HEALTH — GOVERNMENT PERFORMANCE

Motion

MS L. METTAM (Vasse — Leader of the Liberal Party) [4.00 pm]: I move —

> That this house condemns the WA Labor government for six years of mismanagement of the WA health system, with dangerous staffing levels, unacceptable elective surgery wait times and a shocking range of issues across our health system that are putting patients' lives and healthcare workers at risk.

It is quite clear that not a week goes by that I am not contacted by people sharing their stories and experiences of an unacceptable situation that is happening in our health system. More often than not, they are patients or family members of patients, doctors and nurses who come to me at their wit's end over what they are experiencing in our hospitals, all the while watching the Premier and Minister for Health tell everyone that everything is fine and okay and to just look the other way. In a very wealthy state such as ours, we have a government that has bragged about the size of its surplus. The state has enjoyed over $44 billion in royalties since coming to office as a result of the GST fix and the iron ore boom. A very real concern is felt across the community about the state of the health system, which has been brought to its knees under this Labor government. The Labor government's cuts to spending, effectively, without the necessary reform and timely resourcing, has left our hospital system and our health system more broadly under extraordinary pressure, with the lowest number of available public beds per capita in the country when we went into COVID.

At this point, it is worth highlighting a number of promises that Labor made when in opposition. It stated that under the Liberals we regularly heard of horror stories of sick people waiting for hours for ambulances to arrive or waiting for hours once they arrived at hospital. We heard about WA Labor's Putting Patient's First policy, which has a focus on freeing up hospital beds, ensuring patients are treated in a timely manner and reducing wait lists in our hospitals. WA Labor said that it recognised that providing quality patient care was about more than just buildings. Its policy states —

> It is a plan with a vision that looks beyond bricks and mortar to the actual delivery of health care in a timely, efficient and compassionate way while ensuring every health dollar goes as far as possible.
>
> Our plan puts patients first because patients and patient outcomes are what matters most.

That is a failed election commitment. We on this sides of the house ask: What went wrong? Why is Western Australia's health system struggling? How did we get to this point? Why have the warnings from doctors and nurses been continually ignored? Regardless of the spin that this government offers up on a daily basis, our health system is struggling. It is under-resourced and staff are constantly required to do more with less year after year. Our peak bodies representing doctors and nurses have been sounding the alarm about the state of the health system for years but, unsurprisingly, their calls have fallen on deaf ears.

The Australian Medical Association stated in its 2021 state election priorities document —

> Our hospitals and public health system are teetering on the edge of a crisis. Patients spend hours in ambulances waiting to get into emergency departments. Public hospital doctors don't have permanency and are often fearful of raising concerns about problems with the system. Western Australia's suicide rate is 21 per cent higher than the Australian average. Long-overdue action on public health policies now, will produce enormous health gains in the future.

Those enormous gains are certainly not what we are seeing under this Labor government. Those very real concerns raised by the AMA after the first term of the Labor government highlight that this government has failed to deliver in this vitally important portfolio.

The Australian Nursing Federation encouraged its members to walk off the job and strike for the first time since 1998 because nurses were exhausted and saw no option but to take a stand. More recently, they have raised concerns about pay and conditions in a health system that continues to be challenged by staff burnout and dangerous capacity issues, yet the government turns a blind eye to those staffing challenges. The Della report, which has been well publicised, emphasised that the current system is not accepted by the majority of nurses and midwives who provide direct clinical care. It does not provide staffing levels that enable safe and quality patient care and is not appropriate for maternity settings, as it does not reflect current midwifery practice.

It is unacceptable that our important frontline workers feel this way. Despite a never-ending blame shifting exercise and a litany of excuses, the reality is that the buck stops with this government.

Given the government's promise to put patients first and provide the best health care possible, what have we seen on the ground, more than six years later? It is no secret that the government has underinvested in health. That was highlighted over the first three years when the government was chasing so-called budget repair. This is a government

that effectively took a razor to the first health budget and now we are seeing a desperate game of catch-up in a health system that is under incredible pressure. The government investment over that time did not keep up with demand, let alone the consumer price index, and it did not keep up with the growing demand for services. Health funding provided in Labor's first budget saw total appropriations provided to deliver services fall from $5.14 billion in 2016–17 to $5.05 billion in 2017–18, and its second budget saw funding fall further, from to $5.05 billion to $4.9 billion in 2018–19. Did it get any better in the third budget? No. Budget funding increased to $5.11 billion. However, over three years, funding actually went backwards at a time when demand was increasing. In the 2023–24 budget, the total health budget was $11.7 billion. The state's contribution was $6.4 billion, or 16.7 per cent of the overall $38.2 billion general government expenses, with the federal government and own-source revenue contributing to the rest. If we compare that to the Barnett government's last budget in 2017–18, we can see that the state contribution to health expenses was $5.06 billion, or 17.8 per cent of general government expenses.

Essentially, over the last six years, state expenditure on health as a percentage of overall expenses has dropped. We are also constantly being told by the Minister for Health about record infrastructure investment by government in this portfolio. In a recent media statement, she commented —

> "The McGowan Labor Government is investing record amounts into our public health system to ensure it keeps up with the needs of the entire Western Australian community.

However, if we remove the one-off COVID expenditure that was provided over numerous successive budgets, it becomes difficult to see where this expenditure is occurring. It certainly is not in the asset investment space. Last year's budget highlights that of the $39 billion being spent over the coming four years on infrastructure, only $2.6 billion or six per cent will be spent on health. That is an average of $625 million a year being spent on health infrastructure while $9.375 billion is being spent on everything else, at a time when our hospital system is under extraordinary pressure. We note the recent report by the Australian Medical Association that points to this.

The *Australian public hospitals in logjam* report by the AMA highlighted that seven of the 10—or if the minister wants to call it seven of the eight—worst performing emergency departments in national public hospitals are here in Western Australia. For a state with the best finances in this country, this is simply inexcusable. Last year, ambulances spent more than 66 000 hours stuck outside hospitals. They are the worst ambulance ramping figures ever recorded in this state. That is certainly a far cry from what was originally promised when this government came to office in 2017, and certainly a far cry from what the now Premier, the former shadow Minister for Health, had promised as well. When the government first came to office, it was under 10 000 hours. That is a truly shocking measure of the government's mismanagement of the health system. Ambulances were ramped for over 5 000 hours last month, up 38 per cent from the month before and the highest monthly figure this year. St John Ambulance's data also shows that ambulances were ramped for 2 946 hours for the first five months of 2017 compared with 21 000 for the first five months of this year. That is a 600 per cent increase since Roger Cook called ambulance ramping a crisis when he was in opposition. It is also important to remember that for all these statistics and all these hours recorded, a Western Australian patient is laid up in an ambulance or a hospital corridor because there was no capacity in the hospital to admit them.

We have an ongoing inquiry into waitlists in child health. There are about 6 000 patients on the waitlist to see a paediatrician. The wait for speech pathologists, according to August figures, is now nine to 15 months, and as of December, 40 child health nurse FTE positions were vacant. The situation is leading to further acuity issues down the track. Code yellows, which were once a rare occurrence, are now all too common; in 2021–22, there were 513 code yellows across the hospital system. Sir Charles Gairdner Hospital had over 140 code yellows over 12 months, representing about one bypass every two or three days; and Perth Children's Hospital has called about 90 bypasses as well.

As of April this year, 26 819 people were on the elective surgery waitlist. That is up from 19 000 in 2017, when Labor was elected. That highlights another failure of Labor in this area and in managing health outcomes. Although the waitlist more recently has been getting smaller, a greater number of people are not receiving their treatment within the clinically recommended time frame. The system is not performing as it was even a year ago. In March 2022, there were 30 558 cases on the waitlist and 84 per cent were seen within the recommended time, leaving 4 952 over boundary. In March this year, there were 26 000 cases on the waitlist and 78 per cent were seen within the recommended time, meaning that now more patients are waiting over boundary; 5 883 had waited more than the clinically recommended time.

Even more disappointing than the number of cases waiting to be seen is that between January and November last year, over 21 000 surgeries were cancelled across the metropolitan and country health services, with 2 478 cancelled in November alone. Many of the patients listed have waited months and sometimes more than a year and have had to change their schedules and adjust their lives, only to see these surgeries cancelled at the last minute. This is highlighted by a number of cases of people who have spoken publicly. Carolyn Woodacre, who had a potentially

life-saving procedure, had her surgery cancelled twice in a fortnight with understaffing blamed for the cancellations. Her letter to the minister and media spelled out the issues through a patient's eyes. I quote —

> Over the past two weeks I have had a Carotid stenting procedure cancelled at Fiona Stanley hospital and today at Sir Charles Gardner Hospital. Both procedures were cancelled last minute due to lack of availability of staff in ICU. This procedure cannot be done in a private hospital due to lack of skilled surgeons and under resourced ICU units. This procedure will stop me from having a stroke and or other debilitating medical conditions.
>
> To avoid stroke I must have this procedure which needs to be performed by the highly regarded and skilled team of surgeons known as NIISWA. …. This team is also the only qualified team of emergency interventionalist neurosurgeons serving the community of Western Australia.
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> I am appalled that the government are not servicing the Health Industry and providing the required financial support for Hospital staff that have spent their lives studying and training to save lives. This includes: -
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> - Paying hospital staff appropriately for their highly stressful and pressurised workload
> - Incentives for training and providing sufficient resources.
> - Enquiry and action into reasons for community members not affording to pay for private health funds which assists in reducing the pressure on state run hospitals.

The letter goes on.

I refer to another situation of a patient in my electorate. A woman sought preventive category 3 elective surgery, which was meant to have been undertaken within 12 months; that was the clinically recommended time. She has spoken publicly on this matter. We urged the minister and the government to rethink that situation and to see what could be done given Michelle Hansford had waited about three years for that surgery. When the surgery was finally undertaken, they discovered that the breast cancer had returned. It is also deeply concerning that the situation has got significantly worse for that person in my electorate, not only for further surgeries that have had to be undertaken, but also for the impact on her health and her livelihood. She had to stop work and have her arm amputated as a result. These are very real consequences; delaying these procedures can lead to very real acuity outcomes, as I have highlighted.

In the child and adolescent health service area, the waitlists we have seen blow out are a very real concern for many parents, whether they are seeking appointments for paediatricians, psychologists or speech pathologists. That is why we continue to raise these issues in the house, although clearly they are continuing to be ignored.

We welcomed the news over the weekend about nurse-to-patient ratios. It is good to see confirmation of the introduction of this unprecedented change in the way hospitals are staffed, with the one to three nurse-to-patient ratio for emergency departments. I noted the Premier's comments on Sunday that the ratios were just guidelines. There are very real concerns about how this government will be able to implement permanent nurse-to-patient ratios in the emergency departments at Perth Children's Hospital, given what we are seeing on the ground, with double and triple shifts becoming the new norm across the hospital system. It is fair to say that, although this announcement is welcome, it took some time.

In April 2021, Deputy State Coroner Sarah Linton's report into the tragic death highlighted some severe staffing pressures at the time of the tragedy two years ago. It has taken over two years for the previous and current health ministers to act on the very serious flaws in the system that led to such a tragic outcome.

Staff are essentially the key to caring for the sick and vulnerable in our hospital system. Make no mistake—this is not a criticism of our health practitioners, our wonderful nurses and doctors, who work tirelessly. It is a criticism of this government's failure to ensure safe working conditions. I have no doubt that members on the other side of the house will criticise the opposition for somehow suggesting otherwise. We are constantly criticised for not valuing our hospital staff and emergency services workforce, to name a few. It is not the opposition that is failing them and making them feel undervalued. We are consistently highlighting the hope that the government will listen and act on its empty promises. We urge this government to provide more support for our health practitioners—our nurses, doctors and other health staff. We know how dedicated they are. That has been on display not only during COVID, but also in the ongoing reports of nurses working double and sometimes triple shifts in response to under-resourcing in our hospital system. It also reflects nurses' dedication to their role.

Staffing issues have flow-on effects across our hospital system. A world-leading hospital system should not record 574 clinical incidents that were attributed to improper healthcare provision in the last financial year and that have or could have caused serious harm or death. It is unacceptable that an underfunded health system continues to contribute to adverse patient outcomes. One death due to improper clinical care is one death too many. We are looking at 139 incidents attributed to improper healthcare provision in 2021–22. That is unacceptable and illustrates that we are not learning from these errors.

In the past week, outrage has been expressed about emergency department nurses' triple shifts. This was reported about a nurse in Albany. It is in their nature; we should not be surprised that nurses care, are dedicated, cannot walk away when caring for a patient and feel a strong commitment to their fellow staff. They have been put in the incredible situation of responding to a hospital system that is completely under-resourced. An Albany nurse wished to remain anonymous but spoke to journalists in desperation to highlight their struggle. The nurse said that staff receive texts or verbal notifications about shortages, asking for people to work overtime. Nurses should not be put in this situation.

Warnings have been there but have been ignored by this complacent government. The Premier, a failed health minister, labelled triple shifts in hospitals as unacceptable and reminded health workers that they should not feel obliged. The Australian Nursing Federation has called for an end to extreme hours and an overhaul of fatigue management in health care. When he was asked whether he supported the nurses' union call for a ban, Premier Cook did not respond. His remarks were echoed by the Minister for Health, who also labelled the triple shift completely unacceptable but then claimed the legislative framework was already robust and adequate. She said —

> Safe work practices, including workload, are already regulated by the work health and safety legislation.

I go back to my point: we know the dedication of our health workers. They will continue to do more with less in an under-resourced hospital system. It is up to this government to provide the necessary support so that our health staff are not put at risk and patients' lives are not put at risk.

Another critical recommendation from Deputy State Coroner Sarah Linton's report was for a dedicated supernumerary resuscitation team. That has remained outstanding since April 2021. We have heard false reassurance from past and present health ministers that this was in place; they even accused me of exploiting tragic and difficult circumstances in September last year. We have seen that this government has had a lacklustre approach to this key recommendation and has failed to implement it on the ground. Eventually, in February this year, the minister was forced to admit that this dedicated resuscitation team was not, in fact, in place.

During estimates last month, the Minister for Health revealed —

> We expect it to be in place in the coming months.

What an absolute disgrace that we and the people of Western Australia are still waiting. It is now about two years after the tragic incident, and empty promises are simply not good enough.

We need more nurses, and we need them to operate in a way that is better managed. We need appropriate numbers of qualified and experienced nurses on a shift to provide the best possible patient care and do the best by the nurses themselves. However, despite this dire need for nurses, questions in Parliament highlight that between 2020 and 2022, the government employed only 45 per cent of graduate nurse applicants. It beggars belief that the government provided funding for only 45 per cent of graduate applicants. Here we are now chasing more staff than is the case in any other location, yet they were allowed to slip through our fingers two years ago. We must see a significant effort by this government to incentivise and support a local pool of nurses from the WA community to ensure that we encourage Western Australian students to take up a career in nursing and support our state hospitals.

In an effort to make WA more competitive, the government eventually conceded to increase nurses' pay by three per cent last December, and there was a one-off $3 000 cost-of-living bonus. The Australian Nursing Federation continues to pursue the government for its claim of five per cent. Janet Reah recently hit the nail on the head in her article "WA deserves more than a health system that is merely 'coping'", and pointed to staffing as the core of the problem, stating —

> … it's primarily about respect and investment in our nurses and midwives.

She highlighted patient ratios to manage the workload and competitive wage outcomes to help retain nurses and midwives or make these roles in WA attractive again. Other states are well ahead of WA, offering incentives to encourage nurses to work there. Victoria makes it free to study nursing and offers financial incentives and relocation assistance. Queensland offers nurses $20 000 to relocate to Brisbane, and doctors $70 000 to take up positions in rural and remote parts of the Sunshine State. WA nurses are the second-lowest paid in the country. The incentive this government is offering of $12 000 off their HECS debt for three years of work in a remote regional hospital certainly falls short of what other states are offering.

It is not just our nurses; attracting and retaining junior doctors has been raised as a concern, with warnings of significant deficits ahead of winter. The concerns of Mark Monaghan, director of clinical services of the Fiona Stanley Fremantle Hospitals Group, were reflected by the Australian Medical Association health check survey of interns. Dr Michael Page, the new Australian Medical Association (WA) state president, stated —

> In some ways it is a self-perpetuating thing because you've got increased pressure in the hospital system because of understaffing, which leads to cultural problems which leads to burnout and low morale.

Regardless of the government's rhetoric, our health system is obviously not an employer of choice. The women's and babies' hospital is an ongoing concern. Since the release of the Reid report in 2004, the QEII site has been the preferred location for this critical health facility. In that time, numerous other planning reports and consultations backed the findings that best practice—the gold standard—was for the women's and babies' hospital to be alongside the Perth Children's Hospital. When the Premier was in his former role as the health minister and first announced the women's and babies' hospital at QEII, he acknowledged there would be parking issues and other constraints. That is nothing new. I note that the Fiona Stanley Hospital site has significant parking and congestion issues as well, as was highlighted during estimates committee hearings, with a representative of the South Metropolitan Health Service referring to initiatives to encourage staff to work from home.

For four years, our Premier championed and defended the QEII site as the best possible location for the state's women's and babies' hospital. Even the McGowan government's own sustainable health review recommended the QEII site as well. Three months ago, the decision was made to move the single most important new piece of health infrastructure to a completely new facility, blindsiding all involved. I understand the head of the project team was not made aware of the announcement until it was actually made. There are very real concerns across the health community about not only how this decision was made, but also the ramifications of this decision on patient outcomes.

The health minister committed to release the business case to justify this decision, and we certainly look forward to seeing it. There has been $1.8 billion allocated, and we would like to know how much of the initial funding for this project will be used for upgrades to Osborne Park Hospital to bring that up to scratch. Will the scope of the project still include upgrades to Queen Elizabeth II Medical Centre as outlined in the original plan as well? The way that this captain's call was made to shift the location of this hospital without consultation from professionals—amid a range of very serious public concerns from neo-natal experts—is absolutely gobsmacking. Professor Karen Simmer, former head of the neonatal intensive care unit at King Edward Memorial Hospital for Women and Princess Margaret Hospital for Children, spoke on behalf of others who are unable to speak up about what she has described as a dangerous decision. I heard it firsthand when I had the benefit of touring King Edward Memorial Hospital's neonatal unit.

The Auditor General's report into long-stay patients found the government has had no interest in addressing the issues facing the health system. It highlighted some very troubling home truths about the government's management of long-stay patients in the hospital system. The report by the Auditor General, Caroline Spencer, *Management of long stay patients in public hospitals,* highlighted that; I quote —

> … without reliable data, and a determined focus on continuous improvement, WA Health will struggle to recognise and adequately improve underlying systemic issues and make well-evidenced value for money investments.

Despite the government blaming aged patients for being one of the underlying issues in the health system, it actually has no idea about the scale of the problem or how much they are costing. The inability to move patients causes bed block, meaning the whole system is impacted. The flow-on, as we have seen in the WA health system over the past two years, can be catastrophic. I quote from the report again —

> Some patients have been in WA hospitals for many weeks, months and even years beyond medical necessity.

Importantly, there are loved ones behind these statistics. Late last year, I highlighted the issues around Mitchell Pearce, a 52-year-old Busselton man who spent 130 days in hospital waiting for appropriate disability accommodation so he could be discharged. He had recovered from the original illness that he was in hospital for, but the inability to be accepted into aged care was a significant barrier to his release. It highlights the failure of the system as a whole.

Several members interjected.

Ms L. METTAM: As the Auditor General had stated —

Several members interjected.

Point of Order

Mr R.S. LOVE: I want to hear the Leader of the Liberal Party's contribution; I cannot because of people on the other side of the chamber, who perhaps could make a contribution at some point later in the afternoon. At the moment, I would like to hear from the member for Vasse.

The ACTING SPEAKER (Mr D.A.E. Scaife): There is no point of order. I have to say, Leader of the Opposition, that if you will take points of order at that level of noise in the chamber, we will be in for a very long afternoon.

Debate Resumed

Ms L. METTAM: As for the interjection, the Auditor General's report was on the visibility of this issue in WA Health. The Auditor General stated —

> … without reliable data, and determined focus on continuous improvement, WA Health will struggle to recognise and adequately improve underlying systemic issues and make well-evidenced value for money investments.

That was clear. It was not a report on the federal government; it was on the WA government, particularly WA Health.

Dr J. Krishnan interjected.

The ACTING SPEAKER: Member for Riverton!

Ms L. METTAM: I cannot hear that.

That was made very clear. Although government members have jumped on that —

Ms M.M. Quirk interjected.

The ACTING SPEAKER: Member for Landsdale!

Ms L. METTAM: — we have heard only excuses from the other side. There has been no shortage of excuses from the government about its failure on every health measure. We are seeing a hospital system under extraordinary pressure and hearing about shocking patient outcomes and staff morale being at an all-time low. The most recent report into staff morale pointed to large numbers of staff not feeling safe to speak up or that their employer, the government, would back them.

We heard the former Premier and Minister for Health blame emergency department presentations, the flu season, COVID-19, aged-care patients, St John Ambulance, ambulance cleaning, border closures, migration, respiratory viruses and an increase in mental health inpatients with more complex problems. A range of excuses have been heard from those on the other side of the chamber. There has been no lack of finger-pointing from this government.

The president of the Australian Medical Association summed it up quite well when he stated —

> "When you run a system the way we are at the moment in WA it's like running an engine at high revs constantly; eventually something breaks," …
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> "We have to accept it's not business as usual to have all of these hospitals going into code yellow all the time. It's not business as usual to have elderly people suffering, bleeding, their condition getting worse in ambulances for hours on end.
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> "It's not business as usual to have any ambulance ramping at all at the Children's Hospital, that's completely unacceptable, and to have a child who's so sick wait longer than two hours to be seen."

The truth is that this government has enjoyed record windfalls to the state because of increased iron ore prices and a GST fix thanks to the former coalition government, but WA patients have not seen any benefits from those outcomes. Western Australians certainly deserve better from this state government. As I pointed to, seven of the eight worst performing emergency departments in Australia are right here in Western Australia. Ambulance ramping is at record levels—five to six times the level that this government called a horror story. It raises a question about the promises of this government to improve health outcomes, which have clearly just gone backwards. It also raises the question: where are the medi-hotels and urgent care clinics promised six years ago?

The sustainable health review, which still remains largely unfunded and unimplemented, was meant to provide a road map for the future of our system. Perhaps if it had been implemented, the government now would not be scrambling to address so many issues and problems. The real issue here is that the government's failure to provide a road map has led to poor outcomes and a shocking range of situations facing health workers and patients, who certainly deserve better. With all the money at this government's disposal, that is simply not good enough. That is why Western Australians are often asking: How is it in a state as wealthy as ours that we see such poor health outcomes and poor investment into the WA hospital system and a lack of focus or priority? How is it that a failed Minister for Health can be the Premier of Western Australia? Quite clearly, members on the other side of the house had other interests in mind when our failed health minister was promoted.

DR D.J. HONEY (Cottesloe) [4.46 pm]: I rise to enthusiastically support the motion from the Leader of the Liberal Party condemning the mismanagement of the WA health system by the WA Labor government. There is a pattern. We have raised this issue on a number of occasions because we do not see anything improving or changing. Given the members in the room at this stage, we know the member for Riverton will get up to give an enthusiastic rah-rah for the government about all the money it is allocating to its various projects, and the member for Mount Lawley will attempt to give a learned dissection of the opposition's argument, saying that it somehow has not answered the thesis that it put forward. I hope that the member for Mount Lawley was paying attention to the excellent presentation by the Leader of the Liberal Party that very clearly outlined the metrics of the many failures of this government in health.

More importantly, those failures sit at the feet of this government. The member for Mount Lawley loves to try to discredit the outstanding record of rebuilding the state health system under the previous Liberal–National government to somehow hide the abject failure of this Cook Labor government. The old saying is that a week is a long time in politics. Interestingly, we have pretty well had four weeks to the day since former Premier Hon Mark McGowan announced his retirement from politics. I think that also announced the time for this government to be held properly accountable for its many failures. The reality we faced on this side was that we had a Premier who was extremely popular and was well recognised by the community for what they saw as him protecting them from COVID. That halo carried forward. I have pointed out failures of this government in every area, such as health, education, law and order and the delivery of a range of other government services. Of course, all that was hidden to a fair degree. Whether or not I agreed with the former Premier, he was a pretty canny political operator who managed to leverage that reputation and I think disguise the poor performance of many of his ministers. That Premier has gone, and now the Cook Labor government is going to be fully exposed.

As I said, I think that the Leader of the Liberal Party has done a great job this afternoon of exposing the multiple failures that sit at the feet of this government. We could have forgiven the Minister for Health a year ago, when she was six months into the job. We might have said that she did not own the problem, as such. But the health minister has now been in her role for 18 months, so she owns the problem. I think she was given a suicide pass into that role by the former Premier in a system set up for failure, which I will articulate in some detail for particularly the member for Mount Lawley to take note. She was given a suicide pass by the former Premier and had to cope with that, but she has now had the chance to do something about it, and we have seen no substantial improvement. Mismanagement is responsible for the chaotic situation we see in our hospitals. The government has created that by its own actions or inactions—in fact, it is both.

The government is immune from the representations from this side. I vividly recall former Leader of the Liberal Party Zak Kirkup raising material issues such as ambulance ramping and other issues, and the utter dismissal by this government. It said, "Nothing to see here—not a problem." We saw the issue multiply and multiply. When the Leader of the Liberal Party took on that role, she continued to alert the government to it. I alerted the government to the fact that it was not taking proper account of the requirements of the health system, and it ignored that. It is not that this government was not alerted to the problem; it is an arrogant dismissal of the genuine concerns from this side of the house about the deterioration of our health system.

I will talk about ambulance ramping. This was the metric that the now Premier used to define the health of our health system. That was the metric he chose to use. He said that was the measure, and he said that out there publicly. I was not in Parliament at that stage; I was an interested observer outside. I vividly remember the then shadow Minister for Health pretty prominently appearing on Sunday night television. That was his favourite slot, getting that sort of dead space on Sunday afternoon. He would go and stand in front of a hospital somewhere and tell us that our government was absolutely failing because ambulance ramping was a little over 1 000 hours a month. Do I think that is acceptable? I do not. I do not blame him for alerting the public to a concern about that. Patients are people. As in this place, it is not a number; it is people. As the Leader of the Liberal Party pointed out at the end of her contribution, this is real folk who are suffering. The metric was 1 000 hours, but we have seen that increase to over 6 000 hours.

I have flashed it in this place before, but look at this graph of the government's performance. It shows the 6 000 hours. Have a look at it, members! That is the measure of this government's performance in health. What a shoddy record. We see that going up. If we look at that trend, we see that it is still going up, and although we may see a little variation, there is a consistent trend of the hours increasing. There is no evidence that that line is in fact reducing. What did we see in the government's response to that? Did the government say, "Hang on, this is a real problem; there are things we have to do"? Part of the government's response is to say that it will spend money, but that is only a trick. Part of its response is to say that it will spend money, but are there other things it can do? Are there other things it can put in place? We know that the great plan of medi-hotels that the government announced at the start of its term did not get a chance. It promised medi-hotels to intercept and get people away from the emergency system. Of course, that has completely failed. Essentially, there is one small facility.

Ms L. Mettam: Yes, one with four beds.

Dr D.J. HONEY: One facility with four beds, so there was clearly a complete failure to get that off the ground. That failed completely. What was then the plan of the Labor government? It said, "What else can we do? We have failed with that. I know what—we will blame St John Ambulance!" There was a tawdry attempt to intimidate St John Ambulance, because St John Ambulance staff were coming out and saying that they were concerned about patients. Just to put them back in their place, the government said, "We're going to do you. We're going to institute this appalling effort of supposedly reviewing the service", as if St John Ambulance was the problem. It was not that the hospitals could not get the patients in; it was not that there were not enough beds or medical staff to deal with them; it was St John Ambulance's fault because it had the misfortune to have its ambulances ramped outside hospitals

for thousands of hours. Again, we are not just talking about an ambulance. The ambulance has a patient in it, but also paramedics, who suffer the enormous distress of having to cope with patients who should be in hospital. They are trained to deal with emergency situations and tend to those patients until they can get them to hospital. Instead, they have to put up with the extremely distressing situation of having to keep patients in those ambulances. It causes enormous distress. This government's response was to attack St John Ambulance and—let us be frank—try to intimidate St John Ambulance, as if it were its fault that the government has a failed health system and patients cannot get into hospitals.

In 2017, members opposite were claiming that an elective surgery waitlist of 17 000 was unacceptable. What has happened under Labor? That elective surgery waitlist has gone to 27 000. I will say it again: 17 000 was not acceptable—it should have been lower—but 27 000 is absolutely appalling. That is this government's record. We will hear the smart responses in a little while about various things, but I remind members that this government's record is a record of failure. It is a record of things becoming substantially worse—not a little bit worse, but substantially worse—under this government's watch. The waitlist was 30 000 last year. I suppose the government will claim that it is a victory to have gone from 30 000 to 27 000, but that is a substantial deterioration. We hear excuse after excuse, blame after blame, with no self-reflection on the things that the government deliberately did or did not do that have caused this problem.

This government loves to place the blame on others. I think that the effort and attempt by this government to continually try to hide behind this is really shameless. As I have pointed out, the former Premier McGowan has gone now. This sits at the feet of the health minister, who is no longer a new health minister. She has been in the job for 18 months. This sits at the feet of a government that is into its seventh year. The government absolutely owns all these problems.

The government has a history here. If we look at Labor, it always has grand plans around cutting back. Back in 2008, Labor was determined to close Royal Perth Hospital. Thank goodness the Liberal–National government was elected! Thank goodness, because we kept that hospital open. Imagine where we would be now if the Labor government had been re-elected and that foolhardy plan had gone ahead. Just imagine where we would be! The government has a track record here. It does not understand health, it does not understand the demands on the health system and it makes the wrong decisions. That was the wrong decision at that time. It is the job of a minister to look at these things. Bureaucrats tell us things. For certain decisions that were made at times by this government, whether by the former or current Minister for Health, I have no doubt that bureaucrats came along and told them, "Don't worry, minister, everything is okay. Everything is fine." It is the job of a minister to see through and manage that. As I say, there was wilful ignorance of the fact that the problem was escalating—not just over the last couple of years, and not just when COVID struck, but well before any of that. The warning bells were ringing loudly about the major problems in the system.

I want to now go through the evidence of that mismanagement. We do not have to look any further than the budget papers. The Leader of the Liberal Party has been through a bit of this, but I will contextualise it. The government can create all the spin it wants, but the numbers do not lie. Spending on health rose 102 per cent under the previous Liberal–National government. Why did it rise by that large amount? It was because the previous Labor government had run the health system into the ground and the Liberal–National government had to recover it back to a gold-standard health system. We also had a population surge; we had the equivalent of the population of Tasmania coming into this state, largely during the term of the last Liberal–National government, and it had to cope with that. Even that increase of 102 per cent was not enough to eliminate 1 000 hours of ramping outside hospitals, but it at least showed that that government took health seriously from the time it came to power.

Under Labor, in the period from 2016–17 to 2023–24, covering seven years up to the latest budget, despite all the talk about the dollars it has spent, spending has increased by only 33.4 per cent. Under the previous Liberal–National government there was a 100 per cent increase, but only a 33.4 per cent increase under the current government. If the government had wanted to say, "We want to contain health expenditure; we don't want to just increase it willy-nilly", then it would have put in place programs to increase efficiency. It would have commissioned studies to see how it could do things better and to find out whether there were best-practice models overseas or interstate that it could have introduced. It has done none of that. It just went in, wilfully, and did not spend money, particularly in its first few years. There was a simple average increase of 12.5 per cent per annum under the previous Liberal–National government and only a five per cent per annum increase under the current government, but the majority of that has been in the last little while after the government suddenly panicked after it realised, "Hang on, we've done this wrong. We haven't kept up with the needs of the population in terms of health services." It suddenly panicked and put money in but, as I will point out, that is still inadequate.

The government has underfunded the health service, particularly at the start of its term. It came in thinking, "We're very clever. We know more than the former health minister." I hope that was not his own thought, but I suspect it was bureaucrats and he just did not do his job in challenging them. Between 2016–17 and 2019–20—

three years—we saw a 6.7 per cent increase, which is a little more than two per cent per annum over three years. Guess what happened? The government ran the hospital system down. That is what it did. It thought it was being clever and that it was somehow going to score a point on budget prudence, but in fact what it really did was run the health system into the ground, and that is the substantial part of the problem we have now.

[Member's time extended.]

Dr D.J. HONEY: It was not sufficient to deal with the growth in population and the growth in services that people required. As I said, there was a 17 000-hour waitlist under the Liberal–National government and a 27 000-hour waitlist under this government.

The fact that the Labor government has failed in health was supported by Dr Mark Duncan-Smith in an article that appeared in *Medicus* back in April 2023. He stated it quite clearly in talking about the government's poor performance —

> Ramping has been increasing at approximately 1,000 hours per month per year for the last six years since the McGowan Government took over in 2016. It is common and 'situation normal' to have 6,000 to 7,000 hours of ramping per month. The point is, the McGowan Government cannot blame anyone else's stewardship of the public healthcare system in WA, as they have solely been in charge for the last six years.
>
> The McGowan Government —

As it was —

> seems very comfortable having our hospitals 100 per cent occupied—despite international studies showing that once over 90 per cent, rates of ramping, cancellation of elective surgery, and hospital deaths all go up proportionally. We keep setting records such as having seven out of the eight worst hospitals for some time targets in ED; an 80 per cent increase in elective surgery waitlists; and record cancellation of elective surgery in December 2022: etc. etc.

That is a summary from someone who is a very knowledgeable person about our health system, reinforcing the point that this failure sits firmly at the government's feet.

It was not until the 2021 budget, after four years in government, that that underfunding was pointed out to the government. I pointed it out in some detail, so it was not a surprise. It was not something that was hidden or not spoken about; it was pointed out of the government in some detail. We saw a significant funding boost. We hear numbers being chucked around. I have a government press release dated 8 August 2021, titled "$1.9 billion boost for health and mental health in State Budget". As I have pointed out in this place many times, the government is very good at press releases; I give it top marks for press releases. It is hopeless at running a health system, keeping people safe in this state, or making sure we have a fully trained teacher in every classroom, but it is great at press releases. The trouble is, it encourages one to think, "Gee, the budget's leaping up by that much", but there are no numbers in the budget that support that figure. It is just rehashing, re-announcing or rebadging of existing programs, but the budget figures do not support the claim that the government has increased the health and mental health budget by anything like that amount. In fact, it is just completely untrue.

When I went through that analysis earlier, I estimated that the budget was about $1.5 billion short at the time I spoke about that. After that the government suddenly said, "We're going to put in $1.28 billion of additional funding in the midyear review". That was only four months after the budget was announced, so it went through the whole budget process and then said, "Holy heck, that analysis is correct. We've massively undercooked this. We've caused the problem, but we'll panic and try to spend a whole heap of money." We then saw a further announcement of $252 million targeting emergency care and so on. We also saw money put in to deal with COVID, but despite two years of announcements of significant funding increases, the key indicators are not showing any improvements, and no wonder, because the government has run the hospital system down. It then panicked at the last minute and tried to catch up.

We saw another $920.6 million funding increase for health in the 2023–24 budget, but when we look at the budget figures and go through the tables, the 2022–23 estimated actual total expenditure is $12.1 billion and the 2023–24 total cost of service is $11.78 billion. That is actually a decrease. Going further forward, we see $11.7 billion in 2024–25; it then goes up a bit to $12 billion and then up a bit more. But again, even in the forward estimates, we see a complete misunderstanding and underestimation of the cost of health systems. Is the government going to do this trick again? It is going to do a little blip, but it is not going to get back to where it was when it came to government, and then it is going to let it deteriorate further and get even worse. The omens are not good if we look at that. It is fascinating that the minister is claiming that funding is increasing by almost $1 billion, yet the total spend is going to decrease by $295 million, or 2.4 per cent. It is a pretty good trick. The government is going to spend all this money, but the budget is going down. I reckon that a lot of businesses in Western Australia would like to know how the government pulls off that trick, because it would appear to be impossible and to defy the laws of arithmetic, which I am sure it does.

We are not seeing a significant increase in that figure. As I have said, there is a decrease. Under the coalition, hospital funding grew by 73.8 per cent over eight years. That was a simple average of nine per cent. During Labor's first term, hospital funding grew by 8.1 per cent over four years, or a mere two per cent per annum. The funding boost for the past two years has seen that figure rise to 27 per cent, bringing the average up to 3.9 per cent per annum. The forward estimates in the budget show only a 7.1 per cent funding increase over the next four years. This is just fanciful. Is this going to be the case? It seems as though the government has not learnt from its past errors and it is going to drive the system back into the ground and it is going to get even worse than it is now.

We can look at the claims around extra employees. Employee benefits will fall from $6.6 billion this year to $6.574 billion in the next financial year. Apparently, staff numbers will rise marginally from 45 786 to 45 860 FTEs. Apparently, the government is going to have around 100 more staff, not thousands, over that period, but funding is going to go down. Again, it does not seem to make any sense, unless those staff are going to be paid less. I assume that there will be some sort of pay deal for the nurses eventually, so we will see.

I could go on, but I know that my colleagues are anxious to make contributions in this place. I will just touch on one subject—that is, the absolute farce of this government keeping health workers out of this state during the COVID pandemic. We raised this at the time.

Ms A. Sanderson: That is wrong.

Dr A.D. Buti: You always mislead.

Dr D.J. HONEY: Do I just?

The ACTING SPEAKER: Thank you, members.

Dr D.J. HONEY: I have here an article from *The West Australian*.

Dr A.D. Buti: Do your research!

Dr D.J. HONEY: I have done it, member, and I am happy to give you a copy of this if you would like to educate yourself. It is headed "One hundred doctors locked out of Western Australia weeks before state reopens".

Several members interjected.

The ACTING SPEAKER: Thank you, members. Minister, thank you very much.

Dr D.J. HONEY: If quoting real numbers from a newspaper article is arrogance, boy, your extensive education was wasted, minister! I know you are better than that. The article headed "One hundred doctors locked out of Western Australia weeks before state reopens" states —

> Shutout doctors and the state opposition raise concerns Mark McGowan's government is refusing entry for essential workers

The article by Eleanor de Jong goes on to say —

> One hundred doctors, including specialists, consultants and locums for remote areas, are locked out of Western Australia, with Mark McGowan's government refusing G2G passes despite the entry of Covid-19 being mere weeks away.

That is what the government did. That is the evidence. That is the proof. It is just like the game —

Several members interjected.

The ACTING SPEAKER: Thank you, members

Dr D.J. HONEY: It is just like the game members opposite played when they came to government to keep essential workers out of this state that has compounded our housing crisis. That is their record—failure at every level because of actions that they carried out, despite the outstanding job done by the opposition in raising those concerns and alerting them to those problems. Did they do anything about it? Did they actually deal with it? Did they actually respond to it? No, they did not deal with it. They did not respond to it. They stuck out their jaw: "We know best. We know better." But who is paying the price? It is the people of Western Australia who are paying the price. It is those patients who are ramped in ambulances outside hospitals and those dear patients who have critical illnesses and injuries who are waiting for life-altering elective surgery to be carried out but they cannot get it. They are waiting longer and longer under this government because this minister, the former minister and the Cook–McGowan Labor government have utterly failed to properly focus on health in this state and deliver a gold-standard health service to the people of Western Australia.

MS M. BEARD (North West Central) [5.15 pm]: I reiterate the contributions that have been made so far, but what I would like to highlight again, which will be no surprise to anyone, are the challenges and issues in the health system that are faced in the north of our state. I believe that these issues are far removed from the psyche of a lot

of people who take a lot of what we need for granted. As I have said in this place many times, and as everyone knows, the north of this state is vast and remote. It is a significant contributor to our state, and the North West Central electorate is massive. I am under no illusion that this is one of the most challenging areas to service. Just to remind members, my electorate is 820 000 square kilometres in size. To put it into perspective, it is twice as big as Japan and Germany, three times as big as the United Kingdom and six times the size of Greece. With many towns and locations and a small population across the region, the provision of health services to these diverse and dispersed communities of course needs the right mix to put all the puzzle pieces together. It is a large puzzle and there are lots of pieces, and at the moment lots of pieces are missing. Unfortunately, key pieces of this puzzle have been removed over the last six years and this has left the health picture in North West Central with some gaping and concerning holes.

I have highlighted in this place recently the Yalgoo nursing post, which has one nurse servicing the town. Sometimes it does not have a clinic. Sometimes no-one is available to see people who are injured or need help. These are some examples of what happens in the region. It is a far cry from the services that we have down here. No-one expects every one of these small towns to have a hospital, but they do expect to have some form of service. We all remember the $10 million for the Meekatharra Hospital project that was removed from the budget in 2017. After years of advocacy from the community, we finally see that the money is back in the budget, but even though it has again been promised, it still will not be delivered until after the next state election. So that will be 2026 at the earliest, some nine years after the money was sitting there ready for this hospital project to go. The majority of funds for Tom Price Hospital will not be available until the out years of the recent budget. We welcome the investment in Tom Price Hospital. Tom Price is a beautiful and buoyant community, but, again, most of the funds will be delivered after the next election. This is extremely disappointing for a town that contributes a significant amount of income to our state. The state budget failed to include any new funds for Paraburdoo Hospital. It is a hospital with great staff who back their community, but the health services facility is in urgent need of a refresh. It is dilapidated and well overdue to be updated. It is a busy town and there are many people who do a fabulous job with what they have to work with.

Another example of the challenges in regional areas is not having doctors. It is a key issue for a lot of towns throughout the state. Shark Bay is a good example of that because it does not have a doctor. Its population fluctuates from around 700 people and swells to around 7 000 during the high season when it is still without a permanent doctor. I do not imagine that anyone in this house would take their family north to stay in a small town if they knew when they landed that there would not be a doctor and that potentially there might not be a nurse on duty. If one of their family members or children became ill, it would be extremely distressing and highly likely that it would be a long wait for anyone to see the family member, let alone give them any advice or help.

Ms M.J. Davies: Or a ride on the RFDS.

Ms M. BEARD: Yes. That would involve a wait as well. The Royal Flying Doctor Service is a fabulous institution that we would not live without up there.

The escalating demand is seemingly not captured in the desktop analysis. Make no bones about it, Monkey Mia, Denham and Shark Bay are amazing parts of the world. If members are lucky enough to visit them, they should do so because they are fabulous. However, if members are unlucky enough to need a doctor when they are there, it will be extremely stressful because there is not one. There is only a visiting doctor. I spoke to someone in Shark Bay the last time I was there. He was the fifth of the six appointments for the duration of the day that the doctor was there. People are waiting up to six weeks to see a doctor for a check-up and to renew their scripts. Check-ups, as they say, are essential. People cannot just get a script without seeing a doctor. Often the visiting doctors are not able to meet the demand. Nurse practitioners are an option that we need to facilitate and, when we can, we need to put qualified practitioners in place in some of our regional centres. When people ask what our solution is, one solution is to put practitioners into those locations because it would alleviate the problem when there is no doctor. It is a three-and-a-half-hour drive from Shark Bay to Carnarvon, which is the nearest hospital, otherwise people would have to wait for the RFDS. A lot of people make that decision based on which would come first. As my colleague just noted, the RFDS does an incredible job of keeping regional people alive and connected to health services. When I was in Shark Bay recently, a local businessman told me that he had been bitten by a snake on Boxing Day. It was a most stressful time for his family. He had a lengthy wait for the plane and the transfer to Perth was delayed, all the while recognising how vulnerable he was. Fortunately, his story ended well. I am sure that members can appreciate that that is not always the case.

My next point is the viability of pharmacies in regional towns. I know that everyone will be well across this issue. I understand that it is a federal issue, but I hope that state government members are working closely with their colleagues in Canberra to address this. I sat in the pharmacy at Shark Bay and saw a constant stream of people going through it. When there is no doctor, the first port of call is the pharmacy, and if there is no pharmacy, that adds to the burden of what it is like to live in or visit those small towns. It does not bear thinking about.

The Yalgoo nursing post is another situation. I recently spoke with someone who said that the clinic was closed because the nurse was unwell. One nurse services the town. That is another example of something that could be addressed to alleviate that issue. That nursing post is not classified as a remote nursing post, which means that any nurses who are on duty have to wait for a telehealth appointment before they can administer any painkillers or other remediation without advice. I understand that is because Yalgoo nursing post is not classified as a remote nursing post. The closest remote nursing post where people can find help is 150 kilometres away. These are some of the things we might be able to do to reduce the blockage in the pipe. Hopefully, that would help. A second nurse in a post like that would be great because if a nurse is unwell or away, there is no nurse and the service is closed.

Access to dental services has become a big issue in the regions. There are very few private dental services in the towns. By the time people address their issues, they have become acute. Travel is a very costly exercise for people, so some of them defer the treatment. Lengthy trips to see a dental technician is out of scope for some people. It is a seven-hour bus trip for many of our seniors to travel from Carnarvon to Geraldton. That is an enormous effort for elderly people. It is the same for all those locations. It is a long trip on the bus, no matter what time they go. Often the only bus that gets into Geraldton arrives at one o'clock in the morning. The transport system is another issue that we could unblock to make it easier for people to get to where they need to go. They are left in the centre of Geraldton at one o'clock in the morning. I have been told that some seniors have been harassed at that point and were extremely concerned for their safety. They then had to find their way to wherever they were staying. I do not think anyone here would like to see their elderly family members in that situation. That is not something that anyone would wish on anyone. It makes their lives incredibly difficult trying to source the help they need.

On that note, I think transport is an important part of the health aspect of the regions. People in Perth can get on a bus, a train, an Uber or a taxi, but that is not possible outside the metropolitan area. I think it is fantastic that the government has introduced the Nexus Airlines service across the north, but I would welcome it more if it connected to the ports at Geraldton, Carnarvon, Exmouth and even Monkey Mia. That would alleviate some of the transport issues and connect people. There are no direct flights to Geraldton from those other ports. That would help alleviate the issues seniors have when travelling enormous distances just to meet their basic needs. That is a potential solution that would be greatly welcomed by many, many people who rely on travelling to Geraldton for medical appointments. If they are transferred to Geraldton by ambulance or RFDS, they need to find their way home, depending on when they are discharged from hospital. I heard an example of a person in Kalbarri who was discharged at eight o'clock or nine o'clock at night and had to find their way two hours north and had very little notice to get their elderly husband to pick them up. I know that this is a transport issue, but one of the things that I see as being really important to some of our solutions for health in the regions is for the ministers to work together to unblock those issues. Health and transport in the bush are definitely not mutually exclusive. They are essential and a key part of the puzzle in making the situation in the health space in the regions far more user-friendly for the people who live there.

I turn now to regional maternity services. I still have mothers and families contacting me extremely distressed that they need to travel away to have their baby. Gone are the days when people from Exmouth used to travel to Carnarvon to have their baby. That is a three-and-a-half-hour drive away. Their home town and family was not far away and they could get there in time. I will give members a personal example. When one of my children was born, I was advised that I needed to go to Perth, which I totally understand because I had complications and there was no other option for me. I was in Perth for four weeks before the arrival of the baby, for health reasons, clearly. Not everyone has the luxury of being able to stay home from a health perspective, but I was one of those. I needed the specialist services in Perth and they would never be available where I was. At the time, everyone was having their baby at the local hospital and, as a result, there was a significant cost. I was in Perth for three or four weeks on my own. As it turned out, my husband did not make it to the birth of one of our children, which he was devastated about. It is just one of those things because of the tyranny of distance, the flight and the access. I am sure that anyone here who has had a baby understands the need to have their family around them. When that support is not there, you are going solo. I have never forgotten the sense of isolation during that experience. In my circumstance it was unavoidable and I did it for the baby. I will continue to raise this matter because I understand that it is a devastating experience for people who are having their first baby and are isolated and living in a motel room with no support. I urge people, whenever they can, to have their baby as close to home as possible. I think that is a priority.

Services such as breast screening and health checks should also be a priority, particularly for women. Women's health checks in regional and remote locations are essential in preventing issues occurring rather than waiting for them to become acute. Many people do not have the opportunity nor the funds to travel, so this is something we need to work towards. Whether it is a raft of mobile services or whatever it might be, we need to be proactive and creative about how we can do this. Services are deteriorating in many of those towns and are being taken away and people are struggling to get the services they need.

I return to the issue with community pharmacies. When the hospital system is stretched and underfunded and is falling down in the regions, a foundation piece of the puzzle with primary health is the vital role and leadership of

pharmacists in communities; it is enormous and cannot be underestimated. If there is no pharmacy in those towns, people will not stay there and I am sure people will not visit there.

When I drove to Parliament this morning, which is a short trip, I noticed at least four or five doctors' surgeries along the way. Why is that important? It is because across my electorate in Coral Bay, Shark Bay, Yalgoo, Meekatharra, Cue, Mt Magnet, Sandstone and Gascoyne Junction—all the smaller outlying places—there are currently no permanent doctors. We need to find ways to service those people so they have something. The pharmacies there are incredibly important. The stark contrast, which helps to fill the void of a doctor in regional WA, is the local community pharmacy. I say a big thank you to the pharmacies and their fantastic staff across my electorate. The dedication, expert advice, guidance and pastoral care they provide our communities is vital. Pharmacists are trusted and respected. I recently caught up with Malcolm from Shark Bay Pharmacy and I have spoken with Robin from Amcal+ Pharmacy and Amanda from Pharmacy 777 in Carnarvon, and they all raised concerns. They are extremely stressed about the recent announcement to double prescriptions from 30 days to 60 days, and, more than that, the impact that will have on lifesaving medicines. People cannot just go to the chemist down the road if they run out of a drug that somebody really needs; it is too far away. The viability of those pharmacies will be clipped. That is why I call on the federal government to reconsider and urgently re-evaluate the ramifications on regional areas in particular as to what might happen.

We all support cheaper medicines—I do not dispute that—but for smaller communities in the middle of nowhere, the chemist needs it. The savings that some in the bush will expect from the savings on medicines will pick up probably way more than they save by having to travel somewhere else. We support the cheaper medicines. I recognise all pharmacists and staff across the North West Central region for their contribution and the important role they play in our landscape. My call is for the government to get behind those pharmacists in regional areas and understand what their challenges are and feed that back through to the federal government with a hope of finding some solutions.

I understand that health is a tough portfolio and the puzzle that needs to be put together is complex in a seat such as mine; however, we need to be holistic and creative in how we find solutions to ensure that these things are not happening. For me, one of the things that is key is transport—transport to move people around and to get them to and from their appointments. The patient assisted travel scheme is something we need to revisit. We obviously have issues in our regions with ambulances because there is a lack of volunteers at the moment. We had a situation in Meekatharra in which no-one was available to pick up a person who was critically injured. It was fortunate that there was a mine nearby that was able to call in its ambulance. That will not always happen. I urge the government to look closely at the call for a chopper in those remote locations to help the Royal Flying Doctor Service and the ambulances. The people in Kalbarri do transfers through to the Overlander Roadhouse. They work a 12 to 14-hour shift doing that.

The ACTING SPEAKER (Mr P. Lilburne): Member for North West Central, did you mention that you were seeking an extension?

Ms M. BEARD: Sorry; yes, I am.

[Member's time extended.]

Ms M. BEARD: They are under enormous stress. The introduction of a chopper to the midwest–Gascoyne region would make an enormous difference to the lives of those there, and to people who will be helped and the time frame for getting people the critical help they need when they are transferred. I repeat: we need to be creative and work across portfolios. An example I used was transport. I think we can make a big difference if we address the health situation with some transport issues. I will hand over to my colleague.

MS M.J. DAVIES (Central Wheatbelt) [5.35 pm]: I will speak briefly this afternoon on two specific issues in my electorate, particularly around health. The Minister for Health may have responded to me today; I am not sure. I have not had the opportunity to speak to my electorate office, so my apologies, but I will put it on the record anyway because I know we have been in discussion with the minister's office. It is around emergency telehealth services for Hyden. There has been an ongoing dialogue about that. The other matter I want to put on the record is the Cunderdin health service; I will come to that.

I take an advocacy role from a budgetary perspective around some asks from the community for that health service, which was one of the two—the other was Pingelly—for which we shifted the model of delivering health services from a wheatbelt perspective when we were in government and how that might need to be tweaked to make sure it fits the needs of that community. I will be succinct because I would appreciate the minister being able to respond and provide some positive news to those two communities in particular.

Everybody knows Wave Rock, obviously. Every international visitor knows Wave Rock! Hyden is one of the most south east points of my electorate. It is a small community in the Shire of Kondinin, and at present it has only a nursing post. It is a wonderful nursing post. It is very well supported by the local community. Unfortunately,

there are no emergency telehealth services in town. The telehealth services that have been put into all the nursing posts and into the regional hospitals over a period are available only during clinic hours at the nursing post for specialist appointments only. Hyden is on a significant tourist route. It is remote from other communities in the electorate and it has fluctuations of tourists. Much like the member for North West Central's electorate, it sees a large number of people travel through its community. Everybody would understand the importance of the timeliness of providing that emergency advice as first responders.

The Kondinin and Narembeen hospitals both offer emergency telehealth services, but Kondinin is 64 kilometres down the road and Narembeen is 88 kilometres away, which is not ideal when there is an emergency. This is disaster thinking, but we regularly have buses of tourists there and people who are perhaps not experienced in driving on country roads. I am not joking when I say that Wave Rock is an international tourist destination, particularly for the Chinese and Japanese markets. People jump in a car and say, "Right, we're off to see Wave Rock. We need to get our selfie." They hurtle along in their little buzz boxes on our less than perfect roads with trucks and school buses and the like. There are also enormous buses that carry tourists and it is a recipe for disaster. Heaven help us if we had a multiple injury accident. We would be reliant on the Royal Flying Doctor Service. It would be helpful, just in the event that we had local challenges, for them to be able to access emergency telehealth services.

The community is very appreciative of the service that is provided by Silver Chain, but it is limited, considering the remoteness of the location and the significant number of tourists who visit annually, which adds to the community's already stretched medical services. It has a local Silver Chain committee. Hyden, like many wheatbelt towns, is renowned for its ability to raise funds and contribute to developing infrastructure and services in its community. It has worked tirelessly to raise significant funds to support medical services in Hyden. That includes building housing for staff, contributing to updating the facilities that Silver Chain works out of and buying much-needed equipment. The equipment includes an i-STAT machine for $10 000 and a standard emergency bag with wheels and equipment for $1 400. They have approval for a new bladder scanner, which costs $17 000. This is a small community. My towns are not big, and this is big money coming out of a small town with a small population, but people are passionate about providing first-class health care for their community. They have also contributed $12 500 to updating the kitchen in the staff housing, and that has undoubtedly assisted in attracting FTEs.

We have one FTE registered nurse, split between two staff, working out there. That has also enabled continuity for patients in the community. Prior to this, they did not have a full-time FTE for over two years. That goes back to what the member for North West Central was saying: it is great to have those facilities in some of these small towns with nursing posts, but we need to make sure we then have the staffing. Although it is remote, I understand it is the third busiest nursing post in the state, which is why the community believes it would be viable to provide emergency telehealth services, 24 hours a day and seven days a week. On behalf of the community, I have spoken to the minister and written to ask that that is considered. I look forward to the minister being able to provide a response either today or in due course so that I can go back to that community.

The other one is Cunderdin Health Centre. When we were in government, a program called Southern Inland Health Initiative was the biggest investment in regional health at the time. It was over a number of different streams. One was the installation of telehealth services, and they have proved to be an amazing investment for our regional communities. We also had streams of upgrading infrastructure, like hospitals and nursing posts, and making sure that they met current requirements. Some of our hospitals had not been touched for many years. The reality was that we could see that some would likely reach the point of no return and then it would be very easy for the government of the day to say, "We are so sorry, Shire of Wyalkatchem, the Wyalkatchem district hospital will be no more. You can travel to Northam, where the regional hospital is." As a result of that investment, we still have a significant footprint. That is not the case for the member for Moore and his communities. Roe and Central Wheatbelt have older communities and, as such, have had infrastructure for much longer. It takes time and money to invest, and we did that when we were in government.

One of the other streams was to go to communities that literally had hospitals that had either not had an inpatient or had only one for a number of years. They had old infrastructure that was costing an enormous amount of money to run and maintain. They were not using the laundry, the kitchen or any of the services, but the full surgical suite was there. We thought a much better approach was to provide a modern health service and take the funding that would otherwise be put into the bricks and mortar, and redesign health care so that it went to meeting the needs of the community. We looked at the healthcare professionals in the community, making sure that they were going out into the community, as opposed to waiting for people to fall off the end of a cliff and end up in the emergency department.

Now, emergency departments are really important and towns have to have them. This is why Hyden is so passionate about having that. We went through a process of co-design—I do not like using that word, but it was co-design—with the community, and I personally said to both those communities: "Cunderdin is just down the road from my

own hometown, and I would never ask you to do something in your community that I would not ask of my own." It was a challenging conversation with that town because we were taking something that they knew and understood, and providing a different way of delivering health services. They were pilots. If it was successful, the intent was that down the track there might be opportunities to potentially transition some of our other older hospitals and provide the focus on healthcare services and personnel going out and proactively engaging in those communities. We started redesigning that as we were redesigning the infrastructure.

There was always a concern in Cunderdin that we were removing the capacity to put patients in hospital overnight for observation. If a patient required observation, they would have to go to Northam, which meant using the volunteers, putting them in the ambulance and driving them down the road. For some simple things, such as elderly people who had a fall, they could come in when they just needed to be observed; they were not then able to do that. The next iteration of that conversation with the community was whether they could have the capacity to have the overnight observation—not long-stay—just to give them the flexibility to manage the health needs of their community. I do not think that is unreasonable.

I have to say that both communities embraced the change in how we delivered those health services. As a result of those changes, Pingelly has built an entire aged-care continuum and palliative care model that has services that look out as opposed to inwards. Pingelly was a hospital that had literally had no patients for some time. Members can imagine the angst in the community when we said that there will no longer be a "hospital" as people understand it in those towns. It took an enormous amount of political capital to get those communities to embrace it, and it took locals to lead that change. I really want to put on record that the shire councils and the health professionals at the time did a wonderful job of shepherding that through. I think it was for the betterment of those communities. The outcome is now setting them up to better respond to the health needs of those communities.

Cunderdin is passionate about having the overnight capacity and short-stay observation unit, and I know Cunderdin has been engaging at a regional level.

Health has a really wonderful regional director who is passionate about health care. I have seen her travelling around the state. We would like to keep her for a little bit longer. When we see really good people come into our district, they get shifted onto the next thing. Personally, I will say that I think she is doing an amazing job, and I know that she has done an amazing job in other jurisdictions. She is forthright and realistic about what regional and country health looks like. We need people like that in the system.

They are the two issues that I wanted to take the opportunity to raise, while we are having this broader debate about health and our concerns. I share all the concerns of the member for North West Central. I have not raised some today, but I have raised them in this house in other debates, such as the patient assisted travel scheme issues and the capacity for additional cancer treatment services to make it easier for our constituents to seek treatment closer to home. Of course, there is access to doctors and healthcare professionals, and the ongoing and perennial challenge we face in attracting and retaining those staff.

The Minister for Housing is in the chamber, and we know that a big part of that is housing. Although WA Country Health Service manages its own property portfolio, which I have always found strange, it is a challenge. I have previously raised that a number of the nursing quarters in our communities are, quite frankly, from the Dark Ages. If I were a nurse and being sent to a town I was not familiar with and asked to sleep in single bedroom quarters with shared bathrooms, I would probably say, "Stick it up your jumper!" as well. That is what is happening. From a local government and community perspective, we are also trying to work with the Minister for Housing and government to come up with funding models to allow us to invest. When I say "us", I mean our communities, as so many of them invest in developing housing to assist the government in attracting and retaining those much-needed staff.

With that, I will sit down and allow the Leader of the Opposition to have his say. They were the two particular issues that I am very keen to get a resolution on, on behalf of my constituents.

MR R.S. LOVE (Moore — Leader of the Opposition) [5.48 pm]: I rise to make a brief contribution to this motion, which condemns the six years of mismanagement of the WA health system by the WA Labor government, and then mentions a range of issues and how the health system is putting patients' lives at risk.

I want to highlight one area in doing this. The member for Vasse, the shadow Minister for Health, and other members did very well to outline a range of concerns across the state. I want to highlight a concern that the member for North West Central touched on very briefly—that is, the situation of rescue helicopters in Western Australia. About two-thirds of traffic deaths in Western Australia each year occur in the regions. The regions bear a disproportionate burden of the road toll. Only 21 per cent of accidents happen in regional WA but it has nearly two-thirds of the deaths. Along with that, there is a greater level of trauma in those who survive than is experienced generally in the metropolitan area. Quite a bit of that is to do with the ability to get a person to hospital quickly—the golden hour, if you like. Some may say this is not really a health issue, but we need to look at these things holistically and not

silo areas by saying the helicopters are run by the Department of Fire and Emergency Services, not Health, or that Transport is involved, not Health. As the member for North West Central pointed out, there is an intersection of the areas of government and if we do not approach issues holistically and look at them in a fulsome way, there is a danger that we will miss opportunities for change.

It might surprise some members of this house that the planning for the helicopter rescue service is the responsibility of the Department of Health. DFES is only the manager of the service; it does not plan the service. That was confirmed on Tuesday, 13 June, when my colleague in the other place Hon Martin Aldridge, in his capacity as shadow Minister for Road Safety, asked which agency is responsible for the rescue helicopters. The answer he got back from Hon Sue Ellery representing the Minister for Road Safety was —

> The Department of Health is responsible for determining the state's aeromedical service requirements. The Department of Fire and Emergency Services manages the contracts … and St John Ambulance WA is responsible for the tasking of the aircraft.

It is a joint responsibility but it is down to the Department of Health to properly plan for the provision of the rescue helicopter service across our state.

We know that running a helicopter service is costly. It costs a lot of money to buy and run the helicopters. No doubt that is one reason that places like Kalgoorlie, Geraldton and the Pilbara have not seen the rollout of helicopters that one may expect or certainly as the residents of those areas would expect because their survivability outcomes from road injuries is greatly improved and also when people are ill. If a rescue is needed in one of the national parks scattered around Western Australia, often in very remote areas, or there is a marine incident, they can be dealt with far more effectively and efficiently if there is a helicopter. The benefits are not just for the person in terms of a better outcome; we know that the costs of trauma are very significant indeed. The RAC's most recent estimate of the cost of road trauma across Western Australia puts it at about $2.4 billion per annum. We need to look at not only the cost of the helicopter, but also the expected return. If we can reduce by even a small amount the trauma from just the road toll alone, there could be a significant positive cost–benefit outcome, even in financial terms, for the state of Western Australia. We urge the government to look more closely at the helicopter service.

I am going to highlight a couple of recent reports that go to the core of what is required and why it is required. I put this in front of the Minister for Health because Health is the planning authority for helicopter services. A DFES fact sheet available on its website states that the current RAC helicopter service's area of effective operation extends about 220 kilometres from Perth. Jurien Bay is at the northern end and much of the wheatbelt east of about Corrigin would not receive a service from the current rotary helicopters in a timely manner.

The DFES website lists the operational costs and the like. I know they are not budget documents but this is the language used by DFES on what it considers to be important. The emergency.wa.gov.au website refers to the RAC rescue helicopter under the heading "Funding and sponsorship". It states —

> The cost of providing an emergency rescue helicopter service is significant but its value lies in saving lives and reducing patient trauma.

Again, there is that idea of trauma, which has a physical but also financial cost. The webpage continues —

> The service is managed by DFES and funded by the State Government and sponsored by RAC.
>
> The State Government highly values the service and provides more than $5 million in funding annually. The second helicopter has been funded through an allocation of $29.95 million over three years from the … Royalties for Regions program. The remaining funding is sought through sponsorship.

In the scheme of things, the funding outlined is not a huge amount of money in the Health budget. If we are talking about reducing trauma and bringing positive outcomes for residents in areas outside the ordinary operational reach of the current helicopter, it would be a great benefit.

The member for North West Central spoke very briefly about the issue of retrievals in her electorate. I refer to the Western Australian State Coroner report 29, which dealt with the situation at Burringurrah, which is Mt Augustus. A number of unfortunate incidents recently in which hikers have unfortunately passed away was the basis of the inquiry. Recommendation 14 put forward by the coroner following that inquiry was —

> ***Investigate the viability of a rescue helicopter based in the mid-west with capability to remove critically ill patients off Mount Augustus.***

Bear in mind that it is not just Mt Augustus; this could apply to Kalbarri National Park and national parks across Western Australia that are outside that normal helicopter reach that I noted. Inspector Cox explained his recommendation and praised having something similar to the RAC helicopter. He notes —

> … it could also be utilised for other rescue services required in the Mid-West and along the Indian Ocean Road.

The element of road safety is also referred to in the report, which continues —

> Inspector Cox explained that for Mount Augustus in particular, the benefit would be that a rescue helicopter would have the capability to winch an injured or ill person off the trail, rather than having to carry them down on a stretcher to safety. It would enable first aid to be provided much more quickly …
>
> Superintendent Beer gave evidence that, due to the base locations of the current WA rescue helicopters in Perth and Bunbury —

The superintendent was based in Geraldton and covered the midwest Gascoyne regions —

> they are very rarely deployed north of Jurien Bay, so they do not have access to a rescue helicopter in the Mid-West Gascoyne region to any significant degree. That means the helicopters they do utilise are purely for search purposes, and not rescue.

It goes on to say —

> The resources at the Police Airwing are not an option …

Then it states —

> Mr Wilson, who is the District Officer for DFES in Geraldton, was not certain of the Departmental position on a rescue helicopter in the region, but believed that the establishment of a rescue helicopter would be of benefit to the broader local community, not only for Mount Augustus, as it would enable a more rapid response to be provided in emergencies. Mr Wilson gave the example of delivering medical, food and water supplies to people stranded by floods, which are common in the region, as well as medical evacuations in remote areas or for urgent medical situations.

The document then states —

> A/Ass Commissioner Carr gave evidence that DFES have supported three submissions for government funding for a rescue helicopter in the Mid-West Gascoyne region, but to date none of them have been funded. The type of helicopter sought would be an aeromedical helicopter with a paramedic on staff and winching capabilities … Carr acknowledged that the funding for such a service is substantial, running into the millions of dollars, but noted that the current rescue helicopters in Perth and the south-west are based too far away to provide any kind of support as you head north in the State.

These are government officials and people who hold offices and are responsible for public safety in the midwest and the Gascoyne areas saying that the service is not suitable as it is. Again, the report states—

> I have read the response from the then Minister for Emergency Services, the Hon Francis Logan MLA, to the Chair of the Standing Committee on Environment and Public Affairs regarding Petition No 155—Midwest region–based Rescue Helicopter Service. The correspondence was dated 17 September 2020, so coincidentally only a few days after the deaths …

He refers to the deaths of the people who this inquiry is about. It goes on to say —

> The Minister acknowledged the existence of an election promise of $30 million from Royalties for Regions funding to establish a Midwest Emergency Rescue Helicopter Service based at Geraldton, but suggested that the funding only addressed short term capital funding and not recurrent operational funding for the service.

Here we have the DFES person making this decision based purely on the financial costs of the helicopter, with no consideration that I can see in this discussion coming from the then Minister for Emergency Services about the potential benefits of a community outcome. The report goes on to say —

> In my view, it is appropriate and fair that the Western Australians living in the Mid-West of Western Australia and above be provided with air assets to assist with search and rescues, in the same way that those of us living in Perth and the South West are lucky enough to have access to, noting we also have access to a far more comprehensive ambulance service on the ground.

It goes on to say —

> Given the uncertainty around this issue, it is difficult for me to make a recommendation. I … note that the need, and community support from those in the regions, for this service has been made very clear to the current government in recent years and has been considered by the relevant Minister. Therefore, I do not propose to make a recommendation in relation to investigating the viability of a rescue helicopter based in the Mid-West as it has already been done recently and apparently rejected. All I can do at this stage is comment that I hope that the State Government has taken into account the needs of the people of

the Mid-West and the many risks involved in the region, including people who come into difficulty at Mount Augustus, in making that decision.

There is very strong support for a rescue helicopter service in the midwest, and I hasten to say that it is not just about the midwest and Gascoyne; I argue that similar cases can be made for Kalgoorlie, the Pilbara and other parts of the state that are outside of the existing helicopter footprint, if you like, and where it could be of some benefit.

Turning to planning the capacity of the helicopter service, I imagine the *Chief Health Officer's inquiry into aeromedical services in Western Australia* that was presented to Parliament on 18 May this year had been in the government hands for about a year, and the minister may know more about that. That inquiry found that there is a need for a significant increase in what are called the rotary wing helicopter services, which, of course, are the helicopter services. It found that there is significant under-resourcing for rescue helicopters in WA, and the need for expansion is very strong in the goldfields, midwest and the Pilbara. The government's own reports, the coroner's reports and, tellingly, the Chief Health Officer's report have all found the need, but the government is reluctant to follow through on providing for that need. It is therefore failing health needs of the people of those regional areas.

If those needs were met, we would see less trauma, people rescued in a timely manner from difficult situations and ambulance services not being put under so much pressure to respond to car accidents. The member for North West Central highlighted the situation in Kalbarri where officers have to drive out to the highway and then a considerable distance around the overland area to perform rescues on the road. That leads to the trauma for Western Australians being greater than need to be. Again, I emphasise that it is not just physical trauma, and that is such an important thing to consider, but also the financial costs to the state due to the lesser medical outcomes achieved by having to wait that extra time for an ambulance to get to someone, extract them from the situation and get them to the appropriate medical treatment. That service cannot always be provided by fixed-wing aircraft. The Royal Flying Doctor Service provides fantastic services, but for these different situations we need to see a response from the government.

It is not just about road trauma. Situations have developed on ships and offshore that could be addressed by such a service as well. There may also be people who have taken ill who need to be extracted quickly. There could be people in some sort of other accident. With the increasing amount of industrial activity right throughout regional parts of Western Australia, there could be an accident on a mine site or a production platform or something of that nature that needs an immediate response. I will wind up my contribution there. I wanted to put the case specifically about that. The minister has heard about a range of other issues today. I compliment the work done by our health workforce right across Western Australia, note their contributions to the wellbeing of Western Australians everywhere and thank them for their efforts. I urge the government to take on board the helpful advice and suggestions I have just been putting forward on ways we could improve outcomes for Western Australians, especially those living in more remote areas.

MS A. SANDERSON (Morley — Minister for Health) [6.08 pm]: I rise to speak on this motion. The government will not support this motion. It seems to be dusted off every few months by the opposition. Opposition members dust off their speeches and reiterate the same—I do not want to call it information because it is not—alternative facts that they spew forth regularly in this place and outside of it. The deliberate, purposeful and wilful ignorance of members of the opposition is extraordinary. They refuse to acknowledge facts. They refuse to acknowledge figures in the budget. They refuse to acknowledge that COVID-19 had an impact on the health system. They refuse to acknowledge that a global pandemic might have had an impact on the health system. They just refuse to acknowledge what is clearly black and white to the rest of the community so things can fit their tiny, narrow narrative, which is just to criticise and object.

Here is a tip. An opposition cannot object its way into government. It cannot complain its way into government. At some point, it has to put forward an alternative proposition, because that is what opposition members are paid to do. They are paid to be in this place to advocate as an opposition and put forth an alternative proposition. So far, the alternative proposition is pretty sad and is unbecoming of this place and of the community. Apart from one or two reasonable bits of advocacy on the other side, the rest was simply spouting the same misinformation and a clear inability to read the budget papers. It is extraordinary.

We had a question from the Leader of the Liberal Party about Western Power in the budget papers—a government trading enterprise. Pick them up and read them and see that the health budget under this government since 2017 has increased every single year. The opposition said a range of things: the budget was cut, it was slashed and we are asking it to do more with less. It is not true. The budget has increased every single year of this government. Over the last two years it has increased significantly, with a six per cent business-as-usual increase alone in the last budget. That is more than the Australian Medical Association was asking for. It was asking for five per cent and we delivered six per cent. There is a fact. The Mental Health Commission's budget increased by 57 per cent from when we came to government. There has been significant spending on health. We have increased beds by 547 in the

last two years alone. That is the equivalent of a tertiary hospital. Significant investment is occurring in not just capital but also ongoing expenditure.

It is true that we inherited a basket case of a budget because of the lack of rigour and process from the Liberal–National coalition that was running two concurrent essentially entirely separate budget processes—one for the Nationals, with royalties for regions, and one for the rest of the state. The two only ever met on budget day, when that government printed the budget papers and tabled massive deficits, huge amounts of debt and no business cases.

Mr R.S. Love: That is made up. I mean, it is just fantasy.

Ms A. SANDERSON: It is fact. When I took the role of cabinet secretary, the first thing the Under Treasurer said to me was, "Please reinstate the Expenditure Review Committee. We will go bankrupt if we don't have a rigorous budget process. We can't do these separate budget processes." That is the first thing we did.

Several members interjected.

Ms A. SANDERSON: That is what I did.

Several members interjected.

The ACTING SPEAKER (Ms A.E. Kent): Excuse me! Are you taking interjections, minister?

Ms A. SANDERSON: I am not.

The ACTING SPEAKER: The minister is not taking interjections.

Ms A. SANDERSON: The reality is that we have invested significantly in our system. We spent 18 per cent per capita above the national average. We spent 18 per cent a person more than any other government in the country on health care and healthcare delivery. We budgeted $3 billion from 2022 to 2027 on health infrastructure that will add another 600 beds to our system. We increased the healthcare workforce by 22 per cent, including additional nursing and medical FTE to 779 medical FTE. We are only the third state to implement nurse-to-patient ratios. We are doing the hard reform. We absolutely acknowledge that the pandemic had an impact on people in Western Australia, whether through uncertainty, infection control, sickness or dealing with COVID in our hospital system—primarily through last winter but into this winter as well. It has had an impact. That is why we agreed in the Australian Nursing Federation negotiations to implement the thing it has been fighting for for 25 years—nurse-to-patient ratios. At no point has the opposition said whether it supports them or not. I am still waiting to hear whether the opposition supports the implementation of nurse-to-patient ratios. It is crickets over there. We acknowledge what nurses are saying: that this will provide better staffing levels in our system. The government has said, "Let's work together and implement that." That will require investment and it will require reform. We are absolutely committed to that reform.

The Leader of the Liberal Party also made some spurious comments about not taking every single nursing graduate who comes out of the system. We take every single graduate whom we can safely take. We are hoovering up graduates in the public system, but we cannot flood a system with graduates and inexperienced nurses. It is unsafe to do that. The ANF has said that it is unsafe to do that, as it puts too much strain on our experienced nurses in overseeing, mentoring and managing our graduate nurses. The balance has to be right. We cannot just flood the system with grad nurses. It has to be done in a staged approach, not only for patient's safety but also for those grads so that they are not put in unreasonable positions and asked to do things that they do not feel competent to do and put patients at risk. We must ensure they want a long career in the public state system.

We are absolutely committed to investing in our workforce, and at no point have I ever said, as the Leader of the Liberal Party claims, "Look away; there's nothing to see here." At no point have I ever said that. I acknowledge pressure points across the system, because there are pressure points in every single health system around the world. It would be barmy of anyone to stand up and not acknowledge that. Of course there are. We have just been through a massive, huge shock. The reality is that we cannot snap back to BAU. There is no snapping back to business as usual as existed before the pandemic. The reality is that the workforce profile is changing and, most importantly, the patient profile is changing. Patients are coming in sicker and they are staying longer. That is a reality across systems. We are meeting those needs by increasing ongoing funding, like the six per cent increase to business-as-usual funding. That does not include the additional $2.7 billion that was spent on the system in the last budget alone.

If we break down some of the last budget's spending, we continue to spend on important reforms in the system. Nearly half a billion dollars has been spent on important reforms in the system. Many of these reforms come from clinicians. They are reforms, ideas and innovations that clinicians bring to us, both nursing and medical staff, saying, "Let's try this." We are investing in it. We say, "Okay; no-one around the world has fixed some of the acute issues in health systems, so let's try something different." We have to be prepared to try and fail, and try to scale up when

it succeeds. The commitment I have given the workforce of the health system is that we will listen, try things and walk with them to improve access to our system.

Some of those reforms are really significant and around doing things differently. One of the first phases of that reform is the state health operations centre, which is standing up a centralised operation centre for our health system. It will co-locate the Royal Flying Doctor Service and St John Ambulance with our key hospitals with clinicians, emergency clinicians, geriatricians and other specialists to provide the right advice, coordination and potentially alternative care pathways. We reformed the ambulance contract in six months. We reformed that contract and it is now a genuine partnership, with a system integrated ambulance service, working really cooperatively with St John Ambulance and the work that it does, hand in hand, walking with it as we manage the system's pressures. We are starting to see the results of those. We are starting to see some green shoots from that coordination and that work. Although we will always get seasonal increases in ramping, we are seeing year on year decreases. That is needed. We will not see it overnight. We will see it over time. That is what we are starting to see.

Part of the state health operations centre is also supporting the Western Australian virtual emergency department with new community-based services. When that was announced, the Leader of the Liberal Party was incredibly rude about the work that the clinicians had done to stand up that virtual emergency department. It came out of the AMA's emergency health summit late last year and its members, yet the Leader of the Liberal Party thought it was absolutely not the way to go about it. I do not know who she talks to, but she is not talking to the same clinicians that I am, that is for sure. She somehow claimed that we commissioned the state sustainable health review but are now ignoring the recommendations. Actually, the Western Australian virtual emergency department is part of recommendation 14, the State Health Operations Centre is part of recommendation 21 and the management of long-stay patients is part of recommendation 15. We are moving forward and implementing the important and big reforms that will improve emergency access for our community.

We have had significant support from senior health stakeholders for the ramping task force work, including our virtual emergency department. Mark Duncan-Smith congratulated us on developing and implementing proposals made by clinicians. Dr Peter Allely strongly supported the reforms and noted that the challenges we face are complex and require a range of difficult reforms that are now starting to work together. We are the first jurisdiction in Australia to adopt the Australasian College for Emergency Medicine's emergency access targets. In fact, we have gone further and are implementing throughout our system KPIs that have never been measured before, including getting access to specialist care and timely discharge. We are measuring parts of our system that have never been measured before. Chris How, the CEO of Bethanie, said that WAVED would complement existing services.

This is called collaboration and working with the sector on finding solutions to incredibly complex and, at times, intractable issues. That is my approach as minister. It is about collaboration and working and listening. Sometimes not everyone will agree, but, ultimately, we will hear the ideas and we will act on those that we think will have a meaningful impact on our system.

The Leader of the Liberal Party likes to trot out the Australian Medical Association's report card with data from 2021–22, which, FYI, was in the middle of the COVID pandemic. Also, it is cherrypicked data. She has claimed that WA has seven of the eight worst emergency departments. The AMA uses only Australian triage score 3. Why would it do that? Why would it have a report that uses only one score? It is not for the sickest people. ATS 1 is for someone who really needs emergency care. We performed exceptionally well on ATS 1. For the sickest people who come to our hospitals, we performed exceptionally well. ATS 2 was similar; it was not bad. But ATS 3 is getting down there. It means that the patient needs urgent care but is not going to die immediately without it. That is the measure that the AMA used—that is the only measure that it used. I do not think it is an accurate report. I am happy to say that, hand on heart, it is not an accurate report because it does not take into account how well we performed with our sickest patients.

We are investing heavily in infrastructure, including beds, and I have outlined some of the bed investments that we have made previously. It will make a significant difference to bed flow and bed availability for our community.

The member also talked about the decision to relocate the women's and newborns' hospital. I think she is on very tentative ground here. I appreciate that she is voicing the concerns of a small number of clinicians. There is not universal agreement amongst clinicians that the move to Fiona Stanley Hospital is a bad thing. In fact, many neonatologists are very excited about, and fully supportive of, the move. It is absolutely right that the government investigated Queen Elizabeth II Medical Centre as the first site. It was absolutely the right thing to do. Co-locating services for newborns and women who need an intensive care unit is best practice. No-one is going to deny that. We embarked on the proper processes of government, unlike the former government, which did not believe in business cases. It just made decisions, like Colin Barnet did when he drove past Burswood and said, "Let's put the stadium there." He completely ignored the independent reviewers who suggested somewhere else: "No; let's put

it there." This government does not make decisions like that. We have rigour and processes to ensure the best value for money for taxpayers—to ensure that every health dollar is working its hardest for Western Australians.

We have gone through the business case, and I will release that business case. The business case outlined a multitude of infinite risks in building on an already constricted site. Anyone who has visited it will know how busy it is and how hard it is to get parking; 14 000 people access that site every day. Last Monday, I had to drive to the western suburbs for a medical appointment, because there are so many facilities there. I live in the east, so that is always a challenge first thing in the morning. I drove past QEII on Monday morning at about 7.30—it was still pretty early—and there was traffic from the QEII car park all the way up Thomas Street and all the way down to Monash Avenue. Imagine a construction site there and then imagine ambulances trying to get in there. I cannot take on that risk or recommend that that risk is acceptable to patients, staff and Western Australians. I will not. Not only is there the risk of relocating inpatient services and then building, but also ingress and egress—all those things—need to be considered. Essentially, if services are going to be co-located, we have to look at the next best possible outcome for co-location, given that there is only one children's hospital. The next best possible outcome for co-location is for ICU for women, and the only place it can go is at Murdoch. No amount of consultation will change the fact that there is only one site where it can go. When the Reid report was delivered, Fiona Stanley Hospital did not exist. Perth has sprawled south east. That is where the population is moving. That is the centre of Perth now. That is becoming the centre of the metropolitan area, which is very hard for some on the other side to accept, especially those who represent the western suburbs. QEII is no longer the centre. It is absolutely appropriate.

Displaced parking, significant construction works and a single commercial parking operator with exclusive rights until 2030, which were signed by the former government, are also major barriers and challenges. Although it was a very difficult decision to make, it was absolutely necessary. With that decision comes a significant upgrade to Osborne Park Hospital, which will provide birthing options for women and specialist neonatal support from a low-risk family birthing centre all the way through to support for high-risk neonates. That is a very exciting development for the northern suburbs, particularly for me and the member for Balcatta, whose constituents will use it. It is an incredible outcome to have such close access, instead of having to trek into Subiaco, which is challenged by parking and access issues.

There are some risks that some neonatologists have raised, and I accept that they are concerned about those risks. I have met with them and I will continue to meet with them. We have listened. We have set up an independent process to work through the risks and the alternatives, and we will fund an appropriate alternative for the delivery of the very small number of babies who need immediate surgery without transportation. I am confident that we can. Most of the neonatologists are being extremely constructive and are working with the government on what the model will look like. I want to genuinely thank them for that. I thank them for their advocacy for their patients, because, ultimately, that is where their passion comes from—their advocacy for their patients. That is what makes good doctors—when they strongly advocate for their patients.

Strangely what was not on the list of anyone on the other side was one significant investment that was totally ignored by the former government—that is, Graylands Hospital. There is $218 million in this budget to increase the number of forensic beds to 53, which includes a children and adolescent unit. All the Leader of the Liberal Party could do was call it a Victorian-era asylum. There are people there now. There are doctors, staff, peer workers, nursing staff and patients there now. I would urge her to take a tour of the Frankland Centre and see the work that they do. There is no question that Graylands Hospital is past its useful life and needs replacing. There is significant pressure on the forensic estate. Prisoners and those accused of a crime should have access to good and appropriate mental health support when they experience mental health issues. This government is investing in the beds in that estate.

As well as the Graylands Reconfiguration and Forensic Taskforce, this government established the Ministerial Taskforce into Public Mental Health Services for Infants, Children and Adolescents aged 0–18 Years in Western Australia, which resulted in a total rewrite of how we deliver mental health services for children and adolescents. This government is investing in that through the uplift in child and adolescent mental health service staff and this budget will also see the delivery of the Bunbury infants, children and adolescents mental health service hub; a continuation and uplift of mental health workers; an upgrade to the Perth Children's Hospital ward; the pilot in the east metro area for the acute care response team; the expansion of the Touchstone service, which is a specialised and intensive treatment service for children aged between 12 and 17 years; and 10 Aboriginal mental health workers. That is a significant increase. We are committed to implementing those reforms, and we will continue to do so.

Many claims were made during the debate. One of the most outrageous claims the member for Cottesloe made was that we stopped healthcare workers from coming into the state. First of all, he cited international workers. The commonwealth has jurisdiction over international borders. The member feigned outrage over international medical practitioners and health practitioners not coming into Western Australia when it is the commonwealth that has control over international borders.

Dr D.J. Honey interjected.

The ACTING SPEAKER (Ms A.E. Kent): Member for Cottesloe, the minister said that she is not taking interjections.

Ms A. SANDERSON: Let me put it on the record that the Chief Health Officer authorised 700 exemptions to healthcare workers during that period. I look forward to the member for Cottesloe correcting the record because he has misinformed the house.

Dr D.J. Honey: No. That is just wrong. I quoted exactly from the article from the exact time.

Ms A. SANDERSON: It is like someone doing their homework on Wikipedia.

Several members interjected.

The ACTING SPEAKER: Order, member for Cottesloe!

Ms A. SANDERSON: Just copy and paste from Wikipedia and give it to the teacher. The teacher will not notice.

Mr S.A. Millman: ChatGPT.

Ms A. SANDERSON: That will be next; ChatGPT for all motions in the house. It would be more intelligent and coherent than the ones we have had so far.

I will leave it to my colleagues to outline some of the other issues, but I will address some of the points made by the members for North West Central and the Central Wheatbelt in particular, because some of them were quite valid and require addressing. I will start with the Pharmacy Guild of Australia and the issue of prescriptions. Member, do not be sucked into that campaign is what I will say. I agree that pharmacists are critical. This government and the federal Labor government are working with pharmacists to expand their scope of practice. A lot of territorialising goes on in health care between doctors, pharmacists, nurses and midwives. This government supports expanding the scope of practice for pharmacists. They delivered record numbers of vaccinations, much to the objection of members of the medical fraternity. This government has invested in their ability to provide vaccinations to the community.

I will be announcing a very exciting trial in the coming months that will allow pharmacists even further scope of practice. But to say that people should not have access to cheaper medicines is just wrong and it is a commercial position. To say that somehow getting two boxes of medication is going to send pharmacists bankrupt is just wrong. They have nothing to back that up, and I have said that to them as well. I said, "I'm sorry, but I think you're on the wrong side of this debate because this is about the patients." Yes, someone should have two months' worth of blood pressure medication. The federal government gave a commitment that all those savings would get reinvested into pharmacies and into the pharmaceutical benefits scheme. The government is not taking anything away from the pharmacy sector; it is increasing the availability and accessibility of medicines. I think the member will find that it is more about the frequency of people going back to pharmacies. Pharmacists are critical and we worked with them during COVID. We provided base funding so that they could stay open and to increase their staffing in case they were furloughed.

I acknowledge and support the work of pharmacists, but this campaign is wrong and I do not support it. I do not think it is appropriate to advocate that regional areas should not have access to cheaper medicines. I will always advocate for access to cheaper medicines whilst maintaining the value of pharmacists.

Maternity services in Carnarvon is an ongoing issue. I agree that the situation is less than desirable and I am very focused on reinstating those services. That was my message to WA Country Health Service. But this is not a matter of business as usual; this is a temporary closure. I expect that those services will be scaled back up. I am more optimistic about that because we are starting to see a glimmer of relief on the workforce pressures. We are not where we need to be, but there has been some relief in some of those work force pressures. The liquor restrictions that have been put on Carnarvon are genuinely settling the town. With that, we will find that healthcare workers will be more willing to work in the town. The member must agree that those two issues go hand in hand. Settling the use of alcohol and reducing the alcohol-related violence will significantly reduce the impact on the health service and will attract more healthcare workers because regional health care is an incredible career and Carnarvon is an incredible place to live when it is not under siege from liquor-related violence. I am feeling more optimistic about our ability to staff that service.

Yes, I want women to be able to birth closer to home. I am very passionate about providing those services. I acknowledge and accept the challenges that women have when they have to travel significant distances. The member has asked in this place before whether women will need to go to Perth or Geraldton. It is my view that they should get to choose. It should never be dictated by a health service. Women should get to choose to be where their support networks are. That is my view and that is the view that I will give to the WA Country Health Service. They may need to access particular specialist services that have been recommended to them, but it is my view that women should get to choose and their choice should be supported. They should also be reimbursed for that choice.

The member for Central Wheatbelt raised some issues about some of her local communities. I do not have an immediate answer. We are working through the issues. It is a very small town. The member was correct; there are

400 residents. That does not quite add to up to a 24-hours emergency telehealth service, but I accept her arguments about it being on a tourism route and that people want to have access to that type of service. I have asked WACHS to review that and it is working with Silver Chain and the Aboriginal community controlled organisations to look at what can be prioritised around that and how we might work through some of those issues. The WACHS acute patient transfer coordination centre is an outstanding piece of health infrastructure. It is what we are basing the State Health Operations Centre on. Access to telehealth did not occur 10 or 15 years ago. A small town can have expert psychiatric specialist and general medicine services that it would never have had before. The feedback that I get from patients and staff is that that is an absolutely outstanding service.

We have doubled the delivery of regional cancer services in Western Australia since we came to government and will look at improving access to those services where we need to, but our record is clear. We have significantly invested in health, despite the wilful ignorance of the opposition and its refusal to look at the facts. The stakeholders themselves, like the Australian Medical Association, acknowledge the significant investment. Is there work to do? Yes. There is always work to do in any public health or education system. There will always be work to do in any system that has over a million episodes of care a year, but this government is committed to the delivery of public health services and publicly run health services, and our record on our funding and our commitment stands.

MR S.A. MILLMAN (Mount Lawley — Parliamentary Secretary) [6.38 pm]: It gives me great pleasure to rise to speak in response to this motion. Having had expectations inflated by the member for Cottesloe, I am a bit trepidatious and hope that I can meet his inflated expectations. Before I start, I would like to place on the record that in a complicated and multifaceted ecosystem like the health ecosystem, I echo the minister's sentiments and place on the record our support for and gratitude to aged-care providers, pharmacists, medical researchers who are conducting world-leading medical research, and disability and social workers. A lot of those people might not fall squarely within the jurisdiction of the state government, but they are all stakeholders. Over the course of the McGowan and Cook governments these are stakeholders who we have worked collaboratively with, hand in glove, to ensure that our health ecosystem is cohesive and operates collaboratively. I want to say to the aged-care providers, pharmacists, medical researchers and disability and social workers, together with nurses and doctors and all those who work in our health system, thank you for your outstanding efforts.

Members will know that during my contributions I generally try to avoid pop culture references because they have a tendency to date our contributions. However, as I listened to the speeches from the opposition, I could not help but wonder whether I had stumbled into an episode of the new Spider-Man movie, *Into the Spider-Verse*, set in a multiverse. It seems to me that opposition speakers all inhabit a parallel universe. The parallel universe of the member for Vasse is one in which no money is being spent in health or the government has under-invested in health. The member for Cottesloe's parallel universe is one in which COVID-19 did not occur. The Pharmacy Guild of Australia's parallel universe is proudly paid for and brought to you by the member for North West Central, and we have "helicopter land", the parallel universe of the member for Moore. I should also mention the member for Central Wheatbelt. It is sad she is going because hers was the only credible contribution. It would be great if all those parallel universes could get together. Even such a small group as the five of them could not agree on the proposition they were going to advance.

The member for Cottesloe told us about how much money the former Liberal government invested in health. He said that over the course of the previous Liberal government, investment had increased by 100 per cent. At the end of the Liberal government, its last health budget contained $8.8 billion. With a reverse calculation, there was $4.4 billion at the start, so over the course of eight and a half years there was an increase of about half a billion dollars each year. When we consider the state Labor government's investment over the past six years, the health budget has gone from $8.7 billion, which we inherited in 2016–17 when we were elected in March 2017—not 2017–18 as the member for Vasse said—and since that time, over the succeeding six years, it has increased half a billion dollars a year, on average, so that it is now $11.7 billion. The rate of increase is exactly the same over the course of the previous Liberal government as it has been over the course of the Labor government. However, what is the difference between the increase in expenditure by the Labor government compared with the increase in expenditure by the Liberal government? During the course of the Liberal government, it built on a mountain of debt. It kept spending in a way that was unsustainable, while our spending has been built on the back of sound financial management.

One of the great Liberal lies members opposite keep trying to perpetrate is that they are the architects of the GST deal. It is absolutely disgraceful. I wish they would cut it out because it is misleading and it does not do justice to the people of Western Australia. If they were the architects of the GST deal, please explain to me this. They talk about collaboration between state and federal governments. Collaboration between state and federal governments is very important. I know that members of the McGowan cabinet and members of the Cook cabinet are very proud of the degree of collaboration between both the McGowan state government and the Morrison federal government and between the McGowan and Cook state governments and the Albanese federal government.

In 2013, we had the election of a federal Liberal government. At exactly the same time, we had a state Liberal government. What a perfect opportunity for the state Liberal government to collaborate with the federal Liberal government to deliver the GST deal for Western Australia. What a great opportunity! Here we go: the Liberal Party believes in a fair share of the GST for Western Australia; therefore, the state Liberal government and the federal Liberal government will work together to make sure it happens. Members, did it happen in 2013? No. Sure—maybe they could not get it done straightaway; maybe they had other things to worry about. No worries. Did it happen in 2014? No. In 2015? No. In 2016? No. In 2017? No. What changed in 2017 was the election of the McGowan Labor government. Immediately subsequent, the only thing that changed was the election of the McGowan Labor government, and that was a state government that was prepared to fight for WA's fair share of its GST. There was a GST deal in 2018. Never ever let opposition members trick you into believing that somehow they were responsible for fixing the GST deal because they absolutely were not.

But that is not all. When it comes to financial management, members opposite left us with a credit rating that had been downgraded and downgraded. It meant that the mountain of debt they were building was now attracting a higher rate of interest. Millions of dollars in additional interest had to be paid by the taxpayers of Western Australia as a result of the downgrading of our credit rating. It was not just the GST deal that restored our financial viability as a state; it was also the strong fiscal discipline of the McGowan government with the then Treasurer, Ben Wyatt. It is a fiscal discipline that has been continued by both Premier McGowan as Treasurer and now by Premier Cook, with Deputy Premier Saffioti. That financial responsibility has become a hallmark feature of this state Labor government. It provides us with the opportunity to do two things—pay down the mountain of Liberal–National debt that we inherited and also invest in a broad range of Labor priorities, not the least of which is health. Let me talk about how and why health is important to Labor and the WA Labor state government.

We have in Minister Sanderson an incredible advocate for our health sector. She is a person who knows how to engage with stakeholders and to work collaboratively with the unions that represent the workers in the health sector and how to identify and respond to significant challenges. For the first time in the history of Western Australia, we have a Premier who was previously a health minister. In 100 years —

Mr R.S. Love: That didn't end too well, did it?

Mr S.A. MILLMAN: It has not ended. What does the member mean by that?

Mr R.S. Love: It didn't end too well; he left the portfolio in a mess.

Mr S.A. MILLMAN: That is an audacious proposition. I do not know why I paused to take such a redundant interjection. I should have just kept going. I thought it was going to be something worthwhile; it was just hopeless. Let us get back to "helicopter land", member for Moore.

Mr R.S. Love interjected.

The ACTING SPEAKER (Ms A.E. Kent): Member, are you taking interjections?

Mr S.A. MILLMAN: No. I will take quality interjections. If the member for Central Wheatbelt has an interjection, I will take one from her, but I am not going to take one from the sorry successor as Leader of the Opposition. I only wish the member for Central Wheatbelt would rescind her decision. I saw Hon Max Trenorden in the corridor today and I thought, "Bring back Max! Bring back Max!" We need some quality among the ranks of the Nationals because if the best it can throw up is the member for Moore, heaven help it.

Roger Cook left the health portfolio in the steady custodianship of the member for Morley, Hon Amber-Jade Sanderson, who is doing an incredible —

Mr R.S. Love interjected.

Mr S.A. MILLMAN: For God's sake—mate, you have absolutely no idea!

Now Roger Cook is the Premier of Western Australia, having shepherded us through the COVID-19 pandemic. What was the judgement of the people of Western Australia on how Deputy Premier Cook, then Minister for Health, handled the health portfolio? It is not what the member for Moore says. What was the judgement that really matters? The member for Moore's poor judgement does not matter. The judgement from the people of Western Australia is evident before members—53 to six. That was the outcome of the 2021 state election and that was an assessment of how Roger Cook performed as health minister and as Deputy Premier. He is the first Premier in Western Australia to have had the health portfolio, and since his elevation to that position, the stakeholders and community groups I have been talking to have said that they are blessed now because on the one hand they have Minister Sanderson, who continues in the health portfolio, and Premier Cook, who understands the issues the health portfolio confronts. For the first time in the history of Western Australia, we have a Premier who has all the experience and understanding of how the health portfolio works, and in the cabinet debates and deliberations that will be vital.

Next thing is that we have a cabinet that has won the support of the community with the way it handles health issues. All the initiatives the cabinet put in place during the COVID pandemic were for the most part—probably with the exception of Hon Nick Goiran—adopted by the community, whether that was vaccines, mask mandates or social distancing. Whatever health directions this cabinet decided to put in place, they were adopted by the community. That is a reciprocity; that is a credibility that has been built up over time by doing the right thing, doing the hard work and leading evidence-based policy.

For the first time ever, in order to ensure we maintain our world-class health system, we have the future health research and innovation fund to make sure our Western Australian medical researchers have access to the funds they need to encourage them to embark on research projects that will inform treatments of the future. For the first time ever, we also have a Minister for Medical Research in Minister Dawson. I think he is leading a delegation next year to Israel to revisit some of the work that the former Premier did a few years ago when he visited to explore areas of medical research. The multifaceted response that this government adopts when dealing with issues in the health portfolio means I do not think this Minister for Health has said, "Everything's okay; look away." That was particularly disappointing in the contribution from the Leader of the Liberal Party. This is a government that knows there are challenges in health. This is a government that knows it needs to work collaboratively with stakeholders and make the necessary investments. This is a government that says, "We are facing these challenges and working with those who will work with us in order to try to tackle them." I think it is disingenuous for members opposite to say that we are saying there is nothing to see here and to look away.

One of the fundamental facts of the challenges that we face is that we are in a post-COVID environment. That means that health systems in every jurisdiction in Australia and all around the world are under incredible pressure. It will not be the work of the short term to remedy these challenges. It will take dedication. It will take hard work. It will take effort. It will take focus. All I can say is that I hope to God that this mob do not get the opportunity to be part of that rebuilding effort because if they do, they will throw out all the hard work that has been done and send our health system back 20 years. The member for Cottesloe likes to say that the health system that we inherited in 2017 when we were elected was a gold standard. It probably comes as no surprise that I disagree with that. I think a more appropriate heavy metal is lead, for all the lead in the water at the Children's Hospital. Member for Cottesloe, do not ever say again that we inherited a gold-standard health system because it was underinvested and run by a government that was racking up debt and could not even build the Children's Hospital without asbestos in the ceiling and lead in the water.

I know other members wish to make contributions so I will conclude my remarks. I hope that next time the members of the opposition can all get on the same page because if we have to deal with the parallel universe that they inhabit, we are never going to get anything done!

DR J. KRISHNAN (Riverton — Parliamentary Secretary) [6.53 pm]: I have been sitting here for the entirety of this debate. It has been a contrast of contributions from two different groups—the Liberal Party and the Nationals WA. Let me start with the Nationals. The member for North West Central, the member for Central Wheatbelt and the Leader of the Opposition made contributions. What struck me was that they made a lot of suggestions—namely, having rafted mobile services in rural areas; having a holistic, innovative approach to health; bringing transport options and health care together; and having rescue helicopter services or emergency medical services in remote areas. The Leader of the Opposition gave some insights into 21 per cent of accidents happening in rural areas where two-thirds of deaths happen. The member for Central Wheatbelt mentioned Kondinin and Pingelly. Fortunately, I have close friends who have worked for more than five years in those areas. I really know the area well and how it works. We can take these things on board to do something about them. A business case can be made; I can put it up. It is a valid debate to have.

But when it comes to the Liberal Party, I was disappointed. The Leader of the Liberal Party, who wants to be the next Premier, cannot read a budget paper. Members can go back to *Hansard* and check. She said that in 2016–17, the health budget was $5.5 billion, which is utterly wrong. It was $8.8 billion. Please stop misleading the people of Western Australia by quoting the wrong numbers.

The member for Cottesloe picks and chooses numbers from the budget. He said that the numbers have remained stable, and if they have remained stable, where is the additional spending coming from? He also raised a question that the business investors of Western Australia would like to know: how is this possible? I will tell the member for Cottesloe how it is possible. I ask him to please read the budget with an eye for detail. Then he will understand what the issue is. If there is one-off spending because of COVID, that is not going to be recurring in the following years. If the budget remains the same without that one-off spending being cut off, that means the additional spending has been put into health. I cannot make it any simpler or any clearer for the member to understand how those numbers stack up.

The member made false claims about the waitlist. In his contribution, the member for Cottesloe said that waitlists have increased from 17 000 to 27 000; then he referred to *Medicus* and said that the waitlist has increased by 80 per cent. A year 5 or 6 student would agree that 17 000 to 27 000 is not an 80 per cent increase. Either this is wrong or that is wrong.

Dr D.J. Honey interjected.

Dr J. KRISHNAN: The member can go back to *Hansard*, check the details and clarify at his own convenience if he wishes to.

Dr D.J. Honey interjected.

The ACTING SPEAKER (Ms A.E. Kent): Member for Cottesloe!

Dr D.J. Honey: He's egging me on, Acting Speaker!

The ACTING SPEAKER: Member for Cottesloe!

Dr J. KRISHNAN: I refer to the nurse-to-patient ratio. This is historic reform that the clinicians, this Labor government and this health minister are very proud of delivering. There has been zero acknowledgement from the opposition about the historic nurse-to-patient ratio. There has been zero acknowledgement of the amount of clinical improvement this reform will bring about. Instead, the Leader of the Liberal Party says that we need more nurses. There has been clinical evidence; there have been discussions; an expert body has recommended this as the ratio. The opposition saying that this is not the appropriate number of nurses is misleading the public as if we are not doing anything. We are doing everything possible.

The member for Cottesloe has had the meaning of ambulance ramping explained to him several times. Again, today in his contribution, he said it is not fair for the people who are spending too much time in an ambulance, including the patients and paramedics. Ambulance ramping does not necessarily mean that the patient has to be in the ambulance. They can be in the hospital, but they have not yet been taken over by the hospital team, which means they have had an X-ray and a blood test done while waiting for the medical team in the hospital to take over the patient. It does not mean that the patient is sitting in the back of the ambulance gasping for oxygen, as the member tried to portray. Please stop misleading the people of Western Australia by giving false information. It has been explained to the member several times; I have explained one more time what ramping means.

I refer to the women's and babies' hospital. Enough has been said by the Minister for Health, but I refer to one point. The so-called gold standard or best practice referred to by the Leader of the Liberal Party was a decision made years ago. When that decision was made, Fiona Stanley Hospital did not exist. Now we have that facility. When we take that into consideration, it is a much better proposition. There are many other arguments why we cannot do this in the Queen Elizabeth II Medical Centre premises.

The Leader of the Liberal Party said that whenever there is a problem, this government speaks about spending on health. On the one side, she said that there are windfalls and we have not spent enough on health. On the other side, she said that every time there is a problem, the government spends on health. Do we spend or not? Can we take one option so that everybody is clear about what is expected of this government? I am very confused about all this, Madam Acting Speaker. The opposition continues to mislead the people of Western Australia and refuses to acknowledge that there was COVID.

Debate adjourned, pursuant to standing orders.

House adjourned at 7.00 pm