 full-time equivalent healthcare workers between March 2014 and March 2017. After eight years in office, the previous Liberal Barnett government increased the number of healthcare workers by a very shocking 1.4 per cent. That was the increase in healthcare workers under the previous Liberal government over an eight-year period—1.4 per cent.

The Leader of the Liberal Party somehow has this imagination. He says that there is a lack of training for nurses because they are all working. For the information of the Leader of the Liberal Party, in 2022, 1 449 new nurses and midwives graduated. Does he imagine that they went onto a computer and learnt everything online without nurses’ training? He should not speak without rightly validating what he says. He gave a big list of investments that were made under the Liberal government.

Mr P. Lilburne interjected.

The ACTING SPEAKER: Member for Carine!

Dr J. KRISHNAN: From that list, it looked as though he was campaigning in an election. He said that the Liberal government contributed \$22 million towards the land for Curtin Medical School. For the information of the Leader of

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the Liberal Party, Curtin Medical School has invested nearly 100 times more into the medical school there. I am proud to be part of Curtin Medical School, and today I am an adjunct associate professor.

Dr D.J. Honey interjected.

The ACTING SPEAKER: Member for Cottesloe!

Dr J. KRISHNAN: I am teaching the next generation of doctors. I was involved with the Australian Medical Council interview for Curtin Medical School to gain its accreditation. I know everything about Curtin Medical School, so do not make a statement like that. That \$22 million is not about a solution to the workforce shortage. From the first group of graduates, 51 have become interns.

Several members interjected.

The ACTING SPEAKER: Members, please have some respect for Hansard!

Dr J. KRISHNAN: One pathetic comment the Leader of the Liberal Party made was about the new hospice in Nedlands. Accessibility was the biggest excuse he gave. I suggest he go and see people in hospices, see what condition they are in and what they really need, and how desperately we need to build this facility. For him to be obstructive to that and find an excuse is pathetic and definitely something very bad.

I want to go on for longer, but, unfortunately, there are other members who want to talk; I need to leave an opportunity for them, so I will jump to the member for North West Central. Madam Acting Speaker, I accept responsibility for whatever I do. Let me start my opening remarks about the comments of the member for North West Central by referring to her closing remarks. It sounded to me as though she was offended about me making a contribution saying that she was speaking about crime when she is the shadow tourism minister. If that has offended her, I take my remarks back. I am not afraid or ashamed to do that. She has the right to raise her voice on issues in her electorate; I have no issues with that. At the same time, when people make valuable contributions, I am never afraid or hesitant to acknowledge or accept them. She made comments about rural hospitals, aged care needing more support, nursing posts needing to be increased, and exploring the possibility of nurse practitioners being recruited in rural areas. She was advocating for travel allowances for seniors and tertiary care needs. These are all things that the government is doing. Let me reassure the member that we are working towards them. At least there was a contrast with the Liberal Party in that she was making some suggestions towards solutions rather than having no suggestions at all. The members for Vasse and Cottesloe made no suggestions in their contribution. In a debate about such an important issue, they made zero contribution towards suggesting any improvements.

I come to the Leader of the Opposition. Of course, she was magnanimous in acknowledging that health is a complex portfolio and there is no simple solution. That is the reality. She also suggested that we work with our federal colleagues. Let me reassure the Leader of the Opposition that there is closer engagement with the federal government than ever before. We are working with our federal colleagues to get things done for the state, and there are much better things to look forward to. She also spoke about her meeting with Rural Health West. In my past life, I worked in the Royal Australian College of General Practitioners and managed practices. A lot of staff who worked alongside me then now work for Rural Health West. She spoke about the distribution priority area. I completely acknowledge the issue. There are measures being taken. She also spoke about the time line for processing GP recruitments. There is a plan; we are engaging with the federal health minister to bring in a single-window approach to recruitment so that people will not need to go through different departments and therefore it will not take as long to process. All that is happening. This is just for the Leader of the Opposition's information and reassurance.

A lot of work is being done. There is genuine interest and intent in solving the issues and working hard to get things done. When members opposite make statements like "We don't trust this government", it is very insulting. When they make statements that this government does not care about healthcare workers, it is even more insulting. I oppose this motion, and I thank you for the opportunity, Madam Acting Speaker.

MS J.L. HANNS (Collie-Preston) [6.38 pm]: I rise this evening to make a short contribution and to refute the opposition's motion on the health system. The first thing I want to say and have on record is the word "COVID". Minister, I will be mentioning that in my contribution tonight. In saying that, I put on record my absolute gratitude and thanks to the doctors, nurses and ancillary staff in the metropolitan region and right across the regional and remote parts of Western Australia for the way that they have dealt with the COVID pandemic. It is definitely a one-in-100-year challenge for health systems worldwide. I think that I should remind the opposition that the minister made some absolutely amazing comments about the fact that no health system in the world has actually grown while dealing with this challenge. People thank me on a regular basis for what this state government has done on behalf of the health system in keeping people in Western Australia safe through a one-in-100-year pandemic.

I want to briefly mention the fact that I think Dr Jags should have his own podcast or something! We could call it "Facts according to Dr Jags", because the opposition certainly listened. I really hope opposition members take on

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board a lot of the things he said. We talk about being on the “coalface”—the irony for Collie!—but we should all be listening to the expertise of a doctor on the frontline in the hospital and health systems in Western Australia. I know that the Minister for Health definitely is.

I want to pick up on a couple of points made by opposition members around the health system. I want to start by acknowledging the fact that this government has contributed \$14.7 million of investment in upgrades to regional health in my community. That is in addition to the \$200.1 million that is being invested in Bunbury Hospital. Many of my constituents access Bunbury regional hospital because it is closer than Collie Hospital. I am very fortunate that we will have significant upgrades for people in my region. I was really blown away when the Premier and I visited and had a little bit of a site tour of the progress at Collie Hospital. A community consultation group works very closely with the project managers around that. All the community members who have visited and all the project workers at Collie Hospital are saying that they are producing absolutely world-leading facilities. There are state-of-the-art operating theatres in the regions, and that is an incredible win for regional health. It is happening in not just Collie, but also many other locations across regional Western Australia. A lot of people have really been excited about the fact we have invested \$1.8 billion into the new women’s and babies’ hospital. When I was doorknocking in Collie, I went across to a person’s house and I knocked on their door not knowing that their son is a leading child health expert at King Edward Memorial Hospital for Women. They said he is very keen to see the progress of this long overdue upgrade to caring for women and babies in Western Australia because, obviously, some regional people who have babies or experience issues around pregnancy will also end up in that facility. It is incredible to see these upgrades happening. We look forward to a first-class, world-class women’s and babies’ hospital here in Western Australia.

I want to talk a little bit about BreastScreen WA because the member for North West Central mentioned it today. I think she queried the Minister for Health about it and the opportunities for people in her electorate to access that service. I want to acknowledge the fact that BreastScreen WA, through the WA Health system, provides over 120 000 screening mammograms each year to Western Australian women. Part of that, particularly for regional and remote women, is the mobile service that visits locations. It visits 100 rural towns every two years and some are annual visits. Those visits are carefully planned depending on the location and the needs of the people who live there. I want to let people know that the following locations are already scheduled for 2023. I found this information by googling it. I think any opposition members who are interested in where the BreastScreen WA locations will be could google it and potentially let their constituents know. In 2023, it will visit: Augusta, Beverly, Bidiyadanga, Boyup Brook, Bridgetown and Brookton—I have been going in alphabetical order and skipping out quite a few, but I am still under the letter “B”; I apologise! It continues: Bruce Rock, Busselton, Christmas Island—I did not know the BreastScreen van travelled to Christmas Island! Further, Coolgardie, Corrigin, Cottesloe and Cranbrook will be in 2024. It will visit Goomalling in 2022, so perhaps the member for Moore could let his constituents know it will be there within the next week or two. He might want to double-check and let people know about that one. It will be in Carnarvon in 2024. As I said, all of that information is freely accessible on the WA website. I just googled “BreastScreen WA locations”.

Another amazing service we provide for rural and regional health is the Royal Flying Doctor Service. I went out to visit it with a couple of other regional members of Parliament—the member for Kimberley and the member for Mining and Pastoral, Hon Peter Foster. We had an incredible visit. The people at RFDS do an amazing job and provide an amazing service for regional Western Australians. They recounted to us their experience at the Horizontal Falls incident, which they dealt with this year. They were responsible for evacuating 20 patients in just that incident in a location that was 250 kilometres from Broome. It had no phone access and was accessible only by air and boat. To uplift all those people and have very good health outcomes was incredible. I also want to mention the fact that there are RFDS GP clinics, nurse clinics, dental clinics and clinic transfers, in addition to all those services that are in regional Western Australia. I asked why there were dental clinics. I had no idea but the RFDS people told us that if people do not have good dental care, it can lead to gastrointestinal problems. The doctor in the house could explain it a lot better than I could.

Mr P. Lilburne: The good doctor.

Ms J.L. HANNS: The good doctor—but it is absolutely imperative to have good dental care. In the Kimberley last year, 2 283 patient transfers were conducted by RFDS. In the midwest, there were 1 823 total patient transfers. In the Pilbara, there were 1 687 patient transfers. In the goldfields, there were 1 474 patient transfers. That is transferring someone from that location for follow-up care at another location. In the great southern, there were 843 transfers. In the wheatbelt, there were 825. In the south west, there were 495 transfers, which is obviously much closer to the resources located in the metropolitan area. I want to finish my remarks there because I know the member for Mount Lawley would also like to make some remarks. I can absolutely refute all the claims by the opposition about the healthcare system. I am very pleased to be able to talk about some of the amazing work that our healthcare

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workers do in caring for the people of Western Australia. I thank the Minister for Health for her ongoing support of those people.

MR S.A. MILLMAN (Mount Lawley — Parliamentary Secretary) [6.47 pm]: In the time that remains, I rise to make a contribution on this astounding motion that has been brought by the opposition. I need to respond to the litany of Liberal lies from the lightweights opposite. I would like to start by saying it is absolutely incorrigible for the member for Cottesloe to suggest that the previous Liberal government left to this McGowan government a gold-standard health system. We will take every opportunity we can to remind the people in this chamber and this state that we inherited a health and hospital system that has required an inordinate amount of work and inordinate amount of discipline and focus. The only solution proposed by members opposite in their contributions was to spend more money—money they would not have had if their budget had continued on the trajectory that they left us. They say how good they are at spending money.

Several members interjected.

Mr S.A. MILLMAN: I did not make one interjection. The fact of the matter is opposition members want to spend the surplus that the discipline and fiscal responsibility of this government has delivered to the benefit of the people of Western Australia. Not one suggestion was made about how to improve the health system that did not involve spending that surplus, a surplus that they could never have delivered because the evidence is on the books. When we came to government, the trajectory of state debt was to hit \$45 billion. Perhaps it was the former Liberal–National government’s negligent management of the state’s finances in its second term of office that is the reason why the health system lost nearly 1 000 workers—1 000 workers shed from our health system over the last three years of the Barnett government. It was an outrageous and unprecedented attack on the state of our health system. How dare the Leader of the Liberal Party say that the former Liberal–National government left us a gold-standard health system. The money that the former government spent on Fiona Stanley Hospital was money that we had provisioned for; we planned and organised that hospital because we wanted it built. It was you lucky Liberal lads who came in and cut the ribbon on the hospital. Even then, there were hundreds of reports—a library full of reports—on just how badly the former government managed the commissioning of Fiona Stanley Hospital. The only thing we needed it to do was to finish construction and open the hospital, but so hopeless at managing health was the former Liberal–National government, it could not even do that. But it is okay, because it had the opportunity to build its own hospital, Perth Children’s Hospital. Let us have a look at how that project went. If I had the front, arrogance and audacity to say that we left the next government a health system that was of gold standard, I, for one, would not want lead in the water and asbestos in the ceiling at Perth Children’s Hospital. When people go to hospital to get treated and become healthy, the very last thing —

Dr D.J. Honey interjected.

Mr S.A. MILLMAN: The Leader of the Liberal Party is a joke. He is so wrong; his contribution was so wrong. He is such a lightweight. He can never say that the former Liberal–National government left us a gold-standard health system, with Perth Children’s Hospital having asbestos in the ceiling and lead in the water. The former government was going to expose Western Australian children to that. How contemptuous! Do you know what? The Minister for Health referred to the unanimous report from the upper house. Hon Dean Nalder had the opportunity to say that the previous Liberal government had, in fact, managed that contract appropriately. That report contained scathing criticism of the previous government, but Hon Dean Nalder signed up to that unanimous report. The Leader of the Liberal Party will have that hanging around his neck for as long as I am in this place. How dare he say that he left us a gold-standard system, with nurses and doctors leaving the system, shocking management of projects, asbestos in the ceiling and lead in the water—absolutely outrageous. The temerity, audacity and arrogance of these Liberals! There is absolutely no credibility in their argument. I was astounded as I sat here and listened to them. I sat and listened for two hours, with the exception of about five minutes during the member for Cottesloe’s contribution. I had to splash some water on my face to wake myself up because his soporific contribution was sending me to sleep!

I missed a couple words of what he said. The only time he mentioned COVID was when he tried to undermine our COVID response by saying that our hard border caused the problems that we now face. I do not know to whom he is nodding and winking. Is he trying to appeal to that far-right fringe of COVID and vaccine deniers? After the March 2021 election, Liberal members said that they accepted, hand on heart, that the reason they were pulverised, obliterated and annihilated at the polls, and the reason that they suffered the most embarrassing defeat in the history of the Liberal Party in Western Australia, was because the people of Western Australia acknowledged the great work that Mark McGowan and his government had done in steering the community through the COVID pandemic, one of the worst pandemics in the history of humanity. Yet, when they stand up and try to make an argument about our health system, the credibility of their argument is completely undermined because they do not mention COVID. It would have been more mature, fairer, appropriate and, frankly, more respectful to say, “We acknowledge that there are difficulties and challenges in the health system and they are a legacy consequence of the COVID pandemic.” None of the opposition members who spoke said that. The only person who had anything sensible to say was the

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Leader of the Opposition. I do not know how she does it. I am not sure how she stands up straight day after day, carrying, as she is, all the members on the opposition bench. She has five people on her back. The poor old member for Roe is not here. He is the only other one who puts in a day's work, and I am not sure where he is. The Leader of the Opposition is carrying the whole team. She recognised some of the —

Ms M.J. Davies interjected.

Mr S.A. MILLMAN: I am trying to compliment you, Leader of the Opposition.

The Leader of the Opposition recognised some of the realistic challenges faced by every health system. We are not exempt from those challenges.

One of the things that she may have liked to have added, of course, is that WA receives the lowest funding per capita from the commonwealth for GPs—of all the states, we have the lowest number of GPs per person, which places more pressure on our hospitals. I agree with the Leader of the Opposition; we need to expedite the onboarding of GPs in Western Australia.

I will make a couple of points about the things that we are doing that are beyond the simplistic Liberal Party response of just spending the surplus that it did not have the courage, talent or ability to achieve when it was in government. The first thing we need to do is to engage constructively with the federal government. Happily, we can now do that because we have a federal Labor government. We need to engage with GPs. We need to respect the role that GPs play in our society.

Dr J. Krishnan: Hear, hear!

Mr S.A. MILLMAN: The member for Riverton would say that!

We also need to respect the role that they play in our health system. When GPs are attacked and undermined by cuts on Medicare and criticism from the former federal Liberal–National government, is it any wonder that these days, not as many people are pursuing a GP career? We need to find ways to make it a more attractive proposition—to get people back on board and into GP practice. We are working on everything that we can do to promote the cause and work of GPs. We also need to revitalise the National Disability Insurance Scheme. The NDIS was a signature improvement and project of the former Rudd–Gillard Labor government, but for eight and a half years it was left languishing by an ideologically-opposed conservative government. It did not want to spend any time, money or effort on the NDIS. The new federal Minister for the National Disability Insurance Scheme, Hon Bill Shorten, visited Western Australia to look at one of our long-stay patient pilot programs. One of the challenges we face is that there are too many people in hospital who are not clinically indicated to be there. We have to get them to places in the community, aged care and disability care. We are running pilot programs, which is a sensible, logical response. Hon Bill Shorten visited the pilot program and referenced it as the most successful long-stay pilot in the nation. It is a more nuanced and intelligent response to the challenges that our health system has created. The Liberal Party, which did not have the money, wants to throw money at the problem. The Labor government, which has exercised fiscal responsibility and put money aside, is not only spending money; it is also looking at new and innovative ways of making sure that patients get the care they need.

We also need to invest in aged care. The minister has already referenced this. Other states' aged-care providers look at the collaborative ways in which aged-care providers and the Western Australian health system work together and they say that it is best in class. It is a template for other jurisdictions to improve the way they do aged care.

I want to finish on a really important point. Health sits in a broader ecosystem. We are not just investing in health and we are not just developing new and innovative methods of care and treatment, because we are also putting emphasis on medical research. We are changing the culture of the organisations that are involved in the health ecosystem to put greater emphasis on research. Last night, I had the great honour of representing Hon Stephen Dawson, the Minister for Medical Research, at the Spinnaker Health Research Foundation awards ceremony. One of the keynote speakers was Clinical Professor Adnan Khattak, who is a medical oncologist with special interest in gastrointestinal cancers, melanoma and lung cancer. He gave an incredible and moving speech about the incidence and consequence of lung cancer affecting our community. He is at South Metropolitan Health Service. He said that the CEO of the South Metropolitan Health Service, Paul Forden, who has been there for about five years, has changed the culture at Fiona Stanley Hospital. The chair of South Metropolitan Health Service, Adjunct Associate Professor Robyn Collins, was in the room to hear Clinical Professor Khattak say that Paul Forden and Robyn Collins have changed the culture at South Metropolitan Health Service and Fiona Stanley Hospital so that the clinical professor is now confident to do the medical research that he needs to do to provide the best clinical care for his patients in Western Australia.

Liberal Party members, it is not just about throwing money at a problem; it is about being smart and innovative and seeing where things sit within the entire health ecosystem. That means working with the federal government.

Debate adjourned, pursuant to standing orders.

Extract from *Hansard*

[ASSEMBLY — Wednesday, 23 November 2022]

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