

HEALTH SYSTEM BUDGET

Motion

MS McHALE (Thornlie) [4.17 pm]: I move –

That this House regrets the failure of the Court Government to offer any real hope for our failing health system in its recent announcement on health service funding. Furthermore, we note that last year's health budget blew out by \$23.7m. This latest gesture of \$32m by the Government therefore represents no real growth. This House condemns the Court Government for plunging the health system into further crisis and for placing hospital staff under such extreme pressure.

In my presentation this afternoon I will outline the reasons I have moved this motion, and why I am so critical of the Government's announcement last week. Essentially this Government's approach to health can be summarised as too little, too late. It appears the Government is suffering from what I see as a terminal illness; that is, some sense of cognitive dissonance. It seems to be saying one thing, while doing or meaning another. In the context of the health service funding the minister appears to believe his own spin doctors when he says there is a record budget for the health service, when in reality in per capita terms there has been a 0.72 per cent cut for the 12 metropolitan hospitals, and in real terms a per capita cut at some of the regional hospitals. It is unfortunate that the minister believes his own rhetoric because he is an honourable man. It is unfortunate that the spin doctors and the bad advice he is receiving from his bureaucrats are undermining his honour.

Mr Day: Thank you for your support, but I suggest you look at the figures as well.

Ms McHALE: We have looked very closely at the figures and, to ensure that I do not mistakenly misrepresent them, I went through them in some detail. The minister's announcement last week was misleading.

Mr Shave: With your last comments, you should swap portfolios with the member for Fremantle, because I think you would do a better job on fair trading than he does.

Mr Day: Will you tell us your solutions to the problems?

Ms McHALE: I did that in reply to a similar interjection from the Minister for Police some weeks ago. The problem with nursing in this State is to some extent due to the enormous pressures on the hospital system, in part due to the industrial relations climate and in part to the rostering system. Therefore, minister, I would immediately look to address those problems. Solutions are available. When nurses leave the system because they cannot get their annual leave, I would ask questions of the hospitals: Why is that the case? Why make the problem worse by inflexible management practices? I do not accept that there are no solutions. That is my response to the interjection concerning my approach.

Places like the United Kingdom are expanding their bed numbers by 5 000 and recruiting our nurses. We cannot stem the tide and cannot attract nurses prepared to work in our system. We are losing nurses from public hospitals to the private sector, interstate and overseas. One cannot stop nurses, or members of any other profession for that matter, travelling. However, some nurses wish to stay in this State, yet refuse to work in the Public Service because of the inordinate pressures that apply, as was outlined in the report from Sir Charles Gairdner Hospital. Those pressures are being caused by problems in the health system in this State. The nursing shortage cannot be explained away in its entirety as a national shortage and, ipso facto, we cannot do anything about it. We must look in our own backyard to see the problems in our system. I guarantee that if I did so, I would find some solutions and I would work immediately to address those matters. More importantly, the research has been done: Recommendations already reside in the Health Department to address this problem. Time and money has been wasted and opportunities have been lost to address the problem.

Another characteristic of our health system is that 32 per cent of staff are temporary; that is, only 68 per cent are permanent. The Government's attitude is that this provides flexibility. Another suggested reason for the problems in the health system is that one cannot run an organisation in which one-third of its staff is temporary. It does not provide the flexibility one needs, but creates a range of other problems. Inflexible management practices, the rostering system and pressures on the system are causing problems. The King Edward Memorial Hospital inquiry is also having a significant effect on recruiting.

The minister has been boasting over recent months about significant reductions in waiting list figures. The waiting list for the teaching hospitals stands at just on 10 000 cases. However, the minister fails to tell us about the waiting list for non-teaching hospitals. As at 30 June, 10 437 cases were on the teaching hospitals' waiting list, and another 5 921 cases were on the non-teaching hospitals' waiting list. When added together, the total waiting list comprises 16 358 cases, yet the minister suggests that the numbers are reducing. One is getting only one part of the picture. It would be very interesting to see whether an increase has occurred in the figure for non-teaching hospitals as the figure for teaching hospitals has decreased. The reality is that the total number of cases

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on the waiting list was 16 358 as at 30 June. It is not true for the minister to say that the waiting list has reduced to only 10 400 cases, as that is only part of the picture. The minister should tell the community the real story.

Mr Day: I know you were not in Parliament at the time, and nor was I, but the Opposition received none of that sort of information when your party was in government.

Ms McHALE: Maybe the then Opposition did not ask the right questions, or maybe it did not ask nicely. It is difficult to understand what occurred in the past without statistics; however, we are considering the year 2000, and what has happened over the past eight years under the Court Government. This Administration promised in 1996 to halve the waiting list from 9 000 cases to about 4 500. The Government has failed miserably to meet that commitment.

Another difficulty in the system is for those waiting to get on the waiting list; namely, those on the pre-waiting list. The chief medical officer has acknowledged that it is impossible to assess how many people are on the pre-waiting list. I refer to people assessed as requiring investigation by a specialist at a hospital, but who cannot get an appointment to see that specialist. A person attends a GP with an emerging problem that requires investigation. The time taken to go from the GP to the specialist is unquantifiable at this stage. The availability of that figure would reflect more accurately the state of the health system regarding waiting lists and waiting times. The chief medical officer has indicated that those figures might be available at the end of September. He added a qualification about their accuracy and the need to verify the figures, which is fair enough. The Opposition will ask for those figures soon after 30 September. The issue should not be allowed to slip. The minister should keep an eye on that matter and ensure that the figures become available at the earliest possible time.

We need to know, as a community, the true pressures on the health system, and we need the statistics in order to understand the funding questions. We must consider how funding has increased from 1993 to 1999. Other increases have occurred over that time. The attitude in areas of the Court Government is that hospitals have never had it so good, with an increase of 45 or 50 per cent in funding.

Mr Graham: Sheer luxury!

Ms McHALE: That is right - they had to lick the pavement back then.

This represents a significant increase from 1993 to 1999. The minister has said that the increase varies from 40 per cent to 50-something per cent. If one applies a mathematical calculation to those figures, it is clear a significant increase has occurred during that time. However, by way of a reference point, the Premier's salary increased by about 39 per cent during that time.

I now give members an analysis of the five teaching hospitals. Before I am accused of being metrocentric, I had the opportunity to look only at the five metropolitan teaching hospitals' annual reports from 1993 to 1999, and I will continue this analysis to make a comprehensive analysis of the 12 hospitals.

In the six years from 1993 to 1999, those five teaching hospitals have received a 39 per cent increase. However, the wages went up \$112m, which was a 21 per cent increase. The cost of buying the food, paying the power bills and buying medical supplies increased by 55 per cent, an increase of \$52m. Superannuation increased between five and sixfold. For instance, the King Edward Memorial Hospital for Women-Princess Margaret Hospital for Children superannuation bill in 1993 was \$1.7m. It is now \$10.3m. The Sir Charles Gairdner Hospital superannuation bill was \$1.4m. It is now \$9.7m. When one starts to bandy about figures and to say that there has been a 39 per cent or 40 per cent increase and how good that is, that is a hollow claim, because when one looks underneath those figures, one begins to see where the money is being eaten away.

Mr Day: Of course, a lot of it has gone in increased salaries. Most health expenditure is on salaries. If you do not think enough is going in, how much more should be put into our Health budget?

Ms McHALE: I will answer that question, but I will not answer it now. Dealing with the revenue in hospitals, patient income or patient charges, which are important revenue, have decreased by 25 per cent over the past six years. The figure has gone down from \$40m to \$30m. What is emerging is a better analysis of why these hospitals are under the pressure that they are and why the Opposition and lobby groups make the claim that the hospitals are under enormous pressures. Income from patients is going down because of the reduction in the number of private patients, but the costs in certain areas have gone up many more times than the actual increases that this Government has given to those hospitals. They are the same increases that this Court Government says are the best that the hospitals have ever had. Those sorts of claims are wrong and are seen to be hollow claims by those who are working in the hospitals. Wages, cost of power, cost of food and medical supplies have increased. I have not done an analysis for acuity or increase in activity. When one does those sorts of analyses, one begins to understand the enormous financial pressures that our hospitals are under.

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I make this request to the minister - it will only take a phone call to his office: In the minister's response, could he tell us how he has allocated the waiting list money of \$22m or thereabouts? I believe that it is in the area of \$22m for 2000-01. If at all possible, could the minister tell us how that will be distributed, because \$18m or thereabouts went to the Metropolitan Health Service Board last year. It is important to know how much of the \$22m will go to the Metropolitan Health Service Board this year for waitlist activities, how much will go elsewhere and where it will go. My point is that if it is significantly less than the \$18m that the hospitals received last year, that represents a further cut to the hospitals, because that waitlist money was used and absorbed by the hospitals for recurrent everyday funding.

Mr Day: It certainly should not have been if it was. It should have been used for elective surgery. If there were any suggestion that it was not, I would be very interested to know.

Ms McHALE: The minister might want to look at that further. However, in all genuineness, I ask the minister whether it is possible for him, either today or tomorrow, to let us know how he is allocating the waitlist money, because it is important to know where it is going.

Mr Day: I am not sure that has all been finalised, but I am seeking further information about that.

Ms McHALE: My understanding is that it is finalised, but I may well be wrong.

The spin that was put on the minister's announcement last week fools no-one. During the past week I have been trying to ascertain the impact of that announcement, and basically it has received no response whatsoever, other than perhaps the fringe benefits tax announcement, which is a welcome announcement for the doctors in the hospital system. I hope that the Government negotiates with the Commonwealth to ensure that the Commonwealth funds this State to cover the cost of that FBT.

The reality is that for four years in a row this Government has been required to top up the Health budget. Last year the budget blew out by \$23.7m, and there was a last-minute funding injection. That has become almost an annual event. Therefore, one could say that with this \$32m, we are seeing the top-up at the beginning of the year. It is only two months into the financial year. It is pretty clear that the hospitals and the health system are saying that they need more money. Therefore, this top-up that we saw last week is not growth; if anything, it is to maintain the levels of last year or even to keep the hospitals from sinking further into a deficit situation. The sort of activity that usually occurs at the end of the financial year when there is a top-up of money is taking place at the beginning of the year because already the pressures on the health system are such that the hospitals are saying that they need more money.

I predict that during the next 12 months the full impact of the inflationary figures, which will include the goods and services tax in the next quarter, will be seen. The problem for many of the hospitals is the reduced value of the dollar. That will manifest itself during the next 12 months. The reduced patient revenue and the increased costs will only get worse during the next 12 months, and it will become apparent as we move through this financial year that the funding is still woeful and that the Government will have to top up the funds.

Mr Day: Tell us how much more you would put in.

Ms McHALE: We will tell the Government in due course.

Mr Sweetman: And from where you are taking it.

Ms McHALE: It is not the Government that needs to hear that answer; it is the community. The people of Western Australia need to hear that answer, and they will. We will not make any promises that we cannot fulfil - I give my word on that. However, there is no greater issue for the community of this State than health. We will ensure that there is a health system of which the community can feel proud and in which the workers and staff of the hospitals feel proud to work. That is not the situation at the moment. Above all else, we will have a health system of which the people feel proud and to which they will want to go.

My final comment is that the announcement was strong on rhetoric and very low on substance. Although in this House we may bicker about the amount of funding and what graphs and statistics we want to use, ultimately it is the sick, the elderly and the young children who suffer because of the under-funding problems.

MS ANWYL (Kalgoorlie) [4.49 pm]: I will make a brief contribution to this debate, particularly so far as the motion pertains to the people living in my electorate. I listened with interest to the speech of my colleague, the member for Thornlie, who is the opposition spokeswoman on Health. I also heard some of the questions that the minister asked her. Dealing with not only nursing staff but also all health professionals, there is a simple starting point from which to recruit and retain those staff; that is, to treat them with the level of respect and esteem that they deserve.

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That is particularly so of medical professionals who reside and practise in remote areas of Western Australia. In a moment I shall refer to one specific case. I brought before the Minister for Health the case of obstetricians in my electorate.

Mr Day: You are not seriously suggesting that either the Government or I treat our health officials without respect, are you?

Ms ANWYL: If the minister listens to me for the next three minutes, he can tell me whether the obstetricians in my electorate have been treated with the respect and equity that they deserve. The view of the medical profession in Kalgoorlie-Boulder is that they have not. The maternity hospital in Kalgoorlie is the busiest of any in regional areas with 800 births a year as opposed to about 5 000 at King Edward Memorial Hospital for Women. The minister may then tell me whether those health professionals have been treated properly.

Mr Day: I trust you will put both sides of the story. You might want to talk about the large capital works being undertaken in Kalgoorlie-Boulder.

Ms ANWYL: A large part of this motion deals with the issue of health professionals and the level of service. There is no point in having new hospitals if there are no professionals to work inside them. I shall be making a grievance tomorrow morning to the minister of which I give some notice now. It involves two paediatricians who have been neglected to the extent that they have threatened to leave Kalgoorlie-Boulder. However, I shall return to the issue of the gynaecologist and two, perhaps three general practitioners who work as obstetricians. The minister is familiar with the circumstances of the case because I have had correspondence with him. The minister's attitude with a gynaecologist of the stature of the person I am talking about is that it is not appropriate for the minister to take an interest in the matter. That is not withstanding double standards that are applying in some other remote areas of Western Australia.

Mr Day: I have said that there is an obligation to comply with the Financial Administration and Audit Act, and the health service has that obligation.

Ms ANWYL: I hope that the minister will apply that same rhetoric to other health services around the State, Carnarvon and Geraldton in particular. I believe that in one metropolitan health service, an arrangement has been made which has been denied to the obstetricians in my electorate. Mr McCallum is a very well-regarded gynaecologist who works extremely hard and is on call 24 hours a day, seven days a week. He has been recognised along with five other international gynaecologists and obstetricians and awarded a distinguished community service award for emergency obstetric care. The International Federation of Gynaecology and Obstetrics notified him in a letter of 2 August 2000 that he had been selected with five other international practitioners from Chad, Egypt, Peru, Thailand and Malaysia to receive an award. Part of the award comprises \$US5 000 that will be given to the Kalgoorlie Regional Hospital for his good works. He acknowledged that the award would not have been possible without the excellent level of support that he receives from midwives, general practitioners and other medical professionals at the Kalgoorlie Regional Hospital.

How ironic it is that at the same time as this international award is being presented, he is also being asked to repay \$41 000 to the Northern Goldfields Health Service for difficult births that have been performed over a substantial amount of time. The dispute is whether he was authorised to perform that work on difficult births and be paid that amount. He maintains, together with a substantial number of other general practitioners who carry out obstetrics work, that it is the case and it was done at a high level.

I am incredulous that the minister has chosen not to intervene. I am sure this is the case around regional Western Australia: As soon as such a dispute comes up, those people involved are headhunted. Other regional health services regularly attempt to headhunt the paediatricians, the gynaecologist and the orthopaedic surgeon in Kalgoorlie-Boulder. People belonging to a campus somewhere else in regional Australia think that those medical specialists are prepared to live in the country and make a contribution to a regional community. They would therefore go aggressively after such people to try to recruit them because they would have a much better chance of success of getting people like that than they would by advertising in the metropolitan area.

The minister can spout his rhetoric about the Financial Administration and Audit Act. The fact is that the failure of the Court Government to sort out the issue of visiting medical practitioners has led to this problem. That is bad enough, but the minister has failed to come to grips with the issue and people are being paid at that rate in other health campuses around the State. I have asked questions on notice, so presumably the minister's staff are aware of the issue. I hope that I will not discover that other medical specialists have been paid at that rate, or indeed general practitioners practising as obstetricians.

I am not sure whether the minister realises the significance of 800 babies being born each year at Kalgoorlie Regional Hospital. If women are not able to have emergency access to a gynaecologist and serious obstetric help, such babies will not be born in Kalgoorlie. Women will have to travel to Perth and possibly be dislocated

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from their other children and their families. We must do everything possible to make sure that that gynaecologist stays in Kalgoorlie-Boulder. Many of the general practitioners involved have been practising in Kalgoorlie for a very long time. There is a shortage of general practitioners in Kalgoorlie-Boulder, although it may not be as bad as some other one-doctor towns around the place which do not have a doctor at all.

Mr Cowan: One-doctor towns which do not have a doctor?

Ms ANWYL: They are classified as one-doctor towns. I am sure there are hundreds of them.

Mr Cowan: As a matter of fact, through the Australian Medical Association and the Western Australian Centre for Remote and Rural Medicine not one practice in the country at the moment is vacant.

Ms ANWYL: That is very good to hear. I am surprised.

Mr Cowan: Quite often doctors are temporarily placed.

Ms ANWYL: They are locums.

Mr Cowan: Some are, but nevertheless those practices have either a locum or a practising doctor.

Ms ANWYL: I am pleased the Deputy Premier says that because I was quite alarmed recently when I heard that two metropolitan areas, I think one was Kwinana and the other Quinns Rocks -

Mr Day: Two Rocks, Yanchep.

Ms ANWYL: They were wanting to be classified as places of unmet need in order that they might attract overseas doctors. I have nothing against the people living in those places having close access to a doctor, but to compare communities like that with some of the more remote communities in the State left me quite incredulous. The real bonus will be when we have adequate numbers of locums so that the resident general practitioners in country areas will be able to take annual leave and the like and know that someone will look after their practice. That is an example of not treating someone with the respect he deserves. I ask that the minister intervene in this matter, particularly if it transpires that other specialists and obstetricians are being paid at the higher federal rate for difficult births.

One simple thing the Government could do to attract more qualified nurses back into the workforce would be to provide some childcare. I speak to many nurses in the metropolitan area and in country areas. Many of them, particularly in my electorate, have young families. They are willing to do nursing work but they are not prepared to pay \$200 or \$300 a week that is required after the savage Federal Government cuts of nearly \$1b were ripped out of childcare. Creches could then be located in hospitals without too much difficulty. It would also attract qualified ancillary health workers back.

I am told there is an international shortage of audiologists. That is impacting on my area in which there is a significant number of children, particularly Aboriginal children, who need regular monitoring.

They must join a waiting list to have tests carried out by the industrial mine workers' audiologists. I am sure that some research would reveal that some women with young families would be prepared to do some part-time or full-time work in child care.

I have the utmost praise for the nurses who carry the heavy workload in the Kalgoorlie Nursing Home where there is a chronic shortage of nurses and an acute shortage of registered nurses. I am sure the minister is aware that the award is much lower for those nurses than it is for nurses working in general hospitals. I appreciate that that impacts on metropolitan areas as well as my own electorate. Nevertheless, I am concerned about it because, although in the 1996 census less than 5 per cent of Kalgoorlie's population was aged over 65, that has changed in recent years. I would like to see people who have spent their whole life in the goldfields able to retire there and, if necessary further down the track, make a smooth transition without fear into a nursing home. Some people were perhaps a little surprised that that nursing home was accredited given its severe shortage of staff, particularly registered nurses.

When the whole health system flounders, some of the more specialist services suffer. One of the areas of acute need in Kalgoorlie-Boulder is mental health. This ties in with the minister's earlier comments about capital works, which I acknowledge are to take place at the Kalgoorlie Regional Hospital as a result of which a ward will be devoted to the care of mental health patients. That is long overdue. This week I received an answer to a question on notice from the minister that spelled out in clear terms the number of admissions of Kalgoorlie-Boulder residents to Graylands Hospital. Emergency treatment has risen from 18 in 1992-93 to 48 in the 1999-2000 financial year. That is a significant increase. That development, therefore, is most timely. Of course, some of the capital works to which the minister will refer also include the rural paediatric unit that is being developed at the Kalgoorlie hospital. I will save my remarks about the paediatricians until tomorrow.

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I reiterate that the Government can implement many capital works but they are of very little use to my community if adequate numbers of trained staff are not available to work in them. Although I have focused on Kalgoorlie-Boulder I am aware that the needs in many of the outlying smaller communities from Kalgoorlie-Boulder are even more acute. For example - I have not had an update; someone may have been recently recruited - a month ago Leonora had been without a community health nurse for many months. The impact of that on the community cannot be overstated.

If the minister wants to ensure that staff levels increase, he must pay staff properly and treat them with the respect they deserve. He must acknowledge the extra sacrifice that medical practitioners and health professionals make when living in remote country areas, because they are usually on call all the time. I hope the minister will intervene on the issue I have outlined.

MR DAY (Darling Range - Minister for Health) [5.04 pm]: This motion is misleading. It does not reflect the reality in our health system. The Opposition's arguments are pretty lame. It knows it should be making positive comments about our health system but, politically, it cannot afford to make very many positive comments; therefore it generates the sort of rhetoric and negative arguments that we hear in here time and again.

For its own political purposes, the Opposition is desperate to create the perception that our health system is under severe pressure and is struggling and, most significantly, that the Government is not meeting its obligations to adequately support our health system. It is engaging in the process of establishing the big lie. The Opposition believes that if it says something often enough, people may believe it. The Opposition also has a simplistic and narrow view about the delivery of health services in our State. Its arguments are very much focused on providing services through our hospitals. The Opposition might be tapping into the general public perception that if we have large, highly funded hospitals we have a good health system. The reality is that there is much more to providing a good health system than focusing on large hospitals, important though they are.

Whether we view this argument from a qualitative or a quantitative point of view, I can demonstrate that we have a very strong record of making health services a high priority in this Government's activities. We spend more from the state budget on health services than on any other area of government. To a large extent, that is possible because we have taken a prudent approach to financial management in this State. We have not blown \$1.5b on WA Inc related activities as did the former Government which depleted it of the funds necessary to adequately maintain our schools, to expand our health services or to provide adequate support for the Police Service.

Ms McHale: You must consider the economics of the 1980s. To pick on that is predictable but uninspiring. If you take into account the recession of the 1980s and early 1990s you can begin to understand the pressures on a Government delivering health care.

Mr DAY: The Labor Government's priorities were clearly wrong, although I am not saying it did not provide any increase to the health system. However, it did not provide the increases in funding it could have if it had not lost so much money supporting some of its business associates through the WA Inc activities for very poorly founded motivations. I will leave that argument aside. Whether we look at this issue qualitatively or quantitatively, this Government's record compares very favourably with the 10 years the Labor Government was in office. For example, four new major hospitals have been built or are being built in this State since this Government took office. The Armadale-Kelmscott Health Service is a \$48m new construction that will be of major benefit to people in the south-eastern part of the metropolitan area. The Joondalup Health Campus has been substantially expanded from the Wanneroo Hospital; the \$68m south-west campus is an entirely new facility collocating St John of God Hospital and the Bunbury Regional Hospital in Bunbury. It is now providing a far greater range and quality of health services than has been the case in the south west. The Peel Health Campus in Mandurah has substantially expanded the range and quantity of services available in the southern part of the metropolitan area and Mandurah.

What new hospitals did the Labor Government build when it was in office? I am not aware of one.

Ms McHale: How much did we spend on the north block? \$120m.

Mr DAY: The Labor Government did not build one new hospital.

Ms McHale: It was focussing on metropolitan services, but the minister seems to have forgotten that.

Despite the fact that there was a rapidly growing population in the outer parts of the Perth metropolitan area during the 1980s - which certainly continued during the 1990s and into this decade - there was not one major new health service development when the previous Labor Government was in office. I acknowledge that there was one completed project, which was the north block of Royal Perth Hospital. That was a good development. The reality was that the needs were far greater than that and a lot more should have been attended to.

From a qualitative point of view the reality is that the Health budget has increased from \$1.2b, as it was in the last year of the Labor Government, to the current level, in round figures, of \$1.9b; that is a total of \$702m more each year is being spent on providing health services in the State than was the case when the Labor Party left office. It is a very substantial increase. I accept that much of it has gone towards increased salaries and wages which is by far the largest component of our Health budget. A lot of money is spent paying health professionals to deliver health services. The reality is that we now spend about \$700m more each year than was spent when the Labor Party left office. The Government should be given credit for that. It cannot be ignored. The rate of increase has been far greater than when the Labor Party was in office.

Last week the Labor Party came up with a cute argument that, despite an extra \$32m being put into the health system to provide for increased demand and increased costs in providing services, there was no real increase because it was necessary to deal with the effects of inflation and population growth. If the Labor Party wants to use that sort of argument I will too. I will use it as I did in question time yesterday when I looked at the Labor Party's last eight years in government. That is a period with which we can make a reasonable comparison as this Government has been in office for eight years. If I use the same methodology as the Labor Party used last week, I can say that there was an annual real increase in health funding when the Labor Party was in government of 0.56 per cent, compared to the eight years that this Government has been in office of 2.75 per cent. That is approximately five times the real growth rate. If the Labor Party wants to play those sorts of games I am more than happy to engage in them and to look at the full story rather than to undertake a selective examination of figures that the Labor Party is obviously very keen to use.

The substantial increase in funding allocated to health services has, in part, gone towards increases in salaries and wages, but it has also gone towards expanding the health services being provided, particularly in the outer parts of the metropolitan area and in rural and remote parts of Western Australia. In terms of quantity of services and of providing a greater range of services close to where people live, it has been facilitated through the very substantial increases in allocations to the Health budget that this Government has made over the past eight years it has been in office. A number of examples come to mind. Over the past few weeks I have visited various health services and hospitals around the State. The emergency department at Royal Perth Hospital has been expanded. Approximately \$1.2m has been spent - it is not "fairy" money that hospitals come up with in some way. The Opposition pretends that the money comes from nowhere. It is money allocated as a result of decisions made by this Government. It has led to the establishment of a new observation ward adjacent to the emergency department of Royal Perth Hospital. It is an area known as the "holding bay". It is not a particularly endearing term but it describes the purpose of the ward. It has had the effect of substantially expanding the capacity of the emergency department. I am advised that it is the second busiest emergency department in Australia. The new development means it is now possible for emergency staff to conduct serial blood tests over a 12-hour period to determine whether a person has suffered a heart attack. Six beds in the new ward are supplied with cardiac monitors. More can be done in the emergency department at RPH than was the case in the past. The story does not stop there. Another stage of the redevelopment of the emergency department is due to commence in March next year, when the resuscitation area will be redeveloped and expanded. It will increase the number of trauma treatment bays from four to five. A new trauma x-ray system will be installed to further enhance the facilities at RPH's emergency department.

Another example that comes to mind is the establishment of the paediatric cardiac surgery operating theatre at the Princess Margaret Hospital for Children. It has been provided at a cost of approximately \$1.5m and it means that, for the first time, children who need complex cardiac surgery who previously would have had to travel to either Melbourne or Sydney, can now be operated on in Western Australia. The \$1.5m did not come from nowhere; it has come from the Health budget as a result of allocations that have been made by this Government. As of a few weeks ago, 24 children who would have had to travel outside the State for cardiac surgery, have been operated on in the new theatre at Princess Margaret Hospital. I must give credit to the staff involved in providing the service, in particular, the paediatric cardiac surgeon, David Andrews, who is clearly dedicated to providing this sort of treatment in Western Australia. I also give credit to the nursing and operating theatre staff, who, in many cases, have undergone specialised training to enable the theatre to operate in Western Australia.

Ms McHale: Have the cots and beds that were deemed to be obsolete been replaced?

Mr DAY: I know that there were cots in neonatal units that were in need of replacement. New ones are on order but I have not heard whether the replacements have arrived. I assume that they have, but I am happy to confirm that.

The member for Thornlie has raised the subject of children's and maternity services. Another example that comes to mind is the new outpatient clinic at King Edward Memorial Hospital for Women that is currently under construction at a cost of about \$1.3m. It should have been constructed about three years ago when funding was provided through the Health Department. It is disappointing that it has taken this long. If the funds had been

applied to the purpose for which they were allocated, the clinic would have been built long ago. The good news is that it is now happening and it will be a far better facility than the existing outpatient clinic. It will clearly be in the interests of both patients and staff.

I have previously mentioned the Armadale-Kelmscott Memorial Hospital campus redevelopment at a cost of \$48m. It is expected to be completed in August or September next year. For the first time it will include a 25-bed in-patient mental health facility so that people from the south east metropolitan area, who at the moment need to be treated at Graylands Hospital, can be seen closer to where they live.

The same sort of thing is occurring at Swan District Hospital. There will be a new 25-bed in-patient mental health facility. I visited it last week. It is a major, new, well-equipped facility on the hospital site. It will greatly benefit people in the north eastern part of the metropolitan area and in the Midland district. If they need treatment, they will be able to get it closer to home rather than having to be admitted to Graylands Hospital.

Many other developments are occurring around the State. Kalgoorlie has already been mentioned in this debate. A major redevelopment of the Kalgoorlie Regional Hospital is occurring to provide a new paediatric ward, new mental health beds and new staff accommodation. The Government is doing what it can to ensure health professionals are attracted to places such as Kalgoorlie, and that they have good accommodation. There are the examples of redevelopment at Moora, Narrogin, Nannup, Pemberton and Quairading. I recently opened a major new extension and redevelopment of the existing building at Quairading to provide aged care accommodation on the hospital site. I am pleased to say a hospital is now being planned in my electorate in Kalamunda. Another example that comes to mind is the opening of the renal dialysis centre in Midland. I am pleased the member for Thornlie was present at the opening of that new centre because, for the first time, the Government is providing renal dialysis services in the eastern part of the metropolitan area. This centre is part of the Government's policy of providing services closer to home wherever that is reasonably possible. It is being done on the site of the Armadale-Kelmscott Memorial Hospital, and at Fremantle, Mandurah, Geraldton, Kalgoorlie and Port Hedland. A new centre will be opened in Broome early next year. There are other examples of the Government's investing substantial amounts of taxpayers' money to provide much needed services closer to where people live. The Government does not want a continuation of the situation that existed under the Labor Government, whereby people who needed renal dialysis services had to go to the centre of the metropolitan area, whether they lived in the far north or the south west of the State.

Another example that comes to mind is the new child and adolescent mental health centre in Clarkson, which I opened a couple of months ago. With the huge population growth in the north metropolitan area there is a need for a range of new services in addition to the major new Joondalup Health Campus. A new police station has been recently opened in Clarkson, and the area has a relatively new high school. Other developments in the education system are occurring in the northern part of the metropolitan area.

Mirrabooka has an excellent new mental health centre that I have visited in the past couple of weeks. The previous accommodation for that service was far too small, and it now has spacious accommodation in which a large number of dedicated mental health professionals provide services through the public health sector. They now operate from a far more appropriate and adequately equipped facility. Yesterday a new community health centre was opened in Mirrabooka.

Last week I opened the new community midwifery program offices in East Fremantle. Midwives and associated support staff are providing midwifery services in the metropolitan area and homebirthing to women who opt for that form of delivery. The dedicated people in that community midwifery program are now able to operate from expanded and better offices in East Fremantle.

These things do not occur by accident or in the absence of good support from the Government. I give every credit to all the professional people - doctors, nurses, allied health staff, administrative and other support staff - in the health system. I give full credit to the dedication and commitment that they generally show in providing very high quality health services throughout Western Australia. However, it does not happen without strong support from this Government, whether that be moral or financial support. This motion moved by the Opposition is primarily about finances, and the record clearly demonstrates that the Government has its priorities well established with regard to adequately supporting the health service.

I could give a range of other examples of developments around the State that have occurred or are about to occur; for example, the redevelopment of the Geraldton Regional Hospital and the replacement of the Halls Creek District Hospital. An excellent new multipurpose centre is being constructed in Jurien Bay, and \$2m has been spent on stage 3 of the Albany redevelopment.

Ms McHale: What about the renal dialysis patients?

Mr Prince: It will be dealt with when the demand is there.

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[ASSEMBLY - Wednesday, 6 September 2000]
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Ms Sheila McHale; Ms Megan Anwyl; Mr John Day; Ms Katie Hodson-Thomas; Mr Fred Tubby; Mr Ian Osborne; Mr Fred Riebeling; Mr Max Trenorden

Mr DAY: For the first time renal dialysis is provided in Albany, although it is on a community basis. Ultimately, I have no doubt there will be a full satellite service in Albany, as the member for Albany said, when the demand is there and it can be justified.

I acknowledge there are pressures in the system and problems occur from time to time. We know of at least one tragic example in recent times, but the Government can do nothing to guarantee that problems will not occur in the delivery of health services in this State. Whether it be a coalition Government or, in the long distant future, a Labor Government, there is nothing any Government can do to guarantee absolutely that problems will not occur. Generally speaking, this State has a very high quality health and hospital system. I am pleased such a sentiment is borne out by letters I receive from time to time. I will read some of the letters I have received in recent times because they bear out the argument that the health service is well funded and well supported. They also pay a great deal of credit to the health professionals working in the system. One letter I received recently states -

On Tuesday 15th August our family suffered a tragedy when my mother . . . was struck down suddenly by an unexpected Cerebral Hemorrhage.

The help care and professionalism shown to Mum and ourselves by all hospital staff was so fantastic I feel compelled to forward this information to you with the request that you pass our heartfelt thanks on to all involved.

I certainly intend to do that. The letter further states -

The Accident and Emergency department at Fremantle couldn't have been better, organizing an immediate head scan coupled with an emergency transfer to Sir Charles Gairdner Hospital which prevented immediate death and helped give Mum every chance of life.

Ms Anwyl: You have consistently cut the number of nurses who work on shift at Fremantle in the accident and emergency department.

Mr DAY: The Government has substantially expanded the health system in the quality and range of services provided. I am not aware of the detail of management decisions made at Fremantle Hospital. This Government has spent about \$8m on substantially upgrading the emergency department at that hospital. That occurred when the member for Albany was Minister for Health. Contrary to the views expressed by the member for Kalgoorlie, the sentiments expressed in this letter continue -

Upon arrival at SCGH Mum was taken for immediate neurosurgery. During this time the Accident and Emergency front desk could not have been more helpful. Despite being extremely busy a terrific lady guided us to the I.C.U. where Mum was taken after her operation.

The care given to Mum during her time at the I.C.U. can only be described as humbling and eased our grief considerably.

The worst service was EXCELLENT and everything else could only be regarded as above and beyond the call of duty.

The most incredible thing was how each staff member cared for Mum while looking after the emotional needs of our family as well.

Another example is given in this letter, which reads -

I recently had a very unfortunate incident of collapsing after having finished the Perth Marathon which was held on 16 July 2000.

. . .

When I arrived at Royal Perth I was wheeled into the emergency section immediately and the treatment I received by the staff was second to none. I cannot compliment you enough on such an efficient way of treating patients. The nurses were fantastic, the doctors, outstanding. Words quite honestly cannot describe my appreciation in the way in which these people helped me. . . . I would appreciate it if you passed this letter on to the staff at Royal Perth Hospital because I cannot praise you enough on to the fantastic Ministry that you are the head of.

He obviously means the health system as a whole. Another example is from someone who lives in Queensland, who writes -

Recently I took gravely ill in Broome and needed emergency surgery. I was taken to Derby Regional Hospital to undergo this on a Sunday afternoon.

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I would like to register my appreciation for the treatment I was given by the dedicated staff. I was fortunate to have a very experienced surgeon do the operation. Dr Lishman did a great job and saved my life. He then took a great interest in my progress for the eight days I was under his care.

The post operation care by the nursing staff was superb. All patients were treated as equals. Even the kitchen staff took pains to puree my food and then pay me a visit to see if there was anything I fancied to eat.

The final letter was received from the wife of somebody who is no longer receiving hospital treatment on a regular basis, but who is being treated in a community-based setting. Her husband was seriously injured in an accident and now requires 24-hour care and assistance as a result of an acquired brain injury. She writes -

The help that we have received from the Health Department has been crucial in assisting our family to cope, and in saving my sanity. It has literally meant that I have been able to eat and sleep again. Our Case Coordinator at the State Head Injury Unit arranged for us to have some funds to pay for professional care for Rob.

...

I wanted you to know how very important this kind of help is to families in these circumstances.

It is. As I said, a great deal of credit is due to the professional people in our health system who provide these services, of which I have given only a small number of examples today. This sort of system cannot operate, and this fantastic work cannot be done, if the Government does not provide for it. The Government has put its money where its mouth is and has given the provision of world-class health services the highest possible priority since it has been in government over the past eight years.

I am interested to know whether the Labor Party will continue to criticise the Government for its record. Those criticisms are not borne out by the facts. Members opposite continue their negative approach to the record of the Government and to criticise what it has been doing. They argue that insufficient funding is allocated to the health system, albeit that it has received far greater real increases in health funding since the coalition has been in government compared with the time the Labor Party was in government. It is incumbent upon the Labor Party to explain what it will do, how it will deliver services, how it will do that better and provide services closer to where people live. I cannot see how it can be done any better, given that the Government has provided additional health services closer to where people live. It is also incumbent upon the Labor Party to indicate how much additional funding it would put into our health budget. The Labor Party is reticent on this issue. It does not want to put its money where its mouth is. It wants to continue to run around the State and create negative stories. The Labor Party does its damndest to create the perception that the Government has not adequately funded our health system. At the same time it refuses to provide information about the funding it would make available in addition to that which the Government has made available. The Labor Party knows in reality that it cannot provide much more. It knows it would have to take the funds from some other area of government or increase taxes and charges. Presumably the Labor Party will continue to engage in this rhetorical process without putting figures on paper. It is getting close to the election and it is time for the Labor Party to be up-front and to tell us how much additional funding it would make available for our health system were it elected to government. Members opposite must also demonstrate where that funding would come from - if there would be any real increase; because I suspect there would not be.

I have demonstrated clearly that this Government has its priorities right. It has substantially increased funding to the health system in real terms - much more than the Labor Party did when it was in government.

MRS HODSON-THOMAS (Carine - Parliamentary Secretary) [5.38 pm]: I make no apology if I repeat some of the remarks made by the minister today. As a mother I know that if one repeats the message often enough eventually it will penetrate. Yesterday I asked the Minister for Health a question without notice about comments made by the Opposition that funding in the Health budget had been declining in real terms. The minister commented on that in his address today. Yesterday the minister outlined in his response to my question that the Government had made a further allocation of \$32m and the budget this year will be \$1.922b. No matter how often it is said in this place, it staggers me that although the Health budget has increased in real terms the Opposition fails to comprehend the reality.

The member for Thornlie has already remarked on the minister's announcement last week that hospitals in the metropolitan area would receive an average boost of 4.2 per cent in funding, and rural hospitals would get a 4.6 per cent boost in funding. The Opposition failed to comprehend that the coalition Government's average annual increase in the Health budget for each year was 7.2 per cent in comparison with 3.8 per cent for the last three years of the Labor Government. It does not matter how often one repeats that message, it does not seem to penetrate.

In a media statement last week the minister said that this Government continued to spend more on health than any other State. That statement needs to be repeated: According to the Grants Commission, in Western Australia approximately \$1 000 per person a year is spent on health services. The Minister for Health is to be commended for his commitment and efforts to provide health services for all Western Australians.

I will outline a number of positive initiatives on which the Government is delivering. Last month the minister announced that the Geraldton Regional Hospital would get a state-of-the-art spiral computed tomography scanner. I am sure the member for Geraldton recognises how important that is, so that cancer and other patients will no longer have to travel to Perth for a CT scan. It is indicative of the Government's commitment to making health care more accessible to people living in regional Western Australia. Last month the Minister for Health opened the Midland renal dialysis centre. That is a positive for people with kidney disease living in the Swan, Kalamunda, Mundaring and Bassendean areas. The new centre gives these people a health service that is closer to their home. That is the Government's commitment to the community. People will spend less time travelling to access dialysis treatment.

In July the Minister for Health officially opened the newly-renovated Busselton District Hospital. The \$1.28m project included major renovations to theatre facilities, sterilising services, day surgery and an intensive nursing area. Busselton District Hospital was redesigned to assist with the increasing demand for services in and around Busselton. The member for Vasse has told me that he has received only positive feedback from his electorate. As has often been said by the Minister for Health in this place, and again during this debate, when the new Armadale hospital opens in September 2001 the Government will have completed four of the most modern hospitals in Australia - Peel, Bunbury, Joondalup and Armadale - at cost of \$190m.

This is unlike members opposite, who did not build one hospital in their time in government.

In closing my remarks, I highlight some comments made by my colleagues outlining their experiences. The members for Joondalup and Mandurah, who unfortunately are not here today, commented in this place about their respective health campuses. They confirmed the exceptional services and reduction in waiting times provided to their communities. Although the Joondalup Health Campus has received some adverse media attention in recent times, it provides excellent services to the northern suburbs in a state-of-the-art facility. The Peel Health Campus, like Joondalup, has achieved significant reductions in waiting lists for surgery. On Thursday, 15 June, the member for Mandurah said the following in this place -

However, in Mandurah the Peel Health Campus has seen a significant reduction in the waiting list for surgery. For example, the waiting time for orthopaedic surgery for joint replacements was previously two years. In Mandurah now it is around three months. The waiting time for arthroscopic surgery was more than 12 months; it is now fewer than three months. In ophthalmology, such as cataract surgery, people waited more than 12 months; now the waiting time is three months or less. There is no waiting time list for ear, nose and throat surgery for children for tonsillectomies and grommets. I understand that the waiting time for similar surgery at Princess Margaret Hospital is 12 months or more.

Unlike the Opposition, I acknowledge the actions, commitments and efforts of the Minister for Health to deliver real benefits in his portfolio. He should be commended.

MR TUBBY (Roleystone) [5.42 pm]: I make a short contribution outlining that my constituents are pleased with what the Government has provided in my health region, which also includes the electorate of the member for Thornlie. I become a little tired of the continual carping and criticism of the public health system by members of the Opposition, who do nothing to support people who work very hard in the system. In many cases, people work under trying conditions which the Labor Party when in government did nothing to rectify. These health workers are very dedicated and are providing an excellent service.

The larger teaching hospitals have not had the large funding increases they experienced in recent years, and anticipated they would receive again. People from my electorate and adjacent areas previously had to travel to Royal Perth or Fremantle Hospitals to obtain many services.

Mr Prince: Renal dialysis, for example.

Mr TUBBY: Indeed, renal dialysis is now provided at the Armadale-Kelmscott Memorial Hospital. These services have been decentralised to where people live. The major teaching hospitals in my view - the minister may disagree - should not expect the same level of increases in their annual budgets that they received in recent years when the level of services they provide in real terms has declined with decentralised services. It is a very good initiative. Many people who live in my area found it very difficult to board trains to travel to Royal Perth Hospital for their dialysis treatment.

Mr Kobelke: Are you saying that they now have a higher level of service?

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Mr TUBBY: Most definitely. We are very pleased with the service provided.

Mr Kobelke: They will laugh you out of town; you're not talking reality, my friend.

Mr TUBBY: The member knows nothing about the situation. He lives in an inner suburb and has been spoilt for years. He should visit the outer suburbs to see the huge population increase. Services previously had not kept pace with that growth, which was particularly the case during the Labor Party's period in government. I inspected Armadale-Kelmscott Memorial Hospital early in my time as a member of Parliament, and I was appalled to see the underground area where the circuit boards and airconditioning ducts and units were located. The circuit boards had their doors wide open, and pedestal fans were blowing air on them to stop them overheating.

Mr Prince: You took me there.

Mr TUBBY: Indeed. I took the minister of the day to see the situation, which had existed for years. I spent only five years in opposition, and I had lived in the area for four or five years prior to that time. Every time an election came around, my predecessor, Cyril Rushton, would say, "Watch them put the sign up." The sign would go up on the corner near the hospital: "This is the site of the redevelopment for the new Armadale-Kelmscott hospital." Cyril would win the seat, and down would come the sign after a couple of weeks, yet the Labor Government would allow the conditions to remain with fans blowing on the circuit boards.

Mr Barnett: Was it the same sign at each election? They would have saved money on the sign.

Mr TUBBY: I am sure they put it in mothballs. Nothing changed. Patients and staff put up with appalling conditions. The airconditioning unit was so obsolete that new parts could no longer be bought for it. Every time it broke down, they had to rummage around other hospitals in the State for replacement parts that they salvaged to try to make the system work. It was appalling.

Members opposite when in government did absolutely nothing for the area. I was previously the only Liberal member in the area surrounded by Labor members. All that changed in 1993 and 1996, partly because Labor neglected what were thought to be safe seats. A few seats were lost around the area, which happens when people are ignored. This Government has provided services in these areas. We are proud that the level of services has improved over the years, and proud of the quality of the hospitals. A new \$48m hospital will be opened next year with public and private beds.

Mr Riebeling: Do have you have any acute care nurses?

Mr TUBBY: I agree that there is a shortage of nurses, which is an Australia-wide problem. In fact, I am told that it is a worldwide problem and that it is getting worse. This difficulty cannot be sheeted home to the Government, which is doing everything it can to encourage nurses into training and to put them into hospitals. People make a choice not to go into nursing, but the Government is encouraging nurses back into hospitals.

The new Armadale-Kelmscott Health Campus hospital will have public and private patients and 25 beds, as the minister mentioned, in the mental health sector. Those patients were previously treated and accommodated in Bentley, which was a long way from my electorate. People will be treated and looked after in the locality in which they live. It is about time the Opposition stopped carping about and criticising the public health system in this State. Whether members opposite believe it or not, it is a very good system. If we put the entire state budget into Health, some health needs would still be unmet and more money would be required. Likewise, no matter how much money is put into Education, there will always be an area of need. We must balance areas of need. The \$900m that the Labor Government put into Health in 1991-92 is a far cry from the \$1.9b put into the health system in this State by this Government.

The member for Thornlie, in continually carping about and criticising the health system, denigrates the people who provide loyal and faithful service and a quality of care in the community that is second to none. The member for Armadale unfortunately is not in the Chamber. However, people living in her electorate, that of the member for Thornlie and my electorate are sick and tired of hearing the member for Armadale carp about and criticise the new \$48m hospital in the area. This is to be provided thanks to this Government, with no support from members opposite when in government or opposition.

MR OSBORNE (Bunbury) [5.49 pm]: Madam Acting Speaker -

Ms McHale: We're going to have a re-run of Bunbury.

Mr OSBORNE: So we should, because it gives me an opportunity to say what I have said in this place before and to once again address the approach that the Opposition has taken to the South West Health Campus. Reflecting in a similar way the words just spoken by the member for Roleystone, it needs to be said again and again that the Opposition has done nothing but oppose the South West Health Campus in Bunbury. Ever since it

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was brought to public attention that the Government wanted to build a brand new hospital in Bunbury, the Opposition has opposed it. There were some infamous debates in this place some years ago, in which the member for Yokine made unjustifiable and unconscionable attacks on the -

Ms McHale: Me? Yokine?

Mr OSBORNE: I am sorry, what is the member's electorate?

Ms McHale: Thornlie. I was not even here in this House.

Mr OSBORNE: I said a couple of years ago.

Ms McHale interjected.

Mr OSBORNE: No, that is one of the points I was about to make. The member does not go to Bunbury very often. However, it did not stop her participating in a debate in this place a couple of years ago when she made some very poor and unconscionable attacks on the hospital in Bunbury. During that debate, I asked the member why she did not go to Bunbury to see what was there. She has subsequently visited. However, I was advised by the people at the South West Health Campus that she had not been to the hospital when she spoke in that debate. In fact, I gave the member some private advice; namely, that she should do herself a favour and go and make peace with the administrators and the nurses. I regard the member as a fair and reasonable person and I suggested that she mend a few fences, because the sorts of things that she was saying about the staff and the administrators at the South West Health Campus were very hurtful to them and they were untrue.

The real reason I make a brief contribution to this debate is that once again the Labor Party has been at it in Bunbury, and raised the fact that the hospital budget increase was less than 0.5 per cent. The estimable Hon Bob Thomas, using his undoubted mathematical skills, taking into account the gravitational effect of the moon, factoring in inflation and doing all those sorts of marvellous things at which he is so good, has arrived at a 0.5 per cent increase in the budget for the hospital. He calls on the Government to provide more expenditure, and says in general terms that not enough has been done and that things would be so much better if only the Labor Party were in government in Western Australia. However, everyone knows that Hon Bob Thomas does not have a clue what is going on in Bunbury. People do not even know who he is. If he went to the South West Health Campus and used the name Bob Thomas, those people would not have a clue about whom he was talking. However, there we are. He is quoted in the newspaper, purporting to be an expert on health issues in Bunbury and criticising the Government's health performance.

I will address the four major points which were made in that article and which were supported by Hon Bob Thomas. Essentially, the article states that there has been a small increase of 0.5 per cent, taking into account inflation, population growth and so on. It states that the Government has not taken into account that the Bunbury region is one of the fastest growing regions in Australia, and that the Government has not factored budget growth into its calculations for the needs in that area. The article poses the rhetorical question: How can a bigger population maintain the same level of service with less funds, and which areas of service will be most affected by the reduction in money that is available?

Finally, the article states - Hon Bob Thomas supports this - that there is a perception in Bunbury that hospital decisions are made based on funding criteria rather than on patient needs. I always take strong exception to those sorts of comments, because they are a direct insult to the professionals - the doctors and the nurses - who work in those hospitals. It is not an attack on the Government to say that the health professionals would evict a patient from his bed or that they would abort a hospital procedure simply for funding reasons; it is a direct attack on the integrity and professionalism of the staff who work in those hospitals. Every time members opposite make that sort of comment or accusation against professionals, it is taken very personally by them. They talk to me about it and they wonder why people from the Opposition make those accusations when, as professionals, they would never do those things.

I will deal with the first point made in this newspaper article; that is, the figures show that there has been a drop in funding in the hospital in Bunbury. Of course, that is not supported. It must be recognised that the Bunbury Health Service has received a base purchasing funding increase of 39 per cent - \$21.9m to \$30.4m - from 1997-98 to the present day. The Government recognises that the population of the Bunbury area is growing, and it funds the health service in that area according to the identified health needs of the population. An increase in funding of 39 per cent in two years is substantial. I cannot understand how members opposite can continually make these base accusations in the newspaper that the Government is not funding adequately hospital services in the south west.

As I said in my introduction, the article further states that the Government does not recognise that there has been population growth. Of course it recognises that growth. In fact, the minister attended a seminar in April this

year at which a study was presented which outlined the improvements and the increases in services that should take place in the south west region. That function was well attended. Members of the medical profession who attended that seminar were very complimentary of the Government. I do not remember any member of the Opposition being there. Since then, the Government has approved a \$6m funding increase to support that south west plan. That is proof positive that it recognises the population growth in the south west region and that it is doing everything that can be reasonably done in recognition of that.

An enormous number of extra services have been provided in the south west region. The Government is continually transferring patient activity from the metropolitan area to the south west. When the hospital was first being planned, it was recognised that a large number of medical procedures were going from the south west region into the metropolitan area. When the hospital was being built, we calculated that about \$26m worth of medical activity was going out of the south west region every year. We recognised that not only would it be more efficient in terms of health expenditure for those medical procedures to be performed in the south west, but also, more importantly, it would mean better health outcomes for the patients. Ever since that hospital has been constructed, there has been a steady transfer of services from the metropolitan area to the south west region. Renal services, chemotherapy, palliative care, a 15-bed in-patient facility for mental health patients and a rehabilitation and restorative unit have been put in place or are planned in the south west region. As well as new services, an increasing level of acuity of cases is being treated in the south west region. The hospital in that region is now able to say truthfully that it is one of the best regional hospitals of its kind in the world. I am not a local member who is blowing his trumpet when I say that. One would not find a better general hospital facility in any regional city in any country. It is of great credit to this Government that it recognised it should enter into an arrangement in that region with the St John of God health care system, and that it should incorporate the Bunbury Health Service and replace the outdated hospital that existed previously in Bunbury.

With those few words I will close my remarks. I reject utterly the comments in the newspaper article of Tuesday this week and I reject utterly the support given to those comments by Hon Bob Thomas, who I repeat does not know what he is talking about. The kindest interpretation that can be put on his remarks is that he is unaware of what he is saying. If I wanted to be less gracious, I could say that he has mischief on his mind. Unfortunately, as is the case with many members opposite, Hon Bob Thomas does not understand that the mischief he does ultimately does not come to rest on members on this side; it impacts on the public's confidence in the public health system, and it impacts particularly on the administrators and the staff who work in that hospital. They are fine people and I support the work they do.

Mr Kobelke: It is a pity they have a Government that stuffed it up for them, though; that is the problem.

Mr OSBORNE: That is the trouble with the member: He also does not know what he is talking about.

Mr Kobelke: You go out and talk to the people using the services, which have gone downhill under your Government.

Mr OSBORNE: The member does not know what he is talking about. It is often said on this side of the House that the member for Nollamara has a very fine speaking voice and that he is able to dominate this Chamber because of the quality of his voice. Unfortunately, it is not connected to anything. That is the case in this instance as well. I reject the motion.

MR RIEBELING (Burrup) [5.59 pm]: After listening to this debate in my office and hearing government members speak in glowing terms about how wonderful everything in the health system is, I tell members on the other side of the House about a member of my family who has been recently diagnosed with cancer. A surgeon advised that member of my family that she urgently needed surgery. The surgery was to take place at that magnificent private-public campus in Mandurah! However, due to the insufficient number of acute care nurses, the operation could not be scheduled. I am referring to a life and death situation with which this "brilliant" health system cannot cope.

If anyone opposite thinks that situation is due to good, well managed health care I beg to differ. I hope that member of my family can have the operation within the next few days. However, it has already been too long - over a week - but still no acute care nurses are available who are capable of looking after a patient who has had her kidneys removed due to cancer.

If members opposite think a hospital should operate in which very sick people cannot get access to that kind of care, they are very wrong, and it is time they had a serious look at their priorities in relation to funding appropriately qualified staff to provide after-care for patients. A surgeon and the operating theatre are available, but after-care nurses capable of looking after patients in the public section of the Peel Health Campus are not available.

Ms Sheila McHale; Ms Megan Anwyl; Mr John Day; Ms Katie Hodson-Thomas; Mr Fred Tubby; Mr Ian Osborne; Mr Fred Riebeling; Mr Max Trenorden

If members opposite do not believe me, I urge them to find out the true situation because it is unacceptable in the extreme for people with life threatening situations to have to wait even two weeks for an operation to save their lives.

MR TRENORDEN (Avon) [6.02 pm]: I cannot let this opportunity pass because the Opposition has described a situation that is not true, certainly in my electorate. When the Labor Party was in power it sought to close the York District Hospital. Since a multipurpose service was introduced into the York community about three years ago, funding for health services has increased by almost \$1m. In the past four years, the York District Hospital has won at least three interstate awards for service. The Opposition has a nerve coming in here and making negative statements about the Government's record on health. Nothing could be further from the truth.

The Avon Health Board was recently established to oversee the Northam and York hospitals and health in the district of Toodyay. The board has turned around health services considerably in that section of my electorate. It inherited a debt of approximately \$1m and turned it into an asset this year. The board has not been established to be a beancounter; nonetheless, it was able to deliver that without a great deal of pain.

The Northam Regional Hospital is on the cusp of offering substantial services, visiting specialists and many other ancillary services that come to Avon.

Mr Prince: Is this a new hospital?

Mr TRENORDEN: It is a brand new hospital. Thanks to me and some very important people in my electorate, a 40-bed nursing home has also been established.

Ms Anwyl: Is it fully staffed with nurses?

Mr TRENORDEN: Yes.

Ms Anwyl: How many registered nurses do you have?

Mr TRENORDEN: I cannot answer that question. My job is to get it established; it is their job to run it.

Mr Barnett: Do you have the community centre in Toodyay?

Mr TRENORDEN: Yes; it is proceeding. I was going to mention that.

Mr Pandal interjected.

Mr TRENORDEN: The member for Toodyay should keep quiet; he should not get involved in this debate!

Mr Pandal interjected.

Mr Barnett: The member for Toodyay and I now have the numbers!

Mr TRENORDEN: I am becoming outnumbered in my own electorate. The Leader of the House and the member for South Perth inhabit my electorate at times, which is something of a problem because I think they are there to white-ant my activities! One can never be too sure!

Mr Prince: It is part of the immigration program.

Mr TRENORDEN: I think the member for Albany also has some interest in the nursing home in Northam because he played a part in its establishment. Health funding - the amalgamation of state and federal moneys - was sought from my electorate to get the nursing home built, and I was part of the negotiations. Hon Peter Foss, the predecessor of the member for Albany when he was Minister for Health, was also part of the process, as was Senator Richardson when he was a federal minister. That was initiated in Avon. Many people in Australia have benefited from that minor, albeit important, change.

Mr Wiese: It is a major matter that has had a huge impact.

Mr TRENORDEN: Yes, it is a major matter. I can talk with a fair amount of confidence on what has occurred with health in my own electorate. Recently, not without some pain, Beverley moved to a multipurpose service, but since doing that the community has picked up dramatically. Support services for that community are now enthusiastically receiving an extra \$129 000. On Friday this week we will meet members of the Pingelly community to begin talks about an MPS in Pingelly. From one end to the other of my electorate health is on the move.

A mental health unit has been established in the wheatbelt where it has not previously existed. As we all know, mental health is a serious, rapidly growing problem. I suspect the lead speaker for the Opposition in this debate will appreciate the high rate of suicide in my part of the world, which is very serious. Suicide is about the most tragic of all health issues. Some very good people have been working very hard in that area. It is not an easy area with which to deal. The suicide rate in the central wheatbelt in my electorate is frightening.

Extract from Hansard

[ASSEMBLY - Wednesday, 6 September 2000]

p800b-817a

Ms Sheila McHale; Ms Megan Anwyl; Mr John Day; Ms Katie Hodson-Thomas; Mr Fred Tubby; Mr Ian Osborne; Mr Fred Riebeling; Mr Max Trenorden

An excellent team dealing with drug issues is now delivering services to the central wheatbelt that were not there two years ago.

Ms Anwyl: What about naltrexone?

Mr TRENORDEN: I am happy to talk about that.

Ms McHale: Is it at the Northam clinic?

Mr TRENORDEN: I am the member for Avon and I must support the constituents, who do not like the naltrexone program, although my personal view may differ.

Ms Anwyl interjected.

Mr TRENORDEN: The member for Kalgoorlie should read *The West Australian*. I do not believe my job as a member of Parliament is to promote my personal view. In the time I have been here I have always supported my electorate rather than promoted my personal point of view.

The drug issue has been important because, like all other communities, Northam has been hit hard by the activities of youth, people falling down personally and crises within families. It is important that those services are constituted. There is no question that the naltrexone unit is an issue in the community. Any activity that helps heroin addicts must be supported. I have said many times that once a person becomes an addict, it is no longer a criminal issue - it is a health issue. I desperately feel for people who have been addicted. Some may say that it is their own fault that they get into that situation; however, once they become addicted they are in a terrible state. I would hate not to give support to people who suffer from all ranges of addictions, including alcohol. Alcohol is one of the issues that we seem to regard as taboo. The Aboriginal community in my electorate does not receive enough support in that area. Although the issues relating to Aboriginal health are hard to raise within the federal context, they receive support from the average community person who wants to see those services delivered. Some Aboriginal community members need specialised support on issues such as alcohol and general nutrition and I would like to see that happen more in my electorate. It happened a few years ago, but for some reason support from the Federal Government has dried up. I cannot explain why that has happened, but it is a sad thing.

I am also passionate about the issue of country doctors. Until recently the record of doctors servicing country areas has been ordinary. I am encouraged by what many Western Australians are doing in that area. There is some prospect of changing the system and getting country doctors to where they are needed. Arguably we do not have enough doctors in Northam, York and Goomalling. I suggest that a doctor is needed somewhere between Beverley and Pingelly around the Brookton area. We could do with more doctors in the system. I will not use this opportunity to talk about what I think should happen to the doctors. The Minister for Health visited Wagin some months ago, and those discussions have been had. A range of people are on the right track, but we need to keep working to make sure that adequate support mechanisms are in place for country doctors.

People should not have to struggle to find a doctor in places such as Toodyay, York and even Goomalling. York and Toodyay are beautiful towns. The right support mechanisms - I do not necessarily mean financial - must involve the family and the spouse, as well as lifestyle issues as much as the health issues. Toodyay has a good doctor, but York should be able to get the doctor it needs.

The Opposition has not done itself much credit over an issue that I have watched from a distance. The argument over the King Edward Memorial Hospital for Women has been ordinary. The debate has hurt the public perception of the hospital.

Ms McHale: The inquiry and the management of the hospital have damaged the hospital, not the Labor Party's position.

Mr TRENORDEN: The public perception of the service delivered from that hospital also has been damaged, which is unfortunate. I have had some minor association with that hospital, which I hold in high regard. Last year my mother died of old age over the period of a year. She spent some time in the Sir Charles Gairdner Hospital and I could not fault the staff.

Ms Anwyl: None of us do.

Mr TRENORDEN: A lot of abuse has been handed out to the staff. I could not fault the hospital in any way at a time when my mother was desperately ill. It was not a happy time for me. It is a time when one is on edge and it is not hard to be unhappy with the process; however, I could not fault what that hospital did for my mother under pressure. Much of that pressure on nurses has been around for a thousand years. If Florence Nightingale had been asked what it was like to be a nurse, she would probably not have said much that was different from what some nurses say today. It is not easy being in the caring industry. It is not easy being a nurse, a doctor or

an administrator in those places. There will always be pressure and one could argue about the level of that pressure. It is not good to denigrate our senior institutions.

I am pleased that the children's hospital does not seem to be getting much of a kicking. What has happened at the King Edward Memorial Hospital is unfortunate. It does not deserve some of the comments it has received from talk-back radio. It is imperative that people who go to a hospital do so with confidence. It should be remembered that whatever the statistics about King Edward, the difficult cases go that hospital, therefore, the statistics must be above the average. People can have babies from one end of Western Australia to the other, but this is not as easily as I would have hoped, and many more country hospitals should have more births within them.

Ms McHale: Talk to the minister who called the inquiry. Do not lay the blame on this side of the House, as the member for Collie does.

Mr TRENORDEN: I was about to say that I did not lay the blame anywhere. In this place we love to blame people and point fingers, but in this case I suggest to members opposite that perhaps we should not be talking so much about blame. Hospitals such as King Edward must attract the difficult cases; therefore, the patients and families are under pressure, as are the staff who know they have difficult cases on their hands. To feel for the families, one has only to go through some of the wards and look at the premature babies and watch the mothers and fathers sweating over a child who has been born months ahead of its time and who is unbelievably small. That is real pressure. If members tell me that a hospital like that will not always function properly, I will instantly agree because that sort of pressure is unnatural and it will never be totally controlled.

The debate about King Edward Memorial Hospital is unfortunate. I have heart pangs every time I hear about it on talk-back radio. It is an institution of the State which deserves to be put on a pedestal. Nothing is perfect, and I am not saying it is perfect, but it is an institution that should be put up on a pedestal. Despite this debate, the truth of the matter is that it will be at that site 50 years from now. It is not the building that makes that institution so good as it is, it is the people who sweat and toil and put in the hours above what is required. It is a fine institution and I will not be a part of the process of shooting at any of the public interests that arise out of that institution.

When my mother left Sir Charles Gairdner Hospital, I wrote to the administration, although I know that it is like whistling in the wind because it is such a huge place. I was appreciative of what the staff did for my mother at a very difficult time at the end of her life.

I cannot agree with the motion before us. Health is always a difficult issue. There will never be enough money for Health but it is a question of whether the funds are being administered fairly and equitably. I might argue about the matter of equity because I would like more money to be spent in the bush. I will always argue that because I am a bush person. I am sure that 55 per cent of the health service budget going to four hospitals will always cause some pain. I am also sure that they are wonderful institutions, but so are the Northam District Hospital and the Beverley District Hospital.

Mr Wiese: And Narrogin Regional Hospital.

Mr TRENORDEN: Yes, the lot of them. People put in many more hours than they get paid for and they put in a lot of blood, sweat and tears for which they get no recompense. I cannot agree with the motion.

MS McHALE (Thornlie) [6.21 pm]: I shall exercise my right of reply in a very few minutes.

Mr Tubby: You do not have many supporters. How many spoke?

The DEPUTY SPEAKER: Order!

Ms McHALE: I will reduce the analogy to a very simple level, so that people can understand the reason for the Opposition's concern at the announcement. If the contents of a shopping trolley cost \$100 last year and the same contents cost \$110 this year but I have only \$106, have I a 6 per cent increase or are there items I shall not be able to buy?

Mr Day: Under this Government you have something like \$115.

Ms McHALE: Under this Government we do not have \$115, and the amount is less than the cost. That is the analogy I am trying to get across. Most members here probably do not go shopping and so do not understand the value of the dollar.

Mr Pandal: That is a very sexist remark.

Ms McHALE: I am sure the Independent member for South Perth is somewhat different. I shall reduce the analogy to a simple level, because it is clear from the comments of members opposite tonight that they do not understand the analysis.

I could have come into this place tonight with many letters commenting on the reasons that people feel our health system is under threat and in crisis. I have not because that is not the issue. The minister has come into the House with letters. I do not dispute what he and the member for Avon are saying about the quality of the care that is delivered. That is not the point under debate or the point under the microscope. We all know and hear that despite the pressures and the difficulties of the hospitals our medical staff, nursing staff, clerical staff and domestic staff all work with one purpose in mind; that is, to be part of a public hospital and to look after the patients. That is not under dispute. I defy anybody to point to one thing that I or any member on this side of the House has said that is a criticism of the very dedicated staff in our public hospitals.

Ms Anwyl: What about the member for Ningaloo?

Ms McHALE: I meant on this side of the House. I am not talking about the member for Ningaloo whose comments were outrageous.

We know that the quality of staff is excellent in our hospitals, and we want to preserve that quality. The pressures on the hospitals resulting from the systemic difficulties, the funding, the management and the industrial relations practices have caused many of the current problems. Members can bandy about statistics. We have seen a bit of that this afternoon and I am sure we will see more of it in the lead-up to the election. The Opposition will produce its statistics, and the Government will produce its statistics. These are not our criticisms. It is not only members of the Labor Party who think that the health system is under enormous pressure and strain; the people of Western Australia are saying it. The member for Avon has made out that only opposition members are criticising the Government's record on funding, but that is not so. We are acting as the voice of many people who are incredibly distressed and concerned. I refer to people who have worked in the system and can observe it better than we.

Mr Tubby: If you were a good socialist you would be supporting the public health system, not denigrating it every time.

Ms McHALE: What an extraordinary comment. I am supporting the public health system, and I want the opportunity to improve and restore it to a system in which people can feel proud to work and of which they can be proud to be part. I was criticised this time not for having a metrocentric view, which is good and is probably because the member for Collie is not in the Chamber, but for being overly focused on public hospitals. To a large extent most of my comments were about public hospitals because they are the symbols of the public's concern about the decline of the public health system.

For the record, the Labor Party has already put out a directional statement on men's health. The minister's spies attending the breakfast I held would have reported to him that I talked very strongly about a public health system and restoring Western Australia to its former premier position in public health. We have a vision for the health system which incorporates very broad community care, primary care and hospital-based care. Let me assure the minister that the Labor Party's policy on health is very comprehensive and will focus not only on public hospitals. A large part of our commitment will be to restoring public hospitals, but it will have a breadth of vision which will enable our health system to be one of which we can all feel proud.

Question put and a division taken with the following result -

Extract from *Hansard*

[ASSEMBLY - Wednesday, 6 September 2000]
p800b-817a

Ms Sheila McHale; Ms Megan Anwyl; Mr John Day; Ms Katie Hodson-Thomas; Mr Fred Tubby; Mr Ian Osborne; Mr Fred Riebeling; Mr Max Trenorden

Ayes (16)

Ms Anwyl	Dr Gallop	Mr McGinty	Mr Ripper
Mr Brown	Mr Grill	Mr McGowan	Mrs Roberts
Mr Carpenter	Mr Kobelke	Ms McHale	Ms Warnock
Dr Edwards	Ms MacTiernan	Mr Riebeling	Mr Cunningham (<i>Teller</i>)

Noes (26)

Mr Barnett	Mrs Edwardes	Mr McNee	Mr Sweetman
Mr Barron-Sullivan	Mrs Hodson-Thomas	Mr Minson	Mr Trenorden
Mr Board	Mrs Holmes	Mr Omodei	Dr Turnbull
Mr Bradshaw	Mr Johnson	Mr Osborne	Mr Wiese
Dr Constable	Mr Kierath	Mr Pental	Mr Tubby (<i>Teller</i>)
Mr Court	Mr MacLean	Mr Prince	
Mr Day	Mr Masters	Mr Shave	

Pairs

Mr Thomas	Mr Cowan
Mr Marlborough	Dr Hames
Mr Bridge	Mr House
Mr Graham	Mrs van de Klashorst

Question thus negatived.