HEALTH SERVICES AMENDMENT BILL 2019

Second Reading

Resumed from an earlier stage of the sitting.

DR A.D. BUTI (Armadale) [2.36 pm]: Prior to the lunch suspension, I was concluding my contribution. I made some remarks about the health profile of my electorate, which, on the basis of recent figures, is not very good. That led to some comments about preventive health, which I see as incredibly important not just for the health of the population, but also to try to reduce demands on our public health system and the private health system as well. When we look at preventive health, we need to look at various issues such as nutrition, fitness and general lifestyle. Unfortunately, there is a link between socioeconomic status and health and fitness. This is of course generalising—I am not referring to any particular person—but statistics tell us that communities in lower socioeconomic areas have the worst health and fitness outcomes. As I mentioned, certain parts of the Armadale electorate have the highest obesity and alcohol and tobacco consumption rates in the metropolitan area. Seville Grove in the City of Armadale has the lowest mean life expectancy in the metropolitan area of 68 years. Interestingly, Collie has the highest obesity rate in the rural area. Did the member for Collie–Preston know that?

Mr M.P. Murray: I knew that. I think they took my measurements twice.

Dr A.D. BUTI: They took the member's measurements twice! It is interesting because, as I mentioned yesterday, Collie is my birthplace. I lived there for nine years, but I have lived most of my life in the Armadale region.

Mr W.R. Marmion: You need to go back to lower the figures again!

Dr A.D. BUTI: Yes, lower the figures—exactly right!

This is really, really important, and governments of all persuasions, federal and state, need to put more time and effort into preventive health measures. A few years ago I ran a fitness training program in my electorate for free. We had human movement students from Curtin University. We had about 15 people two mornings a week in one of the local parks, and on the Saturday morning they did a park run. It was very beneficial and successful for those who participated. Their various fitness measurements improved over that time. I would love to do that on a wider scale, but would obviously face a range of issues in perhaps not being able to use local parks for free and whether it would interfere with commercial operations and so forth.

Mr W.R. Marmion: Are you suggesting that member for Collie–Preston should be taking a leaf out of your book and start running the same program?

Dr A.D. BUTI: The member for Collie–Preston is pretty fit, so I do not need to worry about him! I am more concerned about the general fitness of the population of Western Australia and Australia. Australia is showing signs of moving down the American route when it comes to fitness and health statistics, and we definitely do not want to get to that scenario. The United States sometimes feels like a country that is eating itself to death, with the amount that people eat without engaging in physical fitness. I take preventive health incredibly seriously, and we as leaders and legislators have to look at preventive health measures more than we do. Not only would it benefit the community, it would reduce demands on our hospital system, and we know that the major outlay of the health budget is the hospital system. On that note, this bill takes important measures to administer the health system in WA, and hopefully it should improve the delivery of health services, but we need to look at other measures to reduce the demand on a hospital system.

MS J.M. FREEMAN (Mirrabooka) [2.42 pm]: I, too, rise to speak on the Health Services Amendment Bill 2019. I was in the house when the original Health Services Bill was introduced in 2016. I will talk about that process later on and how we went into a separate chamber. Before I start, I want to join the Premier, the Minister for Health and all members in this house in congratulating the efforts of all health workers at this critical time in managing COVID-19 and testing for and treating it. My sister is one of those workers. We feel somewhat concerned about their health and the risk they put themselves in when they do what they do on the front line. We really respect and regard the work they are doing to ensure our community is safe.

I am going to summarise some of the things in the bill before us. The bill has amendments to recover fees and charges from patients, in particular, recovery of compensation payments. It is really important that there is transparency for the patient and they know that this is the case when they embark on the treatment. People who have compensation payments are often approached by the insurer to wrap up their workers' compensation claims, with a view to finishing them. Sometimes that is not done formally, as I am sure the member for Mount Lawley will outline. It is often done on a without-prejudice basis before they can pick up the claim because they do not want to accept liability and are willing to pay part of the claim. A patient might have an operation or get treatment in the public health system and find the public health system telling them that they owe associated fees because they have received compensation. It is a big concern. It also happens with Centrelink. People often end up not realising that while they have spent time on health benefits, after a limited payment for the purposes of an insurer taking them off the books, they end up with even less money or indebted. When someone has suffered a workplace injury and cannot return to work, it is really detrimental to their wellbeing and continued capacity to function in our community. It

can put people into injury psychology, by which they are caught up in their injuries and how they have limited their life. That is a real consideration for this bill, and I am interested to hear from the minister how he will ensure that any recovery in that context will ensure procedural justice for workers who get compensation payments. I understand that the intention of the provision is primarily to get away from the insurer before they pay, but that could lead to the insurer reducing the payout to the worker, and that can also be detrimental.

My biggest concern is how the recovery of payments will affect people seeking asylum and whether there will be any changes that impact those people, such as the fees associated with accessing hospital and other health services. The minister is aware that the Parliamentary Friends of Refugees has been seeking that the government follow the Australian Capital Territory's lead and exempt asylum seekers and bridging visa holders from medical fees. Some bridging visa holders get covered by Medicare, but some do not. Pretty much all asylum seekers in that difficult time do not. A certain number of temporary visa holders also do not get payment. A number of people hold a visa that allows them to work in the regions. Many people have them so they can get permanent residency at the end of that time. They also find themselves not covered by Medicare and they are left with the cost of medical services when they go into the public or any other health system, which effectively leads them not to seek medical treatment.

There is an example of a situation like this in my office at the moment. I will talk about Ms N. I know her refugee story. She has really struggled. She basically suffered religious persecution in a community in Uganda. She arrived in Western Australia on a tourist visa. She was encouraged to come here on a tourist visa to visit a man, and on arriving found that his intentions were not honourable. She felt that he was going to afford her some protection as she was at real risk in Uganda. She took the opportunity, and when she arrived in Australia, she applied for refugee status. She was granted a bridging visa, so although her refugee status has not yet been determined, it is certainly being given due consideration. Thousands of people in Western Australia and Australia are on bridging visas. The government has really slowed the processing of humanitarian refugee applications for those seeking protection visas. This woman was pregnant when she arrived here. She has a husband back in Uganda. She came to Western Australia with her adopted daughter. The Whip might be interested in this story. She went to the Australian Red Cross as she was seeking refugee status, and the Red Cross assisted her. Because she was pregnant, the Red Cross referred her to King Edward Memorial Hospital for Women for prenatal checks. The Red Cross processed her refugee application so that she could get a bridging visa. She arrived in September and was granted a bridging visa in October. Between that September arrival date and getting her bridging visa in October, she had a series of prenatal checks, for which she incurred costs. Her baby was duly born on 25 October at King Edward Memorial Hospital for Women. She says that at the time that she went for the prenatal checks, she told King Edward staff that she did not have a Medicare card and was in financial hardship—she was not working at that time—and the hospital said that it would contact the Red Cross about any expenses. Clearly, it must have done that but the Red Cross may not have made good for those expenses.

Ms N had her baby daughter on 25 October 2016. There was no cost for that delivery because, by that stage, she had been granted a bridging visa and had become eligible for Medicare. However, she received a text message from the hospital on 22 January 2020—she says that she had not received notification before then—stating that she owed $1 890 relating to prenatal tests that were done prior to her Medicare coverage. I have spoken to Ms N and she told me that when she spoke to the hospital, she was told that she had to pay the amount in full, and that if she did not, it could jeopardise her refugee status. She was terrified, for her children and herself, that she would have to return to the country that she had fled because of persecution. She was offered a repayment plan of about $300 a month, but she is unable to pay that money. She works as a part-time education assistant, but it is a marginal income. The first payment of $300 was due on 2 February but she could not meet that payment. She went in good faith to the hospital. She came to Australia in the September and was sent for prenatal tests, and rightly so, because she was pregnant, by what is effectively a government authority. The Red Cross has a really strange relationship with the Australian government in that we cannot get a proper annual report from it; it is almost a quasi-government organisation. She has now ended up with a large, unfair debt.

When we have approached the minister about these sorts of debts, his response has been that it is basically a responsibility of the federal government—that it should cover these people with Medicare. That is the whole issue with these people, as they are covered once they get a bridging visa. While that may be true, this case and other cases like it—there are a small handful of them, not a large number—would not have a massive impact on our health budget. These people effectively remain disadvantaged. The ACT manages to pay these amounts. In response to the Centre for Asylum Seekers, Refugees and Detainees, the Minister for Health said —

> In Western Australia, hospitals are required to recover the costs of providing health care to Medicare ineligible patients. With regards to asylum seekers this may involve recovering payments from the Department of Home Affairs. Additionally, according to the WA Health Financial Management Manual, Health Service Providers have the ability to waiver fees and charges, on an individual basis, but only in justified and reasonable circumstances.

Each case has to be put forward separately. It should be a case of asking people about the type of visa they hold, what is happening with their visa and whether they are on a visa that makes them ineligible to access Medicare. These people's costs should be covered, as happens in the ACT. It really is a small handful of people. We understand that the Western Australian Department of Health has begun discussions with the commonwealth Department of Home Affairs on reaching an understanding on the care of asylum seekers in our community. Frankly, this is about showing compassion. We are now advocating for Ms N. She is a resident in the area. She has had to go through a lot of pain to establish herself in Australia and she suddenly now finds herself with a really large debt. That just seems completely unfair. As one of the co-conveners of the Parliamentary Friends of Refugees, I ask the government to follow the lead of the ACT and exempt asylum seekers and other visa holders who are ineligible for Medicare.

This bill also rectifies land ownership issues. I would like to announce here that the Mirrabooka land that was previously owned by the Department of Health has, after many years of lobbying and raising this issue in this place—I think members got really used to me talking about lot 401 Milldale Way, but not since this government was elected —

Mr I.C. Blayney: I listened to it for 11 years, member!

Ms J.M. FREEMAN: Yes, the member did! I raised this issue for many years. Guess what? We are about to open an aged-care centre on that site. The land was sold to MYVISTA, which will open a retirement and residential aged-care facility there. That will happen, unfortunately, in May 2020. That may not be the best timing in the world, but I wish MYVISTA the best success. It looks fantastic. There is still land around it that needs to be developed, and I look forward to those large vacant tracts of land in Mirrabooka being built upon.

Mr D.R. Michael: Lot 60 and lot 61.

Ms J.M. FREEMAN: Yes, lot 60 and lot 61; I thank the member. It is not lot 401 anymore; it changed when it was split.

I was very proud to hear about that and I take this opportunity, while we are talking about a bill that rectifies land ownership, to say how hard it was to get the Department of Health and the Department of Housing to finally resolve those land issues. Thankfully, once they did, the issues resolved quickly, because the Department of Health had impetus to move on it. Dr Kim Hames, the Minister for Health of the previous government, should be absolutely applauded for working with me to deliver a really good outcome for the Mirrabooka area.

I also note that this bill validates the Health Services (Conduct and Traffic) Regulations, which I assume relate to parking fees and fines. I ask the minister: what flexibility will this give to the boards and government on the charging of fees, given the current public health challenges that we face? Parking fees are a major issue for many people who attend hospitals either for treatment or to visit patients. I understand that people with ongoing treatments can apply for some sort of voucher system. However, during this period, when we expect that many people will be hospitalised, we hope that there will be some flexibility around the costs of parking at our hospitals.

[Member's time extended.]

Ms J.M. FREEMAN: I would appreciate the minister expanding on that. This bill also confirms the employing authority for all employees other than the CEO as the government health service provider boards. Being employed in the public health system is critical to delivering an effective, efficient and cohesive service. I know that, because I was a member of the Education and Health Standing Committee when it wrote the report titled "Managing the Transition? The Report of the Inquiry into the Transition and Operation of Services at Fiona Stanley Hospital". We also wrote the report titled "More Than Bricks and Mortar: The Report of the Inquiry into the Organisational Response within the Department of Health to the Challenges Associated with Commissioning the Fiona Stanley Hospital". The "Bricks and Mortar" report was about Fiona Stanley Hospital wanting to be a paperless hospital, but "Managing the Transition" was about the contract with Serco and the delineation that occurred. In the course of writing the report it became clear that the central sterilisation supply department workers that Serco was providing were not up to the task. During the course of the inquiry, the government took those workers back in-house, which at that time was to be applauded. What is to be applauded now is this government's commitment to bringing other health service workers back into permanent public health employment, which I think this government can be proud of delivering.

In conclusion, I want to talk about a couple of other things. The member for Armadale talked about the impact of COVID-19 on fitness. I note that in the Mirrabooka community there has recently been the closure of our park programs. That is disappointing because those programs kept a lot of kids active and interested. Kids from non-English-speaking backgrounds came and did a variety of different sporting activities. It was funded by the Department of Local Government, Sport and Cultural Industries and run through the Edmund Rice Learning Centre and a few other organisations. It was decided to close that because of COVID-19. I agree with the Premier that we need to continue to do things that ensure that our kids are safe, but also active and engaged. The park program did that and it is a bit of a disappointment. I hope to see it up and running again after the school holidays.

When we look at health services one thing that is important is budgeting. While I am talking about fitness, I want to remind people that the Education and Health Standing Committee report titled "The Food Fix: the Role of Diet in Type 2 Diabetes Prevention and Management", which dealt with treatment options for type 2 diabetes, clearly illustrated that type 2 diabetes is the fastest growing chronic disease in Australia and costs $1 billion per year, which is 10 per cent of the health budget. People with type 2 diabetes are at greater risk of COVID-19. There is something like a 22 per cent greater risk of fatality if people have type 2 diabetes. Those are figures that have come out of some studies and that is really concerning. There is the capacity in our community to front-load that preventive action to help curtail this chronic disease in our community by giving people really good dietary advice through the primary health system in the early stages of their diagnosis, such as very low-calorie diets or low-carb diets or a range of others. Despite the government not accepting the report's recommendations, I urge the government to at least trial a couple of those programs in the review process, which obviously might not happen quickly now, as has been done in the National Health System in Britain. That could ascertain the efficacy and efficiency of doing that to deal with a chronic disease that has a massive cost impact on our health system.

One thing I want to talk about is that when the original Health Service Bill was dealt with along with the Public Health Bill in 2016, the opposition agreed to refer the bill to a legislative committee. We went into the committee room next door and the legislative committee operated like a Federation chamber in the commonwealth Parliament. That process had not been used since 2004 and 2002. I have spoken about it in this place before. The creation of the legislative committee allows the Legislative Assembly to occur in two places concurrently. The committee has a number of benefits over the Assembly. It requires a lower quota of only three members to proceed. Senior public servants can participate in the committee to provide detail and share their knowledge of the drafting process. It allows a deliberative process of questioning, answering and clarification with reference to both ministers and advisers. The possibility and desirability of amendments may be discussed prior to their being drafted and tabled.

The reason I raise it at this time is that today we moved a special motion to be able to reconvene this house if we need to for urgency reasons. We will all be taxed by the situation that confronts us with COVID-19 over the next, hopefully, six months, but probably 12 months. The opposition and the government could consider taking things into the legislative committee for the purposes of consideration in detail. It is a smaller, more concise, more capable process, which led to some great outcomes in the Public Health Bill. There were good outcomes in the Health Services Bill, but particularly in the Public Health Bill. We should consider that as a flexible option. We can have a quorum of 21 members and a second reading debate going on in here, but we can get on with other business. I am loath to call this situation a crisis, because we have not had any community contagion, but when this health situation no longer confronts us, we will have legislation that will be ready to be brought to the house and dealt with. I suggest that that be given due consideration by both the government and the opposition in the coming months.

MR D.T. PUNCH (Bunbury) [3.07 pm]: I am delighted to stand and make a contribution on the Health Services Amendment Bill 2019. I am delighted because it is a review, an amendment, and an improvement on the effectiveness of the Health Services Act 2016 which, of course, is the act that provides a governance framework for what is probably the most substantial portfolio within the government. It is certainly one that goes to the heart of every community in Western Australia.

The original intent of the 2016 act was to create a contemporary and decentralised government model for the health system. Essentially, it tried to find the right balance between local decision-making, which I hold very dear, and a framework that provides for a broader strategic direction for what the outcomes and performance parameters of the health system should be. It clarifies the roles and responsibilities of each level of the WA health system. Under that act, the Minister for Health is responsible for establishing a series of statutory entities, referred to as health service providers, and determining their governance arrangements. Those health service providers are responsible for governing their areas of interest with oversight from both the minister and the chief executive officer of the Department of Health. From a regional point of view, that is a really interesting model because it provides for a framework for governance and supporting local decision-making and the identification of local health outcomes that are important. At the same time, it recognises the importance of maintaining the integrity of the health service across the whole of Western Australia.

What a challenge health service providers in our state have, given its scale and geographic size, the number of communities that we have, the dispersal of communities and the ability to get a quality health response that is adaptable and nimble enough to meet the needs of those communities. It is a very dynamic system that has to be nimble and responsive, yet at the same time to be charged with the requirements of Western Australia's health service outcomes is a major responsibility.

The amendment bill identifies a number of issues that could be improved. Members have spoken about those. They are important. I want to go over a number of those that are particularly close to my heart. One of the key amendments in the bill is the establishment of a new framework for the delivery of capital works and maintenance. It will clarify the roles and responsibilities of the delivery of capital works at each level. From my point of view in a regional area, that highlights two things: first, the potential to be far nimbler and responsive in the construction of capital

works programs, identification of capital works requirements and injecting them into the budgetary process; and second, and importantly, the opportunities for the delivery of capital works for local content. If we get flexibility as well as accountability in the delivery of the capital works agenda for the health network, that will be a very good outcome for regional WA.

The next item that I wanted to look at was the notion that the bill will provide and establish a comprehensive way of recovering fees and charges from patients who receive treatment for compensable injuries. The member for Armadale touched on this, and I am sure that the member for Mount Lawley will be touching on this in greater depth. Our health system has to be sustainable in the future. This government commissioned the health services review very much with sustainability at heart and a recognition that the cost of providing health to the state is increasing rapidly, as it is in every jurisdiction. We need to make sure that the costs are apportioned appropriately. This provision goes to the heart of helping to support sustainability in our healthcare services by ensuring that charges are reflected appropriately by insurance or other bodies that might be responsible for the provision of treatment. It is especially important in the sense of alerting and making sure that patients who receive treatment at a public hospital as public patients who have not disclosed that they have received compensation or who have received compensation after the treatment is provided are looked after. The provisions in the amendment bill allow for a more secure framework around that in terms of cost recovery.

In my community, as is the case with many communities, we have a very large multicultural population. For many of them, English is a second language and for many of them, people are still learning English. When communicating this change and the importance of disclosure in compensation actions, it is important that appropriate attention is given to making sure it is explained in a way that is consistent with the cultural requirements of not only Indigenous people, but also people from all over the world. Appropriate language and explanation will be a critical part of ensuring that there is not an unintended consequence around that provision of placing vulnerable people in a very difficult circumstance down the track.

The bill also rectifies WA's system of complex land management and ownership issues. The transitional provisions in the Health Services Act were designed to transfer land and property held by or under the care and management of the old hospital boards to the health ministerial body. Some difficulties have been associated with that. It was subsequently determined that a number of properties were held in the Minister for Health's name. These provisions will effectively remedy that oversight by allowing the minister to make appropriate orders for the transition of all freehold property and crown reserves used for the purpose of providing health care to the ministerial body. Again, from a regional point of view, that is incredibly important because it means that the health service provider and the WA Country Health Service can look at their asset base and maximise their potential to get the best outcome from a health point of view from performing assets, look at those areas that are underperforming and look at where there are better uses for that. That relates to the amendment to section 35 under clause 18 of the bill. Again, the member for Armadale touched on that. Clause 18(2) states —

> (2) A health service provider may provide any facility under its control or management for the use of —
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> (a) a health professional to carry out a health service or other service; or
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> (b) a person that engages in community work or conducts a service that has a community or charitable purpose.

As a result of my previous career in social work many years ago and also in the work that I did within regional development, I am aware that that provides enormous flexibility in the use of assets in regional WA and enables communities that have a health service link and an important role to play, particularly in primary health care, to work in partnership with health service providers and maximise the utilisation of assets, potentially take advantage of buildings that may be unused and come to an agreement on the provision of services to support those outcomes. It is important because in regional WA, I tend to think of things very much on a place–making model. We have a range of assets across community in many of our country locations. The ability of those assets and those organisations and people to work together effectively builds up a network of services that often overcomes some of the disadvantages of isolation and distance from major regional centres or indeed the metropolitan area. Looking at ways that we have flexibility for health service providers, community organisations, local government and other providers to actually work together and identify the health needs of a particular location and how best to use the resources available to meet those health needs is a very good outcome from my point of view.

The bill will also work towards improving the duties and responsibilities of board members under the act by clearly setting out board members' duties in the management of conflict of interest fiduciary duties to the health service provider and to the state more broadly.

I want to not so much comment on the bill itself but acknowledge the work of Wendy Newman, the deputy chair of the WA Country Health Service board. She has an enormous knowledge of regional Western Australia and understands implicitly that notion of place making and connecting community resources to achieve a good outcome. If our boards within the health service system have people of the calibre of Wendy, we will be very well served.

A number of provisions in the amendment bill substantially address some vulnerabilities in the existing act, which was very good at striking that balance of contemporary thinking between local decision-making and keeping an overview of the role of the minister and the CEO.

I want to return to the particular challenges of the WA Country Health Service itself. Health service provision in Western Australia is probably one of the most unique of any area in the world. It covers a catchment of 531 500 people, 11 per cent of whom identify as Aboriginal, and services an area of 2.5 million square kilometres from the Kimberley in the north to Albany in the great southern. When we look at the variety of geography of those areas and the remoteness of those communities within WA, it is an enormous challenge, and one that WACHS takes on board. The WA Country Health Service provides a range of services, primarily including not only emergency hospital services, but also population and public health care, Aboriginal health services, mental health services, drug and alcohol services, child community and school health care, the emergency telehealth service, and residential and community aged-care services. Those are all delivered across 2.5 million square kilometres. What a challenge this organisation has! WACHS has six large regional hospitals, 15 medium-sized district hospitals, 48 small hospitals, 31 health centres, 24 community-based mental health services, four dedicated inpatient mental health services, 178 facilities in which population health teams are based and over 600 residential aged-care beds. This is a significant organisation. As I mentioned earlier, it cannot work alone. It needs to work in conjunction with a variety of non-government organisations that provide a range of services, including accommodation, health and information services and primary health care services. It is a dynamic system and each locality needs a local solution. That is what WACHS sets out to achieve.

The WA Country Health Service has had a number of achievements over that period, and I do not intend to go into those in detail here, but I think the fact that it has a very broad range of achievements across a very large regional area highlights that the intent of the original act has worked reasonably well. I think that the amendments that we are making are not substantial amendments to the core functioning of the act; they are designed for improvements. There is a whole range of infrastructure developments underway. I come back to my own electorate. A range of activities are now in the planning for Bunbury, including provision to improve the flow in the emergency department and enable it to increase its capacity as a consequence; increasing the number of theatres; increasing the number of observation rooms; and, importantly, one that comes up quite frequently in my electorate is improvements to the car parking facilities. It is quite a major issue. We have found that there are quite a few people who use that car park as a general car park for non–health-related issues; they park their car there all day and maybe go to Edith Cowan University or around to the TAFE, which is all part of the same campus, or use it as a base to carpool to some other location. Those drivers are taking up car parking spaces that are important for local people. We find that people with health needs are having to drop people off at the front entrance, go and try to find a car parking spot to park their car, and then make their way back to the front entrance to accompany the patient into the hospital. Car parking is quite a critical issue in the provision of healthcare services. It never really occurred to me until I went into the South West Development Commission and started to see that firsthand. It tends to be something that is left behind in the advancement of other improvements to the hospital. This government is making a sweep of changes and is supporting the hospital to plan effectively, and has provided $23 million to achieve that.

WACHS is also progressing the Collie Hospital upgrade, an MRI unit at the Kalgoorlie Health Campus, upgrades to the renal dialysis unit at Newman Hospital and the renal dialysis services at Kimberley Hospital, and the redevelopment at Laverton Hospital. It is funding culturally appropriate housing and looking at enhanced palliative care services, which is clearly something that came out of our debates in this place on voluntary assisted dying. WACHS itself has an enormous role across regional WA. It is an enormous employer and an enormous purchaser of services, and it has some immense challenges with that geographic spread of delivery.

I want to mention some of the key health issues for residents in regional WA and the challenges that WACHS has identified and is working towards addressing. For example, there is a gap in life expectancy for people who live in regional WA compared with metropolitan residents. For babies born in 2013 to 2015, that gap is 2.1 years for men and 1.6 years for women. The gap in life expectancy for Aboriginal and non-Aboriginal people is significant, at 15.1 years for men and 13.5 years for women. In the Kimberley alone, there were 85 346 hospitalisations of Aboriginal people due to dialysis, and 38.4 per cent of WA Aboriginal people in 2012–13 were obese compared with 33.5 per cent of country residents.

[Member's time extended]

Mr D.T. PUNCH: The member for Mirrabooka also mentioned the issue of obesity and its relationship to diabetes, and the importance of addressing it as a primary healthcare matter. There were 11 800 hospitalisations due to motor vehicle accidents. That is a pretty significant statistic. I commend the Minister for Police; Road Safety for all the work that she is doing to improve regional road safety, and I certainly support the push by this government to develop a partnership with our commonwealth counterparts and to direct funding into the regional road safety program. That would provide immediate outcomes of improved safety, immediately impact the pressure on regional

hospitals of hospitalisation due to road trauma and have an enormous community benefit, as well as creating new jobs. That is very important.

There are 47.9 per cent of Aboriginal people compared with 16 per cent of non-Aboriginal people smoking daily. Those figures are back from 2014 to 2016, but they are significant. There are 5.2 times all-cause notification rates for Aboriginal people compared with non-Aboriginal people. In the regions, 35 per cent of people drink at high-risk levels for long-term harm. Again, that is a major issue that is driving demand on our acute hospital services. There are 4.4 times the rates of hospitalisation for Aboriginal people than non-Aboriginal people, and 82 per cent of people were able to receive hospital inpatient care in the country in 2015–16. When we think about those stats and the challenges faced by the WA Country Health Service and what it is able to achieve, it goes to the heart of what a well-organised, well-managed service provides. There is an interesting statistic on avoidable deaths in the zero to 74 age bracket. For Aboriginal people, it is 1 685; for non-Aboriginal people, it is 5 194 avoidable deaths. Those figures are pretty significant.

Those are pretty significant statistics that are essentially challenges in primary health and the response to health services provision in regional WA, and they highlight to me the fact that many of those issues need to be accompanied by support from other sectors that exist within the local community. It is not only health service provision on its own, but also how we mobilise the resources that exist within a community that can help to collectively improve health outcomes. That is a range of people. It is the police in relation to road trauma. It is local government in relation to public health. It is community services in relation to housing provision and care of children. It is a raft of services and non-government organisations that provide all sorts of support, from mental health service provision right the way through to emergency food provision.

I want to briefly touch on mental health services in my own electorate, because I was again delighted to be present when the Minister for Health opened our step-up, step-down facility. I want to draw attention to that, because this government has committed to building a network of step-up, step-down facilities that will not only serve to dramatically improve the quality of service available to people with a mental health issue in regional WA, but also help to take pressure off our hospital system, which has become an acute response for many people who may well need a community and a community residential response. The service that is being built in Bunbury is a fantastic facility. Its design and the way it is built incorporates the need for people not only to have communal space, but also to have time and space for themselves. It includes provision for areas for counselling either one on one or on a group basis, and it includes places for quiet reflection and retreat. It is within a community setting and it is meshed with a local community, and it has a policy of being a good neighbour. Its engagement with the local community, which again goes to the heart of what we stand for in regional Western Australia, is pretty terrific.

In finishing, I want to add my thanks to the thanks already expressed in this place to our health professionals—our regional nurses, doctors and primary healthcare providers. I want to not only thank them for the work that they have done to date in responding to the impact of COVID-19 arriving on our shores, but also acknowledge the challenge in front of them. In my electorate a lot of work has taken place within the Department of Health, the WA Country Health Service, the Bunbury Regional Hospital at the South West Health Campus and the general practitioner network to look at how they can make sure that resources are available to help support those who become seriously ill as a consequence of COVID-19. The work that they have done means that we are very well prepared. I would like those people to know that they are supported by everyone in my community. I have spoken with non-government organisations and local government. We have worked collectively to put in place the community-based support needed to help people at home. All of us who are not part of the professional health service network have looked on with a sense of awe and admiration at how the health professionals in my electorate have responded and with a collective recognition of the challenge that lies ahead.

The best thing that we can do to support those health professionals is to not only practise the principles of good hygiene—hand washing, covering up a sneeze or a cough and maintaining a social distance—but also make sure that as far as possible within that framework, if we are not exhibiting symptoms, we go about our daily jobs to keep our community functioning at a level that enables us to rise out of the crisis that we face and be a stronger community for it. Every one of us in this place will be working hard within our electorates to achieve that same outcome.

I commend the Health Services Amendment Bill 2019 to the house. It is a good bill and it reinforces many of the principles that I hold dear around working and living in regional Western Australia. I give my thanks to the WA Country Health Service. It is doing a terrific job and it has my full support in the months ahead.

MR S.A. MILLMAN (Mount Lawley) [3.32 pm]: I rise to make a very brief contribution to the Health Services Amendment Bill 2019. This bill is too important to go unremarked upon. Now is the time in which we need a Minister for Health who can steer the ship of state through the choppy waters of these troubled times. I have great confidence in this Minister for Health and in the contribution that he will make to the effective delivery of the Western Australian health system. He is responsible, compassionate, thoughtful and kind. This bill is yet another example of a mature government doing the hard work necessary to facilitate the operation of a world-class sustainable

health system that puts patients first. One of the great privileges of following on from speakers such as the members for Bunbury and Armadale, is that they list in clear detail all the great attributes of this legislation, which I do not need to traverse in my contribution. This gives me an opportunity to talk about health sector reform more generally because this is sensible reform that drives an efficient health sector.

My dad was a tradesperson; he was a plasterer. When I was growing up, I used to travel around with him to residential property developments to see new houses being built. I liken the reform of our health system to building a house: when building a house, one needs to make sure that it is built on a solid foundation and it has a strong frame and a good roof. A well-built house provides shelter for its residents. Our health system is now being called upon to provide shelter for our community from the scourge of COVID-19. We know that this minister has already done extraordinary work to make sure that our WA health system is a well-built house with a solid foundation. This minister has taken a responsible and mature leadership role in dealing with the issue of COVID-19. This minister has provided a reliable and trustworthy source of information for our community to make sure that people have the confidence and understanding of the dilemma we face and to go forward with their daily business. Now, more than ever, it is important that people look to a reliable and trustworthy source of information about how prevention can be prioritised and how patients can enjoy orderly and effective access to health services. It is those health services that I want to touch on briefly this afternoon, as other members have done. They have commended the work done by health professionals in their local communities. I want to add my voice to that chorus and place on the record my gratitude and admiration for the health professionals in my community of Mt Lawley. I say that because this legislation promotes, encourages and facilitates the environment in which our public and private hospitals and allied health systems can operate efficiently and effectively for the benefit of all patients in Western Australia.

I turn my mind to those medical providers who I mentioned previously. On Beaufort Street we have a number of GP clinics providing frontline services to people who are anxious about their health conditions. We have a number of pharmacies dispensing the necessary medications. These are the people at the frontline of the challenge posed to the whole community of Western Australia by COVID-19. Day after day, hour after hour they go into work and do their job to make sure that Western Australians and the people of Mt Lawley are reassured and comfortable in knowing that they can go about their lives with the necessary medical treatment that they need. In addition to that, these people are active citizens. I want to commend and thank them for getting in contact with my office and saying, "These are the imperatives. These are the issues that people need to take into account. These are the issues that people need to have regard to when making decisions around the safety and security of our community." What could be more important than the health, wellbeing, safety and security of our community? As representatives, we need active constituents to come to us with their ideas, solutions and concerns. They need to let us know how we can act as their advocates and representatives in this place. This is my message this afternoon to all those GPs, pharmacists and allied health professionals who have taken the time to get in contact with me and my office and express their concerns about COVID-19 and what it means for our community: thank you; it is a great privilege and a great pleasure to be their representative in Parliament. They can rest assured that the issues they have raised with me have been raised at the highest levels of state government. They have been taken to the Minister for Health and the Premier and we are acting on the best medical advice that we have to ensure the safety and security of our entire community.

Let me reiterate my admiration and gratitude for the health practitioners who work in Mt Lawley. Let me also add to that by expressing my admiration and gratitude for whose to work in Royal Perth Hospital and Sir Charles Gairdner Hospital. They are imperative tertiary institutions that provide frontline services to the residents of the electorate of Mount Lawley and the people who live in Yokine, Dianella and Coolbinia. These facilities are being given licence to be effective and efficient operators by virtue of this legislation. This is exactly the sort of reformist, hardworking government that we need in this time of uncertainty. This is a time when we need a stable hand on the tiller to steer us through the choppy waters of uncertainty. That is why I am grateful that we have this Minister for Health, who has provided the necessary leadership to provide certainty and confidence to the community. This minister and this government are best placed to deliver a world-class health system. This minister, very shortly after he was sworn into office, understood the need to put our world-class health system on a sustainable financial footing, and initiated the sustainable health review. This minister understands the need for investment in research and innovation. This is the minister with whom I had the great privilege of travelling to Israel to look at just how well a country can do research and innovation —

Mr Z.R.F. Kirkup: Who was the deputy minister you met with over there?

Mr S.A. MILLMAN: We met with a number of people, including a number of fantastic startups and technology innovators.

Mr J.E. McGrath interjected.

Mr S.A. MILLMAN: Yes, member for South Perth.

The minister, subsequent to that trip, introduced into Parliament the Western Australian Future Fund Amendment (Future Health Research and Innovation Fund) Bill 2019 to put innovation in Western Australia on a sure footing. This minister had the ability to carry through this Parliament the voluntary assisted dying legislation. This minister was more than capable of helping steer the ship of government through those choppy waters.

We live in uncertain times and face an unprecedented challenge. During the debate on the temporary orders, I listened to the member for Dawesville who said that these are extraordinary times, and I agree with that sentiment. These are extraordinary times. Thank goodness that when faced with the challenge of extraordinary times we have a minister as capable as Minister Cook. When I listen to the conversations at the Second Avenue IGA, at the drop-off and pick-up point at Mt Lawley Primary School playground and at Mid-Century Cafe in Yokine, I hear everyone talking about coronavirus and its consequences. Now is the time we need a responsible minister who has the capacity and capability to carry through the necessary reforms and who can manage our health system and who can provide the people of Western Australia with certainty, security and confidence. Now is the time we need a minister and a mature government that can do the hard work necessary to facilitate the operation of a world-class sustainable health system that puts patients first and that can face the challenges no matter what they might be and no matter what is thrown at us. Once again, this is a fantastic example of the importance of having a Labor government that can deliver the necessary reforms to put our health system on a proper footing for the benefit of all Western Australians. I commend this reform to the house.

Debate adjourned, on motion by **Mr D.A. Templeman (Leader of the House)**.