

ELECTIVE SURGERY — CHILDREN — CATEGORY 1 PATIENTS

**721. Dr D.J. HONEY to the Minister for Health:**

I refer to the appalling statistics contained in the 2022–23 Child and Adolescent Health Service’s annual report that highlighted that the number of children waiting beyond the recommended time for category 1 surgery, the most serious surgery, had more than doubled in the past 12 months, alongside poor performance in other surgery categories. Given that the report also highlighted that ageing equipment and staff shortages were major contributing issues, why will the minister not prioritise proper funding to address these concerns?

**Ms A. SANDERSON replied:**

There is no evidence that I have not prioritised funding in our health service given the record increase in spend, and that is across all the health service providers. There has been a record increase in spending in our health service, including the significant increase in staffing across the system, the significant uplift in staffing at Perth Children’s Hospital in particular, and the implementation of ratios in the emergency department. There is pressure on elective surgery. There is no question of that. We are looking at many, many innovative ways to manage some of the specialty elective requirements in particular. The member will note that some private sector paediatric surgery centres are closing down some of their services because of the difficulty in finding specialists to deliver the services. When that happens, they come to the public system. That is what happens when those services are limited. That is what is occurring. When they are limiting ear, nose and throat services, they come to the public system. I can assure the Parliament and the community that we are pulling every lever to ensure that kids get access to the earliest intervention possible, but there is also a specialty crisis here with paediatric specialists and ENT specialists in particular. Many specialists opt to work in the private sector, and I would like to see many of them do more work in the public sector.

**Dr D.J. Honey:** You’ve been in power for seven years.

**Ms A. SANDERSON:** Many of them do see our kids, but people have to have private health insurance. That might be the case for the community that the member represents, but it is not the case for the broader community. There is a great public service in being paid very well in the public system and in delivering care for our most vulnerable people.

**Dr D.J. Honey:** So why aren’t you attracting them?

**Ms A. SANDERSON:** There is pressure on services and there is pressure on Child Development Services. In some respects, the National Disability Insurance Scheme has created enormous pressure on those services to get diagnoses and treatment plans with the NDIS. It is something that I know my colleague the Minister for Disability Services talks regularly about at the national forum. I know it is something that the national disability minister is acutely aware of. It has created a tsunami of referrals into the CDS system. There have been significant uplifts. There have been blitzes through those waitlists. There have been increased resources. Every time there is a blitz and they get through referrals, the same number come through the door. The whole system is pointing to the public system, and it is under pressure. What we need is the private system to do some heavy lifting. We need the NDIS and the federal government to do the heavy lifting so that we are sharing the load and supporting our kids.