HEALTH SERVICES AMENDMENT BILL 2019

Second Reading

Resumed from 30 October 2019.

MR Z.R.F. KIRKUP (Dawesville) [11.20 am]: I rise to talk to the Health Services Amendment Bill 2019. I appreciate that the Minister for Health is not in the chamber because he has other urgent business and significant issues to attend to, and I put on the record my appreciation for the fact that he has spoken to me about that.

I note that the opposition is in support of this legislation. Therefore, my speech today will be in the context of health issues more broadly. I have very few concerns about the Health Services Amendment Bill. The bill addresses largely operational, legal and accountability issues. That makes a lot of sense and reflects the work that was done in 2016 when the previous government introduced what was a fairly hefty bill that significantly changed the governance models for the running of our hospitals. That was a good piece of legislation. A lot of issues are being fleshed out now, and, for the most part, the Health Services Amendment Bill 2019 seeks to enshrine that.

The bill seeks to amend a range of different acts, namely the Health Services Act 2016, the Mental Health Act 2014, the Motor Vehicle (Catastrophic Injuries) Act 2016, the Queen Elizabeth II Medical Centre Act 1966 and the University Medical School, Teaching Hospitals, Act 1955. I looked at all those acts as part of putting together the opposition's position on this legislation. I found it interesting that the proposed amendment to the University Medical School, Teaching Hospitals, Act 1955 is simply to delete the word "State" and insert "Senate". We see that all the way through this legislation. The theme of this legislation from where I stand is largely technical and administrative in nature. There are also some issues with integrity and accountability, and conflicts of interest. Those changes are very good and will help strengthen and empower our hospital system and those who operate within it, specifically health service providers, to ensure they can continue with their good work with greater certainty and surety.

I also find interesting the ambiguities that have arisen under the Health Services Act, which this amendment bill seeks to tidy up. One of the things that struck me was the Queen Elizabeth II Medical Centre site itself. The minister in his second reading speech referred to the different ownership arrangements at that site. That is empowered by the Queen Elizabeth II Medical Centre Act 1966. One opportunity that has been raised with me recently is whether more centralised planning should take place at that site. One of the issues that the now Minister for Health raised when in opposition with the former Minister for Health was the previous government's decision to establish the multistorey car park and let out its operation to a private operator. A lot of that revenue goes back into the maintenance of the QEII site. Apart from the ambiguities that the legislation seeks to clarify, there is an opportunity for us to look at better planning for car parking. One of the issues that is most often raised with me, and undoubtedly also with the now minister, is that there is never enough car parking at hospitals. That seems to be always an issue. I like the idea of setting up a metropolitan redevelopment authority–type arrangement for the QEII site. There are a lot of different players on that site. I am not sure how many local governments sit over the QEII site and whether they have a role to play. I like the idea of central planning for that site. I like planning as an area anyway —

Ms R. Saffioti: You should be the shadow Minister for Planning!

Mr Z.R.F. KIRKUP: I am very happy with Health.

There is an opportunity to look at whether the planning at QEII can be better managed. Car parking and transiting through that site is always a challenge. The people who are in charge of that do a great job, but if that was bolstered by the sort of experience that was conferred to the former metropolitan redevelopment authority, now DevelopmentWA, that would be good.

Mr R.H. Cook: If you are open to interjections, I am happy to provide them.

Mr Z.R.F. KIRKUP: I am open to the conversation, minister.

Mr R.H. Cook: Part of the issue around parking is that it is restricted by the Western Australian Planning Commission, which has basically put a limitation on the number of car parks at that hospital, I am sure for a whole bunch of very important reasons. In terms of local government interaction, one of the outcomes of the local government reform process by the previous government was a minor redrawing of the boundaries of the City of Perth, the City of Subiaco and the City of Nedlands, and there might have been another one, all of which impacted on the QEII site. I think some of that stuff was refined with some minor border changes.

Mr Z.R.F. KIRKUP: Although I was not the local government adviser to the former Premier, I remember that one of the examples that he used was the intersecting points at which there was no lack of local government authorities.

We support the government's decision to move the new maternity hospital to the QEII site. However, that will make it a larger site for the provision of health services. An immense number of services are already offered at that site. The reality is that the addition of the new maternity hospital, whatever that model will look like, will create

even more demand on that site. If in the future I was given the good grace to be in the minister's chair, I would look at having an agency that had the authority to come in over the top, like a mini MRA model. It is relatively small and technical in nature, but the reality is that if the Minister for Planning changes the alignment of a road or adds a number of car parks, it significantly changes the use of sites such as that. It is not unusual for that to be done. Therefore, I am not surprised that the ambiguity with regard to the ownership arrangements has been clarified as part of this bill. It is a good option to streamline that going forward.

One of the other new powers that this bill seeks to provide is to make sure that health service providers can collaborate on procurement, which makes a lot of sense. Health service providers, from where I stand, have their own individual governance arrangement in the frameworks that exist, and I like that idea, so long as there is the right level of integrity around procurement and what that looks like. There have been issues in other places across the north metropolitan area, as a recent example. We should try to use the size of the system, more broadly speaking, to bring about better procurement options. We have common use arrangements already, but if there is an opportunity for health services to, I suppose, stitch together their procurement requirements, that is a good thing. It is good for this bill to provide the new powers to negotiate and manage whole-of-health contracts like that.

I was particularly pleased to see the new integrity and accountability arrangements, particularly for board members to manage conflicts of interest. We have been dealing with the minister more recently on another piece of legislation that is in the other place—the Western Australian Future Fund Amendment (Future Health Research and Innovation Fund) Bill 2019—and some issues have been identified with conflicts of interest. We have looked at it in strength. There are moves afoot in the upper house by the Greens at this point to move amendments to strengthen the bill's conflicts of interest processes and declarations, in particular for those who administrate the board that administrates the future health fund. Any move we can bring about to help publicly disclose conflicts of interest for board members is a good thing and the ability for the public to scrutinise that, to make them accountable, is a measure that should be invested in by any government. I always get a bit frustrated when conflicts of interest arise for board members. A range of issues have recently been discovered by the media. The minister is held to account for that, and rightly so, but the board member never disclosed it in the first place, or it was never properly dealt with in the public realm. The idea of actively publishing information on conflicts of interest, which was raised in a briefing with the minister, is a good thing, and it should be open to inspection by any member of the public. When we submitted FOI applications about conflicts of interest for board members, we would often get information back that is redacted because it is personal information, either financial or commercial in nature. We do not get any exposure to it at all. Then of course we put the question to the minister and similar issues arise. The ability to have conflicts of interest go perhaps one step further than what the bill anticipates, and allow for perceived conflicts of interest to be publicly available somewhere in a central register or something like that would be a good thing, because it would help ensure the integrity that this bill already seeks to reinforce for board members.

I found the lack of disclosure of gifts for board members interesting. One of the examples that we asked about in our briefing was effectively, "Could a board member get a Jaguar, or a very expensive car, and not have to declare it as a gift?" At the moment, they would not. This bill brings about some important oversight functions.

I would like to recognise the arrival and since departure of the federal member for Canning, Andrew Hastie, who is visiting the Western Australian Parliament. I share his division as a member of the Peel region. I am very pleased to see the member for Canning here. Thank you.

The ACTING SPEAKER (Mr T.J. Healy): Hear, hear!

Mr Z.R.F. KIRKUP: I find it interesting that the issue of gifts was not anticipated in the 2016 legislation. I am really pleased to see that it has been dealt with and strengthened quite significantly. It is only fair and reasonable that gifts should be disclosed. A threshold exists for that now. I also appreciate that the legislation provides greater clarity for the minister to dismiss a board member. That makes a lot of sense. Perhaps the previous legislation was so comprehensive and substantial in its establishing HSPs, which was such a shift in how we do business across the health system, that it was not looked at at the time, but it is really good that the minister's powers will be clarified in their ability to dismiss members of boards. That makes a lot of sense to me.

We have discussed this bill together with a range of stakeholders, and for all intents and purposes, it seems as though it is very well supported across the broader health community. I did not have a lot of objection from anybody. When we get there—I do not suspect for a moment that will be today; who knows where we will be in a number of weeks—I intend on going through the consideration in detail stage, probably not as extensively as we did with the future health fund and voluntary assisted dying legislation, but we will go through some clauses that seek some clarity.

Mr R.H. Cook: The amount of scrutiny on the previous bill worked for me.

Mr Z.R.F. KIRKUP: Is that the future health fund bill?

Mr R.H. Cook: No—the Financial Legislation Amendment Bill. That was a little 20-minute job. That'd be good.

Mr Z.R.F. KIRKUP: Is that the Financial Legislation Amendment Bill? We went through it very quickly. I will always be conscious of the minister's time.

Mr R.H. Cook: Not at all.

Mr Z.R.F. KIRKUP: I appreciate that. We will go through the process of consideration in detail.

An issue that was raised with me that we sought some clarity on during the briefing—I appreciate the health officers who are here to assist the opposition with legislation and the briefings that were held—about capital works capabilities. I am always very conscious that we should probably have the best people in government delivering large projects, especially those that might be high risk, such as hospital commissions or anything like that. I will seek some further information during the consideration in detail stage, although it is very well defined here now, to push a little about what that looks like and why the change of different powers that exist for capital works programs was brought about. I expect that strategic projects would still be involved if it was a large hospital commission or something like that.

I will not take particularly long on this contribution otherwise—I note that I have 45 minutes on the clock—and it is a good opportunity to talk about health, which I will take on, but I want to quickly set aside any other concerns that I might have with the Health Services Amendment Bill. This bill makes a lot of sense. I believe that it builds upon the good work of the previous government that brought about significant changes, especially of the health system and how it is governed. I quite like the HSP model, for the moment. I quite like there being north, east and south metropolitan health services. I remember when this idea was first proposed when I was an adviser to the former Premier. I was very keen to see an East Metropolitan Health Service provider established as a jurisdiction. I grew up in Midland, and I was always very concerned that health was initially just north, south and country. I was very keen to see the East Metropolitan Health Service established. I know that the former government was, which is why we now have east metro. Places such as Midland and the eastern suburbs deserved a seat at the table that was not just subsumed within the northern jurisdiction. I really appreciate that and the HSP model that we have now works really well. It can be tightened, and I appreciate that the government has turned its mind to that, and that we are triggering the bill with the sense of priority that it deserves. At a time like this, with COVID-19, I think members would want to make sure that everybody in the system is properly empowered to go about their business as much as possible. We do not want to leave any sense of ambiguity or lack of surety about the operations of the health system. As I said, we will go through to the third reading stage, and I am really pleased that the government is treating this with the seriousness that it deserves in bringing it on today.

We last had a briefing on 10 February or thereabouts with the agency advisers. At the time Hon Nick Goiran and I were pushing on a couple of different areas that were really well clarified by the agency team. I appreciate that. I cannot imagine we will have too many issues going into the consideration in detail stage, but it is really just to articulate any concerns or flesh out any problems. I will probably push slightly harder on the conflict-of-interest issue, trying to create some sort of register or publicly inspected ability for residents to further understand what conflicts might be there and declared, perceived or otherwise. In the interest of good practice going forward, I note that we raised a similar issue for the Infrastructure Western Australia Bill 2019 that was introduced in this place. Not to verbal him, but the Premier, who at the time was the lead minister on that as the Minister for State Development, Jobs and Trade, indicated that that was something that the government is generally open to as an idea. The Premier himself said many times that ministers were held to account for board members' actions, when often the minister was never told about them in the first place. The ability for the onus to be on the board member to have that publicly disclosed will help any integrity arrangements that exist, particularly with health services. The Western Australian Future Fund Amendment (Future Health Research and Innovation Fund) Bill 2019 and any other bill that seeks to allocate large amounts of money or significantly important operations to our state's future should make sure that everyone is acting with integrity and with a high threshold of public disclosure.

Obviously, part of the impact of these changes will be strengthening the operations of health service providers across the board, and with that comes the impact on hospitals in our metropolitan and regional areas. Every hospital and health clinic that I have had the opportunity to visit thus far—I do not know the count I am at currently; I think I am up to having visited 17 hospitals and health clinics in the eight months that I have held the shadow portfolio of Health—has been outstanding, from the frontline workers to the people who run our hospitals. I am incredibly impressed by the willingness of the Minister for Health to facilitate those meetings and the teams of medical and nursing directors on the ground who run the hospitals. Every person I have met has always been very open and honest about what is happening and the constraints in the system. That is a recognition of the fact that we are all in this together, especially with health. The Minister for Health held the shadow Health portfolio for the entirety of his time in opposition. That continuity is really important because in one and a half or two years, health will account for 40 per cent of the state's budget. It is a large beast and it impacts on all our lives. There is a good argument for that level of openness and accountability to the opposition because the reality is that when the baton passes and the opposition becomes the government, we want to be as informed as possible going into the ministry. The Minister for Health spent eight years in opposition and undoubtedly he was well prepared.

Ms R. Saffioti: It was eight and a half.

Mr Z.R.F. KIRKUP: Sorry; my apologies.

Ms R. Saffioti: You dudded us six months of the first term.

Mr Z.R.F. KIRKUP: My apologies, Minister for Transport. It was eight and a half years.

Ms R. Saffioti: You say that all the time. It still bothers me.

Mr Z.R.F. KIRKUP: Eight and a half years, minister. I cannot help but think that it was because the former Premier did not call the election so early.

Ms R. Saffioti: Yes, but then you brought in the legislation to create four-and-a-half-year terms and, at the time, we in opposition did not make a big enough point about it.

Mr Z.R.F. KIRKUP: The opposition agreed to that legislation.

Ms R. Saffioti: We did, but I was a backbencher with no influence.

Mr Z.R.F. KIRKUP: I am sure that the Electoral Act 1907 changes were well supported at the time. The elections now have a fixed term, minister.

I think the Minister for Health's eight and a half years as shadow Minister for Health were important. He has facilitated my visits to hospitals and basically any part of the health system and has always been very open. We all recognise that whenever the opposition again finds itself in government and has to deal with health, we want to be up to speed in as little time as possible. We want to be exposed to the portfolio as much as possible. I appreciate what the minister and his team have done and that whenever I go to a hospital, everyone is very open and talks very honestly about the impacts and resourcing issues. The Minister for Health has probably been more generous than a lot of other ministers, from what I understand.

Mr R.H. Cook interjected.

Mr Z.R.F. KIRKUP: I would hate to think that he would change that now. It is always good to have the opportunity to put on the record how open the Minister for Health has been just in case it changes in the future.

Mr R.H. Cook: I remember in the early days of opposition, Kim Hames said to me, "When I was in opposition, Jim McGinty always gave me access to hospitals", so he extended the same courtesy to me and we have continued that tradition.

Mr Z.R.F. KIRKUP: That makes a lot of sense because, of course, the portfolio is such a large and significant one. The former Minister for Health, Kim Hames, said that he used to offer more regular briefings on current health issues or long-term health issues or something like that. I do not know.

Mr R.H. Cook: Really? Okay.

Mr Z.R.F. KIRKUP: I do not know; I am not too sure. I do not want to misrepresent the former Minister for Health if that was not the case.

Ms R. Saffioti: He was probably fishing.

Mr Z.R.F. KIRKUP: He was a tourism minister as well and, of course, cared deeply about both areas, Minister for Transport. I appreciate that the Minister for Health has always been open to a briefing when we have raised any issue, and that has been demonstrated by COVID-19. The Premier noted during the debate on the temporary orders that I have been involved in seven or eight briefings thus far, and I appreciate that, even though daily it is a very daunting experience. It is something that I appreciate.

I will talk briefly about regional hospitals. In my time, I have had the opportunity to visit a number of regional hospitals. The work that happens in them is amazing, especially in the Kimberley. The tyranny of distance from the capital is a real challenge. Unfortunately, in some of the towns that I have visited, such as Derby and Kununurra, but Derby in particular, the public sector workforce holds the town together. Within the space of a year, Derby lost four mine sites and the detention centre closed, so its economy is largely based on hospital workers, teachers and the provision of services to the Aboriginal community. I met a fantastic person—I cannot remember her name for the life of me, and I apologise dearly—who has been working in the immunisation clinic in the same building at Derby Hospital since the early 1980s.

Mr W.R. Marmion: Maybe when I was there.

Mr Z.R.F. KIRKUP: Possibly when the member for Nedlands was there.

Mr W.R. Marmion: I was in for two nights.

Mr Z.R.F. KIRKUP: In Derby Hospital?

Mr W.R. Marmion: Yes.

Mr Z.R.F. KIRKUP: There we go; the member for Nedlands has spent two nights in Derby Hospital.

Dr A.D. Buti: He's been everywhere!

Mr Z.R.F. KIRKUP: The thing I love most about the member for Nedlands is that I can refer to any part of Western Australia and he has been there and has an experience from there, if not family history there.

A place like Derby is a really good example. Its immunisation clinic is obviously very important for the vaccination of Aboriginal people who live in and around the town. There is a real sense of commitment to the community by those hospitals. There is a real sense of going above and beyond what I would expect. Health workers already do a great job but their role in those communities is made that much harder because of how far away they are from the capital. Of course, when the Royal Flying Doctor Service retrieves people from the northern part of Western Australia, more often than not, they will fly across to Darwin in the Northern Territory for critical care rather than fly to Perth.

Mr I.C. Blayney: There is an agreement for that.

Mr Z.R.F. KIRKUP: There is, member for Geraldton.

Mr I.C. Blayney: From East Kimberley, in particular, they go across to Darwin.

Mr Z.R.F. KIRKUP: Yes. As I understand it, Royal Darwin Hospital was about 50 per cent over capacity, and that was before COVID-19 hit. Member for Geraldton, I suppose what was reinforced for me when I was in the Kimberley more recently was the distance. The reality is that it is closer to go to another capital in another jurisdiction.

Mr I.C. Blayney: It is 40 minutes to fly to Darwin.

Mr Z.R.F. KIRKUP: It takes 40 minutes to fly to Darwin versus the three and a half hours it takes to fly to Perth. Those are the challenges. We have to have a very agile health system, and the Health Services Amendment Bill 2019 will make sure that the health system is best empowered to continue its operations, which it does so well.

When I think about Kununurra and the Kimberley region, my mind turns to the terrible suicides in the Aboriginal communities there, which have been happening for some time now. More recently, I met with the National Suicide Prevention and Trauma Recovery Project —

Mr R.H. Cook: Gerry Georgatos.

Mr Z.R.F. KIRKUP: Yes, Gerry Georgatos. I met with him last week or the week before. I have been told since then that as well as the suicide crisis in the Kimberley, the suicide crisis in the midwest is at a peak level and is affecting the Yamatji people. That is a significant concern. We want to make sure that as much as possible is invested in support services, in particular culturally appropriate mental health services, in those communities. I increasingly despair every time I visit communities like that, which many of us have an interest in doing. Every time I visit communities like that, I am confronted with a conversation about suicide—youth suicide in particular. It is terribly disheartening. As I have said in this place, it is not for want of government will or resources. Former Coroner Hope identified, when he made his findings in a coronial inquest, that the situation is not from a lack of any government resources. It was really just about the challenges and complexities that exist in the Kimberley and now, evidently, in the midwest, in trying to respond to what has obviously now been hundreds of years of dispossession. I believe that the impact that it has had on Aboriginal communities has obviously been incredibly detrimental. Whatever effort that we can do to help improve their mental health and the provision of health services for those communities is vitally important.

I look forward to the government's response to the coroner's inquest coming out very soon, if not tomorrow. I hope that it will be comprehensive. Unfortunately, I suspect that it is going to be slightly lost in the media coverage given what is happening with COVID-19. I am certain that that is not by design; it will come out at the most opportune time for the government. For what it is worth, I thought it would have come out today so we could at least scrutinise it and ask some questions about it. That being said, I am sure that the 42 recommendations will be responded to relatively comprehensively by the government. I understand that the government is also going to respond to the Education and Health Standing Committee's report "Learnings From the Message Stick: The Report of the Inquiry into Aboriginal Youth Suicide in Remote Areas". The current Minister for Aboriginal Affairs also indicated more recently in some media that there will be a more comprehensive response to the closure of some Aboriginal communities. Therefore, I look forward to what will undoubtedly be quite a comprehensive response from the government. We will go through that, and I hope that the government steps up to the mark. As I have said in this place before, it has been 57 or 58 weeks since the coroner released that inquest report. It is a very important issue and a watershed moment. In terms of a health system response to that, it is going to be imperative.

A good example of why we want to make sure that everyone is on the same page with how our health system operates is that our teams, hospitals and health service boards are empowered to continue with their great work. Every time

I go to any WA Country Health Service facility, I am always really impressed with what it does. All the metropolitan health service providers do a great job, but I get the sense that, in a country environment, WACHS goes above and beyond even more so, and I am really very impressed. Every executive or director that I have ever met within WACHS always knows their business and knows exactly what is going on. They are intimately involved, and that says something. A good example is in Kalgoorlie and Esperance. They are part of the same sub-management area within WACHS, and that is a large area, but they are well aware and well informed of what is going on. When I went out to the member for Kalgoorlie's district and went through Kalgoorlie Health Campus, there was a great sense that the hospital management knew exactly what was going on. When the minister went on hospital visits, while in opposition or maybe in government, perhaps he also had a sense that there were people on the ground who knew what was going on and people who did not know what was going on. I have always found that the further one gets away from the capital, the WA Country Health Service is really informed and does such a great job, as do the regional hospitals in particular. Broome was really impressive for me as well. The money that has been put into Broome Hospital more recently, over the last couple of years—I am not entirely certain how much has come from the government at the moment, and that is because I cannot remember—makes it very well invested in. The member for Nedlands might be interested to know that when I went to Broome Health Campus, it was the only time that I have ever seen a compression chamber for when someone gets the bends and they have to go into a compression tank. Is it called decompression?

Mr P. Papalia: Recompression.

Mr Z.R.F. KIRKUP: Thank you very much, Minister for Defence Issues. I think there are only two. Is that right, minister?

Mr P. Papalia: Are you talking about the one in Fiona Stanley?

Mr Z.R.F. KIRKUP: There is one in Fiona Stanley Hospital? The other one that I have seen is in Broome.

Mr P. Papalia: Yes. The Fiona Stanley one is a medical facility, so you basically take the bed in and out. It's much more suited to diving. They use it for things other than diving.

Mr Z.R.F. KIRKUP: Okay.

Mr P. Papalia: Gas gangrene—you treat patients, under pressure, with oxygen. And it's effective at stopping progress of disease and infections.

Mr Z.R.F. KIRKUP: That is amazing. I appreciate that; thank you, Minister for Defence Issues. The one that I saw in Broome looked quite old to me, but it was quite impressive to see because I had never seen anything like that before in my life.

Mr P. Papalia: The Navy has one for the diving team.

Mr Z.R.F. KIRKUP: I expect that it would.

Mr P. Papalia: That is actually just for divers, but the Submarine Escape and Rescue Service has a much larger capacity.

Mr Z.R.F. KIRKUP: This one was quite cramped, as the minister probably appreciates.

Mr P. Papalia: Well, there's always small, mobile ones, so they can treat individual divers.

Mr Z.R.F. KIRKUP: There you go—the more you know. Thank you very much, minister. In this case, I think it was for the pearlers in Broome. It shows the diversity by which the hospitals have to be geared to respond to local concerns, so, of course, we are very unlikely to see one at Peel or Joondalup or out in Kalgoorlie.

Mr W.R. Marmion: It's not deep enough.

Mr Z.R.F. KIRKUP: No, of course not.

Mr P. Papalia: There wouldn't be; there's not a need. But they need specialists to operate them.

Mr Z.R.F. KIRKUP: Yes, that is right; it is the reality of how unique hospitals have to be to respond to their local concerns, and I was really impressed with Broome. If anyone gets the opportunity to see it—not because they need treatment, member for Nedlands—I have to say that Broome Hospital was particularly impressive to me.

I have taken more time in my discourse than I had anticipated, so I would like to quickly talk about what is happening locally in my community in response to the COVID-19 pandemic. Members might be aware that I put out a call to my district asking for volunteers to—not offer any medical assistance—be there to check-in with people —

Ms R. Saffioti: That was an original idea!

Mr Z.R.F. KIRKUP: I know! No, I fully claimed, publicly, that it was replication of the leadership of the member for Perth. I did so on 6PR, minister; I will do so here.

Ms R. Saffioti: I didn't see that on Channel Nine news.

Mr Z.R.F. KIRKUP: It only takes shortcuts, minister. The reality is that it was the member for Perth who came up with this idea and I have transferred some of what he has set up into my own district, which is a call for volunteers to effectively be there acting like a modern version of a Neighbourhood Now. In the old days, I suspect that people would check in with their neighbours during times of crisis, or people might have had a better relationship with their neighbours. Unfortunately, we know that in this modern world, that is not always the case. We had volunteers indicate to us that they would be willing to provide welfare checks, and perhaps check-in by calling up every couple of days to make sure that someone who might be vulnerable during this time is okay and that everything is going okay. As of yesterday at 3.00 pm, 532 individuals from across my community had volunteered to help with that, saying that they were willing to do what I think would be a neighbourly thing to do. Sometimes, due to isolation in my community or something like that, or because there are a lot of holiday homes, people are not too familiar with what is going on in their streets all the time. I think that is probably the case across the state, and so this really connects that and makes sure that less distance exists and people who might be at risk of issues with COVID-19 can be checked in on and know that people are looking out for them.

The team in my office are doing an amazing job in pulling this all together. As is often the case, the member of Parliament often rushes out with something and, having being a staffer in the past, the staffers have to implement a lot of it. Although now with a lot of cancellations and meetings and things like that, all of us in our team will be implementing things, and I would like to recognise the work of my outstanding team members in my office, who are going about implementing this idea and replicating what the member for Perth has done. I now know that the member for Darling Range and the member for Vasse, on the opposition's bench, are doing that, and I am sure other members on the government's benches might be doing the same.

I would like to recognise the following groups that have also offered their help as part of this outreach that we are seeking to do. Vicki Pollard of the Peel Volunteer Resource Centre has been amazing in working with us to put in the correct system to make sure that all the appropriate measures are put in place. Peel Volunteer Resource Centre in Mandurah does an amazing job connecting volunteers with organisations, and we have taken Vicki's help and she has been very helpful in putting that together for us. Falcon "The Island Club" Lions has also been very forthcoming with its offers of assistance. We have 12 people from Falcon Lions thus far who have been willing to come in and help out with this as well. The president, Ian Derrick, does a great job; I am very appreciative of his help in leading the charge on behalf of Falcon "The Island Club" Lions.

Reflecting more modern times, there are also a number of administrators of Facebook pages. Obviously, Facebook is a good opportunity to bring people together in one location. Administrators Skye Robinson for the Deeper Connections Mandurah Facebook page and Judy Drayton for the COVID-19 Updates and Community Care Mandurah Facebook page have been trying to help coordinate some effort locally as well. We are working with them to see what work we can do to leverage their Facebook presence to something on the ground as well. Also, Charmaine Prinz and Janet Roos have been working as part of the Befriend and Chorus group to operate a "ring ring" campaign to connect those in isolation across my community, and probably across Peel more broadly speaking. We have had some outstanding help from Coles in our community. Coles has worked with us to identify and help any persons in need in my district and across Mandurah. I know the member for Darling Range has been working with her local IGA supermarket. If members already have a good existing relationship with large supermarkets or an IGA in their district, it is always good to speak to the manager there so that they can put aside orders for people whom members know are particularly at risk. A week ago, people were already starting to come into my office, such as a gentleman who had run out of toilet paper and did not know where to go. People are already coming in to our team to see whether there is anything we can do to help. The ability for us to work hand in glove with some local supermarkets is really great. Again, it reflects the nature of the community coming together in times of crisis.

I would also like to recognise Jo Sinker, the chairperson of the Seascapes Community Association, and Pippa, the senior community development officer at the City of Mandurah. The Seascapes Community Association has been really great at banding together the community in Seascapes, which is where I live. It is always a really good example; the residents' association is always really active. Two weeks ago, together with the Seascapes Community Association, I was out picking up the rubbish on the dunes. There is a real sense of community turnout there. Seascapes is quite a distinct location within my district and the City of Mandurah. I recognise not only Pippa for her help, which I appreciate, but also Mayor Rhys Williams in what has happened more recently with the cancellation of the Mandurah Crab Fest. When Crab Fest was cancelled on 13 March, the Friday before it was meant to occur, the member for Mandurah, myself, Mayor Rhys Williams and the member for Canning, who I recognised earlier, all came together to reinforce the decision that cancelling Crab Fest was the right thing to do. Obviously, it is very regrettable, because an event like Crab Fest has a significant economic impact on my community. The event often helps tide businesses over into the winter. As a tourist town, Mandurah often has fewer people coming through in the winter, so Crab Fest uses the surge to help tide those businesses over. The evolution of COVID-19 and how it has impacted on all of us has meant that Crab Fest had to be cancelled. It was the right decision to make. from conversations with the mayor, the member for Mandurah and the member for Canning I know that it was a difficult decision to make, but it was the

right one. That is a good example of bipartisan support, whereby local members of Parliament, local council, state and federal members all turned out to support the decision, and I think it was an important one to make.

From conversations I have already held with the mayor, I know that because of COVID-19, we are starting to see a number of venues in Mandurah close. This is exactly what will start to occur right across our community as restrictions start to be put in place on the number of people who can meet in one location. I think it will have a significant impact. That is why, when we talk about the importance of this legislation, the Health Services Amendment Bill 2019, although the current practice is already happening—I appreciate this really provides the legislative backup to what is already occurring across our health system—we want to make sure that everyone is on the same page and that there is enough legislative empowerment for the people who already do a fantastic job. That is why the opposition is very pleased to support this legislation, notwithstanding it will go through consideration in detail. I am also very appreciative to the minister for bringing this legislation forward to this place at this time. It is an important move. At a time of impending crisis, we want to make sure that everything is working very, very well. If there is an opportunity here to do some maintenance, which is how I would consider this—even though it is 95 clauses, it is maintenance to tighten up things—I think it is a good measure and one that the opposition supports. Thank you.

MR K.M. O'DONNELL (Kalgoorlie) [12.04 pm]: I, too, would like to rise and speak about the Health Services Amendment Bill 2019. This legislation aims to refine the act's effectiveness and the department CEO and health service providers to improve the functioning of the Western Australian health system and to overcome operational and administrative burdens that have been encountered since the act commenced.

I want to talk about health in my electorate. Laverton Hospital is in need of repair. It has fallen away in various states of disrepair. I visited the hospital and saw that when an ambulance arrives, there is no cover under which to take patients out. As the patient is wheeled out of the back of the ambulance, if it is 48-degree heat, it is 48 degrees. The heat just hits them. If it is bucketing down with rain, they are in the rain. Once they get in, they have to be wheeled to the other end of the hospital, which is where they treat the patients when they first come in. The ambulance entrance has to be at the other end because it is the only way they can get a patient into the building, which is not good.

I saw the emergency room. In most hospitals, there is anything up to six, 18, 20 or 30 little cubicles. Laverton Hospital just has one room separated by a curtain. If two warring factions have been out fighting and are injured and the police bring them to the hospital, they are both in the same room, and it is verbally on again. It makes for terrible working conditions for the staff. It would be good to know—I am hoping that the minister could possibly say this in his reply speech—when the upgrade to Laverton Hospital will start, and when is it envisaged to be completed. Both the state and federal governments have pledged money to this in election promises.

I want to talk about the lack of general practitioners. I do not know how we are going in the metro area. I am assuming they have an abundance, because there are suburbs all over the place; if there is not a GP in someone's suburb, they can just go to the next one. But people who are regional and remote do not have that luxury. When I first came to Kalgoorlie–Boulder, we had numerous doctors. We had the Lamington Medical Group, with Dr Greg Murphy, which was taken over by Dr Andrew Siegmund. They were royal flying doctors who left the Royal Flying Doctor Service and moved into their own practice. There were several doctors there, and it was very vibrant. There was the Collins Street Surgery, with Dr Phil Reid and his group of doctors. I am talking about the past—we had. Dr Dick Austin, part owner of Doriemus, who won the Melbourne Cup, had his surgery at the Plaza Medical Centre, with numerous doctors. There was Dr Barney McCallum, the gynaecologist. These surgeries have all gone backwards, closed, or have only one or two doctors in the surgery.

The Plaza Medical Centre received a big grant from the federal government and expanded to train doctors and nurses, but the problem is that Dr Kylie Sterry, who is based there, is struggling to get doctors to come to Kalgoorlie–Boulder. From an outsider's point of view, I used to think it was money—if we offered more money, they would come—but it is clearly not that. Money is not the bottom line for doctors. The bottom line is that doctors want to come to Kalgoorlie–Boulder if they can learn, upgrade and upskill what they already know. At the moment, that cannot happen. The hospital originally had all doctors and local GPs working there, filling in, rostering, and it had a very good system in place. However, over time, some doctors came to Kalgoorlie–Boulder who were not interested in being trained. They had already upskilled or they did not want to upskill anymore. Unbeknown to them, that changed the dynamic of the hospital and the hospital started recruiting people from outside to fly in. Now doctors want to go to Kalgoorlie, but they cannot go there because they cannot get work at the hospital. I believe that this is a perfect time for the Kalgoorlie Health Campus, as it is called, to be made a campus. I have said before in this place that it should be like a university, where professors and other highly skilled medical people work in the hospital. However, instead of them doing all the hands-on surgery, when a doctor wants to upskill, the professors become the tutor and watch over the doctor. It might cost a little more because it is overlapping, but, how good would it be if very knowledgeable doctors and professors worked at the hospital and taught our future doctors. The Rural Clinical School of Western Australia is in Kalgoorlie–Boulder and the student doctors love it when they go

there. However, do they want to come back? They do but they say it would limit them. If they stay in Perth, they are upskilled. When they go back to Kalgoorlie, their friends who graduated at the same time as they did, are upskilled and move ahead. That is something I will push for in the future. I would love to see Kalgoorlie–Boulder regional hospital be the first one to start that and lead the way. Kalgoorlie Health Campus would then be inundated with doctors. Many times a wife will not move to the country with her husband unless good medical services are guaranteed. At the moment, the queues mean that people can wait weeks before seeing a doctor. That is not good. When some people first go to Kalgoorlie and go to a surgery, they are told that the surgery is not taking on new patients. That too is a problem and we need to overcome that regionally. We need the help and support of the metropolitan area.

I want to comment on the neonatal unit. I had a phone call the other week from a man whose daughter was in hospital giving birth to her baby. He said that he had concerns and his daughter was all upset. She gave birth to a little boy and the hospital said that he had to be flown to Perth. That in itself was stressful. When I was told this, I thought, "Righto, they'll fly the baby down by the Royal Flying Doctor Service." However, the grandfather said that the problem was, it had been days since the hospital first said that the baby had to go to Perth; he was still in Kalgoorlie hospital days later. When the hospital told the grandfather that the baby was going to Perth, he was told that he could not go on the plane, so he said he would drive to Perth, and the hospital said, "Yes, you go to Perth." He was sitting in Perth for days waiting. I made inquiries and found out that Perth sends a neonatal team to Kalgoorlie, of which I was not aware. However, we are still trying to find out why the team did not go to Kalgoorlie straightaway. I know the team attends cases statewide, and I told the grandfather that the team would have prioritised cases. If another baby had something more serious than what the grandson had, we can understand why it went to that baby. We are still trying to find out why it took days. As the grandfather said—I tend to agree—if something happens in the country, people are disadvantaged. In Perth, everything is close and the bulk of people are in Perth but people have the perception that we miss out. As I say, I am aware of the need to prioritise cases. Hospitals, police, ambulance and fire services prioritise. I hope that proves to be the case when we finally get an answer.

St John Ambulance WA does a fantastic job in our region. My first ever contact with St John was when I was a police officer. Back in those days, there was only one ambulance officer per van at night. There were times when we would attend a scene and the ambulance officer would ask us as police to drive the ambulance while the ambulance officer sat in the back with the patient. When the officer yelled out "Go faster", we would go faster. We had to adapt. It has been brought to my attention that St John Ambulance is writing off tens of thousands, if not hundreds of thousands, of dollars owed in the various regional centres. If one of us calls an ambulance, we are slugged with a bill that can be very expensive, amounting to hundreds of dollars. In the regions, many people are using St John as a taxi service. In one instance, there was a neighbourhood dispute that eventuated in a court case this year. One neighbour said to the other, "See you in court tomorrow." While the neighbour was getting ready to drive to court, the offending neighbour rang an ambulance to come to his house. The neighbour thought that the offending neighbour would not go to court because he was in an ambulance. Unbeknown to that resident, the neighbour went to the hospital in the ambulance, but got out of the ambulance and walked to court. He turned up at court. Taking an ambulance was his way of getting to court.

St John Ambulance charges people but they do not pay. We are finding out that in Laverton–Leonora, if St John continually writes off these charges, it will not have the funds to operate. It will come to crunch time. St John does not have the funds to replenish the ambulances or pay their officers or for various other things. I asked St John how we can possibly alleviate this and how much money it needed per person. St John said that if it could get $100 per person in the bush, it would cover a family. I have been making inquiries to see whether we could create a form and take it to the mob and ask them to sign it so that $2 could come from each unemployment benefit and go towards St John. People would then get a card and utilise the service. That is proving to be very hard. I have touched base with Aboriginal bodies to see whether they would consider paying St John in bulk up-front when they are handing out money from native title settlements. That also is proving difficult. It is ongoing and I am still trying to help St John with that. While speaking of St John, I pay homage to Roy Bergion, a great man in Coolgardie. He has been a St John Ambulance officer for over 40 years. He has also been a Coolgardie Volunteer Fire and Rescue Service member for 53 years. That is a fantastic effort by that man.

I notice that Bunbury got a COVID clinic. Naturally, the first one outside Perth has to go somewhere, and we regional people say, "Pick me, pick me." The health minister mentioned Albany and Geraldton. I have not caught up with him to ask about Kalgoorlie. I do hope we are on the radar. If it has not been mentioned already, it means we do not look like getting one in the foreseeable future—but I hope we do. It is no good saying that we do not need one because there are no cases out there, because it is only a matter of time before something happens. There are plenty of Aboriginal communities in our region and, according to the experts, Aboriginal people are very susceptible to this virus and it could get a foothold in their communities. Aboriginal people are very close knit and family oriented. I have been to Aboriginal communities searching for an offender at three or four o'clock in the

morning to try to catch them and seen four pairs of legs under the one blanket. When I lifted the blanket, there were four blokes huddled together because it was so cold.

As summer ends and winter approaches, there will be no 1.5 metre distancing. I am not being rude or racist when I say that. It is just that I cannot see them changing their ways, and that is not because they do not want to. The bulk of our community does not want this virus to get into Aboriginal communities, and both federal and state governments are doing their best to stop that from happening.

I am also worried about shortages in the provision of health services in the regions. Various offices in the metropolitan area are being closed because the staff are just not there. Just the other week, an offender was in the lock-up and as he came out he said that he had coronavirus. The police had to deal with that prisoner, but the prisons refused to take him. The six officers who were in the lock-up with that prisoner have been taken off the front line and are now in self-quarantine. But they have to be replaced. I foresee offenders going to police officers, ambulance officers, doctors and nurses and saying that they have the virus. The next minute, those officers will be told to self-isolate. What do we say to them? Do we say, "You'll be right"? People are taking a responsible attitude; they have to come out of the system. I am worried that people will start to use this as leverage, especially in the street, in the hope that the police will not apprehend them. My question is: how are we going to have a backup plan? Where do we get replacements for police, ambulance officers and nurses working in the bush? Am I allowed to read from my phone? I do not know how to print from my phone.

Dr A.D. Buti: Yes.

[Member's time extended.]

Mr K.M. O'DONNELL: I apologise; I cannot get this off my phone. I received an email from a lady who said —

> The call has gone out for all nurses etc to help out with coronavirus however i am no longer registered as an enrolled nurse so i can't help. Phoned APNA —

I am not sure who they are; maybe it is a nursing association —

> to see if there was a shortcut to being registered again and was told no. No quick pathway to re register, its takes months to organise the paperwork.

As I bring this up, people are probably out there who are not registered but who are ready to go. The government might have to look at how to get them involved in some way so that they can take the place of others. It is a similar story for the police. We have an Army Reserve; we are going to need a nurse reserve, a police reserve and an ambulance reserve. I did tell the Minister for Police that I am ready to be reactivated to duty.

Mr D.A. Templeman: We'll send you to Kalgoorlie for another 30 years.

Mr K.M. O'DONNELL: I think she is hoping that I will go back there because it would mean I would not come back here.

There is also a requirement that a person must have five out of five symptoms before they are tested. Staff in my office brought to my attention the case of one person who had four of the five symptoms and presented for a test. They were told that they would not be tested. That is a bit worrying. I know that there are possibly not enough test kits at times, as the Minister for Health said, but that does stress those people who believe they have it and are not being tested.

In Kalgoorlie–Boulder, I am following the Facebook groups set up to be a buddy, for which I congratulate the member for Perth and the member for Dawesville. That is very good and those members are leading the way. We are trying to do our bit to help out.

I have teamed up with Hon Kyle McGinn and Hon Robin Scott from the upper house. We are trying to show that it does not matter what party or team we are in; we are working together to try to show the public that we care and that we want to help the people in our electorate. Our three electorate officers got together this morning, which is good, too, because some electorate officers probably would not even talk to an electorate officer from another party, just as a member of one party in the upper house would not talk to a member of another party. It is good to see that that is being done. Hopefully, it will be positive and we can go from there. Acting Speaker, thank you. I am finished.

DR A.D. BUTI (Armadale) [12.25 pm]: I also rise to contribute the to debate on the Health Services Amendment Bill 2019. As the member for Dawesville mentioned, health forms a very large component of the state budget. He said that he thought it will make up about 40 per cent of the next budget. I do not know whether that figure is correct, but I do know that it is a sizeable proportion of the state budget. It can be argued that health and education are the two areas in which the state government can make the most positive input or change for citizens of the state. It is interesting that although the state government is responsible for health and education, education and health funding comes from the federal government. There is a vertical fiscal imbalance, and over time federal Parliaments

try to gain greater power and control over the delivery of education and health services in the state, but constitutionally the state government remains the prime provider of health services in Western Australia.

As members mentioned, the bill will amend the Health Services Act 2016 and make consequential changes to other acts, including the Mental Health Act 2014. I remember very well debate on that bill because I was the opposition health spokesperson in this house when Hon Andrea Mitchell had carriage of that bill as the parliamentary secretary for the Minister for Mental Health, Hon Helen Morton, who was in the upper house. The debate on that major piece of legislation went on for a considerable time. This bill will make minor consequential changes to that act, as it will to the Motor Vehicle (Catastrophic Injuries) Act 2016. The member for Riverton was responsible for that bill, was he not? I had some very nice words to say about the member for Riverton yesterday, but he was not in the chamber. It was remiss of me to not mention that that was a very important piece of legislation. I think that the member can be very proud to have brought that legislation into the house. He should carry that as a badge of honour.

Dr M.D. Nahan: I will check *Hansard*.

Dr A.D. BUTI: Did I mention that the member for Riverton could have been a better Treasurer had it not been for the Premier at the time? Of course, the member could possibly not comment.

The bill also makes some minor changes to the Queen Elizabeth II Medical Centre Act 1966 and the University Medical School, Teaching Hospitals, Act 1955. Those changes are drafting changes, particularly to the Mental Health Act and the Motor Vehicle (Catastrophic Injuries) Act 2016 due to the time when those bills were passed by this Parliament.

The bill contains a number of amendments to improve efficiency in not only the delivery of health services to the public, but also the administration of health and the lines and delegation of responsibility. Basically, the bill amends the functions and powers of the Minister for Health, the CEO of the Department of Health and health service providers, all with the aim of improving the administration and delivery of health services to the public.

Later in my contribution I will talk a bit more generally about health issues, but I want to mention some of the important issues covered by the bill. One of the issues is the ability of the minister to delegate their powers to other bodies or other people. Just because the minister delegates the power does not mean that they are delegating the duty or responsibility or the liability. Unless the act explicitly delegates that duty or responsibility, the minister will remain responsible. The minister can delegate the power—the operation of the duty—but the duty will remain with the minister unless explicitly or implicitly transferred under the act. That is important. The minister is not abrogating their responsibility, but by delegating the powers, it will hopefully improve the efficiency of the health service and also provide a greater resemblance to reality. The minister is the minister. The minister does not have the expertise to necessarily execute the powers that they have under the act, so they can delegate the powers, but the duties and responsibilities are not necessarily being delegated.

This bill also seeks to allow health service providers to recover charges and fees for patients who obtain compensation due to an injury or illness. People receiving compensation as the result of an injury or illness that requires hospitalisation and the health service provider obtaining some reimbursement is an interesting area. A lot of that will relate to compensation for personal injury, often acquired in the workplace or in motor vehicle accidents. I am sure that the member for Mount Lawley —

Mr S.A. Millman: Will you take an interjection?

Dr A.D. BUTI: Yes. It is perfect timing

Mr S.A. Millman: Member, you raise a very good point. There is a policy reason as well, I think, for why this is a good amendment. The loss should fall with the tortfeasor, should it not? If the insurance company is escaping its liability by putting the burden onto the public health system, that is not a just outcome, is it, member?

Dr A.D. BUTI: That is exactly right, member for Mount Lawley. The member's timing is impeccable.

Ms J.M. Freeman: I think what he was trying to say was that the insurer, not the worker, should pay the health system.

Dr A.D. BUTI: I thought that was what he said.

Ms J.M. Freeman: He did, but not for those of us who are laypeople in the jurisdiction.

Dr A.D. BUTI: That is a very interesting point, member for Mount Lawley. I wonder whether the member had ever thought of this. I had not thought about it until I read quite recently a book by Guido Calabresi, one of the founders of law and economics in the United States. As the member knows, with personal injury, there are various components to the award of damages or compensation, one of which is for the loss of future earnings. For instance, if a skilled gardener who earns $800 or $1 000 a week and the CEO of a corporation who earns $3 000 a week had a traffic accident and sustained the same injury, the person on the lower income would receive a much lesser amount in compensation for loss of future earnings than would the person on the higher income. Generally, but not always, the person on the higher income has a greater financial reserve and greater support systems, while the person on

the lower income does not. It shows the inequality that is often in-built in our legal system. The legal system seeks to provide justice, but many times it does not. The bill introduced by the member for Riverton sought to alleviate some injustice in that area, but, as we know, there were people in that situation who were not covered because the injury happened before the bill was introduced. I thought it was a really interesting analysis by Guido Calabresi about the fact that when compensation for loss of future earnings is awarded, the person who may need it the most receives a smaller amount. I look forward to the member for Mount Lawley's contribution to this debate because of his expertise, especially in the personal injury area, and the work he has done in representing many clients who have sought compensation.

Another area covered by the bill is capital works and the commencement of major infrastructure projects by the Department of Health. As I mentioned yesterday, the member for Mount Lawley and I are members of the Public Accounts Committee, which handed down two reports—one into Perth Children's Hospital and one on contract management in the public sector. Overall, we have been delighted with the government's response to many of our recommendations. Of course, committees make recommendations, but they are not in government, so they may not necessarily know the issues that the executive has to deal with. We often provide our recommendations from a pure perspective, sometimes without knowing the complications that governments of any persuasion have to deal with. However, I believe those reports can be used by the health department and any other department to assist them to manage contracts and deal with major infrastructure projects.

Another area covered by this bill is the boards of the health service providers. The previous government, under Minister Hames, decentralised the administration of health, so health service providers became very important and therefore their boards became really important. I had the experience of being a member of a statutory board, the Armadale Redevelopment Authority board. The Midland Redevelopment Authority, the East Perth Redevelopment Authority, the Subiaco Redevelopment Authority and the Armadale Redevelopment Authority had already been set up. The seven or eight years that I spent on the Armadale Redevelopment Authority board were really stimulating; it was a great training ground for understanding the complexities of development projects. I stayed on that board until it was found out that I had been preselected as the Labor candidate for Armadale. The minister at the time, Hon John Day, a most decent person, did not seek to push me off the board; he just made it known that it might be a bit uncomfortable for him. So I resigned from that position. Hon Alannah MacTiernan set it up, and she was then the local member, so she had a particular interest in the Armadale Redevelopment Authority. The ARA did some outstanding work during that period and had some really good board members. There were six positions and two of them were set aside for councillors. During my time on the board, we were very lucky to have high-calibre council members in Henry Zelones and Linton Reynolds. Unfortunately, two of our board members passed away with cancer in the space of six or seven months: Gerry Gauntlett, and the female's name escapes me, but I will remember. They were outstanding members of the board.

The point about board member's duties, conflict of interest and fiduciary duties is very important and it was always drummed into us, particularly by councillors, who, when they become councillors had conflict of interest and their duties drummed into them. Often, the more local someone is in politics, the greater the chance they can be influenced and corrupted. I think that sometimes people do not realise that there is much opportunity for that influence at a local government level. It is important to look at the duties and the conflict of interest of board members and fiduciary duties in the bill before us. Obviously, one of the greatest sins of a person who holds a fiduciary duty to someone else is to have a conflict of interest. Their duty must be to the fiduciary, and they should, of course, avoid any conflict of interest. That is very, very important.

I am interested in clause 18 of the bill. It amends section 35(2) to allow a health service provider to provide a facility under its control and management to a person who engages in community work or conducts a service that has a community or charitable purpose, in addition to being able to provide the facility for the use of a health professional carrying out a health service. That is really important, because people often come into hospitals to provide community and charitable services. The explanatory memorandum mentions the issue of the HSP allowing a not-for-profit community legal service to use its facilities. That is important because some people may be in hospital as a result of an unlawful act or something that may allow them to receive compensation. They may not have the financial means to engage private law representation, so community legal services are very important. Many other charitable services are provided in the hospital domain or are required by patients of hospitals. There is a very large public hospital in my electorate, Armadale–Kelmscott Memorial Hospital, which services a great portion of the south east metropolitan area.

[Member's time extended.]

Dr A.D. BUTI: The next public hospital along that corridor is Bentley Hospital and then Royal Perth Hospital, and west of that is Fiona Stanley Hospital. The Armadale hospital has a very important part to play. I have been a patient there a few different times and my mother worked in the kitchen there many years ago. It is a very important hospital in our region and also a major provider of employment for locals in the area.

I want to make some general comments about health. I have tried not to be political, but there is no doubt that the Labor Party has always been the champion of public health. It is undeniable. I am not saying that when other parties have been in government they have not ensured we have a good public health system, but fundamentally, as part of our DNA the philosophy on the Labor side is that we believe in a very good public health system. We believe that, as much as possible, the quality of health that people receive should not be determined by their postcode. Unfortunately, we cannot alleviate all inequality. If someone has greater financial means they generally receive quality health care at maybe a faster rate than someone who does not necessarily have the economic and financial means. It is more of a federal issue than a state issue, and it is good that the federal major parties believe that Medicare is a very important system. I believe some politicians on the conservative side of politics are ideologically opposed to Medicare, but they know, politically, that they cannot touch it. There is always room to fine-tune these things. Members will remember that the federal government did it once. When Bill Hayden was Treasurer under the Gough Whitlam government—he did not have very long in that role, but he was a good Treasurer—he brought in Medibank. Then under Malcolm Fraser Medicare was removed, and Bob Hawke brought it back. I think John Howard contemplated removing or making major changes to Medicare, but politically the Australian public are comfortable with a universal health system. There are legitimate arguments around the periphery about co-payment and so forth, but, fundamentally, Medicare is a very important part of our system, no more so than in the current situation we find ourselves in. I think if someone were to come down with COVID-19, they would much prefer to be here than in the United States of America. Hopefully, the USA political system will finally realise the importance of this issue and enough public funding will be delivered to people who do not have the means to ensure that they are properly treated. We all know the horrific stories of the US health system. Of course, profit will be made in health, but the primary issue in health is the delivery of services to people who need it, rather than profit. We will never alleviate that issue, but through the Medicare system, we have a basic universal health system that provides health services to everyone.

Another issue to raise in my few remaining moments is the issue of preventive health. The bill before us looks at trying to improve the functioning of the Western Australian health system. Its explanatory memorandum states —

> The *Health Services Amendment Bill 2019* … amends the *Health Services Act* … to improve the functioning of the WA health system and to overcome operational and administrative burdens that have been encountered since the Act commenced.

That is very important. Of course, as the member for Dawesville mentioned, the health budget is a major component of the overall budget and the majority of that is in the hospital system. If we can reduce the need for people to go to hospital, we will reduce the necessity to drain the budget purely for health. I should mention that when I was elected , not that long ago, there was no bulk-billing doctor in the Armadale region, except for seniors and welfare recipients. That meant people were going to the emergency services department of the local hospital, which of course drains the hospital system. Some of those people should not have been in the emergency department of the health system. There are now have a lot more bulk-billing practitioners in the Armadale region.

I want to talk about preventive health and the need to try to improve the overall health of our population. It is an issue in my area. A report came out about a month ago—I cannot remember the research body—and it was not good for the Armadale region. Parts of Armadale, Brookdale and a couple of other areas of the City of Armadale, had the highest obesity rate in the metropolitan area at 45 or 47 per cent. It was very high. Armadale had the greatest consumption of cigarettes and alcohol, and the life expectancy of the residents of Seville Grove, which is one of the areas in my electorate, was 68 years.

Dr M.D. Nahan: Is that an old suburb?

Dr A.D. BUTI: Parts of it are old. It is not the newest area; it was established 20 or 30 years ago. It feeds into Cecil Andrews College. It is west of the railway line.

Mr P. Papalia: 1970s?

Dr A.D. BUTI: It was established in the 1970s, but there was a lot of vacant land there even in the 1990s and 2000s, which is when the rest of the suburb was built. I have always had an interest in preventive health but members can see how important it is to me as the local member.

Debate interrupted, pursuant to standing orders.

[Continued on page 1730.]