

**McGOWAN GOVERNMENT — HEALTH — PERFORMANCE**

*Matter of Public Interest*

**THE SPEAKER (Mrs M.H. Roberts)** informed the Assembly that she was in receipt within the prescribed time of a letter from the Leader of the Liberal Party seeking to debate a matter of public interest.

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

**DR D.J. HONEY (Cottesloe — Leader of the Liberal Party)** [3.05 pm]: Is it not interesting, members, that we go back to last week and there was not a health crisis —

**The SPEAKER:** Sorry, Leader of the Liberal Party!

**Dr D.J. HONEY:** I will read the motion. I apologise.

**The SPEAKER:** If you could move the motion, that would be great.

**Dr D.J. HONEY:** I will.

**The SPEAKER:** Thank you.

**Dr D.J. HONEY:** I was almost off in flight. Thank you very much for bringing me back to the important task of reading the motion. I move —

That this house condemns the Labor government's inability to acknowledge the ongoing and deeply devastating health crisis and its impacts upon Western Australians.

As I say, is it not interesting how things change in a week? They say that a day is a long time in politics. A couple of days over the weekend is certainly a long time in politics because last week we did not have a health crisis in this place but all of a sudden over the weekend we have seen \$1.9 billion mysteriously appear to get out of the crisis. When we discussed this matter last week, I pointed out that it seemed that the Minister for Transport had the magic key when it came to getting money out of the Treasurer for the enormous blow-out in the Metronet project. I suggested that perhaps the Minister for Health could take some hints, and obviously the Minister for Health has. I imagine the Minister for Health has said, "Look, Minister for Transport, what's the magic, because I'm just not getting any traction to get the support that I need?" Good on the Minister for Health. I think admitting it is a crisis and putting up his hand and seeking the support from his colleagues for this is a good thing and we welcome that recognition that this is a health crisis.

However, the reason that we are here—I do not think we will see anything different going forward, to be quite frank—is the mismanagement of this portfolio under the part-time health minister. I do not blame the minister for that in the sense that the Premier has given him a whole range of portfolios. We have said for some time that that will be a real problem because it will be very hard for this minister to focus on the matters that need to be dealt with. We have seen that it has taken four and a half years for this government to recognise that there is a health crisis despite members on this side repeatedly telling the government it is a problem and that there are major problems in the health system.

At this point, I would especially like to recognise the excellent work done by the opposition health spokesperson, Libby Mettam, and all the work that she and my parliamentary colleagues have done to shine a light on this matter. I hope that has given the Minister for Health some assistance to get his support because finally the Treasurer has realised there is a crisis. It is a crisis that no-one could ignore. Everyone to whom I speak who goes into hospitals tells me about it. They tell me about the stress the staff are under and the time they have to wait to get services. I would also like to thank the Australian Medical Association and the Australian Nursing Federation. I assume that they have the minister on speed dial and the button is just about worn out. They are doing the excellent job of representing our healthcare workers in this state and recognising the enormous mental and physical stress that those members are under in trying to provide a good service to the people of Western Australia. Sometimes the government tries to make out that we on this side are somehow critical of those healthcare workers. Nothing could be further from the truth. We have deep empathy for what those healthcare workers are going through because of the inaction of this government.

The government is treating this health crisis as a political issue. All of a sudden, we hear that a great bucket of money is available. We saw the media statement announcing a \$1.9 billion boost in funding and 332 extra beds, comprising 223 general beds and 109 mental health beds, and so on. It went on to refer to the delivery of various services and investments in this particular area. I want to go into that in a little detail because it sounds like there is a significant investment. We do not know exactly how much of this is new funding because, like all funding announcements by this government, it wraps up old commitments with new commitments and presents it all as a new commitment. We are not sure whether the \$1.9 billion is additional funding or whether some old funding is

wrapped up in that. We have a hint that a bit of it is old funding. The media announcement exposes itself as smoke and mirrors. It states —

... funding for 332 extra beds and more frontline staff at WA hospitals

Members would assume that that is 332 beds on top of whatever the government has already planned to do. We would welcome more beds; they are desperately needed. It is quite clear that hospitals are massively overstretched. The government made that announcement. What do we see when we go into the detail? It turns out that 158 of those beds have already been committed, so this is an old announcement. It is not 332 new beds; it is almost 160 beds fewer than that. Why spin it? Why does the government not say that it is committing an additional number of beds? Why does the government spin it as if it is adding 332 new beds on top of former commitments? That \$1.9 billion is a new commitment. If that money was well spent, we would say that that money allocated by this government is probably appropriate, but it is an old announcement.

We also see that Labor is being deliberately opaque about the timing of the implementation of these measures. We cannot wait four years for this crisis to be solved. We have seen a three to four per cent increase in demand for services year on year. There seems to be some desire to deny that that is the case. We need a solution now. We have a health system that is massively overstretched.

The minister promised 1 000 nurses back on 14 April and we saw the announcement about that then. It talked about 1 000 newly qualified nurses joining the health system this year. Today the minister said that the government is well on track to do that. It will be interesting to see what the net increase is. As the minister said, he gave a detailed press conference outlining all that. We will look at that and see whether the number of staff in the hospital system will be increased. The media announcement states —

... an extra 200 newly qualified nurses are in addition to the McGowan Government's election commitment ...

This announcement was made in April. During the election, the government said that there was no problem, no health crisis. In April, it already admitted that there was a crisis. Now we have seen an admission that there is an even greater crisis—a \$1.9 billion crisis in the health system. The minister has now said that there will be an advertising blitz. He stood up in this place and said that the government is undertaking a national and international advertising blitz. Just like the broader health announcements, the campaign sounds very glitzy—big on promise but extremely light on detail. No-one has seen the advertising blitz. The Australian Nursing Federation is certainly querying why it has not seen it. If we are fighting for nurses and advertising internationally, why have we not seen that advertising blitz? We have not seen it.

The minister cannot even tell us how many nurses have come in from overseas. We know the reality. Let us provide a bit of logic. We knew a year ago that there were shortages in the hospitals. When we talk about getting these extra nurses, we know that the government could not even fill current vacancies in the hospitals. The health system in Western Australia has always been critically dependent on a steady stream of doctors, nurses and other health professionals coming from overseas, yet the minister cannot even tell us how many medical professionals we are getting in from overseas. We know there is competition for talent but the truth is that Western Australia and Australia are highly desirable locations for people from all over the world. Surely it cannot be beyond the wits of this government to have brought in people already. We should know how many have arrived. To be quite frank, I believe that the efforts to do so have been unsuccessful.

I have no faith whatsoever that in the future this minister will deliver health professionals as a result of those additional recruitment exercises. We do not have the details. What countries are we advertising in? How much money is being spent on the campaign? How many nurses do we expect to recruit? What is the target for overseas recruitment? We cannot fill all those places. It is all right for the government to say that it is getting in graduate nurses, but anyone who has been involved in the health industry would know that first-year graduate nurses consume the resources of a hospital. One of the problems in hospitals is that staff are taken off training because they cannot afford to spend the time to train the new nursing staff. Those new nurses will be extremely helpful in our medical system in four years, but right now we need experienced additional nurses in the health system. We are not seeing any detail on those targets. The minister gave a bit of detail today, saying that the government was going to bring in these nurses and they were going to be above the cap. I would be interested to know the details. How many nurses will be brought in above the cap?

Just as a little aside, on *Landline* on the weekend we heard about the dire straits that farmers will be in come the next harvest because they simply do not have the labour coming in. If it can be done for nursing, why can it not be done for other professions and other critical needs in this state? That is an aside. I am glad to see that additional nurses will be recruited and that the number is above the cap because that certainly answered some questions that we had on this side of the house.

Dr David Honey; Mr Shane Love; Ms Mia Davies; Mr Roger Cook; Deputy Speaker; Mr David Scaife; Ms Divina D'Anna; Mr Simon Millman

---

What will we do when those new nurses are recruited? Where will they be housed? What accommodation is available for them? The other thing we have in parallel with the health crisis in this state is a housing crisis. When people try to get in workers, there is nowhere for them to live. I understand the situation if people are currently living in the state, such as trainees, but when new nurses and doctors are coming in from overseas and interstate, do we have any plan whatsoever for housing them? I know that regional communities have not been able to get workers because there is simply nowhere for them to live. That includes police and nurses. I understand that the government is availing itself of Airbnb accommodation in Geraldton to try to house government workers. That issue has to be dealt with in parallel if we are going to see a real solution to this problem.

I want to turn to the issue of nurses being used to administer COVID vaccinations. I was stunned by the minister's answer to a question asked in this place today. I know that a number of members in this place care about mental health issues in the community. Over about a year, we have seen a trebling of the most severe presentations in schools for students suffering from mental health problems. Overwhelmingly, about twice as many young women as men are affected. Members who have been to schools will know that self-harm is one of the major factors that presents itself with students in response to mental health issues. How can school nurses be taken out of schools? School nurses are the ones who see those students with mental health problems and injuries. School nurses are the canaries in the cage in their reporting and dealing with those issues. School nurses are not just some ancillary. It is not just the school psychologist, school counsellor or school chaplain. They may deal with parts of it but, in fact, school nurses are highly trained medical professionals who identify those key issues and can then refer those students. I really find it incomprehensible, given the enormous —

**Mr P.J. Rundle:** It's offensive.

**Dr D.J. HONEY:** It is offensive given the enormous crisis we have in schools right across this state. We can all hypothesise about what we think the cause is—whether we think it is COVID or something else. Those frontline staff deal with the mental health of those students and this minister thinks, “No, no; we will pull them out.” The government's solution is to pull school nurses out of schools and put them into COVID vaccination centres. The truth is that if the government wants a priority, the mental health crisis is today. Today there are kids in those schools who are suffering enormous anguish and undertaking self-harm. They need treatment today.

Yes, we think the government should accelerate the vaccination program. I would be very surprised if other states have pulled their nurses out of schools. Western Australia is an absolute laggard in vaccinations. I think this should be a matter of shame for this government. As I said, I was shocked by the answer that the Minister for Health gave today in question time.

**MR R.S. LOVE (Moore — Deputy Leader of the Opposition)** [3.21 pm]: I would like to also contribute to this excellent motion, brought to the house by the Leader of the Liberal Party. I call on the house to recognise the Labor government's inability to acknowledge the ongoing and deeply devastating health crisis.

Nowhere is that health crisis more evident than in the level of ambulance ramping in our hospital system. It is emblematic of the entire crisis. It went up to 5 000 hours of ramping in a month, which is a shocking statistic to see. We know that the minister has responded to this through the member of the other place who has brought about an inquiry into St John Ambulance. Instead of looking at the reasons for the ambulance ramping, it appears that Labor wants to have a go at St John itself. We have raised this as a matter of concern before because we know how important St John Ambulance is to the communities that we represent right throughout Western Australia, in both city and country areas. Everybody knows that the issue of ambulance ramping is not down to St John; it is the mismanagement of the health system. Instead, we see this misguided approach by the minister to ensure that St John comes under some sort of review, led by the Standing Committee on Public Administration under Hon Pierre Yang. I would really think this was so bizarre and abnormal if it had not already happened before.

Back in 2008, a report from ABC news online was titled “Opposition wants to retain St John”. The opposition then was members of the Liberal and National Parties. There were looking to stop St John being stripped out because the Australian Liquor, Hospitality and Miscellaneous Union was quite happy for the government to look at the situation with St John and it urged, back in 2008, the service to be taken over by the government. I quote the article —

The Opposition's health spokesman Kim Hames says the proposal has not worked in other states and should not be introduced in Western Australia.

“My understanding is that it's been far less than successful, that other states have ended up with services that are less efficient but cost a lot more,” ...

Dr Hames says he is concerned any change would result in a less efficient and more expensive service.

“The problem is not St John's ambulance service but Jim McGinty and his mismanagement of emergency departments, so that ambulances are ramped for hours at a time.”

Dr David Honey; Mr Shane Love; Ms Mia Davies; Mr Roger Cook; Deputy Speaker; Mr David Scaife; Ms Divina D'Anna; Mr Simon Millman

---

That was said long before we saw the 5 000 hours of ramping we have at the moment. We know that attacking St John seems to be in the DNA of this party, just as we know that attacking electoral representation for regional people is in the DNA of this party. Similarly, we see a process now being launched for reform in that area, even though misallocation of representation between the city and the bush is not a problem that needs to be addressed. The government is doing its best to make a problem, to publicise that there is a problem, and go out and find its own solution, which is in its existing policy from before the election. That is just as it is doing with St John here. There is apparently a long-held desire from the union movement for St John to be nationalised. It may well come to fruition as part of this review under the overwhelming majority that this government has in both houses of Parliament. That would allow it to achieve its long-held desire to rid itself of regional members of Parliament and St John Ambulance. It is a disgrace that it would even be contemplated at a time when we already have a crisis in our health system.

Very quickly, I want to turn to the breaches of protocol that took place recently on two vessels. The first one was in Geraldton where a person had COVID and was taken to Geraldton Health Campus. We have spoken before about the series of events that led to alarm and concern in the Geraldton community. Subsequently, a report was done. Last week, during private members' business, a motion was moved on the health situation and I asked the Minister for Health about it. I asked whether he would outline to us when that report would be made available and when it would be completed so that we could all see what went wrong when that whole hospital was badly impacted and 50-odd people had to be put into a level of isolation for some time. There was a great deal of concern in the community. Only a few weeks later, the exact same thing happened at Fiona Stanley Hospital. Instead of getting an answer from the minister on why we had not seen the report and when we would see it, no answer was given because the minister failed to respond to the motion. He sat there throughout the whole motion, took notes, then set a whole coterie of backbenchers to stand up and talk about unrelated matters. I am sure they had very interesting topics to talk about, but none of them responded to the very cogent arguments put by the opposition.

Instead of an answer, we saw a minister who chose to hide behind his backbenchers. I thought that was quite unprecedented. I have never seen it before. Usually the minister sits through the opposition's outline of the case and the minister chooses to respond. We have now got to the point at which the minister does not even respond. He just sits there and lets others stand up for him and make a response instead of himself. I think that is disgraceful. I asked some very relevant questions about Geraldton. I asked questions about the situation for regional people who were looking for their second dose of the vaccine, but found their local health centre had cancelled their appointments. We know that, to a certain degree, getting the second jab is time critical. I have been made aware that, in some circumstances, people have driven to Perth—several hours of travel—to ensure they could get their second jab at the appropriate time. I asked the minister about that and, again, there was no response. He just sat there and refused to respond. We are none the wiser about any of those issues. What happened in Geraldton? Why is it so important? It is because it threatened not only the staff in the hospital and the people in the community in the City of Greater Geraldton—as the case at Fiona Stanley Hospital threatened the wider metropolitan area here—but also the commerce between our state and the rest of the world.

This government has put out a notice to shippers about a range of procedures that it expects from what are known as high-risk countries or ports. The government's response is, in a way, threatening the trade upon which we all rely. That led to a kneejerk reaction last week when an announcement was made for \$2 million in assistance to a particular country—Indonesia. I think the government knew that it went too far and was damaging the trade of our country going forward because of its inability to handle a couple of cases of COVID that had appeared in the ports. I am told by shippers that plenty of processes can be put in place to ensure there is zero contact between the ship and any persons that could lead to any risk of COVID coming into the community. Instead of the government looking at its protocols and failings, it has chosen to blame the shippers. It is trying to put the heat back on an industry that is already struggling to get vessels over here because there is a shortage of ships right around the world. If the government is not clear about how it is going to treat industry and those ships when they come here, they will choose to go elsewhere and we will not be able to get our products overseas. We will then see that the government's failings have gone far beyond simply its inability to run a health system.

**MS M.J. DAVIES (Central Wheatbelt — Leader of the Opposition)** [3.29 pm]: I rise to support this very good motion moved by the Leader of the Liberal Party. I hope that the Minister for Health stands to respond today, because as the Deputy Leader of the Opposition pointed out, it was quite extraordinary that when we brought on for debate last week quite significant issues about the state of our health system, the minister chose not to stand. That was either arrogance or simply that he had no answers. I suspect that the Minister for Health was waiting for a good news opportunity. Over the weekend, we saw a big headline about some much-needed dollars being put into the health system, but it is almost too little, too late. The Minister for Health is now mopping up four and a half years of neglect. I truly hope that he stands to respond to this debate and does not avoid our questions.

Dr David Honey; Mr Shane Love; Ms Mia Davies; Mr Roger Cook; Deputy Speaker; Mr David Scaife; Ms Divina D'Anna; Mr Simon Millman

---

During last week's debate, similar to the Deputy Leader of the Opposition, I asked questions about recruitment, which we asked again today. We asked how and from where nurses and other staff would be recruited, but we were not provided any answers because the Minister for Health did not stand to answer those questions, which he has a responsibility to do as the Minister for Health. For months and months, this government has been blaming the influx of people through our emergency department doors for the crisis that is happening in our health system, but the figures do not lie and, I suggest, neither does the president of the Australian Medical Association (WA). Yesterday, he was on record as saying that there absolutely has not been a massive increase in demand on the health system. The figures that we have referred to about the number of people walking into emergency departments come directly from the Department of Health. There has been a steady increase of three to four per cent year on year in ED presentations and a three per cent increase in mental health presentations over four years, and ramping has gone up 300 per cent. That is a summary of the commentary that the president of the AMA (WA) gave yesterday in response to the government's funding announcement.

The bit that goes to the heart of what the opposition has been raising in this house every day that Parliament sits was the comment that neglect and underfunding by the state Labor government is to blame. The government can deflect as much as it likes, but all the key stakeholders in the industry and all the key people who are impacted are suggesting that the reason that we have this rescue package on the deck right now is because this government has failed the people of Western Australia for the last four and a half years. The Minister for Health has been asleep at the wheel.

The president of the AMA (WA) made some other comments, including that the workforce in WA is the only one without job security for senior doctors. He suggested that it would not be possible to get 100 more doctors if there is no job security. He mentioned that there was a severe shortage of child psychiatrists in particular. I am interested to learn, from the minister's perspective, how the government will address those issues, given the suggestion that there has been a significant increase in mental health presentations.

I will talk about some of the presentations in our emergency departments over the last six months. The average number of presentations over the last six months of 2019, pre-COVID, was 80 400 people, with the average number of presentations in the first six months of 2021 being 81 200 people. That is not a significant difference. The graph that we have shows that the number of presentations has been increasing in a predictable manner and should have been planned for by this government. It is great to have the big announcement of extra funding and services, but the devil will be in the detail. From where exactly will the government get staff and when can we expect them on our doorstep? I do not think that the AMA believes that the government can do it. I know that the Australian Nursing Federation in WA has serious concerns about how the government will achieve that outcome, and certainly the opposition has not heard any detail today that gives it confidence that we will see an end to the crisis that we are experiencing today and that we will experience in the future.

In particular, the shortage of midwives has been a significant problem, with a loss of 40 midwives over the past year. There were 1 191 midwives in the first quarter of 2020–21 and just 1 151 in the last quarter to June. With 6 200 bubs forecast for delivery at King Edward Memorial Hospital for Women alone, which is up from 5 800 in 2020, that is of serious concern. The minister will remember that some time ago—I think it was 2019—we referred to, from a regional perspective, some innovative solutions from the Geraldton Universities Centre and other industry-led solutions to get more midwives into Western Australia. The minister could not make it happen—there was no will. The red flags that the opposition keeps talking about—the code yellows and the ambulance ramping figures of the last four years—and the solutions that have been put forward by industry to train more staff have all been left to the last minute so that this government could sail in and provide a big chunk of money, with no details. That is absolutely not good enough. The government is failing the people of Western Australia and it is failing the people who work in that system. I absolutely guarantee, as stated by the president of the AMA (WA), Mr Mark Duncan-Smith, that the neglect and underfunding comes from the state Labor government—it is to blame. It has nothing to do with the people going through our emergency departments. The government cannot deflect to COVID; it is simply not true. I hope the minister stands to provide a response in this debate.

**MR R.H. COOK (Kwinana — Minister for Health)** [3.36 pm]: Mr Deputy Speaker —

**Mr V.A. Catania:** Jim McGinty, mark 2. He's going down the same path.

**Mr R.H. COOK:** Well, my friend, you're no chip off the block, I can tell you that much. If I can be compared with Jim McGinty, I certainly would not compare you with Hon Nick Catania. You are a disgrace to the name Catania, you really are. I think at times members of your family must watch your political career and shake their heads in disappointment at you betraying such a great family name with such disreputable conduct.

*Point of Order*

**Mr R.S. LOVE:** This has no relevance to the motion whatsoever. I ask the minister to come back to the motion.

Dr David Honey; Mr Shane Love; Ms Mia Davies; Mr Roger Cook; Deputy Speaker; Mr David Scaife; Ms Divina D'Anna; Mr Simon Millman

---

**Mr R.H. Cook:** I'm coming to you, sunshine, don't you worry about that!

**The DEPUTY SPEAKER:** Thank you. There is no point of order. Carry on, minister.

*Debate Resumed*

**Mr P.J. Rundle:** At least he's standing up for a change.

**Mr R.H. COOK:** Member for Roe, the opposition ran a matter of public interest last week in which it had the same arguments that it ran today, and then it ran the same arguments for three hours during private members' business, so I refer back to my arguments in last week's MPI. Quite frankly, other members of Parliament had the opposition's measure. The member for Cockburn mopped the floor with the opposition's arguments, which was a delight to see. We will entertain the same arguments that the opposition puts up. The Leader of the Opposition came into this place and peddled the same Liberal Party lies about ED presentations, which was disappointing. I thought she would do her own homework. I addressed that specific issue today in question time, and this is, in part, our frustration. We have said in this place on numerous occasions that there has been a change in the way people are presenting to EDs. They are presenting with greater acuity and more complex mental health issues. I hear the member for Cottesloe sighing, which means that he is obviously listening to me. Perhaps just for once this will sink in. The fact of the matter is that there has been a significant increase in the acuity of patients presenting at our hospital EDs. There has been a 10 per cent increase in triage 1 and a 15 per cent increase in triage 2. They are the people who have a significant impact on our EDs. We are not orphans in this; this is taking place right around Australia. I read an interesting article about South Australia the other day that stated that paramedics there are putting people into taxis and sending them to GP clinics so that they do not go to EDs, such is the pressure that they are under. That is being replicated elsewhere. What they are not doing elsewhere is responding in the same way that the McGowan government is responding, which is to oversee significant investment in the state's hospital system, and that is the reason why we say that the Western Australian community should have confidence.

The community understands that we have a plan to increase supply and that we will continue to invest in great health services so that we can provide world-class health care. The \$1.9 billion in funding that the Premier and I announced the other day was a budget announcement. Yes, it does include announcements already made, but that is the nature of budgets; it is a budget announcement. It is a 332-bed increase. If only the member for Cottesloe had bothered to read the press release! It says —

The 332 new beds comprise 223 general beds and 109 mental health beds, with the Budget including funding for 158 beds already announced.

We are being completely up-front; it is on page 1 of the press release. It is a public document that we would hope the member for Cottesloe would read. We do not expect him to understand it! But we do expect him to read it, particularly if he is going to come into this place with the accusations that he is making. I think it is important that the community understands the unprecedented level of investment that is going into our health system to make sure that we can respond to the current situation, and respond we are.

Yesterday, I followed up with an announcement that we will significantly increase support provided to our emergency departments, including a \$50 million package to make sure that staff in our EDs have the support they need. That includes investment for 50 new staff, which is part of the significant announcements we made at Perth Children's Hospital. It also includes funding for the virtual emergency management program, which will provide an opportunity for paramedics to liaise with ED consultants to ensure that patients do not necessarily come to the ED; they may be diverted to ambulatory care or to a diagnostic or medical-imaging facility, or referred directly to an inpatient facility. That is what we are doing to continue to make sure that we manage the system in a dynamic way.

The member for Moore seems to think that there is some sort of conspiracy with the attacks on St John Ambulance. Of course, the CEO of St John Ambulance was with us yesterday to talk about the great partnership between the McGowan Labor government and St John Ambulance. It is a relationship that continues to grow through the great work we are doing not only with innovations in metropolitan ambulance services, but also with our country ambulance strategy, which will see a significant increase in the number of professional community paramedics. It is part of our, I think, 30—no, I will not mislead the house with a number, but there will be a significant increase in the number of professional paramedics practising in Western Australia.

**Mr P.J. Rundle:** What about the union takeover; how's that going?

**Mr R.H. COOK:** Is the member some sort of ambassador for the HR Nicholls Society? Really, the member for Roe cannot say the unions are taking over the ambulance service, because union members are already in the ambulance service! That is why they have an interest. It is the same reason the Australian Medical Association—the doctors' union—has an interest in public health; it is because its members are there. It is the same reason the nurses' union is interested in the public health system; it is because its nurse members are there. I am not sure why the member thinks

Dr David Honey; Mr Shane Love; Ms Mia Davies; Mr Roger Cook; Deputy Speaker; Mr David Scaife; Ms Divina D'Anna; Mr Simon Millman

---

there is some sort of union takeover, because union members are already in the ambulance services and are keen to see those ambulance services thrive, like any other union involved in the public health system does.

This morning, we made some significant announcements on the recruitment of nurses, including celebrating that we have recruited 750 new experienced nurses either into or back into the hospital system and 927 nurse graduates as part of our 1 100 graduate nurse intake this year, and launched a program to recruit doctors and nurses from overseas. It has not started today because the announcement today is another budget announcement, so it will be funded. It is part of an ongoing program.

The member for Swan Hills is getting really loud and it is getting difficult to compete against her.

**The DEPUTY SPEAKER:** Members down the back, if you want to have a conversation, take it outside, thanks. Carry on, minister.

**Mr R.H. COOK:** Thank you, Deputy Speaker.

It is part of an ongoing recruitment program to make sure that we have quality doctors and nurses standing next to patients, particularly in the new beds. That includes 209 doctors we have already secured the services of, who in coming weeks will be making their way to Western Australia to practise their craft in our hospitals and provide great care. Usually these doctors and nurses would come to Western Australia automatically—British, Irish and Indian doctors would come to Western Australia as part of their professional experience—but because the borders are closed, we have to actively recruit and bring them to Western Australia over and above the cap of returning Western Australians. It is an important part of the program. Today we announced that we will pay for their hotel quarantine and provide them with a relocation allowance, because we want to make sure that we bring them on board.

In addition to that, we have refresher courses. Nurses currently registered but who have spent some time out of the wards will be able to undertake an online refresher course, which we will pay for, and then be placed in a hospital to complete the refresher course in paid employment. We are undertaking a range of measures to make sure that we can meet the current spike in hospital demand.

I am sorry if the statistics do not meet the opposition's narrative; it is just unfortunate that we are seeing significant pressure on our hospitals. It is not because of a lack of resources. As I have already explained to this place on a number of occasions, we have increased hospital funding by 14 per cent since we came to office. We had 34 700 health workers in Western Australia; that figure is now at over 39 000. We have seen a significant increase in resources in the hospital system. Again, that does not meet the narrative of the AMA and the opposition, but they are the facts.

I want to turn momentarily to the issues raised by the member for Roe in question time and re-prosecuted as part of this debate today. School-based nurses do not undertake mental health care of kids. They might have those issues raised with them, but they will then refer them to a school psychologist. I am very proud of our election commitment, which we are currently implementing, to bring an extra 100 school-based nurses into our education system. It is a great initiative that will continue to make sure schools are a safe place for kids to come and where they can be cared for in that environment.

On the issues raised by the member for Moore, there is a review of what took place at Geraldton Health Campus. I think my response to the member is the same as my response last week: the member should put that question on notice. But when that information becomes available and the government is in a position to respond, I am sure that that will be undertaken. I think the premise of the member for Moore's comments was that we have done a bad job managing COVID and somehow Western Australia has not managed the COVID threat very well. The dominating narrative is the precise antithesis of what the member for Moore was trying to suggest; that is, even though no system is perfect at managing COVID, I think we have done a pretty good job! The people of Western Australia's response to COVID-19 has been outstanding. The Premier and I have been fortunate enough to have had the support of the people of Western Australia in guiding us through it. It is not perfect, but nothing in health care is perfect. What is important is that we learn from any clinical situation and make sure that we continue to improve, and we are.

The argument that somehow the whole system is broken because of one incident is just disgraceful but not unsurprising. Today, we saw dangerous commentary from Clive Palmer that vaccines are a threat.

**Dr D.J. Honey:** No-one supports that.

**Mr R.H. COOK:** We know that Clive Palmer is the member for Cottesloe's friend. We know that the member for Cottesloe jumped into bed with Clive Palmer as quickly as possible last year to undermine our strategy. We know that he quietly enjoys Clive Palmer's narrative and efforts.

**Dr D.J. Honey:** That is just offensive.

**Mr R.H. COOK:** I tell you what is offensive, member for Cottesloe: it is the way that the member for Cottesloe scampered behind Clive Palmer's coattails last year to try to tear down our borders.

Dr David Honey; Mr Shane Love; Ms Mia Davies; Mr Roger Cook; Deputy Speaker; Mr David Scaife; Ms Divina D'Anna; Mr Simon Millman

---

**Dr D.J. Honey** interjected.

**The DEPUTY SPEAKER:** Member for Cottesloe!

**Mr R.H. COOK:** I tell you what is offensive, member for Cottesloe: it is you continuing to try to detract from our great efforts to respond to the COVID-19 pandemic.

But I think the most damning effort by the member for Cottesloe over the last 74 hours has been his tweeting. His little activity on Twitter has suggested that we have not recruited as part of our 1 000 nurse graduate intake. I am very proud to say that today that stands at 927 and by the end of this month it will be 949 out of those 1 100. I am disappointed that the member for Cottesloe did not take the opportunity today when he was on his feet to apologise to the chamber and the government for trying to mislead the public. I am sorry that he was not respectful enough to the people whom he represents to say, “I got it wrong.” But that is not surprising. It is what we have come to expect from the member for Cottesloe. Once again, in this motion, he has got it wrong.

**MR D.A.E. SCAIFE (Cockburn)** [3.52 pm]: Imagine this? Imagine being an opposition so hopeless at its job that it chooses its time during a matter of public interest to give the government an opportunity to speak about its \$1.9 billion investment in the health system. But we do not need to imagine because it is happening right now.

**Ms S.E. Winton:** Inconceivable!

**Mr D.A.E. SCAIFE:** It is inconceivable. It is just a continuation of the brilliant strategy that the member for Cottesloe has rolled out in this place time and again. But it is all right—I will get out my mop, as the Minister for Health said, and follow his very good work and talk about the additional \$1.9 billion that this Labor government will be investing in our health system. It is easy to see how we arrived at today’s MPI after the opposition’s performance in question time. A staffer probably wrote this MPI on Friday afternoon and left it on the desk of the member for Cottesloe. He walked in this morning, having swanned around Cottesloe all weekend, and picked up this thing and said, “This looks good; I’ll put this in,” completely oblivious, seemingly, of the fact that in the interim the government had made a very significant announcement about funding for our health system.

It was good to hear the member for Cottesloe in his contribution to this place acknowledge that, because otherwise we would have had no idea that he was aware of it when he moved this motion. I looked on the member for Cottesloe’s Facebook page—he has about 1 400 followers, which is about the same as I have after being in this place for a matter of months. He shared a WAtoday article about the health system on his Facebook page six hours ago that was from 5 August. It was not contemporaneous. It had nothing to do with the significant announcements that this government has made in the health space, but, look, it exposes a crisis in Western Australia—that is, the crisis that is engulfing the Liberal Party.

**Dr D.J. Honey** interjected.

**Mr D.A.E. SCAIFE:** I have got him! I can reel him in.

**Dr D.J. Honey** interjected.

**The DEPUTY SPEAKER:** Leader of the Liberal Party!

**Mr D.A.E. SCAIFE:** That is the crisis that the member for Cottesloe is presiding over—a Liberal Party that is not a serious opposition in this place.

Several members interjected.

**The DEPUTY SPEAKER:** Members!

**Mr D.A.E. SCAIFE:** What do I want to say? Who am I to look a gift horse in the mouth?

Let us talk about what this government is doing in the health space. There will be an additional investment of \$1.9 billion in the health system. I am particularly proud of the investments in the mental health space, which is a very important area to me and something I spoke about in my first speech. It includes a record increase of \$495 million for the Mental Health Commission. A significant amount of that—\$129.9 million—will go to youth mental health services and initiatives. We know early intervention is critical in mental health and this investment shows that the government is serious about getting on with the job.

The government’s commitments to mental health do not stop with extra funding for the Mental Health Commission; as the Minister for Health has repeatedly outlined in this place, mental health presentations are an issue for emergency departments as well. Mental health presentations in emergency departments have been up by 11.4 per cent over the past three years and people are spending longer in emergency departments. That is why there will be an additional \$100 million spent in the mental health space on things such as extra beds.



Dr David Honey; Mr Shane Love; Ms Mia Davies; Mr Roger Cook; Deputy Speaker; Mr David Scaife; Ms Divina D'Anna; Mr Simon Millman

---

The member for Cottesloe and the Leader of the Opposition referred to the Australian Medical Association. It is always good to hear members of the Liberal and National Parties endorse the position of a good union. I spoke with a member of the AMA's council on Friday, who said to me, "You know what we really need? We need dedicated mental health facilities in our emergency departments." Lo and behold, member for Cottesloe! Included in the \$100 million spend on our emergency departments is a \$61.6 million commitment for mental health to contrast two mental health emergency centres at Rockingham and Armadale hospitals. That is an excellent announcement. Dedicated mental health emergency department facilities have been working very well overseas in places like Toronto and it is a credit to this government to be pushing ahead with those facilities.

This government is making significant investments in health and mental health. It is getting on with the job. It would be nice, for once, for the Liberal Party to get on with its job and be a credible opposition in this place.

**MS D.G. D'ANNA (Kimberley)** [3.57 pm]: The McGowan government is a government that delivers for regional Western Australians. As the member for Kimberley, I see firsthand the importance of quality health care and services. Since coming to office, the government has made sure to provide funding to regional WA for better health services. This includes \$7.98 million for the planning and development of the Broome Health and Wellbeing Campus, a Nyamba Buru Yawuru project, as part of the WA recovery plan. This is an exciting project that I will be watching closely.

In the previous term of government, we funded and delivered step-up, step-down community mental health facilities in Albany, Bunbury, Kalgoorlie and Geraldton. The government will continue to progress the delivery of further step-up, step-down facilities in Broome and Karratha, as well as new step-up, step-down facilities for Port Hedland and a dedicated youth step-up, step-down facility. Additionally, the implementation of WA's first-ever country ambulance strategy was released in November 2019 by this Labor government after the most extensive community consultations ever undertaken on country ambulance services. Since last October, the strategy has committed \$9.2 million for three paid paramedics and six new ambulances in the Kimberley and there has been funding to enhance access to care and patient flow for patients across all of regional WA through improved patient coordination services. Also, a further boost of \$10 million was announced this year for country ambulance services. It includes funding for the recruitment of paid paramedics in nine regional locations, which will further strengthen country ambulances and provide better on-the-ground support for local volunteers. Recruitment is already underway for 25 additional paramedics to expand the current workforce and to support local volunteers.

Yesterday, I welcomed the incredible announcement by Ministers Cook and Dawson that the upcoming state budget will invest \$1.9 billion in health and mental health across WA. Our regional communities will benefit from this massive boost. It will include \$960 million for WA Health to address the unprecedented demand in the health system. There will be 332 extra beds and more frontline staff in hospitals across the state. In addition, there are hundreds of millions of dollars to boost the capacity of health services around the state and a number of region-specific initiatives are being delivered, including commitments made at the 2021 election. As you know, Acting Speaker, the Kimberley is an extremely large and remote electorate, with a lot of people living in remote and rural locations and communities—not settlements. This Labor government knows that and that is why it is funding different programs and schemes to create better access for regional rural people to get the health care that they need. There will be \$19.7 million invested to expand the eligibility of the patient assisted travel scheme for patient-support escorts for patients from vulnerable and disadvantaged groups, as well as maternity patients.

I am pleased that this government will provide \$10.9 million to the Royal Flying Doctor Service to refurbish and replace aircraft engines, making sure that residents of the Kimberley can be taken to where they need to be in times of medical emergency. This is particularly sensitive for me. Just recently, in the winter break, my father's brother suffered a heart attack in a remote community. Thankfully, due to the RFDS, he was flown out from that remote community to the town base and then to Royal Perth Hospital, and he survived and is still recovering. It is a long recovery process, and my sisters and cousins are here. Through the help of PATS they were able to come down and make sure that he is supported through this process and can come out the other side.

I am also excited to see \$2.8 million to expand women's community health services in the Kimberley, which includes services for mental illness and family, domestic and sexual violence. This government is committed to responding to the mental health needs of all Western Australians. This includes improving support and services in the regions for people experiencing mental ill health or alcohol and other drug issues, as well as for their families, carers and support people. The new mental health services funded in the budget will make modern integrated care more accessible to people living in remote communities across the state. I would also like to mention that there was a concern about the mental health of students, and there is funding totalling \$42.4 million for the employment of 100 full-time equivalent psychologists, as well as additional supervising and lead psychologists, in public schools over four years. A commensurate increase in funding for non-government schools is also a commitment of this government.

Dr David Honey; Mr Shane Love; Ms Mia Davies; Mr Roger Cook; Deputy Speaker; Mr David Scaife; Ms  
Divina D'Anna; Mr Simon Millman

---

Regional communities will benefit from the \$31.7 million invested to expand statewide eating disorder treatment programs. Eating disorders are a reality. I know this from my daughter's concerns for her friends who have shown signs of eating disorders. Our comprehensive health and mental health package for regional WA will ensure that all Western Australians will have access to quality health care no matter where they live.

**MR S.A. MILLMAN (Mount Lawley — Parliamentary Secretary)** [4.02 pm]: It is a great privilege for me to speak in opposition to this motion, and in particular to follow on from the member for Kimberley. Members take note: if you want to learn how to represent a regional constituency, listen to what the member for Kimberley has to say. She can speak up with passion, commitment and alacrity on what it takes to represent a regional community. She is a testament to her community and this chamber.

It is also a great privilege to follow the member for Cockburn's contribution. It struck me as well that this matter of public interest had the character of a Dorothy Dixier, and it was incredibly surprising. The member for Cockburn's explanation of how the member for Cottesloe arrived at moving this motion for debate this afternoon seemed all too accurate —

**Ms S.E. Winton:** Very plausible!

**Mr S.A. MILLMAN:** It was a very plausible proposition.

I suspect that we are coming towards the end of the time in which we talk about health. We will come towards the end of the time in which the state opposition continues to make the point that this government has not handled the health of Western Australians better than any previous government. I say that for a couple of reasons. I say that because the opposition's arguments today were completely paradoxical. For example, on the one hand, the member for Cottesloe said the minister did not listen to the workforce, but on the other, he said that the minister had the Australian Nursing Federation and the Australian Medical Association on speed dial. On the one hand, the Leader of the Opposition said this was too little too late, but on the other, we have a \$1.9 billion investment. On the one hand, the member for Moore said he did not agree with Clive Palmer and that the opposition was a safe pair of hands when it came to public health messages such as vaccination, but on the other, not one opposition member has publicly distanced themselves from their ideological bedfellows who are undermining public health in Australia, ideological bedfellows such as George Christensen, Craig Kelly and Barnaby Joyce. When will the members opposite say that they do not agree with anything those people are saying, that those people are wrong and they are concerned about the public health of Western Australia?

Several members interjected.

**Mr S.A. MILLMAN:** When are they going to apologise?

One fascinating thing the Leader of the Opposition brought up is the investment in midwives, and as a dad of two young kids, this is an issue close to my heart. I wondered what we could do as a state to encourage those perinatal and neonatal services, those birthing services—all those important services that are critical to the state of Western Australia. Most of my constituents in the electorate of Mount Lawley have the great opportunity to access the neonatal, obstetric and gynaecological services at Osborne Park Hospital. There are also incredible staff providing fantastic services to people across Western Australia at King Edward Memorial Hospital for Women.

*Division*

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

Ayes (5)

Mr V.A. Catania  
Ms M.J. Davies

Dr D.J. Honey  
Mr R.S. Love

Mr P.J. Rundle (*Teller*)

**Extract from *Hansard***  
[ASSEMBLY — Tuesday, 10 August 2021]  
p2552f-2561a

Dr David Honey; Mr Shane Love; Ms Mia Davies; Mr Roger Cook; Deputy Speaker; Mr David Scaife; Ms  
Divina D'Anna; Mr Simon Millman

---

Noes (45)

Mr G. Baker  
Ms L.L. Baker  
Ms H.M. Beazley  
Mr J.N. Carey  
Ms C.M. Collins  
Mr R.H. Cook  
Ms L. Dalton  
Ms D.G. D'Anna  
Ms K.E. Giddens  
Ms E.L. Hamilton  
Ms M.J. Hammat  
Ms J.L. Hanns

Mr T.J. Healy  
Mr M. Hughes  
Mr W.J. Johnston  
Mr H.T. Jones  
Mr D.J. Kelly  
Ms E.J. Kelsbie  
Ms A.E. Kent  
Dr J. Krishnan  
Mr P. Lilburne  
Ms S.F. McGurk  
Mr D.R. Michael  
Mr K.J.J. Michel

Mr S.A. Millman  
Mr Y. Mubarakai  
Ms L.A. Munday  
Mrs L.M. O'Malley  
Mr P. Papalia  
Mr S.J. Price  
Mr D.T. Punch  
Mr J.R. Quigley  
Ms M.M. Quirk  
Ms R. Saffioti  
Ms A. Sanderson  
Mr D.A.E. Scaife

Ms J.J. Shaw  
Ms R.S. Stephens  
Dr K. Stratton  
Mr C.J. Tallentire  
Mr D.A. Templeman  
Ms C.M. Tonkin  
Mr R.R. Whitby  
Ms S.E. Winton  
Ms C.M. Rowe (*Teller*)

Question thus negatived.