COOK GOVERNMENT — HEALTH PERFORMANCE

Motion

HON MARTIN ALDRIDGE (Agricultural) [10.11 am] — without notice: I move —

That this house —

(a) acknowledges the invaluable contributions of frontline healthcare workers, healthcare providers and non-government organisations in safeguarding the health of all Western Australians;

(b) recognises the critical state of Western Australia's public health system, including record ambulance ramping, low staff morale, staff burnout, and numerous devastating and preventable incidents in our hospitals;

(c) expresses deep concern at the state government's dismissal of clinician objections regarding the safety of patients arising from the relocation of the women's and babies' hospital; and

(d) calls for urgent action to address regional health concerns including ongoing delays and budget cuts to health projects and the need for improvements to the patient assisted travel scheme.

I move this motion as we approach not only the end of the sitting year for 2023, but also the release of the state's midyear review, most likely next month. We will have an opportunity to reflect on some of the government decisions that have been made, but it is also an opportunity for the government to address some of its failings in this regard.

At the outset, I want to recognise the tragic passing earlier this week of St John Ambulance paramedic Tinesh Tamilkodi. He tragically lost his life responding to an emergency south of Perth. There are no words that I and potentially others can express that will provide comfort at this time to his family and friends, particularly his St John Ambulance colleagues. In the first part of this motion I want to recognise people like Tinesh who are dedicated to and selflessly give a commitment to our health system. We have asked a lot of these frontline healthcare workers in the past few years. Yesterday, I observed a lot of backslapping during debate on the motion on notice about COVID-19 management, but it was these healthcare workers who were the front line of defence against COVID-19 in our state. We asked them to go above and beyond and they certainly did. However, for many it has taken a personal and professional toll.

I draw members' attention to the government's most recent 2023 Your Voice in Health survey, keeping in mind that it was suspended in 2022 when the government was not interested in the views of healthcare workers. It is interesting to look at the 2023 survey results. It is a very extensive report. The summary focuses on six key questions. The statement at question 48, "My organisation supports me and my goals", was agreed with by only 52 per cent of people surveyed. The statement at question 7, "I feel valued and recognised for the work I do", was agreed with by 51 per cent of respondents. The statement at question 20, "I believe my organisation cares about my health and wellbeing", was agreed with by 48 per cent of respondents. The statement at question 49, "My organisation is making the necessary improvements to meet our future challenges", was agreed with by 47 per cent of respondents. The statement at question 11, "I believe that the decisions and behaviours of senior management are consistent with my organisation's values", was agreed with by 55 per cent of respondents. The statement at question 17, "My organisation does a good job of keeping me informed about matters affecting me", was agreed with by 56 per cent of respondents. Roughly one in two, or even less than one in two, people in our health workforce who were surveyed agreed with those six key questions around their experience working in our health sector.

I cannot do this issue justice in 20 minutes. This is something that if the government were so inclined—as it appears to have a new motivation in recent days to refer matters to committee—we could establish a select committee to holistically examine our health system and its capacity and performance.

In the six and a half years since the Labor government was elected, there have been significant shortcomings in the health portfolio. Worse still, when we consider it through a regional and remote lens, the results are even more damning. Addressing health inequity in our regions and providing better health outcomes and improved life expectancy for some of the most vulnerable Western Australians, including Aboriginal people residing in regional and remote Western Australia, should be a priority of any government. In so many instances, this government has turned its back and walked away and promises made to communities have been abandoned. The government has reached the point at which it is not even defending them anymore. It has taken some time to admit that it has walked away from these decisions and it is no longer defending them.

Just ask Pat Hill, the president of the Shire of Laverton. This week on ABC radio news, he stated —

> "Last year $5.8 billion of mining revenue went out of our Shire of Laverton," …
>
> "We've got 7,776 FIFO … people working within our shire, plus four Aboriginal communities, plus our townspeople, and they don't deserve this.

> "The state government should be absolutely ashamed of themselves that's it's taken so long to get vital infrastructure into a remote region.

It took the president of the Shire of Laverton to call talkback radio and ask the Premier when his government will deliver the rebuild of Laverton Hospital. This is a project with a long and sad history. It was fully funded in the budget papers when the Labor Party took the government benches. Members will recall one of the first decisions of the government under Premier McGowan, health minister Cook and regional development minister MacTiernan was to cancel the project. At the time, they said that the mining industry could pay for it. This project was in the budget, fully funded by royalties for regions. It is interesting that it was funded by a government program funded by mining royalties, the project was cut, then the government said the mining sector could pay for it. Some would argue that it was through its contribution to the royalties of the state and to royalties for regions.

What happened next was some public backlash to this long-awaited investment in the northern goldfields. What was the government's response to the criticism? The Minister for Health, now Premier, said it was a "luxury". That is how he described the reconstruction of Laverton Hospital. He said in Parliament, I quote from *Hansard* of 12 March 2019 —

> One of the toughest decisions I had to make, along with the Minister for Regional Development, was to prioritise expenditure from royalties for regions and other budget allocations. The government is committed to the upgrade of Laverton Hospital. I would love to be able to say that Laverton Hospital's redevelopment is going ahead, but we do not have that luxury— …

That was the view of the Minister for Health in 2019 and we all know he is now the Premier. This was at a time when, as the government was describing this important project as a luxury, the Minister for Regional Development, Alannah MacTiernan, was taking a slash and burn approach to royalties for regions. This was not the only project that was impacted. A bit like Moora Residential College, the project was later brought back on life support by the federal Liberal–National government, which put a capital contribution on the table of some $16.4 million. What did the government do? The government made the Laverton community give up some of the funding to their local community hub to address the shortfall in funding for the hospital.

Nevertheless, it delivered the outcome. The project was back on track. It was funded in the budget. In April this year, tenders closed for the project—that is more than six months ago. In recent days, it has come to light that one tender was received by the government but that the tender was noncompliant. The government has gone back and started a new process. That is despite the claims made by the member for Kalgoorlie, Ms Kent, that the project was on track for delivery by the end of 2023; that was her public commitment. At this rate, we are not even going to have the big red Labor sign out the front of the hospital by the end of 2023, let alone deliver the project by the next election. Why did it take six months for the government to evaluate one tender bid and form a view that it was noncompliant? I suspect the answer is that it was not a priority. It was never a priority of this government.

Members might think I am focusing on just one health project, but it is not just one. This issue is repeated over and again, including the cuts in services. Wyndham Hospital, like most hospitals in our state, offered a 24/7 service in a remote part of Western Australia. It was downgraded to effectively a daylight service in 2021, apparently as a temporary response to staff shortages. If it is still the case at the end of 2023, it is no longer temporary. We could talk about the cancellation of maternity services in Carnarvon. It is a disgrace on the state that someone cannot give birth to a child between Geraldton and Karratha. Some 163 families have been impacted by the closure of maternity services in the Gascoyne region. They have been diverted to hospitals in Perth, Busselton, Bunbury and Karratha. It is 163 families. That has come at a financial cost to the state of $635 000 to date—and counting.

I have not even got to PATS yet. That is not to mention the gross inadequacy of the patient assisted travel scheme in supporting regional patients and families who have to access services. They have no choice but to access services in a place that is not their home. There is also the human cost of taking people away from their communities, and the social costs of taking people away from their support networks, extended families and other support structures. These are no longer temporary issues. The government claims a long list of excuses around why it is hard to deliver health care in our regions and it hoists the white flag. Too often, it gives up and tells communities that it is too costly to build the infrastructure that they need. It tells people to access PATS, saying "We'll give you 16¢ a kilometre and $106 a night." I challenge any member of this place to find me appropriate accommodation in the metropolitan area for $106 a night, sometimes at very short notice, for somebody who is accessing potentially life-saving health care.

This is all in the context of the state government swimming in cash. It is swimming in it. In the last financial year, the budget surplus was $5.1 billion. The estimated budget surplus this year is $3.3 billion. If there were ever a time to show some compassion, understanding and respect for people who live in regional and remote areas of our state, it would be in the midyear review in just a few weeks. The Minister for Health, the Treasurer and the Premier could announce an improvement in the subsidy under PATS; I would welcome it wholeheartedly. It would be a simple measure at a time when the cost of living and pressure on families is at its highest. It would be a modest

gesture to say that the fuel subsidy should actually cover someone's fuel. The Minister for Health was a member of the standing committee of this place that released a comprehensive report into PATS. The first two recommendations of that report were that the accommodation subsidy and the fuel subsidy should be reviewed and indexed annually. The government has been in power for six and a half years; how many years has the Minister for Health who made these recommendations actually turned her mind to this?

I live in hope that in the midyear review the government will address this issue and this issue alone—it cannot wait any longer—but there are many others for the Minister for Health and the government to turn their minds to, not the least of which is their decision on the relocation of the women's and babies' hospital. I have spoken at length in this house on this issue on more than one occasion, and the government still has not come clean around its justification for the decision. Its justification is that the business case identified risks for the Queen Elizabeth II Medical Centre site. The problem is that it has not developed a business case for the Fiona Stanley Hospital precinct. One of the issues that has not been ventilated around the women's and babies' hospital is the lack of accommodation in the southern corridor around that precinct to support patients accessing those services who do not live in the metropolitan area. Sometimes they have to come to Perth and access the services for days, weeks and even months ahead of a birth. That is all right, this government will give them $106 a night, and because it is so generous, it will give them another $15 top up if they have an escort travelling with them!

The government now has an opportunity to address this and many other issues. It has delivered year after year significant financial budget surpluses driven by mining royalties and other taxes, and communities like Laverton, Wyndham and Carnarvon are making significant contributions to the wealth of our state and our state economy. They should not have to beg for a few dollars every now and again to deliver some health infrastructure and improved health services in their region.

President, when the state government's election commitment to build another bridge across the Swan River doubled in price from $50 million to $100 million, nobody blinked. The government just wrote another cheque, yet it cannot deliver lifesaving infrastructure in our regions.

HON SUE ELLERY (South Metropolitan — Leader of the House) [10.32 am]: I rise to indicate that if we were going to a vote, I would probably try to amend this motion. I am happy to support paragraph (a) of the motion before us, but not (b), (c) and (d). I start in respect to paragraph (a) by joining Hon Martin Aldridge in acknowledging the invaluable contribution that our frontline healthcare workers make every day. I have an elderly dad who does not like being referred to as elderly even though he is 86—let us hope he does not listen in today—and a brother with two chronic health conditions, for whom I am the major point of contact. I am regularly in and out of, mainly, Sir Charles Gairdner Hospital. It provides outstanding service. I also want to join the honourable member in addressing my deepest sympathy to the family and colleagues of Tinesh Tamilkodi, the first paramedic in St John Ambulance to die in the course of his daily duties. I know that the organisation, and particularly his colleagues who were on the scene immediately after that accident, are devastated, and I extend the sympathies of the government to his family.

I hope that the fact there are a couple of Liberals in the room means that the Liberals will also contribute to this motion today. I will start by talking about the new women's and babies' hospital. I am keen to hear what exactly the Liberal Party's position is on that site, because it is not clear to me. I went back and followed the contributions that have been made by Liberal Party members in the other place to the site. It is clear that although the decision to relocate came as a surprise to the community and the health sector—that is not denied—we also cannot deny the risks that were proposed with continuing to build on the Queen Elizabeth II Medical Centre site. Whether it is the business case or the infrastructure review, interestingly, Libby Mettam asked the government if we were going to do that, which we did. She is now saying that it was some kind of political trickery, even though it is an independent body and she supported its independence when the body was set up. Advice from it is clear that there is irrefutable evidence that to build another tertiary hospital on the QEII site would pose an unacceptable risk to services; an unacceptable delay in the completion of the hospital; and it would pose unacceptable risks to the delivery of critical services and access for patients and staff to Sir Charles Gairdner Hospital and the Perth Children's Hospital for decades.

That is not just the view of the government. It turns out that is the view of David Honey, the member for Cottesloe. About this time last year, in fact, he spoke in a debate in the other place about the women's and babies' hospital. I am quoting from *Hansard* from the Legislative Assembly from Wednesday, 23 November 2022. This is what he said —

> The hospital is being located in Nedlands—not on any public transport route—where it will be extremely difficult to access, and where there are already major issues with traffic and parking that affect residents all through the area.

I hope I get the time to come back and talk about the parking. We know why there is a problem with the parking, because the previous Liberal–National government privatised it. The former Leader of the Opposition then went on to say —

> Murdoch University would have been a good location for that hospital, —

What did he know that we did not know? —

> or another location that would be more accessible to people from across metropolitan Perth. That is where the Liberal government located its hospital. The middle of Nedlands is not accessible to a great many people. It is an area that people find extremely difficult to access. We have been through that issue and raised questions in this place; again … It will be fascinating to see what will actually be delivered by this government.

It is an interesting question to be posed: does David Honey agree with anything that the rest of his party agrees with? He does not seem to agree with the planning policy either. I do not know how the Liberal Party has only three members in the Legislative Assembly and manages to split on a major issue 16 months out from the election, but that is what he has done. I am disappointed that Hon Nick Goiran is out of the house on urgent parliamentary business. I hope that Hon Nick Goiran weaves his preselection magic and ensures that David Honey is preselected again for the seat of Cottesloe. I encourage Hon Nick Goiran in his pursuits in that area.

Hon Darren West: Put him back to the front bench.

Hon SUE ELLERY: Yes, absolutely.

That is what David Honey said. I just do not think we can dismiss the issues that were raised in that business case. We know that the opposition, the Liberal–National government, did not use them and did not believe in them, but it is an important tool for planning and implementing projects. It is not an options assessment; it is not comparing different sites. We wanted to deliver the project properly. Our intention was to deliver the project on the QEII site, which is why we did the business case and the project definition plan, but the risks outlined in the business case are not surmountable.

In summary, the business case found that the QEII Medical Centre site had a number of limitations that needed to be taken into consideration, such as challenges in overall accessibility and wayfinding and difficult vehicular and pedestrian access given the multiple service entry points leading to complex wayfinding and navigation. Who designed the major entry to the car park from a major road? Who thought of that brilliant idea? Other challenges were the mixing of public and emergency traffic systems and routes; congestion due to limited space for public transport; limited set down and pick up areas at key facilities' access and entry points; insufficient parking bays to support staff, patients and visitors; suboptimal loading dock and logistics services to service the existing departments; and the existing central energy plant and chilled water and high temperature heating hot water plants not being capable of fully supporting the women's and newborn babies' development from a capacity, redundancy and operational resilience perspective.

If the government were to ignore that, what would members opposite say about us then? That is a serious set of challenges that were not surmountable if we wanted to deliver a new women's and babies' hospital to the women and babies across Western Australia—a process that was delayed. We should have done this ages ago but the previous government decided to skip the order that had been determined by the clinicians and the experts—to jump over the order that was to fix King Eddy's first and then do a new children's hospital. The previous government jumped over that and said, "No, we're going to do the children's hospital first", so that when we came to government that was the priority we were left with to resolve. It is a bit rich to complain about that decision when we are confronted by that kind of information.

I have six minutes left and I want to tackle some of the other serious issues that were raised by the mover of the motion. I want to talk about workforce. Around the world, health workforces are under pressure. This is not a Western Australian issue, nor an Australian issue; it is the situation around the world. The problem is that post-COVID, people are sicker and are staying in hospital longer. That is a fact. Members can look at any health system around the world. However, despite that, we have continued to grow the health workforce since coming into government by some 30 per cent. The Minister for Health is prepared to look at whatever it takes to attract more staff and to retain more staff. She has held a series of ministerial workforce round tables, bringing together employers, academics, clinicians and the like to discuss how we can improve conditions on the floor, improve workflow and workplace culture and, ultimately, make WA Health an employer of choice. Three of those round tables have been conducted so far with the child and adolescent mental health workforce, allied health and doctors in training. More will be conducted later this year and into next year. They aim to improve graduate support, reduce the administrative burden for clinicians, provide career mentoring and back to basics issues such as a joint consultative committee for doctors.

With regard to regional infrastructure, the honourable member makes the point about the process in Laverton. I am not just representing the Minister for Health here; I am also the Minister for Finance who has responsibility for procurement in the health area. The member asked why it took six months to evaluate the one tender the government received. It is because we are looking at every possible opportunity we have and whether we can make it work. The fact that only one company is prepared to tender for a significant piece of health infrastructure tells us about the nature of the construction market right now. Whatever the projects are that we are trying to build, whether it is schools, hospitals or concert halls—whatever it is—we are under significant constraints in the construction industry. Whether it is around the labour supply or the supply of materials, that is improving, but there are still significant delays. It would be irresponsible of us to take that first tender, look at it and say that it does not meet the requirements so we will throw it out the window and start again. Hon Martin Aldridge is saying that the government took too long getting to the point of seeing whether it could make that one tender work and I am saying that we have an obligation when we know how tight the market is to try to make that one tender workable and to see what is possible to change. I think, and know, that we acted responsibly.

I will touch on Geraldton hospital. It is interesting. When was the last significant investment of funds into the Geraldton hospital?

Government members: The Gallop government!

Hon SUE ELLERY: That is right. For how long was the opposition in power? That is when the last investment was made. Members opposite had the opportunity when they were in government and they did not take it up.

I will also quickly talk about the patient assisted travel scheme. I note that Hon Martin Aldridge tabled a petition on the patient assisted travel subsidy, calling for six actions—increasing the fuel subsidy, increasing the accommodation subsidy, providing taxi vouchers for travel within Perth, improving processing time frames, expanding PATS to include dental and allied health, and expanding the definition of patient escorts. I assume that is the basis of the Nationals WA election commitment and I look forward to hearing —

Hon Martin Aldridge: That was in my petition; I tabled the petition.

Hon SUE ELLERY: I know. I hope that is part of the policy work the opposition is doing because it is 16 months out from the election and we have not seen many policies other than that it is going to start building a hospital on the QEII Medical Centre site when another hospital will already have had work start on it, so I am interested to see how that is going to work.

The government has substantially increased the PATS accommodation subsidy by 66 per cent and expanded eligibility to enable vulnerable patients to travel with a support person. In contrast, how much did the Liberal–National government increase the subsidy for PATS in the eight years it was in government?

Hon Peter Foster: Zero.

Hon SUE ELLERY: That is correct—by zero. We are proud that we have invested an additional $2.2 million into support for those patients using PATS who are more vulnerable or who are at risk of sleeping rough when travelling to Perth. The new Country Health Connection service is providing intensive end-to-end travel coordination, including connecting patients with on the ground wraparound services.

I have a minute left and I want to talk about ramping because that is a story of hard work and a laser-like process by the Minister for Health to put in place a strategy to seriously address the ramping issue, and that strategy is starting to have a good outcome. Ramping is down by 30 per cent. Members should remember what I said: there are more people turning up to hospitals and they are sicker post-COVID. Despite an increase in admissions to hospitals, a record number of elective surgeries have been performed. We have delivered more career paramedics into the regions and placed strict new conditions on St John Ambulance that aligned with community expectations. In addition, 31 full-time equivalent paid paramedics have been delivered into the regions across Western Australia. There has never been a harder time than the post-COVID period to manage a health system, wherever one is in the world, but we are doing it. There is a lot of work to be done, but we are doing it well.

HON LOUISE KINGSTON (South West) [10.47 am]: I thank Hon Sue Ellery for her contribution about her father because it brings me to my issue today, the delivery of services in the country. I will talk about dialysis and the dire situation that is faced with the delivery of services into the future.

I refer first to the *WA Country Health Service kidney disease strategy 2021–26.* A chronic diseases study in 2012–13 showed that nearly one in five Aboriginal people had signs of chronic kidney disease and those in remote areas were five times as likely to have CKD as non-Aboriginal people. Survey results from 2018–19 show that the proportion of Aboriginal and Torres Strait Islanders reporting kidney disease has been consistent over the past decade. A message from the chair, Dr Neale Fong, states —

> **The incidence of kidney (renal) disease is increasing, placing pressure on kidney health services, particularly in country WA.**
>
> Historically, there has been inequity in access to kidney health services for people living in country areas compared to residents in the metropolitan area. For many country patients, accessing life-sustaining treatment has meant leaving their homes, families and communities and relocating to Perth.
>
> Demand for kidney health services in WA's more remote areas is high. Many Aboriginal families experience significant disconnect when they have to leave their communities for long periods to have kidney treatment elsewhere.
>
> To date, the delivery of kidney health services in country WA has focussed on end stage kidney disease dialysis services, providing more dialysis treatment closer to home rather than people having to leave their homes, communities and country to relocate to Perth.

Seven people each and every day are accepted into dialysis programs across Australia. The waiting period varies from one month to a year or more. On average, patients wait for 174 days, or six months, for a dialysis chair in country WA. This disconnect from home can become an emotional, social, financial and psychological burden, particularly for Aboriginal people from remote areas who have to travel far from their country to access treatment.

There were 52 151 dialysis treatments in all 13 country dialysis units in 2019–20, and that brings me to my story about my friends from Manjimup, Nick and Cathy. After many years of having issues, Nick was finally diagnosed with stage 5 kidney failure, and his dialysis commenced in Perth in 2018, three times a week, and was told that it could be three years before he could access services in Bunbury. As can be imagined, this was very distressing. They were self-employed, so they were not earning an income, and they had nowhere to live. This further affects their family, friends and community, as has already been mentioned by Hon Martin Aldridge. At that time, someone from Geraldton had been in Perth, waiting for treatment, for five years. I cannot imagine what that must have been like. After pleading tirelessly, a position was found in Busselton. The timing of the treatment was also an issue, however, for people who had to travel, as each session of treatment took around six hours. If they were last on the list, the treatment could finish late at night and there was then nearly two hours of travelling to get back to Manjimup, and last on is always put last on the roster.

There is a range of places to stay in Perth, but they are unsuitable. One is in Morley, but patients have to travel through peak hour traffic to be at the dialysis centre at 7.00 am for pre-treatment tests. Many partners of dialysis patients are unable to drive in the city; country people do not do city travelling well, as those on the other side of the house who live in the city will know.

Hon Darren West: Metronet!

Hon LOUISE KINGSTON: Let us not get onto Metronet! We are talking about dialysis today! Let us stay on dialysis, shall we, because that will just open up a whole other can of worms!

Several members interjected.

The PRESIDENT: Order!

Hon LOUISE KINGSTON: I will get back to this. The other options for Nick and Cathy were to stay at motels and hotels, but all the places available required access via stairs because they were on upper storeys. For a dialysis patient, this was extremely difficult. Cathy, being an absolute little powerhouse who does not give up, found an Airbnb close to the hospital, which is a costlier option. That brings us back to the patient assisted travel scheme. The amount they were paid came nowhere near to covering the cost of accommodation. As members know, that is funded by royalties for regions and huge surpluses, as was mentioned by my colleague Hon Martin Aldridge. There is no excuse for not increasing the patient assisted travel scheme to an appropriate level.

Another problem is that for some of the treatments, such as peritoneal dialysis and follow-up for other treatments that Nick encountered, there was no trained staff between Perth and Manjimup who could actually treat him. That was a huge issue. Cathy lobbied tirelessly to have that training provided to a specialist practitioner. Nick was very fortunate; he ended up having a kidney transplant in 2020, but others, due to the difficulties I have outlined in Nick's story, choose not to access that treatment or leave their communities, which is very sad. Cathy continues to lobby tirelessly for better services in regional Western Australia.

I return to the *WA Country Health Service kidney disease strategy 2021-26*. It states —

> Equitable Access to Health Care
>
> Limited access to primary health and specialist services often leads to people accessing services later in the development of disorders, resulting in later diagnosis, delayed intervention and increased likelihood of chronic and acute co-morbidities.

> Generally, people living in the country have lower life expectancy and higher risk of illness, chronic conditions and injury than people living in major cities but have less access to necessary services, resulting in poorer health outcomes. Greater use of innovations in digital communication and treatment technologies are necessary to provide greater access to better health care for people in country communities.
>
> Low Socio-Economic Populations
>
> CKD deaths in the lowest socio-economic group are 1.7 times as high as deaths in the highest group. This trend is concerning given a large proportion of the areas serviced by WACHS are of a low socio-economic status.
>
> …
>
> **Successfully implementing the *WACHS Kidney Disease Strategy 2021–26* will rely on collaborative efforts, active involvement and partnerships.**
>
> An implementation plan will guide the delivery and monitoring of WACHS-wide actions in the Strategy.
>
> Regional kidney health clinical service plans will guide the local implementation of the Strategy within the regional context. A review of data collection will be undertaken to inform future service planning.
>
> Lessons learned from implementation of the Strategy will be shared across all country regions and will help inform local, state and national service development.

I was not able to find the implementation plan, but from speaking to my friends, little has changed and enormous problems persist.

I ask these questions often when costs are quoted as being prohibitive for providing these services in regional WA, but what is the cost to the state for people who have to access these services, being delivered in this way? Why do people like Nick and Cathy, who have contributed to a regional community all their lives, have to travel to Perth to access a treatment that people in Perth can access readily? Why is it that people in regional Western Australia are not valued at the same level as people in the city? I never understood that when I was growing up, living in Albany—imagine how far Albany is from anywhere, and how many services we did not have down there. That is what has prompted me to put up my hand and step forward to try to solve some of these issues and to be a voice for the declining voices in the regions.

Hon Kyle McGinn: The only declining thing is support for the National Party!

Hon LOUISE KINGSTON: I would totally disagree with that, because we developed royalties for regions and delivered so many projects after so many decades of neglect. If the member lived in some of the places that we live in, he would understand that lack of services.

Several members interjected.

The PRESIDENT: Order!

Hon LOUISE KINGSTON: That program —

The PRESIDENT: Order! Hon Louise Kingston, when I call order —

Hon LOUISE KINGSTON: I have to stop; sorry!

The PRESIDENT: That is right, yes; you do need to listen to the President. Can we just settle, please.

Hon LOUISE KINGSTON: Apologies; I could not hear over the interjection.

As members know, royalties for regions is the Nationals WA's signature project, and we have delivered it brilliantly in regional areas to create so many programs that have been so valuable to regional Western Australia. I implore the government to use it to deliver these services for dialysis in Western Australia.

Visitors — North Metropolitan TAFE

The PRESIDENT: Order, members! I would like to welcome to the Legislative Council North Metropolitan TAFE. You are very welcome.

Debate Resumed

HON COLIN de GRUSSA (Agricultural — Deputy Leader of the Opposition) [10.58 am]: I, too, rise to make a contribution to this excellent motion on our health system moved by Hon Martin Aldridge. I will take some time to talk about the invaluable contributions of our frontline healthcare workers; I am sure Hon Kyle McGinn is very interested in our frontline healthcare workers. He does not seem to be listening, though, but that is no surprise. I will get to him later on, because I have some interesting information from back in 2017.

Let us acknowledge those frontline health workers. I have had a bit of experience in dealing with them over the last few years on many different occasions for many different reasons, whether in a regional context or here in Perth, at Fiona Stanley, Perth Children's or Sir Charles Gairdner Hospitals and also St John Ambulance. We have had a number of ambulance crews visit our house for various reasons over the last couple of years, which I have talked about previously in this place. The service provided by them in all cases has been first rate. Those people are absolutely tremendous at the job they do, given the pressures they have and the incredible amount of work they have in front of them. The Leader of the House pointed out the "post-COVID effect"; I wonder if we actually are post-COVID, because we still have quite a lot of COVID around at the moment, but we are post–the pandemic.

I acknowledge the wonderful people at Sir Charles Gairdner Hospital, and particularly the staff in the oncology department, where my father received treatment for his cancer a couple of years ago, before he passed away. I also acknowledge the staff in the oncology department at Fiona Stanley Hospital, who look after my father-in-law during his ongoing treatment for lung cancer. They have been fantastic. I also acknowledge the staff at Perth Children's Hospital for the work they have done in looking after many of my kids over the last few years. There is an amazing bunch of people in those places who really do a tremendous job providing healthcare services under very trying conditions.

I point out that a career in health care is a very good option for people. Two of my kids are very interested in pursuing a career in health care; I do not know whether that is because they have spent a lot of time in hospital. One is looking at getting into nursing, which I thoroughly encourage, and another is looking into psychology—two much-needed specialties. I certainly encourage people to look at careers in health care; it is no doubt a very demanding but also very rewarding pursuit.

I will briefly talk about mental health and a report released relatively recently by the Western Australian Association for Mental Health titled *Going the distance: Making mental health support work better for regional communities*. I encourage anyone who is interested in mental health to read this report. It is very good and provides some very good ideas on how we might improve mental health in our regions going forward, as well as some great statistics and data on what the pressure points are, and where they are, too, which is always useful information.

I want to talk about some issues in particular. One issue I will focus on is not really a criticism of this government, the previous government or any government, but I suppose it is a result of many years of bureaucracy, and that is in relation to my dad's treatment when he was being treated for cancer here in Perth. He was referred to Sir Charles Gairdner Hospital. He came up and dealt with that wonderful oncology team I have spoken about for his radiation treatment early on and then oncology later. Obviously, he was not a resident of Perth; he was a resident of Esperance. After he had gone through those initial intensive treatments, he went onto chemotherapy, which he could do at home. He wanted to continue that treatment back in Esperance, where he lived with his family, so he talked about that with the hospital. They said that would not be a problem; the facilities exist, and he could have that ongoing treatment down in Esperance. That all sounded good. But the qualification at the end of that was that Sir Charles Gairdner Hospital could not provide that treatment, because Esperance was covered by a different health service; it was covered by Fiona Stanley Hospital. What ended up happening was his care was transferred to a team whom he had never met, did not know and had had nothing to do with, because the system says that if someone lives in that place, their treatment has to be done by a particular metropolitan health service. I do not think that really demonstrates an interest in proper treatment for patients; it did not, in his case, deliver a good outcome. I think he had some pretty awful interactions with the people that he dealt with who did not know him from a bar of soap, because they had never met him. Whether it made any difference or not, I do not know, but it is something that my mum still talks about to this day. Why did they have to do that? Why did that situation exist? Even though he was having that treatment at Sir Charles Gairdner Hospital and had to be transferred, where is the continuity of care? Surely, that is not in the best interests of the patient. I am not going to lay the blame on anyone for that, but it certainly needs to be considered in the interest of better patient outcomes.

Another issue that I will talk about—my colleague Hon Martin Aldridge raised this—is Laverton Hospital. That is a very interesting issue that has been playing out for some years. We know that, as Hon Martin Aldridge said, when this government came to power in 2017, it got out a sharp pencil and went around the place looking at what it could cut, what it could defund and what it could horse trade with communities. I remember talking to a former member for Kalgoorlie, Hon Wendy Duncan, back in 2015 when she was the then member and she held fears then.

Hon Kyle McGinn interjected.

Hon COLIN de GRUSSA: Perhaps if she were still the member, we would still have a hospital in Laverton.

Several members interjected.

Hon Kyle McGinn: You axed her, anyway!

Hon COLIN de GRUSSA: It was not my decision!

Hon Kyle McGinn: Wasn't it your team that axed Wendy Duncan?

Hon COLIN de GRUSSA: Nobody was axed; anyway. Perhaps if we still had a Nationals WA member for Kalgoorlie, we would actually still have a hospital in Laverton.

Hon Kyle McGinn: It was you and Vince Catania and all your friends!

Several members interjected.

The PRESIDENT: Order!

Hon COLIN de GRUSSA: Let us go back to the debate on Laverton Hospital. We know that the Labor government was under fire. An ABC article in 2017 stated that the former health minister, now the Premier, defended the government's spending priorities as the government stepped back from funding a significant number of promised projects. It states —

> "We made the promises because we believe that the health system should be working for everyone," Mr Cook said. "We believe in putting patients first."

That was, indeed, the name of the policy document released by the Labor Party before the election, which made no mention of the Laverton Hospital, of course. The article continues —

> But in Laverton, 1,000 kilometres north-east of Perth … a promised upgrade to the town's eight-bed hospital has gone from a $19.5 million funding pledge to zero
>
> Regional Development Minister —

At the time —

> Alannah MacTiernan said she understood the community's frustration, but said it was reasonable for the Government to focus on its projects.
>
> "A new government clearly needs to prioritise its own agenda," she said.

We fast forward to 25 January 2018 and some notes from a special council meeting held by the Laverton council. The purpose of this meeting was to consider correspondence from the then Minister for Regional Development, Hon Alannah MacTiernan, on the redirection of royalties for regions funding from the Laverton community hub project to the development of a new hospital in Laverton. It was a bit of horse trading for the community: "You halve that other project, and we'll try to put that into the hospital and see what we can do." As noted in this submission to the shire —

> On 13 December 2017, Minister MacTiernan, along with the Deputy Premier, Hon Roger Cook MLA —

Then Minister for Health —

> and the Member for Mining and Pastoral Region, Hon Kyle McGinn MLC, visited Laverton and met with members of the Health Department and Laverton Shire to discuss the Hospital and Community Hub projects. Both Ministers Cook and MacTiernan agreed that whilst the Hospital and Community Hub are key projects to the future of Laverton, the Hospital is in a sad state of repair and as it is an essential element within the Shire, its replacement needs to be given maximum priority. Hence the proposal being presented for Council consideration.

It needed to be given maximum priority on 13 December 2017. Nothing has been done since then. The government killed the project off. It is now trying to put it on life support. It cannot get tenders to happen. It should have just built the project in the first place; then the people of Laverton would have the hospital they have been waiting so long for, and they could treat people properly instead of having to wheel people who are in an emergency situation past the kitchen on the way to the outpatient area.

HON STEPHEN PRATT (South Metropolitan) [11.08 am]: I appreciate the opportunity that this non-government business motion provides me today to speak again in this chamber about our health system. As my colleagues in here will know, I am very passionate about health, the public health system and the great service it provides the people of Western Australia. As the Leader of the House has said, I think that we can all agree with the first item on the motion. I concur with my colleagues and recognise the tragic death of WA paramedic Tinesh Tamilkodi this week, and send my condolences to his family and colleagues at St John WA. Sadly, he lost his life serving our community, and there is no greater sacrifice.

I will get to the women's and babies' hospital because that is mentioned in the motion, but I might save that for a bit later on.

Hon Martin Aldridge: Oh! The suspense!

Hon STEPHEN PRATT: Yes, I will keep the member waiting. I have had a few constituents contact me about that issue, so I will come back to it at the end because I have 10 minutes to speak on this. I have been listening to members opposite and the issues they have touched on, and I took some notes, which I would like to try to respond to in some way as best I can. I have been lucky enough to go up to Geraldton hospital, and I note that we have delivered stage 1. Members might laugh, but it is the car park; car parking is very important.

Hon Steve Martin: It is a spectacular car park.

Hon STEPHEN PRATT: It is a spectacular car park. Whilst I was up there, we were also delivering a mental health service. We opened a step-up, step-down service there. I know that people are excited about the hospital upgrades, and the government is committed to delivering that project. I note that during the previous Liberal–National government, the hospital had no delivery of that kind. I want to recognise the hard work and advocacy of the local member for Geraldton, Lara Dalton, in getting these commitments for her community. Like I said, I caution the member in drawing too much attention to the fact that the last government did not invest significant funds in the hospital; no significant redevelopment or development has happened since the Gallop government, which was mentioned earlier.

I do not think that the Bunbury Hospital redevelopment project was raised, and it is a significant project. The redevelopment of Bunbury Hospital will cost well over $270 million.

Hon Dr Steve Thomas: It is a car park so far, too.

Hon STEPHEN PRATT: It is a car park, too? They both have more parking than we have at the Nedlands site, and that is what I am looking forward to speaking about: the things that can be done when it is not a constrained site.

Hon Dr Steve Thomas: Have you seen the *Yes Minister* episode about the hospital with no patients?

Hon STEPHEN PRATT: I have. I recall watching that when Fiona Stanley Hospital opened and no-one was going there for quite a time.

I refer to regional commitments. There is a strong regional focus in this motion, having been moved by Hon Martin Aldridge. This government has delivered upgrades or expanded services at Geraldton, Newman, Albany, Plantagenet, Broome, Collie and more. It is delivering the major projects at Bunbury, Geraldton—which I have mentioned—and Peel, and is building a brand new women's and babies' hospital, which will also benefit regional patients. It has not been mentioned, but the benefit to regional patients will be that patients who come through the Royal Flying Doctor Service will find themselves landing at Jandakot Airport, in proximity to the Murdoch Fiona Stanley Hospital precinct. That makes a lot of sense from that perspective.

I am reasonably familiar with the patient assisted travel scheme, which everyone likes to refer to as PATS, because one of my former colleagues, whom I worked with for about 13 years, had a strong focus on that service and subsidy. I know that this government has had a really good track record in increasing the amount available for the subsidy, and we have had commitments at every election to increase it or improve the service. I do not quite understand the negativity about PATS and the argument about the price of petrol and stuff.

Hon Martin Aldridge: Do you think it should be increased?

Hon STEPHEN PRATT: Look, I think that we have done that. Every time we have come into government or there has been an election, we have had commitments to increase it. It has gone up by 66 per cent, and we have expanded eligibility to enable vulnerable patients to travel with a support person, which the opposition did mention. I have mentioned before that I look forward to the medi-hotel and seeing how it can be used to help people travelling from the regions. The government also continues to fund the Country Age Pension Fuel Card subsidy, worth $575 per annum for eligible recipients. This is in addition to a strong track record on cost-of-living measures, with $715 million included for them in this year's budget, which includes the $400 household energy credit, of which members would be aware. That is my take on PATS. I have to say that if it had not been for my colleague Julie Armstrong, who used to have a strong focus on PATS and regional health, none of those commitments would probably have come to fruition, so I will give her a bit of a shout-out.

As I have only three minutes left, I will talk about the women's and babies' hospital. I cannot understand the position the opposition has taken. It proposes basically delaying or putting a stop to us delivering a new women's and babies' hospital in Western Australia. It is close to a $2 billion project.

Hon Dr Steve Thomas interjected.

Hon STEPHEN PRATT: Say again?

Hon Dr Steve Thomas: What was wrong with the original business case that the government had done for the original site?

Several members interjected.

The ACTING PRESIDENT (Hon Sandra Carr): Order, members! I remind Hon Stephen Pratt to direct his discussion to the chair, please.

Hon STEPHEN PRATT: Thank you, Acting President. I have said before that that is where we wanted to look to build the hospital, but it cannot be done there. That is the reality. Anyone who has been to Perth Children's Hospital or into that precinct can tell straightaway. Look on Google Earth.

Hon Dr Steve Thomas: It is not what the original business case said.

Hon STEPHEN PRATT: We did a business case because we wanted to build it there, and it cannot be done. Okay, the business case did not say that, so the member wants me to refer to the business case? The information that I have about what we looked at was that an expert in parking infrastructure would have told the opposition that there are not enough parking bays already, and the parking contract entered into by the previous Liberal–National state government means that we cannot build more. St John Ambulance would have told the opposition that ambulance access to Sir Charles Gairdner Hospital and Perth Children's Hospital would be impacted by the construction of the new hospital, and subsequent construction would likely be needed at the site. What experts has the opposition engaged with to form its position?

Hon Dr Steve Thomas: Most of the clinicians who work at the women's and babies' hospital.

Hon STEPHEN PRATT: Did the member consult with anyone who could talk him through the safe positioning of tower cranes, hoist platforms and other scaffolding structures near working emergency departments?

Hon Dr Steve Thomas: We spoke to doctors and patients.

Hon Martin Aldridge: Did you consult the doctors?

Hon STEPHEN PRATT: There are some doctors who have been opposed to the move, and there are plenty of doctors who support the move to Fiona Stanley Hospital as well. The minister has received supportive letters from people in the health service who work at the Murdoch site. Unfortunately, it is also a planning decision. Although some doctors might not be happy with where it will be, it presents 100 different opportunities and benefits to the community. We need to get on with the job and deliver this important project for the state. Everyone can realise that King Eddy's, which has served the community well for over 100 years, is coming close to its end. If this project is delayed because of politicisation, it would be a great shame. The people of Western Australia deserve much better, and the women and babies deserve much better. It would do the community a greater justice if the opposition would get on board. I know that it has flipped on things like the Voice in the past, so I think that it should back down on its decision and support it.

Hon Dr Steve Thomas: That's not true!

Hon STEPHEN PRATT: It is true. The opposition should support this important project of state significance.

HON DR BRIAN WALKER (East Metropolitan) [11.21 am]: I would like to rise to support this motion, but as a practitioner in the area, the only one in this house and the only one who has actually worked in regional Western Australia, what I am actually going to say is: a pox on both your houses!

Let me tell members a story about my time in Newman. The laboratory there would close down on Friday at midday and open again on Monday morning at eight o'clock. For the whole weekend, we had no laboratory services and a very busy emergency department. Each weekend, we were sending about two patients a day to Port Hedland for conditions that might have been life-threatening. Had we had the laboratory facilities, we could have actually fixed the problem on the spot, but we did not.

Hon Stephen Pratt: What year was this in?

Hon Dr BRIAN WALKER: It was in the 2000s during a Liberal government. Kim Hames was the man in charge.

Hon Pierre Yang interjected.

Hon Dr BRIAN WALKER: Be quiet, please.

Hon Pierre Yang interjected.

Hon Dr BRIAN WALKER: Listen! I refuse to allow people who have no experience in this area to tell me what is going on. I am telling members what actually happens. Everyone here has read the information but not a single person has experienced it. When I have a patient who has symptoms that could be life-threatening and I cannot diagnose it, I must put that to a higher authority at $10 000 to $15 000 a pop for two or more patients a weekend. The machine used to diagnose the condition costs $7 500. There are running costs, of course, but it costs $7 500. A man in Port Hedland was appointed by the government to do a cost–benefit analysis on a $7 500 machine to save the $15 000 to $30 000 a weekend that was being spent on transporting patients. Some 18 months later, a decision had still not been made about that. I wrote to Kim Hames and asked him to do something about that and the answer

I got back, as expected, was absolutely nothing. I spoke to PathWest, which was shocked to find out that we did not even have a simple white cell count service available in our hospital for a whole weekend. That is the parlous state of health services in our state.

When I hear the words from both sides about our health industry, I do not recognise what they are talking about. I acknowledge the invaluable contributions of the frontline healthcare workers. They are working against all odds, but the health system is collapsing. Mark Butler, the federal Minister for Health and Aged Care, admitted as much. The federal government has put $750 million into Medicare, but he also said at one time that there is not enough money to fix the system. If we look at it from the point of view of costs, which are increasing, and the benefits, which are decreasing, it is a business model that must fail. One or other of these sides will be in power when it does fail and the other side is going to say, "You're to blame." It is not true. Both sides are to blame because they are not dealing with the underlying problems that have caused this in the first place.

I have, for example, a strong interest in mental health. I have told members before about a patient sitting in front of me with an active plan to kill himself with a rope that was hanging in his garage. He was intending to kill himself and I was unable to find emergency psychiatric help for this patient. He went off to the emergency department, which is actually the wrong place for a psychiatric case because a patient might have to wait for at least four hours and can walk out at any time, before someone who has no actual experience in mental health care sees the patient. They then call in a psychiatric registrar who says, as happened in this case, "We've got no time to see you. We'll make an appointment for you on the next working day." Fortunately, I was able to chemically sedate my patient, but those are the actual facts of managing acute mental health cases now. I see children with attention deficit hyperactivity disorder who are waiting 18 months to see a psychiatrist, during which time their education has been primarily affected. By the time they get access to medication, they are a year and a half or two years behind their peers. Will that not affect them for the rest of their lives? Yes, it will.

On top of that, we have recently passed a bill allowing juvenile criminals to be released from custody into the care of the community with mental health services that have not been funded; nor do they have the staff to manage that. We passed that bill knowing that we cannot actually meet the demands. The impending firearms amendment bill will demand a mental health check for 90 000 firearm holders. Where will we get the mental health capacity for that, let alone deal with the suicidal cases that are sitting in front of doctors and nurses right now? We do not have that capacity.

We are dealing with status quo thinking within the health service bureaucracy. For example, there may be some doctors who support moving the new women's and children's hospital to a new site, but the vast majority do not. Those who do not support it are the ones who will be caring for the mothers and children.

Hon Stephen Pratt interjected.

Hon Dr BRIAN WALKER: It has been printed. To take an infant on a half-hour journey across town from a hospital of good care to the special care in the new children's hospital will result in deaths. How much will that death cost? Paul Murray wrote an article about this in *The West Australian* some months ago in which he took apart the government's proposal.

Hon Sue Ellery: Guaranteed not to be factual if it was written by him.

Hon Dr BRIAN WALKER: It is an opinion. It is a democracy and work needs to be done, I am sure, as the government continually reminds us. But we have had credible complaints from medical practitioners and nurses who have said that this is not going to help. They ask whether we can make a change. Yes, we can. Do we have the will to do it? Apparently, we do not. The government plans to provide $2 billion for the new hospital. Do we really anticipate that we will be able to keep that build on time and on budget? What examples have there been in recent history in which a government project has been on budget? Shall we look at Metronet, for example? The $250 million in savings that can be made using the new hospital proposal will pale into insignificance against the final cost if the site is moved, and the first infant who dies en route will be ignored.

Hon Stephen Pratt: Shameful.

Hon Dr BRIAN WALKER: It is shameful because we do not have to do that. I can show my colleagues a hospital right now in which 100 per cent of its staff wish to resign but who cannot because they need to earn money. We are seeing staff burnout and numerous devastating and preventable incidents in hospitals on a regular basis. The response of the bureaucrats in charge is to point the finger at the doctors and nurses and say, "You failed", when in fact the system given to them has failed them and they are trying to cope with working two or three times as hard with decreased resources. We saw an example of this in first part of 2021 with cuts to the east metropolitan hospitals budget: "We'll cut $10 million from the budget and frontline services will not be harmed". That is an example of bureaucratic idiocy, and it is really the healthcare workers of all shades who have to deal with that. Walk with me into such a place and listen to the conversations over coffee, when we can have a cup of coffee, and listen to what

people are actually saying: "We are exhausted. We have been beaten down by bureaucratic decision-makers who don't have a clue what they're doing."

For example, when the hospital in which I was working was redeveloped, they managed to put a door between two lights so that we could not change the light, making it difficult for people to access different areas. This redevelopment was funded by a regional grant. The costs were quite significant and half the cost was spent on advisers coming back again and again to revise their opinions and to produce a product that did not make sense. For example, in the case of an emergency, I could not exit the room I was allocated to stay in if a patient happened to attack me with a knife. I could not reach the alarm and the door was not immediately openable. I would have had to pull it against the patient, putting my life at immediate risk. That is not going to happen, of course, because the people who I was dealing with would not hold a knife to my throat, as has happened in the past, but how do we know that? Who planned that room design? Who got paid for that? Who thought it was okay to do that, leaving people like myself exposed to unnecessary risk? That is one of many examples in which our health service is being controlled by bureaucrats who sit at a table drinking their lattes and have no idea what actually goes on. That is one reason why people like me are so despondent and that is why I say, once again, to both sides of the house: a pox on both your houses!

HON DR STEVE THOMAS (South West — Leader of the Opposition) [11.29 am]: It is always astounding when the government of the day, in this case a Labor government, says, "Here's a great project. We've got a business case. This is exactly how we'll do it." The business case and plan was put together by the McGowan Labor government. The government drops it on the table and says, "This is what we're going to deliver." Then it says, "No, we're not. We've changed our mind; the original plan didn't work."

This is one of the backflips that this government is now famous for. The original plan for the women's and babies' hospital at the Queen Elizabeth II Medical Centre site all of a sudden does not work—that is despite the fact the government had put together its own business case that said, "We can build this $2 billion hospital." If the government is now saying its own business plan was dodgy, I suppose members on this side of the house should not be surprised. I suppose we should say that it is not the first dodgy plan that the government has put forward. But this is the government's plan. It said it could deliver the project for $2 billion. The government said it could build this hospital for $2 billion. The government has not come out and said, "Our plan was a dope; our plan didn't work." The government has not compared the two plans. The government in the first instance said, "Trust us, this is the plan. This is the Labor Party plan." Then a few years later, the government said, "Trust us, this is the plan. This is the Labor Party plan." No wonder nobody trusts the government. The government said this is its plan—no, it is not; yes, it is. Toss a coin! We do not know what the plan is. The Aboriginal Cultural Heritage Act is in, then it is out. The government said, "We got it wrong." At least it had the courage to say it got it wrong then. We are waiting for the government to say got it wrong on this plan. We are waiting for the government to say, "Here is why we got it wrong. Gee, we are a bit hopeless at this stuff." But I have not heard that bit yet.

The government has just come up with a new plan, and it has not explained it properly. It has not taken it to the people. The government did not take anybody with it; it made a sudden announcement. What the government should have said was, "Don't trust us in planning. We put plans on the table that don't work. Here we go, I tell you what, we'd better have a new plan." Why is this new plan any better than the old plan? The government has not explained that. The government has not said that. It has decided that there is more room. The only thing the government has said is that there is more room. The government has not explained why it cannot build the first plan. The government should give its planners a bagging for why their first plan was so bad, rather than suggesting that it has just changed its mind. The government is very good at changing its mind, it is very good at backflips, just not very good at planning.

Motion lapsed, pursuant to standing orders.