

**MINISTER FOR HEALTH — PERFORMANCE**

*Motion*

**MR S.K. L'ESTRANGE (Churchlands)** [4.01 pm]: I move —

That this house condemns the Minister for Health's handling of the health portfolio, placing our health system on a trajectory of cost cutting that is stripping away frontline health and mental health services in a similar manner to that which led to the chaos experienced under the last state Labor government.

I will outline the opposition's key lines of argument on this motion. First of all, some of us may make mention of the Corruption and Crime Commission procurement issues in the North Metropolitan Health Service, which are well recorded in the public domain. The North Metropolitan Health Service's highly respected and independent board was effectively dismissed by this minister on budget grounds. The North Metropolitan Health Service's budget—the total cost of service—was cut from an actual \$2.45 billion last financial year to a target of \$2.15 billion this financial year, which is a massive cut of \$300 million. In what looks to many in Western Australia as a jobs-for-the-boys move, the minister appointed Hon Jim McGinty as chair of the North Metropolitan Health Service board, and we know that Hon Roger Cook, the Minister for Health, worked for Mr McGinty. We are quite concerned about the rewriting of history with the appointment of that board chair and the direction that we have seen health and mental health take over the last 18 months of this government and how closely it is starting to look like the former state Labor government's performance in the health domain. We will also look into the health and mental health budgets and try to take the opportunity to highlight some local health issues that some members are facing in electorates in Western Australia.

As members can see, we as the opposition are going to try to make a very detailed effort today in private member's business time. It is an important effort because health is one of the big three service provision areas for the people of Western Australia. The big three service provision areas are, of course, health, education, and law and order. Health is the area that every single person in Western Australia—man, woman and child—needs to be able to rely upon in their time of need. They cannot do without an effective health system. It is critically important that the health system continues to do better, to improve, to be well resourced, to work smarter and not harder, and to hit those key performance indicator areas, which I will also outline today.

It is worth remembering that the former state Liberal–National government handed a world-class health system to the McGowan government. Not only was it performing at a very high level, but it was also a refurbished health system, with assets such as Fiona Stanley Hospital; Perth Children's Hospital; Midland Health Campus; the new regional hospitals and developments in Albany, Port Hedland and Broome; and the redevelopment of the health campuses at Joondalup, Busselton and Kalgoorlie, just to name a group. The former government made a lot of effort in the health sector. This government came into power and took control of a health system that had had enormous investment in it and an enormous amount of effort put into it by the former Liberal–National government health ministers to make sure that it was up to standard. However, in just 18 months of this Labor government, the wheels have come off. I will outline to the house today exactly where that has happened.

There is no easier example than the significant cut to just one section of the health budget, the North Metropolitan Health Service, with a cut of over \$300 million. An interesting aspect of this is that we only got to the bottom of it by asking questions in the Legislative Council earlier this year. A question without notice was asked on Wednesday, 19 September, about what the 2017–18 actual results versus budget targets were for the North Metropolitan Health Service. That is when we uncovered the variance of \$191.577 million and realised that what this government is doing in the budget is not reflected in the reality of the service needs of the community. That is just one example. Furthermore, another question without notice was asked in the Legislative Council on Tuesday, 9 October 2018, about what the 2018–19 targets for the North Metropolitan Health Service were for the total cost of service. That is when we found out that the 2018–19 targets were \$2.148 billion. That is how we were able to get to the bottom of it and deduce that, in actual fact, there is a \$300 million cut.

We keep asking the health minister questions in this place during question time and we refer to funding amounts that are changing. He consistently tells us that there is nothing to see here, everything is okay, and the actual budget allocations for health are increasing. However, when we get answers to questions in Parliament and check the budget items line by line, we see that that is not the case. We are seeing a different set of circumstances and we are also starting to get feeds of information from key stakeholder groups in the health and mental health areas. They are starting to feed us information that confirms that although the minister may stand up in this place in question time and say that he is increasing the budget and that the member for Churchlands, the shadow Minister for Health; Mental Health is wrong, the information being sent to us by stakeholder groups is saying "I saw question time today. Let me tell you what is actually happening out here." They show us that although the minister

**Extract from *Hansard***

[ASSEMBLY — Wednesday, 10 October 2018]

p6811b-6839a

Mr Sean L'Estrange; Dr Mike Nahan; Mrs Liza Harvey; Dr Tony Buti; Mr Zak Kirkup; Mr Roger Cook; Ms Libby Mettam

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might be half right in what he is saying—sort of tricky to a point—he is not drilling into the key issue of the question that we are referring to. That has happened on a few occasions in the last week or so.

This Labor government has strong ties to the last state Labor government. We are seeing a repeat of the mistakes of the past. Those mistakes are leading to a fundamental pressure on our health and mental health systems. We have outstanding health and mental health professionals and people who work in facilities that service health and mental health areas. We have outstanding people working in those areas, but when demand exceeds the capacity for the organisation to deliver the service to the community to a satisfactory standard because demand outstrips the resources allocated, it puts enormous strain and pressure on our health and mental health systems. We have started to see evidence of this through key performance indicators set by the state government, which align with nationally agreed key performance indicators for areas such as hospital performance; emergency service wait times; the ramping of ambulances outside our hospital emergency departments; elective surgery wait lists; staff morale, which the government looks at through surveys; the shortage of doctors and nurses in Western Australia to be able to deliver the key medical services required; and poor governance, which can sit over the top of this hardworking system if the governance structures are not right. The governance structure starts at the top with the Premier and the Minister for Health; Mental Health.

We find that history is repeating from when Labor was last in power in Western Australia. The minister has effectively dismissed the North Metropolitan Health Service board and parachuted Labor powerbroker Jim McGinty into the role of chair of the board. It is easy to go back through *Hansard* and newspaper articles from the era to see the issues around how health was run when Hon Jim McGinty was the minister. He was also Minister Cook's former employer and his mentor. Whilst that is easy to find, the minister would know this because one need only go to the Premier of Western Australia and cabinet ministers' webpage, on which there is a biography of Roger Cook, with a line that states —

After completing his studies Roger worked for a number of Federal and State Members of Parliament including Jim McGinty ...

Their relationship is strong, it is well-known and it is in the public domain. We know that when Mr McGinty was the health minister there were serious problems with the health system and that it took the Liberal–National government, when it came to power in late 2008, to start to effectively clean up the mess and to improve not only the key performance indicators that are so important to the functioning of our hospital system, as an example, but also to make a massive investment in improving the capital infrastructure for health throughout WA. Hon Jim McGinty has been appointed to not only the North Metropolitan Health Service board, but also the boards of Lotterywest and Healthway.

Let us look at some of the evidence linked to all this that supports our concerns. I asked a question in this house on 12 September 2018 relating to the Corruption and Crime Commission's findings on governance issues at the North Metropolitan Health Service—in particular, the resignation of six board members this year. I asked —

(1) One of the letters said —

I refer to email correspondence received from, and a subsequent telephone conversation with, your Chief of Staff on 12 June 2018. It is my understanding the in-coming Chair of the North Metropolitan Health Service ... Board wishes to have an entirely new board appointed from 1 July.

Were board members coerced to resign?

(2) Another letter said —

... the lack of transparency and provision of information to the Board has made it difficult for the Board to function...

Is there a lack of transparency in how the North Metropolitan Health Service is being governed?

The minister replied very, very clearly. He said —

I thank the member for the question.

(1) No, the incoming chair at the North Metropolitan Health Service did not request a renewal or refresh of the board; I did. I made it quite clear that I was not happy with the performance of the board. The North Metropolitan Health Service is the biggest of our health service providers and when it sneezes, the rest of the health system catches a cold. In this case, the cold was around budget management. I was not happy with the performance of the north metropolitan health services in the way that they were functioning. In particular, I thought we needed to perform better in terms of the corrections I needed to see in the overall budget of the health system.

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p6811b-6839a

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The minister goes on to say more than that, but I want to focus on that bit of his answer. I find it interesting that, basically, although these board members resigned—and I put on the record, on *Hansard*, that these board members did resign; they were not sacked—when you read the minister's answer to my question it is akin to him saying that they were effectively pushed out. They were effectively told, "I, as minister, do not have confidence in you as a board. I think you should all resign." The board members resign and the minister has his former employer, his Labor Party powerbroker and mate—the former Minister for Health and Attorney General in the last state Labor government and at one point Leader of the Opposition—a very, very senior person in Labor ranks with strong connections to all the members of Parliament of that era and who no doubt would have some influence over what goes on today. The position of chair has been assigned, but we do not know all the new board appointments yet. I am sure that we will find out those as they are made, but one would be hard-pressed to find a more qualified group of North Metropolitan Health Service board members than those whom Minister Cook said were poor performers.

I will quickly outline to members the curriculum vitae of those poor performers. The first is for the former board chair, Professor Bryant Stokes, AM. He is a highly distinguished neurosurgeon with three professorships at WA universities and was a former acting director general of WA Health. Associate Professor Rosanna Capolingua was the former board deputy chair. She is a highly qualified and experienced clinician, the director of GP liaison at St John of God Health Care, chair of the former Child and Adolescent Health Service governing council, an associate professor, a board member of St John of God Hospital, on the board of governors at the University of Notre Dame Australia, state councillor for the Australian Medical Association, and, of course, former head of the Australian Medical Association, no less. Dr Margaret Crowley is an experienced chief executive officer in the community sector who has held senior executive positions in state and federal government universities and was a member of the WA board of the Nursing and Midwifery Board of Australia. Dr Felicity Jeffries has over 30 years' experience as a medical practitioner, working in both metropolitan and rural settings. Ms Michele Kosky, AM, is executive director of the Health Consumers Council of WA and deputy chair of the Mental Health Law Centre. Mr Geoff Mather is chief financial officer at the Royal Automobile Club of WA and has extensive experience in accounting, insurance, financial services, strategy, governance and operations. Mr Graham McHarrie has deep professional experience as a chartered accountant with extensive experience in the disability services sector, was a partner at Deloitte and is currently chair of Rocky Bay Inc.

Apparently, these are poor performing people. I will go on, Ms Maria Saraceni is a barrister practising in regulatory and compliance law, a former partner of Norton Rose and Jackson McDonald Lawyers and an adjunct professor at the Murdoch University School of Law. Dr Simon Towler is medical co-director at Fiona Stanley Hospital, had a key role in commissioning the hospital's intensive care unit and emergency department, and was formerly the Chief Medical Officer of WA Health. Finally, Professor Grant Waterer is a consultant respiratory physician who has had a successful academic career with major international roles and is currently medical co-director of Royal Perth Hospital and professor of medicine at the University of Western Australia.

That is the poor performing board that was pushed out. Clearly, their CVs were not up to it and they did not have the breadth of experience to cover all hospital, health and mental health services. Clearly, they needed Hon Jim McGinty to be brought back to assist their minister to clean up the North Metropolitan Health Service. In actual fact, what we have found by looking at the budget figures is that the board was not mismanaging the budget at all; the government was moving the figures around to make it impossible for the budget figures not to look bad this year. We have to ask the question: was this all set up to start to get key players into key positions in the health service to satisfy the requirements of the Labor Party and not necessarily, and importantly, the requirements of the people of Western Australia? That is a question that we should all ask, and we should continue to keep a close watch on it.

Let us look at the justification, the reason, for the minister removing those board members. He said that it was because of budget management. Let us look at that budget management issue. When looking into the detail, we found that the total cost of service remained largely unchanged between 2016–17 and 2017–18 at the North Metropolitan Health Service, increasing from \$2.405 billion to \$2.449 billion. The minister wants to portray a budget blowout of \$191 million against the target but we have found that the reality is that the increase was due to two main reasons: first, the government cut the budget unrealistically to \$2.257 billion in 2017–18, down from \$2.329 billion in 2016–17; and, second, because of a \$99 million increase in approved salary expense that was largely out of the control of the board. When the government says that the North Metropolitan Health Service board was sacked because of budget management, that seems a bit unfair when we look at those figures. When we look at the qualifications of those board members, we would be hard pressed to find a more qualified board in the country with outstanding credentials and no doubt the outstanding work ethic that would go with people of that calibre. The minister's rationale to us, the opposition, seems unfounded. The minister's ties to Mr McGinty are now well known and they are on the minister's website.

**Extract from Hansard**

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p6811b-6839a

Mr Sean L'Estrange; Dr Mike Nahan; Mrs Liza Harvey; Dr Tony Buti; Mr Zak Kirkup; Mr Roger Cook; Ms Libby Mettam

---

With the minister putting together his new North Metropolitan Health Service board, we can review some notes of history to see how the new health board chair performed when he was last in the state Labor government. It is important to do that. When we look at how the Labor Party performed on health when it was last in government, we can start to see how that relates to how the Labor government is performing in 2017–18 and how it is planning to perform beyond that through the budget that it has brought down and through the media releases that it issues.

**Dr A.D. Buti:** We wouldn't want to look at your last term in government, would we? We would see a real sorry state of affairs.

**Mr S.K. L'ESTRANGE:** The one thing that gets the member for Armadale upset is when the facts start to kick in. When the facts start to kick in, he starts to get toey, he starts to get excited and he starts to interject because he does not like hearing the truth.

**Dr A.D. Buti** interjected.

**The DEPUTY SPEAKER:** Member for Armadale, the fact that I am on my feet and everyone else is quiet is not to allow you to yell more. Enough. You were called yesterday for doing this. Do you wish to take interjections, member?

**Mr S.K. L'ESTRANGE:** I will see how I am going. Thank you, Madam Deputy Speaker, for your offer of protection from the rabble opposite. I do appreciate it.

I found an article in *The Sunday Times*—this is going back a bit—dated 10 October 2004. I want to relate a bit of it to members. It is interesting. It is titled “Jungle Jim” and is prefaced with the words —

The tough man of Labor politics with the toughest portfolio has been called everything from ruthless to cold. But he also wears the titles of cookbook co-author, diver and grandpa. COLLEEN EGAN finds there's more to Jim McGinty than meets the eye.

No doubt we are going to see a bit more than meets the eye with this new Minister Cook and his dealings. It was interesting to read in the article how Mr McGinty saw himself. He was reported as saying —

“I've tried leadership and I was no good at it,” he tells STM —

This magazine piece —

with a wry smile. “The polls were terrible. I had to talk Geoff into it because he wasn't that keen at the start.”

We have a former leader saying that he is terrible at leading. He has just been appointed as chair of the North Metropolitan Health Service at a time when we have uncovered the greatest corruption in the North Metropolitan Health Service, no doubt started at a time when Hon Jim McGinty was the minister. It is interesting that he is now leading the North Metropolitan Health Service. The article goes on to say —

... he is spoken about as having more power than the premier, as being the crafty and ruthless numbers man whose grand plans dictate the government's strategies and fortunes.

That was back in 2004. Here we have a former employee of the power broker, who has now appointed him as the chair of the North Metropolitan Health Service.

**Dr D.J. Honey:** Jobs for the boys.

**Mr S.K. L'ESTRANGE:** It sounds like jobs for the boys, and I dare say it sounds like we are going to have a busy time as an opposition holding this government to account on how it is treating this health sector.

I also share with members some other information on Mr McGinty in that same article. It says —

Former Labor health minister Keith Wilson, who is now a key figure in the mental health lobby, worries about Mr McGinty's sincerity. The two men clashed soon after Mr McGinty took on the role last year, when the new minister abruptly cut about \$11 million in funding to community health programs.

Are we starting to get the picture? It goes on to say —

Mr McGinty now concedes those funding cuts were intended as a warning from a new minister.

This is fascinating. McGinty says —

“I wanted it known that I was willing to make unpopular decisions,” he says. “I think that did the Government a lot of good by being seen to be serious about budgetary issues in health. It focused attention

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on it. People haven't traditionally cut (those programs) because they have been too gutless to do it. You could call that ruthless. But it also focuses the minds of all the accounts people, the people spending in the department."

That is a quote from Hon Jim McGinty when he was health minister. He is now the chair of the North Metropolitan Health Service board. We have seen a board pushed out because the minister said its members were not able to manage the budget. We have uncovered in the Leader of the Opposition's office with some analysis that it cooked the books to make the North Metropolitan Health Service look like it could not manage the budget so it could get rid of it. This is simply unacceptable. It is not at all about a quality board. We are now seeing that what this minister is doing is akin to leading a razor gang—nothing more and nothing less. That is what he is doing.

What was the performance of Minister Cook's new board chair—the new razor gang back in the system—like when he was overseeing health under the last state Labor government? Let us look at some of those headlines that existed at the time. I know that if the member for Armadale was listening—he has left the chamber—he would love to hear —

A member interjected.

**Mr S.K. L'ESTRANGE:** He is over there. He would love to hear this. He should not interject from somebody else's seat.

On 5 September 2008, an article appeared in *The West Australian* titled "Doctors attack surgery wait-list". It states —

The figures show there are 11,352 people waiting for operations at metropolitan public hospitals at the start of this week ...

The waiting-list figures, which are not due to be released publicly until the end of this month, show 130 urgent patients waiting "over boundary" ... More than two years ago the State Government promised that no category 1 patient would be waiting over the recommended time ...

That is a nice little piece of history that we can look at which shows us exactly how Mr McGinty performed at that time. Another article, dated 28 June 2008, in *The West Australian* was titled "Doctors still talking strike over patient overcrowding". Imagine that—doctors talking about going on strike! Did that happen under a Liberal–National government? I do not think it did. When I read this article, I was amazed that it ever happened at all. In the context of preparing for private members' business today, I can see why. I will read a bit of this article. It states —

Emergency department doctors are standing by their threat to strike in less than a fortnight's time unless they receive a written guarantee from the State Government that it will employ more doctors to ease patient overcrowding.

...

Health Minister Jim McGinty has refused to comment on the issue ...

Another article to do with wait times, which is a key performance indicator of our hospitals, dated 30 August 2008 and titled "Hospital ED risk 'worst in nation'", states —

The first part of a national snapshot of tertiary hospital emergency departments by the Australasian College for Emergency Medicine shows that 47 per cent of WA patients waiting for a bed faced access block, the term used to describe the proportion of patients waiting more than eight hours to be admitted to a ward bed.

...

Australian Medical Association WA branch president Gary Geelhoed said the June survey of emergency departments confirmed concerns that WA's major hospitals had the worst access block in the country and the situation was deteriorating and unsustainable.

"We're not talking about an inconvenience because we know that at the last estimate 120 people were dying in WA each year because of overcrowding and that number is likely to have doubled by now and be similar to WA's annual road toll," he said.

That was at the end of the last state Labor government before, thank goodness, former Premier Barnett and his team swept to power with the Nationals and took the reins of the health budget, took the reins of the health and mental health areas, and rebuilt it. It got all those damaging key performance indicators, disgraceful performances from the Labor government, and reversed them.

**Mr K.M. O'Donnell:** Rebuilt the health system.

**Extract from Hansard**

[ASSEMBLY — Wednesday, 10 October 2018]

p6811b-6839a

Mr Sean L'Estrange; Dr Mike Nahan; Mrs Liza Harvey; Dr Tony Buti; Mr Zak Kirkup; Mr Roger Cook; Ms Libby Mettam

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**Mr S.K. L'ESTRANGE:** It rebuilt the system, reversed those disastrous results and got us back on track. However, members should wait and see—we are heading back to the future. Listen to this: ambulance ramping. We are starting to hear more about ambulance ramping. There is another KPI in *The West Australian* now. Although we have very hardworking journalists at *The West Australian*, if they are a history buff, they need only go back to the time of the last state Labor government, pull out *The West Australian*, look at the articles and go, “You know what—I betcha they’re going to repeat that.” I am starting to see it now. Is the member for Nedlands starting to see it? Several members interjected.

**Mr S.K. L'ESTRANGE:** That is exactly right.

This article from *The West Australian* of Tuesday, 2 September 2008, headed “Ambulances forced to queue for record time”, states —

Ambulances spent a record 1200 hours queued outside overcrowded hospital emergency departments last month because they could not hand over patients, prompting concerns that patients were at risk.

...

On one occasion, 13 ambulances were ramped at Royal Perth Hospital with patients.

Again—an interesting pattern is starting to develop here—it says —

A spokeswoman for Health Minister Jim McGinty said he was on a flight and could not be contacted.

So far, on all of the articles there has been no comment. The final article I will read relates to mental health in that era. An article in *The West Australian* dated 5 April 2008 titled “Coroner condemns mental health care” opens with —

A critical lack of beds, a shortage of trained staff and inadequate follow-up care puts huge pressure on the State’s mental health system, according to Deputy State Coroner Evelyn Vicker, who wants a review of all suicides next year.

Again, there was no comment from Mr McGinty on that. Another article in *The West Australian* to do with mental health, but linked to transparency and openness, dated Friday, 5 September 2008 and titled “Damning mental health report is kept a secret” states —

The Health Department is keeping secret, even to its mental health professionals, a damning report it commissioned into WA’s forensic mental health system.

The revelation comes a day after Health Minister Jim McGinty agreed to meet mental health nurse Christine Bruce, who was stabbed 24 times by a patient in September last year.

It is a serious issue, but why not be open and transparent about it? The article continues —

The Health Department has had the report since at least June and a department spokesman said yesterday that it could not release it because it was still checking the report for factual errors and wanted to protect the confidentiality of those in it.

I am sure that the confidentiality of the people in a report can be protected while still issuing the key findings and recommendations of any inquiry. The opposition found that out not so long ago when we asked for the resignation letters of the six board members of the North Metropolitan Health Service. I got back one of those letters and it was completely blacked out! That was a bit of poetic licence—a bit of the address might have been left and there were a few ifs and buts; however, essentially it was blacked out. We got only three letters back from that freedom of information request for the letters of the six people who resigned, which were all heavily redacted, and we had to go back and ask where the other three were. We had to find the other three. Under media pressure we asked whether we could please have a look at why they resigned.

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

**Mr S.K. L'ESTRANGE:** The Minister for Health knows that that is factual. He knows that is true.

**Mr R.H. Cook:** No, it’s not. You put an FOI application in to north metro.

**Mr S.K. L'ESTRANGE:** Yes.

**Mr R.H. Cook:** If you had contacted me, I would have made them available to you. By the time you went to the media, I had already told the upper house members, the ones you don’t talk to, that we were very happy to make the details of the letters available.

**Mr S.K. L'ESTRANGE:** The minister knows that when seeking information under the Freedom of Information Act, it has to go to the relevant department. We cannot make an FOI request to the minister because it will come back and tell us to go to the relevant department, because that is what the act tells us to do. We actually followed

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p6811b-6839a

Mr Sean L'Estrange; Dr Mike Nahan; Mrs Liza Harvey; Dr Tony Buti; Mr Zak Kirkup; Mr Roger Cook; Ms Libby Mettam

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the bouncing ball. I am happy to be corrected, but I would be very surprised if an FOI request did not cross the minister's desk—very surprised indeed.

**Mr R.H. Cook:** That is wrong. It is just that you did it incompetently—that is the problem—and did not talk to the upper house members. I had already at that point publicly declared that I would make the letters available to you.

**Dr M.D. Nahan:** Why didn't you?

**Mr R.H. Cook:** Because we had to ask the authors of the letters first, you idiot.

*Withdrawal of Remark*

**The DEPUTY SPEAKER:** Member, I do not think that is parliamentary.

**Mr R.H. COOK:** Which bit? I withdraw.

**The DEPUTY SPEAKER:** Thank you.

*Debate Resumed*

**Mr R.H. Cook:** Madam Deputy Speaker, the interjector in this particular case was alleging that I was withholding the information, so I am taking the opportunity to interject back, and for some reason the speaker is not even talking, so I'm going to continue to point out his incompetence as a member of Parliament.

**Mr S.K. L'ESTRANGE:** We have a lot to get through. I have not got to the minister's performance yet. I am still dealing with the performance of his ex-boss. I still have to come to the minister.

Several members interjected.

**The DEPUTY SPEAKER:** Order! I think I have let this go for long enough. Member for Churchlands, you did say that you were welcoming interjections. I am not so welcoming of them anymore, so would you like to continue without so much yelling.

**Mr S.K. L'ESTRANGE:** Let us fast forward to October 2018. The Labor government has been in power for 18 months. The health minister has taken over the health system with his former employer and factional boss in the chair and now chair of the North Metropolitan Health Service. None of this is not factual—this is factual. In the past 18 months how has the Labor government and how has the minister, while he has been leading the health and mental health portfolios, performed? Unfortunately, for the people of Western Australia—not for us—it is back to the future. It is going back to the dark old days under the former Labor state government, when we had doctors wanting to go on strike. We had ambulance ramping getting out of control. We had surgical wait times blowing out. We had people sitting in an emergency department not being seen by a doctor for more than four hours. That is starting to repeat itself now. Let us have a look at those statistics.

The first is the emergency department wait times. It is a nationally agreed target that 90 per cent of people in an ED will be seen within four hours when they present to an emergency department. How have our hospitals been performing under this government? If we compare 2017 to 2018 for August—I have the full table here of all the hospitals but I will focus on just the big ones—all the hospitals dropped in performance. Not only have they dropped in performance from one year to the next for that month comparatively, but they have got nowhere near the 90 per cent target. In fact, the targets for Royal Perth Hospital all sit in a range from 66.2 per cent for that period through to 72.6 per cent. For every month, January through to August, comparing 2017 to 2018, the performance at Sir Charles Gairdner Hospital has fallen. The targets there range as low as 63.9 per cent in August this year, well away from the target of 90 per cent. It ranges through to the best performance of 72.9 per cent—again, significantly below the target. If we have a look at all the targets for last year for Fiona Stanley Hospital compared with January to August this year, its performance has fallen. The figures are quite concerning: 61.9 per cent in July this year, ranging up to just 67.4 per cent for March this year. Members can see that they are significantly lower than the benchmark of 90 per cent.

I have with me some data analytics. For Joondalup Health Campus for January through to August, the figures actually improved and are considerably different from the other hospitals. St John of God public hospital in Midland dropped its performance on this in only April and June, and in all other areas it did well. Those performances range between 71.4 and 80.8 per cent, and Joondalup ranges from 64.1 per cent up to 78.5 per cent. Maybe there is something in that. Maybe it is the fact that they are privately operated state government public hospitals. Maybe there is something in how they do business that might be worth the new chair of the North Metropolitan Health Service and the other health service chairs having a chat about to the CEOs of those hospitals and asking how come their performance and emergency department wait times are so much better than their own. They might ask how it is that those figures are improving, but theirs are not. It might be worth looking at.

I now move to some of the disturbing statistics around ambulance ramping. On Monday, 13 August there was 168.7 hours of ambulance ramping, and 180.6 hours on 20 August. There were 100 hours on 3 September, 113 hours on 10 September, 137.4 hours on 24 September, 146.5 hours on 1 October, and on 8 October there were 152.8 hours. Obviously Mondays are busy—the minister clearly knows that. But surely if the pattern is telling us that every Monday there will be a lot of ambulances turning up with crook people, he might want to rejig the system to address that need.

Another one is surgery waitlists, which are a real concern. I mentioned that when Hon Jim McGinty was minister the waitlists were reported as being pretty bad. Well, the figures are now heading towards double. In fact, 23 850 people were waiting for elective surgery over boundary at the end of the month. That is a huge figure.

Another key performance indicator statistic relates to the meth helpline. Between 2015–16 and 2016–17, calls to the meth helpline increased by 35.8 per cent; by 2016–17, 24 per cent of callers were unable to get through. We found that out, and then we discovered that the minister had cut the funding by \$154 000, which the helpline was reported as saying would reduce the weekly number of operator shifts on the helpline by 10. That is a real concern. There has been an increased demand for a help service linked to methamphetamine—at one point we were the meth capital of Australia—yet the government is cutting its funding and service. This is where I fear that there might be some siloing of priorities. The government said it would have a meth section in the prison system, but cutting funding to the helpline by \$154 000 is not exactly reassuring to the mums and dads out there whose child may have just started using meth. They want to make that phone call and get their child on a recovery program as quickly as possible. They are not that interested in a new meth wing at a prison, because they do not want their kid to end up there. Members would think that more effort and energy should be put into prevention, rather than where they are locked up once they have committed crimes under the influence of methamphetamine. I would have thought that was pretty obvious.

The next key area that this government has just not gripped up is what underpins service delivery in the health and mental health areas. When we were last in government we fully understood the need to improve health and mental health infrastructure in Western Australia. I have already listed the things we invested in. But what is this government doing? Well, unfortunately, it is not doing much because questions were asked of the minister about Royal Perth Hospital during this year's estimates hearings. I asked what he was doing, and he answered —

I have an ambition! I would like to have a long-term plan for Royal Perth Hospital in the next 18 months to really map out exactly where we are going in relation to this stuff. I stress there is no funding yet.

There is nothing in the forward estimates but we have hopes that we can provide that long-term vision for the hospital.

Members, “hope” is not a good task word. We do not hope something is going to happen; we do it, action it, plan for it and make it happen.

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

**Mr S.K. L'ESTRANGE:** Member, you tell me what the plan is for Royal Perth Hospital.

Several members interjected.

**Mr S.K. L'ESTRANGE:** Let us have a look at King Edward Memorial Hospital for Women. During the estimates hearings the minister was asked what he was going to do. He said —

I would like to see in the forward estimates at some point a good chunk of cash for planning to get that show on the road. That is not in the forward estimates, so I must say, no, we have not committed to that in a budget sense; but, politically, I am very committed to ensuring that we start that project. These things always have a long time line.

So what do all the hardworking professionals at King Edward Memorial Hospital for Women and all the future mums out there and women who need to access its services think about that? Nothing is happening there.

The minister was asked about Graylands Hospital. He answered —

I know that the director general and the Mental Health Commissioner have been working on developing a business plan around how we would go about decommissioning the bulk of the services at Graylands, but also at Graylands Selby–Lemnos and Special Care Health Service—the older adult site. My understanding is that the draft business case is in its final stage of development and we will be getting that fairly shortly.

The commitment is the same as it was under the previous government. We are looking at a full rollout of this project by 2025.

**Extract from Hansard**

[ASSEMBLY — Wednesday, 10 October 2018]

p6811b-6839a

Mr Sean L'Estrange; Dr Mike Nahan; Mrs Liza Harvey; Dr Tony Buti; Mr Zak Kirkup; Mr Roger Cook; Ms Libby Mettam

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That is a long way away, members. I visited the Graylands health campus recently; it is an ageing facility, with hardworking professional staff. I am sure there is the capacity for this government to leverage off some land sales linked to that site and actually really do something about building a world-class mental health facility to the standard that people in Western Australia with mental health issues who are in most need deserve.

I do not think these things are unreasonable for the people of Western Australia to expect the government to be planning for, but unfortunately the government is not doing any health infrastructure planning. After 18 months there are no plans—there is a possible plan in the pipeline for 2025—for those big infrastructure requirements.

What does the peak medical body—the Australian Medical Association WA—think about all this? It is one thing for members opposite to interject on me and say they do not like my speech. They can say that, but it is actually the role of an opposition—the Labor Party was in it not too long ago—to hold the government to account for service delivery to the people of Western Australia, and health is a vitally important aspect of that service delivery. The president of the AMA WA, Dr Omar Khorshid, outlined what he thought about how the government is tracking when he reflected and commented on its most recent budget. He said things like —

“The State Government is relying on the SHR to deliver any sort of plan for the future of WA health ... doesn't augur well for that future, ...

“We badly need a plan for the future of health services in WA. ...

“We had great hopes for this Government and health. This has been shown to be a false hope so far.

Dr Khorshid also said —

... the AMA (WA) was especially concerned about an 83 per cent cut in infrastructure spending between this 2017/18 and 2021/22.

“This is completely unacceptable. Infrastructure is a critical part of planning for proper health services in WA,” ...

“Infrastructure money needs to be available in the budget and it is just not there.

“There is no specific spending outlined for King Edward Memorial Hospital or Graylands Hospital and almost no funding for the future of Royal Perth Hospital.

“For patients turning up at a hospital this budget will mean more pressure, not less.

He concludes —

“Today's budget has failed to provide for WA's health future,” ...

That was on the AMA website. It is not the opposition saying that; the peak medical body in Western Australia is saying that. If the government does not want to listen to us because it thinks, “Oh, no, I don't want to listen to you guys actually doing your work and getting your statistics and data and discovering that we are doing a terrible job”, then listen to the peak bodies and the stakeholders out there, because they will tell the government what is working and what is not.

Another area that is interesting—we covered it a little in question time today—was to do with mental health spending. The Minister for Mental Health said that he is injecting more money, not less, but we are getting information from stakeholders that it is the community support aspect of the mental health side of the budget that is of real concern. They are telling us that there is an urgent need to balance the system with the full range of supports. We will never have enough beds or treatment places to support demand if we do not invest more in prevention and earlier community-based support to enable recovery. The key thing is that it is all well and good for the government to say that it is increasing a certain aspect of the budget, but if it were to look at the components that that number relates to and sees where the prevention budget is going, that has absolutely been the key aspect of our line of questioning this week in the mental health space. The minister stood up in here and had a go at me saying that I was wrong, but he is looking at a macro figure and not drilling down into the key prevention services figure that we have been relating to.

Governments can do that—they can try to make themselves look and sound good—but, as I said before, if they treat us like the voodoo bad guys over here who are not to be trusted and who are a terrible opposition, they can play that game. It is the people in the community and the hardworking professionals who work in mental health and health groups who listen to the government's answers during question time. They listen to and read the estimates hearings speeches and they go through the budget. For them, it is real. For them, it is about what they are trying to do to help others. They tell us that. Members opposite should remember that from when they were in opposition; stakeholders fed them that information. Then opposition members would front up in here at question time and target us with information that they would get. That is quite natural. I know ministers might be still adjusting to the fact that they have been in government for 18 months, but it is quite natural for the groups that

they used to trust—those who fed them information—to move to us because they are no longer in opposition; they are the government and have a responsibility to make sure that they are delivering services, and they have a responsibility to make sure that they are investing in capital infrastructure for the future needs of the health and mental health system of Western Australia. They have also a responsibility to absolutely look at those key performance indicators that are published every week by the hospital sector in those areas that I outlined earlier—things like ED wait times, ambulance ramping and surgery waitlists, just to name a few—because they do not lie.

The minister comes in here and creates an answer and says, “Look, it’s flu season.” Flu season comes every winter so plan for it. Plan for it now for next winter, because guess what? There will be a flu season next winter. When the data goes up, do not say it is flu season, because the minister knew that it was flu season last winter when he was in government and he knew it was flu season just this winter passed, so he will know it is going to be flu season next winter. We do not want to hear the excuse, “It’s flu season.” We want know what the government is doing to improve service delivery in our hospitals and our health and mental health care systems. That is critically important.

Let me conclude. Members opposite have to stop repeating the mistakes they made when they were last in government back in the late 2000s. The Minister for Child Protection laughs, but it is no laughing matter for people in the community. Go and look at how the Labor Party performed last time and then look at the statistics and data linked to its performance today. The government does not have to listen to the opposition; it can do its own analysis. That will show the government that it is back on track to dropping its performance and delivering to the people of Western Australia not an improved health system but a health system that cannot cope. That is the trajectory that the government has put the health system on in just 18 months. It has done it without addressing the key community needs and wants; it has done so with a view to its own priority. The government set itself a priority of saying that this is all about budget repair. There are things in the budget and in the forward estimates that the government could put a hold on that would not affect the frontline services of health, education, and law and order. The people of Western Australia who put government backbenchers into this chamber, thus enabling the Labor Party to win government, are focused on those three things. There is nothing other than those three things—other than the macro economy, of course, which overarches all of it; they all want a job. The government should not start to go off into other areas that for members opposite might be nice to have, not must-haves. The government needs to absolutely focus its attention on improving and investing in mental health and suicide prevention. That is key. Data that came out just last week has shown us that. The government is cutting funding by 10 per cent or so in the prevention aspect of the Mental Health Commission budget at a time when suicide rates in Western Australia have gone up 11.3 per cent or thereabouts. Do not do that. Look at the data and address the need. If the government can do it without spending money, that is great. The data will reflect that. But it is not doing that. Its razor-gang approach to health without due consideration of the needs of the community is putting our health system into crisis, as it did when the Labor Party was last in government. I urge the government to aim to improve, not remove, the quality health services in Western Australia.

**DR M.D. NAHAN (Riverton — Leader of the Opposition)** [4.57 pm]: I wish to contribute to this important motion. We all know that health is probably the most challenging area of public sector and state government budget and service delivery. There is no doubt about that. It is the largest section of our budget. It is the most intensely demanding and most important to people because often it is an issue of life and death, and it is very, very costly and is a big challenge. The government might not like it, but it inherited a great gift from us—\$7.5 billion of renewed health system.

Several members interjected.

**Dr M.D. NAHAN:** They like to deny it—\$7.5 billion invested in the health system.

Several members interjected.

**Mr Z.R.F. Kirkup:** You’ve got a Rolls-Royce, mate!

**The DEPUTY SPEAKER:** I do not think so, member for Dawesville. I would appreciate it, and Hansard particularly I am sure would appreciate it, if we could hear what the debate is so that they can record your invaluable shouts.

**Dr M.D. NAHAN:** Thanks for your protection, Deputy Speaker. The reality is that they inherited a system that had over eight years injected \$7.5 billion into the system.

**Ms J.M. Freeman:** Because you wasted it.

**Dr M.D. NAHAN:** I hear that Fiona Stanley was a waste. That is what I just heard.

**Ms J.M. Freeman** interjected.

**Dr M.D. NAHAN:** Okay—Perth Children’s Hospital was a waste. The Midland Public Hospital was a waste. The Busselton Health Campus was a waste. We all know that is nonsense. The government inherited a system that has not been completely rebuilt—there is still work to do, as my colleague indicated, but it was largely transformed,

with the latest technologies and newest equipment. It is a beautiful system. Also, when we came into government, there was a lack of nurses and doctors, and there were other issues. This government inherited a system that was fully and well staffed.

Of course the government inherited a system with growing demand, but not like when the Labor Party lost government last time and we gained it, when there was double-digit growth because of very rapid population growth. It peaked at about 3.5 per cent; it is now at about 0.5 per cent, so the government has growth and demand but much less than before. Yes, people in Western Australia are transitioning from the private system to the public system. That has been going on for five or six years and is largely because people look at it, rationally, from two perspectives: they are struggling with their household budgets, so they change to the public system, which in Western Australia is very good. This government inherited a largely rebuilt, fully staffed system, during slowing demand. The government has cut the health budget. It wants to have it both ways. The minister stood in here and said that the Liberal–National government left the health system in a mess, so this government cut the budget—“We are doing the right thing.” He then claims that the government has increased expenditure in the health system. The government cannot have it both ways.

I want to focus on the North Metropolitan Health Service for two reasons: it covers the largest number of patients and has the largest budget. It is the service that the minister indicated had the most problems. As the member for Churchlands said, it is why the minister sacked the North Metropolitan Health Service’s eminent board. This Labor government also inherited the area health services, which were modelled on Victoria’s system. This system took accountability for the health system away from the headquarters of the Department of Health to the area level. It improved transparency, accountability and measurability. It was a very important reform. We did not get too much credit for it but I think the minister said that was one of the good things the Liberal–National government did. We now have the North Metropolitan Health Service. Demand is growing by some degree. Data shows that, for instance, the number of people presenting in emergency rooms grew by 1.5 per cent. That is not large but it still shows growth. The rate of patients who underwent elective surgery—those who actually received service—was quite rapid at 3.6 per cent. But as the member for Churchlands said, the waiting lists for elective surgery is growing more rapidly. The rate of cancer patients receiving treatment is up 1.4 per cent. Again, the waiting lists are growing. The rate of patients admitted to wards grew by 1.8 per cent. That is not huge compared with the rate in previous years, but they are growing.

Did the North Met blow its budget? Yes, it did in 2016–17 and 2017–18. The real question is: why did it blow its budget and how did the government respond to it? In 2016–17, when the Liberal–National government was largely in office, a target was set for the North Metropolitan Health Service at \$2.328 billion. The actual expenditure was \$2.4 billion. It therefore exceeded its budget by \$76 million in 2016–17. By the way, in that year, it met its salary expense target. In 2016–17, efficiencies were already underway to limit labour expenses. The next year, the system exceeded its budget by nearly \$191 million. I believe that is why the minister has sacked that board. It exceeded its budget not only in 2016–17 but in 2017–18 it exceeded it by more. The question is: what is driving the decisions to exceed the budget? There are two factors. It could be demand or it could be resources; that is, if enough resources are not allocated to meet demand there will be expenditure problems. I would like to go through some issues with the North Met system. Again, the member for Churchlands identified the eminence of the board, which is beyond debate.

**Mr W.J. Johnston:** We agree with that.

**Dr M.D. NAHAN:** Yes, it is beyond debate. On page 48 of the North Metropolitan Health Service annual report, there are some efficiency key performance indicators for the average admitted cost per weighted activity unit—that is, the average cost per normalised patient in the hospital system. The target is \$7 285; the actual in 2017 is \$7 087. It met its target in terms of cost per patients treated. It more than met its efficiency target; indeed, it met it by about five or six per cent. Average emergency department cost per weighted activity unit target was \$7 043 and the actual was \$6 095, which is 13.5 per cent below in terms of its efficiency in emergency rooms. If it is meeting its efficiency targets, why is the budget exceeding its target? It is because of demand. Even though demand is growing in the North Metropolitan Health Service at a much lower rate than it has at recent historic levels—modest by previous standards—the government has failed to allocate sufficient money to meet demand, even given its efficiency targets. The government is inadequately funding the system. It is the government’s decision, not the board’s decision.

I go to employment, which is very interesting. It is a big service that employs 10 000-plus people. Between 2016–17, under the Liberal–National government, and 2017–18, the government cut the number of nurses. Despite growing demand—it is a growing service—and fixed ratios, as I understand, between patients and nurses, the government has reduced the total number of nurses in the North Metropolitan Health Service by 63. At the same time, there was some growth in medical support, which is understandable, and other things. The largest cut was for contracted agency services, which go across administration, clerical, medical support, hotel services, site services and medical

**Extract from Hansard**

[ASSEMBLY — Wednesday, 10 October 2018]

p6811b-6839a

Mr Sean L'Estrange; Dr Mike Nahan; Mrs Liza Harvey; Dr Tony Buti; Mr Zak Kirkup; Mr Roger Cook; Ms Libby Mettam

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salary officers. The government is cutting the number of nurses, the most important people in the health system. Furthermore, it is cutting the number of people contracted in to fill gaps in the system. When demand goes up, people have to be contracted in to meet that demand and the government is cutting that. As a result, the waiting lists are growing. Again, the North Metropolitan Health Service is more than meeting its efficiency targets. The budget excess is because the government has given the service an inadequate budget.

What is also interesting is whether the state has cut its allocated budget to the North Metropolitan Health Service. There is no doubt that the total number of employees in the service was increased, larger than the target. It is interesting that the commonwealth pays its money to the service on the basis of demand; that is, according to the number of patients coming in—the amount of money per patient and the type of patient coming in—so it is a good indication of demand. The commonwealth's grant contribution to the North Metropolitan Health Service went up by \$50 million in 2017–18 and the money from the state government went down by \$65 million. We are seeing in the system the commonwealth giving \$50 million more and the state pulling out \$65 million. In 2018, the total service appropriation income from the state government was \$1.275 billion. The previous year, it was \$1.337 billion. In other words, the government cut \$65 million from its allocation. I am confident that when the commonwealth hears—I can remember the debate at the commonwealth level about the new program for hospitals—that the state has pulled money out the backdoor to receive additional money, it will not get the commonwealth contribution. That is what has happened here. Has the state cut money to the North Metropolitan Health Service? Absolutely. This year, 2017–18, the government allocated \$65 million less than it did in the previous year. Did the North Metropolitan Health Service exceed its budget? Yes, it did. Why did it do that? The reason why is that demand grew more rapidly than the money allocated by the government. It met its efficiency target in expenditure per patient but there were more patients and a demand for more costly services. The Minister for Health stands in this place and repeatedly says, "It's been a bad flu season". If it has been a bad flu season and there is more patient demand, the government should allocate more money. If kids get sick, the government has to service those children. It cannot queue them up out the door. He also said that more patients have been coming in because of a drop in the number of people in the private health system. The government has to allocate more money, but it has not. The real trick of this is that in 2006–07, expenditure for the North Metropolitan Health Service was \$2.4 billion, which exceeded its budget by \$76 million. The government could have looked at that and said, "Maybe our target was a bit harsh; maybe we need to adjust the health system by keeping it to last year's budget", but no, it did not. Despite spending \$2.4 billion, the government cut almost \$150 million from the expenditure target. In other words, the \$190 million blow-out, on which it sacked the board, were totally driven by the government cutting the target. Indeed, over the two years that Labor has been in government, it has cut the target allocation for the health system by over eight per cent. It cut eight per cent from the 2018–19 allocation, when comparing it with what it inherited in 2016–17, despite a growth in demand and costs, because there are still some wages costs. That is the system.

Let us go back to the area. It inherited a pretty good system. It was new and being implemented, and there might have been some implementation problems. It is important to give close to the hospital level a target and capacity for the people on the board to manage expenditure across the system for their service. All the other states have something like this and it tends to work, although it is not perfect. The government has to respond with additional money when demand grows beyond forecast. More importantly, it has to allow the boards to manage it. It cannot say, "Here's a bucket of money. You have to meet these targets or you're fired". The board could come back to the minister and say, "Minister, we simply can't meet all our expenditure targets and performance targets with the money you have provided us", which is what the North Metropolitan Health Service has done. We know that that board told the minister exactly that—"You are not giving us enough money. We're meeting our efficiency targets, our costs per patient, but we have more patients of a higher cost than we and you forecast. You either give us more money or we spend more money and allow the service to deteriorate". Do members know what happened? It blew its budget and the service deteriorated. What will happen with Jim McGinty quite clearly, without any doubt, is that the service will deteriorate even more.

**Dr A.D. Buti:** How do you know that?

**Dr M.D. NAHAN:** How do I know that? The reason the existing board was fired is that it did not meet its expenditure targets. The reason it did not meet its expenditure targets is that demand was greater than initially forecast—the forecast on which the budget was made. It met its expenditure targets in money per patients but it had more patients. The minister told Mr McGinty that the government would not tolerate that—"The budget targets are important, paramount. If in fact in the future you face the situation that the existing board did with demand being higher, just allow the queues to enlarge and the services to deteriorate. The target expenditure is in fact the priority, not the services for patients". That is what he is telling Mr McGinty. As the member for Churchlands pointed out, that was what Mr McGinty believed 10-plus years ago. That is what he implemented and, by the way, that was a major reason for us coming to government, quite shockingly I admit, in 2008. People were sick and tired of the poor service in our hospitals. They were sick and tired of the long queues, poor services and the lack

**Extract from Hansard**

[ASSEMBLY — Wednesday, 10 October 2018]

p6811b-6839a

Mr Sean L'Estrange; Dr Mike Nahan; Mrs Liza Harvey; Dr Tony Buti; Mr Zak Kirkup; Mr Roger Cook; Ms Libby Mettam

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of nurses and doctors in the hospital system. That is one reason why we committed to rebuilding the hospital system. We committed to an effort of putting more nurses and doctors in the system because it was run down, and now the Labor government is doing the same thing. The government whinges and whines about what it inherited. In truth, it inherited a hospital system that could hardly be better staffed, better resourced and better positioned. It inherited a system in which the demand for growth was slowing. What it is doing now is poor management, and that will come back to haunt the government when the queues at emergency departments enlarge and services deteriorate. The same thing will happen. The government is putting in charge the same person who did it last time, which is brilliant for us.

**MRS L.M. HARVEY (Scarborough — Deputy Leader of the Opposition)** [5.16 pm]: I, too, rise to contribute to this motion.

Several members interjected.

**The ACTING SPEAKER:** Thank you, members.

**Mrs L.M. HARVEY:** That is just beautiful, is it not?

I want to read out some of the headlines from 2008, the first of which reads, “McGinty under fire on elective surgery”. The article reads —

The latest elective surgery figures for WA, which appeared on the Health Department website yesterday —  
This is 24 July 2008 —

show that the number of operations carried last month—6387—was 164 fewer than the previous month.

**Dr A.D. Buti** interjected.

**The ACTING SPEAKER:** Member for Armadale, if we get into another one of our slanging matches, I will call you. Thank you.

**Mrs L.M. HARVEY:** Thank you, Mr Acting Speaker.

On 28 June 2008, “Doctors still talking strike over patient overcrowding; 19 June 2008, “Emergency doctors may quit if State doesn’t act on staffing levels”; 30 August 2008, “Hospital ED risk ‘worst in the nation’ and “WA patients ‘worst off’”; 1 September 2008, “Tired doctors put lives at risk: survey”; 31 August 2008, “Nurse crisis grows” with foreign helpers being called in; 17 May 2007, “Coroner criticises surgery wait list” and “Grandmother waited 40 hours for operation”; 5 April 2008, “Coroner condemns mental health care”; 5 September 2008, “Damning mental health report is kept a secret”; 4 September 2008, “Year on, McGinty agrees to meet stabbed nurse”—finally. The article states that a mental health nurse —

who was stabbed 24 times in the neck and face by a patient in September last year —

Being September 2007 —

criticised Mr McGinty’s failure to acknowledge the mental health crisis after her attacker was found guilty of attempted murder on Tuesday.

She said Mr McGinty had refused to meet her over the past year to discuss how a similar attack could be prevented.

Then we have the infamous Royal Flying Doctor Service incident. On 28 July 2008, a headline reads, “RFDS ‘left \$30m short in raw deal’ for bush health”. It is a scathing assessment of Hon Jim McGinty, who was the Minister for Health, who called the Royal Flying Doctor Service an interest group. That was his attitude. That is the person who has been put in charge of the North Metropolitan Health Service. I will read out what the former member for Pilbara, Mr Graham, said in an article in *The Sunday Times* in October 2004 —

“I’m not sure if ruthless is the word, but as a politician there is not one ounce of compassion in him ...

He is talking about Hon Jim McGinty —

... he would sell his grandmother for one millimetre of political advantage.

**Ms L. Mettam:** He was in control of the health system.

**Mrs L.M. HARVEY:** That is correct. Further on in that article, one insider said of Hon Jim McGinty —

“He is the only one ruthless enough to deal with the bureaucrats in health,” ...

That is why he was put there. He claims, as a badge of honour, that one of his first acts was to cut \$11 million of community health funding to prove that he was ruthless enough to do whatever it took to bring the health budget under control. Bringing the health budget under control is a good thing, but it comes at a cost. That is the human

**Extract from Hansard**

[ASSEMBLY — Wednesday, 10 October 2018]

p6811b-6839a

Mr Sean L'Estrange; Dr Mike Nahan; Mrs Liza Harvey; Dr Tony Buti; Mr Zak Kirkup; Mr Roger Cook; Ms Libby Mettam

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cost occurring in our system. When nursing staff are reduced, and then the agency staff who step in when the nurses are sick are reduced, patient care suffers. Patient care, on the watch of this government, is starting to decline. Let us look at category 1 patients on elective surgery waitlists who have been waiting over 30 days. In north metro, the proportion has increased from 4.5 per cent to 5.5 per cent. Guess what the target is? Zero. The proportion of category 2 patients waiting over 90 days has gone from 6.6 per cent to 7.3 per cent. Once again, the target is zero. The proportion of category 3 patients waiting more than 365 days for elective surgery has gone from 2.3 per cent to 2.8 per cent, with a target of zero. Apparently, the North Metropolitan Health Service is performing far worse than the South Metropolitan Health Service. Let us look at those categories for south metro health. It might be in a financially better position, but its patients are not doing well. It also has a zero target for elective waitlist patients waiting over boundary for reportable procedures. The proportion of category 1 patients waiting more than 30 days was a whopping 22.6 per cent last year, but this year it has gone up to 25.3 per cent. Last year the proportion of patients waiting over 60 days was 31 per cent. This year that has come down, but only to 21 per cent. Twenty-one per cent of all patients on the elective surgery waitlist at the South Metropolitan Health Service are waiting more than 60 days for their surgery. That is the human cost of cutting costs in the health system.

I am really upset when I look at that, because the investment that the Liberal–National government put into the health system was extraordinary. We did that because we knew the state it had been left in by the previous Labor government. I will tell members what I am hearing from orderlies, nurses and doctors in our health system. I am hearing about patients who are not being administered intravenous paracetamol when they are vomiting and cannot absorb paracetamol orally. They are being denied pain relief because the nurses have been told that it is too expensive. It is a disgrace. I am advised that 4 000 kids are waiting for ear, nose and throat surgery. That is not because there has been a transfer from Princess Margaret Hospital for Children to Perth Children's Hospital; it is because only six theatres out of a potential 12 are open to perform the surgery. The government has shut six theatres. The kids cannot get their surgery because the theatres are not open; they are not being funded. That is the problem. At Perth Children's Hospital, if a nurse is sick, the agency replacement is not allowed to start until 3.00 pm. That is what the nurses told me. The nurses who have been on duty all morning are waiting until 3.00 pm to get their lunch, or they do not get any lunch at all. We can imagine what that is doing for morale.

It gets worse. Hospitals are not employing nurses full-time. There have been redundancies of experienced nurses in parts of the private health sector, so the agency nurses working in private health are now not getting the experience they need. Patients are going into the public health system, I have been told, because of some decline in quality in the private system. As well as that, because of cost-of-living pressures, people cannot afford their private health cover, so they are going into the public system and demand is increasing while this government is cutting funding. Horrible things are happening with some of our patients. I have been told that nurses have been told that large incontinence pads are too expensive, and so patients are being left lying in their own urine because they cannot get access to expensive incontinence pads. That is the human cost of the cuts that this minister has put in place. When blood tests are being ordered for patients so that doctors can work out what is going on, those blood tests now come with a price printed on them as a deterrent. Nurses have been told not to order too many blood tests. They are very expensive, and a price is put on every test ordered to make sure that staff realise how much their inquisitiveness about the health and wellbeing of their patients is costing the government. That is what they are being told.

I have got some icky stuff now, because nurses love the icky stuff. I have been told, in fact, that one particular patient has been refused placement because no staff were available in high care to suction her secretions, and she has been waiting on a ward for four months. Patients are sleeping in corridors because no ward beds are available. There is a high risk of cross infection in hospitals, and now sick patients are sharing toilets with other sick patients, so the cross infection risks will increase because of the cuts that this government has put in place. I have been told of patients not being given antibiotics when they leave hospital. They have been told to fill their own prescriptions, and then they re-present after two days. One patient I was told of re-presented two days after discharge with a salmonella infection that required removal of bone. Many more months of antibiotics had to be administered to that patient at a huge extra cost. It is a false economy. We cut now, we pay later. That is how health care works. I have been advised of patients not being prescribed antibiotics for urinary infections. One particular young fellow I was advised about was not given antibiotics for a urinary infection, and that infection spread to his head, and he has now been in hospital for over 200 days. That is the human cost of these health cuts.

This minister has sacked the eminently qualified people in the North Metropolitan Health Service who said that they would not tolerate these adverse patient outcomes of the minister's health cuts because this government has its priorities wrong. We know that it is difficult to get health spending under control, but the government needs to spend money on quality health care because Western Australians pay their taxes and they expect to get that. Governments need to put their money, and prioritise their spend, in the way that the community expects. Cutting health is not what the community wants and expects. The community expects savings to be made in other areas.

**Extract from Hansard**

[ASSEMBLY — Wednesday, 10 October 2018]

p6811b-6839a

Mr Sean L'Estrange; Dr Mike Nahan; Mrs Liza Harvey; Dr Tony Buti; Mr Zak Kirkup; Mr Roger Cook; Ms Libby Mettam

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Hon Jim McGinty has been put in charge of the North Metropolitan Health Service. I have read out some of the headlines that were around when he was Minister for Health. It really frightens me that this is like *Back to the Future*, because it has been over 10 years since we have seen, in our main newspaper, headlines like “Big waitlist at kids hospital”. It has been 10 years since we had headlines like that, and who was in charge 10 years ago? This mob was—this Labor government in its previous iteration, and it has now resurrected that failed health minister and put him in charge of not only the North Metropolitan Health Service, but also a couple of other boards for good measure. Notwithstanding he is probably on a very good parliamentary pension, he is sucking up taxpayer money while sucking it out of the health service. That is what is happening. The article “Big waitlist at new Perth Children’s Hospital” states —

The State Government is being urged to fund more ear, nose and throat surgery —

For our kids —

as figures reveal thousands of children are facing long delays to be assessed at Perth Children’s Hospital.

These kids cannot get assessed. The article continues —

Figures show 4044 children are queued for their first ENT appointment, waiting on average more than 15 months for non-urgent problems and three weeks for urgent cases.

That is because the theatres are not open. Patients get assessed and are told that yes, they need surgery, but then they have to wait because only half the theatres are working. That is what is happening here.

An article in *The Sunday Times* on 9 September, “Surgery blowout”, states —

The wait list for elective surgery at public hospitals has blown out to almost 24,000 West Australians, an increase of 13 per cent compared with a year ago.

That is a lot of people. Of those 24 000 people, 1 599 have been waiting longer than the recommended time for their operation. The over-boundary list has jumped 25 per cent. This government keeps saying that it is because we have had a flu season and people are fleeing from the private health sector, but knowing all that, the government is cutting funding. There is no logic in these decisions whatsoever. The article states —

The new Perth Children’s Hospital had 2425 children on its wait list, compared with 2132 at Princess Margaret Hospital a year ago, up 13.7 per cent.

That is not about a transition to a new hospital. That is about theatres, specialists and nurses not being funded to perform these surgeries. This government and this minister knows it. Instead of responding to it, the minister has the grim reaper, Hon John McGinty, out; he has dusted him off and said, “We want more of these headlines, thanks. Get yourself down to North Metropolitan Health Service. Help us deliver on our efficiencies. These are the financial efficiencies we want you to deliver on and to hell with the results.”

I will read out some more results. What really offended me about the removal of the board members at the North Metropolitan Health Service was that they were being removed for apparently not performing, but the South Metropolitan Health Service is performing. The government is clearly focused only on financial indicators because in the South Metropolitan Health Service’s annual report, one of the service’s KPIs is the rate of unplanned readmissions within 28 days for selected surgical procedures. This is on page 131 of the annual report. In 2016, 97 per 1 000 people who had tonsillectomies and adenoidectomies were readmitted after surgery with cross-infections. It is still up at 82.6 per 1 000 and the target is 61. For prostatectomies in 2016, 30 per 1 000 people were readmitted within 28 days after surgery because of reinfection problems. That is up to 53.1 per cent. The target is 38.8 per cent. These are the sorts of outcomes we get. In 2016, 10 per 1 000 patients who had hip replacements returned with problems. Now we have 13.1 per 1000 returning with problems.

**Mr W.R. Marmion:** What are they doing about it?

**Mrs L.M. HARVEY:** The government is cutting funding to fix that problem, which is not going to work.

[Member’s time extended.]

**Mrs L.M. HARVEY:** The government says that the North Metropolitan Health Service is apparently underperforming, but not according to its patient outcomes. In 2016, it had a target of 17.2 per 1 000 for readmissions within 28 days after procedures. For hip replacements in 2016, it achieved 16.5 per 1 000. Now because of the savage cuts of this government, it is at 21.3 per 1000. There are more adverse outcomes. This is what I have been talking about. For patients who had hysterectomies, 31.9 per 1 000 were readmitted in 2016. We are now up to 45.5 per 1000. The target is 41.3 per 1000. In all these areas we are starting to see that all those indicators, the KPIs that we hold our health services accountable for, are being affected. I refer to things such as patient care. We do not get reinfections and people being readmitted after surgery if we give them the right dose of antibiotics while they are in hospital. We do not get stories like I am hearing. I heard one horrible story about

**Extract from Hansard**

[ASSEMBLY — Wednesday, 10 October 2018]

p6811b-6839a

Mr Sean L'Estrange; Dr Mike Nahan; Mrs Liza Harvey; Dr Tony Buti; Mr Zak Kirkup; Mr Roger Cook; Ms Libby Mettam

---

a patient who had been in for knee surgery and was denied anti-nausea tablets and lay on a gurney vomiting all over herself after surgery. Do members know what the nurse was told who was looking after her? She was told not to prescribe that drug because it is too expensive: “She will get over the vomiting when her stomach is empty.” That is apparently the new approach.

These nurses are outraged. The nurses, the orderlies, the people in the health system are appalled to see within two years the decline in standards and patient care and the re-emergence of demoralising headlines. We are back to low morale in our hospitals. We are back to nurses saying that they think they will move to an agency or get a job in a school. They will try to get a job anywhere but in the public health system, because it is underfunded as the government does not care anymore about patient outcomes. All the government cares about is driving down the expenditure in the health system at a time when we have ever-increasing demand. Something has to give and it is starting to give.

On our side, if these headlines continue, that is very good news for us, but we do not want Labor to lose government on the back of excessive adverse outcomes in the health sector. Our constituents and our family members will be suffering. I do not want a member of my family to be lying in a hospital bed in their urine because the public health system is too stingy to give them an incontinence pad. I do not want that. I do not want my grandchildren, should they need ear, nose or throat surgery, to be waiting half a year before they get an appointment to see somebody and then to wait another 15 months before they can get surgery. I do not want to see that for them or their friends. I do not want to see that for my great nieces and great nephews, and for all our children. I do not want to see that outcome.

I do not want to see elderly people who have had hip and knee replacements returned to the system within less than 28 days with adverse outcomes, such as infections and needing to have bone cut out because they were not giving antibiotics and appropriate care, or were discharged too early or whatever it might be. I do not want to see that. I would not like to win government on the back of those outcomes. I would hate for that to happen. But that is where we are headed because we have—what was it that Mr McGinty referred to? We now have a person in charge of North Metropolitan Health Service who is the only one ruthless enough to deal with the bureaucrats in health. We have a person there with no compassion. How does the government put a person with no compassion in charge of a health service? How on earth can it put a person who is described by his colleagues as having no compassion in charge of something as important as a health service?

That is where we are headed, members, back to the future—surgery blowouts, waitlist blowouts and adverse outcomes. The nurses and the orderlies will become the friends of the Liberal opposition, as many of them have done with me. They are contacting me as constituents and they are saying we need to do something about this now. They are saying, “This health system is going back to how I remember it was 10 or 15 years ago when it was hell to work in and I hated going to work. The facilities were substandard and we weren’t allowed to administer drugs to patients. We had patients waiting in hospital corridors and we had patients waiting in ambulances out in the weather because there was no room for them in the hospital as the wards and the theatres were closing.” They do not want to go back to that and they are contacting us because they feel that they are already there within just under two years. It is a shame on this government. It has put its priorities in the wrong place and it will pay the price.

**DR A.D. BUTI (Armadale)** [5.40 pm]: I was not going to get up, but I was incredibly amazed by the character assassination —

Several members interjected.

**Dr A.D. BUTI:** I am not asking for interjections, Mr Acting Speaker.

**The ACTING SPEAKER:** It becomes difficult for Hansard if there is constant interjection. I would prefer to have the member heard in silence.

**Dr A.D. BUTI:** Thank you very much, Mr Acting Speaker. The character assassination of a former politician who does not have a right of reply in this house —

**Mr Z.R.F. Kirkup** interjected.

*Point of Order*

**Mr W.J. JOHNSTON:** Mr Acting Speaker, I point out that we have not even heard 60 seconds of this speech and the member for Dawesville, in his usual way, is going on with these inane interjections about nonsense and dishonesty. It would be of assistance if you could draw his attention to the standing orders and ask him to refrain.

**The ACTING SPEAKER (Mr I.C. Blayney):** Which I am about to do. The member for Churchlands has a further point of order.

**Mr S.K. L’ESTRANGE:** I ask the minister to withdraw his imputation on the member for Dawesville.

**Extract from Hansard**

[ASSEMBLY — Wednesday, 10 October 2018]

p6811b-6839a

Mr Sean L'Estrange; Dr Mike Nahan; Mrs Liza Harvey; Dr Tony Buti; Mr Zak Kirkup; Mr Roger Cook; Ms Libby Mettam

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**The ACTING SPEAKER:** In inane comments? Member for Dawesville, would you perhaps think of another word to use instead of “inane”?

Opposition members: He used it.

**The ACTING SPEAKER:** That was the minister’s word?

Several members interjected.

**The ACTING SPEAKER:** Members, I do not accept either point of order, but I say to the member for Dawesville that I want to hear, and Hansard wants to hear, the member for Armadale say his piece.

*Debate Resumed*

**Dr A.D. BUTI:** Thank you very much, Mr Acting Speaker.

It is interesting that in the contributions from the member for Churchlands, the Leader of the Opposition to a lesser degree, and the member for Scarborough —

**Mr A. Krsticevic** interjected.

**The ACTING SPEAKER:** Member for Carine!

**Dr A.D. BUTI:** They spent the majority of their time talking about a former member of Parliament, who is not the Minister for Health. The Minister for Health is sitting there. Very little criticism was made of the Minister for Health. They went on about Jim McGinty, a former minister in a government from eight to 10 years ago who is the chair of a board. The chair of a board does not run the health service and is not in charge of the health department.

The member for Scarborough went on about some newspaper articles from 10 years ago. I will start by saying that I have a lot of time for Kim Hames and John Day, but because the member for Scarborough had to be nasty, in her usual way, I will go through a couple of headlines that are not from 10 years ago. In 2015, an article with the headline “Kim Hames: ‘I could have done things better at Fiona Stanley Hospital’” reads —

WA Health Minister Kim Hames has conceded he would have done certain things differently at the new \$2 billion Fiona Stanley Hospital.

Blah, blah, blah, and there is further criticism. Another article with the headline “WA cancer services: Health Minister Dr Kim Hames admits centralising care caused ‘disruption’” states —

THE Barnett Government has backflipped over its decision to centralise cancer care services at Fiona Stanley Hospital after copping criticism over the move.

It is interesting that the member for Churchlands, the member for Scarborough and the opposition leader criticised the Department of Health, because their former leader, whom the member for Dawesville worships, was referred to in another headline that reads “Premier says criticism of hospital ‘un-Australian’”. The article states —

The WA premier has accused senior clinicians who are criticising Fiona Stanley Hospital of damaging morale.

Member for Dawesville, this is very interesting. Another headline from 2016, when the Liberal Party was still in government—not 10 years ago—reads “Health Minister palms off questions about wait times to Peel Health Campus”. They were the wait times that happened under the former government, not our government. This was two or three years ago, not 10 years ago when Jim McGinty was the health minister. How appalling! During private members’ business, members opposite had the chance to criticise this government and the best they could do was talk about a health minister from 10 years ago who happens to be the chair of a health service. He is not the minister.

Several members interjected.

**The ACTING SPEAKER:** Members!

**Dr A.D. BUTI:** The member for Scarborough mentioned people waiting in corridors. Members opposite have a short memory. Under their watch, we had report after report from Sir Charles Gairdner Hospital of elderly people waiting in corridors for days and days, so they should not say that it is happening under this government. It happened under their watch when they were senior ministers. Talking about hospitals, under their watch Armadale Health Service was neglected. Under our watch, the minister has been out to Armadale hospital a number of times and the services and facilities have improved markedly under this minister. Year after year, the previous government talked about capital improvements at Armadale hospital and year after year it put them off, so members should not come into this house and criticise this government. The best they could do was talk about the health minister from 10 years ago, not this health minister, who is doing a fantastic job.

Several members interjected.

**Extract from Hansard**

[ASSEMBLY — Wednesday, 10 October 2018]

p6811b-6839a

Mr Sean L'Estrange; Dr Mike Nahan; Mrs Liza Harvey; Dr Tony Buti; Mr Zak Kirkup; Mr Roger Cook; Ms Libby Mettam

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**The ACTING SPEAKER:** Members!

**Dr A.D. BUTI:** The member for Carine was not in here so how would he know? His contribution on 6PR was no better than his contribution today—gobbledegook.

How nasty was the member for Scarborough? It was a character assassination of Jim McGinty. It was absolutely disgraceful. When we sought to criticise anyone, the man the member for Dawesville worships, former Premier Colin Barnett, would stand up and say, “How dare you criticise someone who is not in Parliament. How dare you criticise a public servant. How dare you criticise someone who is trying to provide a public service.” And what have members opposite done today? The member for Churchlands, and the Leader of the Opposition to a lesser degree—I give him some due—did that, and then we had the nasty contribution from the member for Scarborough, who of course has walked out. She said, “Of course it would be good for us if you get bad headlines, but we do not want to win government like that.” What a load of rubbish! She was misleading Parliament.

*Withdrawal of Remark*

**Mr S.K. L'ESTRANGE:** Under standing order 92, imputations of improper motives by a member of Parliament are a breach. The member does not know what the motivation was of the member for Scarborough and should not be imputing her with regard to that improper motive, and I ask him to withdraw.

**Mr D.A. TEMPLEMAN:** The use of the word “misleading” is not an imputation on a member. Therefore, there is no point of order.

**The ACTING SPEAKER (Mr I.C. Blayney):** I am sorry; I do not find that to be a point of order. I will have a talk about it later.

Several members interjected.

**The ACTING SPEAKER:** It is so I can explain my ruling to him.

*Debate Resumed*

**Dr A.D. BUTI:** It is interesting that the member for Churchlands should take a point of order when he and the member for Scarborough tried to make imputations about why the minister appointed Jim McGinty to the position to which he has been appointed. The member had no evidence and he also tried to state what Jim McGinty was going to do. Jim McGinty has just got into the job, so the member does not even know what he is going to do. I am considering referring the member for Scarborough to the Procedure and Privileges Committee to justify the comments she made about the former member.

**Mr S.K. L'Estrange:** All the member for Scarborough was doing was reading newspaper articles.

**Dr A.D. BUTI:** I will be considering and taking advice on her disgraceful and nasty contribution—a character assassination that had no substance. Member for Churchlands, I might even have to look at your contribution. I will tell members one thing —

Several members interjected.

**The ACTING SPEAKER (Mr I.C. Blayney):** Any more of that, and I am going to start calling people; okay?

**Dr A.D. BUTI:** The contribution of the member for Scarborough was disgraceful. The problem the member for Scarborough has is that when she was a minister she had public servants to assist her. Now she is in opposition, she has to try to do some of the research herself. She has very limited capacity in that area, so she turns nasty. Speech after speech is nasty—very, very nasty—and her comments today about Jim McGinty were truly disgraceful. I think it warrants the Procedure and Privileges Committee looking into those comments. They were made without any evidence or substance to them, and she then tried to impute what was in the mind of the health minister in appointing Jim McGinty to that position. I can just imagine what would have happened when we sat on that side and Colin Barnett was here if we had made the same allegations about people appointed by the then government.

**Mr A. Krsticevic** interjected.

**Dr A.D. BUTI:** Member for Carine, find the examples and bring them into the house, if that was the case. But it was never to the degree that we character assassinated former members of Parliament who did not have the ability to respond in this place.

**Mr A. Krsticevic** interjected.

**Dr A.D. BUTI:** No, we did not, member. Member for Carine, we did not. We did not attack former members of Parliament to the degree that the member for Scarborough did in her contribution today. It was absolutely disgraceful.

But the point is, though, what a waste of time. The opposition has three hours in which to discuss its motion about the health department or the so-called crisis in health, and it goes on about what happened about 10 years ago.

**Extract from Hansard**

[ASSEMBLY — Wednesday, 10 October 2018]

p6811b-6839a

Mr Sean L'Estrange; Dr Mike Nahan; Mrs Liza Harvey; Dr Tony Buti; Mr Zak Kirkup; Mr Roger Cook; Ms Libby Mettam

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**Mr A. Krsticevic** interjected.

**The ACTING SPEAKER:** Member for Carine!

**Dr A.D. BUTI:** It is interesting that when I first came into this place the member for Carine never spoke. The only time he ever got to his feet and spoke was when he was attacking the federal Labor government. I said to him, "If the federal Labor government gets defeated at the next election, you won't have anything to say." I was proven correct. He was silent in the previous Parliament. He did not say a thing. I must say that, no, he did get up and shed crocodile tears during the taxi debate, as he tried to do this time. The member for Carine is really good at saying, "I'm your friend and I want to do something", but never does anything. He is also very good —

**Mr A. Krsticevic:** But they all know the truth; that's the main thing.

**Dr A.D. BUTI:** Yes, the truth! Like you read out an email that you said you did not know was true. You read out an email about so-called communications with my office —

**Mr A. Krsticevic:** I never said it wasn't true.

**Dr A.D. BUTI:** You did say it was not —

**Mr A. Krsticevic:** I said that's what they said. I just know what they told me —

**Dr A.D. BUTI:** The point is that at least the member for Carine has the ability and capacity to respond to criticism I make of him. Jim McGinty does not have that ability in this house, and it is absolutely disgraceful. On such an important issue as health, the best the house spokesperson for the opposition, followed by his leader and the nasty member for Scarborough, could do was go on about Jim McGinty and health 10 years ago. It was absolutely disgraceful. If that is going to be the member's worth as a health minister —

*Point of Order*

**Mr W.J. JOHNSTON:** I do not understand how come a member can be here for so long and not know the standing orders. Just because the member on his feet is referring to the member for Churchlands, it does not give the member for Churchlands licence to yell and scream across the chamber. This place is not functioning this evening. We need —

**Mr D.C. Nalder:** You are a bit of a hypocrite.

**Mr W.J. JOHNSTON:** I would like the member to withdraw that —

**Mr S.K. L'Estrange:** Under what standing order?

**Mr W.J. JOHNSTON:** Under standing order 92. Get up and do the withdrawal.

**Mr D.C. NALDER:** I withdraw.

**Mr W.J. JOHNSTON:** Members on the other side might not like the fact that the member on his feet is criticising them, but that does not give them licence to yell and scream. This chamber is not functioning at the moment —

**Mr D.C. Nalder:** How about being consistent? You are so inconsistent.

**Dr A.D. BUTI:** A point of order is being made; there should be silence.

**Mr W.J. JOHNSTON:** I sat here in silence and did not interject on any of the dopey speeches from the other side of the chamber. This member has come into the chamber specifically to interject on a point of order!

Several members interjected.

**Mr W.J. JOHNSTON:** This is ridiculous!

**The ACTING SPEAKER (Mr I.C. Blayney):** It is probably a point of order that you took a bit long to present. But, members, a point of order is heard in silence.

**Mr Z.R.F. KIRKUP:** With respect, Acting Speaker —

Several members interjected.

**The ACTING SPEAKER:** No; sorry, I am not having a debate. I have six minutes to go, and I am getting slightly closer to doing my block. I do not consider there to be a point of order, and I do want to hear out the member for Armadale. I ask him to direct his comments to me.

*Debate Resumed*

**Dr A.D. BUTI:** I have been. I think I have been directing them to you, Mr Acting Speaker. They might be about someone else in the chamber, but I am directing them through you.

**Extract from Hansard**

[ASSEMBLY — Wednesday, 10 October 2018]

p6811b-6839a

Mr Sean L'Estrange; Dr Mike Nahan; Mrs Liza Harvey; Dr Tony Buti; Mr Zak Kirkup; Mr Roger Cook; Ms Libby Mettam

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But I will conclude, because we do want to actually hear some substance tonight and we will hear that from the Minister for Health. I mean, the other side could only dream to have a minister of the capability of the health minister in that portfolio. The contributions made by the other side —

**Mr A. Krsticevic** interjected.

**The ACTING SPEAKER:** I am calling you for the first time, member for Carine.

**Mr K. Michel** interjected.

**The ACTING SPEAKER:** I was not asking for anyone else to make any comments. Member for Armadale.

**Dr A.D. BUTI:** The contribution from the member for Churchlands, who is the lead in this debate tonight and also the house spokesperson, was incredibly weak from —

**Mr S.K. L'Estrange:** Stop misleading Parliament!

**Dr A.D. BUTI:** It was incredibly weak and nasty. The Leader of the Opposition's contribution was a little better. If the member for Churchlands was treating that as an audition for the top job, he did not pass tonight. The member for Scarborough is really battling in opposition because she does not have the support of the public service behind her. She battled as a minister, but without the support of the public service she is lost. Her nasty contribution tonight just took the cake. She spent 90 per cent of her contribution attacking Jim McGinty, who was a health minister 10-odd years ago when she was not even in this Parliament. She mentioned she has received all these phone calls from people; maybe she has. I challenge her to show us proof that she has received these phone calls. She can preserve the confidentiality by removing the names, but if she has received these emails and phone calls show us them, or maybe she could send them to the health minister —

*Withdrawal of Remark*

**Mr S.K. L'ESTRANGE:** Under section 92 of the standing orders, this is clearly an imputation that the member for Scarborough has tried to deceive Parliament. I ask him to withdraw.

**The ACTING SPEAKER (Mr I.C. Blayney):** I would just ask you, member for Armadale, to be careful what you say about people. I know you are in Parliament.

*Debate Resumed*

**Dr A.D. BUTI:** Thank you. The member for Scarborough has said she has these communications from constituents who are concerned about the health system, and she is concerned about the health system. I am not sure how the member for Carine operates, but when constituents ring my office the electorate officers actually take down notes and names and put them into a computer so we have a record. I assume that is what the member for Scarborough would do. I do not know whether the member for Carine would do that, but that is what would happen. Also, if she received emails with these terrible complaints about the health system, she should refer them to the Minister for Health because they can then be actioned on by him. That is the challenge. If she would like to do that, I am sure the Minister for Health would address those issues. Regarding the member for Scarborough's criticism of Jim McGinty, I do not think that she even made any criticism of the Minister for Health. She just said he has appointed Jim McGinty as chair and that was it.

**Ms M.M. Quirk:** No, she was saying that the Minister for Health had given him directions.

**Dr A.D. BUTI:** We would like to know where is the proof of that. If members are going to make statements in Parliament about what the Minister for Health has done, they should provide proof. Where is the proof that the minister did X,Y or Z in the appointment of Jim McGinty?

**Mr S.K. L'Estrange:** Get him to table it.

**Dr A.D. BUTI:** Table what?

**Mr S.K. L'Estrange:** The proof.

**Dr A.D. BUTI:** We do not have to table the proof. The opposition is making the accusation. That is amazing! The opposition has made an accusation; it is up to the opposition to provide proof of the accusation. It would be a reversal of the way things operate generally, member for Churchlands. The opposition should not make an accusation and then expect the person whom it is accusing to provide proof to prove its accusation.

**Mr S.K. L'Estrange:** You want to see the proof.

**Dr A.D. BUTI:** But I have not accused the Minister for Health.

**Mr S.K. L'Estrange:** Yes, but you could find out whether it was true and then you could hold them to account.

**Extract from Hansard**

[ASSEMBLY — Wednesday, 10 October 2018]

p6811b-6839a

Mr Sean L'Estrange; Dr Mike Nahan; Mrs Liza Harvey; Dr Tony Buti; Mr Zak Kirkup; Mr Roger Cook; Ms Libby Mettam

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**Dr A.D. BUTI:** If this is to be the quality of opposition debate we will receive over the next two years, I can assure the member for Scarborough that she will not be in government in two years' time.

**MR Z.R.F. KIRKUP (Dawesville)** [6.01 pm]: Thank you very much for the opportunity to join with members of the opposition in condemning the Minister for Health's handling of the health portfolio and placing our health system on a trajectory of cost cutting that is stripping away frontline health and mental health services in a similar manner to that which led to the chaos experienced under the last state Labor government. As I start my contribution this evening, I follow an arduous moral lecture from the member for Armadale about what he thought were some imputations or spurious allegations by the member for Scarborough about the former health minister. I find it fascinating that members opposite continue to go to some lengths to criticise the former Premier of Western Australia, the state's twenty-ninth Premier, without any sense of morality—in some instances, they go way, way beyond what I think is within the bounds of reasonableness—and then come into this place, as the member for Armadale has done, and criticise the member for Scarborough as though somehow the former member for Fremantle, Jim McGinty, is sacrosanct. Members opposition have undertaken a practice of criticising the state's former Premier on a regular basis and I do not think that is good enough, member for Armadale.

**Dr A.D. Buti:** When was the last time he was criticised?

**Mr Z.R.F. KIRKUP:** During the last sitting weeks, members of the front bench of the Labor Party did exactly the same thing in relation to the former Premier.

**Dr A.D. Buti:** What did that they say?

**Mr Z.R.F. KIRKUP:** I am more than happy to bring it to the member's attention later today but I want to address the more substantive motion before us.

**Dr A.D. Buti:** Let's hope you do so.

**Mr Z.R.F. KIRKUP:** I look forward to it, member for Armadale. You and I enjoy robust conversations with each other. I look forward to getting back to debating the more important motion that has been moved by the member for Churchlands. I think it is a very good motion about cost cutting. The member for Churchlands referred to the \$201 million that has been gutted from the state's health portfolio, from our state's health system, and the impact that has had subsequently on waitlists and on elective surgery lists. The member for Churchlands talked about the strain on the emergency department at Royal Perth Hospital, Sir Charles Gairdner Hospital and Fiona Stanley Hospital. I think the member for Churchlands also made the point that in April, or sometime earlier this year, there were some of the worst results in ambulance ramping in the last seven years. We are seeing real and substantive impacts on the state's health system and they are impacting on the lives of Western Australians. I find it fascinating that members opposite so stridently defend this government. They happily beat that drum while we see significant amounts of money being stripped from the state's health budget. I do not understand why members sitting in marginal seats such as Kingsley, Joondalup or Murray–Wellington would be happy about the amount of money that is being stripped out of the state's health system.

**Mr D.T. Punch** interjected.

**Mr Z.R.F. KIRKUP:** I promise members this, member for Bunbury, just as happened in 2008, when there is a build-up of health issues like there was under the former Labor government, which we have spoken about, and under a former health minister who has now been appointed to the North Metropolitan Health Service board, that that has an impact on the minds of voters. As we saw in the September 2008 state election, that issue was absolutely on their minds. The member for Scarborough rightly pointed out that we are returning back to the future, as it were. This government is committing the same acts again. Perhaps in a spirit of arrogance or a spirit of denial or ignorance, or maybe it is that they just do not care, they are doing the same thing all over again—stripping significant money from the state's hospital budgets. To be frank, I would be surprised that any member could stand in here and defend what has happened. I look forward to the contributions. The member for Armadale rightly points out the visits that the Minister for Health has made to the Armadale Hospital, but I would like to see what emergency department waitlists are like at Armadale, because they are absolutely shocking at Peel Health Campus, Sir Charles Gairdner, Royal Perth and Fiona Stanley. Waitlists for elective surgery and ear, nose and throat surgery, as the member for Scarborough pointed out, are blowing out. The four-hour rule, the parameter within which people are meant to be seen in emergency departments, is blowing out. I do not think that is good enough. It really hits home for me when I look at the hospital in Peel.

I would like to take members through a very quick, expedited time line of what has been happening at Peel Health Campus. It is a very real example of how the \$200 million-plus that has been stripped out of the health system is having an impact. That frontline impact is being felt at Peel Health Campus. I am glad that the member for Armadale cited that September 2016 article about the Peel Health Campus waitlist times. I would be interested to

**Extract from Hansard**

[ASSEMBLY — Wednesday, 10 October 2018]

p6811b-6839a

Mr Sean L'Estrange; Dr Mike Nahan; Mrs Liza Harvey; Dr Tony Buti; Mr Zak Kirkup; Mr Roger Cook; Ms Libby Mettam

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know which members or shadow ministers commented on that matter at that time. I suspect that probably the now health minister commented on that article. He was very well aware of the issues, it seems, at Peel Health Campus before he came to office. I would have thought that perhaps a minister who is so well aware of the issues at that hospital as a shadow minister would come to government with a plan to fix that hospital.

**Mr R.H. Cook:** What was your plan?

**Mr Z.R.F. KIRKUP:** We did not have one, did we, at that point in time.

I will go to the very start of the campaign that we started to run in August last year. We started to realise through questions—a great tool in this place—that a shedding of doctors had been occurring between June 2017 and the same time in 2016. The number of doctors had started to fall away at Peel Health Campus. There had been a 12.8 per cent—nearly 13 per cent—drop in the number of doctors on staff at Peel Health Campus. That concerned me. More than that, a significant stack of nurses—15 nurses—resigned and there were 9.4 positions vacant from the resignations that had occurred during the year. The impact of that was that the number of patients being seen within the four-hour rule started to decline. That happened in August 2017 and it was raising significant concerns for me. Clinicians started to resign in not insignificant numbers. What was the flowthrough? What did that look like in the ED? It started to have an impact. The four-hour rule was starting to blow-out—that is, the time that patients were being seen within the four-hour rule was not adequate at all. I asked more questions of the minister. In November last year, we started to see that in the Peel Health Campus emergency department only half the number of patients who should have been seen within the first two minutes—that is, the highest urgency category—were being seen within the first two minutes. As it would be for any local member in this place, that was very concerning for me. It is very concerning when the local ED is not seeing the highest urgency category of patients within two minutes. It was blowing out and already blowing out at that end.

Only 63 per cent of patients were treated within four hours. It started at 71 per cent when this government came to office. We saw mass resignations and the strain having a very real impact on our hospital and the emergency department four-hour rule—patients being seen within four hours—go from 71 per cent to 65.7 per cent in August and, in November, 63 per cent. The government's requirement is that 90 per cent of patients must be seen within four hours or less. Ninety per cent is the benchmark. We were not improving at Peel at that point in time; we were deteriorating and that was a significant concern. As he knows, we raised these issues with the health minister. We spoke about it in Parliament a number of times last year, asked a number of questions and made a number of freedom of information requests. It became very obvious to me that perhaps the concerns I, as an opposition member had in this place, were not quite being paid attention to by this government.

I have to say that time and again we see most prominently in state budgets that this government absolutely hates Mandurah. I do not understand why the government hates Mandurah or the Peel region. I am curious why that is the case. We start to see that. In state budgets we see \$300 000 stripped from my local secondary high school budget—300 grand gone, just like that. We see cutbacks in the number of police in the Peel region. We see no money being delivered for expansion of our police station; no money for transport infrastructure; delays unfortunately in delivering an important family and domestic violence refuge, which was noted as an election commitment in the Peel region. It is taking time. The government has taken a position against Mandurah by taxing the Uber taxi to fund a plate buyback for taxis that have no impact in Mandurah. Contrast that with increasing fees and charges on pensioners on fixed incomes and self-funded retirees in my electorate. This government has a penchant for attacking people in Mandurah. I do not understand why it hates them. It is important to me.

I thought that if this was a trend with the government, we needed to organise a community rally. I chose the date of 1 May 2018 on a Tuesday, the middle of the week, probably not the most ideal time for bringing out families.

**Mr S.K. L'Estrange:** It was cold.

**Mr Z.R.F. KIRKUP:** It was cold in May, as the member for Churchlands can, rightly, attest.

*Point of Order*

**Ms J.M. FREEMAN:** Under standing order 94, a member's speech must be relevant to the question under discussion. The member was speaking quite pertinently about what was going on at Peel Health Campus. He was developing an argument about what was happening there and about how he had approached the government and then he went off on some tangent about his feeling of being persecuted.

**The ACTING SPEAKER:** Come to your point of order please.

**Ms J.M. FREEMAN:** The point of order is that you bring him back to the relevant question under discussion, which is only about health and the Minister for Health.

**Extract from Hansard**

[ASSEMBLY — Wednesday, 10 October 2018]

p6811b-6839a

Mr Sean L'Estrange; Dr Mike Nahan; Mrs Liza Harvey; Dr Tony Buti; Mr Zak Kirkup; Mr Roger Cook; Ms Libby Mettam

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**Mr S.K. L'ESTRANGE:** It is not a breach of the standing order because he is talking about the Peel Health Campus and a Peel Health Campus rally. So it is absolutely about this.

**Ms J.M. FREEMAN:** Further to that point of order.

**The ACTING SPEAKER:** No.

**Ms J.M. FREEMAN:** He went so far off —

**Mr Z.R.F. KIRKUP:** He?

**Ms J.M. FREEMAN:** The member went so far off.

**The ACTING SPEAKER:** Sit down, member for Mirrabooka. Thank you. I am sure the member for Dawesville will continue and talk about the motion.

*Debate Resumed*

**Mr Z.R.F. KIRKUP:** Thank you, Mr Acting Speaker. I appreciate the protection of the member for Churchlands for —

**Ms J.M. Freeman:** Guidance.

**Mr Z.R.F. KIRKUP:** Are we going to call it “guidance”, member for Mirrabooka?

**Ms J.M. Freeman:** Absolutely.

**Mr Z.R.F. KIRKUP:** That is right. Concerned as I was about the treatment, this government continues in ignorance and basically hating my community.

**Ms J.M. Freeman** interjected.

**Mr Z.R.F. KIRKUP:** Acting Speaker, I look forward to continuing —

**The ACTING SPEAKER:** Member for Mirrabooka, enough!

**Mr Z.R.F. KIRKUP:** We organised a rally on 1 May, a Tuesday night, at I think 6.30, not an ideal time I admit for a community rally. I invited the member for Churchlands to come down in his capacity as shadow health minister, the federal member for Canning and other local members of the government side in the spirit of bipartisanship to make sure we raised the importance of this issue locally. Unfortunately, and without any prejudice from my perspective, those members could not make it and I appreciate that they had their own affairs to attend to. The member for Canning, the member for Churchlands and I were there, with more than 350 members of the community on a cold Tuesday night in a car park, opposite the Peel Health Campus because they felt they were being ignored by this government when it came to their concerns about the Peel Health Campus. More than 350 people attended that rally demanding —

**Ms J.M. Freeman** interjected.

**Mr Z.R.F. KIRKUP:** It is.

They were demanding that this government knew that they expected that in the upcoming 2018 state budget there would be money to expand the emergency department and money for the car park—a long-term plan for health and hospital services for the Peel region. Importantly, they also wanted a very specific design for the emergency department waiting room to separate children from the rest of the general population who might present at that emergency department. There were more than 350 people at that rally; it was exceptional. What did we see nine days later? Bear in mind we were talking about important clinical services that needed to be delivered to my community that I have the opportunity to represent in Dawesville. As I have mentioned a number of times, Dawesville has the largest number of elders per capita than anywhere else in Western Australia. Obviously, that puts a significant reliance on the state’s health system. Contrast that with the member for Mandurah’s district, which contains a population with a changing disposition towards young families. I suppose they are the bookends so we need to make sure we have services for young people, families and children right through to the more senior in years. More than 350 people who turned out expected that this government would have listened to them. What do we see?

They asked for an emergency department expansion and better hospital services. What do we see? We see \$4.4 million for a car park and maintenance at the hospital. I said publicly that it was an important contribution but it made no sense to expand the car park when people could not get a hospital bed. When people cannot get into the hospital emergency department, there is very little point in providing extra parking.

**Dr M.D. Nahan:** That is where the new waiting list will be.

**Mr Z.R.F. KIRKUP:** That is right. The Leader of the Opposition makes the point that we will start counting patients in the car park. That was the area that clearly needed more attention—not the beds, not the emergency department, not the separation of children from the general population—the car park and maintenance requirement. It included CCTV. Important as security is, I do not think that was top of the list for people in my district, in Mandurah and the Peel region. I do not think it went down quite as well as the government expected because 20 days later the minister came out saying, “Admittedly, future upgrades to the hospital cannot wait.” We see after the community’s demands—the community collaborating, standing united, to make sure this government was aware of their concerns—that they get a crumb thrown at them for a car park and maintenance, compared with the rest of the money spent on the state’s health budget. Twenty days later, clearly, the health minister, and perhaps community leaders, knew it was not good enough because the health minister conceded in an article in the *Mandurah Mail* that future upgrades cannot wait. The minister noted —

**Ms J.M. Freeman:** Why didn’t you congratulate him?

**Mr Z.R.F. KIRKUP:** I did at every point; The member for Mirrabooka asks: why did I not congratulate him? Even the most recent amount of money, which I will get to shortly, I have said was a good start.

**Ms J.M. Freeman** interjected.

**Mr Z.R.F. KIRKUP:** I have been public with what I have said. On Facebook I respond to every comment myself. I make the point regardless of who delivers for that hospital, Liberal or Labor, I will congratulate them.

**Ms J.M. Freeman** interjected.

**The ACTING SPEAKER:** Member for Mirrabooka! Thank you.

**Mr Z.R.F. KIRKUP:** The reality is that a situation has not arisen in the history of that city for which that community has united so strongly on an issue as it has on this hospital. It has not happened for this hospital before. We have a growing need in the community that is not being well responded to by this government. I think that is why we have heard concessionary tones from the minister. It was a bit disconcerting that the South Metropolitan Health Service chief, Paul Forden, said that the ED waiting room was a bit tired. I encourage chief executive Forden to spend a little bit more time there. It is beyond a bit tired. The reality is that the size of that emergency department waiting room is 20 per cent less than it needs to be. It is designed to service a population one-third the size of the Peel region. It is not a bit tired; it is way beyond being a bit tired. That, again, is the consistency, and the department needs to get more proactive in this case. I will keep up that pressure.

Later in June, we unfortunately returned to where we started on this. We came full circle as the wait list time at the Mandurah Hospital emergency department started to blow-out. In June 2018, it was reported that Peel Health Campus had unfortunately the second worst emergency department waitlist in Western Australia. Of the 24 hospitals in the state, it was the second worst. That is absolutely abhorrent and makes no sense. The Minister for Health is in charge of billions of dollars but there has been a massive blow-out with more than 32 per cent of people in the Peel Health Campus emergency ward waiting longer than four hours; that is, more than one in three people who rock up wait more than four hours to be seen. That is consistent with the anecdotes that I will get to—I will clearly go through their names very shortly, if that suits the member for Armadale—and explain the experience of each person who contacted me at Peel Health Campus.

[Member’s time extended.]

**Mr Z.R.F. KIRKUP:** The reality is that in the quarterly reports, in the parliamentary questions that we lodge and in the freedom of information material that we get back time and again, we are right back at the beginning. The amount of money that has been thrown at this hospital is not good enough and emergency department times at Peel Health Campus have blown out again. Unfortunately, we found out from freedom of information requests that I lodged with the Department of Health that the Peel Health Campus emergency department was seeing 47 patients more than it was designed to facilitate on a daily basis. The emergency department was designed to circulate 82 people a day but it is seeing 47 patients more than it is designed to see. It is constrained and burdened very significantly and is struggling to keep up with the demands of the community. More than that, unfortunately, as we discovered in similar freedom of information documents that were returned, Peel Health Campus is not keeping up with mental health demands. We speak a lot about mental health. This is world Mental Health Week and it is important that we talk about that. There is no designated mental health inpatient bed at Peel Health Campus and, unfortunately, patients have to go to Rockingham when they present to the ED. That is not an insignificant number. Between July and December 2017, there were 316 mental health presentations at Peel Health Campus. That is 316 people who could not be seen in our community at our local hospital and had to be transferred to Rockingham in most cases. Importantly, as the Minister for Mental Health has raised a number of times, even this week, there is an increase in the awareness of mental health-related issues and there was an increase in the number of patients in my community, from 306 to 316, who presented compared

with the same time for the previous year. Blow-outs continue in every measurable part of my hospital. Unfortunately, the government's response to this, similar to the consistent position it has taken to Mandurah, is to ignore the problem. Prior to the last budget, \$4.4 million was thrown at it. This is the consistent problem that occurs at Peel Health Campus. The member for Churchlands spoke about the Australian Medical Association president who spoke about some issues in the health system. He also spoke about issues at Peel Health Campus. The president of the AMA in WA was talking about a hospital in Mandurah. There are significant concerns in the community, which I have raised in Parliament. I have asked parliamentary questions and sought freedom of information documents; third parties, such as the AMA, have raised concerns; and there have been significant resignations in my community. Here we go. Peel Health Campus has not had a significant expansion admittedly for 20-plus years. In that time, there have been two Labor governments and two Liberal governments with a Labor government in now. It is time that the government heeded the concerns of the community because our population, member for Mirrabooka, is continuing to grow at a rapid pace, especially in the northern part of Mandurah. As the minister will probably point to, we got some money on 19 September, I think it was. The minister came down and gave \$5 million for a redesign of the emergency department and eight waiting bays, which will be delivered in 2019–20.

**Ms J.M. Freeman** interjected.

**Mr Z.R.F. KIRKUP:** Sure. I have said to the minister that I was elected in March last year. I will not stand and defend; rather, I will make sure that we absolutely get the possible outcomes for our community. I was elected in March 2017 and that is my job. We can all point to the history of this issue, but that will not help anyone who presents to the emergency department and has to wait more than four hours, which, in fact, is more than one in three people. It is not enough and community sentiment is really coming through.

**The ACTING SPEAKER:** Leader of the Opposition, could you keep your conversation down a bit, it is a little hard for Hansard to record?

**Mr Z.R.F. KIRKUP:** Community sentiment about not even being treated fairly by this government is absolutely growing and is not just reflective of the rally that was held in May. We are seeing it right now. On September 22, a number of people in the community said that they were lucky to have community representatives fighting for them to try to secure more money from this government. They said they feared that without them, they might not get any funding. The director of the South Metropolitan Health Service said that the ED is a bit tired; in reality, it is much more than that.

I will point out some concerns. I said to people in my community, "Can you email me?". I gave them 24 hours' notice because I did not want to interrupt the minister's visit on 19 September. I said, "I'm seeing the Minister for Health. What is the message you'd like me to give to him?" Within 24 hours, I got more than 186 responses via email. I will read some of them out. I point out that these people are very passionate about their community and health services and they are, absolutely, a reflection of our community and the issues that we have in Mandurah and the Peel region more broadly speaking. I asked them what their message would be to the health minister if they had a chance to see him. What message did they want me to give? Ms Watkins from Dawesville wants more paediatricians in Mandurah, which is reflective of the growing number of young families in my community. Mental health issues are at the top of the list for Danita from Falcon, because of issues with domestic violence and drug addiction, which I raised with the Minister for Prevention of Family and Domestic Violence in a grievance in this place during the last sitting. It does not surprise me that Danita is from Falcon, because that is where the majority of concerns are in my community. They want more of a focus on mental health. We do not have a mental health inpatient bed in the hospital, which is very concerning. Jordan from Wannanup wants more mental health facilities in our community. Janice, from Halls Head, wants more nurses after noticing the lack of nurses when she went to the hospital. She was seventh in line and with a pulse of 29, she almost died in the emergency department waiting in line. Ross from Falcon asked when the minister is going to stop running away from the issue and put a plan into action that is more than a short-term quick fix, a plan that will solve the whole issue for the long-term benefit, no matter who the electorate votes for. I could not have said it better, Ross. There are continual concerns. John from Falcon asked why the people of postcode 6210, which is serviced by Mandurah, are being treated as second-class citizens. We have a health facility that is way past its ability to cope with the population expansion yet there has been a head-in-the-sand approach to the inadequacies in this area. John said that he has used the ED facility at Peel several times in the last year and said that, as a retired general practitioner, it is woefully inadequate. This is the real sentiment in our community. Again, I stand together with members of the opposition to make sure that we highlight the issues of frontline services, the impact of frontline services, the cuts in the state's health budget and the impact those issues have on Mandurah. They are real and they are creating furious anger in our community. People feel that they are not being appreciated, not being listened to and are not having their needs responded to because—the member for

**Extract from Hansard**

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p6811b-6839a

Mr Sean L'Estrange; Dr Mike Nahan; Mrs Liza Harvey; Dr Tony Buti; Mr Zak Kirkup; Mr Roger Cook; Ms Libby Mettam

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Mirrabooka may protest—of the consistent pattern that has been orchestrated by this government to continually hate on Mandurah. Unfortunately, in this case, the reality —

**Ms J.M. Freeman** interjected.

**The ACTING SPEAKER:** Member for Dawesville, sit down please. Member for Mirrabooka, I will call you if you keep going.

**Mr Z.R.F. KIRKUP:** Unfortunately, the hate that this government has for Mandurah is in stark contrast —

*Point of Order*

**Ms J.M. FREEMAN:** I refer to standing order 94, which is about relevance. The motion is about the house condemning the Minister for Health. This is not a general debate. The member's speech must be relevant to the question under discussion. I ask, Mr Acting Speaker, that you direct the member to be relevant to the motion.

**The ACTING SPEAKER (Mr R.S. Love):** Thank you, member. I believe that the member is being relevant to this question.

*Debate Resumed*

**Mr Z.R.F. KIRKUP:** It does not surprise me that members opposite seek to interrupt this contribution. The reality is that they do not like having the truth revealed to them. The member for Churchlands pointed that out when he started listing the facts. They do not like it when the chickens come home to roost, and their gutting of the health budget starts to have an impact in the community. When I talk about the hate on Mandurah, I can only contrast that with the amount of money that has been spent on state hospitals since Labor came to office. Some money has been spent, but it does not surprise me that \$158 million was directed towards Joondalup Health Campus. The Labor government won Joondalup by 277 votes, so it does not surprise me that we are seeing a significant amount of money—more than \$150 million—being spent on Joondalup. As part of the federal government's GST top-up, money went to Joondalup Health Campus at the direction of this Minister for Health. I asked the federal Minister for Health, Greg Hunt, when he was here, where Peel Health Campus was on the state government's list of priorities. Peel Health Campus was not on the list at all. We cannot expect money from the federal government that is being given as part of a GST top-up to come to our hospital in Mandurah when this government is so predisposed against Mandurah. I do not understand why the government hates us so much. I do not understand why this government continues to orchestrate a campaign of ignorance and arrogance about our community. I suspect it is because Mandurah is a safe Labor seat and Dawesville is a seat that the government knows it is probably unlikely to get, because the swing is coming back against the government. When we see a five per cent or six per cent swing, or the swing in Darling Range, replicated across the board, Labor will lose government and in 885 days the time will come when the people of Mandurah will exercise their right to vote, and they will make sure they remember this minister and this party, who will be voted out of office.

**MR R.H. COOK (Kwinana — Minister for Health) [6.33 pm]:** That is one of the most pathetic contributions I have ever heard in this place. For the man who turned one of the safest Liberal seats in Western Australia into a knife-edge marginal seat to be thumping his chest so proudly about the Liberal Party's performance is extraordinary. The hubris is matched only by the commentary of the member for Churchlands that the Liberals were swept into power in 2008, when I think they were probably a minority government, if it were not for the vote of the Independent member for Alfred Cove allowing them to squeak in. Of course, the government did have the vote of the Independent member for Kalgoorlie. I know that the former Premier expressed very high thoughts of him in his commentary about him at the time that he was being investigated for potential or alleged corrupt behaviour. That is by the bye, but I just wanted to make sure that we put a few items on the record. I know that some members on our side are busting to have a go. I came into private members' business today with great anticipation, wanting to see what had led to this motion with such sharp wording. If members opposite want to bring something to this house, they need to have two things. First, they must have a narrative; they must get it right and understand what they want to accuse us of; and, second, they must have evidence to back up that narrative. Some numbers are actually required to back it up. Today we saw some sort of garbled conspiracy theory about the chair of the North Metropolitan Health Service, in a performance that was quite frankly reminiscent of the member for Perth's assertion that we needed to have some sort of cone hat. Somehow, this was all part of some sort of conspiracy.

I was bamboozled by the contribution of the member for Churchlands, and appalled by the contribution of the member for Scarborough, but the contribution of the member for Dawesville was gobsmacking. There was gobsmacking gall dripping from his speech that he should be so critical of a \$4.4 million injection of funding into his hospital this year, when he knows that it was in excess of any contribution that the previous government made to his hospital, by around \$4.4 million. If there is to be hatred of people in Mandurah, this must be an

exercise in self-loathing on the member's part. While the member was a senior staff member in the previous government, throughout that period of eight and a half years, absolutely nothing was spent on the hospital. The previous major investment in that hospital was—wait for it—by that evildoer, the former Minister for Health, Hon Jim McGinty. From that point of view, I guess the member for Dawesville must have been appalled by the commentary from the member for Churchlands and the member for Scarborough. Subsequent to those dark days of the previous government, we will have invested, over the course of this term, almost \$10 million in upgrades to Peel Health Campus.

**Dr A.D. Buti:** The only thing that the former Liberal government did for Peel Health Campus was to have one of its administrators run unsuccessfully for the Liberal Party against David Templeman.

**Mr R.H. COOK:** Even with that connection, it could not manage to commit any money to the hospital.

It was an extraordinary performance today, and I just want to deal with some of the allegations that have been made. The single biggest allegation was that there is somehow this plethora of budget cuts to our health service providers and somehow there is a major exercise in cost cutting in our hospitals. There have clearly not been cuts to our hospital services. I can confirm for the chamber that the approved budget expenditure growth for public hospital services from 2017–18 to 2018–19 is 2.2 per cent. That is not a cut. It does not matter which way we look at it, it is a growth in expenditure. That accounts for approved activity growth of 2.1 per cent for public hospitals for the same period. We increasing not only the budget, but also the level of activity. Further to that information, I want to break that down across each of the health service providers. The growth in the annual budgets for the health service providers between 2016–17 and 2017–18, in the Child and Adolescent Health Service, was 7.3 per cent. In the East Metropolitan Health Service, it was 12.5 per cent. In the North Metropolitan Health Service, it was 4.3 per cent. In the South Metropolitan Health Service—where the member for Riverton, the Leader of the Opposition, accused us of budget cuts—growth is actually 7.1 per cent. In the WA Country Health Service, the growth was 8.1 per cent. Even in this time of constrained overall costs for the health system, between 2017–18 and 2018–19, the Child and Adolescent Health Service increased its annual budget by 5.5 per cent; East Metropolitan Health Service increased by 7.8 per cent; North Metropolitan Health Service increased by 5.5 per cent; South Metropolitan Health Service increased by 2.5 per cent; and the WA Country Health Service increased by 3.3 per cent. We can do that because we are constraining the costs of the administrative burden of the health system by constraining the costs at head office. As I have said in this place on a number of occasions when I have been trying to educate members opposite, that has had the impact of allowing us to not only constrain overall cost growth, but also ensure the appropriate levels of expenditure and budget growth in our health services provided.

I have set aside the untruth of the narrative that members opposite have been trying to portray this afternoon that somehow the budget has been cut. However, they have also tried to suggest that somehow services have been cut, and again that is simply not true. Our hospitals are doing more today than they have ever done in the past. As a result, we are getting great performances from health service providers. The number of patients who were treated out of boundary is the true indication of how we are performing elective surgery. It does not matter how many people are on the waiting list. That is old hospital politics. Members opposite need to catch up. It does not matter how many people are on the waiting list; it is whether we are getting to those people within the clinically desired and recommended time, and we call those people treated within-boundary. Regardless of population growth and the constraints that we are working in, more than 93 per cent of all patients in Western Australia are treated within-boundary. Obviously, it is important to look at the breakdown of those numbers.

In August 2016, 7.2 per cent of people were treated outside-boundary. In August 2018, it was 6.7 per cent. We are getting to these patients quicker, within the clinically required time. Category 1 patients need to be treated within 30 days. In August 2016, under the Liberal–National government, 17.5 per cent of category 1 patients were treated outside-boundary. In August 2018, under us, it was 14.5 per cent. For category 2 patients, it was 17.7 per cent in August 2016. In August 2018, it was 14 per cent. The statistics go on and demonstrate that we are doing better in health than the Liberal–National government was doing at the same time in its last year of government. The opposition's contribution is to perform a character assassination of a former Minister for Health. I have not done that. I think that Hon Kim Hames did the best possible job he could. He should have had greater stewardship over the numbers, but we are doing better while working within a constrained environment.

The other side talked a little about the issue of emergency access. We call that the WA emergency access target. Members correctly observed that the target is 90 per cent. The target was set by Hon Kim Hames when the former government first started working on this program, which was imported from the United Kingdom. I point out that the target has almost never been achieved in either the Liberal and National Parties' time in government or our time in government. At times, Hon Kim Hames was generous enough and prepared to say in this place, "Well, perhaps I was a bit ambitious and 90 per cent was too high." It probably was. It has been held there on the books, but no-one has ever reached those sorts of giddy heights, except, potentially, Princess Margaret Hospital for Children in its early days.

**Extract from Hansard**

[ASSEMBLY — Wednesday, 10 October 2018]

p6811b-6839a

Mr Sean L'Estrange; Dr Mike Nahan; Mrs Liza Harvey; Dr Tony Buti; Mr Zak Kirkup; Mr Roger Cook; Ms Libby Mettam

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Let us look at how well we are doing compared with the Liberal–National government when it was in office. For instance, in August 2016, only 69.4 per cent of patients met the four-hour rule across WA hospitals. In August 2018, under our government, it was 73.4 per cent. Members opposite are right that we are not hitting the golden 90 per cent, but we are doing a damn sight better than they did in government. In July 2016, 72.3 per cent of patients met the four-hour rule. In 2018, under us, it was 75.6 per cent. In June 2016, 73.3 per cent of patients met the four-hour rule and in 2018, it was 76.7 per cent. I will go further. Members assembled might be interested to see how their particular hospitals have gone. Member for Mount Lawley, at Royal Perth Hospital, only 54.4 per cent of patients were seen within four hours in August 2016. The hospital is still struggling, but in August 2018, it was 64 per cent. That is a 10 per cent improvement on what it was doing under the previous government.

At Fiona Stanley Hospital, 54 per cent met the four-hour rule in August 2016. In August 2018, it was 65 per cent. Joondalup Health Campus, as the member for Churchlands said, does a cracking job. Speaking of narrative, the member for Churchlands cannot go in and back all the privately run hospitals and then allow the member for Dawesville to run one of them down, but the member can check that with the member for Dawesville later. In August 2016, 67.6 per cent of patients at Joondalup were seen within four hours. In August 2018, 64 per cent of Joondalup's patients met the four-hour rule. Member for Armadale, at Armadale–Kelmescott District Memorial Hospital, in August 2016, only 67.6 per cent of patients were seen within four hours. In August 2018, it was 71.2 per cent. The story goes on.

Before members opposite come into this place to have a crack—I understand that they have to have a go and a crack—they should work out their narrative. Either this is a conspiracy theory by Jim McGinty—which I secretly do not think members opposite believe, but they had to fill in the three hours—or there is a problem with our budgets and our performance. Unfortunately, members also have to come in here with the evidence to back that up and, quite frankly, all we have seen today is character assassination and misrepresentations of the finances and of the performance of the department. I think it is doing a great job. The doctors and nurses working in our system are doing a fantastic job, working in a constrained environment but managing to perform terrifically. I was never prouder of them than when we were in a position to open Perth Children's Hospital.

I want to reflect, because God, it is really galling when the former government says that it gifted us this fantastic health system with terrific infrastructure. It says it built a hospital, which Labor paid for, so well done! Then it says it gifted us this remarkably mismanaged cluster that was Perth Children's Hospital. On coming to government, the Treasurer and I were confronted with the most God-awful chaos with Perth Children's Hospital. It was chaos. There was infighting, fighting with the managing contractor and fighting with the construction union. The hospital was supposed to be open well before we even got to the election campaign, let alone into government. But what were we faced with? It was a horribly managed project.

Quite frankly, the morale of doctors, nurses and other staff at Princess Margaret Hospital for Children was absolutely in the basement. We worked hard with the doctors and nurses in the Child and Adolescent Health Service to get that hospital open and rebuild the morale of its staff. Yes, member for Churchlands, there are surveys on staff morale, because we started them. They were started under our watch. Yes, occasionally, the odd anecdote comes up in which a member of the community feels that they were let down by the system. What is our response to that? It is to insist that every health service provider engages patient opinion, with an online, real-time patient feedback mechanism that allows them to have their situation heard and allows hospital leaders to make changes as a result.

To conclude, with the health service providers we have done a terrific job in constraining costs but making sure that we put patients first and the people who matter most in our health system, the patients who use it, continue to receive world-leading health services. We can do this because we have a vision for the health system. We can do this because we are working with the people on the front line and their leaders to make sure that we do it properly. I am sure we will continue to do great work once we have the sustainable health review, which will chart a new course for the health system, through seizing the opportunities that innovation provides, teams working together and culture change, backed up with a medical research community that is one of the best in the country. I am excited about the future. I am sorry that those opposite are not excited about the future, but the system is working well. It is not perfect; it never will be. But we have some doctors and nurses doing a great job.

**MS L. METTAM (Vasse)** [6.50 pm]: I would like to contribute to this debate and support the motion that has been moved, which states —

That this house condemns the Minister for Health's handling of the health portfolio, placing our health system on a trajectory of cost cutting that is stripping away frontline health and mental health services in a similar manner to that which led to the chaos experienced under the last state Labor government.

The Minister for Health referred to misrepresentations. I would like to focus specifically on the drug issue affecting Western Australia, particularly in regional WA. I am sure I join with many others in this place in welcoming the

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news yesterday that Perth has shaken the title of the methamphetamine capital of Australia. But the fact that regional WA has the highest use of methamphetamine of the regional towns in Australia is still significantly concerning. The McGowan government continues to take a metro-centric approach by ignoring the needs of regional Western Australia.

**Mr P. Papalia** interjected.

**The ACTING SPEAKER:** Minister for Tourism!

**Ms L. METTAM:** I would like to focus specifically on one of the McGowan government's so-called election promises; in fact, it is WA Labor's meth action plan—the statewide strategy to tackle WA's meth crisis.

*Point of Order*

**Ms J.M. FREEMAN:** Mr Acting Speaker, I know that I have raised this issue a couple of times previously, but I would like your direction on the relevance of this, given that the government's commitment to the Methamphetamine Action Plan Taskforce is primarily around policing, yet this motion is about the issue of cost cutting that is stripping away frontline health and mental health services. Your guidance on this would be appreciated.

**The ACTING SPEAKER (Mr R.S. Love):** I believe that mental health and drug addiction are somewhat related.

*Debate Resumed*

**Ms L. METTAM:** It is quite concerning that the member opposite does not understand that mental health is a health issue, as well as an issue for police. I refer to WA Labor's election strategy for its so-called action plan. It states —

Our plan will help address the woeful lack of residential and community-based treatment facilities in WA. We will inject an additional \$2million per annum into treatment facilities to respond to early intervention and severe methamphetamine dependence.

Specialised rehabilitation centres will be established in the South West and the Kimberley.

A McGowan Labor Government will create two dedicated drug and alcohol rehabilitation prisons, one for men and one for women, to target low-level drug related offenders serving short prison sentences to break the cycle of drug related crime in WA.

It is no surprise that the McGowan government has already contradicted an election promise. Adele Farina campaigned very heavily on this and on 21 June 2016 she stated —

For the last eight years I, along with the south west drug and alcohol team, counsellors and GPs in the area have been united in calling for a drug and alcohol residential rehabilitation facility in the south west.

She went on to say —

Without funding, there is no chance that this facility will be delivered within the time frame stipulated by the mental health plan. Yet again, the south west community feels let down by the Barnett government. There is no question that this facility is needed. The state's mental health plan acknowledges this, yet the Barnett government continues to refuse to fund the facility. Every year, more than 300 people are forced to leave the south west to access treatment for drug dependency, meaning they, and their families, face long separations and long waiting times. Many more never get the help that they desperately need because of this problem—the lack of a local facility.

It is of concern to the south west community that, after many years of campaigning for this facility and after Labor went to the election promising a standalone facility for the south west, we learnt only in May this year that the state government, according to the *Busselton Dunsborough Times*, has taken the possibility of a long-called-for south west drug and alcohol rehabilitation facility off the table and is instead looking to the private sector to fund something quite different. Thirty-three beds will be delivered, with a reduction in the original funding promised to the tune of \$8.7 million. The meth action plan, which promised to provide additional services in rural and regional areas, was not delivered. It is not good enough that funding for these vital and specific support services has effectively been cut. It is something that the member for South West Region continued to campaign on when in opposition. It was quite clearly promised as part of WA Labor's meth action plan, but it simply was not delivered on. In 2016, Adele Farina, member for South West Region, stated —

The government cannot say it is serious about addressing the meth problem if it continues to ignore the problem in the state's meth capital ...

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I turn those comments back on the Minister for Health and the McGowan government, because this government is turning its back on promises made to the south west community, promises made by the member for South West Region and, very clearly, promises made in its so-called meth action plan.

I will take the last few minutes to highlight another concern that has been underlined locally—that is, the funding cuts to the Meth Helpline. We hear that funding cuts of \$154 000 have been made to the WA Meth Helpline in this year's budget, which means that one in four calls to this line from people seeking support and assistance are going unanswered. This means that the number of counsellor shifts per week has been reduced from 75 to 65. Most members in this place would understand the value of a helpline and support service such as this. It provides an invaluable first point of contact for many people who do not know where else to find help. They are people who are desperate. I understand that in the last two years, this helpline has received over 21 000 contacts. That should be endorsement enough to support an ongoing funding commitment to this valuable service.

On the strength of the news that we hear that regional WA still wears the heavy mantle of being affected by the scourge of methamphetamine, it is deeply disappointing that the McGowan government has already backflipped on a longstanding commitment for a standalone facility in the south west to tackle this scourge. It is deeply disappointing that it cannot fund the basics, that it cannot provide funding to ensure that there are 75 counsellors instead of 65, and that calls to the helpline are going unanswered. One in four calls going unanswered is simply not good enough, given the needs of these vulnerable people and the importance of this issue. It is extremely concerning. This is a vital service. I share the concern of not only the Labor member for South West Region, Adele Farina, who has been severely let down by this backflip, but also the member for Bunbury, Don Punch, who sits on the Methamphetamine Action Plan Taskforce and was not aware of the funding cut and was not aware that one in four calls were going unanswered.

Debate adjourned, pursuant to standing orders.

*House adjourned at 7.00 pm*

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