

**REGIONAL HEALTH CARE — FUNDING AND SERVICES**

*Matter of Public Interest*

**THE SPEAKER (Mr P.B. Watson)** informed the Assembly that he was in receipt within the prescribed time of a letter from the Leader of the Nationals WA seeking to debate a matter of public interest.

[In compliance with standing orders, at least five members rose in their places.]

**MS M.J. DAVIES (Central Wheatbelt — Leader of the Nationals WA)** [2.50 pm]: I move —

That this house calls on the McGowan government to prioritise regional healthcare funding and services, including palliative care, in the 2019–20 state budget.

I move this motion once more because since coming to power in 2017, some very mean and heartless decisions have been made by this state government that impact on the ability of ordinary, everyday citizens in our state to access reasonable healthcare services that are close to their homes. When we are talking about areas of the state that generate a significant amount of the state's bottom line and contribute to the wellbeing of the entire state and, indeed, nation, it is not unreasonable to expect that those people should be able to access reasonable healthcare services. In the first two years of this state government, decisions have been made that show that this government's priorities are not to provide essential services such as health care and education. In fact, we can only assume from the decisions that the government has made that its priorities are Metronet, Metronet and Metronet, at the expense of everything else, including those essential services. Members on this side will outline some of those decisions, how they have impacted the communities that we represent and why there is an opportunity for this minister and this government to rectify some of those appalling decisions that they have made in the last two years in regional health services. We move this motion because more and more stories are emerging from regional Western Australia. The member for North West Central will talk to members about one particularly distressing story from Carnarvon, in his electorate. I would test every member in this house not to be affected by the things that are happening to very senior members of our community because they simply cannot stay with or access the services that they deserve close to their home.

We do not think that the health system in Western Australia will receive the funding that it needs. We hope that we are proven wrong. The government's record is there for everyone to see. The Minister for Health has responded to questions that we have asked in this place again and again seeking assurances that places such as Laverton will have the funding that was so meanly ripped from it at the beginning of his tenure and replaced in the budget. Now is his chance to rectify that and to prove that he is a minister, and that this is a government, that truly governs for all Western Australians, not just those who live in the metropolitan area.

I want to explain why we think that the Labor government has no commitment to regional health. In two years of budgets, the government has prioritised rail over health and cut projects that were committed to by the previous government. There has been no indication that that funding will be returned. Those communities are left languishing, wondering whether they will receive the attention that they deserve. They are wondering whether they will need to make alternative decisions when they get to a stage of their life when they need aged-care services and whether to stay in those communities and contribute to them. By May 2018—that is last year, not even this year; there is another 12 months that we could include in these decisions—this government had removed funding from the budget for Tom Price Hospital; Meekatharra Hospital; Mount Magnet nursing post; Paraburdoo nursing post; the Turquoise Coast Health Initiative; the North West Health Initiative; Carnarvon aged care, which was part of the north west initiative; Laverton Hospital; and the Newman Hospital project, which was spruiked by the member for Pilbara, who told his community earlier this year that tenders would be let by the end of 2019 and that construction would commence in 2020. We were interested to hear that on the radio in our electorates. We came in here and tested it with the minister and the minister said, "Sorry, I can't confirm what the member has said. It is subject to what is happening in our budget deliberations." There were certainly no assurances about the renal services that had been promised by this government in addition to the Newman Hospital project. When asked in Parliament, the minister stated that it was a longer term project that was subject to budget deliberations. He could not confirm the time line that the member for Pilbara told his community earlier this year. Something is awry here, because members on the other side of the house from regional Western Australia are feeling the pain because their communities are asking why this money is not forthcoming, but they are not translating it into making sure that this cabinet makes it a priority going forward.

Some explanation is required. It has been six years since the Minister for Health committed to the Newman Hospital project, which was a commitment made when he was in opposition, and it has been two years since he promised the renal dialysis services for Newman patients, and he has delivered neither. It is clear that the member for Pilbara spoke out of turn. For the record, the previous Liberal–National government committed almost \$60 million to convert that very tired existing Newman Hospital into a fit-for-purpose modern service. It would be nearing

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completion now, mid-2019, had we been returned to government. There is a very clear distinction about what we get when we have a Liberal–National government in charge of essential services delivery.

**Dr A.D. Buti:** Massive debt.

**Ms M.J. DAVIES:** The member should be very careful, because members of our community do not have access to what he would consider the most basic of services. This is a serious issue. It is his government that ripped it from the budget.

Several members interjected.

**The SPEAKER:** Members, I will hear this is silence.

**Ms M.J. DAVIES:** Thank you, Mr Speaker. Those members of that community, along with all the others that I listed just then and many more, are still waiting for this government to replace that funding or at least provide a commitment that dollars will be forthcoming. We do not believe that is the case, because the evidence today is that when additional money is coming into this state, it is delivered directly into Metronet. We have seen that from the sale of PEXA, in which \$185 million was coming into the state Treasury. The Treasurer then announced that 100 per cent of that would go into the Metronet project. I would be very interested to know whether it galled the Minister for Health to see that all go to Metronet, as he has a list that is probably much longer than the one I just read, given some of the challenges we are facing in the metropolitan area as well, and when as a minister he is trying to deliver an essential service in a government that is clearly not listening. We have had two years of this government. Last week when the government tabled and published the “Getting things done: The first two years of the McGowan Government” document, my colleagues in the Nationals WA saw a list of health projects. The Minister for Health and his colleagues have been to many openings. We went through those lists and saw that they were all projects started and funded by the previous government—put on the table and prioritised by the Nationals WA and the Liberal Party in government. That was our commitment to regional health. The minister has been the beneficiary and has turned up and cut the ribbons, but no solid dollars have been put into the budget for the health services for those communities that he so cruelly removed that project funding for. It is not good enough. There are things such as opening the Karratha Health Campus, funded and delivered by the previous government; developing Merredin Health Service and Narrogin Hospital, funded and delivered by the previous government; Carnarvon Multi Purpose Service —

**Mr V.A. Catania:** Exmouth.

**Ms M.J. DAVIES:** Exactly. A whole list of the projects included in the “Getting things done” document were committed to and funded by us, and a number of projects that were part of those forward programs that no longer exist have been ripped out.

The government’s dubious claim to fame in regional WA is that it has removed funding from the budget for health services rather than delivering it. We have talked about Laverton Hospital again and again, which the member for North West Central will cover. But how does the minister reconcile leaving Laverton off the list for funding when a government report from 2013—bearing in mind that we had committed to this—outlined in black and white just how dire the state of this building was? We have only to look at it, but it is written in black and white in a report that it has disabled bathrooms that are not compliant with code; patient showers that are not compliant with code; and public toilets, staff toilets, children’s bathrooms, dirty and clean utility, morgue holding, laundry, kitchen, patients’ bathrooms, consulting rooms, treatment rooms and single wards that are all not compliant with code.

How do members reckon those people feel when they turn up to the emergency department? They are scared—and the staff are scared. They are doing an amazing job, but they are scared. It is unacceptable and it is unconscionable that those Third World conditions exist when amounts like \$185 million and other funding has been poured into a project like Metronet, which is a black hole—we cannot and do not understand how much that will cost this state—instead of trying to deal with some of those essential services.

The Minister for Health will no doubt speak to the fact that he has initiated the sustainable health review—we are two years into that—into curbing the expenditure of the Department of Health. The minister’s comments the other day that funding for Laverton Hospital was a luxury that this government could not afford have been noted in the community. I am not misquoting; that was directly from the answer the minister provided us —

**Mr R.H. Cook:** You are absolutely misquoting.

**Ms M.J. DAVIES:** I am not misquoting. It is directly from *Hansard* the other day when we asked the minister a question. He said that it did not have the luxury of providing all of those services —

**Mr R.H. Cook:** It is a complete misquote—a disingenuous attempt to misrepresent the truth.

**Ms M.J. DAVIES:** It is absolutely not.

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**Mr R.H. Cook** interjected.

**The SPEAKER:** Minister!

**Mr R.H. Cook** interjected.

**The SPEAKER:** Order! Minister.

**Ms M.J. DAVIES:** We put on record today —

**Mr R.H. Cook** interjected.

**The SPEAKER:** Order! Minister, I call you to order for the first time.

**Ms M.J. DAVIES:** — that if no priority is given to regional health in this upcoming budget, some services and infrastructure will crumble beyond repair. Quite honestly, that is what we suspected had been happening when we came to government in 2008. We suspected that services under the previous Labor government had been let go so far that the only decision the Department of Health and the government of the day could have made was to shut them down. We set about putting significant funding into the budget to ensure that not only did they have the infrastructure, but also to make the Department of Health and the government of the day think about how they would change service delivery models to meet the modern day needs of regional Western Australians. Without that, without those hospitals and nursing posts, without that investment in infrastructure like IT for telehealth, it is simply too easy for Treasury boffins to advise ministers who are looking for dollars to spread across a stretched system that it is easier to not have that service because there are not that many people out there. That is exactly what we faced when we came to government in 2008, and that is what, in the first two years of this government, regional Western Australians in the areas I have outlined—there are many more—are facing again.

I look forward to the minister's answer. I look forward to government members explaining why, if they cannot vote with us on this motion, they will not provide a regional focus for essential health services in regional Western Australia in the upcoming state budget. Quality health care under this government has been found wanting in regional Western Australia. This is the minister's opportunity to set the record straight.

**MR R.S. LOVE (Moore)** [3.02 pm]: I would like to contribute to debate on this matter of public interest calling on the McGowan government to prioritise regional health care funding and services, including palliative care, in the 2018–19 state budget. Yesterday we heard Minister Cook advise that the Ministerial Expert Panel on Voluntary Assisted Dying had been formed. The daily *Hansard* states —

At the same time, palliative care will be strengthened and continue to be provided to those at end of life. Nothing in the legislation will be construed to permit a lower standard of medical care. Further details about our government's focus on palliative care will be announced in the coming months.

In regional areas, a diagnosis that involves terminal illness for people living in rural communities often results in extraordinary levels of stress for both patients and family members, which are enhanced and increased by the logistics of having to relocate, often to the metropolitan area, leaving behind their homes, families and communities, and often going to a foreign environment. If they are lucky they might stay with family or friends, but often they will be in a facility of some sort. Since I was elected to my post in the area that I represent, I have heard some heartbreaking stories about people who have been at the end of life and who have not been able to access services. Some of those people are health professionals and they know how the system works, but they cannot get help for their family members. There is a really dire situation that exists now, let alone what will happen after the Joint Select Committee on End of Life Choices makes its findings known. There are real areas of unmet need for palliative care in regional Western Australia as we stand here today.

The area that I represent does not have the system of hospitals that is often found in other areas. Many of the coastal communities in my electorate are serviced by small nursing posts or health centres where there are no in-patient services—hospital beds, so to speak. Often people in those areas have not been able to access any meaningful palliative care in the past. Some of those areas are not very far from Perth. Even in places like Bindoon and Gingin, which fall outside the metropolitan area, service delivery from Perth is not available to them and there is nothing in their local area to speak of. There might be some sort of service over an iPad. That is a lot of use! Face-to-face services are very limited. Those people often need to relocate to the metropolitan area to access services. Sometimes they go to Perth for an appointment and they never go back. I know of people who have come to Perth and have been told that they have to relocate to Perth to undergo treatment. They go through their period of treatment and then they enter palliative care in Perth; they never go home to their communities. As a government, we introduced the Turquoise Coast Health Initiative, a \$22.46 million program over four years, which looked at not only palliative care but also emergency and acute care, short-stay and community-based care, rehabilitation, community midwifery, physiotherapy, social work, aged care and seniors mental health—a wide range of services that are simply not available in the area I represent. What happened when this government came

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to power? This government cut those services and left that program with nothing but some hospital beds in Dongara, for which I and the Dongara community are grateful. However, the other \$21 million of funding was cut from that program, never to be seen again.

I have looked at some quotes of members opposite when they were on this side of the chamber. In 2010, the now Premier said in this chamber —

For people who live in the country and those people who live just outside the metropolitan area there can be no greater issue than the provision of health care. The lack of that care, of course, can be a life and death issue for people living in communities throughout regional Western Australia.

Yet in government, what does he do? He cuts funding to hospitals such as Laverton Hospital; he cuts the Turquoise Coast Health Initiative; and he cuts services to the most vulnerable members of communities—all from a Premier who, when in opposition, called for that to be a priority.

In 2017, I brought to this house a grievance for the Minister for Health to consider. The minister gave an undertaking at that time that he would not forget about the matters I brought to him on the Turquoise Coast Health Initiative and he would work to get a proper analysis of the priorities and fund them, and see whether he could fund them in future budgets. I ask that he actually does that; that he looks again at those priorities and, as he promised back then, ensures that they are included in future budgets. He said also that he would personally visit the facilities early in 2018 to gain a better understanding. I do not think that that actually happened. The invitation is there. The minister should come to my electorate and speak to the people there. They would love to talk to him about what is required for them there. Given what he has already done, given the cuts he has made, how can people in my area and in the rest of regional WA really believe that he is going to make sure that decent palliative care is available? If and when the assisted dying legislation goes through Parliament and becomes available, I do not want people in regional areas to face the choice of unremitting pain, unserved pain, and no access to palliative care, or to have to resort to assisted dying because that is preferable to the misery they are presented with in regional areas. That is not good enough. I urge the Minister for Health to follow the advice he gave in that debate in 2010, when he said to the then government that it should get serious about our country health service, get serious about Western Australia's health system, and stop playing politics with our royalties for regions. It is time for the minister to get serious and it is time for him to ensure a high standard of palliative care available to all Western Australians no matter where they live.

**MR S.K. L'ESTRANGE (Churchlands)** [3.08 pm]: The McGowan Labor government has demonstrated time and again that when it comes to frontline services, as outlined by the Leader of the Nationals WA, it is inept—full stop. Inept! When it comes to health service delivery, it is straight-up deplorable. It is ignoring key frontline health service delivery, not only in the city, but also, most concerning, as has been outlined by the National Party and myself today, in the regions and in remote Western Australia. Last week we had a positively amazing situation during question time when I referred the minister to the concerns of the director of emergency medicine at Sir Charles Gairdner Hospital, who said —

“As winter approaches there will be more avoidable deaths in our department in the coming months unless changes are made,” ...

What was the minister's response? It was really quite jaw-dropping. He said that this is not the responsibility of the Minister for Health. WA today picked up on that quote and published an article last week. On the social media feeds that came in as a result of that article, the president of the Australian College for Emergency Medicine, having read about the minister's answer, remarked that he was not sure he had ever heard such an astonishing denial of responsibility. That was his assessment of the answer from the Labor Minister for Health in this place last week. It is no wonder that the Liberals and the Nationals on this side of the chamber are very concerned about regional health in Western Australia. If this minister thinks that it is not his responsibility to take care of outcomes in a tertiary hospital in the capital city of Western Australia, what hope have regional and remote areas of Western Australia got for getting their health needs heard? What hope have they got, when he is going to ignore the specialists in the city anyway? Of course, it appears that they are not going to be listened to. The only time, it seems, that they are being listened to in the regions is when there is a political imperative for the government to get a headline. We saw that in Albany, where, for at least two years, Mary Williams has been pushing the case for a radiation oncology facility. She has been working tirelessly on that project. She was trying to get face time with the minister, but she was unable to get it. She doorstopped the Premier before he went into a media interview. The Premier contacted the minister's office and the minister met with her that afternoon.

**Mr R.H. Cook:** That is absolutely not true.

**Mr S.K. L'ESTRANGE:** That is her account, minister, so, if I am wrong, it is her account to me. Then we find no commitment from the government for the radiation oncology facility. The federal government had already kicked in \$6.6 million to help build it, but there was no commitment from the Labor state government until

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Carnegie went belly up. Once Carnegie went belly up—that is a political bad news story in Albany for the government—the government wanted to get something on the front page really quick smart to turn that bad news story around, so what did it do? It threw money at this radiation oncology facility. Mary Williams was happy.

**Mr R.H. Cook:** Don't you agree with it?

**Mr S.K. L'ESTRANGE:** Of course we are happy that the government has done it, minister, but we are worried about the government's motive. The only time the regions get heard by the government is when it is worried about the political implications of how it is treating people in the bush. That is the only time it acts, and that was a clear example.

Several members interjected.

**The SPEAKER:** If you shout at people all the time, they are going to interject. Perhaps you could be a bit calmer, but you are going to encourage interjections by shouting at people. Minister, do not get baited.

**Mr S.K. L'ESTRANGE:** The regional health concerns are mounting under the minister's watch, and he knows it.

**Ms S.F. McGurk** interjected.

**Mr S.K. L'ESTRANGE:** The member for Fremantle should know better, because her performance in the regions is absolutely astonishing as well, with her management of communities out there. But let us get back to this, because that is not the subject today. The minister knows he has problems at Geraldton Regional Hospital and at Laverton Hospital—21 code yellows in Geraldton Regional Hospital, and an 84-year-old grandmother had to lie on the floor in the hall. The list goes on and on. When it comes to palliative care, as outlined by the member for Moore, what does the government do? It makes a 5.4 per cent cut in funding from last year to this year for palliative care, at a time when we have a growing and ageing population. The minister needs to do better in the city. He needs to take responsibility, and he needs to do much better in the bush.

**MR V.A. CATANIA (North West Central)** [3.14 pm]: Patrick Lowrey, Yoka Halford, Betty Phillips—these are names that the Minister for Health and members opposite would not know, but they are seniors who have been forced to leave Carnarvon. These people have worked all their lives and fought for their country—defended their country—and are being forced to leave Carnarvon because of the government's lack of care for people in the regions. The \$5 million the government has taken away from Carnarvon aged care has meant that seniors are leaving. That is only this week. People have to share their accommodation in Poinciana Lodge, an aged-care facility. That is absolutely abhorrent. People are dying, and people next door are listening to people dying; all they have is a curtain between them. Sometimes they are lucky to have a chair next to them, or a television that may be on the other side of the room that they are trying to watch. Two nurses are looking after 16 patients who have dementia. How does the minister expect these nurses to be able to look after these 16 patients? There are communal showers and toilets in this day and age. It is an absolute disgrace. A swipe card is required because doors are locked. There are safety and health and wellbeing implications for the 16 patients who are there because there is no other option for them, other than to be moved to either Geraldton or Perth. That is what is happening. The facility is absolutely disgraceful. The lawn is long and the furniture is broken. It is absolutely depressing for seniors to be in Carnarvon.

**Ms M.J. Davies** interjected.

**Mr V.A. CATANIA:** As the Leader of the National Party said, it is surrounded by a barbed wire fence, looking out. It is absolutely disgraceful. The previous government had \$16.9 million in the budget before it left office. The site was beginning to be cleared and detailed plans had been finalised. Royalties for regions money amounting to \$1.6 million had already been spent to ensure that the carpets, tiles and power points were chosen for a 38-bed facility to cater for the needs of our senior citizens—people who have fought for our country and have worked all their lives. Then we saw a change of government, the money was ripped out and the new government said it would try to build a 21-bed facility. That was two years ago. It should have been built by now, and people like my mate Pat, with whom I liked having a couple of coldies at the RSL club, have to leave their community. It is absolutely disgraceful that in this day and age we are forcing our seniors to live their final days in a facility that is absolutely Third World. That is what we are looking at. The health care that this government is giving our seniors in Carnarvon has to be questioned. They cannot even open the windows or doors to get fresh air because there are no flyscreens. These are basic things that people require in this day and age, yet the money has been ripped out. When Labor was in opposition, Hon Stephen Dawson, member for Mining and Pastoral Region, on Monday, 3 November 2014, was quoted on ABC radio as saying —

... it was clear the community was getting frustrated.

"It's not fair that seniors are having to move away from their friends and family because they can't get the care they need in their twilight years," he said.

He said he would be taking questions back to the Government about the project.

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“There’s a real need for aged care beds now,” he said.

That was in 2014. We found the money, did the detailed plans and cleared the site, yet here we are in 2019 and we see seniors leaving because they are waiting for someone to die in Poinciana Lodge aged care so that they can take up a bed, where there are four to a room if they are lucky. They are lucky to have a chair beside them for their family and friends to come and visit, and they are separated from each other by a thin curtain, so they can hear the person next door who is dying. In 2019, how can our seniors be in this position when the money had been there? We hear words to the effect that it is a luxury to have these amenities in our towns. The Minister for Health should go to Carnarvon and speak to those people in Poinciana Lodge and their families, as I have done. The Minister for Health can go up to Carnarvon to tell them that it is a luxury to have a room by themselves, that it is a luxury to have more than one chair in a room and that it is a luxury to have their own shower and toilet. The nurses looking after them do an amazing job under the circumstances—hats off to them. It is outrageous that in 2019, the Minister for Health has not reinstated the funding that he took away, which has made our seniors leave town. It is disgraceful. The Minister for Health should be ashamed of himself. The McGowan government can be described only as mean when it comes to seniors in Carnarvon and the Gascoyne. Shame on it! It should reinstate the funding now to ensure that more seniors do not leave Carnarvon, which is what will happen and what the minister hopes for. He wants there to be no-one left so that he does not have to build this much-needed facility to ensure that the seniors who fought for our country can live in that place with their family and friends and stay there until their days are numbered.

**MR R.H. COOK (Kwinana — Minister for Health)** [3.20 pm]: What is shameful, members, is the lies being peddled by the Nationals WA to misrepresent our position. I have never said these facilities are a luxury. What I said was that we do not have the luxury that members opposite had of ringing up debt and deficit and ruining the state’s finances. When we came to government, we had to fix up their mess—the disgrace that you all are! If we are talking about a lack of priorities, members opposite need look no further than themselves. Look at you—the lot of you!

The Leader of the Nationals WA said that she had a 2013 report that stated that Laverton Hospital was not up to standard. Her party was in office for another four years, but it did nothing, so she should not come into this place saying what she said because her government sat on its hands for four years.

Several members interjected.

**The SPEAKER:** Minister! The government side of the house heard opposition members in silence.

**Mr D.C. Nalder** interjected.

**The SPEAKER:** I beg your pardon, member for Bateman.

**Mr D.C. Nalder:** I said that you asked him to stop interjecting.

**The SPEAKER:** Yes, I know, but you were mainly heard in silence and now that it is coming back at you, you want to interject all the time. I want to hear this debate in silence.

**Mr R.H. COOK:** The former government sat on that report for four years. According to the Leader of the National Party’s own admission, it sat on the report and did nothing about Laverton Hospital. It did nothing around the Turquoise Coast for eight and a half years other than to issue an election commitment before the final bell. There was nothing in the budget.

**Mr R.S. Love** interjected.

**The SPEAKER:** Member for Moore!

**Mr R.H. COOK:** You did nothing for eight and half years. Do not come in here trying to be precious about the Turquoise Coast.

**Mr R.S. Love** interjected.

**The SPEAKER:** Member for Moore, I call you to order for the first time.

**Mr R.H. COOK:** Members opposite should not come in here and be precious about the Turquoise Coast. There was nothing in the budget. The former government simply made an election commitment on the eve of its defeat and now members opposite dare to come in here and say that we walked away from their projects. We faced a \$40 billion debt challenge after you sorry mob wrecked the state’s finances. What do members think we had to do?

**Mr V.A. Catania** interjected.

**The SPEAKER:** Member for North West Central!

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**Mr R.H. COOK:** When we came to govern, we had a range of challenges, including getting the state's finances back on their feet. I give the member for North West Central his dues; he has been working on the Carnarvon aged-care facility for a long time. Most of that time was spent in a civil war with the local government authority because it could not agree on whether it should be provided by a private provider or the state.

**Mr V.A. Catania** interjected.

**The SPEAKER:** Member for North West Central, I call you to order for the second time.

**Mr R.H. COOK:** I do not doubt the member for North West Central's long-term commitment to this issue, but as he knows—he would not acknowledge it in his speech—I have been up there to talk to those residents. The member for North West Central knows that. We have both been there. As a result of that, we are committed to that project. But when we first came to office, we received advice from the local government authority that it had an alternative plan and we wanted to examine that plan. We know that the federal government was prepared to commit \$10 million towards the aged facility in that town if it was provided by a private provider. Later it issued calls for funding for aged care in the Carnarvon area, and we as a government put in a bid for that under the federal regional growth fund. We basically said, "We're going to be the only aged-care providers in that town. We would like to see an allocation of those funds." On 24 October last year, the successful recipients for the regional growth fund were announced and Carnarvon was not one of them.

**Mr V.A. Catania:** Shame on the federal government.

**Mr R.H. COOK:** Correct, member—and that is my point. The federal government needs to step up and take responsibility for residential aged care in this state. The fact of the matter is that it works on a model that says that it has to be provided by a private provider, and the opportunities for market failure in residential aged care west of Geelong are extreme. As a result, the WA government, specifically the Department of Health, is left with the responsibility of funding and running these facilities. It is a straight cost transfer from the commonwealth to the state. I accept the member for North West Central's commitment to that project—it is a commitment we both share—but he cannot criticise us for wanting to get the federal government to step up and meet its commitment to fund aged care. Perhaps the democratically elected Deputy Prime Minister of this country, Barnaby Joyce, should have done his bit to ensure we have residential aged care in rural and regional communities. Perhaps the spiritual leader of the WA National Party, Barnaby Joyce, should have been out there championing it. Perhaps the federal coalition member for the region should have been out there championing it. I am sorry they were not. I am pleased that the member for North West Central and the Shire of Carnarvon called a truce to ongoing hostilities in their war and that we now have a way forward. We are committed to making sure we do that.

We also heard from the member for Churchlands, who, again, came in here working on the theory that if he shouted something often enough, it would come true. It does not; it does not make it true. The member for Churchlands shouted once again that we have made cuts to frontline services. Quite frankly, that is not true. The fact of the matter is that the WA Country Health Service budget grew by 8.1 per cent between 2016–17 and 2017–18, and 3.3 per cent between 2017–18 and 2018–19. WACHS hospital activity growth was 1.2 per cent in 2017–18, seven per cent in 2018–19, 1.2 per cent in 2019–20, and is estimated to grow by a further 1.6 per cent in 2021. The fact of the matter is there have been no cuts to frontline services. Members opposite cannot make that assertion in the same way that they cannot say that Mary Williams ambushed the Premier in Albany to get a meeting with me. I had already arranged a meeting with Mary Williams. The Premier would not have known about that because when we go to these places, we make sure that we catch up with people who have concerns. Of course, Mary Williams is very emotional about these things. I have seen her cry twice. I first saw her cry when she was explaining to me how much she cared about having radiation oncology at Albany hospital. The second time I saw her cry was when she cried tears of joy after we announced that we would take radiation oncology to Albany hospital. Members opposite might all say, "That is just because" but the fact of the matter is that we have stuck by the regions and stuck by Albany hospital and made sure that it continues to be supported. In addition, the Shorten Labor opposition announced an extra four dental chairs at Albany hospital, again, a commitment to that hospital to make sure it continues to grow to meet the needs of the Western Australian community. In addition, we have also made a commitment to ensure that Laverton Hospital gets the funding it needs in addition to the funding already set aside by the McGowan government to move forward.

**Mr V.A. Catania:** Is that a federal responsibility to fund Laverton? If it is the same principle, why won't you fund Carnarvon Hospital?

**Mr R.H. COOK:** The challenge for the member for North West Central is to go to his colleagues in the federal government and get them to match the Shorten opposition's commitment. He should go to his spiritual leader, Barnaby Joyce, or whomever he is following nowadays, and say, "Federal Labor has supported this facility; why don't you? Federal Labor is backing rural health and regional members of the Western Australian community; why don't you? Come on, federal government—get in there and get your hands dirty. Support the WA government

and the federal Labor opposition and back the Laverton Hospital. Go for that rebuild.” Of course, we heard the member for Churchlands once again bring up Geraldton Hospital. I love it when he brings up Geraldton Hospital, because every time he does so, we can remind him that by 2020, construction will take place for the first major redevelopment at that hospital since the Gallop government. I notice that the member for Geraldton is not in the chamber at the moment. He is probably scurrying his way down to Labor headquarters to sign himself up to become a member of the Labor Party—such is the commitment that he sees from the McGowan government. I am sure he is thinking, “Here I have been all this time in the Liberal Party. I got it wrong; I should have been in the Labor Party. Despite eight and a half years of complete inaction around Geraldton Hospital, here comes the McGowan Labor government to save the day.”

We are also funding other measures in Geraldton, of course. One of the projects I am very proud of is the rollout of step-up, step-down facilities right across regional Western Australia to make sure that mental health is a priority in the country as much as it is a priority in the metropolitan area. We have already opened the six-bed step-up, step-down facility at Albany. In addition, construction has commenced on a step-up, step-down facility in Bunbury. We have scheduled step-up, step-down facilities in Kalgoorlie, Geraldton, Karratha and Broome. We have a big agenda for rural and regional health, and for mental health. We will make sure that all Western Australians share in the great management of the state’s budget by the McGowan Labor government.

We are committed to making sure that all Western Australians get the care that they need where they live when they need it, which is why we released the “WA End-of-Life Palliative Care Strategy 2018–2028” last year. I remind members that the very first priority of that strategy is that care be accessible to everyone everywhere. We want people to be able to say, “I have access to good quality end-of-life palliative care, regardless of who and where I am or how I live my life.” That is what we are trying to put in place. That is why we have strategies in place to ensure that we can now populate that strategy with a strong palliative care plan for Western Australia. We want to make sure that people in the rural communities benefit from that. I have confided in all members that I am very keen to see this happen. In particular, I think we should be cognisant of the fact that palliative care in rural regions of Western Australia is about investing in people. Therefore, nurses working in these facilities across the state understand that when people enter the end of their life, they have qualified, skilled staff with the support they need from palliative care specialists. It is about providing people with the opportunity to have end-of-life care in the communities in which they live, surrounded by the families who they love, and with the clinical support they need.

I remind the house that a wheatbelt palliative care nurse won the nurse of the year award in 2018 for their telehealth innovation. The provision of funding to Palliative Care WA delivers 16 metropolitan and 16 regional advance care planning workshops to be delivered across the state to encourage end-of-life conversations, improve death literacy, and increase completion rates of advance care directives—ACDs—such as enduring power of attorney, enduring power of guardianship, and advance health directive where possible. The operational funding in the current forward estimates allocated by the government for palliative care is 41.4 million in 2018–19, 42.3 million in 2019–20, 43.4 million in 2020–21 and 44.6 million in 2021–22.

I acknowledge that the member for Moore has some anxieties with regards to palliative care. In particular, I can say to him that when he comes to this place to consider issues around voluntary assisted dying, he will be able to do so knowing a strong strategy and resources are in place to ensure that people have end-of-life choices, because we want to see people get all the resources, help and support they need.

The Leader of the Nationals WA posed a question: how would someone feel if they walked into Laverton emergency department needing emergency care? I am sure that apart from being underwhelmed by the surrounds, patients who went into the emergency department would be comforted to know that we are now continuing to grow the emergency telehealth services within Western Australia to ensure that people who do not have a fully fledged emergency department to go to, such as that in a hospital, have the opportunity to receive care and attention from a qualified emergency consultant. In 2018, we had 18 994 emergency telehealth episodes; that is, people now going to smaller regional hospitals and nursing posts across the state actually have access to an emergency care physician through the telehealth mechanism. That has done a range of things. Most importantly, it has not only provided better care for those country patients; it has actually upskilled the nursing staff and the medical staff in these emergency telehealth facilities.

Speaking of the Turquoise Coast, member for Moore, I remember going to the Jurien Bay facility. The nurse there said that emergency telehealth had changed her world and her job. She is now able to practice the full scope of her qualifications as a nurse because she has the backup of emergency telehealth from our emergency telehealth centre at Royal Perth Hospital. As a result of that, she is providing better healthcare, has a much more rewarding career experience, and we are providing better healthcare to the people of Western Australia.

In particular, we are now undertaking a huge amount of outpatient clinics by utilising the telehealth facilities. In 2018, over 21 400 telehealth outpatient activities were undertaken in Western Australia. To give members an idea

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of what that means in terms of convenience for patients and affordability for Western Australian taxpayers, telehealth has saved WA patients from travelling 28.6 million kilometres to get to outpatient appointments. That is 37 times to the moon and back that we have saved WA patients from having to travel. That represents a saving of 5 200 tonnes of carbon emissions by virtue of our utilising telehealth facilities.

I agree with the call from the Nationals. I think we should be prioritising country health. Indeed, we are. I think we should be prioritising palliative care in the country and throughout the state. I believe we are, and we will do more as we start to populate the palliative care strategy. I am looking forward to bringing more policies to this house that continue to build on a proud tradition of providing quality health services to the people of Western Australia. What I will not take is lies by the Nationals that we consider country health to be a luxury. What I will not take is assertions by the member for Churchlands that we are cutting frontline services. The fact is that both those assertions are untrue. We will continue to improve country health services, we will continue to make country health a priority and we will continue to work to ensure that people get the health care they need where they live and when they need it.

**Mr R.S. Love:** Are you going to vote for us, are you?

**Mr R.H. COOK:** No, I will not vote for the Nationals, apart from the fact that it has been a very long time since we have seen a National Party candidate in the seat of Kwinana. The other reason I will not be voting for the Nationals is that its members do not have a monopoly on regional Western Australia. There are actually more members on our side who represent regional WA than there are Nationals members.

**Mr R.S. Love** interjected.

**The SPEAKER:** Member for Moore!

**Mr R.H. COOK:** We are the ones who are prioritising country health, not them. We are the ones who are fixing the state's finances so that we can provide sustainable health care for people in the bush.

**Mr R.S. Love** interjected.

**The SPEAKER:** Member for Moore, you are a real chatterbox!

**Mr R.H. COOK:** We are the ones who are fixing the state's finances so that we can get our health system on a sustainable footing so that we can continue to provide world-class health care to Western Australians wherever they live when they need it. I know that is the Nationals' marketing, but it is not their monopoly. The fact is that we are prioritising WA country health. It is for that reason that I confirm to the chamber, before I sit down —

*Point of Order*

**Mr V.A. CATANIA:** The Minister for Health misled the Parliament by saying he is prioritising regional health. Clearly, that is not the case when it comes to Carnarvon.

**The SPEAKER:** Member for North West Central, I call you to order for the third time. It is not a point of order. You are wasting Parliament's time. I have called you for the third and last time, I hope.

*Debate Resumed*

**Mr R.H. COOK:** Mr Speaker, we are used to crass idiocy from the member for North West Central, who comes to this place with pathetic, childish debating techniques. He is second only to the shouty shout shout of the member for Churchlands. Nevertheless, we will persevere. The McGowan government is prioritising country health. I confirm that we will be supporting the motion.

**MR D.T. PUNCH (Bunbury)** [3.41 pm]: I do not have a particular difficulty with the motion as it stands. From the government's point of view, we are putting patients first in Western Australia. We are about the whole of Western Australia. We are not about metro versus country; we are about Western Australia and about health care across the whole of Western Australia. What I do have an issue with is the motives behind this motion. I have watched the Twitter feeds from the Nationals WA over the past few weeks. Nationals members have been rolling around the state, finding the very worst examples they can, and bleating about it all over Twitter. They have been getting one or two likes from the people who follow Twitter feeds, trying to create a view that there is a crisis in country health. They then come in here and reel off a whole series of examples.

**Mr R.S. Love** interjected.

**The SPEAKER:** Member for Moore!

**Mr D.T. PUNCH:** In 2008, the National Party formed government with the Liberal Party. The price of that was a billion-dollars-a-year slush fund. The examples we have heard today have not occurred in just the last two years. Several members interjected.

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**The SPEAKER:** Member, I will hear this in silence. You had a go; you had your chance—now listen.

**Mr D.T. PUNCH:** These issues have been around for a long, long time. If the National Party were really serious about health in regional WA, it would have prioritised that back in 2008 and dealt with it in a strategic and structured manner. What did we find out from the special inquiry into government programs and projects? We found out that there had been wastage in underground power in the Pilbara. Imagine if that money had been put into Health. SuperTowns was announced, with an \$80 million fund. There was no planning or thinking around it, it was just: “Come in and compete for the projects.” Imagine if that money had been strategically put into managing health care in Western Australia. This government is about sustainable health into the future.

**Mr R.S. Love** interjected.

**The SPEAKER:** Member for Moore, I call you to order for the second time.

**Mr D.T. PUNCH:** The government is looking at the whole context. It is not just about buildings; it is about the quality of healthcare programs that exist within not only country health, but also metro health. On our side of the house, we have the members for Albany, Collie–Preston, Pilbara, Kimberley, Murray–Wellington, Bunbury and Mandurah. We live in our regions. We talk to people every day and we talk to the health minister about the healthcare needs of country WA. It is something that is continually on our minds, as are education and jobs. It is a priority of this government, and I am very pleased that it is. I have not heard very much from members opposite on issues like aged-care support packages and the appalling record of their federal colleagues, which is leading to massive queues in aged care. In the bush, that means that people cannot get aged-care packages in the places where they live because of the shortage.

**Ms L. Mettam** interjected.

**The SPEAKER:** Member for Vasse!

**Mr D.T. PUNCH:** What about the issue of the Medicare rebate gaps? I have not heard very much at all argued in that space by members opposite. That is driving people away from GPs and primary health care and into our emergency departments, transferring the cost to the state. I am not seeing any strategic thinking from members opposite about the fundamental problems that are facing our healthcare system into the future. I am very proud to be part of this government. I am very proud that we are taking a considered approach to how to address these issues.

**Mr R.S. Love** interjected.

**The SPEAKER:** Member for Moore!

**Mr D.T. PUNCH:** I want to finish my brief contribution to this debate by talking about step-up, step-down facilities. I am very pleased that we are getting one in Bunbury. I was very pleased to be part of the sod turning for that. I recall an announcement back in 2013 by the then minister that a step-up, step-down facility would be built in Bunbury. Then in late 2016, the same commitment was re-announced in the run-up to the 2017 election, but no work had been done. In the first two years of this government—in fact, in the first 18 months—we have had the sod turning on that step-up, step-down facility.

**Ms L. Mettam** interjected.

**The SPEAKER:** Member for Vasse!

**Mr D.T. PUNCH:** I met with people in my electorate as part of the mid-term review and asked how we were going. The issues they raised with me were aged-care support packages and the Medicare rebate issues. They were the primary issues. In my view, members opposite have been absolutely lacking in driving their federal colleagues into an appropriate response that supports regional WA.

**MS A. SANDERSON (Morley — Parliamentary Secretary)** [3.46 pm]: I rise to support this motion. I am going to address the palliative care aspect of the motion. I was chair of the joint select committee that spent a long time delving very deeply into this area. It is true that palliative care is significantly lacking in the regions—there is no question about that; there is no argument from this side. The further away from regional centres one goes, the harder it is to find that care. A lot of the regional centres actually have very good palliative care settings and do have public palliative care beds, but the issue that people in regional areas have is that they cannot die at home. It is almost impossible to die at home. Those in and around Albany have the opportunity to die at home, but those in any other regional area do not. Services are significantly lacking in Broome. They have public beds. They have the Kimberley Palliative Care Service, but it is a referral service—it is a telephone service, essentially.

There are issues across the sector. These issues did not emerge overnight and did not incubate in a vacuum. There are significant workforce issues. There are around 27 palliative care specialists in the whole state. There was no planning or foresight by the previous government over the last 10 years to increase the number of palliative care specialists, when we desperately need them. There are issues around the actual coding, and understanding what

palliative care is being delivered in our hospitals. The definition of palliative care differs from hospital to hospital. We do not even have an understanding of what palliative care is being delivered in our public hospitals in regional areas. The regional hospitals in Denmark, Albany, Broome or any other area will each have a different process for coding their patients. If we cannot understand the current need and the current service provision, how do we predict it and provide adequate funding for it? This government has to go right back to scratch and do a full audit across the system to establish the palliative care need. These issues did not appear overnight.

I want to provide what I thought was one of the most damning comments of the entire inquiry that we held over 12 months. It was from the WA Country Health Service. This is what WACHS said about itself in a committee hearing. I quote —

*General Practitioners ... provide a substantial proportion of the palliative care provision in WACHS and also engage in end of life conversations with patients and carers. There is limited support from Palliative Care medical specialists and this gap is filled to some extent by the senior palliative care nurses. There is no medical oversight, coordination or governance of medical palliative care services across WACHS and a state wide approach would be of some benefit coupled with a comprehensive auditing program to ensure that contemporary standards are maintained. Policy is also somewhat lacking and developing strong policy approaches is a pre-requisite for improving and maintaining standards.*

That was the department talking about itself. That is the state that WA Country Health Service has been left in after the last eight to 10 years. That is the starting point we as a government are at in developing those palliative care services.

People who live in the city have better access to palliative care services. They have the opportunity to access specialist services in their home or they can choose in-hospice care with specialist palliative care if that is more appropriate for their circumstances or more comfortable for them. A lot of people feel safer in hospitals and a lot of people prefer to be at home. They have that choice. I agree it would be great to be able to extend that choice to the regional areas, but we are starting from a point that is so far behind in terms of even policy development, let alone actual funding. We have a way to go, members. It is a little galling to be lectured about it by members on the other side when we have inherited this situation. There is no question that I am a strong supporter of palliative care. We need to develop the policy and understand where we are at.

Question put and passed.