

Extract from Hansard

[ASSEMBLY — Tuesday, 12 March 2019]

p878b-887a

Speaker; Mr Sean L'Estrange; Ms Mia Davies; Mr Zak Kirkup; Mr David Templeman; Mr Ian Blayney; Mr Roger Cook

PUBLIC HOSPITALS — RESOURCES

Matter of Public Interest

THE SPEAKER (Mr P.B. Watson) informed the Assembly that he was in receipt within the prescribed time of a letter from the member for Churchlands seeking to debate a matter of public interest.

[In compliance with standing orders, at least five members rose in their places.]

MR S.K. L'ESTRANGE (Churchlands) [3.45 pm]: I move —

That this house condemns the McGowan government for failing to properly resource and staff our public hospitals.

This is a serious topic that has been brought to our attention by a senior executive of Sir Charles Gairdner Hospital, and I will get to what the senior member of the emergency department at this hospital said in some media put out by the ABC today. It cuts to the chase of what we have been saying in this chamber for at least two years now, and that is that this government is failing on health. It is failing to recognise health as a priority, and that is evidenced by the Premier's recently released "Our Priorities: Sharing Prosperity" document, which had in it six priority areas. The first of those six areas was a strong economy, albeit we now have the highest unemployment rate in 17 years. The second priority was a liveable environment, and the key areas highlighted under a liveable environment were Metronet and building houses over the top of Metronet. Members will remember that he went to the last election saying that fiscal responsibility was a key objective of this government and that paying off debt like a mortgage was a priority, yet we are yet to see how it will fund Metronet and how much debt it will rack up; nevertheless, that was his second priority. The third priority was Aboriginal wellbeing, and then there was a bright future, a safer community and, finally, regional prosperity.

The real concern that we on this side of the chamber have with Premier Mark McGowan's list of six priorities is that health and mental health were not listed. Frankly, that is an indictment of his responsibility to the people of Western Australia. If he cannot see that the health and wellbeing of the citizens of Western Australia is a key responsibility of the Premier and his cabinet of the government of Western Australia, he should not be in this job. He should not be the Premier of Western Australia who puts out a priority plan that has six priorities but ignores health. It is absolutely unacceptable.

If the Labor government had, in two years of office, focused on and continued the outstanding work of the former Liberal–National government in investing billions of dollars in health infrastructure and had continued to work hard at resourcing the nurses and doctors to make sure that those hospitals operated effectively, I may not be standing here today concerned that that is not one of the top six priorities—and I say "may" with a considerable amount of doubt. No government should ever contemplate dropping health from the top six priorities of government. We have, and we always will have, an increasingly ageing population, and those people throughout the cities and the regions require an effective health service. Oh, my goodness—what did Premier McGowan do when he put out his re-calibrated plan for the last two years of his term of office? He dropped health from the list of priorities; he let it go. Fast forward to today. There is no better reminder of the impact of the government's negligence on health than a quote from the emergency chief of Sir Charles Gairdner Hospital. I will read it out. He said —

"As winter approaches there will be more avoidable deaths in our department in the coming months unless changes are made," ...

He did not say that there might be more avoidable deaths. This is the senior emergency specialist in charge of Sir Charles Gairdner Hospital saying that there "will" be avoidable deaths. If the Minister for Health; Premier McGowan, who is not here to listen to this very serious topic; and Treasurer Wyatt, who is responsible, with his cabinet colleagues the Premier and the Minister for Health, for funding the health sector, do not think that that warning sign is serious and frightening, and if they fob off our questions in question time as being irrelevant, it means they are ignoring the most senior person of that department in that hospital telling them there is a problem. They can stand in here and politicise this and say, "It's just you being negative; we're the best in the country", but their own senior specialist is saying that it is broken and that people are going to die. It is not us saying it, it is not us being inflammatory and it is not us trying to grab a headline; it is us responding to a plea made by a senior public servant in the health sector, a doctor, who has made that observation. To stand in this place and politicise and make out that we are scaremongering is frankly irresponsible, because it is not addressing the concern of one of the very highly qualified doctors responsible for the emergency department at Sir Charles Gairdner Hospital. That is not good enough from the government.

This act of this government to not prioritise health is, in and of itself, the reason that the Premier of the Labor government of Western Australia is not fit for purpose. He is not up to the job if he does not understand why health should be a priority. That is really important and leads to my next point: Why has the Deputy Premier not thrown

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the Premier a lifeline on Health? Why did the Deputy Premier, who is the Minister for Health, not say to the Premier when the draft of his priorities document was created, “Mark, you might want to look at this. Health’s pretty important. We’ve got some issues in Health that need addressing, and you’ve left it off your six priorities for our government moving forward to the next election”? The Deputy Premier could have thrown him a lifeline, but he did not. He has at his fingertips all the data that tells him how bad Health is right now. The Deputy Premier can stand up in here and pretend there is nothing to see and do the Obi-Wan Kenobi on the people of Western Australia, but deep down in his heart he knows that issues need addressing, and he has a responsibility to go to the Premier, throw him a lifeline and say, “Hey, we need to prioritise Health. We need to make sure the people of Western Australia know what we are doing to address these issues”, and he did not because the Minister for Health knows that Health has resource shortages.

He knows that Health has infrastructure needs across the board for King Edward Memorial Hospital for Women, Royal Perth Hospital, Graylands Hospital, Laverton Hospital et cetera. It goes on and on. He knows that. The minister also knows that there are ward bed shortages at Fiona Stanley Hospital and Geraldton Health Campus, evidenced by reports in *The West Australian* in January this year. He knows that the emergency department four-hour access target wait time is not being achieved by hospitals in Western Australia. He knows that a Council of Australian Governments agreement of health ministers states that 90 per cent of patients need to be seen within four hours of presenting at an emergency department. He knows that most of his hospitals are not achieving 70 per cent and that it is going down further. The Minister for Health also knows that it is becoming a regular occurrence that ambulances are ramped up outside our public hospitals for over 100 hours a day, which means patients cannot be handed over to emergency department staff because the emergency departments are full, so they are made to wait out in an ambulance. This is the scary bit: yesterday, in some hospitals, 70 per cent of patients who arrived by ambulance were made to wait more than 20 minutes in an ambulance. That does not impact on the four-hour wait time, because they had not presented yet.

Effectively, the government is dodging that bullet, creating another problem, but the real irresponsibility here is that those ambulances are not available for emergencies while they are ramped up outside a hospital. Yes, it is a given that the patient will be cared for in the ambulance while it is ramped up, but what is the flow-on effect from that? It means that if somebody out in the community’s wife, husband or child is having a seizure or a heart attack or something is going wrong, and they call 000 for an ambulance, the ambulance service will want to deploy its ambulance to them, but if the ambulances are ramped up outside a hospital for hours on end each day, they will not be available to respond. The government needs to heed not only the warning that we heard from the Sir Charles Gairdner Hospital emergency specialists, but also the warning right here and now that people in the community will be dying because the ambulances cannot get to them on time because of this ridiculous under-resourcing of our hospitals and emergency departments. That is all on Premier McGowan and it is also on the Deputy Premier for not throwing the Premier a lifeline and making sure it was prioritised in its “Our Priorities: Sharing Prosperity” document put out just last month.

Adding to this drama of our hospitals, of course, is the very concerning statistic that for the first six months of last year we saw a 55 per cent increase in assaults on nurses from the same time the year before. That is a 55 per cent increase in assaults on the hardworking, now-we-know under-resourced nurses in our emergency departments, caused by the pressure cooker of our hospital sector that is caused by the government’s absolute lack of action. We also know that the people who are not presenting to our emergency departments who might be trying to get elective surgery have to wait more than eight months to see a specialist to work out if they need surgery, and then if they need surgery, they are added to the 20-odd thousand people on that surgery waitlist until they get the surgery.

Both ends of the hospital system are clogged up, and in two years what has the government said it will do about it? Today it said it was going to do emergency care clinics or something. Okay, good. But what is it doing to address ward bed shortages? What is the government doing to address the reported doctor shortages in Western Australia, particularly general practitioner shortages, that bow wave ahead of it? What is the government doing about the shortages of doctors and specialist nurses in the hospitals, and the shortage of beds and space to deal with an increasing and ageing population? It is not doing much. The Treasurer, the Minister for Health’s other partner in crime, could also have supported the Premier by throwing him another lifeline. The Deputy Premier did not do it, so the Treasurer could have said, “Hey, Premier Mark, we have a problem. Your priorities don’t have Health in it. We need to do something about Health.” What did the Treasurer do? He did not do a thing. He did not warn the Premier about the great big hole he was walking into because he is like a young second lieutenant with a compass and a map who failed navigation, walking his way through how to govern the people of Western Australia.

We know the Premier is out of touch and incompetent now, because to fail on Health is a failure of leadership at the top. But what has the Treasurer done? All he and the Minister for Health do is cut spending; \$201 million was cut from their first budget on the forward estimates for Health. Then when we dug into the annual reports, we

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found that \$300 million was cut from the North Metropolitan Health Service alone. The government is proud of that. It is saying, “Look at what we’re doing; we’re getting the budget back in the black.” Yes, but look at what it is doing to patients. How do members opposite think they are feeling? How do members think the staff are feeling? An emergency specialist said that people will die—not “can”, not “might”, but “will”.

The government cut \$299 million from the activity-based funding pool. We can see where the government can find an extra \$1 billion. Obviously the government is trying to find this extra \$1 billion. By the way, I have only just mentioned three areas of cuts; there are many more. Maybe it is to help fund the government’s Metronet railcar place where it wants to build its train sets. Maybe that is what it is for. But that is not what the minister’s priorities should be. The priority should be Health. The number one priority of a state government should be the health and wellbeing of its citizens. The second priority should be safety and security through an effective police force and a corrective services program, and of course the third priority right up there with all of that should be education. It is not hard: health, education, and law and order. It is not difficult, but what do members opposite want to do? They want fancy projects to put the government up in lights at the expense of the most important and significant thing that the government should be delivering to the people of Western Australia—that is, a priority on health. There is absolutely an absence of responsibility and no lifeline has been thrown by the Deputy Premier or the Treasurer to get the Premier out of the mess he is in with this silly document called “Our Priorities: Sharing Prosperity.” It is silly because it has nothing about health in it. The Treasurer and Minister for Health’s inaction in throwing that lifeline has exposed Premier McGowan’s lack of authority, lack of purpose as a Premier of Western Australia, and his lack of caring for and leadership of the people of Western Australia. We know that. The chief emergency specialist has made it clear what the government needs to do. It needs to fund, staff and resource our public hospitals properly, or there will be avoidable deaths in the coming months.

MS M.J. DAVIES (Central Wheatbelt — Leader of the Nationals WA) [4.01 pm]: I rise on behalf of the Nationals WA to support the motion that has been moved to condemn the McGowan government for failing to properly resource and staff our public hospitals. As members would expect, I am going to focus on resourcing in regional Western Australia. Laverton Hospital was probably most recently on my mind because the whole Nationals team was in the goldfields over the last week, having a look at a variety of different issues, and we had the opportunity to go to the hospital. The Minister for Health would be very well aware that we have serious concerns about the state of that hospital, which we have raised many times. I know it has also been raised with him many times by the shire president and many community members and, no doubt, staff internally, because it is an absolute disgrace. It is an absolute disgrace and the people of this community deserve far more.

I am very proud of the track record that we had when we were in government. Health was absolutely a priority for our government. Significant investment was made in both the metropolitan area, but also especially in regional Western Australia where we had crumbling hospitals and infrastructure that was no longer meeting the community’s needs, and we are still having that debate in various parts of the state regarding things that have fallen off this government’s radar. Those people not only suffer the fact that they no longer have a health facility that is fit for purpose; some of these communities had money committed to them prior to the last election. In the case of Laverton, had the Liberal–National government been returned, its hospital would have been opened by the middle of this year. They would have had access to a state-of-the-art primary healthcare centre.

I thank the minister for allowing us to go to the hospital and meet with the staff, who were all very polite and attentive, when we were in Laverton the other day. They were very aware of their position as government representatives. They are doing an amazing job, and I want to put that on record. They are doing an amazing job in a ridiculous circumstance. I have no doubt that the member for Geraldton is going to stand and talk about the issues in Geraldton, which are not dissimilar. I have also toured Geraldton Hospital and had a look at the challenges it has in being able to meet the needs of the community, but Laverton has to be at the top of the list of facilities that cannot and could possibly never, ever be considered appropriate in this modern day. If it is not funded in this state budget, some very serious questions will need to be answered. The hospital was funded under the previous government and that money was ripped out, presumably so that this government could inject it into Metronet and other things that would be nice to have but we do not need to have. Anyone who visits the “emergency department”—I say that with a huge stretch of the imagination—in Laverton would be appalled. There is absolutely no opportunity to deal with any issues that require privacy. There are only two beds for people who present. There is a door that joins the two beds and patients have to move from one to the other. Only one nurse is on duty. If a person presents because there has been a domestic and the person who caused the injury also presents, they will be in very close proximity. The nurses told us that they quite often have people screaming and yelling at each other across the beds, which causes enormous concern and difficulty for the staff who have been tasked to manage them. They rely heavily on the Royal Flying Doctor Service out of the goldfields.

We also met with the Royal Flying Doctor Service to talk about its role while we were out there. Issues were certainly raised about being able to service the enormous patch it has to cover. This government needs to make

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a commitment to looking out for and looking after regional communities. There was significant expenditure by the previous Liberal–National government to upgrade hospitals and encourage doctors to operate out of regional areas. I can tell members right now that those doctor shortages are still biting. The Shire of Laverton is spending \$200 000 of its own ratepayers' money to attract a doctor who will be fly in, fly out—not there on a permanent basis—just to look after its community. The shire contributes over \$2.5 billion a year to the nation's economy. It is absolutely unacceptable. The Laverton community deserves better and this is just one example in regional Western Australia where this government has its priorities completely wrong.

MR Z.R.F. KIRKUP (Dawesville) [4.05 pm]: Peel Health Campus is a prime example of another area of regional Western Australia that this government is failing when it comes to health. I am very surprised that this minister got a B rating in *The Sunday Times*. Clearly, there was a very low grade curve because I think the Minister for Tourism got a C+. Both of them should have failed. If members come to Mandurah and ask anyone on the street what they think of these ministers, they will say both of them are failures. The Minister for Health shows us a government that continues to ignore our hospital and the health of the people in Mandurah and the Peel region. If the Minister for Health cared about the people in Laverton at all, much like the people in Mandurah and the Peel region, the government would have invested in our hospitals. We would have seen significantly more funding going into these critical facilities in our communities than what we are now seeing. It is an absolute shame on this health minister that the emergency department for the Peel region, with a population of more than 100 000 people, has an emergency department one-third the size that it needs to be. It is absolutely insufficient.

Dr A.D. Buti: It has a great ambulance service!

Mr Z.R.F. KIRKUP: That is right, member for Armadale.

It is absolutely insufficient and it is absolutely putting at risk the health and wellbeing and lives of people in Mandurah and the Peel region. I am very shocked to hear of the circumstances in Laverton but, when it comes to this minister and his ignorance of regional areas, it is not a stretch too far to imagine he just does not care about Laverton or Mandurah. If the minister had people grading him on the streets of Mandurah, there would be no B or B+ from Joe Spagnolo. He would get a failure straight away from the people of Mandurah and the Peel region because he continues to ignore them at every single turn.

It is surprising to me that the minister came out saying that we have the best emergency departments across the country. I have no doubt that the clinicians and clinical staff across our hospital system do a great job. In Mandurah, that is absolutely the case. I do not know how the minister can stand there and say that, when ED times in Mandurah are the worst in four years for the hospital that services my community. More than that, critical indicators like colorectal procedures and ear, nose and throat elective surgery waitlists continue to blow out. Answers to questions I got back today from this minister show that the ENT waitlist has blown out by 60 per cent and colorectal procedures have blown out by 62 per cent. In addition, 32 per cent of people waited more than the four-hour rule in the emergency department in Mandurah, let alone—as the member for Churchlands quite rightly pointed out—the time it took for them to get out of the ambulance and into the hospital. The member for Churchlands quite rightly pointed out that the on-ramp time patients spent in ambulances had also blown out. The member for Churchlands discussed it with me today and pointed out that the times at Peel Health Campus blew out again in the last week or so, I think.

The hospital is unfortunately under massive pressure, and this minister's response is to spend \$5 million, or thereabouts, on a car park and maintenance and \$5 million on redesigning the emergency department. I welcomed those decisions as important places to start, but it is far short of the hundreds of millions of dollars, I suspect, that need to go into that hospital. We need far more investment for our community. Having got some of the answers to questions I asked more recently about where that money went for the car park and maintenance, I have very serious concerns for people in my community. The people in the members for Mandurah's and Murray–Wellington's communities will also have concerns when they see where that money has been spent. Money was spent on a dishwasher replacement that was earmarked for the hospital upgrades to make sure people in our community could be fully serviced by their emergency department. That is a shameful exercise, which shows that this government continues to ignore Mandurah.

I promise the minister he will not get anywhere near a B rating. Thankfully, though, Andrew Hastie and the federal Liberal Party are going to spend \$25 million to improve the Mandurah hospital. That is a good start, too, but we need more money. We expect more money from the state health minister. He has known about this issue for years. For years he used to always talk about the issues at Peel Health Campus, but now he is in government, he has taken no action at all for my community. There has been no action of any tangible value whatsoever. It is not as though this is a new issue. The minister has known about it for some time. The critical indicators continue to deteriorate. To be perfectly frank, I am exceptionally surprised that he has failed to deliver for so long. I expect to see something in the upcoming state budget from this government. I expect something from

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this government from the sustainable health review. Failure to do so will be another shameful chapter of the stewardship of this Minister for Health.

MR D.A. TEMPLEMAN (Mandurah — Leader of the House) [4.10 pm]: I am very pleased to make a contribution to this debate. Once again we have to point out the history of the treatment of the Peel Health Campus and health services in general under the Barnett government. It was very interesting to hear the member for Dawesville criticise this government, which has been in place for only two years, about a lack of funding, when for eight and a half years not a cent was spent by the former Liberal–National government.

Several members interjected.

The ACTING SPEAKER (Ms S.E. Winton): Members! Shush!

Mr D.A. TEMPLEMAN: I point out that I did not interject when you were speaking, so you need to listen. It is my turn.

The ACTING SPEAKER: Minister, I am on my feet. Please, a little bit of noise is great, but not to the extent that it was just then. It was impossible to hear.

Mr D.A. TEMPLEMAN: Not a skerrick was spent. In fact, the last time there was a major expansion of the Peel Health Campus was during the time of a former Labor government when the accident and emergency and renal dialysis units were expanded. Who was in power for eight and a half years, and who, in fact, was the Minister for Health? It was the former member for Dawesville. The former member for Dawesville was the Minister for Health in the Barnett government for most of those eight and a half years. What did he do as the local member and as the Minister for Health? Zilch! Zero! Nothing! Not a cent was spent! If there is to be a condemning in this Parliament, it should be against the former member for Dawesville and, indeed, the former government—the Barnett government—because it did not spend a cent on the Peel Health Campus.

Let us go to pre-election 2017. The Labor Party immediately made a commitment of nearly \$5 million to the Peel Health Hub. We came out first on that because we knew it was important. About a week or two later, scurrying along to the site that now has that very important health facility in place was the member for Dawesville, the former member for Dawesville, and the former Minister for Mental Health—the former member for Kingsley. They wandered off, saying, “We’re going to do it, too.” I must also point out that the former mental health minister, the former member for Kingsley, refused to fund the three-tier youth mental health program; she said the services could be delivered from Perth. So do not come in here with your crocodile tears, member for Dawesville, because you have done zilch; you have done nothing! The former Minister for Health did nothing, and what did the last health minister of the Barnett government, in its dying days, deliver for the Peel Health Campus? There were no election commitments from the Liberal Party for the Peel Health Campus. It said, “No! But we will give you a five-year extension.” Then it put in place a weighting holding scheme.

In two years, our government has already committed nearly \$10 million. It has committed and delivered \$6.8 million for the Peel Health Hub and \$1 million for Allambee Counselling, which supports traumatised people, particularly children, and provides sexual abuse counselling. Our government has delivered more in two years to the people of Mandurah and Peel than the former government did in eight and a half years, and the people there know it. The last time the Peel hospital was expanded was under a Labor government. I put this to the people of Mandurah: do not believe the fibs that you are told by the member for Dawesville, Andrew Hastie and others!

Mr Z.R.F. Kirkup interjected.

The ACTING SPEAKER: Member for Dawesville, I am going to call you. Do you not think that that was way too loud? Tone it down a bit.

Mr D.A. TEMPLEMAN: What will be put in place is an understanding that the services in the Mandurah area will need to expand. That is a very clear understanding. The member would be well aware that there has been a very important planning process under the sustainable health review. Included in that is an acknowledgment—I am certain there is going to be an acknowledgment—of the pressure points in Peel and the broader region. This is a Labor government initiative. There was no planning under the Barnett Liberal government at all—none whatsoever.

In two years this government has already delivered extra money to the Peel Health Campus and to health services broadly, and it recognises more needs to be done. No-one understands more than I—as one who has lived there for 30 years, with two older parents and four children who live there—the importance of health services in Peel. No-one knows that more than I do. Lots of people understand it, but it galls me that those on the other side show hypocrisy. They did absolutely nothing; they had no plan and they are saying that we have done nothing! What absolute hypocrisy! Let me just say this: health services in Peel will be and are important because of the demographics of the area, because of the growth in the early years with regard to young families with children,

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and of course that bulge in our population, which has always been traditional and historic, of the over-55 age group. Health is essential to the people of Mandurah. This minister understands it. This government understands it. We are already delivering. There is more to do—no doubt about that. When the people of Mandurah look at who is contributing to the health services for the people of Mandurah and they look at the other side, there is no comparison. They did not deliver, they have not delivered, and there is historic truth to that statement.

MR I.C. BLAYNEY (Geraldton) [4.17 pm]: I am afraid my contribution to the debate will be a bit like Slim Dusty following *The Young Ones*, but I will do my best. Geraldton has two hospitals—one government and one private—that service about 20 per cent of the state. A lot of the areas around Geraldton are isolated, so access to health services is an important issue. The government hospital in Geraldton was built in 2005. For some reason it is smaller than the one that it replaced and it is not co-located. The people of Geraldton do not understand why it was not co-located because the co-location of the Bunbury hospital works very well. However, for some reason in Geraldton, that did not happen. There is an old motel across the road from the St John of God Geraldton Hospital. It would have been very easy to have co-located the hospital on that land. For some reason the government did not do that. The people of Geraldton would also love to know why the hospital is smaller than the one it replaced and why it was not co-located. We have been asking those questions for a long time and we are still waiting for answers.

In 2008, when the Liberal–National government came into power, Geraldton Health Campus was the newest hospital in the state. I was a member of the Education and Health Standing Committee and I know there is a priority list for work to be done on government hospitals. I looked at that list one day and saw where Geraldton was located in the mix. Nevertheless, I tried very hard to get the Geraldton hospital moved up that list, but it was not possible. We tried to get some money from Nicola Roxon when she was federal health minister. There was a fund of \$400 million for regional hospitals. Unfortunately, it was oversubscribed to the tune of 10 to one, so Geraldton missed out. I understand that other hospitals are waiting in line and that when there is a new hospital, the government's priority is to address issues with older hospitals. But I would like to acknowledge the work of the staff of the Geraldton hospital who do a very good job.

The other interesting quirk of Geraldton is that St John of God hospital does not run at full capacity. At times it runs at only 50 per cent capacity, so it is highly cost-effective for the government hospital to buy beds when it needs them from St John of God. That arrangement keeps St John of God in town and gives the government hospital access to greater capacity when it needs it. However, I am told that arrangement is not working as well now as it was in the past, because at times St John of God Geraldton Hospital does not have beds available for the government hospital. That is slowly bringing the issue of Geraldton Health Campus to a head. The other critical issue is that when the government goes ahead and redevelops Geraldton Health Campus, it has to make sure that it keeps St John of God in town. If it suddenly becomes less viable because the new government hospital is much bigger, we might have the terrible situation of St John of God closing up and leaving town. That will leave us no better off than we were before. In fact, it could leave us in a worse position.

In 2017 the Liberal Party brought a promise to the table that I had worked for for a long time—that is, \$138.5 million to be spent on the hospital. The hospital is very busy, especially in the emergency department. The average bed in the Geraldton emergency department has three times the occupancy hours of the equivalent bed in, for example, Bunbury. It will be a complex redevelopment because it is a busy working hospital. The government's promise was \$45 million, which has grown to \$77 million. I acknowledge that the government has, if you like, accepted our argument that the hospital needs to be expanded. In time, maybe it will come to accept that a bit more money needs to be spent.

The government's midwest mouthpiece has said that none of the planning was done. We have done a bit of checking up and have been told that a lot of the planning was done. The government should get on with it. It will be starting its hospital expansion when we would have been finishing ours, but we will still be happy to see it.

When I look around my electorate I can see what has been happening: the sobering-up centre has been closed, people are lying on the floor in the emergency department of the hospital, Cameliers Guesthouse has closed, and the government has taken about \$80 million out of the Mid West Development Commission. For some reason, the mental health facility will be built a couple of kilometres away from the hospital, but in Joondalup and Albany they are on the same campus. The government has presided over the largest prison breakout in Western Australian history and has attempted to undermine our world-class lobster industry. If the government starts fixing the hospital, it might start redeeming itself.

MR R.H. COOK (Kwinana — Minister for Health) [4.22 pm]: I was relishing the opportunity to respond to the member for Dawesville, but I cannot beat the member for Mandurah. I have never heard a speech so soundly dispatched to the boundary as the member for Dawesville's was by the member for Mandurah. The member for Dawesville will need a lot more than a new beard to protect his glass jaw if he is going to survive in this place.

Mr Z.R.F. Kirkup: You're all so obsessed with it.

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Mr R.H. COOK: The only obsession with the member for Dawesville is that, as the member for Mandurah pointed out, his hypocrisy on this issue is so breathtaking in its boldness that we cannot help but respond. The member's very basic problem is that in eight and a half years, while the former Minister for Health was in the seat that he now occupies, the Liberal government, and the member for Dawesville as a senior staffer, did nothing for Peel Health Campus. We are responding to the needs of that hospital—not you! The member for Dawesville's feigned moral outrage about Peel hospital is just that—feigned. The yelling and drama that the member likes to bring to this place has no substance. Quite simply, it is ridiculous that he criticises us on our track record on Peel hospital.

The member for Bateman, as is his wont —

Mr S.K. L'Estrange: Churchlands!

Mr R.H. COOK: My apologies. The member for Churchlands, as he is wont to do in these debates, first of all put in a pitch to be Leader of the Opposition. He made rather broad comments and started off talking about the shared priorities. As the Premier announced at the time of the “Our Priorities: Sharing Prosperity” document, the health priorities will be brought down with the sustainable health review, which will be released imminently. The nature of the shared priorities are just that—that is, they are wicked problems that require cross-agency cooperation and ministers working together because they do not fall into any one place. In health we have focused on the difficult issue of child and infant health, because that involves the Department of Health, the Department of Education, the Department of Communities, and a few others to make sure that we give kids the best possible start in life. That should be the priority for everyone in government—to pass on the best health and development for our young people in the future. They will inherit this place. I am not sure why the member for Churchlands does not share our enthusiasm for making sure that we look after child health. We have a passion for it. I do not understand why the member for Churchlands does not care about developmental issues for young people in our community and does not have the same passion that we do.

Several members interjected.

The ACTING SPEAKER (Ms S.E. Winton): Member for Churchlands and Minister McGurk, could you not have a private debate? I am trying to listen to the minister on his feet.

Mr R.H. COOK: We clearly have a passion for child health. That passion is writ large in our shared priorities. The Premier has demanded that ministers and agencies work together to make sure that, once and for all, we give kids the best possible start in life. That is why we have decided to make that one of our shared priorities. That does not mean that we do not commit soundly, carefully and passionately to the key performance indicators of the health portfolio. They are my KPIs and ones to which I am absolutely committed. The member for Churchlands is keen to often talk about emergency departments and ambulance ramping and so on. They are front and centre of my priorities and KPIs. That is why we put so much effort into making sure that we work with doctors and nurses on the front line to ensure that our emergency departments are meeting demand.

The premise of today's questions without notice and the premise of this matter of public interest is presentations at emergency departments. The doctor in question has observed that since 2008, emergency department attendances have increased by 40 per cent. From that perspective, the doctor in question was not drawing the public's attention to the response of this particular government. The doctor in question was drawing attention to the performance of the previous government as well. I am not quite sure why the member for Churchlands is so keen to seize upon those observations. The doctor did not say that we have done a dreadful job in the two years that we have been in government. He basically said that since 2008, governments have done a dreadful job. I would say that that is not the case. Governments have responded to the needs of emergency departments. In relation to Sir Charles Gairdner Hospital, the evidence is clear.

Mr S.K. L'Estrange: So you disagree with him?

Mr R.H. COOK: Quite frankly, member for Churchlands, I do disagree with him. I have not had the opportunity to see his memo —

Mr W.R. Marmion: The Australian Medical Association as well? The AMA supports him.

Mr R.H. COOK: Of course the AMA supports him, member for Nedlands. That is the AMA's job. I would expect it to take that stance.

Compared with 2008, 20 more doctors, 28 more nurses, and more allied health staff are employed at the Sir Charles Gairdner Hospital emergency department. The patient-to-staff ratio at Sir Charles Gairdner's ED is similar to that of other Western Australian hospitals. Over the past 10 years the Western Australian emergency department environment has significantly changed—particularly since the opening of the Fiona Stanley Hospital emergency department and the Midland Health Campus emergency department. For the doctor to say that there has not been a commensurate growth in doctor numbers since 2008—that is, a 40 per cent rise in the number of doctors—is not

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in itself a formula for success in running an efficient hospital. We still have an equivalent ratio of staff to patients, but the nature of EDs continues to change and evolve over time. To a hammer, everything looks like a nail. I can understand that a doctor would want to have a doctor in front of every patient. But that is not the way to run a hospital. Other services and strategies have to be brought to bear to ensure an emergency department is run efficiently. For instance, whereas the previous Liberal government said, through its Minister for Health, that it gave up on ED congestion and the way it responded to needs, during our time we have committed to a range of different approaches to ensure we take the pressure off EDs. That includes important services such as urgent care clinics, medihotels and the introduction of mental health emergency centres, meaning that we can meet a changing demand for our EDs—not just a greater volume but a change in the sort of people who come. We have introduced a number of other initiatives, including assertive patient flow. At the moment we have mental health patients sitting in EDs for over 24 hours. That is simply not good enough. We have introduced a program called assertive patient flow which identifies where we have mental health beds right across the system, not just within that particular health area. We might have a mental health patient in Sir Charles Gairdner Hospital ED but a mental health bed in the south metropolitan area. Unfortunately, at the moment our health service providers and psychiatric teams are not working together properly to ensure that we are identifying that capacity and getting those patients there. Under this program, we are confident that we will be able to meet not only the changing quantity in demands on our EDs, but also the changing types of demand, such as the increased issue of patients who present with alcohol and other drug issues and mental health issues.

There has been an increase in ED activity over the past month. That has predominantly been in the triage category 4 and 5 areas. Although some of those patients have a genuine emergency, a lot of those patients should be in a general or primary care environment and go to their GP. We will have more to say about that in the coming months as we look forward to rolling out our urgent care clinic policies.

A lot has been said about the growing demand for our EDs. Since we came to government, Sir Charles Gairdner Hospital has seen an increase in emergency department attendances. I apologise for these statistics, but we are using the period July to February so we can give contemporary emergency attendance data. Between July 2016 and February 2017, there were 45 424 ED attendances at Sir Charles Gairdner Hospital. For that same period in 2017, there were 46 671 attendances; and in 2018–19, there were 48 515 attendances. There has been an increase but that increase is only about 6.8 per cent over that period. Although there are increases in emergency department attendances at Sir Charles Gairdner Hospital, those increases have not been outrageously large during our time of government, which would give rise to the conclusion that there is a crisis. Indeed, the funding for Sir Charles Gairdner Hospital has grown to meet that demand. As a result of the changing nature of the growth in demand, expenditure growth for the North Metropolitan Health Service is 1.8 per cent in 2018–19. Its expenditure growth will increase to 2.7 per cent in 2019–20 and 7.4 per cent in 2020–21. The fact of the matter is that there has been growth over that period. That growth has not had a steady trajectory. In some years at Sir Charles Gairdner Hospital, we had a reduction in demand. Obviously, one of the important things we need to do is ensure that hospitals change their staffing profiles to meet that demand, which comes down to the single most important point in this debate. The health service providers are responsible for the staffing configurations and resourcing of our EDs. It is not up to me. I fund the emergency departments. The emergency departments fund contracts based upon anticipated activity growth and the health service providers to manage the staffing levels at these hospitals. As I said, there has been a significant growth in the number of staff at the Sir Charles Gairdner Hospital emergency department since 2008.

I am not sure why this particular doctor characterised the growth in staff the way he did. What is more perplexing is why this doctor did not go to the chief executive of the North Metropolitan Health Service and approach other senior staff at the North Metropolitan Health Service or Sir Charles Gairdner Hospital. I understand that Dr Robyn Lawrence, the chief executive at North Metropolitan Health Service, was not even cc-ed or given this particular memo. I am not quite sure why this doctor wrote this memo in such a public way, without taking the opportunity to raise this issue with senior staff. I do not criticise him for that; I simply raise that question because our health service providers must be in a position to respond to the needs of doctors and nurses working on the front line because they are carrying out a remarkable service for the WA community at the moment. I wish to brag that the Productivity Commission found that our emergency departments had the best EDs in the country right across the health sector last year. I do not say that to brag for myself because I know that whatever happens under my watch is a continuation or a pathway that has been taken forward by many governments, ministers, senior executives, doctors and nurses in our health system over many years. I simply say it because I am immensely proud of the doctors and nurses, allied health staff and support staff working on our front line because they are doing an amazing job of providing the best emergency department services of any health jurisdiction in the nation. More importantly, while we are working within a fiscally constrained environment, we have to acknowledge the fact that in the past 12 months our emergency departments improved their performance. They are not only doing a great job, but they are also getting even better. Western Australian EDs are the only EDs in the country to have improved

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in the past 12 months. What an extraordinary record! That should be the subject of our motion today. That is what we should be discussing in this chamber, not some sort of apocryphal assertion that somehow resources and other things are lacking and therefore things are in crisis. We should be talking about the fact that our EDs are the best in the country and they are continuing to improve.

As I said, the previous government simply gave up on the question of ED performance. We are continuing to work closely with all the health service providers to ensure that we can continue to provide growth and drive efficiency in our healthcare services. Our health service providers—the hospitals and doctors and nurses, and allied health and support staff who work in those hospitals—are doing an incredible job. As I said, we have the best EDs in the country. In addition, our elective surgery figures are middle to upper ranking compared with other states, and we should be proud of that as well. That is not to say that it cannot get better and that it will not. We will continue to drive efficiencies and improved performance. We are getting there because we are doing the hard work to make sure that it happens.

A number of other members made some observations, which I want to briefly cover. The member for Central Wheatbelt rightly drew the chamber's attention to the situation at Laverton Hospital. I have been to see that hospital and have spoken to the staff and hospital leaders there. That hospital is due for upgrades. The problem for the government is one that we have spoken about on many occasions; that is, when we came to government, we received the worst set of public finances that this state had ever seen. We had to consolidate the state's finances and get the state on the road to financial and economic recovery. The government is committed to that path, which demands tough decisions. One of the toughest decisions I had to make, along with the Minister for Regional Development, was to prioritise expenditure from royalties for regions and other budget allocations. The government is committed to the upgrade of Laverton Hospital. I would love to be able to say that Laverton Hospital's redevelopment is going ahead, but we do not have that luxury—no Western Australian has that luxury—because we all understand that after the previous government wrecked the state's finances, we needed a government to arrest that situation and get this state back on track. Our government is committed to that, but it requires tough decisions.

I pay my respects to the people at Laverton Hospital; they are doing a great job under difficult circumstances. The hospital benefits from emergency telehealth—they have been getting some great results—and, working with the Royal Flying Doctor Service, it provides a great service to the people of that area. On the subject of the Royal Flying Doctor Service, I was very proud to stand with the Premier recently as we announced a new funding package for the RFDS so that it can fund a LifeFlight PC-24 jet to provide another step change in the way it delivers remote and regional patient evacuation. That funding will help to continue the great work of the RFDS as it continues to develop its air fleet. We stand by the Royal Flying Doctor Service, because it does a great job on behalf of the people of Western Australia. It is terrific to be able to fund the ongoing rollout of its services in Western Australia.

Earlier, I mentioned the contribution from the member for Dawesville. I will perhaps leave it at that for the moment, because, as I said, the member for Mandurah did such a good job of dispatching the rubbish that the member for Dawesville put before us. It is now a matter of record that our government has done more for Peel Health Campus in our first two years in government than the previous government did in eight and a half years. Ultimately, that is the member for Dawesville's problem, and he will continue to have to wear that badge of dishonour.

The member for Geraldton spoke about Geraldton Regional Hospital. As he knows, we will begin construction of the redevelopment of that hospital in 2020. He was right to identify the co-location with St John of God Geraldton Hospital as being a great place for us to get to, but the fact is that that is a long-term project and requires St John of God's balance sheet to be a bit stronger before it can take on that sort of bold plan. We are working with St John of God and have told it that we are keen to develop those plans. The member is quite right that, in the meantime, there is extra capacity there. That was the reason the government purchased palliative care beds and some cancer beds from St John of God. We have to make sure that it stays viable, because if we do not, we will lose a private healthcare provider out of the Geraldton community, and I think that would be a very regrettable outcome. We continue to work closely with St John of God to make sure that we can continue to work together to get on with those services.

The member for Geraldton talked in the same sentence about the sobering-up centre, which was not performing to the key performance indicators the government had demanded, and someone lying on the floor of the emergency department in Geraldton. On behalf of that patient, to whom I spoke, I clarify for the purposes of *Hansard* that that patient was not someone who was diverted to or who would have gone to the sobering-up shelter. She had a separate illness. I know that that is not what the member meant, but in the way he described it he conflated those two issues. I wanted to clarify that for the purposes of *Hansard*.

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As I said in question time today, we have the best EDs in this country. That is not a record that we will rest on; that is a record we will build on. We will build on it because we have great doctors, nurses and allied health staff working across our health system to provide world-class health services. But let us not be under any illusions; we are not in crisis. Our health system is transforming under the health service providers and it is providing world-class health care. We should all be very proud of, and not be detracting from, the great work that is being done on the front line.

Division

Question put and a division taken, the Acting Speaker (Ms S.E. Winton) casting her vote with the noes, with the following result —

Ayes (15)

Mr I.C. Blayney
Ms M.J. Davies
Mrs A.K. Hayden
Dr D.J. Honey

Mr P.A. Katsambanis
Mr Z.R.F. Kirkup
Mr A. Krsticevic
Mr S.K. L'Estrange

Mr R.S. Love
Mr W.R. Marmion
Mr D.C. Nalder
Mr K.M. O'Donnell

Mr D.T. Redman
Mr P.J. Rundle
Ms L. Mettam (*Teller*)

Noes (33)

Ms L.L. Baker
Dr A.D. Buti
Mr J.N. Carey
Mrs R.M.J. Clarke
Mr R.H. Cook
Mr M.J. Folkard
Ms J.M. Freeman
Mr T.J. Healy
Mr M. Hughes

Mr W.J. Johnston
Mr D.J. Kelly
Mr F.M. Logan
Mr M. McGowan
Ms S.F. McGurk
Mr S.A. Millman
Mr Y. Mubarakai
Mr M.P. Murray
Mrs L.M. O'Malley

Mr P. Papalia
Mr S.J. Price
Mr J.R. Quigley
Mrs M.H. Roberts
Ms C.M. Rowe
Ms R. Saffioti
Ms A. Sanderson
Mrs J.M.C. Stojkovski
Mr C.J. Tallentire

Mr D.A. Templeman
Mr P.C. Tinley
Mr R.R. Whitby
Ms S.E. Winton
Mr B.S. Wyatt
Mr D.R. Michael (*Teller*)

Pairs

Mr V.A. Catania
Mrs L.M. Harvey
Mr J.E. McGrath
Dr M.D. Nahan

Ms M.M. Quirk
Ms J. Farrer
Ms E.L. Hamilton
Mr K.J.J. Michel

Question thus negatived.