

HEALTH SERVICES AMENDMENT BILL 2021

Second Reading

Resumed from 28 October 2021.

MR S.A. MILLMAN (Mount Lawley — Parliamentary Secretary) [1.05 pm]: I rise to make a contribution to the Health Services Amendment Bill 2021. I rise bearing in mind that very similar legislation was passed by the fortieth Parliament. I spoke at length on that legislation, so there are a number of factors that I do not need to traverse in my contribution this afternoon. However, there are a couple of points worth making.

It is important to set a context in which the chamber understands the importance of an appropriate regulatory framework for a health system to operate in. I want to talk about what a good health system looks like. As residents of Western Australia, we are the beneficiaries of a world-class health system. This is a health system that delivers for people, whether they be in Esperance, Karratha, Mt Lawley or Cottesloe. It is a health system that with our per capita spend—being one of the highest per capita spends in the commonwealth and with the challenges that we face in Western Australia—we can be so proud and pleased of the efforts of our health professionals, doctors and nurses, allied health professionals and all the people whose coordinated efforts combine to deliver this world-class health system. In order to provide a world-class health system, we need those dedicated people. But we also need the right infrastructure. We need the right hospitals, the right health services and the right primary care, and we need a plan for revitalising and renewing that infrastructure and making sure that it is all in place. Then we need a vision for the future for what the health system needs to look like in the next five, 10 and 20 years. We need that vision to be one that is based upon a sustainable foundation. The fourth thing we need is good collaboration between the state government and the federal government. The reason I say that is that the way in which the provision of health services operates in Australia does not allow for one jurisdiction to be entirely responsible for the delivery of health services. There is a mixed bag. Gareth Parker recently made the point very clearly in an article in *WAtoday* that there is a mixed method of delivery of health services across Australia. That can often lead to difficulties in delivery and the shifting of blame and the shifting of responsibility. The final thing that we need to have a world-class health system, which I have spoken about frequently in the past, is the scientists, academics and researchers in those research institutes doing necessary, intellectually rigorous work to ensure that the quality of our health system remains world class, that we have the latest ideas, the latest developments and the latest technology. The final piece of the puzzle is probably good medical research.

What I want to talk about on the Health Services Amendment Bill 2021 is how it will create the legislative structure that is one of those four pillars of a good operating health system. The original version of this bill passed the house in September 2020 during the fortieth Parliament. Let me go back a step. The bill for the original Health Services Act was passed in 2016. That act was designed to modernise and reform the provision of the WA health system. That act has been successful in establishing the new governance model, which has led to greater levels of accountability and performance. However, a good government will not just rest on its laurels when it comes to making sure that the proper regulatory framework is in place. A good government will do the interrogation required to make sure that issues that are presented can be addressed in a legislative way and that those legislative amendments can be prosecuted through the Parliament.

The touchpoint that most people have with the WA health system is probably through their local hospitals. I will give the example of the constituents of the electorate of Mount Lawley. The metropolitan health services are divided into a number of different health service providers. People who live in the electorate of Mount Lawley have two relevant health service providers, the North Metropolitan Health Service, which runs both Sir Charles Gairdner Hospital and Osborne Park Hospital, and the East Metropolitan Health Service, which runs Royal Perth Hospital. People who live in the southern part of the electorate of Mount Lawley, in the suburbs of Mt Lawley, Coolbinia, Menora and Highgate, are in the East Metropolitan Health Service catchment area, and people who live in the northern part of the electorate, in the suburbs of Yokine, Dianella and Morley, are in the North Metropolitan Health Service catchment area.

I remember talking to people in Yokine, Tuart Hill and Dianella about Osborne Park Hospital. Osborne Park Hospital has great potential for the future because of its strategic location at the intersection of Karrinyup Road and the freeway. It is a terrific asset for the people of Mount Lawley. The government is currently investing millions of dollars into revitalising and refurbishing Osborne Park Hospital. That is in no small part due to the advocacy of the members for Kingsley and Balcatta. Osborne Park Hospital is a very important institution for the people in my electorate. Many people access the maternity services at Osborne Park Hospital because it is an intervening hospital between King Eddy's and Joondalup Health Campus. It provides a terrific service for families in the inner north. The same applies to Sir Charles Gairdner Hospital. That is one of the premier tertiary hospitals in WA. It provides not only emergency services, but also a whole bunch of other services for people in the north metropolitan area.

We also have Royal Perth Hospital. Royal Perth Hospital is iconic for the people of Mount Lawley. When debate was had about who had the greatest affection and affinity for Royal Perth Hospital, both the government and the opposition tried to lay claim to looking after the future of Royal Perth Hospital. The people of Mount Lawley can be confident that because of the number of investments that this state government has made into Royal Perth Hospital, particularly in the post-COVID environment, its future is in good hands. It has great future prospects. I want to put on the record my appreciation of the work that the CEO of East Metropolitan Health Service, Liz MacLeod, does at Royal Perth Hospital.

Although we have these fantastic existing hospitals and fantastic existing infrastructure, when we speak to people at both the East Metropolitan Health Service and North Metropolitan Health Service, they say that they want to see more time, energy, money and effort invested in infrastructure. That is why I am incredibly proud to be part of the McGowan Labor government, which has made a commitment to deliver a new women's and babies' hospital in Nedlands. The reason I want to talk about the new women's and babies' hospital is that it will complement both Perth Children's Hospital and Sir Charles Gairdner Hospital, which are already located at the QEII campus in Nedlands. Complaints or criticisms might be made of the government because of the challenges pertaining to the delivery of services in regional or remote Western Australia and in other parts of metropolitan Perth. However, one thing that people fail to remember when they make these criticisms is that these tertiary institutions and world-class hospitals are not there just to serve the people of Nedlands. I am sure the Labor member for Nedlands is incredibly pleased and proud that her constituents are about to get a brand new and world-class women's and babies' hospital. However, it will be a hospital for the people of not only Nedlands, but also South Perth, Yokine, Joondalup and Gidgegannup. It will be a hospital for everyone in Western Australia. It is just that from a clinical perspective, an infrastructure perspective and a planning perspective, that is the best place in the state to locate a brand new world-class women's and babies' hospital.

The planning and development of the new women's and babies' hospital will not happen in a rushed way. This government has demonstrated over the course of the COVID-19 pandemic that we will be methodical, we will be responsible and we will be deliberate. We will arrive at a conclusion for the women's and babies' hospital that will best reflect the needs and aspirations of the community of Western Australia. We will construct the new women's and babies' hospital in the way that will most readily provide a return on investment.

When it comes to building the new women's and babies' hospital, one idea that has been suggested to me is that it will provide a fantastic opportunity for us as a state government to look at whether we can recruit more women apprentices into the construction industry. What could be better than building a new women's and babies' hospital with a construction workforce that is based in Western Australia and has the experience of having built Perth Children's Hospital, and also recruiting new women into the construction industry to be part of such an iconic project? I have not raised this previously with the Minister for Health, so I hope I have not caught her by surprise, but it would be great to see more female apprentices.

Ms A. Sanderson: That has been raised with me.

Mr S.A. MILLMAN: Has it? Great. Even though it has not been raised with the minister by me, it would be great if we could encourage some programs to get more female apprentices to work in the construction industry. That is where the good infrastructure sits.

I turn now to another issue. I cannot understand why criticism is made of the government for not listening to the voices and opinions of the staff who provide our world-class health system. When this government was first elected in 2017, we implemented the Your Voice in Health survey. That survey, combined with our longstanding commitment to work constructively with the trade unions that represent health sector employees, like the United Workers Union, the Health Services Union, the Australian Medical Association and the Australian Nursing Federation, was a mechanism by which employees in the health sector could convey their hopes and aspirations, and their concerns, about the way in which the system was operating. That was a landmark development. I am flabbergasted whenever anyone says to us that because we have temporarily postponed the Your Voice in Health survey, we are not listening to what the clinicians, practitioners and health service providers are saying. That proposition completely fails to understand that we were the ones who implemented that survey in the first place. We want to hear what people who work in our health system have to say. We want to attract to and retain in our health system practitioners who are world class and of the highest quality. At precisely the right moment, that survey will continue to operate. It has been postponed, and I will come to the reasons for that shortly. Anyone who makes criticism of this government for not listening to health workers and wanting to hear what they have to say is completely wrong. They have no idea about what is going on, and they should stop their fallacious and baseless criticisms.

We need to pause the survey because we are in the middle of the biggest and most devastating worldwide pandemic we have seen for well over a century. No-one knows what the future may hold, but I am really pleased that the new federal Albanese government is committed to an Australian centre for disease control. I do not know whether as a result of climate change, globalisation or changed travelling patterns, we will see more pandemics like influenza,

SARS and COVID-19. We need to make sure that we are in a position to respond to these, because we do not know when the next one might be coming. We do know that, with the right strategies, management, responses, resources and priorities, Western Australia is uniquely well placed to be able to deal with the circumstances of a global pandemic. It is hard work. The lockdowns that we endured and the vaccination mandates caused some consternation in the community, but when we think about the fact that 99 per cent of the population of Western Australia are first and second-dose vaccinated, there is not a person who can disagree with the proposition that that is a roaring public policy success. More people have been vaccinated than wear their seatbelts in the car. It is an unprecedented success. It does not matter what one's ideological position is. It should not matter, although it seems as though it does, which political party one belongs to; and it does not matter where people come from, every single person should be able to agree and recognise that that is an unprecedented public policy success. It speaks to the strong leadership provided by the McGowan government as well as the strong community of interest in Western Australia. People in Western Australia took seriously their duty to get vaccinated, to protect their family, friends, loved ones, co-workers and colleagues, and they did it. We have an incredibly good outcome as a result.

[Member's time extended.]

Mr S.A. MILLMAN: I have touched on the new federal government, and I have mentioned previously the mishmash of responsibilities. This has come up often during the time we have been in government. Until a couple of weeks ago, we were dealing with a Liberal–National conservative federal government that did not prioritise investment in aged and disability care. In fact, its attacks on the National Disability Insurance Scheme were shameful. In exactly the same way as the federal government was dragged kicking and screaming to a banking royal commission, so it was dragged kicking and screaming to a royal commission into aged care. The title of the interim report of that royal commission was so accurate and sublime—neglect; a one-word, simple title. During the time of the Liberal–National government, there had been chronic underinvestment in aged care, and a running down of the aged-care service providers and the aged-care sector by the commonwealth government.

A state government could quite readily say that it would not engage—that the aged-care area was a federal responsibility—and get into the blame game, the finger pointing and all the rest of it. In my view, that would be decidedly irresponsible, because there are consequences for the public health system if we lack a well-functioning aged-care sector, which I will come to in a moment. We need to be proactive, even though it is not our constitutional area of responsibility; we need to be engaged. We need to determine whether there are ways we can ameliorate the consequences of the neglect by the commonwealth government. This state government has worked constructively and collaboratively with local aged-care providers in the context of the effect of the global pandemic on the worldwide healthcare workforce and to try to ameliorate the consequences arising from the federal government's neglect.

One of our great successes is the relationship we have built up with aged-care providers. If aged-care providers cannot deliver the services necessary for their patients, that necessarily puts pressure on the state-based public health system, because those people then become patients in the public health system instead of being looked after where they should be looked after—in aged-care facilities by aged-care providers. By working collaboratively, we have tried to take some of the pressure off the public health system that has arisen as a result of the neglect of the federal government. The first reason for expressing my relief that we have a new federal government is that in the lead-up to the federal election, the Labor Party said that it would make aged care a priority, invest in aged care and ensure that proper levels of care were provided for people accessing that service. That can only be a good thing, because it will lead to reducing pressure on the WA public health system. That is the first way in which good collaboration between state and federal governments makes a difference to delivery of the health system.

The second area is the disability services sector. The Minister for Disability Services is in the chamber, and I want to commend him and the McGowan government for the work they have done with the federal government to provide some certainty and relief for the Activ Foundation and its workers. There are a number of great disability services and organisations in the electorate of Mount Lawley. The minister would be aware of the Ability Centre in Coolbinia, but he might not be aware of the Coolbinia Bombers Starkick football team, which is one of the best all-ability football teams for Auskickers in Perth. Its senior integrated team has won the grand final six times in a row. I mention that because the Leader of the House and I were able to go and see Matt from the Starkickers on Sunday. He was very excited that the minister and I knew who Mark McGowan was. But I digress. I have a photo and a card for Matt, which I look forward to giving him next time I am down at the Coolbinia Bombers.

Disability services were under attack from the former commonwealth government. Again, if disability services are not provided and funded by the commonwealth government, it puts unnecessary pressure on the state's public health system. I welcome the election of the commonwealth government and its commitment to reinvest in the NDIS. I am very excited to see that Bill Shorten is now the minister responsible. Like compulsory superannuation, Medicare and other institutions of Australia's democratic settlement, the NDIS will become one of the features we see making a material difference to people's wellbeing and livelihoods over the next 20 to 40 years. A commonwealth government that is committed to investing properly in aged care and disability will take pressure off the public health system.

I have just touched on this in mentioning Medicare, but the third area that the commonwealth government has an obligation to take care of is primary health—general practitioners. The number of times I have had people say to me that, faced with the prospect of going to a GP and paying the gap, they go to an emergency department to get the service paid for by the state government is phenomenal. It is a fundamental failing of the policy framework and policy setting when people are motivated to go to the most expensive option in the community to get treatment. Policies like having our urgent care clinics and encouraging GPs to be close to our tertiary hospitals—these sorts of things—and collaboration with a right-minded commonwealth government will only be beneficial to the people of Western Australia because it will take pressure off our WA health system, aged care, disability care and primary care. That was the second point that I wanted to make—I suspect I am going to run out of time—in terms of the right framework. We need the right infrastructure, the right framework and the right staff.

The other thing we need is a plan for the future. We need a vision and an idea of what we want our health system to look like. Members opposite like to say that we inherited a rolled-gold health system. I do not know how many times I will need to say this, but I will continue to say it for as long as they maintain that we inherited a rolled-gold health system—we did not! What we faced was a spiralling problem that, had it been left unchecked, would have gone out of control. It would have had incredible fiscal consequences for the state budget, and it would have left gaps in the provision of services all over the place. Immediately upon forming government, the former Minister for Health initiated the sustainable health review.

One of the criticisms I have with the Gareth Parker article that I referenced recently is that in that article he said that the recommendations from the sustainable health review had not been adopted or implemented. I am sorry, but that is just wrong. Some of the recommendations have a time frame of between five and 10 years. The review was designed to put our world-class health system on a solid and sustainable foundation for the next 10 to 15 years, and one of the things that we need to keep in mind is that there was a great deal of energy, effort and enthusiasm placed into the formulation of the sustainable health review. Plenty of stakeholders, organisations, peak groups and health consumers participated in this process to say what they think our health system should look like over the next three, five, 10 and 20 years. The problem that we faced was that the *Sustainable health review: Final report to the Western Australian government* was handed down in 2019 and then in 2020 we moved into the COVID-19 pandemic. Therefore, the context in which Gareth Parker criticised the government is completely unfair; we had started implementing some of the recommendations, but other recommendations are going to take a while to implement because we focused on our response to the global pandemic.

The sustainable health review, I believe, provides the government with a road map for moving towards a more community-orientated, patient-focused and financially sustainable health system. Part of the problem that members opposite have—it is a shame that they are not here—is that we are continuing to increase our investment in health. An incredible budget was handed down just over a month ago, with billions of dollars invested into health. What members opposite hate or do not understand or cannot grapple with is the fact that the amount of money we are spending on health continues to grow but it does so in a sustainable way, whereas the trajectory that we inherited was anything but sustainable. The trajectory that we inherited was a health system that was going to cost more and more yet not deliver outcomes for patients. We now have a community-oriented, patient-focused health system with a brilliant road map that is the sustainable health review, which so many people worked very hard on putting into place.

The final point that I want to make is that I want to give a shout-out to all the medical research institutes in WA. The Telethon Kids Institute, Harry Perkins Institute of Medical Research, Royal Perth Hospital Research Foundation, Asbestos Diseases Research Institute—those guys are doing incredible, world-leading research that maintains our cutting-edge academic understanding of how best to provide health services to consumers in WA. We could not be in the place that we are in were it not for the fact that these research institutes are part of the WA landscape. They need our support and they also need support from the private sector. We need philanthropy, and we need support from the federal government.

One of the things that I would love to see from the new federal government is an equivalent proportion of funding coming to our institutes based on population. We have about 10 per cent of the nation's population; we should be getting at least 10 per cent of the medical research funding from the commonwealth government. This government—as I said in contributions made previously—has already made a significant contribution and will make ongoing contributions to our medical research future fund initiative.

Those four things of good framework, good infrastructure, good staff and good future research combine to provide Western Australia with a world-class health system. This legislation is a brilliant piece of the puzzle because it will bring the legislative framework up to date. I commend the government for this legislation, and I commend the Minister for Health for the outstanding job that she is doing.

MS E.J. KELSBIE (Warren–Blackwood) [1.35 pm]: I am pleased to rise to speak on the Health Services Amendment Bill 2021. I previously worked for the WA Country Health Service and was also a regional manager for the statewide telehealth service, and I understand the importance of contemporary governance models. Improving and updating the Health Services Act is important. The bill will amend the Health Services Act 2016, and, in doing so, it will refine

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and improve the act's effectiveness and create a contemporary and decentralised governance model for the WA health system. The bill will amend the functions and powers of the Minister for Health, enabling the minister to delegate functions to not only department CEOs, but also an employee of the department, a staff member of a health service provider, a health service provider or a prescribed person or class of person. I support these amendments that will remove administration burdens to enhance the agility of systems and provide greater flexibility within WA Health.

The bill also seeks to amend the functions and powers of the Department of Health's CEO and health service providers to improve the functioning of the WA health system. It will enable greater flexibility and improved effectiveness of certain functions and powers of health service providers. In my time at the WA Country Health Service, I worked on the Albany Health Campus development project. I had responsibility for communications, technology and security portfolios. It was an enormous job that was complex and had moving parts. I worked across the health campus with most departments—from mental health to aged care and from maternity to the emergency department. We looked at creating a contemporary health service with contemporary models of service delivery and innovative technology, and I worked closely with the regional director on the communications strategies for the new health campus. I worked on the detailed design of mobile communications within the health campus setting, enabling technologies like computers on wheels, or COWs as they are called, for ED. I worked with management and staff on the new models of service delivery for security across the campus. We were based out of a donga at the back of the old Albany Hospital. I was part of a reasonably small but well-resourced team, working with the health executive, medical professionals and administration teams to create a secure, contemporary and tech-enabled health campus.

My time at WACHS gave me a profound appreciation for the importance of maintenance projects being run efficiently and effectively. This bill will establish a new framework for the delivery of capital works and maintenance works. The new framework will clarify the roles and responsibilities for the delivery of capital works at each level of the system and will provide for greater flexibility. The framework will also enable clinical commissioning to be carried out.

The act clarifies roles and responsibilities at each level of the system and ensures that each health service provider is held responsible and accountable for the delivery of health services within their designated areas. By abolishing some administration burdens, the act will now function with fewer hurdles and more impact than ever before. Changes to the act will also ensure that we provide a contemporary governance model for the WA health system and ensure the act can be relied upon to drive performance and accountability and bring decision-making closer to patient care.

Modernising and refining the Health Services Act is just one way we are improving health outcomes for Western Australians, and I am proud to be part of a government that prioritises investing in health services and puts WA patients first. As a government, we understand it is our role to have robust, efficient and well-resourced systems in place to allow our healthcare workers to put patients first and do whatever they can to ensure that, at times of often heightened emotion and at times of great challenge, patients and their loved ones can be cared for and supported.

I am proud to be part of a government focused on ensuring that the health and wellbeing of people in our state and those caring for them—doctors, nurses, midwives and healthcare providers—are put front and centre. Under the McGowan Labor government, hospitals and mental health services in WA received a record \$2.5 billion investment in the recent state budget. This is the biggest-ever investment in the WA public health system. It is something I am incredibly proud of. It brings the total new investment since the last budget to \$5.7 billion.

The investment includes: \$1.6 billion in new COVID-19 response and recovery measures to keep WA safe; \$630 million in additional hospital services spending; a \$252 million emergency department reform package, with a suite of 17 initiatives; and \$223 million in new health infrastructure investment, bringing the total to \$1.6 billion, in addition to the \$1.8 billion new women's and babies' hospital that I know many regional families and women will very much appreciate. There is \$181 million in additional investments in mental health, including \$47 million towards an immediate response to the report of the Ministerial Taskforce into Public Mental Health Services for Infants, Children and Adolescents aged 0–18 Years in Western Australia. There is also \$158 million for health and mental health initiatives in WA's regions. Over the past two years to March 2022, the WA health workforce has increased by 15.6 per cent, including an additional 1 456 nursing and 512 medical FTE, principally doctors.

Mental health, alcohol and other drug services have been bolstered with \$1.3 billion, which is an almost 13 per cent increase on last year's budget. As part of this new investment, the Mental Health Commission will be allocated an additional \$181 million for new and expanded mental health, alcohol and other drug services. This increase includes \$47.3 million to respond to recommendations of the task force looking into infant, child and adolescent mental health, including \$18.5 million to expand the child and adolescent mental health service frontline workforce across seven regions by 11.6 FTE; \$12.9 million for additional peer support workers; \$10.5 million to deliver a two-year virtual support service for at-risk children; and \$1.3 million for mental health workforce development initiatives.

Mental health services—in particular, services that support young people in our communities—are incredibly important. It is an area that I will always advocate for. Young people are our future. They deserve the best mental health services we can provide. These can come in many different guises. As the member for Warren–Blackwood,

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I am really pleased to support some of these organisations in my community, including the Community Mental Health Action Team—or CoMHAT, as it is called—with its development of the Boyup Brook youth zone. In collaboration with the WA Mental Health Commission, local government and local community groups, and with support from health and education providers and the local police, CoMHAT took a lead role in creating the Boyup Brook community wellbeing plan. I am proud to be supporting this plan with my election commitment of \$60 000 to help create a dedicated youth zone in the town.

The community wellbeing plan identified the significant need of youth in the area for a sense of belonging and connection. As we all know, for preventive mental health work it is critical for young people to feel connected. The investment of \$60 000 has gone towards creating a dedicated youth zone where young people in Boyup Brook can come together, be seen and heard and foster deeper connections within their community. The donga has just been positioned, and a youth worker has been recruited to work in that space and run different programs for the young crew in the town. Fundamentally, young people are coming in and talking about what services they would like and how they would like those services to be delivered. It is an all-of-community support. CoMHAT also has a mountain bike initiative, which helps enable young people from Boyup Brook to travel further afield, get involved in outdoor exercise and maintain connections for positive mental health, particularly intergenerationally.

As I said, advocating for youth mental health is incredibly important to me, and telehealth has a huge part to play in the delivery of health services, including mental health, across our great state. The provision of services close to home by those in our local communities is also important to me. It is one of the reasons I am really proud to support the Blackwood Youth Action group, based out of Bridgetown. The group delivers services to young people across Warren–Blackwood, in Manjimup, Nannup, Pemberton and Northcliffe as well as Bridgetown. This group goes above and beyond to get kids engaged and to assist them to feel a sense of belonging.

I look forward to seeing kids use the vehicle that I was able to support with a \$50 000 election commitment. It will assist young people to get their driving hours up and improve their driving skills. Not everyone has access to a vehicle to enable them to gain these skills, nor does everybody have a role model to assist them with getting their hours up. This group recently called out for volunteers in the community to assist with this amazing community initiative.

We recently presented a \$28 000 Lotterywest grant to this group, which will go towards an organisational review to improve its service delivery to young people in the region. I will always be a strong voice for the youth in rural and regional towns in Warren–Blackwood. Youth are the heart and soul of our communities, and we want to do everything we can to ensure that young people have every opportunity to foster a healthy mindset and build on their sense of place and belonging.

The approach of the McGowan Labor government in prioritising investment in health services as well as modernising and supporting health legislation ensures that we continue to put the physical and mental health of people in our state first. I was very pleased to see a \$200 million investment in the redevelopment of Bunbury Hospital at South West Health Campus. When complete, this will be the biggest hospital in regional WA. It will be a healthcare hub for the entire south west region.

In April, the WA Country Health Service launched an award-winning midwifery group practice model in Margaret River. This provides expectant women with holistic care based on trust and relationship building, with women having the same midwife throughout pregnancy, birth and postnatal care. It is an amazing initiative. It is also the fifth to be delivered in the south west, joining Bunbury, Bridgetown, Collie and Manjimup, providing greater maternal and newborn care options for local families.

Having been a regional manager for the statewide telehealth service, I have a really solid understanding of the complex moving beast that is our healthcare system. I am now proudly part of a government that is able to ensure relevant changes are made to constantly improve operations within the WA health system. The Health Services Amendment Bill will provide updates to a broad range of matters, most amendments being administrative in nature. They include powers of inquiry, information use and disclosure, service agreements, notices of financial difficulty and delegation of powers. It will improve the management of health service provider employees through a range of amendments to the employment-related sections of the act. It will also establish a more comprehensive and effective scheme for the recovery of fees and charges for patients who receive treatment for compensable injuries. The WA health system's land management and ownership issues are complex. This bill will assist to rectify some of these complexities. The bill will clarify roles and responsibilities at each level of the system and is intended to ensure each health service provider is held responsible and accountable. I strongly support these changes that build upon the improvements made by the Health Services Act 2016 by refining the act's effectiveness and strengthening the operations of the WA health system.

I would like to thank the medical professionals and support staff of WA Health—WA Country Health Service staff especially—for working hard to help keep our communities safe, especially throughout a worldwide pandemic. This bill will also make consequential amendments to the Mental Health Act 2014, the Motor Vehicles (Catastrophic Injuries)

Act 2016, the Queen Elizabeth II Medical Centre Act 1966 and the University Medical School, Teaching Hospitals, Act 1955. I commend the bill to the house.

MS C.M. TONKIN (Churchlands) [1.52 pm]: I rise in support of the Health Services Amendment Bill 2021. Many years ago, so long ago that it no longer features on my CV, I worked in the review division of the Public Sector Management Commission in Queensland. Our remit was to review the management of government departments and agencies, and to make recommendations for improvements that would increase their efficiency, effectiveness and performance. It is a fairly nerdy field, but very important because all the guts of the health administration and all the guts of the administration of public sector agencies are fundamental to them delivering the services that are required in the community. For this reason, the Health Services Amendment Bill is right up my alley. The amendments that are being made are intended to ensure the effectiveness of the act in providing a contemporary and devolved governance model for the Western Australian health system and to ensure that the act can be relied upon to drive performance and accountability and bring decision-making closer to the patient. It is all about improving the results for the patient and delivering a world-class system.

Our public health system is under enormous pressure. I have said this before here, but I think it is worth repeating—I know that my good colleague the member for Mount Lawley touched on all these issues—that the demand on our public health system has increased astronomically. There are a number of factors that contribute to this. It is a complex system and there is a complex interaction between our health system —

The ACTING SPEAKER (Ms M.M. Quirk): Minister for Police.

Mr P. Papalia interjected.

The ACTING SPEAKER: Thank you; I am sorry.

Ms C.M. TONKIN: There is a complex interaction between our health system here in Western Australia, the private health system and the system that is delivered through commonwealth government programs. However, demand on our system has arisen for a number of reasons and I think these are worth mentioning. There has been an enormous increase in demand on our emergency departments, and this is because of failures by the previous commonwealth government to adequately resource general practices. There are significant fee gaps for people visiting GPs. As my good colleague the member for Mount Lawley pointed out, that sheer cost has driven many people into the public system where they know they can get the best possible care and get it for free. That is a huge driver, particularly in the context of the rising cost of living. GPs do not generally offer after-hours care so people will go after-hours to the emergency department at the local public hospital. A lack of GPs in the system has also driven people to go where they can readily get care and get it quite quickly. The whole issue of resourcing of GPs is really a commonwealth responsibility but we have to respond here in Western Australia and do what we can to make sure that our emergency departments are operating as efficiently as possible in order to smooth some of that demand into the system.

Of course, a substantial number of aged and disabled people who are awaiting transition into more appropriate care facilities are taking up acute beds in our public hospitals. This, again, is the result of policy failure on the part of the previous federal government. Because those beds are not available to the general population coming through EDs, we end up with ambulance ramping, with people awaiting movement out of emergency departments and into beds. This is an Australia-wide phenomenon and is a result of funding failures in aged care and the National Disability Insurance Scheme. I am so relieved that Hon Bill Shorten is now the Minister for the National Disability Insurance Scheme. The federal government is well and truly stepping up to address the problems in our aged-care system and has made some solid election commitments around this.

Private health insurance is also becoming increasingly unaffordable for people. It means that we have many more people coming into the public system seeking elective surgery. This is another policy failure at a federal level that needs to be addressed.

The ACTING SPEAKER: Members, can I just indicate there are a number of members walking in front of the member for Churchlands without getting permission. If you could be considerate of your colleague.

Ms C.M. TONKIN: There are increasing numbers on the waiting list for elective surgery. That is because there are increasing numbers of people opting out of private health insurance and opting in to seeking elective surgery through the public system. Our system is responding. The Minister for Health recently highlighted that although we have lots more people awaiting elective surgery, the actual wait time for individuals for elective surgery has increased only marginally. This is a very important point because we are always responding to this increased demand on our hospital system.

We have had critical staff shortages in our public health system. In Western Australia, we have been very dependent upon medical staff and nurses from overseas coming into our state. That was entirely disrupted because of COVID and the restrictions on international travel imposed by the federal government. We are now embarking upon recruitment of additional staff from not only overseas but also within Western Australia, and we are employing record numbers of nurses and doctors. In this pandemic, which is ongoing, we are dealing with the diversion of our

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health workers to support testing, vaccinations and infection control in hospitals. This slows everything down and means we have less staffing resource in the public hospital system.

Debate interrupted, pursuant to standing orders.

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