



# **Parliamentary Debates**

**(HANSARD)**

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LEGISLATIVE ASSEMBLY

Wednesday, 7 August 2019

# Legislative Assembly

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**THE SPEAKER (Mr P.B. Watson)** took the chair at 12 noon, acknowledged country and read prayers.

**HON JOHN KOBELKE**

*Condolence Motion*

**MR M. McGOWAN (Rockingham — Premier)** [12.02 pm] — without notice: I move —

That this house records its sincere regret at the death of Hon John Kobelke and tenders its deep sympathy to his family.

Today we pay tribute to a long-serving member of this chamber, John Kobelke. I acknowledge the family and friends of John who are in the gallery today, including Stephanie, John's wife; Simon, Carl and Andrew, John's sons; and other family members and friends who are present in large numbers today. On behalf of the government, I would like to pass on our deepest sympathies.

It is very sad to be doing this today for a member who has not long departed from this chamber. Usually when we do these condolences, there are only a handful of members, if any, in the chamber who served with the person who has passed. The fact that he passed away so soon after leaving here shows how much more John had to offer before he was taken from us.

John was born in June 1949 in Mt Lawley to John Edward Barrett Kobelke, who was a painter, and Kathleen Mary Fraser. He was educated at St Columba's School in Bayswater and the Christian Brothers' College in Highgate before doing a Bachelor of Science and a diploma of education at the University of Western Australia. He went on to use that dip ed to teach across Western Australia and Papua New Guinea as a maths teacher. He was one of the first teachers to secure a commonwealth innovations grant, which allowed him to introduce computers into his teaching.

John Kobelke never set out to be a politician, although he was politically active. He was a strong supporter of the Australian Labor Party, handing out how-to-vote cards as a teenager, years before he became a member at the age of 27. Beyond his involvement in the Labor Party, he was a passionate activist. He was secretary of the Conscientious Objectors' Advisory Committee and a founding member of the Perth Moratorium Movement in relation to the Vietnam War. I learnt a lot about John's anti-Vietnam War activities at John's funeral some weeks ago. He was also a foundation member of Teachers for Nuclear Disarmament. One thing I find remarkable is that this man went from a background as a campaigner and an activist to finish his career as one of the safest pairs of hands in Western Australian politics.

John was eventually elected to Parliament in February 1989 to the seat of Nollamara, and in 2005 to the seat of Balcatta when Nollamara was abolished. He served this Parliament for 23 years across four Labor administrations—Dowding, Lawrence, Gallop and Carpenter. In addition to countless committee positions and shadow portfolios, he served this state as Parliamentary Secretary of the Cabinet from 1992 to 1993, and as a cabinet minister in the Gallop and Carpenter governments across the portfolios of police and emergency services, water resources, sport and recreation, Indigenous affairs, consumer and employment protection, labour relations, and employment and training.

John achieved a lot over his time in Parliament. He had a role in our city's water security, overseeing the delivery of our first desalination plant in Kwinana. He really loved talking about water! He was so interested in water—perhaps ahead of the time when we really realised we had a problem. He had a role in saving the Ningaloo Reef. He was proud of saving our old-growth forests for the enjoyment of future generations, but he was equally proud of ensuring that the workers and communities of the south west affected by this decision were taken care of. He noted in his valedictory speech that the government could have saved the forests just by legislation or regulation, but instead it knew it was essential to work with the community—to talk to them, to hold countless hours of meetings and ensure the communities and workers were supported. John knew that in order to truly conserve the environment for future generations, it had to be done properly. People cannot be thrown on the scrap heap; they need a future as well. John Kobelke understood that the purpose of the Labor Party was, to quote him —

... to represent the rights of those people who are trampled on because they do not have the strength to stand up for their rights to get a better wage to look after their family.

With that core belief, John made a fantastic minister for industrial relations and delivered a lot for the working people of Western Australia. He is responsible for much of our state's system of industrial relations and oversaw a system that, during his time, delivered a 30 per cent rise in the minimum wage whilst the rate of unemployment fell.

Although he was a great minister, his passion really lay in being a great local MP. He was proud of his patch and worked incredibly hard to deliver for his constituents. He, himself, was most proud of delivering for his electorate, even listing the influencing of the final alignment of Reid Highway as one of his greatest achievements.

Even outside of Parliament he continued his relentless work ethic. He ran training sessions for new opposition MPs and staff on how to be effective in estimates hearings. He continued to serve his state, helping the government on the Swan Valley planning review. For me, he was a source of counsel, and he was invaluable in assisting my team—staff and MPs—in transitioning to government two years ago. It is no exaggeration to say that he was a mentor to many who sit in this Parliament today.

There are not many in politics who are respected like John. After his passing, many tributes have flowed—from the Labor Party, former members, local branches, the Governor, the City of Stirling, his local parish, Christian education, the St Vincent de Paul Society, the Lions club, the physio staff at Osborne Park Hospital, Ruah Community Services, the Asbestos Diseases Society of Australia, the Italo–Australian Welfare and Cultural Centre, WorkCover WA, Water Corporation staff, Edith Cowan University, the Siciliani Association of WA, the Nollamara Sports and Recreation Club bowling division, and the Balga pensioners club, to say the least. They are just the ones that were published in *The West*. The crowd at his funeral a few weeks ago was enormous, and luminaries from all parts of Western Australia and Australia were in attendance. No doubt, today, a number of speakers will wish to acknowledge John, including those of us who knew him well. He was a quiet person—at times—diligent and utterly committed to his state and his family.

On a personal note, I will start by acknowledging his family. John loved his family. I remember having dinner with John and Stephanie when I was first elected to Parliament. The two younger boys were little fellas running around at this holiday flat that they had in Mandurah. Then at the funeral I saw these strapping men standing making marvellous speeches. John would have been so proud of you that day. I thought that the presentations by John's three sons were outstanding. They are terrific young men. He would have been so proud of you—I know he was proud of you.

I shared an office with John in my first term. When we have been here a while, our first term is our most memorable. It is when we learn everything and we see everything. I think we are the most excited in our first term in Parliament. It is one of the most exciting parts of our life. I shared an office with John at the bottom of that stairway that, outside this chamber, would be condemned. It was the office right at the bottom of that stairway. I was allocated that office with John. He had been here for seven or eight years when I arrived, and I learned a lot from him. He was a hard worker and he was mature about considering issues. He was not an acrimonious person. He did not hold a grudge or take things personally. In some ways he was very modern and in some ways very traditional. His values were very traditional, but, on the other hand, technically he was very modern. He was into technology and computing. He was a maths teacher. That is very rare in the Australian democracy—someone who is actually good at those things. He could look at a set of documents and analyse them without someone telling him what they meant—that is rare. He and I shared that office for four years in the days before we had modern mobile phones—our mobile phones were the old clunky ones. There was no TV in the office; we had a monitor on the wall we used to listen to, invariably tuned to the lower house. I think I put it on the upper house one day and he switched back immediately.

John was a great person to share an office with. The sittings back then were much longer than they are now and we spent a lot of time in the office. I would always be talking to John, asking him questions and seeking his advice on various issues. I was finding my way and seeking advice on local issues in particular. He would invariably give me very considered advice about whatever it might be. If I did not take his advice, he did not take it personally. His values, as I said, were traditional. I remember when the quite famous abortion debate happened in this place, he was very straight down the line anti-abortion. He was very traditional in that sense, but, as I said, very contemporaneous in some of his views on other issues. He was a terrific fellow and I liked him a lot.

I served with John for all those years post sharing an office, in cabinet and in the chamber. When he left here in 2013, I remember asking him to stay, but he said he thought it was time for him to go. He did indicate to me at that point that he had a few health issues and I wished him all the best. He is one of those people who did not disappear; I saw him at a lot at functions and events. He remained loyal to the party; I will always admire that. He was loyal to his community and still went to community events. He was not a person who asked people to look at him or who sought attention; he was just someone who wanted to make a contribution. His passing is a deep loss and I feel for his family because I know they loved him deeply as well.

**MRS L.M. HARVEY (Scarborough — Leader of the Opposition)** [12.14 pm]: I rise to contribute to this condolence motion for Hon John Kobelke. John Kobelke made a lifelong commitment to the Labor Party through a career as a teacher, followed by 24 years as a member of the Legislative Assembly and over seven years as an effective and well-regarded minister. He was born in June 1949 in Mt Lawley, the son of a painter, and educated at St Columba's School in Bayswater and Christian Brothers High School in Highgate. At the University of Western Australia, he gained a Bachelor of Science and then a diploma of education. He started his teaching career at St Louis School in Claremont. He then volunteered to serve in Papua New Guinea from 1973 to 1976 as a high school teacher, a coordinator of community education and an officer in the PNG Bureau of Statistics. On returning to Perth, he taught science at Girrawheen High School and Scarborough Senior High School from 1976 to 1983.

John Kobelke was an activist at university in the era of conscription and the Vietnam War. I was interested to learn that he was secretary of the Conscientious Objectors' Advisory Committee from 1969 to 1972 and a foundation member of both the Perth Moratorium Movement and Teachers for Nuclear Disarmament. As a member of the State School Teachers' Union of WA, he was a Trades and Labor Council delegate from 1982 to 1983 for its metropolitan high schools branch.

In 1976, John joined the Australian Labor Party, later serving as president of the Stirling electorate council. He took a break from teaching from 1983 to 1986. As the cabinet office executive officer during the first term of the Burke government, he gained valuable experience in the process of government. Subsequently, he resumed teaching at John Curtin High School and was a pioneer in securing a commonwealth innovations grant to introduce computer teaching in schools. It is a measure of the trust in which he was held that he was successively appointed returning officer of the teachers' union from 1985 to 1987, and of the WA ALP from 1987 to 1988.

Although John Kobelke stated in his 2012 valedictory speech that he had no ambition to enter Parliament, he was a clear choice for Labor endorsement for the redrawn district of Nollamara for the 1989 state election. The seat then contained Liberal-voting areas and was not as safe as its name suggested. He was elected with a majority of 1 150 votes, or 53.6 per cent, which increased to 1 760, or 54.7 per cent, in 1993 despite a statewide swing against Labor. Later, in 1996 and 2001, he had very solid majorities of 3 450 and 6 870—a two-to-one victory. A redistribution morphed the Nollamara electorate further westward into a revived district of Balcatta for the 2005 election, but he was comfortably returned with nearly 60 per cent of the vote. Although Balcatta was transformed into a marginal seat at the 2007 redistribution, John held off a strong Liberal challenge by 860 votes in 2008, winning with a margin of 52.2 per cent. As the member for an adjacent seat, I know that it was his personal standing that was so decisive in that final contest.

In October 1992, in his first parliamentary term, John Kobelke was appointed as Parliamentary Secretary of the Cabinet for the last six months of the Lawrence government. In opposition for the following eight years, he served continually as a shadow minister. He covered planning, along with lands; family, until March 1996, when he took responsibility for education and later employment and training until January 1997. In the following term of Parliament, he combined the portfolios of labour relations, employment and training, and freedom of information, also becoming opposition Leader of the House in 1999. With the election of the Gallop government in 2001, he served in the portfolios of labour relations, consumer affairs, and employment and training. In 2003, he also took on Indigenous affairs, public sector management and assisting the Minister for Water Resources. After 2006, in the Carpenter government, he was Minister for Water Resources; Sport and Recreation, and assumed the additional major portfolio of police and emergency services in June that year. Throughout this period, from 2001 to the 2008 election, he served as Leader of the House. He has the record of a thoroughly competent and reliable minister.

In his final term, John Kobelke stood down from the front bench and in March 2012 announced his intention to leave Parliament at the 2013 election. In his valedictory speech in November of that year, he expressed his guiding political principle, stating —

... I think what still burns there for me, and what I think is ... much the strength of this side of the house, is that we want to represent those people who do not have a voice or whose voice is simply pushed aside. We want to be able to represent the rights of those people who are trampled on because they do not have the strength to stand up for their rights to get a better wage to look after their family.

John continued his public service after leaving Parliament, notably by chairing a review into planning the future development and tourism potential of the Swan Valley. However, as a local member, I would also see him in shopping centres, at Bunnings and all sorts of places selling traditional Lions Christmas cakes. He and Stephanie remained in Lions Clubs Australia for a long time. I also really loved seeing John out on the hustings during election campaigns. I know that he had a close relationship with the now member for Balcatta. He was a fearsome and fearless campaigner, and was the kind of person who was always out there in the fray. People really loved him. He had great rapport with people and he could communicate with anyone. It was obvious as he got around the electorate that he was a formidable political opponent.

The other thing that arose from my interactions with John is I really honoured him as a very ethical man. His ethics shone through. He was one of those people whose ethics drove him and they informed every decision and every vote in every one of his interactions. In my first few months as a member in this place in 2009 I did some ethics training, but I really learnt a lot of lessons in ethics from John Kobelke. John actually said to me that one of the tests of ethics is if you are getting too excited about something you are involved in, stop and think: what is in it for me and how appropriate is it for me to continue with this? That was my guiding principle as a cabinet member in the previous Liberal government. If I was getting too excited about something on the cabinet notice paper, I would hear John's voice in my ear saying, "If you're getting too excited about this, you might have a pecuniary interest or a conflict of interest. Have a think about that before you go any further." That was a great guide for me, and it was John Kobelke who gave me those words to consider before I made any decision on any matter before cabinet.

The other thing about John was, as a new member sitting over there, he never lost his authority as a high school teacher. He really did not. As a new member in this place I was quite nervous. I sat over there where the member

for Murray–Wellington sits and John sat on this side of the house. He had a booming voice that rattled the windows and I would sit there thinking, “Good God! Who is that man and how do I get that confident?” He was one of those people who could captivate and completely hold court, but he also held court because whatever he said at the time was relevant.

I looked upon John quite fondly. In fact, he said to me on a number of occasions, “Don’t tell anyone I told you this—you’re doing a good job, but you’re on the wrong side of the house.” I took that, as members in this place often do, very much as a compliment.

The way that one can judge the impact and the difference that an individual makes is to look at who attends their funeral and what is said about them at their funeral. There is an old adage that says show me your friends and I will tell you who you are. I was really privileged to sit in the church in Woodlands and look around to see who was there to pay tribute to John Kobelke. There were people from all walks of life; people from every demographic and every socioeconomic group; hundreds of people who had been impacted by the efforts of John Kobelke.

I would also like to say a big congratulations to his sons, Simon, Carl and Andrew. The tributes that you paid your father at his funeral were absolutely outstanding. One of the measures of an individual is the quality and calibre of the children who follow them, and I think anybody who was at that funeral and heard those young men speak absolutely got the measure of the father in whose footsteps they have learnt and in whose footsteps they follow. I pass on my condolences to Stephanie, Simon, Carl and Andrew, and daughter-in-law Hope, and his grandchildren. Thank you for giving John to the service of our community. He really did make a massive difference and had a tremendous impact. He is one of those members who was highly regarded by everybody who has ever set foot in this place. Vale, John Kobelke.

**MR D.T. REDMAN (Warren–Blackwood)** [12.25 pm]: On behalf of the Nationals WA, I rise to make a contribution to the condolence motion for John Kobelke, former member for Balcatta. I would like to express our sincere condolences to his family and friends, especially to John’s wife, Stephanie; his children, Simon, Carl and Andrew; and also to John’s long-serving electorate officer, Ann Roberts. I guess as members of Parliament we all know how connected, very much like a second family, our electorate officers become.

So far we have heard that John was elected as member for the former seat of Nollamara in 1989, which he held until 2005 when the electorate was abolished in the redistribution of 2003. From 2005, he was local member for the newly created seat of Balcatta, which he held up until his retirement in March 2013.

John held ministerial positions in governments led by Geoff Gallop and Alan Carpenter, in a career that served his electorate and the people of Western Australia for over 24 years. That is a huge effort and a credit to John. Even after his retirement, he continued to serve his party. It has already been mentioned, but as recently as 2017 he was appointed by Minister Saffioti to lead the review into the Swan Valley planning framework. He held a variety of portfolios at different times in his political career, including police and emergency services; water resources; sport and recreation; community safety; Aboriginal affairs; consumer affairs; labour relations; and employment and training.

As well as being a dedicated long-serving member of his party, John was well liked and respected by members on both sides of the house. He was also quite pragmatic and was vocal on the constraints he saw in our current four-year election cycle. He would outline how politicians were often unwilling to implement long-term policies due to the fact that they might be unpopular with voters. One of John’s greatest achievements was being responsible for legislative and policy changes that restored fairness to WA’s industrial relations system. John was always concerned about other people and their wellbeing. His genuine interest in people was well recognised. In his valedictory speech he paid tribute to the mileage gained on the issue of climate change as well as importantly reflecting on how he wished more could be achieved in the area of Aboriginal affairs. The fact that John was an elected member for Parliament for 24 years shows the huge respect he earned from his constituents and the trust they placed in him to represent them. This is the highest accolade that he could have received, as he really was the people’s person.

I took time to ask Terry “Tuck” Waldron to provide a little comment, as Tuck followed John as the sport and recreation minister in Western Australia after the 2008 election. Tuck also served with John from 2001 until John’s retirement in 2013. When Tuck thinks about John Kobelke, the words “terrific bloke” immediately spring to mind. He describes John as a very intelligent man who was well regarded by all who met him. Tuck recalls he had the loudest debating voice in the Parliament; a point not lost in today’s discussion. Even though John and Tuck were on opposite sides of politics, they had great mutual respect and often chatted about sporting matters. Tuck greatly respected and appreciated his advice. John was of particular assistance to Tuck when he first became the Minister for Sport and Recreation. John shared advice about staff. In fact, Tuck took a lot of John’s staff from his ministerial office. He shared advice on department matters and briefed Tuck on a range of issues he was dealing with. That shows the calibre of the man, his interest in putting people above politics, and the importance he placed on ensuring that projects continue. In return, Tuck always ensured that John was invited to the openings of the facilities and programs that he had been involved in, and that his contribution was properly acknowledged. Tuck described him as a very decent man and is sincerely sorry that he cannot be here today for this condolence motion.

On a more personal level, I have been in this house for a while and in my first term John taught me a very valuable lesson. When I was previously in opposition I sat in the seat behind me now. I recall chasing up John on some water reform matters. There were some big water issues in Manjimup. One of my constituents gave me a line of questioning that was very well referenced, with page numbers and a range of government documents. I thought it was pretty smart and I duly pursued those questions in the house. From memory, John was sitting next to Minister Saffioti. I was pursuing the issue pretty hard and John yelled out across the chamber, “Where does that information come from?” I quickly grabbed the reference pages and cited all the pages and the documents that they came from, feeling pretty darn proud of myself. The next day, John took a dorothea dixer from his side and proceeded to highlight that the quotes I had taken from the referenced documents were, in fact, wrong. He stitched me up that day, but he taught me a very valuable lesson and one I have followed since—that is, to make sure the information presented in this place is checked and do not rely on someone else to do it. That only happened once, but I remember it very clearly. It happened at a time in my career that set me up to be a better member of Parliament. Once again, on behalf of the Nationals WA, I can say that John was one of the really good guys in politics. That is reflected in the comments today from both sides of the house. I offer my sincere condolences to his family. We know that he will be sorely missed.

**MRS M.H. ROBERTS (Midland — Minister for Police)** [12.31 pm]: John and I were parliamentary colleagues for some 19 years. John was elected to this place in 1989 and I was elected in 1994. We were parliamentary colleagues together from 1994 to 2013. However, our life journey started a long time before that as I knew John for well over 30 years. We were friends and colleagues and had a lot in common over that time. I knew John before I started teaching at John Curtin Senior High School in 1983. As the Leader of the Opposition mentioned, at that time John was working in the cabinet office and I originally got to know John through the Labor Party. I was quite active in the Perth electorate and John was active in the neighbouring electorate of Stirling. I think it was in 1987 that John came to John Curtin Senior High School and we taught as teachers together until I left to enter the public service in the Department of the Premier and Cabinet. We had a lot in common. While John was teaching at John Curtin Senior High School, he was preselected for the 1989 state election. It was always expected that John would make a very strong contribution in this place and to politics, and would quickly rise to the front bench. As has been reflected on, Hon Keith Wilson moved to the newly created marginal seat of Dianella and supported John Kobelke to be preselected for the safer seat of Nollamara. I think that four new seats were created in the redistribution of 1988 ahead of the election in 1989; Dianella was one of those new seats. I looked through my old records and have managed to find the preselection letter that John sent to state executive delegates in 1988. I will quote from that. He wrote, “For a senior minister to vacate his safe seat and contest a marginal electorate in order to promote the re-election of a state Labor government is an extraordinary event. I am flattered and humbled that Keith Wilson has asked me to seek preselection for his seat of Nollamara.”

Members may remember the politics of the time. The 1989 election was not one that the Labor Party was predicted to win. The campaign slogan was “Dowding’s working”, and we put a lot of work into developing the Dowding persona and getting people to know who he was. A key part of that unanticipated Labor win in 1989 were the strategic moves that were made. We got the right candidate into the seat of Nollamara and Keith Wilson, who had an outstanding reputation as a minister and as a person, contested and won the seat of Dianella.

As everyone does, he initially sat on the back bench, but it is a testament to the confidence people had in John that before the end of his first term, he was a parliamentary secretary in the Lawrence government. That is, effectively, when his rise began. Unfortunately, 1993 to 2000 were years in opposition. Nobody really enjoys being in opposition. I can attest to that because I have spent time on both sides of the house more than once. Some people become despondent in opposition, but others shine. It was really John’s chance to shine. He took on frontbench portfolios and roles and had a strong voice and persona. As the member for Warren–Blackwood commented, if members want to last and have some credibility, they have to do their homework. John absolutely did that. He was thorough and did his own research. More than in government, in opposition, members have to do all their own work and research. They have to develop friendships and relationships with people to get information to help them, because they do not have the resources of government. For those of us with busy electorate offices, our two staffers are generally flat out dealing with constituents’ concerns, and we have to become very self-reliant. John did the research, did his homework and got his facts right, so he excelled. He excelled at not only preparation but also presentation. He had a very organised persona and presented an organised case for anything.

As has been commented, he held a range of portfolios in government and in opposition. I think that all members here are well aware of the high esteem every state Labor leader has held John in because he would not have held the positions he did if they had not. I will not repeat the various responsibilities and portfolios he was given in that time, because they have already been put on the record today.

John was always much more than a colleague for me; he was a friend. He was a friend that you could rely on for advice and support. He was an incredibly decent person you could trust implicitly. It is without question that he was clever and capable and extremely hardworking, but he was also a very loyal and highly principled person. John and I shared more than a common background, both of us having been high school teachers and having worked in key areas of government before entering politics and beginning our shared time here. We had a lot more than that by way of our common background; we also very much shared common values. Since John has passed,

I have looked back over time and I cannot remember anything that we disagreed about—it seems incredible, does it not? It certainly helps that we agreed on things as essential as politics, religion and football. Not only did John support the West Coast Eagles, but also he and I were supporters of the East Perth Football Club, the mighty Royals. It seemed that almost nothing separated us. It is certainly a factor that we both hailed from the same Catholic social justice background. It meant that we shared a lot in our outlook on life and our values and aspirations for the wellbeing of others. He was a fantastic advocate for those people who needed an advocate, who needed support. He was an advocate for opportunities for young people. He supported the school chaplaincy service and a whole range of other things for young people. He was incredibly empathetic to the needs of the elderly and disadvantaged. He saw what was right and important in life and he acted accordingly.

I note that the Premier described him as being quiet. At first blush that was your impression of John. He was an incredibly polite, unassuming, well-mannered, socially conservative presence. He was gentle and compassionate, and so there was very much that side of John, and that was the side that most people saw. I spoke to people after John's funeral service, including some of his family members, who had never seen the stronger, louder John that we all saw in Parliament. A number of people mentioned that they were pleased to hear me comment on that because it was a side of John that they had never seen. They had seen the loving grandad, the gentle, kind, compassionate person who John was. They did not know that he had this inner strength and outer force. He was all those empathetic, compassionate things, but he was also very strong, very reliable and very steadfast—a person of huge conviction who argued those convictions very loudly and passionately in this chamber. As Leader of the House, he would certainly take it up to the opposition at full volume, a volume that I have not heard in here since. Some people probably take these microphones in front of us for granted, but the chamber that John and I sat in for those early years did not have microphones and it did not have this seating arrangement. But let me assure members, John did not need a microphone. I really do not think anyone before John, and it is unlikely anyone after John, will speak so loudly in this place. When John took on parliamentary debate, it was akin to the mild-mannered Clark Kent turning into Superman. It was an incredible transformation. There were a number of months after the election in 2001 when Parliament did not sit, and over that time the new ministerial staffers, mainly administrative staff, got to know John in the office. They saw the very mild mannered, quiet, polite John, and then they happened to be at Parliament in the first week or two of sitting when John let fly. I am told there was a call to John's chief of staff from one of the more junior staffers. They said, "Quick, you'd better get down to Parliament. Something's happened, the minister is very upset!" They said, "Don't worry about it, that is just John in the Parliament—a different person."

John's ability in Parliament, his knowledge of standing orders and the strength of his parliamentary performance was absolutely amazing. There were times, though, when he took his performance right up to the edge of acceptability; for someone who was generally very mild mannered and a delightful person, occasionally he could say some really cutting things and did not miss an opportunity to correct someone or point out the errors of their thinking, if need be. There was that one famous occasion in 2001, which I think absolutely shocked Geoff Gallop. Of the story that I am about to outline, I think if Geoff Gallop was asked which one of his ministers had called another member of Parliament a wanker, not just once, but twice, the last minister he would have guessed would have been John Kobelke. John warmed up to it. One of his earlier interjections was, "Your hypocrisy is monumental." That was one of the more polite interjections, but then he used that very unparliamentary term. When I looked back over *Hansard*, I saw that the comments reminded me, effectively, that they were made while a vote was taking place. As members know, the former member for Cottesloe, the former Premier who was not Premier at the time, obviously, could sometimes be goaded and inflamed a little, and it was a bit of sport in the evening: could we get Colin out of his box? There was the famous star jumping incident when we did achieve that. It was always a challenge to see whether we could get under Colin's skin. None of us anticipated that John was going to say it in a very singsongy voice across the chamber. People in here know that sometimes during divisions, especially if it is about a heated topic, or especially if there is a little bit of an issue happening with one member to another across the chamber, it can happen, so he actually whispered sotto voce in his singsongy voice, "Colin's a wanker. Colin's a wanker." It was never supposed to be recorded. There was a bit of an expectation that a lot of what was said during a division would not be recorded by *Hansard*, but it was, and we now had the microphones and the television, which had not been there before, and some of us were still getting used to that fact. So there was not only a *Hansard* record and a voice recording, but also an actual video recording of it, and it was played on TV. John was absolutely mortified; this was not what he wanted to be known for and even more so because his two young boys, Carl and Andrew, were still attending school and a Catholic school. John was a pretty strict, straitlaced kind of dad who would chide his boys if they said swear words, and here he was setting such a bad example in Parliament! That was his biggest fear: What would happen with the boys? What would they make of it? It turns out he need not have worried, because the boys then assumed legend status because their quiet, well-mannered daggy dad had turned into this challenging guy who had used a word that, as you might imagine, teenage boys found pretty amusing.

On another occasion in 2003 that appealed to me, his opposite number as Leader of the House complained that John was the only minister in the chamber listening. We have heard that complaint before, of course. John's response was that he thought that it might reflect on the quality of that member's contribution to the debate, less

than subtly implying that the member was a little too boring to listen to. John carried on a bit more, implying, “Well, this is so boring; who’d want to be in here for this kind of thing?” He then added that he was saving up plenary indulgences for the next life, a phrase that is probably lost on people who do not come from some kind of Catholic background. A plenary indulgence is a bit like a bit of credit to help get us to heaven. Doing some kind of penance, I suppose, would be how most people would relate to it.

John’s performances were legendary. People here have reflected on what an outstanding local member he was, and without question, he was. I personally knew a lot of his branch members, and they absolutely loved John. I saw a lot of those people at his funeral service. As has been reflected on, he was an outstanding campaigner, not someone who shied away from campaigning and not someone who shied away from doorknocking. For everything else, John was hardworking in this Parliament, hardworking in his electorate, hardworking in support of his colleagues in this house and an exceptionally hardworking campaigner. He was also a fun and entertaining storyteller. John would tell a lot of stories about his campaigning. I will not have time to go into the full story today; I would have to refresh myself a bit on it. He went doorknocking in 1993 with Dianna Warnock, who won the seat of Perth with a very close count. As part of his doorknocking expedition, he was asked by a lady to help get her kangaroo off her bed. John tells a very funny story about that. He was not keen to go straight into the woman’s bedroom because of some propriety reasons, so he said, “I’ll just need to get the candidate to come with me.” Dianna was out doorknocking with him so he grabbed hold of her and they both went into the woman’s bedroom and, yes, there really was a kangaroo on her bed!

He doorknocked and assisted me on my first campaign for Glendalough. I had the support of a huge number of people for that by-election campaign, none better than John Kobelke, Nick Griffiths and Jack Marks. Jack of course, was from a very different part of the Labor Party from John, Nick and I. We were all the holy rollers and Jack was from the kind of commo left, having previously been not just a member but a candidate numerous times for the Communist Party. Jack and I had become great friends at the Perth City Council. No-one was more stunned than people like Ted Cunningham, John Kobelke and Nick Griffiths that somehow I had Jack Marks with me every step of the campaign and every step of the way. Jack was getting on a bit and we doorknocked, amusingly, because Jack reflects that it was Roberts Road. Jack collapsed on, I think it was, St Genesis church lawn. He said, “You guys are trying to get me. I looked up and I could see this sign that says ‘Roberts Road’ and there’s Nick Griffiths and John Kobelke trying to revive me and there’s the church, the Christ, the lot; I thought it was over.” We had a lot of fun.

John did not doorknock just for me in Glendalough because he was my friend; he went out at every by-election, year after year, for a whole range of people. He was a champion for groups such as the Asbestos Diseases Society, not just someone who wanted to be a patron and put their name down but someone who genuinely participated and supported them and so forth.

Everything that John did was coloured by his profound belief in the dignity and worth of every human individual. He worked ceaselessly for those who have no or little voice. He was not ambitious for himself but fiercely ambitious for the welfare of other people. I think this was seen very clearly in his opposition to the Court government’s changes to industrial relations. On the election of the Gallop government he set about winding back those industrial relations changes and restoring some balance and fairness so that ordinary working people could get a fair day’s pay for a fair day’s work and have some security of work.

I might just finish the quote that was started by the Leader of the Opposition earlier in John’s final valedictory speech. It is pretty sad to think that it is only a short time ago that he gave that speech in the house. He said —

I came to this place really without a burning ambition to be a member of Parliament ... But I think what still burns there for me, and what I think is very much the strength of this side of the house, is that we want to represent those people who do not have a voice or whose voice is simply pushed aside. We want to be able to represent the rights of those people who are trampled on because they do not have the strength to stand up for their rights to get a better wage to look after their family. The only rights those people have and the only opportunity those people have for advancement is through organised labour—that is, unions, or through the role of the Labor Party.

That was what drove John. That is why he was a member of the Labor Party. He saw our party as a way of looking after those in the community who needed help, those who were vulnerable, people who just want to get along in life and provide for their families, to do a fair day’s work, to get a fair day’s pay, to have the kinds of protections that workers in the workplace need—occupational health and safety coverage—and to be free of discrimination in the workplace or elsewhere within the community.

I do not think any of our speeches today can do justice to John’s very long and significant contribution to the Western Australian Parliament and to community life in the state of Western Australia. Like others, and his family, I certainly will miss John very much. I will miss his kindness, his advice and his decency. I consider myself lucky to have had him as a friend and colleague. I am privileged to have walked much of the same path in life as John for a period of some 30 years.



It goes without saying that I, of course, extend my deepest condolences to Stephanie, Simon; his daughter-in-law, Hope; Carl and his partner, Emily; and Andrew and his partner, Ella. I also extend my sympathy to Geoff and Ann Roberts and Lida and the others who worked in John's electorate office. I might just note, not that I would not be proud to have Ann and Geoff as relatives, but they are not related. Ann worked with John for very, very many years. I know what a support she was to John and I thank her and the other electorate staff for that. I also acknowledge in the gallery, Robert and Dorothy Harvey. Robert was a particularly close friend of John and I know had been spending some really enjoyable time travelling with John in recent years having had, of course, a much longer history with John since university days.

It is often said that we learn more about people at their funerals and perhaps there is something I think all of us can learn from that about knowing our colleagues a little better. I was aware that John was a conscientious objector to the Vietnam War. When I first entered Parliament, quite a number of my parliamentary colleagues were also conscientious objectors. Some people talked about that more than others, and for men of that era, like Bill Thomas, former member for Cockburn; and Eric Ripper, former member for Belmont; those stories were all pretty fresh. Although it seems like an awful long time ago to the current generation, people were really called upon to make a choice, and it was not an easy choice. That further reiterates the strength of John's character and the strength of his beliefs and the courage of his convictions. John had an outstanding career. At the same time he was an outstanding family person and a friend to so many people. Vale John Kobelke.

**MR T.J. HEALY (Southern River)** [1.00 pm]: I also rise to make a contribution to the condolence motion for the great John Kobelke. I found that he was a kind man, a gentleman, passionate and determined. He was a true Labor hero. A long time ago I was very honoured to serve on a campaign committee with the current members for Balcatta, Girrawheen and Mirrabooka. There was no doubt John Kobelke was in charge of that committee! He was always a teacher—a fellow educator. He was a maths teacher; I was an English teacher. We were both very proud former teachers' union members and delegates. I certainly aspire to have his teacher's voice in this chamber one day. He led us all as a candidate and as an MP, and in induction, training and education. He was truly a mentor. I remember him briefing candidates in 2008, 2013, 2017 and beyond. I did not get to see him in this chamber—he was before my time of course—but I know that he was a competent and wise minister. He was widely respected by both sides. I would have loved to have seen him as Leader of the House.

John held a number of ministerial portfolios. The simplest thing I can say is that every single time families in my electorate turn on their tap they have John Kobelke to thank for the great things he did as water minister. His name is also on the opening plaques at my local police station and at my local Bunnings. I keep finding different John Kobelke plaques around my electorate. He taught me about the eight-day raffle. He also taught me how to be a quizmaster. I now do about 10 quizzes a year because he showed me how important it is to be a quizmaster at local schools and community groups. John showed me the importance of doorknocking. He showed me how to campaign to fix the pothole in the footpath outside someone's house, and to make sure they knew it was the local MP! He also showed me how to be compassionate and how to be an advocate for every human who walks through the door of my electorate office.

I send my love to Stephanie and John's sons and daughters-in-law. I would like to mention his wonderful long-serving and long-suffering staff as well—Lida and Ken, and Ann Roberts—for all the times that we have worked together. Ann loved John as she loved Geoff, maybe almost as much as Andre Rieu; we had wonderful times together. I was also honoured to attend many Balcatta branch meetings to see how a member of Parliament can really work with a local branch in an incredible way.

Finally, I would like to share a story. At an Australia Day event there were 400 people in a local park. I rocked up with the candidate at the time —

**Ms J.M. Freeman:** Barry Britton Reserve.

**Mr T.J. HEALY:** It was at Barry Britton Reserve. John said, "Hi, Terry. How are you? Here's the apron, here's the tongs, start flipping eggs." He literally took the candidate around and met every single one of those 400 people. He never stopped campaigning. He never stopped working. He will always be a great local Labor hero.

**MS M.M. QUIRK (Girrawheen)** [1.03 pm]: Some years ago, when John was the Minister for Aboriginal Affairs, I received his ministerial Christmas card. The image was a painting by renowned Yindjibarndi artist Jody Broun and was titled "Whitefellas came to talk about land". The picture depicted two whitefellas wearing ties, long pants and broad-brimmed hats visiting a remote Aboriginal community. Community members were sitting in a circle on the ground, with dogs and kids playing in the pindan. It is evident that the whitefellas were talking "at" the community and not "with" them. It is also readily apparent that a four-wheel drive and a small plane were nearby so that a quick getaway could be made by the visitors—probably never to return and probably not sparing another thought for the concerns expressed or questions raised. Other than the resemblance to John and his ubiquitous sun-smart hat, I was puzzled. The scene portrayed in that painting was a far cry from how John Kobelke operated in practice. He would have engaged and really listened to those at the meeting and he would have carried away what he learnt, and conscientiously followed through upon returning to Perth. In a way, the fact that John Kobelke sent out such a card was a sign of his self-effacing inclinations—totally unwarranted.

Before continuing with my personal observations, I rely on the thoughts of others. Former Premier of WA and close cabinet colleague Geoff Gallop said of John —

It was with great sadness that I heard of John's death. He'd been such a wonderful colleague and supporter, always there to offer sound advice and those words of warning we politicians all too often push to one side.

He was a model citizen, serious politician and excellent member of Parliament. He cared. He listened and was dedicated to assisting those for whom life was a daily struggle. He was a well-respected minister and a thoughtful and constructive contributor to cabinet debates. Always sensible.

And who could forget the booming Kobelke voice rattling the rafters in the Legislative Assembly and calling all of us to attention!

John's commitment to the ALP and social justice I'd first seen at the University of WA in the early 1970s. He carried it forward, not just as an MP, but also after he retired when he assisted new Labor members learn the tricks of the trade.

Like so many others here today, I'm sure, I felt very comfortable when in John's company. He brought a warmth and a steadiness, even when disagreeing with you on matters of faith and public policy.

His presence will be missed by us all and my condolences go to Stephanie and the Kobelke family.

Former North Metropolitan MLC Ed Dermer echoed these sentiments, emphasising John's generosity towards others in imparting advice, mentoring party members and showing newer parliamentarians the ropes.

Bob Tanasoski, a long-time supporter and active member in the Macedonian community and a constituent, told me —

John was a very dear friend of mine and my family for over 30 years. He accomplished so much for our state and he did so much for our Macedonian community. He was such a wonderful human being with such a huge heart and kind soul. He will be greatly and truly missed.

John's principal policy adviser, Simon Ward, who is now Minister Tinley's chief of staff, wrote —

... he was a massive influence on my professional career and I feel so lucky to have had him as the first Minister I worked for and to work for him for five years as his Consumer Protection Adviser.

In that time, there were many contentious and complex issues in the portfolio—the Finance Brokers scandal and the subsequent Royal Commission, the collapse of HIH insurance and Ansett, the ongoing implementation of FuelWatch just to name a few. People forget the weeks of angst and outrage when petrol prices hit \$1 a litre and John was heavily criticised by the retail fuel industry for proposing the radical idea that people should buy fuel from the cheapest outlets. Western Australia had the strictest environmental fuel standards in the country and John was in his element dealing with fuel companies who wanted these standards lowered so they could bring in cheaper fuel from Asia. I don't think they were ready for a Minister who not only had a science background but an ability to retain and recall the minutest detail as he forensically interrogated their proposal.

As WA's first "consumer protection" Minister, John turned around the former Ministry of Fair Trading's laissez faire attitude to consumer rights and introduced much needed reforms including the licensing of motor vehicle repairers and legislation to protect the rights of long term residents of residential parks.

John was incredibly kind and even tempered man.

Minister Roberts has already told this story, but I will repeat it —

Although the 2001 election was in February, Parliament did not sit again until May 2001 so the administration staff in the office, the majority of whom had continued on from the office of former Minister Mike Board, had only ever known "office John" not "Parliament John". It took until the second day of Parliament for one of the staff to come rushing into my office to tell me that there was a problem at Parliament and that I needed to get up there quickly. When I was asked what was wrong I was told "The Minister is shouting at people!" Which he wasn't, it was just his Parliament voice, but it was such a difference from the John that they knew that they assumed something terrible was happening.

John's patience extended widely and I do not think many people went away from a meeting with John without believing that they had been listened to and understood, even if they knew that their representations weren't necessarily going to be successful. This patience even extended to the time I managed to the lock the keys in the boot of his car while we were in Collie and had to wait an hour or so for someone to come from Bunbury to get them out.

That is a dig at me, by the way, Mr Speaker! —

I'm not sure all the Ministers I have worked for would have reacted as calmly ...

The other thing I remember about those country trips was that John much preferred to be the driver rather than a passenger and I think that typifies the way that I remember him, as an activist Minister driving change that was always aimed at improving people's lives and opportunities. I don't think anyone could ever say that John Kobelke was a passenger.

It is a hallmark of the man that, over the years, John had many loyal and long-serving staff members. Particularly of note was his electorate officer Ann Roberts, who is here today with her husband Geoff, and who worked for John for many years. We can all think of colleagues, past and present, who have had high turnovers of staff and who did not inspire the same level of loyalty and respect from staff that John could.

At his funeral, fellow Doubleview parishioner and friend Mr Richard Goodwin highlighted John's work in the local parish community. He said —

The death of John Kobelke last weekend is a deep loss to Doubleview parish, and over many years his work for the Church and in the wider community was highly valued.

As a parishioner, John displayed the same qualities that endeared him to many people during his public life: decency, humanity, wisdom and humility: people from all walks of life found him friendly and approachable.

He quietly and effectively supported numerous causes, living his faith among us—his passing leaves us the poorer.

Of course, former Treasurer and cabinet colleague Eric Ripper relied heavily upon John to keep a rein on expenditure as an energetic member of the Expenditure Review Committee. Eric said of John —

John was a wonderful colleague—loyal, dependable and wise. Leaders often gave him sensitive jobs like restoring fairness to our industrial relations and worker compensation laws in 2001.

He was committed to and acted on his Catholic social justice principles all his adult life.

That last comment is a segue to an important aspect of John's life—his faith. John never proselytised, but was comfortable that his beliefs coincided with fundamental Labor values. John stood for something and had the courage of his convictions, and those whose lives he touched knew that.

In his homily at John's funeral, Monsignor Kevin Long observed —

Looking around the congregation, we see men and women who shared John's human pilgrimage: I'm sure there are many West Coast Eagles and East Perth supporters here in the congregation, sailing friends, fellow members of the Lions Club, St Vincent de Paul, the Ruah Community, Catholic Education, and perhaps most significantly, members of John's beloved Labor Party. John Kobelke was surely a true believer in the values and aspirations of the Labour Movement.

What can we say about John's faith? It is always difficult to examine and identify the contours of someone's inner life. We are all so complex. John believed that his Christian Faith was the God given source of his profound personal strength. Here was a man of deep but not unquestioning faith. John had an inquiring and intelligent faith which saw him fully involved in so many aspects of Catholic life. Once when I met John while Simon was a student at St Thomas More College, John suggested in his gentle and persuasive way that the clergy might be better not to open their mouths on certain subjects.

In living his Catholic faith, John was neither bigoted nor sectarian. Neither was he blind to the imperfections, foibles and human weaknesses of his coreligionists, but for them and for anyone else who seemed to be acting badly, John would always try to offer some word of excuse to explain their fractured humanity. His faith was authentic and attractive.

My enduring memory of John Kobelke is that he was indefatigable—a person of integrity. He was kind, reliable and diligent. I will long remember his declaratory flourishes in Parliament, and an enduring memory will be his powerful advocacy, dogged persistence and eye for detail. Despite his heavy ministerial duties, he never failed to assist local constituents with problems of the most Byzantine proportions. I encountered John at Mirrabooka not long after he retired. He was working enthusiastically at a tent of a Lions club sausage sizzle. He reeled off an impressive list of activities that he had been involved in post-Parliament. One of these was that he and Stephanie had taken on the role of training assistance dogs. He bemoaned the fact that they were under strict instructions to not show these dogs too much affection!

I also fondly recall when, as a minister, John would visit his mum, who was in aged care in Wembley. His mum had dementia and inexplicably thought John was a train driver, rather than a minister of the Crown. John would be asked at each visit how the train driving was going; the loving son never disabused his mum of her belief, but instead would humbly respond by saying things like, "The 7.03 from Mandurah ran late this morning"!

I extend my condolences to John's much-loved Stephanie; to his sons, Carl, Simon and Andrew, of whom he was so proud; his daughter-in-law, Hope; and grandchildren, Kate and Harrison.

Vale, friend and colleague. Your legacy is rich and enduring. You touched so many lives. We are all the better for having known you.

**MR J.E. McGRATH (South Perth)** [1.16 pm]: I did not know John Kobelke as well as the other people who have spoken today, but I was elected and came into this place in 2005. My main memory of John is of when he was Leader of the House. The Premier is right; he was a very safe pair of hands. Nothing much went wrong on his watch. It was interesting to hear the member for Girrawheen talking about deputations he received as a minister; they would leave the meeting feeling that they had been listened to. At the end of the day, nothing was going to happen, but he would give them the feeling that what they were saying was important. I had the same experience, because I was shadow Minister for Road Safety, a portfolio that our then leader, Matt Birney, had created in opposition. John was then Minister for Police, and I would bring motions to the house because the road toll was rising and we thought, "This government's doing nothing." We would all speak to the motion and then Minister Kobelke would get up and say, "The member makes some very good points, and I agree with a lot of the things he is saying; it is a problem", and I would be thinking, "I'm half a chance here!" He would keep going, but then he would say, "However, we will be now amending the motion", and he would amend it to say what a great job the government was doing, even though the road toll was rising, and the amended motion would go through!

John was a good politician and he handled the job very well. I did not have a lot to do with him in his capacity as Minister for Sport and Recreation, because Trevor Sprigg was our shadow sport minister, but I do remember a couple of stories about him and his booming voice. If there were a competition for booming voices in the Labor ranks, I reckon Norm Marlborough would almost match him, but John was also a fierce debater. From memory, he was always at his best on Wednesday afternoons during private members' time. Opposition members would speak for most of the three hours on a very important matter and John would just come out on behalf of the government and bat us all away. It was that booming voice that really put the opposition back where it belonged. On one occasion, a female shadow minister—I will not name her—was continuing to interject and John Kobelke said, "You're squawking. All you do is squawk—squawk, squawk, squawk." Then she interjected again and he said, "Squawk—you've squawked again" and the voice was just so powerful that she had to give up in the finish.

He was a great debater. He was obviously very diligent in how he handled being a member of Parliament. I have learnt a bit about him today. He taught at my old school, John Curtin College of the Arts, as did the member for Midland. I did know her back then. Where was I?

Several members interjected.

**Mr J.E. McGRATH:** All I can say is that I am sure that the members of John's family would be very pleased today to hear what his colleagues have said about him. My condolences on your loss.

**DR A.D. BUTI (Armadale)** [1.21 pm]: I also rise to contribute to this condolence motion for Hon John Kobelke, one of the nicest people ever to grace the floor of this chamber. Although I knew who John was, I did not personally meet him until the by-election in 2010 for the seat of Armadale. John, of course, was a sitting member then and he came out to help me doorknock one afternoon for about three or four hours. I was very grateful that he came to assist and I thanked him and thought that would be the last I would see of him, but, no, he came back again and again. No sitting member of Parliament at that time helped me as much as John Kobelke did at the by-election. When I was elected, John, who was still the member for Balcatta, provided great guidance for a new member on how to navigate the procedures of Parliament and also how to deal with the electoral allowance, motor vehicle allowance, taxation implications and so forth. I never asked for that advice; he offered that advice. When I became Chair of the Public Accounts Committee after the election of the McGowan government in March 2017, John once again contacted me and we sat down and he provided great guidance and advice on how to be a chair and how to get the most out of the Public Accounts Committee.

To Stephanie, Simon, Carl, Andrew and your other family members, thank you very much for sharing John with me, my colleagues and his constituents for so many years. Of course, my sincere condolences for the loss of your John. John Kobelke was truly a beautiful, caring, loving person—a real gentleman. Vale, John Kobelke—a beautiful man whom we will severely miss.

**MS J.M. FREEMAN (Mirrabooka)** [1.23 pm]: There are people in your life who have been on your life journey for a long period of time and John was one of those people for me. I started at Scarborough Senior High School in 1978 and he was one of my maths teachers during my time there. I understand that he met the love of his life at Scarborough high school. Stephanie, my deepest sympathies and sadness at the loss of John. There is a Scarborough high school Facebook site for the years 1978 to 1982. John finished at Scarborough high school in 1983, so he was there for that period. There were many tributes on the Facebook page from those who remembered him as a great teacher. One of the quotes was: "He was one of the few teachers that made maths interesting." One particular student, Robyn Loomes, said, "He was the only reason I passed yr 10 and 11 maths. Awesome teacher." When I went to functions with John, we would be talking to people and I would often say, "He was my maths teacher. My maths isn't very good!" That was not the case. He was a great teacher.

He was a great champion of my political involvement before I ran for Parliament and he was a great champion of my participation in the party when I came to Parliament. He always welcomed me into party forums and made me aware of how party forums operated. He included me and made me feel that Labor was the party for me because

it championed the social justice issues that I held deeply. He certainly supported me in my campaign to become the member for Nollamara. I was really proud in 2008 to be elected as the member for Nollamara. John had made being the member for Nollamara his, so it was really quite hard to be the member for Nollamara. I would turn up at different events in different communities and say that I was the member for Nollamara and they would say, “Where’s John? Where’s he gone? What’s happened? Has he retired?” and I would have to point out, “No; he’s now the member for Balcatta.”

Like many people here, I worked with him on many campaigns. I was involved in many quiz nights with him and learnt about the eight-day raffle from him, which, as people in this place will know, I still use to great advantage. He has left quite big shoes to fill. When I became the candidate for the seat of Nollamara, my partner and I bought a house in Nollamara, and I duly went and told John that I had bought a house in Nollamara and was settling into the community. He then asked me what street it was on and I found that it was across the road from the house that he and Stephanie had owned in Nollamara. The members of the community that I had become part of were well and truly used to having a member of Parliament living in their community, and they also send all their love and condolences. I walk my dog regularly and, after John passed, many of the neighbours commented on what a great man he was.

I shared an office with John from about 2010 to 2013. He was a great man to share an office with. People have talked about him being a great mentor. He shared his knowledge. We had many great discussions. I always admired his organisational capacity. In his Balcatta electorate office, there was a whiteboard calendar-year planner that had all the events that were going on and I remember thinking that he had a great organisational capacity that I really admired. In the time that we shared an office, we had quite a few philosophical discussions. We held different views about life in many ways, but it showed his depth of faith that we were always able to be respectful and communicate with honesty and openness and that made us appreciate each other’s perspectives. That made John a special person.

I want to go back to when we were at school. I exercise with someone else who went to Scarborough high school and today I said to him, “Ross, can you remember John Kobelke?” and he said that he remembered the computing classes. We know from the Premier that John introduced computing at Scarborough Senior High School through a commonwealth innovation grant. I remember those computer classes and I remember how excited we were. I can also remember filling out the cards and the binary system—zero and one—that we had to mark all the time. That was his memory as well. It is funny what we remember when we start thinking about it.

I became an expert in workers’ compensation in the union movement and that was the result of the respect that John Kobelke gave me when he redrafted the workers’ compensation legislation and I was part of the negotiations on that new legislation. He gave me great respect and consideration of representing workers’ perspectives about how this system applied to workers and the impact it had on them so that many of the changes that we were able to negotiate benefited workers. We had a difference of opinion on how much workers were given in benefits, but I suppose I was a union official with a particular perspective. In our time sitting in the office downstairs, he said to me years later when he saw that the premiums had gone so low that perhaps I may have had some legitimacy in my argument, so that was really great. I remember he was so excited to find out that he was to have a grandchild. It was something so important in his life.

We used to meet at the Nollamara Sports and Recreation Club or at the Lions club. I did not go to the club meetings as much as him, and I was told off! We saw each other at the Lions Australia Day celebration at Des Penman Memorial Reserve in Nollamara and Harmony Day, cooking sausages, and the Christmas cake sales at the Dianella shops. He was a member of Lions for 18 years, and I know that Lions absolutely appreciated him. The club sought to ensure that he was recognised and he received the Melvin Jones Fellowship for dedicated humanitarian service, which was named after the secretary-treasurer of Lions Clubs International and is a really prestigious award. Unfortunately, the dedication did not come until after his death and it was presented at the wake, but it shows how much the Lions appreciated him. I am told that he was helping the club draft a new constitution and a couple of weeks before he got very ill, he still turned up at the Lions club meeting to ensure that he had finished the job and fulfilled his responsibility. As the member for Girrawheen said, that was the kind, reliable and diligent man that John Kobelke was.

The Nollamara Sports and Recreation Club, despite me becoming the member for Nollamara, was not going to let him go as a patron. I had to become the vice-patron because he was still a very important person in that club. Other members of Parliament might have thought that was a bit odd, but that seemed perfectly natural to me because John was such a stalwart of the community. I found out recently that he was the patron of that club for 29 years.

In the 2008 election, as the member for Girrawheen would remember, we shared the post-election party in Balga at the Balga Community Centre, and I can remember the tense wait to see whether he had been successfully returned in what was not a great election for the Labor Party in many respects. It was very close, but his great campaigning and dedication to his community won that vote. I also acknowledge that he worked really hard in 2013 for Janet Pettigrew, the candidate for Balcatta. He worked for the benefit of the party and the WA people. Even though he could have retired, he worked tirelessly on that campaign.

He would see the irony in that when I posted on my Facebook about his passing, I received over 1 212 hits. The irony is that he was still supporting a member of Parliament at that time. I want to note a couple of the comments. Khamis Tombe from the southern Sudanese community talked about his strong friendship with them and the advocacy that he had for them. Suresh Rajan, who is a strong community member and a strong advocate for multiculturalism, said —

When JVT undertook his urban terrorism many years ago, John Kobelke was the first person on the phone to me to wish me well.

He was a man who really understood the community he represented and we are much poorer for his loss. Ruah Community Services said that he was —

A respected statesman, dedicated community worker, educator and champion of many.

My deepest sympathy to Stephanie, Simon, Hope, Carl, Emily, Andrew, Ella, Ann and Geoff. Stephanie at one stage pointed out that John's mistress was his boat and she was trying to work out whether Ann was maybe a second wife. Ann was very welcoming of me when I became the member for Nollamara and we really will miss him. About two weeks before John died, I met Rosie in the shopping centre at Mirrabooka and gave her a lift home and she told me that he was very sick and I was very concerned about that. I know that everyone who worked in the office with John would be very sad about his passing. May he rest in peace.

**MS R. SAFFIOTI (West Swan — Minister for Transport)** [1.36 pm]: My first memories of John Kobelke was when I was a fresh-faced research officer working for Geoff Gallop in 1997, working away in the bore water-stained demountable known as the "Summer Palace". I remember the spritely, energetic and ever-so-pleasant member of Parliament coming up to the office to talk spreadsheets, statistics and accountability. John and I worked together in those hard days of opposition. We knew numbers. He knew numbers; I knew numbers. He knew spreadsheets; I knew spreadsheets. We were the nerdy spreadsheets guys who would compare our analyses and statistics of the government's performance. He would always walk up with the laptop ready with his spreadsheet to ask me my views on his analysis. Sometimes I disagreed but he was adamant he was always right anyway, so it did not really matter! With my Treasury background, we worked very, very closely and he was so pleasant. It was such a refreshing thing as a research officer to have a member of Parliament who was so engaging and keen to work with me on my journey from research officer to where I am now. As I said, he was always willing to do the work and get his hands dirty, and he was completely across his material.

When we won government in 2001, John Kobelke played a key role as Leader of the House, Expenditure Review Committee member and a key minister implementing significant change. Being involved in the ERC and parliamentary strategy, I worked with him quite closely. He was incredible to watch. ERC used to meet every Wednesday morning and normally started very, very early. As a staff member, I would rock up to see John Kobelke sitting there with his file open, across the material and ready to go, despite often being in this chamber until the early hours of the same morning.

As was outlined by the member for Girrawheen, John Kobelke was involved in a lot of significant change and reform. He had to deal with the union movement and particular unions. He had to deal with big business for FuelWatch, but he worked so hard for the public interest and he was so tough in his negotiations for the entire community. He was also the ultimate team player and as a minister, as we all have learnt, sometimes we have to do things for the team. John always accepted this. I remember that when he had to do something he was not uncomfortable with, but he thought could have a negative reaction, he would say, "I know this is going to be deeply unpopular, but I will do it. I will be shouted at and torn apart, but that is okay." That is the type of person he was and he would do it with a bit of a grin, like he enjoyed the battle and the competition.

As leader of government business and as a staff member, we were involved in a lot of discussions about tactics and strategy. I used to love hearing his point of view and I knew that he was a very tough operator. He was often quite stubborn, but he was very tough in how he negotiated. When I became his parliamentary colleague, John and I worked together on the Public Accounts Committee. His chairing of the meetings again was exemplary and his dedication to the work was unrivalled.

I will now talk about his commitment to his community, as discussed by others. I always remember one discussion we had when I think we were looking at an energy utility. He was explaining how he had been walking the streets a couple of nights earlier and noticed that a light was out on the street. He was following this matter up with as much rigour and effort as I have seen from any local member who follows up an issue. This was after many years of being a local member. He was still as passionate as ever about seeking out community issues.

On a personal note, John also went that extra distance. When my first daughter was born, I remember receiving a beautiful gift from him and Steph. I remember seeing him at many Italian functions. Even after he retired from politics, he was very closely connected to the Italian community. He was a strong friend and supporter of the Italian community. I do not say this in a condescending way. He was a true friend of the community and someone who understood the aspirations and the needs of the Italian community. He worked closely with the Sicilian club in particular in his electorate and across the entire community.

When I became a minister and needed someone to chair the Swan Valley planning review, I sought out John Kobelke. I knew his eye for detail, his ability to work with everyone across the community and to understand people's concerns, his empathy and his genuine love of policy made him the ideal person. I remember discussing his appointment with him when he said, "Rita, I don't want to be paid for the work I'm going to do." We negotiated something, but that was the type of person he was. He volunteered his time and effort for the government. It was just incredible. It is with great sadness that I have not been able to implement his recommendations as yet. In time, we will announce our response to the John Kobelke report on the Swan Valley planning review. He should be proud of the work that he did and the fact that his research, his analysis and his recommendations are something that I have truly supported and will carry forward. He was simply a joy to be around. He was a genuinely good person who loved his job and loved the community.

I really appreciate the fact that I got to work with him in so many capacities. On hearing about his death I was very sad. It has impacted me greatly. I looked at the amount of time and the different capacities in which I worked with him—as a staff member in opposition, a staff member in government and a parliamentary colleague, and in my role now. It has been a huge journey and, as I said, I have learnt a lot from him—his toughness and his ability to just keep going. Like I said, the work that he put in in those early years of government was just incredible. He was involved in tough industrial relations negotiations and in setting up FuelWatch and dealing with petrol companies. It was very, very tough for him, but he did it with good grace, diligence and a commitment to the public interest. As I said, he was a safe pair of hands. You could always rely on John Kobelke.

I attended John's funeral, like many members here did. I was impressed by the beautiful words from his children and grandchildren. Steph, your endless love for him and your respect for each other has been incredible to watch. John Kobelke touched the lives and we will miss him very much.

**MR D.A. TEMPLEMAN (Mandurah — Leader of the House)** [1.43 pm]: I will speak briefly. Firstly of all I will pass on my condolences to the Kobelke family, to John's former staff, his close friends and those in the gallery here for the condolence motion today. Condolence motions are a very important acknowledgement in this Parliament for people who have served their community. Some people who have the privilege of serving in this chamber do so for a short time and others for a long time, but it is an important time to reflect on those who choose to make contributions to their community over and above the normal demands of life. John Kobelke was a former Leader of the House. As the current Leader of the House, there is no better example to reflect on than the way in which John Kobelke carried out the role of the Leader of the House in this chamber. Indeed, during the early years of the Gallop government, particularly for those of us who were elected during that period, the importance of the leadership shown by John Kobelke in that capacity was very important. We were seeking to pass important legislation through this place and we relied on people like John to be an important role model.

John, Stephanie and the family had a great affiliation with Mandurah, where I live. I know that they have had a holiday home there for a long time. I vividly remember seeing John around 1999—before I was elected to this place—when the Estuary Bridge had not long been open. John was fishing or crabbing with his family underneath that bridge. I think his sons would have been quite young then. It is always interesting when you see somebody out of a suit or what you would normally see them wearing. He was still wearing his very floppy hat that he was famous for—always conscious of the sun. Of course, John had quite skinny legs and he had these shorts on, but he also had this booming voice, as we all know. I was only the deputy mayor at the time—a councillor—and he knew me because I was involved in the Labor Party. I remember looking at him and did not quite recognise him until he said with his booming voice, "David, how are you? Good to see you." He had a wonderful way of connecting with people from all sorts of backgrounds.

The one word that always comes up when I think of John Kobelke is "decent". He was a decent human being. Many of us attended his funeral. Sadly, at funerals we quite often learn more things about a person than we knew before. The touching and pertinent contributions by all those who spoke at John's funeral, including his sons, the member for Midland and others, captured beautifully the wonderful life of a wonderful person whom I consider to have been a tremendously decent human being. I pass on my condolences to all the family and I acknowledge sincerely the tremendous contribution that he made to not only his family primarily, of course, but also the broader Western Australian community, his electorate and the many friends, associates and colleagues who he forged a relationship with. We will miss him, but we will remember him as a tremendously decent person.

**MS L.L. BAKER (Maylands — Deputy Speaker)** [1.48 pm]: I do not have a huge relationship to relate to family members here about my friendship with John. I met him in 2008 when I was first elected. But Stephanie, Simon, Carl and Andrew, I can share with you a couple of things about someone who I thought to be a really great man. I happened to sit next to him in my first term in this house, so members can appreciate that I do not have to make any comment about how loud his voice was. It took me until my second term to get the hearing back in that ear.

He was an absolutely remarkable politician and debater. I consider it a great privilege to have sat next to him, even though my ear did suffer a bit! Just to see him work on the floor of Parliament was truly amazing. He could take up any subject. He would be worrying about some detail while other speakers were on their feet and chatting to

me about it, and then he would say, “I have to say something, I have to say something”, and he would jump to his feet and that was it—the floor was just completely his for the time he was on his feet. He spoke with such passion and such timbre. He was a really remarkable man.

Stephanie, I am not surprised that you guys were looking after and training assistance dogs, because you both have that amazing generosity of spirit. That is wonderful.

I did not know that John went to primary school at St Columba’s in Bayswater. If anyone ever wanted a good grounding for being an outstanding politician, coming from Bayswater has to be a good place to start! That is outstanding.

I should fess up; I got to know John in a number of capacities prior to 2008, when I was running the Western Australian Council of Social Service and he was Minister for Labour Relations; Employment and Training. I would go to see him and lobby on behalf of the community sector for various reforms. There were reforms around indexation for the community sector and training of community sector workers. In the industrial arena, there were issues to do with pay and conditions. I always remember my very first meeting with him. It was when Susan Lewis was his chief of staff; she is someone whom I got to know and become friendly with as well. I approached that meeting with a bit of trepidation, because I had not really had much to do with Western Australian government ministers prior to my WACOSS days. He was such a small-framed man. He sat back quietly and listened to what we were saying. He listened to the campaign and to the strategies and then delivered a really, really beautiful and wise assessment of what we were saying. As members have heard today, I went away thinking, “Gee, he really listened to me; isn’t that great!” Now, nothing changed, but I knew he had listened to me, and I was confident that when the occasion arose, he would go in to bat for the things that the community sector needed and wanted at the time.

When I sat next to him in my first year here in 2008, I could not quite figure out, probably like most politicians, what was going on in the house. One thing I noticed was that he had a little booklet and a pen during question time. This is for members over there, if they do not know about this. If nobody is doing this, take note. I asked John, after about two months in this place, what he was doing during question time, and he said that he was keeping track of the time it took for ministers to answer questions. I went, “What?” He said, “I’m keeping a record, and then I take all this information and put it in a graph and we talk about it in our caucus.” For goodness sake; what a man of detail! I was so impressed by that. When we later heard that the Labor opposition at the time was complaining about ministers filibustering and dragging out their answers—do not laugh on the other side of the house!—we had the facts at hand thanks to John Kobelke, an amazing, tough, principled man.

To our now Leader of the Opposition, the member for Scarborough, I, too, went to the ethics and values training that John Kobelke ran for all of us. This might sound funny, but I kept in my wallet the little card that he gave us that told us how to make a values-based decision. It was three short steps. I kept it with me for the first two terms and lost it only when we got into government! I do not know whether that says something, but I am sure John would appreciate that.

John was a quiet man whom I had the great privilege to get to know a little during the years that we spent together in this Parliament and in the years before that, when he was a tough and principled negotiator on behalf of the government as a minister. To that small quiet man with a very loud voice, I say: I will miss you, John. Thank you.

**MR C.J. TALLENTIRE (Thornlie — Parliamentary Secretary)** [1.54 pm]: It is a real honour to speak to the condolence motion for John Kobelke. It was my great fortune to be on the Public Accounts Committee in the thirty-eighth Parliament with now Minister Saffioti and John as the Chair of that committee. We were in opposition, obviously, from September 2008. I will come to some of the things John taught me about good governance and holding government to account, but before I do so, I want to speak about John as an exemplary parliamentarian. I learnt from him the difference between being a politician and a parliamentarian. John loved, and excelled at, both those roles, but there is a difference and it is not always understood. To observe John in action was to see how that difference can play out.

John’s hardworking nature, sense of duty and tremendous intellect enabled him to use Parliament to great effect. He did it without resorting to gimmickry; rather, he used well-reasoned, well-researched and clearly put arguments. He was an exceptional mentor to me and many others—to those of us in the class of 2008 and other waves of new parliamentarians, and across the chamber as well. He saw the need for members to access professional development like other professionals do. He helped us to access ethics training to augment and support our own values and beliefs so that we could be stronger in our own decision-making and positioning. John’s legacy is indeed enormous, but especially in the dignity he brought to the role of parliamentarian. I recall the polite but firm interrogation to which John would subject bureaucrats and business leaders as we inquired into various Public Accounts Committee matters. He was always respectful and calm, but dogged. His steel-trap mind and his maths teacher precision meant that questions were put, considered and then dissected. He taught me the value of following the money and of how to test and probe the validity of government decision-making. He taught me about such things as public sector comparators and doing the full value-for-money test. Memorable were the times that John’s voice would boom around this chamber. He used his voice in such a way. I do not think he ever wanted to belittle—it was not John’s parliamentary style to belittle. It was about seeking the truth, exposing an issue or putting something into context. He did all he could to gain the best for all Western Australians, and I acknowledge the tremendous contribution he made.



On a committee together, members get to travel around a bit. I recall the little national park near Kununurra that is sometimes described as the mini Bungle Bungles. John, with his famous sunwise hat, was walking around very fast. I thought, “This guy’s very fit!” I was wondering whether there was almost a degree of competitiveness in it, but I then realised that John was competing with and pushing himself. That is another hallmark of John’s character—he was always pushing himself. Mirima National Park is just one of the very fond memories I have of the times I spent with John. He really was a giant of this place. My deepest condolences to Stephanie, Simon, Carl and Andrew and all John’s close family and friends. Vale, John Kobelke.

**MRS J.M.C. STOJKOVSKI (Kingsley)** [1.58 pm]: Being around this house and the Labor Party for many years as a teenager and young adult, I met many impressive and wonderful members of Parliament. One of these was John Kobelke. I remember him as a quiet and smiling man who seemed to be kind to everyone. One of the things that struck me about John was his generosity. This was further enforced after the class of 2017 was elected. John continued to give back to our party by offering his time to help train, guide and advise the newly elected MPs. This was not lost on us, and we were very grateful to, and a little in awe of, this man who had served our party and Western Australia for so long. His honest and direct advice was invaluable to the fresh-faced new members of Parliament.

I am sure that many former members of this place who served with John would like to pay tribute to him. Today I have a few words from one, Jackie McKiernan, who said to me, “John’s life after politics was, in my view, about ensuring he gave back to the community.” He and his wife, Stephanie, were always seen before Christmas at Dianella shopping centre—and I am sure many others—selling Christmas cakes for Lions Clubs Australia. John was also a very active justice of the peace and was part of the City of Stirling’s roster at various signing centres. He was a truly loved man, who was generous with his time and always prepared to listen.

He had an early tilt at preselection before he was preselected for Nollamara. He stood for the seat of Scarborough but was pipped at the post by the eventual member, the late Graham Burkett. In many ways, he was a quiet achiever. John became secretary to cabinet when Carmen Lawrence first became Premier. These are my memories of John Kobelke. He will be missed.

Vale, John.

Members: Hear, hear!

**MS A. SANDERSON (Morley — Parliamentary Secretary)** [2.00 pm]: I rise to say a few words on this condolence motion for the very great John Kobelke. He was the member for Nollamara, which is in the electorate I now represent. It is absolutely true, and I echo the words of the member for Mirrabooka, that he was held with very, very deep affection by the people of Nollamara. The member for Mirrabooka and I continue to attend events in Nollamara at which the first thing people ask is, “Where’s John?” That is testament to the impact he had on their lives. That happens particularly at the Nollamara Bowling Club, of which he was the patron for many years. I am the current patron of that bowling club and on behalf of the bowling club I pass on my deepest condolences to John’s family and thank them for sharing him with our community over those many, many years.

John remained connected to that community even when he represented another seat and even after he was out of Parliament. As mentioned, he was always active in the Lions Club of Stirling. Not many community events are held in Nollamara, but the annual Australia Day sausage sizzle is always held at Des Penman Reserve. It is usually about 35 degrees at seven o’clock in the morning, but John would always be there, slaving over the barbecues and cooking bacon and eggs for the community. That event was always extremely well attended and he was very unassuming about his role at those events.

I discovered today that we went to the same school for a period. I also attended St Columba’s School in Bayswater. It is during these motions and at people’s funerals that we learn so much more about people’s lives and, in particular in this place, about their relationships. Often it is our relationships that keep us going in this place. It is so refreshing to hear that he had really good and healthy relationships with others across the chamber.

I had known John through the party for many years, but when I was elected to the upper house, I also got a visit from John as the new member for the East Metropolitan Region. He provided lots of very helpful advice and continued to be a really important source of advice for me. Not many people will know this, but when I was preselected as the candidate to run for Morley, I asked John if he would be my campaign director. He did not even take a breath and just said no. I tried not to take it personally, because I respected the fact that John had made a decision to spend more time with his family and his boat. As politicians, our families have to share us for a very long time. I am really glad that his family did not have to share John in those very last few years.

He was very supportive of my move to the lower house and was very kind about the risk that I was taking to win a seat so Labor could win government. He continued to provide really helpful advice. That advice was from someone who had had an accomplished career, never had a hint of ego and was always very well intended. Despite coming from different parts of the party and often having very different views on a number of issues, he rose above all that. He was very genuine, gracious and supportive in his advice. That is a rarity in this field.

He continued to give back to the party that gave to him. That was a testament to his personality. He continued to support people through their ethical training and professional development, and he was genuinely a heavy lifter for not just the Labor Party, but the whole labour movement. We do not come into contact with many of these people in our lives and careers. With the most heartfelt condolences to his family, and on behalf of the community I now have the honour to represent, we are very, very sorry that John is no longer with us.

**MR R.H. COOK (Kwinana — Minister for Health)** [2.05 pm]: I want to make some very brief remarks on the condolence motion for John Kobelke. It is not surprising that so many members have got up today to share their memories and provide best wishes to John's family. These memories are not only fresh; they run deep. John was an extraordinary contributor to not only this place, but also the Labor Party generally.

I was not familiar with John as a young man or as a young party activist. I was from the south; he was from the north. But I was sent to the northern suburbs to work on a campaign as a young activist and told to report to John Kobelke, whom I did not know. I knew of him by a new title that I learnt from the member for Midland today—the “holy rollers”. I was thinking, “What could I possibly have in common with him and how is this going to go?” I remember rolling up to John's office and being welcomed openly by John and Ann. I was treated with respect, great integrity and unity, because we had a commitment to the Labor Party and all those differences mattered not. John was a true gentleman of the party—someone who understood conviction and purpose and also that we are here together to do good. He was a great mentor not only through that experience but also once I came to this place in 2008 with the member for West Swan and others. By that stage, John had decided to step back from the frontbench, but he had not stepped away from his role to mentor young members of Parliament. He had a commitment to excellence. He had a commitment to professionalism. He wanted to make sure that new members were taken on a program to learn the dark art of being a member of Parliament. He was incredibly effective at that. “Effectiveness” is the other word that comes to mind because, my God, he was loud and so effective at communicating his message! We could all learn from John about how to carry ourselves as a decent person, as someone who has moral conviction and who is here to do good and also be mightily effective. I will always take with me the lessons that I learnt from him about speechmaking, about dealing with other people in a decent fashion and about understanding that people have issues they want to bring to you and to have heard.

As I said, my contribution will be short, but I wanted to say I have very deep and rich memories of my time in here with John. What I will remember most of all is the time after he left Parliament when I would see him and Stephanie at various art events, whether it was the opera or the symphony orchestra. There I saw a couple who were in their element of joy and happiness, and who were really appreciating the opportunity offered by those things.

To Stephanie and family, to Ann and Geoff, thank you very much for the great association. Our fondest thoughts to you all. May John rest in peace.

Members: Hear, hear!

**MR D.R. MICHAEL (Balcatta)** [2.09 pm]: As the member for Balcatta, it is with great sadness that I rise today to make a contribution to the condolence motion for the previous Labor member for Balcatta, Hon John Kobelke. John's significant contribution to Western Australia has been outlined by many members this afternoon. Before entering this place, he was a teacher, a unionist and an activist. In this place, he was Leader of the House and served as a minister in consecutive Labor governments. In retirement, he mentored many new members of Parliament and always took the time to share his knowledge and wisdom on the art of politics. Today, I want to focus on John's work as a local member for the electorates of Nollamara and, from 2005 to 2013, Balcatta.

Working for my local member at the time, Bob Kucera, in the adjoining seat of Yokine, I first got to know John and his office during the 2004 federal election campaign and then in the lead-up to the 2005 state campaign when the much-needed one vote, one value reforms saw John's seat of Nollamara moved west and renamed Balcatta, and Yokine gain a large portion of John's seat. I remember the handover of local matters John and his electorate office were working on. I remember how involved and intertwined John seemed to be in a whole host of local groups and their issues. It struck me that John was not a run-of-the-mill local member. It also struck me that if he saw a local injustice or problem, or one was brought to his attention, he was not the kind of person to let the issue go until it was resolved.

A few months later, I was elected to the City of Stirling and with my ward being nearly wholly within the seat of Balcatta, I continued to work with John on local issues. During this time, we worked together on drains, intersections, speed humps, parks and playgrounds, footpaths and other local infrastructure that our community called for and needed. John would regularly write to a local area with a survey asking if a street supported the installation of a footpath, needed their laneway cleaned up or if they would like their local park and playground upgraded. As a local councillor, I would receive a letter from John with a copy of the survey results and I would use the results to fight for these projects at a City of Stirling budget meeting that made a difference to people's day-to-day lives in their community. As soon as these projects were funded and delivered, I would receive another letter from John and, together, we would start our advocacy again. I thought that John's letters and his support for these local issues was a sign of a member who truly cared for our community. John would also hold regular morning teas and meetings around the electorate. He would always invite me as the local councillor. His

community events would always draw a reasonable crowd. Rather than speak at his constituents, he would seat them in a circle and ask them one by one to let him know what their issues were. He would listen. It is something that I have always admired in John and something I think we as politicians need to do more of—listen.

Since John's passing, many local residents and community groups have commented to me of their respect for John, for what he did and for the support he gave our local community. We still have people coming to the office to see whether John could witness their will, to borrow John's engraving machine or to seek his help with an issue he had previously been involved in. Just yesterday, the member for Mount Lawley was telling me that he was recently doorknocking in Dianella, which was once part of John's electorate of Nollamara, and a resident commented that Simon had been the first member to doorknock the area since John. She went on to say that John had arranged a new streetlight following their conversation, and that they still refer to it as the "John Kobelke light pole".

I know John always supported the multicultural communities of our electorate, especially the Italian, Croatian and Macedonian groups of Balcatta. I think it was mentioned before, but every year—it will be in a couple of weeks—the Sicilian Club ball is held in Balcatta and, to this day, John's performance in winning the major prize in the raffle at those balls every year remains club folklore. I am sure there are few TVs in the Kobelke household that might have come from the Sicilian Club raffle.

Fast-forward to the 2017 state election. I will be forever indebted to John for his support, advice and counsel. I will always remember the many weekday afternoons John spent doorknocking with me, especially in the suburb of Balcatta. Some days I would have to go off to an event or a City of Stirling council meeting and the like, and John would just keep going, not wanting to leave a street unfinished. Since the election, John was never a stranger and would pop into the office from time to time, especially to work on continuing the Stirling Carols by Candlelight that he had established and run, with local churches and volunteers, for many years in Tuart Hill. It was only a few months ago that John was working with my office on this year's event. I will proudly continue supporting and facilitating this event in his honour.

I know John also continued his volunteering with other groups, including cooking sausages for the Lions Club of Stirling. He certainly was one of the busiest retirees I have met! In John's 2012 valedictory speech he said —

I have certainly enjoyed working for the people in the electorate. We are incredibly privileged ... not only can we help people find their way through the bureaucratic system, and that is rewarding, but also so often we will have people come into our offices and reveal to their member of Parliament incredibly personal matters because they are just reaching out for help. That they will place that trust in me and other members I find very humbling and a great privilege, but there is also a responsibility to try to assist in dealing with those matters.

John did this and more, along with his electorate office staff. Can I offer my condolences to Ann Roberts, John's long-term electorate officer, as well as Lida Feist, Karen Stacey and Ken McCallum, who worked so hard helping John help others. Testament to their joint work was what I remember as the very, very impressive bank of filing cabinets that filled his office, full of the many names and issues John and his team assisted with.

To Stephanie and John's sons and family and friends, I will always feel privileged to have known John, and to have had the opportunity to follow him as a Labor member for Balcatta. On behalf of Lenda, my family and electorate office, the Balcatta branch and the many local people and groups he assisted and worked for, my condolences for your loss. Vale, John Kobelke.

**THE SPEAKER (Mr P.B. Watson)** [2.15 pm]: I first came into this chamber in 2001 when I sat on the infamous half-back line with the Attorney General, John Bowler, the late Paul Andrews and Martin Whitely. When backbenchers first get into government, they are not allowed to say much. John Kobelke monitored that very severely us not saying anything. However, when we had sat there for a while, I thought: I'll test him. Every once in a while, the government was trying to get a bill through and we wanted to say a few words when we were not supposed to. We would very quickly hop up and say a few words and all of a sudden, we would see a shadow coming up behind us! It was John.

John taught us a lot about discipline. Maybe it did not work with me in the chamber; I always seemed to be getting into trouble. He talked about discipline in not only the chamber, but also our electorates: "Work hard for your electorate. Look after the people. You're not representing yourself or the Labor Party; you're representing your constituents." I have never forgotten that. I have been around for 18 years now and every time there is an election due, I always remember the words John planted in my head. To all members here today, I think he was a great role model and a great leader. From what I have heard at the funeral and today, he was a great family man.

On behalf of myself and the rest of the chamber, we were very proud to have had John working for not only the Labor Party, but also the government. I also congratulate members for their stamina today sitting through all the speeches! This is the longest condolence motion I have seen in 18 years, and it shows the respect of not only what the man did for the Parliament, but also the community.

Question passed; members and officers standing as a mark of respect.

## QUESTIONS WITHOUT NOTICE

### METRONET — COSTINGS

#### 570. Mrs L.M. HARVEY to the Premier:

I refer to the article in *The West Australian* of 6 July by Josh Zimmerman and Nick Butterly highlighting the massive cost blowouts on the Premier's flagship Metronet project.

Can the Premier explain why, according to his own election costing document and his signed funding submission to the commonwealth government, the Thornlie line extension costs have blown out by 33 per cent, the Yanchep line costs have blown out by 35 per cent and the Ellenbrook rail line costs have blown out by 16 per cent before construction has even started?

#### Mr M. McGOWAN replied:

The premise of the question is incorrect. The comparison, which, as I understand it, was done by the Leader of the Opposition's office, compared a range of projects to which there are additional projects with the projects we took to the state election. What we sent to the commonwealth was a range of additional projects to the ones we took to the state election. Then the Leader of the Opposition rolls up and says there is a cost blowout. We sent to the commonwealth a whole bunch of new projects.

The second reason the Leader of the Opposition's analysis is not correct is that we are still doing final costings and also, when we went to the commonwealth, we obviously sought to maximise the return to the state. When the tenders come in, it may well be that the costings come in lower, but we went with what I would call "high ball" estimates to the commonwealth. I would have thought that was entirely appropriate. The former government did not even ask the commonwealth for money, and hence it did not get any. The former Premier said about the new stadium, "We're not going to ask the commonwealth for money. Why would we do that?" We all scratched our heads, thinking there was some logic behind that. We thought that maybe there was some brilliant logic behind what he was doing. It turns out there was not. The former government just refused to ask the commonwealth for money, so it did not get any. It is a bit like it failed to resolve the GST issue. My government resolved the GST issue, has got more money out of the commonwealth than any government in history, has got more money for rail and roads than anyone has ever seen before, and has got money for hospital capital works, but the former government got nothing when it was in office. When the Leader of the Opposition makes these false comparisons and promotes this information based upon a falsehood, and when she listens to the member for Bateman when constructing arguments, I think the Liberal Party might have a few problems.

### METRONET — COSTINGS

#### 571. Mrs L.M. HARVEY to the Premier:

I have a supplementary question. In addition to the massive cost blowouts, can the Premier confirm that despite his government being in for three years, it has not laid one single inch of rail, as was his election commitment?

#### Mr M. McGOWAN replied:

Who writes the Leader of the Opposition's questions? Three years is in March next year. The Leader of the Opposition is only out by six or seven months!

**Mrs L.M. Harvey:** You are in your third year.

**Mr M. McGOWAN:** That is not good. You can't even add to three! You can't work out between two and three. Government members interjected.

**The SPEAKER:** Members, you have got your Premier on his feet. I want to hear what he says; you obviously do not.

**Mr M. McGOWAN:** We are going to build Metronet. We are going to build the Thornlie-Cockburn Link. We are going to build the Yanchep extension. We are going to build the Morley-Ellenbrook line, Byford, and important projects in Midland on the Armadale line. We are going to build all of these lines. We are going to build rail carriages in Western Australia. That is what we are going to do.

Members opposite seem to forget that before the 2008 and 2013 elections, they promised the Ellenbrook rail line. What happened to that? They did not deliver it. They promised the Metro Area Express light rail. Remember that one? They did not deliver it. Essentially, their record on these things is appalling. As I outlined to the house yesterday, we had to fight tooth and nail to get the Rockingham-Mandurah rail in. We had to get that through against the vicious objections by members opposite. They said the whole thing was going to electrocute people! Remember that? I remember some journalist actually ran that story—the river was going to wash up over the line and South Perth was going to be electrocuted! Members opposite actually said that.

One of the classics the Liberal Party was running was that no-one lives down there; there are only cows down there! Remember running that one? Honestly! No wonder members opposite are so subdued. I can tell that

something dramatic happened in the party room yesterday. I note the member for Churchlands is not here. I have a lot of time for the member for Geraldton. I note he does not look up from his phone at all. I note most opposition members do not look up from their phones because they know their record on these things, as in most things, is absolutely shocking.

#### ROYALTIES — BHP

##### **572. Ms J.M. FREEMAN to the Premier:**

I refer to the recent dispute with BHP about royalty deductions. Can the Premier outline to the house how the approach taken by the McGowan Labor government to resolve this dispute has secured significant funding for health and education in Western Australia, including a commitment towards a much-needed new women's and maternity hospital?

##### **Mr M. McGOWAN replied:**

I thank the member for the question. In late June, the state government resolved the dispute with BHP over royalty deductions. There was obviously a difference of views and we worked through those matters with the company constructively over the course of at least a year. I would like to thank the great work of the staff in the Department of Mines, Industry Regulation and Safety. The minister and I visited to thank those staff for their excellent work in identifying that there was a difference of view about royalty deductions. That resulted in a very successful outcome in which the state secured \$250 million. That money has been paid to Western Australia by BHP. I would like to thank BHP for the constructive way it went about that matter with the state government. We did not engage in a public slanging match or an attacking match; we did not do any of that sort of thing. We did not engage in abuse towards the company; we just worked constructively with it and negotiated a great outcome in good faith. We avoided lengthy and expensive legal proceedings, which was always the pathway that could have occurred. We secured \$250 million for Western Australia. I understand that that money is entirely exempt from GST redistribution. Of that money we secured, \$230 million will go towards the replacement of King Edward Memorial Hospital for Women—a hospital for women and babies; a new maternity hospital. The existing hospital is old. We have already allocated \$3.3 million for planning a new maternity hospital on the QEII site. We now have a down payment of a very significant amount. As members will be aware, the proceeds from the TAB sale that are not going towards the racing industry will go towards that new women's and babies hospital as well. We are hopeful that we will have, on top of that \$230 million, a very significant amount of money towards that project shortly.

As part of the settlement, we have also delivered for the Pilbara. I would like to thank the member for Pilbara for his advocacy. We secured \$15 million towards Hedland Senior High School upgrades. I visited Hedland Senior High School last week. I had a look at some of the areas that will be improved as a consequence of this spend. We also put \$5 million towards additional upgrades to Newman Hospital. Next year we will be starting construction of the new Newman Hospital. The total will now be more than \$50 million towards that new hospital.

Via the government's actions, we have secured \$250 million towards an important women's and babies hospital and schools in the Pilbara, and we have negotiated a good outcome without acrimony and avoided legal action. We have done it to secure the best interests of Western Australia, particularly the people of the Pilbara and women and babies in our state.

#### BENNETT BROOK DISABILITY JUSTICE CENTRE — SUPREME COURT INJUNCTION

##### **573. Mr P.A. KATSAMBANIS to the Premier:**

Before I ask my question, I just want to clarify that the member for Churchlands is away from the chamber because he is at a funeral, and I will leave it at that.

I refer to the Premier's comments yesterday in the house that he had no involvement in the injunction of media outlets. Can the Premier confirm that he misled the house, given that the media approached the Premier and his media director on Monday of this week and informed them of the matter and therefore the Premier was clearly aware of and involved in this injunction matter when the question was asked yesterday?

##### **Mr M. McGOWAN replied:**

That is a strange twisting of the English language. I understand that the injunction was issued by the director general of the relevant agency, the Department of Communities, because he was required to take action under the Declared Places (Mentally Impaired Accused) Act 2015. That was done independently of me and my office. If we subsequently received media queries about it, how does that mean we were involved in the issuing of the injunction? What a strange perversion of the English language. The press ask me questions all the time. They ask me about US politics. Does that mean I was involved in the election of Donald Trump? I am asked about things outside my knowledge all the time; it does not mean that I am involved in the issue that created the question.

There is a requirement under the Declared Places (Mentally Impaired Accused) Act 2015 that the identity and circumstances of individuals kept in the Bennett Brook Disability Justice Centre are to be kept private and are not

allowed to be revealed. That act was passed by the last Liberal–National government with, as I understand it, Labor’s support, on the basis that we protect these people’s identities. As opposed to what the member said yesterday, they have not been convicted of anything; they are people —

**Mr P.A. Katsambanis:** I didn’t use that term, and you are verballing me. You are making it up.

**The SPEAKER:** Member for Hillarys!

**Mr M. McGOWAN:** Yes, the member did.

**Mr P.A. Katsambanis:** I did not say they were convicted of anything.

**The SPEAKER:** Member for Hillarys, you have a supplementary.

**Mr M. McGOWAN:** The member described the person as, quote, “an offender”. Go back to law school, my friend, because you clearly do not understand anything.

**Mr P.A. Katsambanis:** That is not a convicted offender.

**The SPEAKER:** Member for Hillarys!

**Mr M. McGOWAN:** You described him as an offender. An offender is someone who has been convicted —

**Mr P.A. Katsambanis:** If they weren’t offenders, they wouldn’t be there.

**The SPEAKER:** Member for Hillarys!

**Mr M. McGOWAN:** I mean, my God. I hope you are never the Attorney General.

This person has never been convicted. There is a requirement under the law passed in 2015 by the last government that the identity of these people not be revealed. There had been a case in which the person’s identity or their face had, apparently, been published, so therefore an injunction was sought by the department to try to protect that person’s identity and circumstances. The injunction itself does not stop the media from reporting about other aspects of the centre’s operations; the media is just not allowed to report about that person’s identity and circumstances. That is in accordance with the law that the Liberal Party passed when last in government.

#### BENNETT BROOK DISABILITY JUSTICE CENTRE — SUPREME COURT INJUNCTION

#### 574. **Mr P.A. KATSAMBANIS to the Premier:**

I have a supplementary question. Does the Premier accept that the media is an important accountability institution in our society, or does he continue to consider his gagging of the media to be just a big joke?

Several members interjected.

**The SPEAKER:** Member for Swan Hills, I call you to order for the first time.

**Mr M. McGOWAN replied:**

Of course I have high regard for the media in this state and I am very friendly with many people in the media. I interact with them on a daily basis and, indeed, a number of my staff are former members of the media, so I have a great deal of respect for the role that is played by the media in our community. A free press is very important to the future of democracy in Western Australia and in this country.

In relation to the member’s question about gagging matters, as I outlined to him earlier, under the laws passed by the last government in 2015, the identity of people in the Bennett Brook Disability Justice Centre is not allowed to be published. They have not been convicted of anything; they generally have mental health conditions, and publishing their identity is not allowed under the law that the Barnett government passed. Therefore, if their identity is published, the agency, as I understand it, is required to seek to protect that identity because of the law that was passed by the member’s last government; I think there might even be other acts that require that protection.

However, if the member wants to talk about these sorts of things, I refer to an article in *The West Australian* of 15 June 2015, under the last government. It states —

The State Government has launched Supreme Court action to avoid releasing documents on the MAX light rail and airport line ...

You get that frown; the member does not really process very quickly. Let me explain it to him again —

The State Government has launched Supreme Court action to avoid releasing documents on the MAX light rail and airport line ...

There we go; that was under the last government, in 2015. You actually took legal action not to release information about a broken promise on MAX light rail. There are numerous other cases. There is a headline from 2016, under the last government again, that it kept secret dozens and dozens of documents being sought by the press in this state. Do not come in here with some of the most hypocritical and silly questions I have ever heard and expect to be treated seriously.

## HOMELESSNESS — SERVICES

**575. Mr J.N. CAREY to the Minister for Community Services:**

I refer to today's commitment by the state government to provide more funding for homeless support services in central Perth—in particular, services provided by the Tranby hub. Can the minister outline to the house what these expanded services will mean for rough sleeping in the city, and how this additional funding will build on this government's compassionate approach to addressing homelessness?

**Ms S.F. McGURK replied:**

I thank the member for Perth for not only the question but also his interest and the work he has done over the last 12 months or so with the City of Perth and businesses affected by antisocial behaviour and homelessness in his electorate. He is not just talking to the media about it and trying to get headlines; he is actually doing the work to resolve the issue and to come up with solutions.

I am very pleased that today we were able to announce half a million dollars in state government funding to extend the operating hours of the Tranby Day Centre so that it will now be open from 7.00 am to 7.00 pm, seven days a week. At the moment it is open until only 1.00 pm or thereabouts during the week, until midday on Saturday and is not available on Sunday. There is a range of things we need to do if we want to reduce the number of homeless people in our state. One is to have a planned, coordinated, evidence-driven response. That is the first thing we have to do, and that is precisely the work we have been doing with the not-for-profit sector—looking at what the rest of the world is showing us is best practice in addressing homelessness. I think the centrepiece of the work of the homelessness strategy will be a housing-first approach, in which we get the right sort of accommodation for people and give them the support they need, for as long as they need, so that they are stable in that accommodation.

We also need to do other things. We need to make sure there are touchpoints for people when they are experiencing either rough sleeping or homelessness or are at risk of becoming homeless. These are provided by Tranby Day Centre, run by UnitingCare West, and centres run by Ruah Community Services, the St Vincent de Paul Society and the Salvation Army in Northbridge. We need to be available for people so that when they are ready to receive help, they know exactly where they can go to receive assistance. Frankly, we also need to provide a human face, a hot drink and some comfort in what are obviously very challenging circumstances. That was part of the announcement we made today, and I am very pleased to have taken advice from the member for Perth, the City of Perth and other stakeholders we have been working with to come up with some practical solutions.

Another part of today's announcement was about other important touchpoints for people experiencing homelessness in our state. There is another half a million dollars—\$550 000, in fact—to help keep Foyer Oxford open; members will be aware of that very successful model for making sure that young people do not become entrenched in life on the streets and through which we can give them support very early on to get them used to renting and the obligations of going to work or study. Foyer Oxford has been very successful in doing that. It had been funded by BHP for five years, but its contribution had come to an end, so I am very pleased that the Department of Communities has been able to continue that funding.

Far from the generalisations about people who are homeless—that they are all drug and alcohol-affected zombies who we should be afraid of—the stories behind the approximately 9 000 people who are homeless every year are as varied as they are numerous. That was brought home very, very clearly to us at the launch of *When there's no place to call home*. I urge members of the public and members of the opposition to have a look at some of the personal stories in this book of people who are experiencing homelessness, to understand how they got to be in the situations that they are in. Two of the people who feature in the book were, in fact, assisted by Foyer Oxford and are now living stable lives, working and contributing. One of those women, Holly Rose, told an incredibly compelling and articulate story about her circumstances when she was 20 years old and had a younger sister with a disability. Her mother had a mental illness. Her mother went on holidays to America and that was the last she saw of her. As a result, she was left to manage a house and her younger sister, who had a disability, and to try to organise finances and the like. Although her sister ended up being looked after by her father and her broader family, Holly Rose was not in that position and she ended up homeless. It was actually Foyer Oxford that pulled her out of that situation. That is why we need these sorts of touch points to support people to get them back on their feet and to be contributing members of our community.

There are many other stories like that. Not everyone affected by drugs and alcohol or methamphetamine is homeless and not all our homeless people are affected by drugs and alcohol and are threats to us on our streets. I think that most Western Australians understand that. They feel some compassion. They want us to do better for the most vulnerable in our community, and that is exactly what we as a government are doing.

I note that the member for Carine is nodding his head, but I have not heard one constructive contribution or suggestion from him since he became opposition leader, looking at homelessness.

Several members interjected.

**Ms S.F. McGURK:** He is the shadow spokesperson on homelessness. Sorry; I just elevated him above his station!

Several members interjected.

**Ms S.F. McGURK:** He did try, but he did not get many votes; that is right.

**The SPEAKER:** Members!

**Ms S.F. McGURK:** I do not know whether he or the opposition made a contribution to the homelessness strategy about what they think could be a useful solution or useful proposals to improve on a challenging piece of policy work and social situation that most jurisdictions are grappling with.

Finally, the other announcement today was that just under half a million dollars will go to the Home Stretch campaign. We know that young people leaving the child protection system are at greater risk of being homeless and having many life challenges. We need to do better for those people. We are working with Anglicare on a pilot that will be very closely researched to track how we can go for those young people. It is a \$1.5 million effort today. It is not the end of our efforts. In fact, we want to continue doing this work so that we can support homeless and vulnerable people in our state.

#### WA COUNTRY HEALTH SERVICE

##### **576. Ms M.J. DAVIES to the Minister for Health:**

I refer to an article in the *Kalgoorlie Miner* of 1 August that stated that the minister had issued a directive to the WA Country Health Service in order to attract medical staff to, and retain them in, regional Western Australia.

- (1) When was this directive issued?
- (2) Will he today commit to tabling the detail of this directive in Parliament?

**Mr R.H. COOK replied:**

I thank the member for the question.

- (1)–(2) I do not recall the date of the directive. I do commit this government to making sure that all our country hospitals have the contingent of staff that they deserve. This is a very serious issue and it is one that has impacted on governments for some time. It is difficult to make sure that we attract the right people to our regional hospitals, and this has been a challenge for some time. As the member for Roe would know, attracting obstetricians to Katanning Hospital is a difficult task. Mr Speaker, you would be aware that making sure that we have people living in Albany practising at Albany hospital is difficult work because we have to try to recruit these people to make sure that we have joined-up services and continuity of care. This is an important mission for our country health service and I commend the work done by the leadership of the WA Country Health Service to try to make sure that that is the case.

The harsh reality of this is that often fly in, fly out staff have to work at these hospitals, sometimes from great distances. That is regrettable. We know that if Western Australians live in a community and practise at the local hospital, it is better for everyone. It is better for the patients; it is better for the community. Our highest priority is to make sure that at least those positions are filled.

I will endeavour to get the information to the member in due course. As I said, the McGowan government puts patients first. We put country patients first and we will continue to strive to make sure that we have these services in the community.

#### WA COUNTRY HEALTH SERVICE

##### **577. Ms M.J. DAVIES to the Minister for Health:**

I have a supplementary question. Thank you, minister. I will take the minister up on that offer of providing the detail of the directive. I wonder whether he could also include the deadline that he has set for WACHS to provide an adequate solution or whether he might have that information with him today.

**Mr R.H. COOK replied:**

The WA Country Health Service is always working on this particular issue. I know that it is putting in a bigger effort now as a result of the work that we have done in government to try to make sure that our country hospitals have the staff they need. It is not a piece of work that will stop tomorrow. It will continue, as will the work that we will do to modernise our hospitals, including the installation of an MRI machine at Kalgoorlie Health Campus, which will be a great benefit to that community so that the 1 200 patients who travel each year from Kalgoorlie to Perth to access those services will no longer have to make that arduous journey. We will continue to invest in country health services. As the member will be aware, an important part of that investment is to invest in people.

#### PEEL HEALTH CAMPUS

##### **578. Mrs R.M.J. CLARKE to the Minister for Health:**

I refer to the McGowan Labor government's commitment to putting patients first by investing in Peel Health Campus, which was neglected by the previous Liberal–National government. Can the minister outline to the house how the government's upgrade to the hospital will further support the delivery of high-class patient care and enhance access to emergency services for the people of my community and right across the Peel region?



**Mr R.H. COOK replied:**

I thank the member for the question. As she and all members know, the last government did absolutely nothing for Peel hospital. In its eight and a half years in this place, it spent nothing on the hospital. The last major investment was by the Carpenter Labor government. Another Labor government is now beginning the investment cycle to make sure that Peel hospital gets the resources its needs for the community it serves.

I want to acknowledge the member for Murray–Wellington and the member for Mandurah, who joined the Premier and me at Peel hospital last week to make this important announcement. The announcement was that plans had been finalised to transform the Peel Health Campus emergency department and to expand the hospital's short-day unit following a \$5 million investment by the McGowan government. The member for Mandurah and I have spent quite a bit of time at the ED at Peel hospital. We understand that that ED is working really hard to meet the demand at the hospital. We know that the waiting area for Peel residents is not up to scratch, so this is an important investment. The investment will go towards a new fast-track area to improve patient triage; new holding bays designed for more privacy for patients awaiting inpatient admission; the reconfiguration of the existing triage area to facilitate early senior medical review and improve patient privacy and comfort; the redesign of the emergency department waiting room; and the addition of seven beds to the short-stay unit to further streamline patient flow through the emergency department. In addition to this investment, we have already invested \$4.4 million, which will add an extra 225 car bays to the hospital and improve security and patient call systems, and make sure that we have a building maintenance program that meets the needs of that hospital.

The member for Dawesville was a senior staff member in the last government, so it is interesting that he had oversight of a period of absolute neglect of that hospital. Maybe he had an eye on a different seat. Nevertheless, the people of Peel and Dawesville are saddled with him. That is good, because he can go there and explain to them day after day why the Barnett government did not see fit to spend any money on Peel hospital. The McGowan Labor government will put patients first. We will put the patients of Peel first and make sure that we get the upgrade so that the ED can meet the needs of that community. We will continue to have conversations with my good friends in the commonwealth government about their commitments to the area to see what that means. We obviously look forward to seeing that extra money come to the hospital and other health services in the area. The McGowan government is here and the investment in Peel hospital is back on track.

**ELLENBROOK RAIL LINE — WHITEMAN PARK****579. Ms L. METTAM to the Premier:**

Can the Premier confirm that his recently announced plans for the Ellenbrook rail includes acquiring hundreds of hectares of land from the much loved Whiteman Park north of Marshall Road?

Several members interjected.

**The SPEAKER:** Members! Member for Swan Hills!

**Mr M. McGOWAN replied:**

I saw the member for Vasse on television on Sunday night. It would be fair to say that she looked unconvincing in her criticism. She looked —

**Mr R.H. Cook:** She did not look too convinced herself.

**Mr M. McGOWAN:** That is right. She was given the lines. The office said, “You’ve got to say this.” Then she said it, but we could tell, because she does not have a poker face, that she did not exactly believe what she was saying. Here we are. We funded the Ellenbrook rail line. We released the plans. We consulted. We have gone through 100 different options to arrive at the final option. We are building five stations. We got half a billion dollars out of the commonwealth. We are going through all the approvals processes. We are starting at the Bayswater station end and starting the construction of the remainder next year, and the member for Vasse is out there attacking us. What she failed to acknowledge and perhaps she did not know, but the Liberal Party promised it twice in two elections. In 2008, I saw Colin Barnett out there. He had a sign that said, “We are building a railway to Ellenbrook.” He got to office, fluffed around for a while and then said that they were not doing it. We arrived in office, as the minister said yesterday, and there were no plans or anything. We had to have a standing start, and we have got to this point at which we are building the rail. The land in question runs alongside Whiteman Park. Apparently, the Liberal–National government had allocated the land in question for a cemetery and a sports complex so maybe —

Several members interjected.

**Mr M. McGOWAN:** One thing I learnt about Whiteman Park—the minister told me this some years ago and it was the subject of some discussion—is that it has a very high watertable. Therefore, placing a cemetery there might be problematic, yet that was the former Liberal–National government's plan. To be fair, we are building a railway to the northern suburbs. It appears that the member is going to use every opportunity to criticise and carp. What she should do is say thank you to the government for delivering to the people of the north east. Do members know how many people will be living there by 2031? There will be 430 000-plus people. Today there are 320 000 people along the route. It is a burgeoning area. I advise the member for Vasse to go there one day and look. It is probably outside her area of knowledge, but if she goes there and looks, she might see that there are lots of people there.

## ELLENBROOK RAIL LINE — WHITEMAN PARK

**580. Ms L. METTAM to the Premier:**

I have a supplementary question. Is the Premier aware that Mr Whiteman sold the land to the state government on the understanding that it would be left untouched in perpetuity?

**Mr M. McGOWAN replied:**

The Liberal–National government had planned for a cemetery—not a virtual cemetery, an actual cemetery—and a sporting complex on the land in question. I think it was during the federal campaign that the member for Vasse tweeted to congratulate Christian Porter for building the railway to Ellenbrook.

**Ms R. Saffioti:** You did it yesterday—on the weekend.

Several members interjected.

**Mr M. McGOWAN:** Yesterday, the member for Vasse tweeted to say well done to Christian Porter for building a railway, and then today came in and attacked us for building a railway. One of the things the member for Vasse has to learn is that in politics a bit of consistency goes a long way. She is just going out there every day to get a headline or her face in front of the camera. Carping about something one day and the day before saying it was a great thing might make the journalists and the public think she does not have consistency, and when we do not have consistency, we are on a very slippery slope.

## GREAT EASTERN HIGHWAY — KALGOORLIE–BOULDER UPGRADE

**581. Mr M. HUGHES to the Minister for Transport:**

Before I ask my question, I acknowledge the presence of the student leaders from Walliston Primary School, who are in the Speaker's gallery and visiting Parliament today.

I refer to the McGowan Labor government's record investment in job-creating road projects across regional Western Australia. Can the minister outline to the house how the Great Eastern Highway upgrade in Kalgoorlie–Boulder will improve road safety across that stretch of road; and can the minister advise the house how the heavy transport industry has responded to this and other projects across Western Australia?

**Ms R. SAFFIOTI replied:**

I thank the member for Kalamunda for that wonderful question. Spending on regional roads is one of our priorities. It is good to have a government focusing on regional roads as opposed to the previous government, when the National Party said blatantly and with particular purpose that it would not spend RforR on roads because that would be not be worthwhile—incredible. Members would be happy to know that in the past few weeks, I was at another sod turning, and this was for the Great Eastern Highway project in Kalgoorlie. The member for Kalgoorlie, unfortunately, could not be there. I had a shovel there ready for him just in case, but, unfortunately, the member could not be there. I was in Kalgoorlie with Kyle McGinn, turning the sod —

**Mr R.S. Love:** You never asked us along.

**Ms R. SAFFIOTI:** You do not like roads. The National Party said that it does not like roads, so why would I invite it? It would hate the experience, I suspect, if I asked it to turn the sod for a road.

**Mr M. McGowan:** They want to build roads in the city.

**Ms R. SAFFIOTI:** As the Premier has outlined, National Party members would come to a city road project, but they do not like regional road projects. I cannot wait for members' support for the regional road run-off program and ensuring we improve road safety in regional WA.

I was in Kalgoorlie with Hon Kyle McGinn, a fantastic local representative, turning the sod on the duplication of Great Eastern Highway between Anzac Drive and Gatacre Drive. Highway Construction has been awarded the \$15.8 million contract to upgrade that last remaining section of single carriageway in the Kalgoorlie–Boulder area. It includes the upgrade of Great Eastern Highway to two lanes and, importantly, it will improve drainage in the area. Members might not know, but drainage and flooding is a big issue in that area. A lot of the local businesses are welcoming this project not only from a road safety perspective but also because they sometimes have to face flooding, and this will assist. We are very committed to regional road spending and I will be making further announcements in coming months. Of course, today, I outlined at the Western Australian Local Government Association conference this morning our commitment to try to get federal funding for the regional run-off program. As I said, we have \$1.2 billion sitting there; let us spend it now. Let us spend it now on improving regional road safety—500 jobs per annum over a period of nine years. That has a really good economic benefit and will save lives and prevent injuries in regional WA.

These types of projects are very much welcomed by industry. Let us compare this approach to the former government's approach to toll roads in WA. Remember the incredible launch of the recommitment to Roe 8 and 9 by the Leader of the Opposition who, unfortunately, is not here. The next morning, she went on radio and talked

about it being a truck toll road—her words. Industry was not only prepared to pay for it, but it welcomed the idea of paying the toll. It wants to pay. It was prepared to pay a toll to fund not only that road but also more roads. That is how prepared industry was. Of course, later in the afternoon, it moved a bit; it was not a toll and it was a levy. Then it moved to, “We might not need a toll at all” to then industry saying it does not support a toll and they did not know what she was talking about. The Leader of the Opposition was opposition spokesperson for transport for over two years. We would think the Liberal Party would have done its homework on this. We really want to know how much that toll was going to produce. Some of the numbers that the member for Bateman is running out are a lot more than the \$300 million that the Liberal–National government was suggesting. I cannot wait for the Liberals to finally, one day, release the amount of revenue that it was predicting in its business case for that toll.

I think members opposite are hiding that business case for a reason. I cannot wait for them to volunteer and tell me how much they were preparing to collect under the Roe 8 and Roe 9 toll.

#### ANIMAL ACTIVISM

##### **582. Mr P.J. RUNDLE to the Attorney General:**

I refer to the recently introduced legislation by the Liberal–National federal government and recently implemented legislation by the New South Wales Liberal–National government aimed at deterring criminal animal activists.

- (1) Given that other state and federal jurisdictions have managed to introduce legislation in a timely manner, why has this government failed to introduce any legislation to deter criminal activists?
- (2) Does the Attorney General concede that these Liberal–National governments care more about protecting the agricultural community than this Labor government?

##### **Mr J.R. QUIGLEY replied:**

- (1)–(2) The member asked if I understand that New South Wales has introduced some legislation to protect primary producers from animal activists. He then went on to conflate that with every state in Australia and asked if I realise that all the other states have done this too. I do not understand that all the other states have done that, and neither is it my understanding that New South Wales has introduced legislation. I understand that under the Biosecurity Act of New South Wales, which embraces a lot more than animal security and has big penalties for all sorts of biosecurity issues, a change was made to regulation. They were able to effect the change by effecting a regulation. That is not quite as good as what the McGowan Labor government is proposing, which not only uplifts the penalty, but also mandates control orders on convicted people. New South Wales has not got that. An activist can just pay the fine and then go out and do it again. They will not be able to do that in the McGowan Labor government state of Western Australia, and it will not be effected by regulation like in New South Wales. It will be effected by legislation that the member will be called upon to vote yes or no for, and he will line up behind me like a tame little duck come the day.

Several members interjected.

**The SPEAKER:** Members!

#### ANIMAL ACTIVISM

##### **583. Mr P.J. RUNDLE to the Attorney General:**

I have a supplementary question.

**Mr J.R. Quigley:** Quack, quack!

**The SPEAKER:** Attorney General, I call you to order for the first time. That was the weakest duck joke I have ever heard.

**Mr P.J. RUNDLE:** I remember the Attorney General’s outrage earlier this year. When will the Attorney General introduce this legislation; where is it?

##### **Mr J.R. QUIGLEY replied:**

When it is ready.

#### TOURISM — INVESTMENT

##### **584. Mr C.J. TALLENTIRE to the Minister for Tourism:**

I refer to the McGowan Labor government’s record investment in growing tourism and creating jobs, including its unprecedented efforts to attract more visitors to regional Western Australia.

- (1) Can the minister outline to the house what has been the impact of this government’s work in making airfares to regional WA more affordable?

- (2) Can the minister advise the house how regional tourism businesses are benefiting from this government's record investment?

**Mr P. PAPALIA replied:**

I thank the member for his question and his robust support of the tourism sector of Western Australia.

- (1)–(2) The McGowan government's efforts to make regional airfares more affordable are probably best recognised through the emblematic affordable flights to Broome, which have been successful and encouraged Qantas to also recently announce and offer affordable flights to Exmouth. The government has also made a lot of effort, particularly the Minister for Transport in conjunction with her agencies and Tourism WA, to focus on how we might help in the regulated air routes space. Since the McGowan government and Rex airlines introduced regulated airfares in July 2018 to Monkey Mia and Carnarvon, passenger numbers have significantly increased. The number of visitors to Monkey Mia have increased by 55 per cent over 12 months, while Carnarvon has had a 20 per cent boost in passengers compared with the previous year. That is extraordinary and all down to the efforts of the Minister for Transport and her agencies doing some work and getting Rex, a great airline, to help regional Western Australia by making it more affordable for people to fly.

We inherited the Albany and Esperance routes. Rex was already offering community airfares to those towns. Through Tourism WA and our two-year action plan, we have pushed the community's awareness of those routes and, as a consequence, the number of passengers travelling on those routes has increased significantly. Mr Speaker, you would be happy to know that nearly 61 500 passengers travelled to Albany over the last 12 months and 51 000 passengers travelled to Esperance. Member for Kalgoorlie, Esperance is part of the golden outback tourism region —

**Mr Z.R.F. Kirkup:** He is the member for Roe.

**Mr P. PAPALIA:** I know that, but Esperance is part of the golden outback tourism region. I was just drawing that to the attention of the member for Kalgoorlie. I know that the member for Roe knows that. He is very excited about it and he tells me all the time. Skippers Aviation has also offered a community fare on the northern goldfields routes that has been taken up by 1 500 people across all five towns since September last year—not July. I would like to say to the members for Kalgoorlie and Roe that between March 2018 and March 2019, a record number of visitors came into Western Australia from outside the state, as they already know. However, in their particular regional tourism area, which includes Kalgoorlie and Esperance, visitors increased by 3.9 per cent. In the south west, which interestingly includes Albany as far as tourism regions go —

**The SPEAKER:** I have a point of order. Albany is not in the south west. We are in the great southern, thank you.

**Mr P. PAPALIA:** Far be it for me to ever question the Chair. However, there is a regional tourism organisation called the south west, which incorporates Albany and the great southern. I am sorry. That is a fact.

**The SPEAKER:** That is where all the money goes—to the south west.

**Mr P. PAPALIA:** Mr Speaker would be more interested to know that visitors to that particular region have designated it Lonely Planet's number 1 place to visit in all of Asia-Pacific this year. That area has seen a 14 per cent increase in visitors over the past 12 months to March this year. Visitors to the coral coast, including Carnarvon and Monkey Mia, have increased by 5.7 per cent, probably on the back of Chris Hemsworth going there. Although, it might have happened as a result of me going there in advance of Chris Hemsworth, because I do not think that happened until after March. Nevertheless, things are working up there. We acknowledge that before the McGowan government took office, there was a tremendous problem in the regions. They had been neglected, particularly by the National Party. There was no effort at all to reduce regional airfares. They soared throughout the eight and a half years of the Barnett government.

We said that we would hold an inquiry immediately upon taking office. We did that and now the Minister for Transport and her agencies have been working with Tourism WA ever since to establish more affordable flights in the regions as part of the two-year action plan. There is more to be done. John Bowler in Kalgoorlie said nothing throughout the Barnett government years, but I hear that he has just noticed that airfares are expensive. I hear him and we are working on something. We want to do more for the regions, as we always do, than any other government in history. I am glad that the transport minister is on the job, and I thank her and her agencies for their efforts.

#### HOMELESSNESS — THE BEACON

**585. Mr A. KRSTICEVIC to the Premier:**

Given that the Premier has had 24 hours to review his diary, can he now outline to the house whether he has visited the important Salvation Army homelessness facility, The Beacon, in Northbridge; and, if not, will he commit to visit it this week in the spirit of Homelessness Week?

**Mr M. McGOWAN replied:**

The Liberal Party is so appalling and its members ask such ridiculous questions; it is embarrassing if that is the best it can do. Over my 25 years in public life, I have visited numerous places run by non-government organisations that support people in need. To come in with these sorts of preposterous questions is an indictment on the Liberal Party.

**HOMELESSNESS — THE BEACON****586. Mr A. KRSTICEVIC to the Premier:**

I have a supplementary question.

How many homeless does the Premier expect to help with today's funding announcement, and when is the government going to start putting some serious money into tackling this important issue?

**The SPEAKER:** Premier, you can answer it, but it was not really a supplementary.

**Mr M. McGOWAN replied:**

Today, Minister McGurk made an announcement that, on top of the \$89 million we spend each year in providing homelessness services, we have extended the services provided by the Tranby Centre in Northbridge to seven days a week and from seven to seven each day. I expect many people will take advantage of this opportunity. The member for Carine has come in and asked a question, in a critical tone, about this announcement—critical! Members opposite never expanded these services. They did not provide this additional support. They did nothing about the issue. They wander around the place in their vacant way and say, “Oh, my goodness; there is homelessness out there”, like it has only just happened. Let me give them the tip: during the last Barnett government, there were people who were homeless. During the second Court government, there were people who were homeless. During the first Court government, there were people who were homeless. Those opposite have only just discovered it!

The reason members opposite have feet of clay is that their leader, who is not here right now—she has vacated question time—actually described these people as “meth zombies”. On the one hand, they are asking why we are not doing something about it, when we are, and on the other hand, their leader is demonising these people. A range of circumstances can lead to someone ending up homeless. A book recently launched by the minister is very interesting to read. There is an extraordinary array of circumstances for why people end up down on their luck and in this position. The last thing people in this position need is to be demonised by someone who is very senior in public life—that is the last thing that they need. All it does is to promote people to look down their noses at them and condemn them, or to fear them for that matter. Also, all that the commentary of the Leader of the Liberal Party does is to run down the CBD of Perth. We have a marvellous, beautiful CBD with wonderful shopping, social and commercial opportunities and the like. With those two words, the Leader of the Opposition has, firstly, diminished the CBD of Perth and all the retail operators in it, and, secondly, demonised the most unfortunate people in our community. Members opposite then have the gall to come in here and criticise us in a question for expanding services to the homeless. Honestly!

The Liberal Party has come back from the break and I do not know what has happened to its members, but it is pretty bad. Whatever has gone on inside its ranks, it is pretty bad. I do not know whether the member for Geraldton brought it on; I do not know whether it is all his fault. It probably is, although I think he made a courageous move. I cannot understand the Nationals WA accepting the member for North West Central and knocking back the member for Geraldton! I cannot understand that at all. That is one of the most inexplicable things I have ever heard, because the member for Geraldton is a pretty decent guy. I will leave it at that, Mr Speaker.

**The SPEAKER:** That is the end of question time.

**GERALDTON SOBERING UP CENTRE***Petition*

**MR I.C. BLAYNEY (Geraldton)** [3.13 pm]: I have a petition that has been certified as conforming to the standing orders of the Assembly and has 453 signatures. The petition states —

To the Honourable the Speaker and Members of the Legislative Assembly of the Parliament of Western Australia in Parliament assembled.

We, the undersigned, say

*The State Government's decision to close Geraldton's sobering up centre was wrong. Its closure has had negative effects for the City and continues to affect individuals suffering with drug and alcohol problems. Geraldton needs a facility to reduce the burden on the local police and the local hospital to care for these individuals.*

Now we ask the Legislative Assembly

*To call on Premier Mark McGowan to re-open the Geraldton sobering up centre.*

[See petition 142.]

## EDUCATION AND HEALTH STANDING COMMITTEE

### *Sixth Report — “The Food Fix: The Role of Diet in Type 2 Diabetes Prevention and Management” — Government Response — Statement by Acting Speaker*

**THE ACTING SPEAKER (Ms S.E. Winton)** [3.14 pm]: I advise that in relation to the recommendations contained in the Education and Health Standing Committee’s sixth report, “The Food Fix: The Role of Diet in Type 2 Diabetes Prevention and Management”, which was tabled on 11 April 2019, no response has been received from the government in the required time.

### PAPER TABLED

A paper was tabled and ordered to lie upon the table of the house.

### BILLS

#### *Returned*

1. Appropriation (Recurrent 2019–20) Bill 2019.
2. Appropriation (Capital 2019–20) Bill 2019.

Bills returned from the Council without amendment.

### AUSTRALIAN BREASTFEEDING ASSOCIATION WA BRANCH — FIFTIETH ANNIVERSARY

#### *Statement by Minister for Health*

**MR R.H. COOK (Kwinana — Minister for Health)** [3.16 pm]: I rise to inform members of the fiftieth anniversary of the Australian Breastfeeding Association in Western Australia, acknowledge the mutual health benefits to both mothers and newborns of breastfeeding, and give a brief overview of existing services to the public. The Australian Breastfeeding Association is Australia’s largest breastfeeding information and support service, helping more than 80 000 mothers each year. The ABA was founded in 1964 by six Melbourne mothers as the Nursing Mothers’ Association, with the aim of helping and supporting other mothers to breastfeed. This year, the ABA celebrates 50 years of supporting Western Australian families through their breastfeeding journeys.

Breastfeeding forms an important part of a mother’s and her child’s physical and emotional wellbeing for as long as the child breastfeeds, and the short and long-term health benefits to both mothers and infants are well documented. Breastfeeding is central to improving child and adult public health, with several studies demonstrating an association between breastfeeding and protection long term against chronic disease. Breastmilk contains all the requirements for a baby’s development for the first six months of life and remains the most important part of a baby’s diet. Despite approximately 94 per cent of women commencing breastfeeding in Australia, only 45 per cent continue to exclusively breastfeed their infant up to the age of six months.

Research has shown that women need ongoing support, from both professionals and peers, to assist them in overcoming their breastfeeding challenges. The Baby Friendly Health Initiative, which comprises the 10 steps to successful breastfeeding, has been demonstrated to improve longer-term breastfeeding outcomes. In WA, three public hospitals have BFHI accreditation—King Edward Memorial Hospital for Women, Osborne Park Hospital and Narrogin Hospital—which means that any hospital practices that may have a negative impact upon breastfeeding are eliminated; for example, the separation of mother and baby at birth for weighing.

The Breastfeeding Centre of WA is located at King Edward Memorial Hospital and has been open for 20 years. Approximately 1 300 new clients attend the centre each year. Women and their infants can have several follow-up appointments until their breastfeeding journey is well established. The centre also provides a statewide telephone advice service for mothers and health professionals. The ABA has provided invaluable support, advice and friendship to mothers Australia-wide and is a vital resource for breastfeeding mothers in the community.

### LANGUAGES WEEK 2019

#### *Statement by Minister for Citizenship and Multicultural Interests*

**MR P. PAPALIA (Warnbro — Minister for Citizenship and Multicultural Interests)** [3.18 pm]: I am pleased to inform the house that Languages Week 2019 has started and will run until 11 August. Languages Week is gaining in prominence and quantity of events in Western Australia each year, as is appropriate in a state in which people speak around 240 languages and dialects, including approximately 50 Aboriginal and Torres Strait Islander languages. Language abilities increase career opportunities, facilitate links with the rest of the world and increase intercultural understanding. Through funding from the community languages program that is administered by the Office of Multicultural Interests, the state government supports more than 17 000 students across Western Australia to take part in language studies. As part of Languages Week this year, we once again celebrated community language teachers through the Outstanding Community Language Teacher of the Year Award. This award celebrates excellence in teaching by community language teachers and recognises the achievements of WA’s culturally and linguistically diverse communities and their contributions to the state. The award is

a partnership between the Office of Multicultural Interests and the Community Languages Western Australia, the peak body for community language schools. This year, 14 nominations for the award were received, and the winner is Dr Nirosha “Dilhani” Kapu Arachchilage from the Perth Sinhala School parent and teacher association for her commitment to lifelong learning, self-development and the development of others.

I am pleased to announce that the Office of Multicultural Interests will support the award winners for 2018 and 2019 to attend the National Community Language Schools Conference in Canberra. Due to our advocacy and efforts by Mr Enzo Sirna, AM, the president of Community Languages Western Australia, all Australian jurisdictions have agreed to establish a national award. Each state and territory will select their outstanding award winner based on criteria developed for the Western Australian award and those people will then be nominees for the national award. The national award will begin from 2020 and will form a part of the national community languages conference. I would like to commend teachers of community languages, most of whom are volunteers, for their commitment to extend Western Australia’s linguistic diversity.

## **NATIONAL ABORIGINAL AND TORRES STRAIT ISLANDER CHILDREN’S DAY 2019**

*Statement by Minister for Child Protection*

**MS S.F. McGURK (Fremantle — Minister for Child Protection)** [3.21 pm]: I rise to inform the house of National Aboriginal and Torres Strait Islander Children’s Day on 4 August. This year’s theme was “We Play, We Learn, We Belong”. The theme captures the importance of country, culture and community to the wellbeing of Aboriginal children and their families. Sadly, for too many Aboriginal people, good life outcomes remain out of reach. This includes the more than 2 700 Aboriginal children who are currently in out-of-home care and the families whose lived experience is one of poverty, trauma and discrimination. I am pleased to announce that this government will provide \$200 000 to the Noongar Family Safety and Wellbeing Council. This funding will support the council to reshape the way Aboriginal people, government and services work together to achieve self-determined outcomes and to ensure services are culturally safe and appropriate. It has been my privilege to work with this council of Noongar elders and leaders to find ways to achieve positive change. With the funding provided, the council will develop a Noongar family safety and wellbeing road map to guide our approach to Aboriginal family safety and wellbeing. It will also develop Aboriginal family and community-led decision-making processes to inform government policy. The council’s work will support existing McGowan government initiatives to achieve better life outcomes for Aboriginal Western Australians, including the Western Australian Aboriginal Advisory Council to government, priorities for Aboriginal wellbeing, and Aboriginal procurement policy. Aboriginal communities have a saying—“Nothing about us without us”. That is a principle that this government will work by.

## **TEMPORARY ORDERS 40, 101, 146, 147 — STANDING ORDER AMENDMENTS**

*Amendment to Motion*

On motion by **Mrs M.H. Roberts (Minister for Police)**, resolved —

That business of the Assembly, order of the day 1, be postponed until the next day’s sitting.

## **BUSINESS OF THE HOUSE**

*Standing Orders Suspension — Motion*

**MRS M.H. ROBERTS (Midland — Minister for Police)** [3.23 pm]: — without notice: I move —

That the standing orders be suspended so far as to enable —

- (1) government business to have precedence after 4.00 pm today to allow the Minister for Health to move the first and second reading of the Voluntary Assisted Dying Bill 2019 and complete his second reading speech; and
- (2) private members’ business to commence immediately after debate has been adjourned on that bill following the minister’s speech and to take precedence for three hours from that point.

Just briefly, because the lengthy condolence motion pushed out the timetable today and because we will be honouring the allocation of three hours for private members’ business for the opposition, we want members to note that this may mean that the house will conclude after 7.00 pm tonight. However, I anticipate that, hopefully, the house will rise around twenty past seven.

**MR Z.R.F. KIRKUP (Dawesville)** [3.24 pm]: I appreciate the government’s motion. It obviously has the opposition’s support. I also thank the government for taking questions without notice immediately after the condolence motion and before our leader had to leave the chamber on important parliamentary business. We appreciate that and we support the motion.

**The ACTING SPEAKER (Ms S.E. Winton)**: As this is a motion without notice to suspend standing orders, it needs an absolute majority in order to succeed. If I hear a dissentient voice, I will be required to divide the Assembly.

Question put and passed with an absolute majority.

**VOLUNTARY ASSISTED DYING BILL 2019***Introduction and First Reading*

Bill introduced, on motion by **Mr R.H. Cook (Minister for Health)**, and read a first time.

Explanatory memorandum presented by the minister.

*Second Reading*

**MR R.H. COOK (Kwinana — Minister for Health)** [3.26 pm]: I move —

That the bill be now read a second time.

The bill before members today deals with the introduction of voluntary assisted dying in Western Australia. This government is exceptionally proud of this landmark piece of legislation. This bill provides a safe and compassionate approach to voluntary assisted dying and a workable legal framework that will address an issue for which the community has consistently expressed support over many years. The bill reflects the extensive consultation conducted in the state over the last two years, and indeed globally on this issue over the last 25 years. Voluntary assisted dying is not a matter of a choice between life and death. It is a choice for those who are going to die, for whom death is inevitable and imminent, but who can exercise the autonomy which is at the heart of what it is to be human—the exercise of free will.

On 15 July 2019, Kerry Robertson became the first person to end her life under the Victorian voluntary assisted dying laws. Her two daughters said of their mother's death —

Palliative care did their job as well as they could. But it had been a long battle. She was tired, the pain was intolerable and there was no quality of life left for her.

We were there with her; her favourite music was playing in the background and she was surrounded by love. She left this world with courage and grace, knowing how much she is loved.

This does not seem to be an unreasonable expectation. It embodies compassion and relief from unbearable suffering, and it embodies respect—that is, choice for the dying person. Death comes to us all. For some in our community the death to which they will succumb will require us to really examine what it means to be compassionate. The bill will challenge members to consider the views of their communities and also to inform themselves of the facts and the myths associated with voluntary assisted dying. As we enter this debate, I ask that all members do so respectfully and in good faith, and to conduct themselves with dignity. It will take leadership and courage to introduce voluntary assisted dying in Western Australia.

In August 2017, the Western Australian Parliament appointed a joint select committee to inquire into end-of-life choices. The Joint Select Committee on End of Life Choices ran for a year and received over 700 submissions. It held 81 hearings and heard from more than 130 witnesses. A year later the committee tabled its report—“My Life, My Choice”. The report reflected the broad community agreement about the importance of individual autonomy and choice over end-of-life matters. The committee recommended that the government introduce legislation for voluntary assisted dying and to have regard to the framework recommended in its report. I take this opportunity to recognise the considerable work undertaken by the committee members and, in particular, acknowledge the contribution of the chair, the member for Morley and also Hon Colin Holt, MLC, the member for South West Region. I also place on record my thanks to those courageous Western Australians who gave evidence to the committee and shared deeply personal stories of their loved ones in their final days.

The government responded to the report and supported all the committee recommendations. Work is underway to improve the quality of advance health directives, and to strengthen and resource palliative care services. I would like to address palliative care in more detail. As members will be aware, I will be hosting a palliative care summit on 24 August this year and I look forward to continuing to work with the sector. In the context of this debate, members will not be considering voluntary assisted dying instead of palliative care. We are considering the compassion we should show those people for whom palliative care does not relieve their suffering. Palliative Care Australia has acknowledged that although pain and other symptoms can be helped, complete relief from suffering is not always possible, even with optimal palliative care. Equally, when members of the Australian Medical Association were surveyed on this issue in 2016, 67.9 per cent of respondents agreed that there are patients for whom palliative care or other end-of-life-care services cannot adequately alleviate their suffering. There have been significant advances in end-of-life care and as a community we are indebted to the professionalism and expertise of doctors, nurses, carers and other health professionals who provide palliative care across our state. This government is wholeheartedly committed to improving palliative care services and announced \$47.4 million towards palliative care in the 2019–20 budget taking expenditure over the four years to 2023 to a record \$206.2 million. This is the largest investment in palliative care in the state's history and will boost services, particularly to our regional and rural communities. I might also advise members that detailed planning is underway to implement the Department of Health 10-year “WA End-of-Life and Palliative Care Strategy 2018–2028”, which was released in 2018. The strategy will ensure a strategic state-wide policy direction for quality end-of-life and palliative care. This Voluntary Assisted Dying Bill comes to the house following a long and considered process of community



consultation. Arising from the recommendations of the joint select committee, a ministerial expert panel was appointed to undertake consultation and develop legislation for voluntary assisted dying in Western Australia. The panel was chaired by Malcolm McCusker, AC, QC, former Governor of Western Australia. Panel members included senior palliative care physicians, former presidents of the Australian Medical Association WA; a former WA Chief Medical Officer and a former WA Chief Nurse; Lawyers, including a law reform commissioner; a leading disability advocate; representatives from the culturally and linguistically diverse and Indigenous communities, and a community representative with personal lived experience. The panel heard from 867 participants and organisations during the consultation process. It received 541 submissions. More than 60 organisations were consulted. The consultation process is outlined in the panel's final report. This was an in-depth, comprehensive consultative process that respectfully heard the views, comments and suggestions of the public as well as health professionals and other subject matter experts. The panel's comprehensive final report provided government with recommendations for the introduction of voluntary assisted dying legislation. The government carefully considered all the panel's recommendations; however, it has chosen to adopt a cautious approach. The Western Australian community would expect nothing less than a careful and considered response from its government on this issue.

This debate is a deeply personal one and from the outset I want to acknowledge the Western Australians and members of this place who will share with us experiences about their loved ones and what they witnessed in their final days. As a society, we do not talk enough about death. While we are comfortable discussing how to lead good lives, we are less at ease talking about how we might have a good death. By opening up the conversation about death, we are also opening up the conversation about palliative care and making it easier for patients to access it. In those jurisdictions with voluntary assisted dying, they are accessing palliative care at increasing rates. Palliative Care Australia has reported that if anything, in jurisdictions where assisted dying is available, the palliative care sector has further advanced. Giving people who are at the end of their lives a choice about the timing and circumstances of their death, whilst ensuring strong protections, is the compassionate thing to do. Western Australians should be supported in making informed decisions about their medical treatment, and should be able to choose to spend their last days surrounded by loved ones, coherent and without pain, and ideally at home. This is a rational choice.

Witnesses to the joint select committee shared their experiences. Personal stories are compelling and I am sure members will be moved by these experiences as I have been. One witness, William Philip shared the story of his wife. He said —

in the next 10 days she basically drowned slowly. Her lungs continued to fill up. No matter what the doctors did, they were not able to do anything about it, nor were they able to put her out sufficiently that she was unaware of it ... Her eyes were bugging out and she was throwing herself around; she was terrified and that should not have happened. The palliative care people came that day, they helped stabilise her and they were as good as they possibly could have been. I think they were there three or four times that day and she should have settled down, but from then on she just gradually quietly drowned.

Another witness described the terrible suffering their mother experienced in her final days with these words —

A nurse said: "Look, it's her last, final hours ... what's going to happen is we're going to give her some morphine when she starts twitching. She will settle—give it some time to kick in—and just keep calling us when she twitches. So it was four or five cycles of madness. So my mum twitches, we call the nurse, they come within five minutes, they press the button to give her more morphine... It takes her 15, 20 minutes to settle. There is peace and quiet for a little while—maybe half an hour if we are lucky—and then she starts twitching again, and then we call the nurse again and then they inject her again, and then we wait and then she twitches and then we inject and then we wait and then she twitches and then they inject and then we wait! It was absolutely pointless. Then mum was pronounced dead at 8.20am.

Yesterday with the Premier, and with other members present, I greeted Belinda Teh on the steps of Parliament House. Belinda walked three and a half thousand kilometres from Melbourne to Perth in honour of her mother, who endured a painful and agonising death. An advocate for voluntary assisted dying laws in Western Australia, Belinda acknowledged her mother received the best possible palliative care anyone could wish for—here in Western Australia. But it simply was not enough. Belinda said, "My mother died in a way that will haunt me for the rest of my life. There are some things we cannot change and there are some things we can." I would like to acknowledge Belinda in the gallery today.

The current laws are outdated and put patients and health practitioners at risk. Some doctors have acknowledged that people are being assisted to die right now. But this practice is hidden, unregulated and potentially unsafe. This bill provides a legal framework ensuring protections for the person and for health practitioners. No health practitioner who follows the requirements of the bill should be worried about being prosecuted. The coroner tells us that in Western Australia around 10 per cent of suicides are linked to chronic disease or terminal illness. These include deaths from plastic bag asphyxiation, hanging and gunshot. These are the wrongful deaths we should be concerned about. This is where our compassion is lacking. We can do better than condemn people to suicide. There is also an unknown cost—the consequences of unsuccessful suicides. That people are left so desperate is shocking,

the distress for their families unimaginable. The joint select committee reported that there are currently several lawful options available to those with harrowing suffering due to terminal or life-limiting illness. Commonly, individuals choose comfort care and refuse further medical treatment in place of continued invasive treatments that incur distressing side effects. Less commonly, individuals with extreme suffering elect to refuse food and water—deliberately striving to hasten their death. These deaths can be painful and distressing. As a civilised and compassionate society we should not accept this situation.

I would like to emphasise that this bill has nothing to do with euthanasia. This is about providing assistance to someone who is already dying. It is not euthanasia and it is not suicide. It would be wrong to confuse voluntary assisted dying with suicide. The bill specifically provides that voluntary assisted death is not suicide. Suicide involves the tragic loss of life of a person who is otherwise not dying. Voluntary assisted dying involves a person's choice about the manner of their death when faced with inevitable and imminent death as a result of an incurable disease, illness or medical condition. I might also say that voluntary assisted dying does not detract from this government's determination to reduce the incidence of suicide in our community.

While the Joint Select Committee on End of Life Choices was conducting its inquiry in this state, the Victorian Parliament passed the Voluntary Assisted Dying Act 2017. The Victorian legislation presented Western Australia with the opportunity to examine the approach taken in Victoria. However, during the development of the bill, the circumstances and needs of Western Australia have been kept in mind. Western Australia has different clinical models than Victoria due to its geographical size and location. WA is the most culturally diverse state in Australia, with Aboriginal people, migrants and refugees accounting for nearly 30 per cent of its population. Where possible, consistency with the Victorian legislation has been maintained; however, this bill reflects what is suitable for the needs of Western Australians.

Before I move on to provide a more detailed explanation of the bill, I would like to bring members' attention to some key elements of the eligibility requirements. At all stages, this is a voluntary process for people and health practitioners. The person must be 18 years of age, an Australian citizen or permanent resident and ordinarily resident in WA for the past 12 months. The person must be diagnosed with a disease, illness or medical condition that is advanced and progressive and will cause death. The condition will, on the balance of probabilities, cause death within six months, or 12 months in the case of a neurodegenerative illness, and the person is experiencing suffering that cannot be relieved in a manner that the patient considers tolerable. Eligibility will be assessed independently by two doctors who must have completed mandatory training to understand the legislation, assess decision-making capacity, detect coercion, communicate with patients at end of life, and understand the patient's palliative care options.

The government carefully considered the question of coercion. Under the bill, it will be a crime to induce or coerce another person to participate in voluntary assisted dying. There have been numerous inquiries, both internationally and in Australia, that have considered the issue of coercion. These inquiries concluded that there is no evidence the vulnerable are being coerced into accessing voluntary assisted dying. Patients already make a range of life and death medical decisions; for example, decisions to undergo or withdraw from chemotherapy, to remove assisted ventilation, to commence or cease medical hydration and nutrition, or to commence or cease renal dialysis. Such decisions, routinely made by patients in collaboration with their doctors, do not have the legislative safeguards proposed for voluntary assisted dying. If, when assessing eligibility, a doctor is unable to determine whether the decision is voluntary and free from coercion, the doctor must refer to a suitably qualified and experienced person for further assessment. As an additional safeguard, the CEO of the Department of Health and police have powers to investigate the process, including powers of entry, search and seizure regarding any concerns with conduct under this law.

The government takes the risk of coercion seriously. The bill provides robust and rigorous safeguards to ensure access to voluntary assisted dying will be only for those people who are assessed to be eligible. The government will also provide an implementation phase for the law. It is anticipated that it will take 18 months to complete. It will enable the development of policies and protocols, and the establishment of a Voluntary Assisted Dying Board to ensure compliance with the law.

There are 102 safeguards within the bill, and I will provide a document to outline these for members. The government has worked hard to find the right balance between the safeguards necessary to ensure the integrity of the model and to ensure that those who are eligible and who genuinely wish to access voluntary assisted dying are not prevented from doing so.

Pursuant to standing order 126(1), I advise that this bill is not a uniform legislation bill. It does not ratify or give effect to an intergovernmental or multilateral agreement to which the government of the state is a party; nor does this bill, by reason of its subject matter, introduce a uniform scheme or uniform laws throughout the commonwealth.

I now turn to a more detailed explanation of the bill. The bill proposes a systematic process through which a person may access voluntary assisted dying. From requesting access to voluntary assisted dying to the prescription, dispensing, administering and disposing of a voluntary assisted dying substance, the bill includes a number of safeguards that reflect the needs of the Western Australian community. Part 1 of the bill sets out the principles and the key themes for voluntary assisted dying in Western Australia. The principles will serve as a guide in

interpreting and applying the bill. They reflect the importance of giving people genuine choice and autonomy over their decision-making, while also recognising the need to protect individuals who may be vulnerable to undue influence. Notably, the bill enshrines the right of registered health practitioners to refuse to participate in the voluntary assisted dying process. A health practitioner may be a conscientious objector or they may object for other reasons, such as not meeting essential qualifications or being unable or unwilling to perform the training and duties required by the bill.

The bill reflects the position that participation in the voluntary assisted dying process is completely voluntary and there is no obligation for anyone to participate. Health practitioners must still provide general information about voluntary assisted dying to the person who has requested access to voluntary assisted dying. After all, this person is still a patient to whom a duty is owed under the Western Australian healthcare system. A fundamental safeguard to the proposed model for voluntary assisted dying in Western Australia is that the person's decision is well informed throughout the process. Standardised information regarding the voluntary assisted dying process will be developed during the implementation phase and will be made available to all health practitioners for provision to patients who make a request or require information. A registered health practitioner will be able to begin a discussion about voluntary assisted dying with a patient to whom they are providing health or professional care services. There should not be an attempt to censor the conversations that health practitioners have with their patients and they should be able to raise and discuss voluntary assisted dying in the same way as other serious health or medical decisions at end of life.

The bill also makes clear that a person who seeks to access voluntary assisted dying may decide not to proceed with the process at any time. This provision reflects the voluntary nature of voluntary assisted dying. In order for the process to continue, the person's choice to participate is paramount. The entire process must be driven by the person. Their decision to participate must be enduring. The person is not obliged at any stage of the process to take any further action.

Part 2 of the bill sets out the requirements for access to voluntary assisted dying, including the eligibility criteria against which a patient is assessed. The government acknowledges that the criteria will prevent some from gaining access. However, the criteria are necessary safeguards for ensuring that people can be appropriately assessed and that only those at end of life have access.

The first criterion is that a patient seeking to access voluntary assisted dying must be at least 18 years of age. It is the position of this government that only adults should be eligible to make this choice about their death. The second criterion is that the patient must be an Australian citizen or permanent resident and, at the time of making the request for voluntary assisted dying, have been resident in Western Australia for a minimum of 12 months.

The third criterion is that the patient must be diagnosed with a disease, illness or medical condition that has certain characteristics—namely, that it must be advanced, progressive and will cause death. It must also, on the balance of probabilities, cause death within six months or in the case of a disease, illness or medical condition that is neurodegenerative, within 12 months. These factors will be determined on a clinical basis by the medical practitioner based on an individual's particular circumstances, including their overall condition and their comorbidities. The disease, illness or medical condition must also cause suffering to the patient that cannot be relieved in a manner that the patient considers tolerable. This is a subjective element to be determined by the patient and is consistent with the person-centred approach of the bill to voluntary assisted dying.

The government carefully considered the recommendation of the ministerial expert panel regarding the time line until death. A time line of six months—or 12 months in the case of neurodegenerative illness—reflects that to be eligible, a person must truly be at the end stage of their life. This is consistent with the Victorian act.

The fourth criterion that must be satisfied by the person is that they must have decision-making capacity in relation to voluntary assisted dying. A person's decision-making capacity is assessed at several stages throughout the voluntary assisted dying process. This staged approach, as set out in the bill, reflects that a person's capacity to make decisions about voluntary assisted dying may fluctuate, and that in order to access it, there must be enduring decision-making capacity.

The assessment process reflects current clinical practice in Western Australia and endorses the position of the Royal Australian and New Zealand College of Psychiatrists that referral for specialist assessment occur only where there is doubt about decision-making capacity. Concerns were raised during the public consultation that the system should include a mandatory psychiatric review. The Royal Australian and New Zealand College of Psychiatrists' submission to the joint select committee indicated that referral should be mandatory only where there is doubt about decision-making capacity. Doctors assess decision-making capacity every day as part of ordinary clinical practice. Doctors have to determine whether a person has capacity to decide to undergo chemotherapy or life-saving surgery. They have to decide whether a person has capacity to refuse life-sustaining treatment, such as dialysis. This is part of routine clinical practice. Notwithstanding this, the bill requires that a doctor must refer the person to a psychiatrist or other appropriate health practitioner if they are unable to determine capacity. In addition, further training to assess decision-making capacity and to identify signs of coercion will be an important part of the mandatory training for participating health practitioners.

In deciding whether a person has decision-making capacity, the assessor must be satisfied of five things in relation to the voluntary assisted dying—that the person has the capacity to understand any information or advice about the decision that is required under the act to be provided to the person; understand the matters involved in the decision; understand the effect of the decision; weigh up these factors for the purpose of making the decision; and communicate the decision in some way. For example, the patient has to have the capacity to understand that he or she will die if they self-administer or are administered a voluntary assisted dying substance. In addition, the State Administrative Tribunal may review any determination about decision-making capacity. This review process can be commenced by the person, their agent or any person whom the tribunal is satisfied has a special interest in the medical care and treatment of the person.

The fifth criterion is that the person must be acting voluntarily and without coercion. Participation in the voluntary assisted dying process will always be completely voluntary. Furthermore, it is fundamental that a person is not being coerced or unduly influenced to request or access voluntary assisted dying. The sixth criterion is that the person's request for access to voluntary assisted dying must be enduring. This enshrines the position that in order for the voluntary assisted dying process to continue, the person's continuing decision to participate is paramount.

Part 3 of the bill sets out the request and assessment process for voluntary assisted dying. This is a robust process that ensures that an accurate assessment of the person's eligibility criteria can be made. Rigorous criteria and safeguards throughout the process actively prevent a person from being coerced or manipulated into engaging in the voluntary assisted dying process. Request and assessment requires three requests by the person—two verbal requests, with a written declaration in between that must be witnessed by two independent people who will not benefit financially in any way from the death of the person. Assessments must be conducted by two independent registered medical practitioners. Both medical practitioners must independently come to the view that the patient satisfies all the eligibility criteria. In accordance with best clinical practice, both medical practitioners are also able to refer any part of the assessment to a suitably qualified professional with specialised skills and training. Where a doctor is unable to determine the diagnosis, the prognosis, the decision-making capacity or whether the person is acting voluntarily and without coercion, the bill requires that the doctor must refer to a registered health practitioner or another person who has the skills and training to make a determination. This may include a psychiatrist, neurologist, clinical psychologist or other health professional. In the case of coercion, it may also include referral to a social worker, a police officer or other suitable experienced and qualified person for investigation. Following these assessments, there is also a final review to ensure that all the proper steps have been followed. The bill balances the need for a thorough assessment of eligibility whilst ensuring the process is not too cumbersome for the person seeking to access voluntary assisted dying.

The bill sets out the minimum experience requirements that a medical practitioner must have before they may carry out specific roles under the bill. Only qualified and suitably experienced and trained medical practitioners may assess a person's eligibility. The minimum requirements are supported by advice from the Western Australian branch of the Medical Board of Australia and are consistent with recommendations by the ministerial expert panel. The doctor must be either a specialist with at least one year's experience as a specialist; a generalist doctor with at least 10 years' experience as a doctor; or an overseas-trained specialist who meets the requirements set down by the chief executive officer. In all cases, each medical practitioner must have also successfully completed the approved voluntary assisted dying training. The training will ensure that the medical practitioners are aware of their legal obligations under the act; understand the eligibility criteria that must be met; and are able to assess the person against the eligibility criteria.

Training will be developed during the implementation period of the bill. The Royal Australian College of General Practitioners has indicated that the college is prepared to assist in the development of appropriate training and to provide accreditation for health practitioners. A person who meets all the eligibility criteria is not automatically able to access voluntary assisted dying. Each medical practitioner, having assessed that a person meets the eligibility criteria, must inform the person about a number of matters related to the voluntary assisted dying process, and the person's specific circumstances and options under the process. Only where both the medical practitioners are also satisfied that the person understands the information provided will they be able to conclude that the patient is eligible for access to voluntary assisted dying.

Part 4 of the bill provides that a person may progress to the next stage of the voluntary assisted dying process only if the request and assessment process has been properly completed. The patient may then make an administration decision about either self-administration or practitioner administration of the voluntary assisted dying substance. This administration decision must be made in consultation with, and on the advice of, the person's coordinating practitioner. It must be a decision that both the coordinating practitioner and the person discuss, and to which the person consents and the coordinating practitioner agrees. This position has been strongly supported throughout the public consultation process.

It is clear that practitioner administration should not be limited only to people who are physically incapable of self-administration. For example, a physically capable person may still have an inability to self-administer due to concerns about being able to ingest or absorb the medication. In certain circumstances, the bill provides that a qualified nurse practitioner who has also undergone the training may be able to administer the voluntary assisted dying substance to the patient. Practitioner administration requires an independent witness to be present.

If a person makes a decision to self-administer the voluntary assisted dying substance, the coordinating practitioner will prescribe a voluntary assisted dying substance only if the person has appointed a contact person. The contact person's role is to ensure that once supplied, a voluntary assisted dying substance can be monitored and safely disposed of if unused. This ensures that a patient is supported in the management of the voluntary assisted dying substance. Clearly identifying who will be responsible for returning any unused substance to the authorised disposer is another safeguard in the process of accessing voluntary assisted dying in this state.

Part 4 of the bill also sets out the requirements for prescribing, dispensing, administering and disposing of a voluntary assisted dying substance, consistent with the Medicines and Poisons Act 2014 and the safeguards afforded by that act. The bill authorises the coordinating practitioner to prescribe the voluntary assisted dying substance from an approved list. Regardless of whether a self-administration or practitioner administration decision is made, the coordinating practitioner will send the prescription directly to the authorised supplier, who will supply the prescribed substance to the patient or their agent when required. This is another safeguard built into the legislation, as it negates the ability for another person to copy the patient's prescription or for the type of substance being used for voluntary assisted dying to be made public. The type of voluntary assisted dying substance prescribed will depend on the person's illness, disease or medical condition and the ability of the person to self-administer.

The bill makes provision for authorised suppliers and authorised disposers to deal with the proper supply and disposal of substances prescribed for the purpose of voluntary assisted dying. Only registered health practitioners who are authorised to supply or dispose of schedule 4 and 8 poisons will be designated as an authorised supplier or authorised disposer.

As noted earlier, when there are any concerns around the medication process, the bill provides for WA police, or an investigator appointed by the CEO, to conduct an investigation under the Medicines and Poisons Act. They will be empowered to enter premises, search, seize items, question and use reasonable force to conduct their investigation.

The Victorian act provides for a permit system; however, this is not a further clinical review. It is an opportunity to ensure compliance with the request and assessment process. This reflects processes consistent with this state. It includes express authorisations that enable the prescription, supply, preparation, possession and disposal of the voluntary assisted dying substance. These authorisations offer protection for health practitioners performing functions under the bill and a safeguard for patients seeking to access voluntary assisted dying. The prescription must include a statement that clearly indicates that it is for a voluntary assisted dying substance and certifies that the request and assessment process has been completed in respect of the patient in accordance with the Voluntary Assisted Dying Act; that the patient has made an administration decision; and whether the decision is for self-administration or practitioner administration.

The first request, the assessments, the written declaration, the final review, the contact person, and the prescription and dispensing of medication must all be reported to the Voluntary Assisted Dying Board within two days of each step taking place. The supplier of the substance is prohibited from supplying the substance unless they have confirmed the authenticity of the prescription, the identity of the person who issued the prescription and the identity of the person to whom the substance is to be supplied.

There are also specific labelling requirements for a prescribed substance. These requirements are in addition to any labelling requirements under the Medicines and Poisons Act 2014.

Part 5 of the bill establishes the review jurisdiction of the State Administrative Tribunal, whereby an eligible applicant may apply to the tribunal for a review of particular decisions that the medical practitioner makes under the bill—namely, whether the patient has or has not been ordinarily resident in Western Australia for 12 months at the time of making the first request; or has or does not have decision-making capacity in relation to voluntary assisted dying; or is or is not acting voluntarily and without coercion. An applicant who is eligible to apply to the tribunal will include the patient or their agent and any other person the tribunal is satisfied has a special interest in the medical care and treatment. The requirement of a “special interest” excludes people who simply oppose voluntary assisted dying—they cannot interfere with the autonomous decision of the person. Merely being a member of the person's family or their primary caregiver is not, on its own, intended to be sufficient to constitute having a special interest. A special interest will be determined on a case-by-case basis by the tribunal.

Part 6 of the bill creates a number of indictable offences for breaches of conduct that could occur as a result of the legalisation of voluntary assisted dying. Existing criminal laws will still apply. The bill makes it a crime for a person to administer a prescribed substance to another person other than as authorised under the bill. The penalty attributed to this offence is life imprisonment. This reflects the seriousness of anyone administering a voluntary assisted dying substance outside the process allowed under the bill. Administration of the substance may occur only via practitioner administration to the person or via self-administration—by the person to themselves. This offence provision is a clear warning to all that there are strong repercussions for anyone who intentionally contravenes the fundamental requirements of the voluntary assisted dying process under the bill.

The bill also creates a number of other offences, including those related to inducement, making or giving false or misleading statements or information, and failure to return a prescribed substance to an authorised disposer. The penalties attributed to each offence reflect the severity of particular conduct and breaches of the provisions of the bill. They are also consistent with the penalties in Western Australia for similar offences. WA police, the Department of Justice and the Director of Public Prosecutions provided feedback on the offence provisions.

Part 7 of the bill allows for contraventions of the Voluntary Assisted Dying Act to be investigated and the provisions of the act to be enforced.

Part 8 of the bill creates a number of express protections from liability that may arise due to the voluntary assisted dying process. These protections are important, as it would be unfair and unreasonable for a person to be found liable for doing, or not doing, something that is complementary to the process being enabled under this bill. These protections do not exempt a person who acts contrary to their obligations, or contrary to what is enabled, under the bill.

Part 9 of the bill establishes a statutory board to ensure proper adherence to the bill and to recommend safety and quality improvements.

The Voluntary Assisted Dying Board will primarily have a monitoring and advisory role on matters related to voluntary assisted dying—collecting and maintaining data, reporting to the houses of Parliament on the operation of voluntary assisted dying in Western Australia, and making recommendations on best practice or areas needing improvement. The bill sets out comprehensive reporting requirements that enable the board to check that each stage of the voluntary assisted dying process is being correctly followed. Each step must be recorded in an approved form and provided to the board. The board will have a holistic view of the process and will maintain complete and accurate statistics of participation in voluntary assisted dying in Western Australia.

The bill also enables the board to make essential notifications or refer suspected contraventions of the bill to bodies such as the Western Australia Police Force, the Coroner's Court and the Australian Health Practitioner Regulation Agency. This is a critical safeguard, as it enables the appropriate authorities to investigate potential criminal conduct, professional misconduct or any other wrongdoing.

This is not a slippery slope. Parliamentary processes, such as those in Victoria, Canada, Oregon and other American states, have demonstrated that considered, evidence-based reform, sought by the community, can be appropriately legislated by parliaments. There is no reason why we cannot do the same in Western Australia for our community, for us to meet the test of what it means to show genuine compassion for those in our community who are enduring a level of suffering most of us would be unable to imagine. In other jurisdictions, introducing a legal framework for assisted dying reduced the incidence of unlawful activity. Australian and international inquiries demonstrate that the vulnerable can be protected.

The government recognises the importance of all end-of-life care. The bill does not create a lower standard of care for people who are coming to the end of their lives. We are not replacing palliative care. We are providing another option for those who are dying. What emerged from the joint select committee and the ministerial expert panel is that the current legal framework and medical interventions surrounding end of life care do not adequately meet the needs of a small but significant group of people. This bill is an answer to those who are at the end of life and who so often lack the health, strength or voice to be heard. People want their loved ones around them as they die; they want to be able to say goodbye properly. It does not seem to be too much to ask. Today we say to those Western Australians: "We hear you. We want you to have a choice at the end of your life, when the end is inevitable. We want you to be able to make your own decision." The bill includes safeguards embedded at each step to ensure that only those persons who meet the eligibility criteria and who make an informed, voluntary and enduring decision, are able to partake in the process.

There have been six attempts to pass similar legislation through the Western Australian Parliament. The time has come for us to provide safe and compassionate legislation to end the most severe suffering of those Western Australians who are currently dying without dignity, who are dying without those they love being present, and who are often dying in the presence of their families in such terrible circumstances. It is my hope that members acknowledge community concerns and the calls for compassion to support people at the end of their lives, to provide dignity, and to provide choice, because Western Australians are ready for voluntary assisted dying. Voluntary assisted dying enjoys huge public support. Newspoll, Vote Compass and other surveys over the last 10 years consistently show 80–88 per cent support. This includes support of around 70 per cent from people who identified as members of major religions. Finally, this is a deeply personal matter. The public has asked us to grapple with this issue and we should do so. In doing so we must ensure that we meet the standards the community expects of its leaders. I again ask members to ensure our debate is respectful, compassionate and dignified. I now table documents outlining the proposed process, and the comprehensive safeguards built into the process, and I commend the bill to the house.

[See papers 2634 and 2635.]

Debate adjourned, on motion by **Mrs A.K. Hayden**.

**COUNTRY HEALTH***Motion*

**MS M.J. DAVIES (Central Wheatbelt — Leader of the Nationals WA)** [4.15 pm]: I move —

That this house expresses its grave concern about the medical crisis in country Western Australia and the lack of resources and priority for country health.

Before I go any further, a significant bill has just been read into the house by the Minister for Health. I echo the minister's hope that this house and the Legislative Council conduct their deliberations in a way that befits such a serious matter. Our communities are watching closely and anticipating proper debate on an issue that affects so many people. It was a momentous occasion.

Moving from one serious concern to another, the Nationals WA have some serious concerns about the state of country health. My colleagues and I have been watching carefully since we came into opposition, making sure that the infrastructure investment in regional health services made in the time of the previous Liberal–National government has been upheld and continued. Unfortunately, we start to see some of this fading away because the government's priorities seem to be directed elsewhere. Back in 2010, when the present Minister for Health was sitting on this side of the house, along with the then Leader of the Opposition, he read an almost identical motion into the house, claiming that the then Liberal–National government was failing in its efforts to invest in regional health. That was in 2010. We came into government late in 2008, so we had been in government for just over a year—just about the same mark as this government is now at with its investment profile. Following the raising of those concerns expressed in 2010, our government, particularly in regional Western Australia but without a doubt also in the metropolitan area when we look at the health infrastructure that has been built over the past eight years, made a significant investment in health services and infrastructure. Through royalties for regions, the Department of Health and the Western Australia Country Health Service were substantially changed under our leadership to deliver more modern and appropriate health services for regional Western Australians. It transitioned many of our communities that had very old infrastructure into a newer model of care, and started to transform some of the workforce challenges we were experiencing. That is not to say that there were not some growing pains along the way. I am sure that the member for Moore will speak about the fact that he has some much younger communities in his electorate, and some serious growing pains, in the southern and northern parts of his electorate, along the coast. We were dealing with some unique issues in the remote areas of the state. However, it is a fact that we spent a significant amount of money on regional health when we were in government.

When this matter was debated in 2010, the then shadow Minister for Health said —

When a government makes a decision about where it spends its money, it sends a message to the community about its priorities ... the WA Country Health Service is struggling to meet the demand and is failing to meet the expectations of the community that it serves. People expect that when they go into an emergency department, they will be looked after with the best possible medical care that our state can afford. We expect that a loved one, child, friend or relative who is taken to an emergency department will receive the best possible care available.

Fast forward to 2019, and the care and concern expressed in that debate seems to have evaporated, when we analyse some of the data, the information on the workforce, and the investment in regional health under this McGowan Labor government. It is not only my opinion that this concern from the Minister for Health has dissipated; it is fact. Our communities are really starting to grapple with the effect of the lack of investment and ongoing commitment to regional health. We have had two and a half years of this McGowan Labor government. I am sure that it will point to initiatives. We heard some of its members in question time today talk about the government's focus. A majority of the things that this minister has either signed off on, celebrated or pointed to as achievements are vestiges of the investment that the previous Liberal–National government made, particularly in regional Western Australia.

In our time, we directed millions of dollars to turning the tide of a broken and ailing health system in our regions. Every single person in regional Western Australia who was around during the previous Labor government will always be reminded of and remember the comments of the then Minister for Health, Jim McGinty, that services such as the Royal Flying Doctor Service were nothing more than an interest group. That set the tone for the type of investment and attention that the community was getting under that Labor government. We spent money on telehealth, we increased the funds available to the patient assisted travel scheme, and we upgraded hospitals from Karratha to Albany. It is not just about the shiny new bits; we did the hard things too. We had to shut two hospitals in my electorate but we replaced them with new primary health services. I sat with those communities and walked them through the opportunity that we were presenting to them to modernise their health facilities and better tailor the services that the WA Country Health Service could deliver to their communities, instead of trying to maintain an outdated and old hospital system with all the funding going into managing the old laundry, the old surgery and the old morgue rather than into the health services and the people who run the services to deal with the issues that the community was experiencing—that primary healthcare initiative that was so important.

We provided incentives to attract doctors into hard-to-staff locations in the wheatbelt, in particular. As I said, we provided additional primary healthcare workers, whom I believe are the backbone of our medical and health system. We need to focus more on keeping people out of the acute end—the expensive end—of our health system and ensure that they understand and manage their own health in their own homes. That is what primary healthcare workers do. Unfortunately, one of the things that this government has ceased to fund is all those individuals who were funded under royalties for regions, WACHS and other community organisations. They are no longer employed in those areas.

I ask the minister what his record is. What is the government's commitment to our country health system? I travel the state with my colleagues and we see communities asking for answers, and searching for support. I am sure that the member for Roe will speak about this during his contribution. He has been holding health forums in a number of communities. We have invited all the key stakeholders and community members to come together and talk about the issues that impact on the ability of their communities to access quality health care. We are starting to see our communities questioning this government's priorities, as we have done since we have been in opposition. They see record amounts invested in metropolitan rail but they do not have a doctor in their town. They see \$120 million committed to a new marina in Ocean Reef but we hear stories like the very unnecessary and tragic situation of an 84-year-old grandmother who was forced to spend two hours lying on the floor of the Geraldton hospital emergency department because no beds were available. They see the Premier sink \$30 million into the East Perth power station while ambulance volunteers in every town that we visited across the state are stretched to absolute breaking point because ambulance ramping in both metropolitan and regional hospitals is at an all-time high and non-urgent patient transfers are becoming more and more regular. That is not what people signed up for when they became St John Ambulance volunteers in regional WA. They are there to support the community and help those who require support in an emergency. More and more of these services with fewer and fewer people are being asked to manage these inter-hospital transfers. They see an arrogant Premier and his cabinet, who have gutted royalties for regions and dismantled the former Department of Regional Development and the regional development commissions network, and have caused such great distress to the public servants that there are now psychologists and counselling support services in all those departments throughout regional Western Australia because of the stress that has been caused as part of the machinery-of-government changes. The government has attacked the community resource centres network. It has attacked regional and remote education. It is dragging its heels on animal activists and criminals who are attacking the agricultural sector and the communities that support them. People in the community draw the logical conclusion that they do not matter in the eyes of this Labor government. That is what they believe. That is what they feed back to us in our communities—that the government does not care about them.

Today we will outline why we believe the McGowan Labor government has its priorities wrong and, as a result, why our country health system is failing our regional communities and the families that rely on it. It is not a failure of the individuals within the health system. There are many committed, experienced and hardworking people who go above and beyond to make the health system work. I want to emphasise in all the debates that we have that we are not criticising the individuals who are committed to the health service. The reason they are committed is because they live in the regions that they serve. Their families have to access those health services. They want the system to work. However, the system cannot work properly if it is starved of funds, if the correct policy or direction is not coming from the minister and the government, if they are understaffed, and if there are gaps in the continuum of care that a patient requires. The ripples that go right through that pathway for a patient are extraordinary. It puts enormous pressures on the volunteers, the families, the community and external providers if our government system is not doing the job it is supposed to do. Pressure mounts on the general practitioners and emergency departments. That is a very expensive model to work to when we have talked about the fact that primary health care needs to be supported in our communities.

There are also significant issues in accessing palliative care services. Although I appreciate that the minister said that we are not talking about an either/or situation—I certainly concur with that—we need to be cognisant of the fact that as we embark on the debate on voluntary assisted dying, there is a renewed consciousness and community desire to understand more about palliative care, and the fact that there are significant gaps, particularly in regional Western Australia, for people to access that care. I simply do not think that many people understand what services are available or what they are missing out on by not being able to access palliative care specialists when they get to that point in their life. That is not because there is no desire to provide that safety, security and comfort at the end of life from our regional communities. When I am having a discussion with people in my communities, I liken it to someone who is diagnosed with cancer, and they go to an oncologist. When someone reaches the end stage of their life, they go to a specialist who is trained in managing end-of-life needs. Not many of those services are available and it is certainly very difficult to access them in regional Western Australia. Today we will talk today about the gaps that we see, and the lack of funding, and where we see the lack of leadership creating very poor outcomes for regional Western Australians.

The first one that I would like to touch on is the workforce gap that we see. There is a GP shortage across the state. As I mentioned, the member for Roe will go into more detail on the shortages in his area. At last count, we



understand that there are 15 GP vacancies across the great southern region alone. I have also raised concerns with the minister directly in this place and also through his office about the doctor shortages that we experience at Merredin hospital. A number of other shires across the wheatbelt in my electorate have vacancies that are proving very difficult to fill. I realise that there is some federal interaction on that issue that we need to acknowledge. We are certainly doing our best at the other end to try to address some of the changes that have been made that make it very difficult for us to attract doctors, but some state levers can be pulled. We have started to see numbers like 15 vacancies, FIFO workforces coming in and out of Kalgoorlie, and no doctors at all in a community such as Denham. I am talking about Shark Bay. It is one of the state's tourist hotspots and can have up to 10 000 visitors in the peak season but it has no doctor. Imagine all the grey nomads from the Speaker's electorate trundling their way up to the sun in the north and there are no doctors up there. It puts an enormous amount of pressure on the pharmacists and the community to manage that influx of people. There are other communities like that around the state, such as the Bremer Bays of the world, that struggle with having only a nursing post and then see an enormous influx of people in the summertime.

I would also like to talk about workforce shortages in nursing posts. The member for North West Central continues to raise concerns about the lack of staff at nursing posts in the Murchison. The nursing posts at Yalgoo, Mt Magnet and Cue are all staffed by a single nurse. When the nurse is called away, for example with the ambulance to deal with an issue or incident in that community with a patient who needs to be transferred to a larger centre, that community is left exposed because there is no-one at the nursing post. That is setting aside the fact that there are security issues for a single nurse in one of these remote locations and for the patients who come into the nursing post. I do not think that is acceptable in any workplace. We are putting people under extraordinary duress and probably requiring extended periods of overtime, with workload and fatigue management coming into it. Addressing single-person nursing stations in some of the most remote and far-flung areas of the state should be a priority.

We have touched on it today, but there were comments about the fact that fly in, fly out staff are coming into the Kalgoorlie Health Campus. I am sure they are being paid by the WA Country Health Service at great expense to taxpayers to fill the gaps in staffing at that very busy regional centre. As at the beginning of this month, 12 FIFO staff were coming in to conduct their roles. I do not think that is acceptable. We need to be doing far more to skill up a local workforce by putting in place training and incentives to make sure that we have people who want to live in these communities, because Kalgoorlie is a fabulous place to live. It is a fantastic place to live.

**Mr R.H. Cook:** I agree.

**Ms M.J. DAVIES:** It brings me to the next issue I want to raise with minister, which is midwives. I am not pretending that this is a cut-and-dried issue because the solution requires more than just providing a midwife, and when we talk about having babies, we need to make sure that we are always putting the child's and the mother's health at the centre of the medical model. Under questioning from our health spokesperson, Hon Martin Aldridge, it was revealed that for over 12 months the government has been unable to attract a single midwife to the major regional centres of Esperance, Carnarvon, Narrogin and Kununurra. That was for the period from May last year to May this year. That was despite the fact that 10 positions had been advertised in those locations alone. The Kimberley, member for Kimberley, was one of the hardest hit regions, with midwife positions at Derby, Halls Creek and Fitzroy Crossing Hospitals all remaining vacant. Our health spokesperson, Hon Martin Aldridge, raised these concerns directly with the minister. We have asked for a solution—how the government plans to reverse this trend. I look forward to the minister's response on this because our advocacy for people who would like to be able to have their babies closer to home is not going to go away. The data is very challenging. From May 2018 to May 2019, the state advertised 55.6 full-time equivalent positions, with more than 25 positions not filled. According to WACHS, that was largely because no suitable applicants applied or the position advertised was not attractive enough to pull someone into that role.

We say that the government has dropped the ball on this issue, especially midwifery. We want to know what investment the government will put into training and upskilling our regional nurses—there is a significant number of them out there—to fill that gap and create positions that will allow those midwives and nurses to step into more multitasking roles or indeed to specialise to provide those services across an entire region. Where are the incentives to get midwives into the regional centres where they are desperately needed? I have spoken to the minister about this, and he was encouraging at the beginning of our conversation, but I understand that a proposal to do that has now been abandoned. Geraldton Universities Centre put to government a proposal to try to train up midwives in the region to fill some of the staffing gaps. At the beginning of this year, the Nationals WA spokesperson for health was contacted by Geraldton Universities Centre, which is in his electorate of the Agricultural Region, seeking a letter of support from him for a proposal to commence WA's first regionally-based postgraduate midwifery course. The proposal was based on the fact that GUC understood from the June quarter 2017 labour market research for WA that only 57 per cent of regional midwifery vacancies were filled because of low applicant numbers and there was a lack of regional contextual experience from those applicants. Working together with WACHS and the Department of Health on an innovative regionally-based solution, GUC and the University of Southern Queensland said they could potentially provide a solution to regional midwifery resourcing by training and educating regional nurses to become regionally-based midwives. It is slightly strange that it was to be a partnership with a university

on the other side the nation, because I would have thought a couple of universities probably wanted to jump in on that proposal. But, in my experience—I am not sure about the minister's experience—some of our universities say all the right things when they want to have a regional footprint, but are a tad lacking on commitment after the fact. I have been a little bit burnt by some of them in my electorate, with Muresk Institute. I know the Western Australian School of Mines in Kalgoorlie is the same. Geraldton Universities Centre was born out of that very frustration; it is a very good model.

**Mr R.H. Cook:** I think there were about three local universities involved in Geraldton Universities Centre in the beginning and then they all seem to have retreated back to their metropolitan areas.

**Ms M.J. DAVIES:** All the universities identify an opportunity when funding is available or when they are currying favour with governments that are telling them that they must do more to educate regional people, but when it gets too hard and the funding model does not support them they retreat back to suburbs in the metropolitan area from whence they came, and we in the regions are left to fend for ourselves. That has been my experience; it is very disappointing.

**Mr R.H. Cook:** I thought Darwin was involved in GUC as well.

**Ms M.J. DAVIES:** GUC has had far more success partnering with open-source online delivery courses from other universities. We provided some funding through royalties for regions for it to provide the face-to-face support on the ground for students, but the actual curriculum was designed by identifying the skill needs for the region and then finding the best courses to offer and wrapping support around the student. The model has now been rolled out and funded by the feds in other areas of the state. There is one in the Pilbara and there are certainly others in the eastern states. It is a very good model; they have a great plan.

**Mr R.H. Cook:** It's a good set up. I have been there a number of times, member, and there is good energy in there. I have talked to the nursing students there; they're a great cohort.

**Ms M.J. DAVIES:** The midwifery proposal, which had been put to the government, I think from the latest advice that I have had, has been abandoned because WACHS and the Department of Health are saying that they do not want to disrupt their relationship with Perth universities that are already training their midwives. I find that unacceptable, minister.

**Mr R.H. Cook:** I will talk about that in my reply, but you are right to raise the issue, member.

**Ms M.J. DAVIES:** It is very concerning to us when there are such significant staffing gaps in the community. It is something that so many people raise with us as we travel around the state—no doubt, they raise it with the minister. We should all be striving to make sure that mums and dads can have their kids closer to home because of the cost for that family when they have to leave their home. It is the experience of one of my best friends and no doubt many of the regional members from more remote areas—not even that remote. People in my electorate, which is driveable from Southern Cross, have found themselves spending weeks and sometimes months living in Perth with friends and family or renting because they need to be near the hospital they are going to deliver their child in, because they do not have those services in their local town.

I referenced primary healthcare workers before. We had quite a significant program under the Southern Inland Health Initiative. I think the minister would be well aware that the sustainable health review recommends that five per cent of the health budget should be spent on preventive health initiatives. During questioning in estimates, our health spokesperson, Hon Martin Aldridge, revealed that the amount that this government is investing in primary health care initiatives is 1.7 per cent of the health budget. That gap where we all know the investment should be is concerning. Hospitals are the most expensive part of our health system. If we invest in the front end that deals with primary health care, we will keep people healthier for longer and out of the acute end of the system. My understanding is that there is no ongoing funding for the positions that have been built up by the Southern Inland Health Initiative to expand to the north west and, potentially, other areas of the state. It is disappointing that we are falling back to the acute care model. Those positions supported the transitions that we had made in the two communities of Pingelly and Cunderdin, where we shut the hospital and set up the primary health care centre. There is still an emergency department, but rather than focus on providing wards and beds, we shifted the staff into the community. I have to say that those communities have encountered some speed bumps along the way, but our government was committed to making those models work because we saw them as the future for smaller communities that have outdated facilities, not only for health outcomes, but also for financial outcomes. It would behove this government to wrap every support mechanism it can around Pingelly and Cunderdin to make that work, because other communities will look at them and say that they will not entertain a model like that because of what happened in those towns. There is the opportunity to get that right. I know that there are some challenges in Cunderdin with the agreement with the WA Country Health Service and the palliative care agreements that were made at the very beginning of the process. I will follow that up with the minister at a later date.

The other issue I want to touch on is urgent care clinics. We have raised it a number of times in this place, and the minister has neatly sidestepped the question of when we will see one.

**Mr R.H. Cook:** I am glad you recognise it was neat!

**Ms M.J. DAVIES:** It was a bit of a side shoe —

**Mr R.H. Cook:** A soft-shoe shuffle.

**Ms M.J. DAVIES:** I should not have tried to say that at this time of the day!

This was a Labor commitment, so I do not think that we were being particularly tough in asking whether the government was going to hold itself to its own commitment. However, we find ourselves in the middle of the worst flu season experienced in many years—perhaps the entirety of the state’s history. We are starting to wonder whether it was just a brash election promise by the Labor Party and whether we will actually see them, because two and a half years into this government’s term, there is no sign of this policy hitting the ground. We have asked the minister a couple of times in this place whether he will deliver on his promise to the people of regional Western Australia. I suspect that we will get a similar answer today, but I will ask again. We will do more digging and talk to more people in the communities of Geraldton, Albany, Bunbury, the Pilbara, the Kimberley and Kalgoorlie. I think they deserve to know whether they will have these services in their communities as promised.

I wonder whether it was the minister’s original plan for the government to build and staff the clinics near hospitals to direct non-urgent patients from the emergency department to the clinics. My understanding is that it was originally a government initiative—that the government would fund and manage it. I think that has come a little undone because there was some pushback from the Australian Medical Association and private providers that it would impinge on their ability to run their businesses, although most medical businesses in regional Western Australia are probably at capacity. However, they saw it as an impingement on their ability to offer services. I think a bit of rethinking is now happening in the department. I am happy to be corrected so that we have a clearer picture about where we are at with these urgent care clinics that will solve the problem that we currently are stuck in the middle of. There is consultation happening to encourage local general practitioners to become the urgent care clinic, but I do not think that some of these clinics in regional Western Australia have any spare capacity. Most of them have quite significant wait times. When I speak to my friends and colleagues and people in communities across regional Western Australia, they talk about having to wait days or weeks to get an appointment for things that are sometimes quite urgent, and they can end up in the ED. I am not sure that the plan is working out very well. Are the urgent care clinics doomed? Have we hit a challenge that is insurmountable because it was not a particularly well thought out election promise and is proving more difficult to deliver? Is there just no desire to deliver on it? I am very happy to be proven wrong.

I want to talk about ambulance ramping next. The shadow Minister for Health will no doubt talk about ambulance ramping from a metropolitan prospective in his contribution—maybe; I do not know.

**Mr Z.R.F. Kirkup:** It is a very regionally focused motion.

**Ms M.J. DAVIES:** It is. But I am about to tell members why it is important. Our volunteer ambulance services are telling us that they are being impacted by ambulance ramping in the metropolitan area because many patients end up in metro hospitals. Let us say a volunteer in Southern Cross picks up a patient. When they go to Merredin, they are told that the patient cannot be taken because there are no doctors. The volunteer shoots on through to Northam, but the patient is now in such a critical state that they have to go to Midland. But ambulances are ramping at Midland, so off they go to Royal Perth Hospital. The volunteer crew has gone from Southern Cross into the city centre and faces a full five-hour drive on the way back. The community has been left exposed because they are not in it and there are not many services. Somebody told me the other day that if a patient is released and the nearest ambulance is still in the metro area, it will be directed to pick up the patient. They are volunteers! These are some of the problems that metropolitan ramping is causing for regional communities and have been raised in forums we have held around the state. I understand that there have been reviews of St John Ambulance’s contract with the WA Country Health Service, and a recent Auditor General’s report follows up on the 2013 report. I do not think there is one community that I visit in which the volunteers do not raise the sustainability of their service and the pressure that they are under. The minister can clarify this for me, but I think there are ramping figures for metropolitan hospitals, but we do not see them for regional hospitals.

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

**Ms M.J. DAVIES:** So metro ones are provided; do you think regional ones are?

**Mr R.H. Cook:** No. I would have thought that you were right—that we do not do country ones.

**Ms M.J. DAVIES:** Okay. Some services around the Geraldton area are coming into Geraldton Regional Hospital and seeing ramping. That is impacting them as well. It would be good to have some transparent data for regional hospitals in the same way that we can see metropolitan data. There also needs to be a commitment to deal with that very concerning issue. If we lose our ambulance volunteers because they get burnt out, regional Western Australia will be lost and the state will be up for a far bigger budget for its health system than it currently has. Volunteers are invaluable and are doing it for the right reasons, but they are under an extraordinary amount of pressure. Every member who represents regional electorates in this place will attest to that.

The last thing I want to mention before I finish is palliative care. As we travel around the state, we have been meeting with representatives in anticipation that debate on the Voluntary Assisted Dying Bill will raise some of those concerns. Clearly, that is how some are positioning themselves for this debate. We have members who would very much like more clarity from the government about how regional people will be able to access what is being proposed in the voluntary assisted dying legislation. That is something we will delve into in great depth because whatever new system is put in place will need to offer equality and equity of service. That is very difficult to do in a state that is so big. That is the new system that will be introduced, as the minister outlined in his second reading speech, but we have an old system that currently exists for palliative care that is far from providing a service that most families would say is acceptable for people at that point in their life. I know that this is not just a regional issue. My father passed away in a private hospital in the Perth metropolitan area, and the palliative care he had access to was far from what I would consider appropriate or adequate.

That was very distressing for us. I can only imagine what it would be like for someone in a very remote community to come to Perth and who, like my grandparents or others, would like very much to die in their local community, in their own home and in their own local hospital surrounded by their friends or family. Although it sounds a bit twee and maybe as though we are over-egging it for many regional people, but it is a very stressful experience when someone is well; it is certainly not something that people wish to do at a point in time when they should be considering their family and friends and staying close to home.

I appreciate that as we travel around the state the minister is giving us the ability to meet with palliative care people working in the state system, and also some of the private partnerships being formed. We were in Geraldton a couple of weeks ago and we sat down with the providers. The midwest model is quite exceptional, but it is unique, and I do not think that even in some of the areas immediately outside its catchment area there is that level of support, certainly in the central wheatbelt. There are some good people, but when we start talking about the fact that a lot of these people see only the palliative care specialist who supports the whole network on the ground maybe once a month, because that is what they are funded for through the WA Country Health Service, I wonder whether it is sustainable for the person who is offering the service, because it is a lumpy service to provide. They cannot anticipate when people will require a ramp up or ramp down of their services. There is certainly no shortage of it. One of my very closest friends and supporters is the funeral director in Northam, and he is not going out of business any time soon. These palliative care specialists have ongoing work, and as people start to face more complex diseases, as we live longer and require palliative care for various things that maybe we have not experienced before, the challenges are growing exponentially. We would always say that the question is, "How long is a piece of string?", for how much funding is required. When we put this to the people who are in the services, bearing in mind that they are at the coalface, without question, all of them would say they need at least double what they are getting now. We could say that about every public servant, every person who is running a business, everyone who is offering a service, but these people do a lot with very little. I do not think anyone would begrudge additional funds going into such an important area of our budget and I think there will be much discussion as we move forward.

We need to create better awareness of what palliative care can offer, how it can be accessed, and to educate people within the system. I am sure the minister has come across that. There are probably doctors and medical providers who are unaware of some of the services that are available, so it is as much about educating people in the system as it is educating the people who require assistance. That all comes with a fairly hefty budget. Those concerns are being raised with us and the gaps are real. We have the Cunderdin example, in which we negotiated for one of the independent living units that was built surrounding the Cunderdin primary health care sector to be assigned to palliative care. WACHS is currently saying there is no ability for it to provide services into that unit, despite that that was a very clear intention of the community up-front. We are starting to see that in aged care interaction as well and in some of the lodges that WACHS provides services to. Again there is an interaction between the federal government and state government's responsibilities, but in some of these communities, WACHS is the provider of last resort. I just cannot see that big providers will come in and offer the services that WACHS have traditionally offered. More and more they are being told that they are hanging back. They are withdrawing their services to see whether a private provider will step in and that is unacceptable for the families who get caught in the middle of that discussion. Those are the more common stories that we are hearing across the board.

I draw the minister's attention to the fact that prior to the budget, we as a party brought to this house a motion that everybody voted for and supported. The last time we raised this issue was prior to the budget, and we called on the government to prioritise regional health care funding and services, including palliative care, in the current state budget. The minister and his colleagues voted to support that motion. We are seeing some real challenges, as I have just outlined, in the workforce, training and incentives, general practitioner shortages, investment into hospitals and physical infrastructure, and we are seeing people very distressed and almost at crisis point when they talk to us about this. There are nursing and primary healthcare worker shortages and midwifery services diminishing every day; the urgent care clinic promise is yet to be realised; and there is record ambulance ramping, which impacts on patient and volunteer outcomes. I have not touched on the patient assisted travel scheme, but I recall that when the minister was in opposition he was all care about PATS. We have not seen any revisiting of PATS

and how that operates under this government yet, and the minister is on notice on that front because that is something that is regularly raised with us as well. In our mind the system is reaching a crisis point and it is up to the government to step in.

Our record in government was good. I can stand here and say that every day of the week. We reset metropolitan and regional health to ensure that the current government had the ability to capitalise on that when it came to government. We do not want to see that good work eroded because the government's priorities are elsewhere. We are arguing about the "need" to have, not the "nice" to have, for an essential service for every single person living in regional Western Australia.

**MR P.J. RUNDLE (Roe)** [4.55 pm]: I rise to make a contribution today and certainly agree with the motion, which states —

That this house expresses its grave concern about the medical crisis in country Western Australia and the lack of resources and priority for country health.

I firstly congratulate the minister on his reading in of the Voluntary Assisted Dying Bill 2019 today. I know he has done a lot of work on that and on my preliminary look at it, it seems pretty well organised. I know there has been a lot of consultation, so I congratulate the minister and the government on that.

The minister would be disappointed if I did not bring up the lack of staff at Katanning Hospital and a variation of subjects about the electorate of Roe, which I will be reminding the minister of as I have done so over the last year or two. But I heard the minister's words today about being a young activist. I certainly look forward to more activity in the electorate of Roe.

**Mr R.H. Cook:** So long as you are not looking for more youth out of me, that is fine!

**Mr P.J. RUNDLE:** A youth activist, as it was, but I am sure it will flow on.

I would like to elaborate on some issues about not only Katanning but also the electorate of Roe. As our leader said, it is important right from the start that we recognise the fantastic work that our health professionals are doing in the regions. Our criticism is more about a lack of resourcing the gaps in the system. I look at the likes of Katanning, Narrogin and Esperance, and we have some fantastic people out there: doctors, nurses and allied health staff. I certainly congratulate them on the hard work that they are doing and I look forward to filling those gaps that are in place.

My assessment of things is that from 2008–09, the Liberal–National government delivered what I call the "much admired" royalties for regions program. As members know, I was certainly in a position to witness that in my role as chairman of the Great Southern Development Commission, and as part of each development commission we put together the regional blueprints, which were very comprehensive documents, and health was a big part of each of those documents. I congratulated all those development commissions. Most of them spent a good 18 months to two years putting those documents together and, as I said, health was a major part of it. They stretch from the Kimberley right through to the great southern and everywhere in between. I believe the Southern Inland Health Initiative was revolutionary, and the spend of \$565 million throughout the regional areas of WA is a great credit to the government and to the cabinet, which our leader here, the member for Central Wheatbelt, and the member for Warren–Blackwood were part of. I think it is ironic in a way that the WA Country Health Service was a major part of the design of the Southern Inland Health Initiative program, and I can still remember the likes of Jeff Moffet and Geraldine Ennis extolling its virtues. I know that the cabinet took to the WA Country Health Service the proposition of designing this initiative. It was really designed by the health professionals and the people who are involved in the WA country health system, and it was about the country. As I said before, I think it is ironic that in our research we found that a very similar motion to what we have moved today was moved by the now Premier and debated by the now health minister. I draw the attention of members to a couple of those quotes. One of them is from Hon Mark McGowan. He said —

For people who live in the country and those people who live just outside the metropolitan area there can be no greater issue than the provision of health care. The lack of that care, of course, can be a life and death issue for people living in communities throughout regional Western Australia.

He went on to say —

As we all know, the further away from the city, the more disadvantaged the electorate.

He was well and truly aware of the situation as a member of the opposition, and I think that is why it is important that we recognise the significant infrastructure projects through royalties for regions—the likes of Albany hospital, Karratha hospital, Busselton hospital, Carnarvon hospital and, of course, in my electorate, the Katanning, Esperance and Narrogin hospitals, which were all major infrastructure projects. We should also recognise the Williams Health Centre, which was opened fairly recently by Hon Darren West. I appreciated the opportunity that Darren gave me to say a few words. That is a \$4 million health centre and it is very important for that community of Williams. They are the types of centres that came on stream through the Southern Inland Health Initiative and royalties for regions.

I have a couple of other quotes from Hon Roger Cook, the now health minister. He said —

People expect that when they go into an emergency department, they will be looked after with the best possible medical care that our state can afford.

...

Perhaps it is the system itself that is broken, not the concept that people now have higher expectations of emergency departments. Now what would provide the minister with the resources to reinvent the system to provide extra GPs and new and innovative ways of delivering health care?

There it is. He said that we have to stop playing politics with our country health system and royalties for regions. There it is, minister. That is his quote from 2010, I think. It is very appropriate, and I am sure he will take it on board with some of the challenges lying ahead of him.

I would like to take the minister back. I think we had a cup of coffee with Hon Darren West at The Daily Grind Cafe in the main street of Katanning around mid-2016.

**Mr R.H. Cook:** Yes, Darren was saying, “This young Peter, he’ll go a long way”!

**Mr P.J. RUNDLE:** That is it!

**Mr D.A. Templeman:** He went to the end of the road!

**Mr P.J. RUNDLE:** Yes!

It was in the seat of Wagin, which is now the seat of Roe. I remember that in the now minister’s travels with Hon Darren West, he was building up the expectation of the community of Katanning. He said, “When I become health minister, I’ll fix the maternity service and I’ll fix the emergency department.”

**Mr R.H. Cook:** I don’t think they were listening to me that closely, but it is very nice of you to say!

**Mr P.J. RUNDLE:** I know the minister makes some big claims!

But the people of Katanning remember Hon Roger Cook making those promises on the main street of Katanning, and they look forward to him delivering on them in time to come.

Some of those issues are still there in the great southern, and unfortunately for my electorate, it seems to have been a major focus. Some of the announcements in the state budget seem to focus on the electorates of Collie, Bunbury, Mandurah and Albany—those coastal Labor-orientated seats.

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

**Mr P.J. RUNDLE:** I look forward, member for Bunbury, to some of that money travelling east to the electorates of Central Wheatbelt, Roe, Moore and Warren–Blackwood. In time to come I think the minister will see that right; I am sure he will.

I do not want to speak about the Nationals WA doing the minister’s job for him, but I want to return to the health forum that we held in Katanning recently. We brought together all the stakeholders, because there is so much concern in the region. We had our leader there and we had Hon Martin Aldridge and Hon Jacqui Boydell. We brought together a large list of stakeholders, including the Katanning St John Ambulance. We had Rural Health West there, and we had the Shire of Katanning, of course, hosting us. We had a couple of doctors from the Southern Regional Medical Group from Albany who are keen to look at starting up a practice in Katanning. We had Nick du Preez from St Luke’s Family Practice in Katanning. We had Geraldine Ennis from the WA Country Health Service. I congratulate Geraldine. I gather she has been seconded from the goldfields–Esperance region across the great southern, and she is doing a very good, proactive job.

**Mr R.H. Cook:** She’s great, isn’t she?

**Mr P.J. RUNDLE:** Yes. She is very well regarded in the community. She gave us a tour of Katanning Hospital that morning, along with Robyn Millar, and it was great to see that piece of infrastructure that was developed through the royalties for regions program. We also had some community members there and some other shire members. It was really a positive, constructive forum. It was not about negativity. It was about what we can do to help, the positives that can come out of this forum that we can take back to the minister and the WA Country Health Service and talking about some of those issues that might impact.

I want to give a couple of details from some people who were at the forum. We had Barb Groves and Chris Conning from St John Ambulance. They talked about the huge impact that patient transfers are having on our St John Ambulance drivers, and the recent increase in patient transfers from the emergency department in Katanning, whether it be to Narrogin or Albany, and the impact that is having on local crews—the numbers and the struggle to get continuity. We had Kelli Porter from Rural Health West. As the minister knows, Rural Health West is involved in recruiting doctors. We have also been in conversation with Tim Shackleton, whom I also know very well from our history. I understand that Tim and Kelli are working hard to recruit doctors. As our leader said, the

great southern has 15 vacancies, and five of those are in Katanning and one in Kojonup. That is 12 per cent of the GP vacancies in WA and they are in the great southern. Of those five vacancies, two international medical students have applied. We currently have a medical graduate, and one international graduate is in Perth awaiting the paperwork. One thing Kelli told us on that day was that the process for international recruitment takes between 18 months and two years, which is becoming a real frustration. There is also a high failure rate for those international recruits due to the difficulty of the language exam and the regulatory hurdles.

As such, our leader, the member for Central Wheatbelt, has written to the federal Minister for Health, Greg Hunt, about two things. One is to get him across to WA to talk to some of our communities—obviously, we will invite the minister—and the other is whether he can help with the visa requirements and difficulties that we are facing.

**Mr R.H. Cook:** Good luck getting him here. I tried to get the whole COAG health council to go to Broome in July. I have never seen a more resistant exercise. I said, “It’s July and this is Broome.” The Tasmanian minister went, “Ooh, that’s too far. That’s too far.” Greg Hunt even organised Parliament to conflict with it after the election.

**Mr P.J. RUNDLE:** Keep persevering.

**Ms M.J. Davies:** I had to go to COAG for water, in Tasmania. It is just as far going the other way.

**Mr R.H. Cook:** I know, but if you can get people in Tasmania past Geelong, you’re doing really well!

**Ms M.J. Davies:** Tassie was quite lovely.

**Mr P.J. RUNDLE:** I am sure it is warmer in WA than in Canberra, anyway.

**Mr R.H. Cook:** What time of year did you have to go to Tasmania?

**Ms M.J. Davies:** No, it was freezing cold.

**Mr P.J. RUNDLE:** Keep persevering with that one.

**Dr A.D. Buti:** It would not be as cold as Katanning.

**Mr P.J. RUNDLE:** No, come on. Come on, member for Armadale. We have a nice hotel with air conditioning for the member to stay in.

**Mr D.T. Redman** interjected.

**Mr P.J. RUNDLE:** He has been there.

Some of the other challenges that Kelli spoke about were the need to push doctors out of the metropolitan area to the rural practices. I know the minister has spoken about the number of health practitioners in the seat of Cottesloe. We know that there are 17 doctors in Dunsborough. These are the challenges with attracting doctors away from the coastline and out into our regions. I believe the rural clinical schools are a really important part of this scenario. I do not know how much engagement the minister has with the rural clinical schools, but I think as a government we need to really push this one. They are not all regional kids at the rural clinical schools, but it is a great segue for them to come into it. That was another issue that Kelli spoke about.

Geraldine, the WA Country Health Service director of the great southern region, talked about GP recruitment and retention, as well as about the rural clinical schools and the two GP practices that have contract services to the ED roster, which has gaps, filling that availability especially on the weekend. She spoke about trying to work through a solution to get doctors out of Albany and up to Katanning. That was another one. We also had a review from Dr Nick Du Preez, who has the St Luke’s Family Practice, and the difficulties he is having with the visa situation. We had a talk about the new practice interest from Dr Chris Swarts and Dr David Mildenhall from Southern Regional Medical Group, who are looking to set up a practice in Katanning. Potentially, the old shire building will be converted to a medical centre. There is obviously a tender process and the usual governance requirements, but there may be an opportunity for them to start up a practice there. I think that would be a great opportunity.

I would like to cover some other things relating to the health forum. Paula Bolto is a fantastic community person and has been involved with medical issues in Katanning. She tries to put a positive spin on it and she makes various positive comments on the Katanning Facebook page. She spoke about the maternity situation; we have had that scenario since 2012 when we lost our maternity service. I know that the current Minister for Health has acknowledged this situation and I am hoping somehow that we can get the Katanning maternity service back up and running, because between Armadale and Albany, Narrogin is the only place women can have a baby. We are losing families when they leave town five or six weeks before the baby is born and not coming back until several weeks after the baby is born. That is a real issue.

[Member’s time extended.]

**Mr P.J. RUNDLE:** Steve Gash, the CEO of the Woodanilling shire, also talked about safe and affordable housing options that the Woodanilling shire is looking into. Hon Martin Aldridge spoke about how the international doctors are saving our bacon. I think that is right, and that is why the visa situation is so important. Hon Jacqui Boydell spoke about the importance of continuing professional development for our doctors out in the regions. They were some of the issues.

I will briefly mention a couple of the other situations around my electorate. Firstly, I am concerned about the \$38.457 million cut to funding of public health emergency services in the state budget—not good. I think that needs to be reversed. I refer to the Narrogin Health Service chemotherapy scenario; there are four bays in the new Narrogin Hospital and two or three nurses have been trained up, but, unfortunately, we cannot seem to coordinate an oncologist to provide support. That seems a shame when we have just spent \$35-odd million on Narrogin Hospital and we cannot open the chemotherapy unit. That also flows on to the likes of aged-care beds in the region. We have spoken about Kojonup, where the numbers were trimmed from six to three. We seem to be having a battle between the WA Minister for Health and some other federal elements about getting those three beds reinstated. I look forward to some positive comments there. Another example is the Esperance aged-care home, which recently received a fantastic extension opened by federal minister Ken Wyatt. I was lucky enough to be there. There was \$3.5 million of royalties for regions funding and \$3 million of federal funding that went in there, but now we have problems with staffing those beds. This is what we are looking for.

The minister is talking about palliative care. It is all linked and, as our leader said, people want to age and die in their own communities, and they want to be there in those last stages. We seem to be having problems getting those people in the right places. That has to be a real focus for this government. It is the same scenario for the independent living units at Wickiepin, Corrigin and Cuballing. We had it set up. We had the business case. We had the royalties for regions funding. Unfortunately, Hon Alannah MacTiernan decided to pull the funding and said, “Here you go. Do another business case. Here’s some money for that.” We do not need to do any more business cases. They have already done about three.

**Mr R.H. Cook:** What was that for?

**Mr P.J. RUNDLE:** That was for the independent living units project at Wickiepin, Corrigin and Cuballing. As the member for Central Wheatbelt said, it is about people ageing in their own communities with their families. I have mentioned the Katanning maternity service and I know the minister will certainly be onto that one. I would like to mention the well women’s clinics. Dr Susan Shaw, who was going right throughout the great southern out to places such as Lake Grace, was doing a fantastic job. She was doing that off her own bat. She was getting support from the WA Country Health Service by way of some rooms and certain other things, but for some reason the rug got pulled out a few months ago. It is really disappointing for a doctor such as Susan Shaw, who does the well women’s clinics throughout the regions. They were fully booked every time she came out there, and then somehow the Western Australian Country Health Service removed its support, which is really disappointing.

I would like to finish on some positive points. We are looking forward to the Narrogin helipad, which I know is in the design stages. As I said before, the rural clinical schools are an important element in fixing some of the problems we are having with our emergency departments. We want people to age in their own communities. I would like to thank people such as Julie, in the minister’s office, who provides me and my staff with regular updates about some of the internal issues. I appreciate that, because she is doing a good job there, telling us about some of the positives, and some of the work going on behind the scenes. My final assessment is that, through royalties for regions, the Liberal–National government did the hard yards and built the infrastructure. As I said, it has been designed, in a lot of cases, by the WA Country Health Service, including telehealth, which is a great breakthrough, as far as I am concerned. Now it is the minister’s job, as I quoted him from 2010, to put the right people in the right places.

**MR R.S. LOVE (Moore)** [5.21 pm]: I also rise to speak to the motion that this house expresses its great concern about the medical crisis in country Western Australia and the lack of resources and priority for country health. A similar motion to this was moved a number of years ago by the Labor Party when in opposition and, given that it attacked the former government for its lack of performance in many areas, it may still believe that there is a crisis in country health, and therefore it should support his motion. We know that there has been less of a concerted effort by the current government to address the ongoing issues faced by country communities in the provision of health services than under the previous government. We saw the previous government introduce hundreds of millions of dollars of investment through the Southern Inland Health Initiative, but in my electorate we saw cuts to programs that had been announced, such as the Turquoise Coast Health Initiative, and cuts to aged care. The member for Roe spoke about aged care being not strictly speaking part of the Department of Health’s budget, but certainly a very major part of making a country town a healthy place to live is the ability of its older citizens to remain there.

I recently had the opportunity to travel to Saskatchewan in Canada on a parliamentary exchange, and I saw in numerous towns magnificent facilities for aged care in communities no bigger and no richer than, and just as remote as, the communities that make up the bulk of the electorates that Nationals members represent. I see no reason why, if Canada and Saskatchewan in particular, can provide those kinds of facilities in the towns and districts where people live, we in Western Australia cannot do just as well. We are a very similar state to Saskatchewan. We are rich in resources, but we have a somewhat larger population, and I think we have a few things going for us that Saskatchewan does not, and it surprises me that in some ways we are so far behind the comparable situation in Canada.



The fabric of country towns relies on their health services, as was outlined by the member for Central Wheatbelt and the member for Roe. One of those fundamental services is the St John Ambulance, and I will briefly digress and speak about that. We recently held a discussion forum in the town of Toodyay—sorry; it was Northam, but a significant number of people from Toodyay were there, and hence I forgot that I had actually gone to Northam.

**Ms M.J. Davies** interjected.

**Mr R.S. LOVE:** I do not often go to Northam, but I went to Northam on that day. We work together occasionally.

**Ms M.J. Davies:** He interlopes into my area!

**Mr R.S. LOVE:** We are always working together. I do not often go to Northam, because it is just that extra little bit down the road. It is a lovely town, and it is full of services and the like that my community would dearly love to see spread throughout the rest of the communities.

However, at this forum in Northam, at which many Toodyay people were present, some of the discussion points were around St John's. I think the member for Roe, and perhaps the member for Central Wheatbelt, spoke about the potential costs to Western Australia if St John Ambulance were to be fully funded by the state, as opposed to using volunteers. There seems to be a difference in view between different sub-centres. Those sub-centres that have access to a good pool of volunteers are actually quite happy to do quite a bit of patient transfer between hospitals—for instance, going up to Dalwallinu and picking up a patient and bringing them to Northam, or taking them to Perth. This is an activity that the Toodyay sub-centre encourages, but it has a strong number of relatively well, and not really old, retirees and part-time workers who can do that. In other communities, such as those around Carnamah et cetera, where they are expected to provide the same service from, say, Morawa or Three Springs to Geraldton, that is a real strain. Those communities do not have that cohort of people who have maybe retired from full-time work and are able to volunteer. Many times they are under the pump, because their volunteers may also be the local mechanic or work for the shire. They do not have that pool of volunteers, and real pressure has been put on those communities with the withdrawal of services that used to be provided in the local hospitals. The tendency now is that the patient is taken to the place where the best level of care is available, within reach for that person. Oftentimes that is in a larger regional hospital or in Perth, rather than the smaller country hospital, and that basically means that St John's is acting as an orderly, if you like, transferring patients between wards, except that the wards might be many hours apart by road transport. That is not an issue for some St John Ambulance sub-centres, but it is for others. We need to look very carefully at situations such as that in Jurien Bay, where an inordinate number of transfers take place out of the town, because there is not actually a hospital.

Another situation that the Toodyay sub-centre has come up against is that it took the initiative of beginning a system of patient transport that was not an ambulance but a small car, which does not need a fully-fledged ambulance driver. This is around Toodyay and the upper part of the Avon Valley. It takes people from the nearby farmlets—a lot of people live on hobby farms around Toodyay—and brings them in to appointments in Toodyay or Northam, or it may take townspeople to the metropolitan area. That is a great service for the people in the area, but one of the problems it faces is that when the drivers come to the metropolitan area and go to the local hospitals, they are being charged significant parking fees, and that is affecting their ability to provide this service to some of the metropolitan hospitals. I want the minister to take notice of this, because I would like him to address it if possible. Their request is that there be some exemption, or some system under which they might be refunded or charged a discounted rate. It is a great service, and I know other towns have started to do that sort of thing. I know that Gingin, some time ago, instituted a similar service, as did Lancelin and some other communities. I have a lot of elderly people in my electorate, and often when they lose the ability to drive, or their partner loses the ability to drive, they are very isolated. There is no public transport to speak of, and they have no other way of getting to appointments except by car. Therefore, they often have to prevail upon friends and the like. Many of those people are proud and do not like to do that too much. If such a service was available, I would hope they would use it and it would not offend their sense of pride.

Gingin is another community that has faced some challenges in recent times. The provision of GP services has been a problem for some time in Gingin. That is quite a topical issue in that area. Therefore, the focus of discussion at one of the recent local branch meetings of the National Party was how to better provide medical services into that area. This discussion focused on Gingin in particular, because the nearest option for that community is Chittering, which is already under a great deal of stress. We need to find a way to make more GPs available in regional areas. I recall seeing figures some time ago that indicated that Western Australian country people do not get as much money from the federal government through Medicare payments as do people in other areas.

**Mr R.H. Cook:** I can give you the exact numbers.

**Mr R.S. LOVE:** Yes; that is good. But we need to start to use some of that money and say, "How come all the doctors are in Nedlands?" I am sure the member for Nedlands has a lot of doctors in his electorate, for instance. He is not here at the moment, and I am not slandering him, but he often boasts to me that he has many doctors in his electorate.

Several members interjected.

**Mr R.S. LOVE:** The member for Cottesloe may have some doctors in his electorate.

**Mr R.H. Cook:** The member for Cottesloe has them all!

**Mr R.S. LOVE:** He has some, and there are many doctors in Nedlands, but I can assure members that there are not many doctors in Moore, Roe and the Central Wheatbelt. We would like doctors to recognise that there are business opportunities out there. They are in business. It cannot always be about lifestyle. Surely money can be made by going to the regions and servicing the needs of the regions. The populations of the regions are generally older and sicker than those in other areas, and they generally receive a lower Medicare rebate. To me, money talks. Maybe one way of getting doctors to the regions is to change their view about what is a good place in which to run a business. Certainly, a lot of the towns that are struggling to find GPs have very good facilities and are quite pleasant places in which to work. I am sure that if people saw what was available in the regions, the situation might start to turn around. The Gingin branch of our party sees that issue as one of its major priorities, and it intends to demand some action, in a policy sense at least, at our state conference to try to bring about change for those people.

I was recently in another area of my electorate, Northampton, and people told me about the problem of keeping a doctor in the town. A doctor service is available in Northampton, but on a part-time basis; that doctor service also has a surgery in Geraldton. The hospital in Northampton is ageing and in desperate need of upgrade. Indeed, at some stage that hospital was listed as a priority by the previous government for further investment down the track. It is the first hospital that people come across when they leave the pastoral areas and come into the settled areas. It services a large catchment to the north, and deals with a large number of traffic accident cases and other situations. Of course, not having a full-time doctor makes it very hard for the town to keep a range of other services. In a number of communities in my electorate, there is a pharmacist, but no doctor. Pharmacists provide quite a good level of service for a number of people in those communities. In fact, they provide the only continual service, as opposed to other communities in which a number of doctors might be available. Representatives of a group called the Rural Pharmacy Support Network explained to me the other day that they see some potential for pharmacists to play a bigger role in health delivery within those communities as part of an effort to better coordinate services. That is not to take away from doctors. However, pharmacists can, for example, monitor chronic disease conditions such as diabetes, which take up a lot of doctor time. When a continual doctor service is not available in a town, it is difficult for people to keep on top of their diseases and medications et cetera. People cannot go to a doctor and have their condition reviewed when they need to. Many of these communities are characterised by having locum doctor services. They do not have the continuity of the old country family doctor, whom people might have some view about. Quite often, people have to see a different doctor every time they go to a service, and those doctors are not familiar with the patients and often not familiar with the region and the services that are available in the region—and certainly sometimes not even familiar with the funding requirements and the limitations of what can be authorised for people. I know that the minister has authorised pharmacists to provide vaccines, for instance.

**Mr R.H. Cook:** Yes.

**Mr R.S. LOVE:** That occurred quite recently. That is a good step. However, things like enabling people to keep on top of their medications is important. People go to different areas to see different doctors. For example, they might be sent to a hospital in Geraldton and then have to go to Perth. It was pointed out to me that sometimes when people return, a suite of medications might have been given by a range of different doctors, and some of those medications might conflict. Someone needs to overview and keep an eye on that situation.

**Mr R.H. Cook:** The grey nomads represent a real challenge with that stuff as they are travelling around the country dragging their prescriptions with them. From that perspective, the system is particularly difficult.

**Mr R.S. LOVE:** A number of grey nomads travel through my electorate. However, my concern is for the people living in the area who have no other choice. They cannot hop in a large recreational vehicle and go to Carnarvon or somewhere else for a medical service; they have to live in Northampton and make do with what is available in that community. However, I take the minister's point that other people and other circumstances are involved and such things happen.

**Mr R.H. Cook:** I'm saying that they are real challenges for rural pharmacists.

**Mr R.S. LOVE:** There certainly are.

In the midwest, for some time there has been an unmet need for a healthcare workforce. A practice had been built-up by the local WA Country Health Service with agency staff filling gaps et cetera. I have to say that a concerted effort has been made in recent years to try to get away from that model.

[Member's time extended.]

**Mr R.S. LOVE:** That is very important, because we need to do something that is more economically sensible than paying enormous amounts of money to someone who does not live in the area and comes in for a short time. Sometimes the local options are not fully explored. I think other members have spoken about Geraldton as an area with huge potential for workforce developments and to be a focal point for that midwest area. As I have said, there is a degree of opportunity in this area, in that there is a less than optimal uptake of Medicare. That is because

people are simply seeing locums, or seeing doctors only occasionally, when they should have greater continuity of treatment and be able to access the treatment plans that they should properly receive. Also, there are opportunities for programs such as the National Disability Insurance Scheme, and aged care. Although they are not in the minister's area, strictly speaking, there is a synergy between the training that could take place for WACHS and for other —

**The ACTING SPEAKER (Ms M.M. Quirk):** The member for South Perth and the minister are talking less than sotto voce. You are distracting the speaker.

**Mr R.S. LOVE:** Now we have the member for South Perth under control.

I was saying that there is an opportunity to build on what is available. There are great facilities at the local TAFE, with the rural clinical centre. There are different opportunities, including those provided by the Geraldton Universities Centre, to drive some of that. There is a need for employment in some of these areas. There is significant underemployment of some age groups within a lot of towns. If people could envisage working in the health services after being trained and receive a good wage, there might be an uptake of those opportunities.

**Mr R.H. Cook:** That's why I think the GUC nursing school is so important because the people who go to study there will be locals or people from other parts of regional Western Australia. We know exactly where they will go ply their trade immediately after graduating.

**Mr R.S. LOVE:** I agree, but it needs to be part of a concerted workforce development plan for the region. Under the previous government, the Mid West Development Commission carried out a regional health plan for the midwest. I think someone mentioned Tim Shackleton earlier. Tim headed up that program and developed that strategy. Amongst other things, such as improvements to the hospital et cetera, workforce development was probably the key thing for improving health services in the midwest. I see that as an opportunity to improve health services, improve the ability of towns to keep older people and less well people in the town and also provide those services from within the town so that money can flow from Canberra, Perth and other places into those communities so residents get their fair share of human services that other communities take for granted.

As I said before, we can potentially do that in a number of ways not just through pharmacies, but by unlocking the potential of underused human resources within the town. I am talking about people who do not have a job but perhaps could have a job if they thought a job was available. I think they see the opportunities. In the past, it was too easy for the health department and other bodies to grab a trained person instead of setting up something in which they have a pool of people to call on so they will never be short of staff in the future.

Today I note that the minister read in the bill to enable voluntary assisted dying. I note that in a matter of public interest debate in March 2019 we discussed the importance of a palliative care program. We did not have a budget figure at that time. I acknowledge that the government has put money in the budget for this program. In his speech today, I think the minister mentioned that a total of \$206 million will be spent on improving palliative care over the next four years. My concern with that, as I outlined then and I continue to outline now, is that my electorate is lacking a superstructure of medical centres and service points to deliver these services. Because of that lack of infrastructure, which the Turquoise Coast Health Initiative accentuated, we will miss out on improvements to services. For instance, the member for Roe highlighted a number of towns with hospitals et cetera. No doubt, those places will see an improvement in services. I am not so sure that communities such as Leeman, Green Head or Cervantes will see any improvement in services because they do not really have that superstructure to deliver them. That will lead to further disadvantage for my communities. I highlighted that during the MPI in March. In response, the minister and the member for Morley promised action on those matters. I take the minister at his word but I am pointing out that there will still be gaps in my area unless a concerted effort is made to address that inability to provide these services in areas where we do not have hospitals et cetera.

I noted that Hon Jacqui Boyde spoke about this on radio today, and the minister has had a discussion about these types of issues. The timbre of that discussion was not just about palliative care but also the delivery of assisted dying. There are requirements for consultations and opportunities to meet with a number of health professionals, which is not always easy when communities do not have a number of health professionals. I hope that a concerted effort will be made to address those issues in the future, not just through the assisted dying legislation but also through the program for palliative care. I do not believe that at the moment we have anything like an acceptable level of palliative care in many communities in country Western Australia—not all communities. I think Albany has been highlighted as an example where it does work. It is a larger community. There are dedicated professionals who have worked in that area for a long time. Without that local champion and that larger critical mass, it is hard to see how we will advance. It is not always easy to do.

Morawa hospital had a number of aged-care units within it for a number of years. When the hospital was built, which was not that long ago, a room was set aside for palliative care but because no-one needed palliative care immediately, there was pressure to open it up for aged care, but then that opportunity disappears for people in the future. I am not exactly sure whether that bed is available for palliative care today but at times it has not been because it has been chewed up for aged care. It is hard to make facilities available for people when their use is rather episodic. I appreciate all that. It will be more than just “business as usual” to address these issues. I think the government's strategy needs to be sympathetic to the diverse range of communities that we represent. In saying

that, I fully acknowledge that communities in remote areas of the state have problems that are even more difficult. We have just ignored the issue for many years and have not had to address it. Oftentimes, we have not known that a person is ill or they have moved to a different area and then disappear in the system in the metropolitan area and nobody knows that that is not where they want to be.

I thank the minister for listening. I hope that he will bear in mind that this was originally his motion. There was a crisis in health. I ask the minister to think very carefully about what the Labor Party has done to address that and perhaps understand that there are still some critical failures. Perhaps he should come over to this side of the house when we vote and acknowledge that there is a crisis and that he needs to reprioritise his government's efforts to ensure that that crisis is addressed.

**The ACTING SPEAKER (Ms M.M. Quirk):** Member for Dawesville.

**Mr R.H. Cook:** I thought I was going next.

**MR Z.R.F. KIRKUP (Dawesville) [5.49 pm]:** We are making sure that we follow the Nationals WA in this case.

**Mr R.H. Cook:** You pulled the agreement.

**Mr Z.R.F. KIRKUP:** I am not sure it was an agreement.

**Mr R.H. Cook:** So, you didn't agree.

**Mr Z.R.F. KIRKUP:** I said I am not sure it was an agreement. I am here to support our National Party colleagues. As I said, I am here today to support the National Party and to express grave concern about the medical crisis in country Western Australia, and the lack of resources and priority given to country health. That is what we are here to discuss. I absolutely support the National Party's motion. It is important to help to set the agenda on what we have in front of us—that is, of course, as a number of our National Party colleagues have outlined, a record of achievement when it comes to health in country Western Australia. The previous Liberal–National government allocated record funding for health in successive state budgets. Absolutely, regional Western Australia and regional health needs were consistent priorities for the previous Liberal–National government.

In particular, I would like to talk about the \$170.4 million for the Albany Health Campus. I remember that funding being discussed and committed to a number of times under the Labor government that was in power before the previous Liberal–National government came to office. It was promised again and again, but the Labor Party did no work at all to see that hospital built. A Liberal–National government built that hospital. It opened in May 2013. I find it amazing how often Labor Party members stand and suggest that they somehow support the regions and care about regional Western Australia, yet they continue to dud people in the regions. That was no more evident than in Albany. I was very surprised that at the time the member for Albany was not more vocal in his advocacy to get the hospital built during what was a Labor government. Labor did not build the hospital. It promised it time and again, at every election, and then it withdrew and failed to adhere to its promises. It is a consistent theme we see in this government now, not only for regional Western Australians, but also for all Western Australians.

There was \$120.4 million to set up the Busselton Health Campus. It opened in, I think, March 2015. There was \$59 million for the redevelopment of the Kalgoorlie Health Campus. I will talk more about that later in my contribution today. The redevelopment was completed in August 2015. There was \$31.3 million for the redevelopment of the Esperance Hospital. The emergency department was finished in December 2015. There was \$26.8 million for the Carnarvon Multi Purpose Service. Those are significant investments in health and a very clear regional focus from the previous Liberal–National government. In addition to our investment in hospitals, we gave significant funding to health centres, health support services, Aboriginal health services and a range of clinics. When the current government was in opposition it had the gall to move a motion suggesting there was a crisis in the state health system when there was a record amount of investment in our regional health infrastructure. It is amazing that the Labor Party would move that motion in opposition, but it is absolutely warranted that the National Party moves it now, because we are seeing a continuing and very real concern about elective surgery, emergency access targets and a lack of investment in our regional health system. We implore government members, particularly the few regional members on Labor's backbench, to consider their own circumstances and the health system they have now that is largely due to investment from the previous Liberal–National government that is going to rack and ruin under this Labor government.

We have talked about hospital investment, but I would like to quickly go through the health centres and a number of health services that I think deserve attention. Often hospitals outshine other services as the shiny piece of health response infrastructure in our community, but important health services were funded under the previous Liberal–National government. There was \$19.5 million for the Laverton Community Health Centre. It was the out-of-date Laverton hospital and now provides a comprehensive range of primary care in a short-stay environment, as well as six aged-care independent living units, which were funded by the previous government. The Exmouth health service was redeveloped. It was practically complete in, I think, 2015. The previous Liberal–National government funded a number of Aboriginal health clinics. There was a commitment of \$150 million over five years for the North West Health Initiative. The Southern Inland Health Initiative was an important program to help

address the chronic general practitioner shortage. There was a commitment of \$41.8 million for the Onslow Hospital and health service. The previous Liberal–National government also funded training for Aboriginal health workers to identify ear disease in children in remote communities.

Again, a consistent theme of the Liberal and National Parties in government is that we pay attention to and invest in regional communities. Unfortunately, the same cannot be said about this Labor government. In addition to that, the previous government supported eastern goldfields residents with an \$8 million investment in telehealth and increased funding for renal dialysis services in the wheatbelt, which no doubt affects the member for Central Wheatbelt's electorate quite significantly. There was a significant investment, in the millions, to help ensure that there was better access to renal dialysis.

I find it interesting that the Labor Party in opposition would have suggested that that record amount of investment indicated that the medical system was in crisis. It had grave concerns that country Western Australia had a lack of resources and priority was not being given to country health. I think that record investment by the previous Liberal–National government shows a commitment to regional health in Western Australia. Fast forward to 2019, and we see a government that has no interest in investment in regional health, in regional Western Australia or in supporting the communities with the chronic health service shortages that we see across Western Australia.

Looking at the regional hospitals that are hurting, the Leader of the Nationals WA quite rightly pointed out that we cannot access daily or hourly ambulance ramping data for regional hospitals; it is simply not populated. There is, however, data worth looking at in the absence of ambulance ramping data—that is, the WA emergency access target or WEAT. If we look at the WEAT and compare May 2019 with May 2018, we can get a sense of the trend developing in our state's metropolitan and regional hospitals. There is a consistent deterioration in the WEAT for the time patients are meant to be seen in our hospitals. It is happening at alarming rates. I am quite interested to hear from member for Bunbury, because he has one of the worst performing hospitals for patients being seen within the four-hour rule. As of May 2019, only 68.1 per cent of patients in Bunbury were seen within four hours. One year ago, that was 76 per cent. There has been a nearly eight per cent deterioration year on year, member for Bunbury. I have not heard the member making a fuss about what is happening in his local hospital whatsoever. I am very surprised that the member who considers himself such a regionally committed member is not advocating more for his community and what is quite clearly an emergency room in distress if only 68.1 per cent of patients are being seen within four hours. That is a great concern to me. I imagine it would be a great concern to anyone. If the member were a fierce advocate for his community, he would have spoken about that in this place, but to date he is yet to do so. That would be greatly concerning for me if I were a constituent of the member for Bunbury. Thankfully, I am not, but, unfortunately, the Peel Health Campus services my district, and that is even worse. I will get to that in due course.

We have seen the WA emergency access target times deteriorate in Bunbury, Carnarvon, Esperance, Geraldton, Port Hedland, Kalgoorlie and Karratha hospitals. They have deteriorated to the point at which emergency departments are no longer seeing patients within four hours. I will use Bunbury as an example, because the member for Bunbury is in the chamber. When we talk about Bunbury being at 68.1 per cent that is just the average number of people who are being seen within four hours. Imagine the deviation on that figure. Undoubtedly, people are waiting much, much longer in the Bunbury emergency department. But, of course, all we hear from the member for Bunbury on that is silence. He is not an advocate for his community whatsoever. Evidently, if a person wants to advocate for regional Western Australia, they need to be a member of the Liberal or National Parties, because if they are a member of the Labor Party, we hear nothing but crickets when it comes to regional hospitals—and they are hurting. I am surprised that the member for Bunbury has not been more vocal in this place, but I look forward to his contribution as the evening wears on. Maybe the member will finally stand up and advocate for his community. More than that, maybe he will vote with the Liberal and National Parties on this motion, because, quite clearly, if 68.1 per cent of patients in Bunbury's emergency department are not being seen within four hours, one could argue that there might be a bit of a crisis going on in that emergency department. Unfortunately, not nearly enough people are being seen. The standard should be much, much higher. The target is much, much higher than 68.1 per cent. I am surprised that I have not heard from the member, but I look forward to his contribution. No doubt, I will hear something from him. I hope so. I am here with bated breath, member for Bunbury.

Another indicator that might be worth looking at when we talk about the circumstances of our regional hospitals is elective surgery and the elective surgery waitlist. Once again—predictably—we see blowouts from this government. Unfortunately, the news is not great for regional Western Australia. There has been a 51 per cent blowout at Albany Hospital in the elective surgery waitlist. The member for Geraldton knows that there has been a significant blowout in the elective surgery waitlist in Geraldton.

I was with the member for Kalgoorlie at a health forum last week. Health is huge concern in Kalgoorlie. The waitlists in Kalgoorlie, Busselton, Derby, Kununurra, Narrogin, Northam, Moora and, of course, Peel Health Campus have blown out. The average across regional Western Australian hospitals is a 12 per cent blowout in waitlist times for elective surgery. That is a very real concern. One would hope that the vocal members of the Labor Party would fight the good fight and advocate for their communities, but once again we hear nothing but silence.

**Mr A. Krsticevic:** They're not even here!

**Mr Z.R.F. KIRKUP:** They are not even here!

I am very surprised that we do not hear more from Labor Party members about elective surgery and four-hour rule targets. As the member for Roe pointed out, patients in regional Western Australia are typically older and may be in a much more acute or chronic health situation. Of course, there is the tyranny of distance. They are further away from their health services.

The member for Kalgoorlie, Hon Nick Goiran, from the other place, and I attended a health forum in Kalgoorlie as part of the Liberal Party's parliamentary conference in Kalgoorlie last week. It was very well attended. The member for Kalgoorlie tried to manage my expectations and told me not to expect too many people. He told me that the Commissioner of Police came up with his entourage and only got six people in a room. However, we got 45 people in a room.

**Mr P.A. Katsambanis:** That's because people care about their health.

**Mr Z.R.F. KIRKUP:** The member for Hillarys is absolutely right. They attended the health forum because they care about their health. The circumstances in Kalgoorlie made for concerning listening. The situation in Kalgoorlie and the goldfields, more broadly speaking, was quite upsetting to hear. I will talk more about the complex situation in the goldfields. To set the scene, 12 per cent of goldfields residents are Aboriginal. There are some important health concerns that you would expect any hospital or health service to be well equipped to respond to as part of an important and holistic culturally appropriate healthcare in the goldfields. We have to make sure that any health services are being delivered in an appropriate fashion. Between 2011 and 2015, 4 773 deaths of people under the age of 75 were due to preventable diseases. If there had been better access to healthcare, they could have been prevented. In the goldfields, it is 5.4 times more likely for Aboriginal people aged 15 to 64 to be hospitalised, compared with non-Aboriginal people. That is a significant disparity. People in the goldfields are twice as likely to die as a result of a transport injury. Unfortunately, the suicide rate in the goldfields is 1.2 times higher for men and 1.3 times higher for women than the rest of Western Australia. On maternal health, 5.9 per cent of women in the goldfields who gave birth were aged less than 20 years old. That is largely because of the younger teenage Aboriginal population. As per the health notes, it was 18 per cent of those who presented at the hospital to give birth. As part of the tour I had the opportunity to take at Kalgoorlie Hospital, I saw the birthing centres. They were amazing and the staff are doing an outstanding job. It was really impressive. I managed to meet the midwife of the year. It was a fantastic visit and I will speak more about it shortly. In summary, the situation in the goldfields is that, compared with the rest of the state, adults in the goldfields are more likely to have high blood pressure, drink at riskier levels, have significant chronic disease risk factors, be less likely to go to a dentist, be less likely to go to primary health care, be less likely to use allied health, and be more likely to use a hospital service because they have an acute chronic condition. They are 1.5 times more likely to have a potentially preventable hospitalisation. The preventable death rate comes along with that. Road transport accidents and major trauma are a significant issues in the goldfields. The rate of notifiable diseases in the goldfields is 1.3 times higher than the rest of Western Australia. Members will be getting the picture very quickly, I hope, that the situation in goldfields is at a critical point. During 2016–17, 71 per cent of emergency department attendances were triage 4 or triage 5—that is, semi-urgent or non-urgent cases. For the rest of Western Australia during the time the figure was 58 per cent. People are attending the hospital with semi-urgent or non-urgent cases and going straight to the ED because they are less likely to use allied health or community health services. Although they account for only 12 per cent of the goldfields population, Aboriginal presentations at the emergency department accounted for 25 per cent of all ED attendances in 2016–17. To complement the contributions of the members of the Nationals WA, the mortality rate of the goldfields is 1.2 times higher than the rest of Western Australia. The avoidable mortality rate is 1.5 times higher than the rest of Western Australia. As other members here have spoken about, the situation in the goldfields and other regional areas indicates a crisis in our health system. We are getting to the point where we should express our grave concern about what is happening.

[Member's time extended.]

**Mr Z.R.F. KIRKUP:** I have grave concerns about the medical services being provided in Kalgoorlie. At the forum I hosted with the member for Kalgoorlie it became evident, not unlike the contributions by the member for Central Wheatbelt, the member for Roe and the member for Moore, that people are crying out for a more permanent resident workforce—doctors and specialists in particular.

I spoke to people who are waiting three weeks in winter to get an appointment to see a general practitioner because of the GP shortage that exists in Kalgoorlie. That is not an exaggeration. Time and again people told me during the health forum and meetings I attended in Kalgoorlie with the Parliamentary Liberal Party that it was almost impossible to get an appointment. If people have a child who is ill, they would be very worried. People end up going to the emergency department. I appreciated the tour that was facilitated by the Minister for Health's office. The hospital in Kalgoorlie is outstanding, but I think we went to the ED on Thursday afternoon and it was very busy. A lot of those patients presented with semi-urgent or non-urgent cases. I suspect that is happening largely

because of the GP shortage. As a number of members said in their contributions, addressing GP shortages is complex. A lot of the people I spoke to at the health forum said that it was a more complex than just providing more money. If a doctor brings their partner with them, they want to make sure that there are good economic opportunities for their partner, good schools, and that they will be part of an embracing community.

Hopefully, we can pay GPs more, but that is only part of a much broader approach that needs to be taken to attract and retain GPs in Kalgoorlie. That seems to be the critical point there. I think Esperance has significantly more GPs to service a smaller population than Kalgoorlie.

**Mr P.A. Katsambanis** interjected.

**Mr Z.R.F. KIRKUP:** Indeed.

A lot of people I spoke to suggested that it is because more people choose to live in that community. In Kalgoorlie, more measures and mechanisms need to be put in place by the state government, which has to deliver these frontline services, to retain and attract doctors in that community. If we do not, we will end up with a three-week waitlist to see a GP, which has an ongoing effect across the state's health system, in particular in the goldfields, which is undergoing an acute problem, where people are presenting with more complex cases and higher visitations for a range of non-urgent or semi-urgent cases that could possibly be dealt with by an urgent care clinic or a GP.

**Mr P.A. Katsambanis:** Given that Kalgoorlie is trying to attract more people to live there permanently rather than have FIFO, one of the detracting factors would be the lack of access to health services and GP services, so it compounds the problem that the city already has in attracting people to fill the vacancies that are there.

**Mr Z.R.F. KIRKUP:** That is exactly right, member for Hillarys. What that points to is that it is a vicious cycle.

The city and the member for Kalgoorlie have advocated a number of times to ensure there is a permanent workforce in Kalgoorlie that is supported as much as we can, but of course families are more reluctant to move there if they do not believe there are enough health services supporting them. I would largely argue that if a person went from any of our districts, except for the member for Kalgoorlie's, and then moved to the member for Kalgoorlie's district, we would automatically find ourselves at a loss with accessibility to general practitioners. That is a concern, especially if families are bringing children with them. I imagine that they would be worried if they want to see a doctor as quickly as they can; it is a very difficult task getting there.

I also had the opportunity to visit Bega Garnbirringu Health Service. It is an outstanding community service. The member for Kalgoorlie knows its CEO, Clive Holt, very well. I encourage members, when they are in Kalgoorlie, to visit that Aboriginal health service. There is clearly a lot of trust with the Aboriginal community, especially those who come into Kalgoorlie from the lands to get their health services met. Bega has a view to try to create a health precinct. That is a culturally appropriate holistic health service that can be offered outside the hospital setting. A number of people told me that because of institutional issues with the hospital that has existed in Kalgoorlie on the same site since the 1890s, a number of Aboriginal residents do not want to go to that hospital and choose to go to Bega instead. That might include those who have very concerning situations. One story relayed to me by a clinician at Bega was that of someone who was having the symptoms of a heart attack on the weekend and decided to wait until Bega was open on Monday. They needed to get transferred immediately to the hospital emergency department, but that again shows the trust that Bega has, and the concern that some Aboriginal residents have about going to the hospital. From my perspective, it is an outstanding facility that was well invested in by the previous government. It is clearly under strain, and that is the story that we are getting across the board when it comes to regional health in Western Australia. It was very well invested in by the previous government. Fast forward to this government and there is now not enough funding going to regional health, there are not enough GPs in Kalgoorlie, and as the elective surgery wait lists have blown out, the WA Emergency Access Target has blown out, and it causes members on this side of the house to move motions like this one, expressing our grave concerns.

Very quickly, I note the introduction today of the Voluntary Assisted Dying Bill 2019 by the Minister for Health. That will present a watershed moment for the state of Western Australia and it is a significant bill for this Parliament to deal with. The member for Mandurah tells me that in the decades that he has been serving in this place he doubts he has dealt with a more significant bill. I agree with that, but of course echo the sentence of every regional member and Nationals WA member who has spoken prior to me, and that is that we want to make sure there is requisite investment in palliative care. It is important that the government invest in palliative care in regional Western Australia. I had the opportunity to talk with a palliative care nurse in Kalgoorlie as well who said to me that she has real concerns about the lack of investment in palliative care, right now in Kalgoorlie, and that if something like this comes along—I did not ask her position on it—she is concerned about what that looks like if it meant that palliative care would not get the same attention. The minister's speech made very clear that that is not the case, but I think most people in this place would want to see a very strong commitment to palliative care in Western Australia.

Finally, because I cannot let the opportunity go by and it is dealt with in the south metropolitan area as a fellow regional member, I think it is important to very quickly talk about Peel Health Campus. I note today the dorothy dixer for the Minister for Health lauding the investment in Peel Health Campus, forgetting that once again it was

the federal Liberal government that delivered \$25 million to the Western Australian government to invest in our emergency department at Peel Health Campus. It is the largest single investment in Peel Health Campus in its history, aside from its construction, and that is thanks to the federal Liberal government, Andrew Hastie and the whole community who delivered there. I guess this is the new normal from this government, trying to spin its way out of things, trying to shift the blame as much as it can, but it is surprising to me that the government is now three budgets in but time and again we see it blame the previous government for all the ails and problems that this government has decided to not try to approach and fix. It has not taken any leadership to try to fix these problems and ignores that there is a lot of federal funding for places such as Peel Health Campus. It says somehow that its meagre investment will solve all the problems out of Peel Health Campus. I can tell members now that we are going to be watching that \$25 million very closely and what this government does with it, because so far it does not appear that it has been accessed whatsoever. The government went out there a week or so ago with its schematics showing the emergency department redesigned for the eight waiting bays. That is an important step for our hospital, absolutely, but it is nowhere near what is required. The Peel Health Campus needs a significant investment. I realise now that with the \$25 million, thanks to the federal Liberal government, that is a step in the right direction, but of course we expect that the state government will step up to the plate, given it is a hospital that it owns, and invest in the significant resources required to expand that hospital for a growing population. I remind members in this place that our hospital was built to service a population of 27 000 to 29 000 people. The population in the Peel region now sits at around 100 000 people and the hospital emergency department has not expanded whatsoever. There has not been a significant or wholesale investment in our local hospital and people there are absolutely crying out for it. When we talk about the emergency access times, the WEAT times in Peel is only slightly better than Bunbury. Unfortunately, the member for Bunbury still has the crown of having a hospital with the worst WEAT. At my hospital, 68.9 per cent of patients are being seen within the four-hour rule. That is not good enough at all. Unfortunately, that has been a long-term deterioration at Peel Health Campus. We expect that the government would be aware of the issues confronting regional Australians. The government inherited an exceptional investment program thanks to the previous Liberal–National government and we would think that it would take those amazing investments made by the opposition in government and do something with that. But instead we see a government that has turned its back on regional Western Australia, no more clearer than what is happening in Mandurah. Peel Health Campus has not had the investment that it needs and it took this government kicking and screaming to do anything about it. I am sick and tired of having to do rallies in Mandurah to force the hand of this government to listen to our community and do something about it. I am sick and tired of doing it.

**Mr D.T. Punch:** You seem very happy when you do them.

**Mr Z.R.F. KIRKUP:** I will tell the member why I am happy when I do them. It is because the community is coming together and demanding action from this government. The government has so far been missing in action when it comes to the residents of the Peel region. I find it fascinating when I see the member for Murray–Wellington get up and have the gall to ask a dorothy dixer of this Minister for Health. She has not once written a letter to the Minister for Health about anything to do with issues at Peel Health Campus. I know that because I asked a question on notice and there has been zero correspondence about it. The member for Murray–Wellington has been missing in action when it comes to Peel Health Campus. It takes a community coming together in a rally with hundreds of people, who we managed to get to come along to things such as the health campus issue and the police and crime issue in Mandurah, before this government decides to do anything about it. The reality is that we do it because on this side we care. The government continues to ignore us because of course it ignores regional Western Australia. Mandurah is part of the proud Peel region and this government continues to ignore us. We have seen that happen with Peel Health Campus and we are now seeing that it is happening in all the regional centres around Western Australia. Hospitals are in dire need of investment. This government is turning its back and so is the minister. I urge members to consider when voting on this motion to vote with the opposition on this and express their grave concern for the crisis that is Western Australia country health.

**MR R.H. COOK (Kwinana — Minister for Health)** [6.19 pm]: I thank members for their contributions today—the member for Central Wheatbelt, member for Roe and member for Moore. They were good contributions that clearly had insights into the members’ electorates. I thank them very much for the opportunity to talk about country health. Of course, the member for Dawesville is as pathetic as ever. He cannot even lie straight. We had an agreement about the speaking list tonight and he could not even keep his word on that. If the member for Dawesville wants some respect in this place, he has to keep to his word, and if he is going to break it, he should let us know. Tonight’s performance was absolutely pathetic.

**Mrs L.M. Harvey:** Did you tell the AMA you would give them a draft copy of the VAD bill before you brought it to Parliament and made it public?

**Mr R.H. COOK:** What has that got to do with this debate?

**Mrs L.M. Harvey:** You accused my member of not keeping his word.

**Mr R.H. COOK:** Yes, because we had a discussion behind the Chair not half an hour ago —

**Mr Z.R.F. Kirkup:** I let your Whip know that it changed.



**Mr R.H. COOK:** No, the member did not. I do not care. All I am saying is that if the member for Dawesville wants some respect in this place, if he wants to work constructively, he should keep his word. It is as simple as that.

**Mrs L.M. Harvey:** Don't be precious; rise above it.

**Mr R.H. COOK:** I am not being precious, Leader of the Opposition.

I am very pleased that the member for Dawesville does lots of rallies in Dawesville and Mandurah. He can take every opportunity to explain why the government he was a senior staff member of did nothing at Peel Health Campus. He said we inherited a good investment trail. We know what we inherited from the member for Dawesville's mob when he was a senior staff member and that is the worst finances in the state's history. The member's pathetic defence writ large tonight of what has gone on in Peel from his government shows just how hopeless he is. He said there has not been investment in Peel hospital for years. That is correct, that is because the Liberal Party was in government. There is a reason that there has not been investment in Peel hospital—it is called the Liberal–National government. If the member for Dawesville is angry about this and is in front of these crowds who he says forced us to make this investment, even though we announced it prior to his stage rallies, if there is outrage in his voice about the lack of investment because Mandurah's population has been growing and investment in the Peel has plateaued, it is entirely down to him and his incompetent friends. His laughable government neglected Peel hospital in a manner that no government had done before. Even Kevin Prince had the integrity to invest a bit of money down there, but the member for Dawesville's mob did nothing in the eight and a half years it was there.

**Dr A.D. Buti:** They did do one thing. They preselected a candidate who was working there, didn't they, to run against the member for Mandurah.

**Mr R.H. COOK:** Indeed, that was one significant contribution!

If the member for Dawesville is going to be a frontbencher in this place, he should please conduct himself in a manner that is worthy of the position, because at the moment his activities have been nothing short of pathetic.

**Mr D.T. Punch:** He's not even listening.

**Dr A.D. Buti:** He's pretending.

**Mr R.H. COOK:** He is pretending he is not even listening.

We have this motion tonight and I respect the spirit in which has been moved. Health care in our regional settings is really difficult. It is a very hard activity because we have the largest and most isolated single-jurisdiction health district in the world. Providing health care in this unique setting is a challenge, but at the moment we have some great performances from WA Country Health Service, and I want to look at some of those. The member for Dawesville was keen to point out the emergency access target numbers. It is really pleasing to see that the WACHS monthly national emergency access target results continue to perform in the mid 80 per cent range. That means it is significantly outperforming any of the metropolitan health services in Western Australia. That is a great outcome for country patients. It is true that the member for Bunbury's hospital, the Bunbury Health Campus, is struggling at the moment, and I am sure he will get up and tell members in a second about all our plans to meet the needs of Bunbury hospital. The other hospital struggling with its emergency department performance is the member for Geraldton's hospital, the Geraldton Health Campus, and that is why we have an investment program to address the ED issues there. We are investing heavily in Bunbury hospital's ED and expanding services there, we are investing heavily in Geraldton hospital and we are investing heavily in the member for Dawesville's hospital. The member for Dawesville tried to start off with this narrative to suggest that we are somehow neglecting regional hospitals, but there are three big hospitals all deserving of investment. The Peel and Geraldton hospitals were starved of investment during the Liberal–National government's time; in eight and a half years it spent nothing on those hospitals.

**Mr I.C. Blayney:** We did spend something on the cancer facilities and the hotel out the back.

**Mr R.H. COOK:** The previous significant investment in Geraldton hospital was from the Gallop Labor government, was it not?

**Mr I.C. Blayney:** There was about five million bucks.

**Mr R.H. COOK:** For the cancer centre?

**Mr I.C. Blayney:** Yes.

**Mr B.S. Wyatt:** The answer is yes.

**Mr R.H. COOK:** Yes, but the previous significant investment at Geraldton hospital was made by the Gallop Labor government. The next significant investment in Geraldton hospital, phase 2 of its overall master plan, is from the McGowan Labor government. The last significant investment in the Peel hospital was made by the Carpenter Labor government. The next significant investment in the Peel hospital is from the McGowan Labor government. The next significant investment in Bunbury hospital is from the McGowan Labor government. I understand what the member's narrative is, but if there is going to be a narrative, there has to be something to support it. The emergency access target numbers in the regions are significantly higher than for metropolitan patients. There is significant investment in three big hospitals—just those three alone—and we will talk about the rest of the infrastructure issues. These are

significant investments in big regional hospitals and, notably, two in areas that we would have thought the opposition might have had a bit more interest in when it was in government. They are being fixed by a Labor government. In addition, Western Australian elective surgery in WACHS is still performing extremely well. There has been consistent improvement in the elective surgery waitlist during 2018–19, with 2018–19 results indicating that 2.3 per cent of waitlist patients are waiting over boundary for reportable procedures compared with 5.5 per cent in 2017–18. That means that in 2017–18 over 94 per cent of patients—94.4 per cent—of the WA Country Health Service got their elective surgery on time. Now, we are looking at a 2.3 per cent elective surgery waitlist over boundary, and that means that 97.7 per cent of country patients get their elective surgery on time—within the clinically recommended time. That is an outstanding performance by a country health service that clearly has a lot of challenges, and I will talk about some of those challenges, because members outlined a few of them.

At the moment we have a range of construction projects that are coming to fruition or have been completed, and some of these were really strong investments by the Nationals WA when they were in government. The Karratha Health Campus is a significant investment driven mostly by the royalties for regions program, which has produced a fantastic hospital. Last week I had the pleasure of opening Onslow District Hospital, unfortunately without the member for North West Central, although we read out a testimony from him. There were some good investments and the Nationals will no doubt know of some others. I opened the Jurien Bay nursing post with the member for Moore in 2018, I think, and the Jurien Bay helipad is on its way, as is one for the Narrogin Health Service. Obviously, there have been significant expansions to Merredin Health Service and we were very pleased to announce funding, as part of the last budget, for the Carnarvon Multi Purpose Service aged care and palliative care facility to make sure that we reach scale. I am pleased to announce today that following a meeting with the WA Country Health Service, I have asked it to put together a business case for the redevelopment of Meekatharra Hospital, which, as members will recall, is ageing. It is made up of a series of different services. I wish the member for North West Central were here to hear this announcement. That is my announcement tonight.

**Ms M.J. Davies:** He's at the Gascoyne Food Festival. He will be very happy.

**Mr R.H. COOK:** My opportunity was stolen from me, but the Leader of the Nationals is texting him now. I have asked the WA Country Health Service to put together the business case. During the Nationals' time in government, they signalled that they would move the primary care facility that sits alongside the hospital. I have asked the WA Country Health Service to look at moving not only the primary care facility, but also take primary care, aged care and the hospital and redevelop all of them. That will include a new mortuary, which is a separate facility, at Meekatharra. I accept that is not cutting ribbons, but that is a very firm indication that we are looking very closely at how we can update Meekatharra District Hospital, because it is in desperate need of improvement. That hospital, lovely as it is—wide verandahs, rustic characteristics—really has come to the end of its time.

**Ms M.J. Davies:** It's somewhat of an anachronism.

**Mr R.H. COOK:** It is. In some respects it is not dissimilar to the old Pingelly Hospital. I know when we open a new facility at Meekatharra, there will be a few tears or melancholy moments about moving from one facility to the next, as there was about Pingelly. The Pingelly facility is a fantastic health clinic and provides a really good service.

The member for Moore mentioned that people are not getting the same level of services within their communities and perhaps that is why they are utilising ambulance services more. We will come to the question of ambulance services, but I want to talk to the member for Moore about the importance of our telehealth services. It means that we are holding more patients in the smaller health facilities than we have in the past. The reason for that is emergency telehealth allows nurses to practice at a much higher scope, making sure that they can stabilise patients and potentially hold on to them. It means that more patients can get their outpatient clinics in a telehealth service or inpatient episodes. We are continuing to expand tele mental health services.

The significance of the telehealth service comes particularly in outpatient appointments. It means people do not have to travel to Perth, and this is a vote of confidence in those smaller facilities. In 2018, telehealth saved WA patients from travelling 28.6 million kilometres for outpatient appointments. To put that in perspective, that is the equivalent of going to the moon and back 37 times; that is, 21 450 outpatient appointments were held by telehealth in 2018, which is a 17.5 per cent increase from 2017. Really, we are providing a better service to country patients because if they do not have to travel those distances, it is less inconvenience for them and it means they can have continuity of care with either the nurses or the doctors who are in the telehealth episode. It means that we are really providing modern health care. If the member for Kalgoorlie were here, I would remind him that we are investing in the MRI machine at Kalgoorlie Health Campus, which means another 1 200 patients will not have to travel from Kalgoorlie to Perth to have an MRI. I am very proud of the investments that we are making and that we will be making in our country health service because I believe services for patients are improving rather than deteriorating.

I do not resile from the fact that delivering health care in WA in the country is difficult and staffing is even more difficult. I get that. We often have dwindling population centres, which puts pressure on the viability of the health care. We also have a dwindling number of general practitioners. I promised the member for Moore that I would quote the statistics around the impact of that. In Western Australia, we have 79 GPs per 100 000 population compared with the national average of 96 per 100 000. As we know, and have observed already, the member for

Cottesloe has the lion's share of those GPs. The impact of that on healthcare resources is that Western Australia gets \$270 a person in pharmaceutical benefits, whereas the national average is \$332. That is a significant gap. That means patients have to go to hospital where they are not charged for medications, but also that people are not getting access to the medications they need. Expenditure on Medicare is \$695 a person in Western Australia compared with the national average of \$888. Again, health resources are not coming to Western Australia and, as the member knows, a lot of the Medicare benefits go to the doctor, so that is money that is not going into rural communities.

Unfortunately, we do not have control of primary care. I wish we did, and I wish we had the money that came with it. I am sure we would do a better job. The situation with primary health care is that is funded by the commonwealth and we have a system that requires a GP to come in and hang their shingle outside their door and provide a service. We cannot compel a GP to do that and we cannot influence the number of GPs who practise in Western Australia. That is really frustrating. But as the member for Roe mentioned, the rural clinical schools do a fantastic job at providing exposure for the medical students to health care in rural and regional communities.

**Mr R.S. Love:** Is it possible for you, in areas of unmet need, to put in a doctor that you may employ and then gain Medicare back from the commonwealth or is there a problem in doing that if you had a salary doctor or some sort —

**Mr R.H. COOK:** We are barred from doing that. We can team up with GP practices so that we have GPs practising in the hospital so that they do part of their roster in the hospital and part of their roster in the GP clinic. That is often how we primarily provide GP clinics in a lot of the smaller communities. They get the exposure to the hospital and the support of the hospital and do a bit of locum ED work, for want of a better description. From that perspective, it is one of the more sustainable ways we can get GPs into smaller communities. But as the member for Roe will tell us, staffing in these sorts of communities is often very, very difficult. Merredin and Katanning hospitals' on-site medical gaps are due to an insufficient number of local doctors and an inability to reliably source locum doctor coverage as well. I agree with the member for Roe; Katanning is a wonderful town, and previously when we met that day in the cafe and he was head honcho of the local government—was he shire president?

**Mr P.J. Rundle:** Not local government—development commission.

**The SPEAKER:** Hear, hear!

**Mr R.H. COOK:** Until that point, we had a GP obstetrician practising in the town, I think with his wife, so they were able to provide those services. There was a bridge to a new GP obstetric team, but there was some fallout amongst the partners.

**Mr P.J. Rundle** interjected.

**Mr R.H. COOK:** I must confess that I have spoken to a number of patients who have said they would rather go to Albany anyway because the Nationals built this big flash hospital down there. They might have done too good a job in Albany.

This stuff is difficult, but it is not for lack of trying. We are doing the best we can, and the only useful contribution made by the member for Dawesville was to say that it is difficult because we have to provide a worthwhile experience for the doctor's partner as well.

**Mr D.T. Redman:** With respect to telehealth services, we offer emergency telehealth care, and I think there is some specialist care that goes over that, from a distance. What about primary health general practitioner consults over the telehealth service, and being able to get the federal rebate for doing that, where there are thin markets? Obviously, the perfect scenario is the face-to-face consult, but a certain proportion of the market might be able to be met under that type of scenario.

**Mr R.H. COOK:** This is a proposal we are trying to get up with the federal government at the moment. It has been very reluctant to recognise telehealth episodes in the Medicare benefits scheme. However, it is reviewing the Medicare benefits scheme, and I am hoping that there will be an opportunity to have this as part of the offering from a GP. As the member says, in a rural setting, it just makes sense.

**Mr D.T. Redman:** Particularly in rural markets. I do not think it is a perfect scenario—not for those sorts of consults—but in some markets it would be an option.

**Mr R.H. COOK:** Often dispensing of medicines needs to take place, and if the doctor is in a telehealth episode, they cannot hand over the prescription, which comes to the point that the member for Moore was making that pharmacists are often the fundamental opportunity to get health care in rural communities. That is the reason—the member for Moore is quite right—I have moved to make chemists able to provide more and more vaccinations, because I think they provide a continuing role in low-risk medical services. Do not quote me, but I think about 40 communities in Western Australia have a chemist but do not have a GP. Obviously, we need to look to these GPs to provide important access to some level of primary health care. I have said to the Australian Medical Association, because it gets very cross with me when I talk about these issues, that I think the primary role for extending the scope of practice for chemists is in preventive and community health, and they can provide a gateway to a primary care pathway. The fact of the matter is that in many communities they are all that people have, and because of that we need to invest more in what they can do.

**Ms M.J. Davies:** In regard to nurse practitioners and pharmacists in those areas, I can understand the objections from the AMA about what it sees as creeping into general practitioners' scope of work, but in these parts of the state, GPs simply do not exist. We simply would not be having those conversations if doctors were practising in those areas. It is a licence to print money in regional Western Australia, but we do not seem to be able to attract them into those areas to do it.

**Mr R.H. COOK:** I could not agree more. It is a lost opportunity for a young GP to not only make lots of money, but to get really rich experiences.

**Ms M.J. Davies:** The whole range of things in the community, as well, from a work perspective.

**Mr R.H. COOK:** One of the outcomes of the sustainable health review, and I know the member for Central Wheatbelt mentioned it at the beginning of her address, is that one of the recommendations is that there should be more generalist practitioners so that, particularly in a regional setting, we actually get a better service. If we have a GP, we want an obstetric GP, or a GP who can also double as an anaesthetist, and things like that. We need more rural generalists in order to continue to provide those services. That would also be the case in palliative care, if we turn briefly to that. As the member for Moore pointed out, we are investing \$206 million over the next four years in palliative care, including the \$41 million package that we announced in the budget this year. The vast majority of that \$41 million is going to rural and regional palliative care. The Western Australian Country Health Service believes that that money is best invested in people who are already in those regional communities. It tells us that we need to provide more support for nurses in small towns so that they can provide low-level palliative care. Again, we need to utilise telehealth services—not to the patient for palliative care, but to the doctors and nurses in those small rural hospitals who are providing a palliative care service so that they can practise at a much higher level of scope. I expect to see a much bigger uplift in palliative care services in the bush—that is our big challenge around palliative care—and certainly some strong outcomes. Obviously, a minister does not go to Treasury without any ideas about how they want to spend money, but I have committed to meet with the palliative care industry later this month to talk about where it sees the main gaps—it will not surprise members to hear that they are all in regional communities—and how it wants that money to be spent to be most effective. I have accepted the challenges of the joint select committee to improve palliative care services. I am determined to make it part of the government's response to that committee report.

As I said, the vast majority of the palliative care money will go to rural and regional communities for the provision of palliative care services, but that is mainly around training and better support for the doctors and nurses in those small hospitals so that they can provide a higher level of palliative care. It is interesting that the big push in aged care and palliative care is that people want this to happen in their homes. We will notice a plateauing of aged-care bed numbers throughout all communities into the future, because organisations such as Silver Chain are getting really clever at providing aged-care services in people's homes. That will be a reality into the future in the way that aged-care services are provided. It is not counterintuitive.

**Mr R.S. Love:** Can I just point out something to you?

**Mr R.H. COOK:** Yes.

**Mr R.S. Love:** In more dispersed rural communities, it becomes quite problematic when patients are located on isolated farms et cetera, which is why that program of building independent living units within towns was a good approach to get people to where they could be serviced in a more cost-effective way. On paper that sounds great, but if a nurse is spending eight hours of her day driving, there is no room left in her day to make that care available.

**Mr R.H. COOK:** I heard the member make those comments. I thought they were interesting.

**Ms M.J. Davies:** That is the link with Cunderdin, which has the palliative care unit very close to the new primary healthcare centre, but it needs to be supported by WACHS or another service agency to offer the services so that when it has patients who want to die in their own setting or in the community, they can do that with the supervision that they require.

**Mr R.H. COOK:** People growing older in the towns in which they grew up makes a lot of sense for their own wellbeing.

Before we go on to talk about ambulances, I want to touch on the point that the member for Central Wheatbelt made about the Geraldton Universities Centre. I have not lost faith. I am trying to break some difficult arrangements between the existing universities and the universities that sponsor the GUC. What has been explained to me is that the biggest inhibition in training midwives in Western Australia is the number of births. We have about 60 000 births a year, and it is a limitation on the number of midwives we can train. I think that the GUC deserves to have its own share of that, but it may mean that those students have to leave Geraldton for a portion of their training to make sure that they get hands-on experience, because usually that is done in a big hospital setting. We certainly do not have the throughput in a place like Geraldton, for instance, to provide someone with meaningful midwifery training, but we are determined to make sure that we provide a meaningful opportunity for those people.

**Ms M.J. Davies:** So we can keep the faith, minister?

**Mr R.H. COOK:** Ah—we can try, member for Central Wheatbelt!

**Ms M.J. Davies:** I don't think Hansard can record a deep sigh like that for posterity.

**Mr R.H. COOK:** Hansard heard nothing!

At the beginning of the member for Central Wheatbelt's presentation she talked about the amount of money being spent on preventive health under the sustainable health review. The goal is to spend five per cent of our health budget on preventive health by 2026. I think we spend anywhere between 1.9 and 3.1 per cent—depending on who one is listening to or at what time of the day—at the moment. That is going to be a big challenge for us, but it is about turning the ship around and making sure that we move away from, as a member said, critical care as the focus of the health system.

I want to acknowledge the work of volunteer ambulance drivers and volunteer paramedics everywhere. They do an extraordinary job. I heard the member for Central Wheatbelt's criticism in the news about the treatment of volunteer drivers attending larger hospitals and potentially spending time ramping. I am trying to get a better line of sight on the level of incidence of that, but I think the member is right that that is not acceptable. We are, as the member for Dawesville will point out to members on any occasion they want him to, suffering from some difficult ambulance ramping at the moment. That is because we are having record presentations to our emergency departments. We had 86 000 people present to EDs in June. It is the highest number of presentations ever. We understand that is due to the flu. We have had 21 000 notifications so far compared with the 3 000 we usually have at this time of the year. Incredibly, and regrettably, there have been 66 deaths so far this year compared with six usually. We are suffering at the moment. The EDs are doing a great job. Those people getting into the EDs are getting a great service. In June, Fiona Stanley Hospital hit 90 per cent for its weekly targets. They are doing an incredible job, but we have to get people into the ED in the first place. Lots of people are presenting to our EDs via ambulance, yet the hospitals are coping really well.

The Country Ambulance Service is a challenge. We have two opportunities coming up. The response to the country ambulance strategy has been completed and should be released in the coming months—that is what my notes say, so I am excited about that.

**Ms M.J. Davies** interjected.

**Mr R.H. COOK:** Yes. It depends how old this briefing note is—months! It will be in the coming months. The important opportunity is the St John Ambulance contract, which expires in June 2020. It is all leading to that moment. We do need a better line of sight on country ambulance services. I have already said to Michelle Fyfe that that will be a feature of the contract negotiations if we have our way. Obviously, it is a negotiation, so they have to play ball as well. WA Country Health Service needs to know where its ambulances are and where its patients are so it can move them around the system for optimum outcomes.

I am sorry this is rambling on a bit now. We are developing a command centre at Royal Perth Hospital based upon similar centres overseas. I recently had a look at one in Canada. Essentially, these are patient tracking systems across entire networks. We will be able to have line of sight on where a patient is, where the ambulance is in relation to them and where other ambulances are in terms of capacity to get to that patient. As members would know, we are often calling ambulances from very long distances away depending on the needs of the patients and the availability of the crew. As a member for Moore said, these things vary from town to town. I had a chat with a community paramedic in Onslow last week. He has 16 volunteers to draw on, so they are doing really well.

**Ms M.J. Davies:** That's what those community paramedics do—they provide that. They are the keystone to so many of those sub-centres when they feel really supported and have the appropriate training and backup from the paramedics.

**Mr R.H. COOK:** That is right. We need to look at the opportunities that they provide for us. We also need to front up and say that having a volunteer ambulance service in a particular area is not good enough and we need to invest.

**Mr Z.R.F. Kirkup:** We have an ambulance sub-centre in Dawesville that is entirely serviced by volunteers, which is part of the problem.

**Mr R.H. COOK:** That is what we have when we work with 100-year-old organisations. They grow up over time. The member is right, we do need to shift to a professional clinical model. I am not saying that we should always use professional paramedics but we need to use a more clinical model in the way we—what is the word for it when they are called out to a particular service? What happens in particular is that the volunteers get called out to extract a patient off the road, they take them back to the hospital and they stay at the hospital while the patient is being stabilised. They then go home to bed and fall asleep and get another phone call asking them to take that patient to Northam. As the member has observed, sometimes they get to Northam and are told that the patient has deteriorated or that the hospital is full and they need to go to Midland—the journey continues. We have to do it better. Quite frankly, that is not good enough.

**Ms M.J. Davies:** Volunteers do the job for all sorts of reasons, as the minister knows. None of them really object to covering genuine emergencies, and there are cases in which they make money out of the non-urgent patient transfers, I think. It is the interaction between the genuine emergencies and the patient transfers that is creating that pressure, and the financial liability of some of those sub-centres. There will be lots of discussion from our part of the world.

**Mr R.H. COOK:** I am sure there will be, and I am not surprised that the member for Moore and the Leader of the Nationals had a good roll-up to the forum that they held. It is something about which the community is anxious. We also understand that we are getting to the tipping point at which we have to do some work in that space.

I understand the points that members have made. I appreciate that health care in the bush is sometimes difficult, particularly for the patient, but the patients are our focus. We want to make sure that we do the right thing by country patients. We want to make sure that we do the right thing by staff who work in the facilities. But it is not fair to characterise it as a crisis. We still get very good performance from the WA Country Health Service. As I said, the emergency departments continue to operate well and truly above the performance of our metropolitan EDs. By the way, our metropolitan EDs operate better than the EDs in other states. In the elective surgery waitlist, the number of patients over boundary is very low, which means that more than 95 per cent of all country patients get their elective surgery within the clinically recommended period of time. This cannot be characterised as a crisis, but it is a challenge. We will continue to meet this challenge through continuing strong investment into our facilities and by making sure that we have good clinics, multipurpose service centres, rural hospitals and general hospitals in which our staff can work to provide these patients with care. We will continue to invest in our workforce. We believe that our rural workforce is second to none and deserves our support through ongoing training and the provision of facilities. From that perspective, I very much look forward to the ongoing challenges and the support of members to meet them.

**MR D.T. PUNCH (Bunbury)** [6.57 pm]: I rise to make a short contribution. I listened very carefully to the contributions of members from the National Party and the member for Dawesville. I think it was the member for Dawesville's first speech as the opposition spokesperson for health. Providing health care in the bush is a tough issue. I have certainly had many conversations about this with the member for Roe in a previous life in the development commissions. We talked about the issue of access and equity, and how the more remote people are, the more difficulties there are associated with that. By and large, over many years the healthcare services in Western Australia have done an extraordinary job in meeting the demands of such a large state with such diverse communities. The metropolitan-style communities in my electorate are very different from those quite remote regional communities with very limited access to general practitioner services. Interestingly, I also picked up on the point made by the member for Moore about the importance of encouraging people who work in the health sector to work in the bush. From my point of view, I have always found living and working in regional Western Australia an incredibly rewarding experience professionally. Certainly, for the healthcare professionals that I have met over time who have worked in the bush, it has been a very rewarding experience. Some of the people in my electorate who have worked in regional Western Australia over many years have been recognised for that work, such as the winners of the excellence in person centred care award, the midwifery group practice at Bunbury Hospital. Dr Ramesh Parthasarthy, who is a leader in geriatric medicine, was recognised by the Bethanie Aged Care Awards. I understand that Dalyellup general practitioner Andrew Kirk has been nominated for GP of the year in country WA.

A member interjected.

**Mr D.T. PUNCH:** Just a little bit of mentoring on the way through.

A member interjected.

**Mr D.T. PUNCH:** I would just have kept going.

A member interjected.

**The SPEAKER:** There is a mercy rule, but it has not been enacted yet.

**Mr D.T. PUNCH:** I am sure that those sorts of stories are replicated right across regional Western Australia. We should recognise the fantastic opportunities of health care in the bush from a professional point of view. The challenges of working in regional Western Australia provide a unique experience for people in remote-area medicine. That is something we should celebrate and recognise in the debates that we have.

I was less enamoured of the first contribution by the member for Dawesville. It seemed to be more repetition of a backbencher's performance than a serious analysis of regional health services. I have not seen the member for Dawesville in my electorate in his new role yet, but I probably will.

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

**Mr D.T. PUNCH:** I did see the member for Dawesville on the ABC, though. I have a piece of advice for him. When dealing with a serious matter that affects people's lives, such as ambulance ramping, he should not look so happy about the negative results. He stood on the front steps of Parliament with the TV cameras talking about ambulance ramping with a big smile. I know that in opposition people can revel in negative outcomes and numbers. It is the very thing that sparks rallies and over which they try to get a bit of a frenzy whipped up, but it has to be treated in a serious manner. Not everything is dealt with by a rally. As the member would know, advocacy in government does not always have to involve a rally. It can involve working with ministers and department agencies

through ministers to get the outcomes that we need in regional WA. That is certainly bearing fruit on this side of the house, which has a far more disciplined approach to these issues than the previous Liberal–National government had. Having said that, it is a serious matter, as the minister said.

I have had a long history of contact with regional healthcare services. My first wife spent many months in the Moora District Hospital. My youngest son was born in the Collie District Hospital. More recently, I spent a considerable amount of time in the emergency department of the Bunbury Hospital with my mother-in-law, who has gone through a successive series of health issues. I am very aware of the quality of service. I have to say that I have always been amazed by the work those people do. I thank them sincerely. I note that those thanks have been expressed by members opposite. It goes without saying that a lot of very good work is done within our health system. I do not agree with the view that it constitutes a crisis in our healthcare system, but there is certainly continuing work to be done.

The busiest hospital outside the Perth metro area is Bunbury Hospital. It did not get any significant upgrades at all under the previous government but, unlike other areas and as the member for Dawesville has mentioned, the population of the greater Bunbury area has increased significantly. Bunbury and the south west experiences a significant increase in tourism numbers—up to 30 000 people in the peak period during summer. We have enormous population pressures that drive demand for medical services. Bunbury Hospital, as the peak hospital in the south west, is the centre for that. We went into the election with a commitment to a \$20 million upgrade for Bunbury Hospital. We announced \$11 million of that in the recent state budget and a further \$11.8 million has just been added, bringing it to a total of \$22.8 million going to the hospital. As part of that, planning is well underway. We spent the first period of government looking seriously at the needs of that hospital in the context of the challenge of undertaking significant upgrades to a hospital that has suffered from long-term neglect while keeping it functioning in a way that does not impact on patient health care.

That additional funding is set to deliver a number of outcomes for Bunbury. There will be the construction of an additional operating theatre. There is considerable demand for both elective surgery and critical urgent surgery in Bunbury, so we know that this will have a direct impact on the ability to move people into theatre in an expedient way to receive the care they need. There will also be a reconfiguration of the emergency department's fast-track area. For a lot of these services and the way in which they are delivered, reconfiguration is sometimes needed to get a better outcome for the staff who work there and the patients who use that service. Reconfiguration of the emergency department's fast-track area should have an impact on some of the issues the member for Dawesville raised. I also make the point that although we have an issue with waiting times in Bunbury, the hospital has a very effective triage unit, and I am very confident that patients who need urgent care are seen appropriately.

The government will also be establishing an acute medical assessment unit and will implement a mental health observation area at the hospital, which is critical because it will tie in with the work now underway on the Bunbury step-up, step-down facility. This was originally promised in 2013. My predecessor, Hon John Castrilli—a very good member for Bunbury and a strong advocate for his electorate at that time—spoke out of frustration in 2014 and said that although it was announced as an election commitment, there was nothing in the budget or the forward estimates. It was a little like the Ellenbrook rail project promise: it was there but nothing actually happened. In 2016, it came out as a recycled election commitment for the 2017 election. Two election commitments and two elections, just the same as the Ellenbrook rail project promise: two promises, two elections and it was never delivered. That step-up, step-down facility will have a dramatic impact on the cluster of mental health provision that is having an impact on the emergency department at Bunbury Hospital. We will also expand the capacity of the intensive care unit and, importantly, increase the number of parking bays for the whole hospital site. I am very hopeful that that will lead to improved security of bays for hospital staff and also improved accessibility to the hospital, particularly for older people who are using the hospital.

That contribution to Bunbury is very much an initial look at how we can meet some of the critical demand areas that are impacting Bunbury Hospital. We know that as the population in the south west grows, demand on Bunbury Hospital, as the peak regional hospital servicing the whole of the south west as well as the Bunbury area, will continue to grow. It will be a dynamic process of looking at the needs of that hospital and how we can respond to them. We will be looking at how we can engage with the general practitioners and the primary healthcare network so that we have an impact on the demand for hospital services. We will work with people so that the need for acute care within the hospital is diminished, while at the same time making sure that acute-care needs are met as population demand grows into the future. I have no doubt that with the excellent work the Treasurer is doing in terms of improving the state's economy, we will see an influx of people into Western Australia. I know from history that as Western Australia and the metropolitan area grows, Bunbury and the south west areas grow as well. We can see that there will be continued demand.

That is the difference with this government. This is not a stop–start government; this government adopts a continuing strategy of looking at how to improve services over time by looking at the broad mix of resources that are available. I totally took on board what the health minister said about the role of general practitioners and the broader primary healthcare network in terms of managing the demand loads on regional hospitals. We also had a number of other

commitments in Bunbury to help create the climate for addressing some issues of demand. We made a small election commitment of \$25 000 for funding dental equipment to the South West Aboriginal Medical Service. That is not a lot of money, but dental health care is a very significant way of impacting on people's general health. Infections of the mouth and gums lead very rapidly to more critical issues and in the most basic economic terms have an impact on cost drivers through the rest of the health system, let alone on the social and health impact on the individuals concerned. That was a small grant, but we expect it to make a big difference. That was something that the South West Aboriginal Medical Health Service had identified quite clearly as something it felt would have an impact on general health within the community. We were very pleased to provide that.

We provided funding towards the Lishman Health Foundation, which is doing excellent research work on some of the drivers of health issues that lead to people needing acute services. It is looking at better ways of delivering health services so that we can avoid the acute end of the spectrum, and at how we can improve general health from a primary health care point of view. We also provided \$10 000 towards Solaris Cancer Care in Bunbury. I know that many members have some association with Solaris Cancer Care in the metropolitan area. It provides a complementary healthcare service to people who are experiencing cancer and on the journey of cancer, complementary to normal clinical practice, but also helps to look after the personal, psychological and social needs of the person who is experiencing that journey. We also committed funding to Doors Wide Open. That is a specific grassroots organisation that is helping people who are using methamphetamine, and their families, on their journey to recovery. We know that meth usage is a major driver of presentations at emergency departments and by putting those services in place and supporting them, we expect that to make a significant difference in people's ability to recover from their usage, re-establish themselves and not require the services of an emergency department in the future. Complementing that, we are supporting drug and alcohol rehabilitation beds in the south west through both Palmerston Association and Cyrenian House, and the government has provided funding to Cyrenian House to operate 12 Aboriginal residential rehabilitation beds and three local medical withdrawal beds. This brings the total number of treatment beds opening in the south west this year to 34. It is not just about the needs of the hospital itself—that is a central plank of the work that we are doing—but also the ancillary work that is happening around the hospital and within the health sector itself. I want to acknowledge the role of the general practitioner practices in their commitment to primary health care and supporting the broader health needs of the community.

I mentioned earlier the step-up, step-down facility. I am sure that many members have a similar experience to that of my electorate, with an increasing number of people presenting at electorate offices with various mental health issues. The issues of depression, psychosis and anxiety are pretty critical in both the metropolitan area and in regional WA. It is an important issue. Although we have focused on physical diseases in the main in this debate so far, I do not think we should stray away from the fact that those conditions have a serious impact in both regional Western Australia and the metropolitan area.

Debate adjourned, pursuant to standing orders.

*House adjourned at 7.13 pm*

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**QUESTIONS ON NOTICE**

Questions and answers are as supplied to Hansard.

**TRANSPORT — TOW TRUCK COMPLIANCE CHECKS****5189. Mr P.A. Katsambanis to the Minister for Transport; Planning:**

I refer the Minister to compliance checks for tow trucks, and ask:

- (a) How many random compliance checks have been conducted by Main Roads Heavy Vehicle Compliance in each of the past five years, and year to date;
- (b) In the past five years, and year to date, how many tow trucks were found to be non-compliant; and
- (c) Of the tow trucks found to be non-compliant, how many then later returned having passed compliance inspections?

**Ms R. Saffioti replied:**

- (a) 2014 – 4; 2015 – 2; 2016 – 4; 2017 – 5; 2018 – 7; YTD – 1
- (b) 2014 – 4; 2015 – 2; 2016 – 4; 2017 – 2 2018 – 2; YTD – 0
- (c) All non-compliant tow trucks issued with vehicle defect notices are required to be inspected at an authorised Department of Transport Vehicle Inspection Station before being allowed back on the road.

**DEPARTMENT OF JUSTICE — 2019–20 STATE BUDGET — STAFF****5199. Mr P.J. Rundle to the Attorney General:**

I refer to Budget Paper 2, Volume 2, page 376 under the table Services to Government. The FTE target is significantly less than budgeted in 2018–19, and I ask:

- (a) Where were the extra jobs anticipated;
- (b) Why have those jobs not eventuated; and
- (c) Will the lack of staff have an impact on drafting legislation?

**Mr J.R. Quigley replied:**

- (a) The decrease since the 2018–19 Budget reflects the implementation of the Voluntary Targeted Separation Scheme (VTSS) and the Machinery of Government (MOG) changes. The new target shows an FTE allocation in line with the 2017–18 actuals.
- (b) See answer to question (a).
- (c) No, the Staffing allocation for the Parliamentary Counsel Office has not been impacted by the MOG changes or VTSS.

**DEPARTMENT OF JUSTICE — 2019–20 STATE BUDGET — ICT UPGRADES****5200. Mr P.J. Rundle to the Attorney General:**

I refer to Budget Paper 2, Volume 2, page 378 and point 1.8 under the Asset Investment Program, and I ask:

- (a) What is the breakdown of the \$1.6m spend;
- (b) Specifically for IT are any of these upgrades proposed for the regions or are they centrally based in the metropolitan area;
- (c) I believe Advanced Health Directives (AHDs) fall under the Attorney General portfolio and the Department of Justice – has the Department considered digitising AHDs and if yes, what is the projected cost. If no, why not; and
- (d) Will these be integrated into a database such as My Health Record, One Stop Shop or MyGov?

**Mr J.R. Quigley replied:**

- (a) Replacement and upgrade of ICT Infrastructure – \$1.228 million. Replacement of Western Australia Registry System \$330,000.
- (b) Upgrades to the corporate infrastructure will be available across the State.
- (c) This is currently under consideration by an expert panel.
- (d) A decision has not been made and Commonwealth engagement will be required.

**POLICE — JUVENILE OFFENDERS — TARGET 120****5201. Mr P.J. Rundle to the Attorney General:**

I refer to Budget Paper 2, Volume 2, Page 368 – Significant Issues Impacting the Agency number 1, and ask:

- (a) Does this include the McGowan Government's election commitment to Target 120;
- (b) What line items relate to this significant issue have funding that you are aware of;

- (c) Of those, which are regionally based; and
- (d) Are the costs of expanded electronic monitoring expected to stabilize following a peak in 2020–21?

**Mr J.R. Quigley replied:**

- (a) No.
- (b) Page 367, Spending Changes, New Initiatives, Line items:
  - Bail Support Program
  - Expanded Electronic Monitoring
  - Fines Diversion Trial
  - Improved Access to Rehabilitation Programs
- (c) The new initiatives will be operational in both the metropolitan and regional areas.
- (d) The Expanded Electronic Monitoring initiative is planned to be implemented by 2020–2021, with costs thereafter expected to stabilise subject to judicial uptake of available monitoring options.

DEPARTMENT OF JUSTICE — 2019–20 STATE BUDGET — SUITORS' FUND ACT

**5202. Mr P.J. Rundle to the Attorney General:**

I refer to Budget Paper 2, Volume 2, page 367 under the table Appropriations, Expenses and Cash Assets. The line item is *Suitor's Fund Act 1964*:

- (a) The amount in the forward estimates from this legislation is \$31 000. Did this take into account the passing of the *Suitor's Fund Amendment Act 2019* and the *Suitor's Fund Amendment (Levy) Act 2019*;
- (b) Why has this stabilised after 2019–20;
- (c) When is it estimated that the funds currently owing to Treasury will be balanced out; and
- (d) Has the Department of Justice identified any other outdated fees which require modernisation via legislation?

**Mr J.R. Quigley replied:**

- (a) No, the substantive provisions of the amending legislation are yet to be proclaimed. The forward estimates will be reviewed after proclamation.
- (b) The number of court processes are forecast to be constant. The forward estimates will be reviewed after the substantive provisions of the amending legislation have been proclaimed.
- (c) It is not possible to give a precise timeframe at this stage as the substantive provisions of the amending legislation are yet to be proclaimed. Current modelling indicates that a levy of \$5.00 per Magistrate's Court initiating process and \$10.00 per District and Supreme Court initiating process would be sufficient to cover the future outgoings and repay the Treasurer's Advance in a maximum of 10 years.
- (d) No.

MINISTER FOR TRANSPORT — MILING VISIT

**5205. Mr R.S. Love to the Minister for Transport; Planning:**

I refer to Minister Saffioti's visit to Miling on 5 June, and I ask:

- (a) Will you please provide an unredacted copy of the Minister's itinerary and travel arrangements on June 5;
- (b) Will you please provide all briefing notes and advice provided to the Minister or created by the Minister or the Minister's staff in relation to meetings, functions and other commitments undertaken by her on June 5;
- (c) Who accompanied the Minister during the visit and at each meeting, function or other commitments undertaken by her on June 5;
- (d) On what date, at what time and by what means were the following local members of Parliament notified of the Ministers' visit; Shane Love MLA, Hon Martin Aldridge MLC, Hon Colin de Grussa MLC, Hon Laurie Graham MLC, Hon Rick Mazza MLC; and Hon Darren West MLC; and
- (e) If notification was not provided to local members identified in (d), has the Minister satisfied the requirements of the DPC protocol?

**Ms R. Saffioti replied:**

In relation to the Minister's visit to Miling on 5 June 2019:

- (a)–(b) 9.45am – Travel to Miling
  - 11.30am – Opening of Miling Bypass and Pithara Realignment works and Announce Shire of Moora Commodity Freight Route project.
  - 12.15pm – Depart Miling.
- (c) Policy Adviser, Media Adviser, Main Roads representatives, Hon Darren West MLC

- (d)–(e) Noting that ministers of the former Liberal–National Government routinely did not provide local members this courtesy, it was identified that a process error occurred within the administrative functions of the office which resulted in notification of a Ministerial visit failing to occur.

Internal Administrative processes have been amended to ensure prior notification is provided for future Ministerial visits.

#### MCGOWAN GOVERNMENT — TRAVEL EXPENSES

##### **5231. Mr D.C. Nalder to the Minister for Transport; Planning:**

I refer to government travel expenses, and ask:

- (a) Could the Minister advise the total cost of airfares, broken into intrastate, interstate and overseas travel, paid for by the State Government for the following financial years:
- (i) 2017/18;
  - (ii) 2018/19 (to date);
  - (iii) 2019/20 (budgeted); and
  - (iv) 2020/21 (budgeted); and
- (b) For the same periods above, could the Minister advise of chartered flight services paid for, or budgeted, by the State Government, broken down into intrastate, interstate and overseas travel?

##### **Ms R. Saffioti replied:**

- (a)–(b) Whole-of-Government travel expenses do not fall under the portfolio responsibilities of the Minister for Transport; Planning.

If the member has a specific question concerning the Transport and Planning portfolios, the Minister will endeavour to answer those questions.

#### BUSSELL HIGHWAY — BUSSELTON–CAPEL

##### **5236. Ms L. Mettam to the Minister for Transport:**

I refer to the completion of the Bussell Highway dual carriageway between Busselton and Capel, and I ask:

- (a) Will the State Government seek, through the Federal Government, that Stages 1 and 2 in their entirety are rolled into the Bunbury Outer Ring Road Project, or only the \$4 million to cover early works for Stage 1 between the Capel Bypass and Hutton Road; and
- (b) Will the State Government seek to increase the budget for the Bunbury Outer Ring Road Project to cover the costs in (a) or will this be absorbed within the existing budget?

##### **Ms R. Saffioti replied:**

- (a)–(b) The State Government is progressing with development work and will continue to work with the Federal Government to secure the required funding contribution for the duplication of Bussell Highway.

#### TOURISM — INTERNATIONAL VISITORS

##### **5240. Ms L. Mettam to the Minister for Tourism:**

I refer to Budget Paper 2, Division 15 – Department of Jobs, Tourism, Science and Innovation, page 189 – New Initiatives – International Marketing Boost with \$2.75 million in 2018–19 and \$7 million in 2019–20, and I ask:

- (a) How many additional visitors to Western Australia are expected through this funding boost; and
- (b) How many additional tourism jobs are expected through this funding boost?

##### **Mr P. Papalia replied:**

- (a)–(b) The Western Australian Government has doubled the international marketing spend, which is expected to significantly increase visitation and provide economic benefits to the State.

International Visitor Survey figures for the year ending March 2019 show that the Government's international marketing efforts have already delivered 493,100 holidaymakers, the largest number of international holiday visitors ever seen in WA, up 9.3% on the previous year. The survey also showed that international holiday visitor spend reached a record high, growing 14.8% on the previous year. WA saw growth in visitor numbers from seven markets in which Tourism WA is active: New Zealand (+7.4%), China (+12.4%), Germany (+0.8%), Indonesia (+9.5%), India (+8.8%), Japan (+1.8%) and Switzerland (+0.9%).

It is anticipated that the Government's additional investment in international marketing will drive further visitation.

Western Australia will undertake a full evaluation of the increased visitor numbers and new jobs at the end of the campaign activities.

## TOURISM — JOBS

**5241. Ms L. Mettam to the Minister for Tourism:**

I refer to Budget Paper 2, Division 15 – Department of Jobs, Tourism, Science and Innovation, page 190 – “Significant Issues Impacting the Agency – WA Jobs” which states the McGowan Government’s target of an additional 150,000 new jobs in WA by 2023–24, and I ask:

- (a) How many of the additional 150,000 jobs are anticipated to be within the tourism industry?

**Mr P. Papalia replied:**

- (a) The specific number of new jobs to be created in Western Australia (WA) by 2023–24 that relate to the tourism industry has not yet been identified. However, it is expected to be substantial on the back of the latest International and National Visitor Survey figures for the year ending March 2019, which show that:

The total visitor numbers (international and interstate combined) was the largest in the State’s history and their combined spend also exceeded all previous records.

WA had the largest number of international holiday visitors (493 100 holidaymakers) in history, growing 9.3% compared to the previous year;

International holiday visitor spend also reached a record high, growing 14.8% compared to the previous year;

WA saw a growth in visitor numbers from seven markets in which Tourism WA is active: New Zealand (+7.4%), China (+12.4%), Germany (+0.8%), Indonesia (+9.5%), India (+8.8%), Japan (+1.8%) and Switzerland (+0.9%).

Interstate visitors, nights and spend all increased compared to the previous year at a total (all purposes) level, and for holiday and visiting friends and relatives (VFR) specifically.

WA’s growth rate in interstate visitation was the highest of all States/Territories.

WA’s market share of interstate holiday visitors increased from 3.5% to 3.7% year on year.

WA’s market share of interstate holiday spend increased from 4.6% to 5.6% year on year.

Intrastate visitors, nights and spend all increased compared to the previous year at a total level and for holiday and VFR.

## TOURISM — HOTEL OCCUPANCY RATES — BROOME

**5244. Ms L. Mettam to the Minister for Tourism:**

- (1) How many hotel rooms were available in Broome in 2015, 2016, 2017, 2018 and 2019 to date?
- (2) What was the hotel occupancy rate in Broome, in peak vs off-peak season, in 2015, 2016, 2017, 2018 and 2019 to date?

**Mr P. Papalia replied:**

- (1) The Australian Bureau of Statistics, which produced the Survey of Tourist Accommodation, ceased collecting and reporting on hotel room data in 2016. The latest publicly available accommodation statistics for Broome are to the year ending June 2016.

According to the Survey of Tourist Accommodation, in Broome there were an average of 1,286 rooms per night available in 2015 and an average of 1,277 rooms per night available in the first two quarters of 2016.

- (2) According to the Survey of Tourist Accommodation, the hotel occupancy rate in Broome was 36.5%, 61.9%, 77.6%, 48.0% for quarters one, two, three and four of 2015 respectively. The occupancy rate was 38.3% in quarter one and 61.2% in quarter two of 2016.

## TOURISM — DIRECT FLIGHTS — BROOME — DISCOUNTED FARES TRIAL

**5245. Ms L. Mettam to the Minister for Tourism:**

I refer to the answer to Legislative Assembly Question On Notice 4279, and I ask:

- (a) When will the Minister table the report on the outcomes of the trial of discounted fares on flights between Perth and Broome;
- (b) What were the key findings of Australia’s North West survey of its members seeking feedback on discounted fares on flights between Perth and Broome; and
- (c) What changes or improvements have been made to the operation of this initiative for 2019 onwards, particularly in light of Australia’s North West survey results?

**Mr P. Papalia replied:**

- (a) I will table relevant parts of the report that do not contain information considered commercially sensitive by Qantas Airways once the trial, which has been extended for an additional year, has concluded.
- (b) The key findings of research conducted by Australia's North West in November/December 2018 were that three in five businesses (63%) noticed an increase in occupancy/sales/foot traffic as a direct result of the flights and one third of business (34%) noticed an increase in forward bookings for 2019. In addition, many businesses initiated their own activities to promote the discounted fares.
- (c) We have publicly stated that the results of the trial show more than 20 000 Qantas fares between Perth and Broome have been purchased. In the winter peak period, about 90% of all available discounted fares were booked. Following a positive response to the initial trial, reflected in the uptake of discounted fares between Perth and Broome and the positive survey responses received from Broome operators whereby businesses undertook their own promotions, the Western Australian Government and Qantas Airways were able to extend the initiative for a second year. In the first year of the trial discounted fares were only available directly through Qantas Airways. A major change has been made in the second year with discounted fares available from travel agencies, as well as directly through Qantas Airways.

MINISTER FOR SMALL BUSINESS — MEETINGS —  
SMALL BUSINESS DEVELOPMENT CORPORATION

**5248. Mr P.A. Katsambanis to the Minister for Small Business:**

I refer the Minister to the Small Business Development Corporation (SBDC), and ask:

- (a) Between 17 March 2017 and 31 December 2017, how many meetings did the Minister have with the SBDC Commissioner and on what dates were those meetings;
- (b) Between 17 March 2017 and 31 December 2017, how many meetings did the Minister have with a representative acting on behalf of the SBDC Commissioner, and on what dates were those meetings;
- (c) Between 17 March 2017 and 31 December 2017, how many times, and on what dates, did the Minister meet with the entire board of the SBDC;
- (d) Since 17 March 2017, how many meetings and on what dates did the Minister meet with the Chair or representatives from the Australian Competition and Consumer Commission; and
- (e) Since 17 March 2017, how many meetings and on what dates did the Minister meet with the Ombudsman or representatives from the Australian Small Business and Family Enterprise?

**Mr P. Papalia replied:**

- (a) The Minister met with the SBDC Commissioner six times on the following dates:

23 March 2017;  
29 March 2017;  
14 June 2017;  
25 July 2017;  
9 August 2017; and  
18 September 2017

The Chief of Staff, on behalf of the Minister, met with the SBDC Commissioner seven times on the following dates:

16 May 2017  
25 May 2017  
12 September 2017  
3 October 2017  
8 November 2017  
13 November 2017  
29 November 2017

- (b) Nil.
  - (c) Between 17 March 2017 and 31 December 2017 the Minister has met with the entire board once on 19 April 2017.
  - (d) Nil.
  - (e) Nil.
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