

HEALTH CARE SYSTEM

Urgency Motion

THE PRESIDENT (Hon Nick Griffiths): I have received the following letter -

Dear Mr President

I hereby give notice pursuant to Standing Order 72 that I intend to move today:

That this House condemns the Labor government for the continuous chaos in the Western Australian health care system.

Yours Sincerely

HON ROBYN McSWEENEY MLC

Member for the South West Region

Shadow Minister for Child Protection & Communities; Heritage.

The member will require the support of four members in order to move the motion.

[At least four members rose in their places.]

HON ROBYN McSWEENEY (South West) [3.50 pm]: I move the motion standing in my name. I have in my hand 74 articles and press clippings from the past month that show where the health system is failing the public of Western Australia. These are just one month's press clippings. If I were to go back over 12 months, I would have a pile of clippings in front of me that was so high that people would not be able to jump over them. After six years of a Labor government, the current chaos in our hospitals is absolutely scandalous. This government came into power on a platform of fixing the health system. The health system has never been as bad as it is now. I remember that when one hospital was placed on bypass in 2000, the headlines screamed out across the nation. The public now has to get used to all hospitals going onto bypass; ambulance ramping, a term that was non-existent in 2000; and emergency departments working beyond breaking point.

Health covers many different areas. This government is failing with not only acute health care, but also preventative health care. These are some of Labor's broken promises. It promised to fix the health system. There has been some progress but many people are still waiting for elective surgery in hospital emergency departments. At some hospitals, the number of people waiting more than eight hours to get a bed, known as access block, has quadrupled since 2000. In July, 12 835 people were waiting and there were 4 748 admissions, of which the federal government funded 1 000. The promise to clear the backlog of patients waiting for elective surgery has not been fulfilled. Some urgent patients are waiting more than 30 days for surgery. The government promised to clear the backlog of patients who had waited more than 500 days for surgery by December 2006, but 213 people were still waiting by the end of May. I could not quite believe hearing on ABC radio that the Department of Health had sent letters to people who had been on waiting lists asking them if they were still waiting for elective surgery. I thought that was rather pathetic. If they were on a list in the first place, they would still be waiting for elective surgery unless they had died, in which case the Department of Health should have known about it. An article in *The West Australian* of Monday, 25 June states that the government promised it would recruit an extra 800 nurses. It states -

The Australian Nursing Federation says that it is impossible to find where new nurses are in the system or how many there are, but it believes that nurses are leaving quicker than they can be replaced. It says the Government has been stalling on the ANF's current log of claims, which Health Minister Jim McGinty has denied.

The government promised to address concerns about the future of Princess Margaret Hospital for Children and its ageing facilities. The article states -

There is still no State Cabinet-endorsed decision on its future, with a cloud hanging over a controversial proposal to move it to the QEII Medical Centre site in Nedlands.

It promised to transfer Royal Perth Hospital services to the new Fiona Stanley Hospital in 2011. The article states -

Work is not expected to start until late next year, with Murdoch hospital not due to open until 2012.

The real reason I move this motion is that I was very shocked when I read the headline "Bush doctor burnt out by health delays". The article reads -

"I don't want to be a doctor anymore," the Goomalling GP said in an email sent to *IC* late one night this week after a long day.

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At 8.30pm, about two hours before she sent the email, Dr McLellan was called out to see a patient at the local hospital, 133km north-east of Perth.

“The patient’s problem was of such nature that he needed to be transferred to a metropolitan hospital,” she said. “My consultation lasted 15 minutes, including inserting an intravenous line to administer drugs.”

From 8.45pm to 9.50pm, Dr McLellan was on the phone trying to organise the patient’s transfer to the city.

She was told that the patient couldn’t be admitted to either Swan District, Royal Perth, Sir Charles Gairdner, Joondalup or two other private hospitals.

“Then St John Ambulance informed me, in no uncertain terms, that the patient could not be transferred by ambulance because of the bypass and ramping,” she said.

“I decided to phone Fremantle Hospital. The ED doctor could not believe RPH was on bypass and he will phone me back, which he did after five minutes.”

Eventually, Dr McLellan was able to transfer her patient to Fremantle Hospital.

That is unacceptable. I do not believe it is an isolated case in country regions. We should not forget that St John Ambulance people are volunteers. They had to wait for a long time. She said that she thought about those St John Ambulance volunteers who would not be home until three o’clock in the morning and the registered nurse administering medicine to the patient. She said it was 10.17 pm when she finished the email. Being a conscientious doctor, she would not have gone to bed because, as the only doctor in Goomalling, she is probably on call twenty-four hours a day, as are most doctors in country areas.

This government is spending thousands of dollars on surveys to tell it how to put a positive spin on health. Community newspapers run colour advertisements that are costing approximately \$471 000, which, as one doctor put it, could pay for 100 major joint replacements. This government is very good at advertising all government departments, not just the Department of Health. I wonder at the extraordinary amount of money that is wasted doing that. Doctors working in emergency departments have said that conditions have deteriorated to such an extent that patient safety is at risk. Over the past few years, conditions in metropolitan emergency departments have deteriorated primarily due to the large numbers of admitted patients waiting in emergency departments because no beds are available in the hospitals. Doctors and nurses say that patient dignity, respect and privacy are non-existent. Last week I heard a very embarrassed grandmother, probably in her 70s, say that she had messed the bed in an emergency department. She had been there for eight hours; she had been calling but no-one had come when she called. It occurred again, and she lay there in soiled sheets. She was fortunate to have a bed. Some people remain sitting in chairs for eight hours and are unable to move. As she was in the bed, she was at least saved the indignity of other people seeing her soil herself. That for me brings home the reality of the situation in emergency departments.

Murdoch hospital authorities have been reported as saying that people are paying up to \$300 to be seen by a doctor at the private hospital. They are willing to pay that much. Some 25 000 patients have been seen, which puts their system under enormous strain. This tells me that people are very happy to pay this sort of money to gain access to medical treatment without long delay. I assume that is why they are going there. I stayed at Sir Charles Gairdner Hospital in 2002 when I first entered Parliament. I was very ill. I did not know that Murdoch hospital had a private clinic. I sat there for probably six hours. I ended up leaving, with my daughter carrying me and the drip still in my arm. I was violently ill. It was not the fault of the nurses. The department was understaffed.

If people are willing to pay to gain immediate access to medical treatment, much more thought needs to go into the running of that system. A system should be set up that would allow for this, thereby alleviating the pressure on public hospitals, so that they can start giving high-quality care to public patients. However, even if people in the country have private health cover, they must go to the regional hospital emergency department because private hospitals do not have one, so they are still being treated in the public health system. Much more thought needs to be given to private clinics where people can pay and be removed from the public system. I do not believe that would mean that the government would be setting up a two-tiered system; that is, one system for people who can afford to pay and another system for people who cannot afford to pay. However, if the government does set a quota for emergency departments, which I believe it is, it will be extremely dangerous. The government should put another system in place.

A number of instances concern me greatly. In one instance, a young man in Manjimup had to wait in agony for a number of days before his broken leg could be attended to. In another instance, a 23-year-old Perth man was forced to wait 12 days with a badly broken leg because there were no surgeons available to operate on him - a

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situation that Royal Perth Hospital has claimed was acceptable. That is a direct quote from an article in *The West Australian* of 17 August 2007. I do not understand how anyone can believe it is acceptable to require a person to wait for 12 days for surgery on a broken leg. Not only must that have been extremely painful, but also it could have been very dangerous, because it could have caused a blood clot. If this person had been my son, I would have put him in the car and gone to a regional hospital to see whether I could have found a surgeon. I would not have let him wait 12 days. That is absolutely shocking.

Another issue that concerns me greatly is ambulance ramping. An article in *The West Australian* headed "Ambos pick up hospital pieces" states -

The State Government's latest plan to deal with overcrowded hospitals this week resulted in emergency patients at two Perth hospitals being cared for by St John Ambulance senior staffers because the paramedics who are meant to look after them had to get back on the road.

St John's management was forced to call in extra staff when demand reached a near-critical level about 8pm . . . as 10 ambulances queued outside Royal Perth and Sir Charles Gairdner hospitals because there was no room for their patients.

Does that mean that the government intends to set up tents outside hospitals, staffed by paramedics? St John Ambulance and its paramedics do a wonderful job, but they cannot take the place of doctors, and nor should they. That concerns me greatly. As I have said, the St John Ambulance people in the country do a wonderful job. However, unlike the paramedics in the city, they are volunteers and are not paid. In my area of Bridgetown, they often have to take patients to Bunbury and back, and they often have to wait for a long time until those patients can be treated. The health system has now reached the point at which not only are people ramped outside hospitals, but also, when they finally get inside, they are forced to wait again. Under the government's system, critical patients are supposed to be attended to within half an hour. Another recent article in *The West Australian* states that at least 10 people, some of whom had come into the emergency departments after having suffered a heart attack, had been made to wait for up to eight hours for treatment, and they ended up walking out of the hospital because they had not been given any attention. That is extremely dangerous. I bring that to the attention of the government. Another article refers to a Carnarvon great-grandmother who died at home a few hours after a local hospital had refused her request for an ambulance. That matter is now the subject of a coronial inquest.

There are many issues, and I could keep on talking about them. Another issue is the incredible shortage of nurses. Some of the nurses at Albany, particularly the midwives, are working 18 hours a day.

HON SUE ELLERY (South Metropolitan - Minister for Child Protection) [4.06 pm]: The government will certainly not be agreeing with the motion. This government has recognised that the health system in Western Australia could not have continued down the same path as was taken by the previous government, because it was not sustainable, and it could not meet the pressures that confront a modern health system. Therefore, the government has undertaken careful planning of the health system across-the-board and has set about implementing that plan. We have implemented a clear reform agenda. Probably even more importantly, we have put in the dollars to match that plan, and we are starting to see the results of that. We are not talking about a health system that is in chaos. We are talking about a health system that is providing improved and expanded services. The health budget under this government stands at a record \$4 billion in 2007-08. That is an increase of \$206 million, or 5.4 per cent, from the 2006-07 health budget. In 2001, when this government came to power, the health budget was about half that amount, at \$2 234.6 million.

Hon Murray Criddle: Our total budget was about half the budget that is available to you.

Hon SUE ELLERY: The total budget, as opposed to the health budget?

Hon Murray Criddle: Yes. You have been getting a dividend of \$2 billion a year for every year you have been in government.

Hon SUE ELLERY: The pressure points in the health system - these are pressure points that everyone recognises - are emergency departments, managing the increase in demand for hospital services generally, and the elective surgery waitlist. Another pressure point that is causing an increasing problem is the demand on hospital services as a result of the ageing population. That demand has not been catered for by that tier of government that has responsibility -

Hon Simon O'Brien: So it's now the fault of the feds that you can't manage the state health system!

Hon SUE ELLERY: No. I am identifying the pressure points -

Hon Simon O'Brien: What did your leader promise in 2001?

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Hon SUE ELLERY: Mr President, I listened to the speaker opposite in silence. I ask for the same courtesy.

The PRESIDENT: Order! The minister.

Hon SUE ELLERY: Thank you, Mr President. I am identifying the pressure points. If members opposite do not agree that one of the contributing factors is an ageing population, they do not understand what the health system is expected to deliver. In fact, we are facing long-term pressures from an ageing population. We are facing increasing costs for pharmaceuticals and new technology. We are also facing an increase in the incidence of chronic disease in our community. Chronic disease is at the primary end of the health system. Aged people who are unable to obtain a bed in an aged care residential facility are at the tertiary end of the health system. These people are not sick. They do not need tertiary hospital care. However, they are occupying beds in tertiary hospitals for longer than they need to, because there is nowhere else for them to go. The commonwealth government has failed to adopt reforms to address those issues. One interesting thing about the commonwealth-state funding arrangements is that the state government is now being required to pay \$20 million to move 100 aged care patients into private aged care accommodation, and 50 subacute patients into private and secondary public hospitals. In 1996, the commonwealth funded hospitals in Western Australia on a 50-50 basis. The commonwealth has slashed its funding to Western Australian hospitals and is now contributing only 30 per cent to the running costs of our hospitals. The commonwealth government has accused the states of being responsible for the delay in the provision of federally funded aged care beds. That is just not accurate. I am looking forward to the election of a Rudd Labor government, because Kevin Rudd and his team have put up a \$2 billion national health reform plan to address these issues. The first thing a Rudd government will do is invest in improving our health system and hospitals by providing financial incentive payments to the states and territories to deliver better health outcomes. A Rudd government will also deal with preventive care, which is what really requires attention in this country, because that will reduce the pressures on our hospital system.

I come back to what the state government is doing to address those areas that I identified as pressure points. Elective surgery waitlists have been slashed under this government. In August 2007, a historic low of 12 723 people are on the waitlist, a one-third reduction compared with July 2001, when 19 183 people were on the waitlist. The median wait time for elective surgery has been slashed by more than 40 per cent since 2001. The median wait time currently is 85 days. What was it in 2001? It was 149 days.

The national "State of Our Public Hospitals, June 2007 report" shows that Western Australia is ranked equal third for the percentage of elective surgery admissions seen within the recommended time in 2005-06.

People like to talk about emergency departments. Emergency departments in Western Australian hospitals are certainly under the most pressure. These departments are staffed by people who perform magnificently under pressure that we would find difficult to cope with. What does the national "State of Our Public Hospitals, June 2007 report" say about Western Australian emergency departments? This state is ranked second highest in Australia for the percentage of people seen within the recommended time frame. That is second highest in Australia, and it means that Western Australians are seen in accordance with the recommended time frame.

Several members interjected.

Hon SUE ELLERY: I will remember the lack of courtesy that is being afforded to me.

The PRESIDENT: Order, members! The Minister for Child Protection has very limited time in which to speak and she is clearly not taking interjections. She should be afforded the courtesy of being heard in silence.

Hon SUE ELLERY: Another area that is important is managing the increase in demand for hospitals, and the strategies that we put in place to address this issue are about keeping people healthier at home and providing services closer to where people live. Examples of these services are hospital in the home and rehabilitation services; the redevelopment and building up of secondary hospitals in Rockingham-Kwinana, Armadale-Kelmscott, Joondalup and Swan; expansion of the ambulatory surgery initiative; the delivery of renal dialysis services via contractual arrangements, which frees up corresponding space in public hospitals; and the purchase of additional care awaiting placement beds in the private sector.

I turn quickly to capital works, and I seek leave to table a document that sets out the completed projects of our capital works program to date, "Completed Projects - All Categories".

Leave granted. [See paper 3025.]

Hon SUE ELLERY: This government has committed to spending a record \$4 billion on building new hospitals, upgrading existing hospitals and improving access to care. It is about getting services closer to home and, more importantly, ensuring that our state has world-class tertiary hospital facilities. This year's capital works program will ensure that an unprecedented \$324.5 million is spent on a range of major projects, including

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planning for the \$1.9 billion Fiona Stanley Hospital in Murdoch. I was pleased to see the federal member for Tangney splash photos of this proposal in his current newsletter. I am pleased that he recognises the important investment that the state government is making in his electorate.

This government has allocated funds for the redevelopment of the Rockingham-Kwinana District Hospital, which will result in an increased range of services; expansion of the Joondalup Health Campus; expansion of the Peel emergency department; redevelopment of regional health services, such as at Carnarvon and Denmark; and the new Bunbury dental clinic. I could go on, but I will run out of time.

The government entirely disagrees with this motion and the facts clearly show that the health system in Western Australia is not in chaos.

HON HELEN MORTON (East Metropolitan) [4.14 pm]: "We will fix the health system", he said. Members should be clear about this. Mr McGinty cannot and will not fix the health system. Instead, he wants to cover up and hide his failures. The health system is in chaos. The Minister for Child Protection should be absolutely ashamed to say that this government is spending a record amount of money on the health system when it is in such chaos. Neale Fong is ashamed of it. That is the reason he did not take his bonus.

The minister talks about pressure points. The increasing costs of the ageing population, higher incidence of chronic disease and greater reliance on pharmaceutical products have been known for 20 years. In those 20 years, things have been progressing slowly. The minister cannot stand in this place and say that it is a problem with which the government is suddenly confronted.

Hon Sue Ellery interjected.

Hon HELEN MORTON: The commonwealth government introduced a 50-50 split on funding before goods and services tax. What about after GST? Why does the government not include the GST?

The PRESIDENT: Order! I am having a degree of difficulty in following the debate. Hon Helen Morton should address her comments to me, and the Minister for Child Protection should not interject as much.

Hon HELEN MORTON: Thank you, Mr President. The Rudd opposition recognises that Mr McGinty cannot fix the health problem. Mr Rudd has tried to come up with a solution for him. Basically, he is saying that if he is elected to government, he will throw another \$2 billion at the health system. Of course, what Western Australia would get out of that would be small. He says that after that, if the state governments still cannot fix their health systems, he will take them off them. That is the Rudd opposition's policy, and McGinty is basically saying, "Yes, take it from me because I can't deal with it."

I refer now to waiting lists. People cannot get on the waiting list. If members add the number of people waiting to get onto the list and those already on the waiting list, they will see a dreadful and different picture. Mr McGinty cannot and will not fix the health system. Instead, he has abolished the local health boards. He wants to cover up and hide his failures by abolishing the boards and effectively becoming the board. He is now the direct employer of every person working in the health system. He abolished the boards and installed himself as the board. Not only did he abolish the boards, but also he abolished the Central Wait List Bureau. Do members know who is now the waitlist bureau? It is 6PR radio. If a person phones 6PR, as a lady did last night, the night before that and the night before that, that person can get his or her child moved to the top of the central waitlist. Mr McGinty fudges the central waitlist figures. In addition, he works very hard to obstruct the opposition's access to hospitals. I recently gave a speech in this place on how difficult it is for opposition members to visit our hospitals. He also obstructs the opposition's access to information. I will read a tiny bit of information I received in an email sent to the director of mental health. It reads -

Then she called me back and asked what I intended to use it for, and I told her that I was following the issue, and was familiar with much of the research, but did not know what document he was referencing in his letter. She pressed me to find out whether I was supportive of the CSRU's or not, at which point I asked her what difference it made, and said it was none of her business, really. She said that she wanted to know, and I told her it was not relevant, was she not going to send me the information if I didn't support the project?

This email is referring to a bureaucrat not allowing a member of the public some information unless that person supported the bureaucrat's position on something. The email continues -

I reminded her that Patchett had written this letter and invited the public to call to query, and I was taking him up on that invitation. She confirmed with me that I was living near the project (again, what difference would it make?) and I said I was.

This lady never had the information sent to her. Not only does Mr McGinty hide his failures in this way, but also he gives stupid answers to questions in Parliament. The response to my question about how many mental

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health nurses had come to Western Australia was that he did not know. He did not know how many had come here in the past six months, 12 months or two years. His answer is the most ridiculous response I have received to a question so far. More than that, he tries to distract the entire public of Western Australia from his failures by introducing his social engineering bills. We have the surrogacy and legalising of prostitution bills. As soon as I saw these bills hit the waves, I thought that Mr McGinty must be having a problem with health again and he has trotted out something else. This time it is prostitution and last time it was surrogacy. Next time it will be something else. He will trot out anything at all to distract the public from his failings in the health system. He is spending enormous amounts of money - more than \$400 000, as Hon Robyn McSweeney said - to tell people how good the system is, but the public knows otherwise. In the last community survey, the two elements that got the worst rating across the entire public sector were health and mental health. The community is not fooled by McGinty spending all this money on good news stories in the local papers. The community still says that health and mental health services are getting worse by the day. I refer in particular to the failures in mental health services. Facilities are behind schedule across the board. Of the 20 facilities that have been referred to, 15 are behind schedule and are not likely to open on time.

When I worked in the health system, discharge planning was a normal part of business. Discharge planning means that when a patient approaches the time for discharge, especially if that patient is to return to a regional community, a process is put in place whereby all the people who are required to assist in the patient's care are informed that the patient will be returning to the community. It does not matter where I go in the regions or in the metropolitan area, people constantly complain that discharge planning does not happen. I got involved in the case of a young man from Kununurra so that he was not referred back to Kununurra because his family were petrified that they would not be able to handle the situation. It was not until I had a meeting with the staff at Graylands Hospital and with this man's mother, his legal guardian, who came down from Kununurra, that somebody started to do sensible things. I can tell members about a similar situation in Northam. A gentleman was sent to Perth four times for admission but was sent back to Northam. I had to go to Bentley Hospital with a mother and her son who was about to be discharged because she had absolutely no idea who would provide support services for him when he went home. There was a similar situation at Armadale Health Service. The wife of an elderly man was in a mental health facility. He did not know what to do with his wife when she was discharged. In fact, he did not feel that she was ready for discharge. It was not until I had these meetings that people suddenly said that perhaps these people were not ready for discharge. There is pressure on the staff. I know the staff would do it if they had the time. The health system is in chaos if the staff cannot do something as basic as discharge planning. Recently, I heard about some cases in Exmouth and Carnarvon in which patients were discharged on a weekend and were transferred to those places with only two days' worth of medication, even though daily medication is very important for people with a mental illness. These patients could not get their medication on one day and people had to scramble around and find them some makeshift medication to get them across the line until they could be given some proper medication. If it is not possible to do sensible discharge planning, the system is in chaos. It is in chaos at the beginning of the system. Ambulances are ramping at emergency departments. People cannot get appointments with specialists so that they can go on the waiting list. When people are discharged from hospital and go back to their community, there are major problems. This is a system in chaos. Worse than that, the minister is now getting his staff to do his work for him by talking about policy and fronting the media. I have never seen a minister so prepared to put staff in front of the camera, instead of taking some of the heat for this situation himself. It is a situation in chaos. Believe me, Mr McGinty cannot and will not fix the health system.

HON SIMON O'BRIEN (South Metropolitan) [4.24 pm]: I do not know whether other members wish to speak, but I will be brief. I cannot help but make the following observation in the context of the motion that Hon Robyn McSweeney has very properly brought before us as a matter of urgency. I have listened with great interest to the contributions of all speakers, and I cannot help but have faith in the comments of the last speaker, as a former senior officer in one regional health service with years of hands-on experience in our health system - the very one we are debating today. I placed a great deal of store in what she had to say, because Hon Helen Morton's comments bore the stamp of truth and experience. It is advice upon which the house can rely. In comparison, the government member who spoke, as an apologist for Hon Jim McGinty, could do no better than read out a lot of extracts from press releases and other spin-doctored material telling us that our salvation lay with the possible election, heaven help us, of a Rudd federal government, because a Rudd federal government - just like a possible Gallop state Labor government in 2001 - understands health and will fix the health system. The reliance that the state Labor government now places on the future functionality of our health system and on addressing the sorts of problems that Hon Robyn McSweeney outlined in her remarks about elderly ladies sitting for hours in an emergency department, who cannot attract a bit of attention and assistance when they need to go to the toilet and end up lying there soiled -

Hon Donna Faragher: It's a disgrace.

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Hon SIMON O'BRIEN: It is an absolute disgrace. They are the sorts of things that this government and its apologist will not talk about, but they are the sorts of things that they were talking about in 2001 when they said that they would fix the health system. Now what do we have? Their federal colleagues are telling state Labor governments everywhere that they have failed. Even the Carpenter state Labor government betrays by its own words put forward just now by its spokesperson that it does not have the answers because it is looking to a commonwealth takeover to try to attend to the fundamental responsibilities that it has so seriously neglected. That is the thing that strikes me about this debate. It is about the credibility of members on this side of the house who understand the health system, as opposed to the lack of credibility of members on the other side of the house who do not want to address the issues and want to read out press releases and talk about everything except what is wrong.

I will tell the minister why the waiting list numbers are down. The numbers are down because her government has cooked the books. It has changed the way that the figures are calculated. It has determined that whole classes of people who formerly would have been shown on waiting lists will now be excluded from those lists. That is how the government has managed to rig the numbers, not that the minister is interested. I will tell the government how it has managed to work out that it somehow has some level of efficiency in emergency departments that is on a par with some other anonymous state somewhere in the commonwealth. It is because all the trolleys are filled with people who cannot get attention, such as the elderly lady to whom I just referred, who in her distress not only required attention in an emergency department, but also needed to go to the toilet and got attention for neither. Because patients such as those are occupying all the trolleys and are not receiving the treatment they need, the government does not seem to see the need to count statistically the other arrivals who do not arrive; that is, the ones who are left in driveways occupying ambulances because the hospitals refuse to let them in.

Not very long ago I received a briefing from a senior hospital person about some transport issues around a particular hospital area. Hon Dr Kim Hames, in his capacity as shadow Minister for Health, was present, as was Sue Walker, MLA. While we were there and not being chaperoned too closely, apart from the transport issues, we could not help asking about some of the yellow alerts that this major hospital had been having. The bureaucrat who spoke to us wore it as a badge of pride that those at the hospital were doing something about it. Were they seeing more patients? Were they being encouraged by the state Labor government and the health minister to do more with the colossal sums of money that had been given? No. His way of avoiding yellow alerts with overcrowding and what have you was to assure us that, "We come in" - meaning senior doctors and senior staff - "on a Sunday." I thought, "Wow, that's dedication." However, do members know what they go in on a Sunday for? The bureaucrat went on to tell us. He said that they go in on a Sunday to go through the wards and the emergency departments to see patients lying in their beds and to say, "You can go home. You can go home. You can go home." Therefore, there are a couple of ways of denying patients the care that they might need. Not only can it be done by people not being able to get into hospital because they are queued up in ambulances in the driveway, but also it can be done by kicking people out of hospital before they are necessarily ready to go home. Either way, this is the shambles over which this government presides, and it has no shame because it seeks to defend its performance. We can only wait until the next election and it can tell us again about how it has all the answers on the health front.

HON KEN BASTON (Mining and Pastoral) [4.31 pm]: I totally support this motion, particularly as it relates to health issues in regional areas, which have been short of nurses and doctors for a long time. As of 1 June 2007, there were 103 vacancies for nurses in the regional areas of Western Australia. The places that were very short-staffed included Nickol Bay, which was short of 7.4 full-time equivalent nurses; Port Hedland, which was short of six FTEs; and Kalgoorlie, which was short of 14.2 FTEs. They are some of the larger areas. Virtually every town had a shortage of nurses. Even Busselton was short of 10 FTEs, and Collie was short of 3.4.

The shortage of nurses is followed by a shortage of doctors, and that has been the case for a long time. As of 1 June 2007, there were 17.8 full-time equivalent vacancies for doctors. Broome had a vacancy for one FTE, Derby had a vacancy for 2.5 FTEs, Kununurra had a vacancy for one FTE, Albany had a vacancy for one FTE and Kalgoorlie had a vacancy for one FTE. On the Bunbury-Busselton emergency department roster there were eight vacancies, and in Port Hedland there were 2.8 vacancies.

In my travels to these towns, a number of people have raised with me their concerns about the downgrading of hospitals to which women must go to have their babies delivered. That is one of the concerns. Only last week I was in Karratha, and that concern was expressed to me on numerous occasions. The choice was to go to either Port Hedland or Perth to have a baby delivered. It sounds very fine to go to Port Hedland. There might be a fantastic hospital there. However, for those who are not aware, I point out that because of the resources boom, there is no accommodation available in Port Hedland. Therefore, there is no accommodation for those members of families who may wish to travel to Port Hedland while they are waiting for a baby to be delivered. If any

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accommodation is available there, it costs a fortune. The rents there are between \$800 and \$1 800 a week. Although the hospital in Port Hedland might fit the occasion and the agenda, and although it might seem simple enough to refer people from Karratha to the hospital in Port Hedland, the situation is certainly not conducive to a woman having her family around while her baby is being delivered, nor is it conducive to a person leaving his workplace, when there is an absolute shortage of labour anyway - we have already emphasised that situation with nurses - to go to Perth for a month or so while he is waiting for his partner to deliver a baby. Of course, the family is split while they wait for those in Perth to come back home again. Some people might not even be able to do that. I hear that the same situation exists with other hospitals. People must go from Carnarvon to Geraldton and from Exmouth to Geraldton.

Since I have been a member of this place, an issue has been raised about the small hospital in Roebourne. I know that there is an issue about Aboriginal medical services working with state hospitals. I have raised this matter in this house before, but I will repeat it. There is a ridiculous situation with Roebourne District Hospital. Although it has only very few patients, the doctor at the Aboriginal medical service in Roebourne cannot admit a patient to that hospital without going through Wickham and then back to Roebourne. However, it is important to keep that hospital in Roebourne. I believe that it would have been closed by now had it not been for some questions that were asked in this house and some actions by the local council to put some pressure on government to keep that hospital open, particularly to allow it to deal with Indigenous health issues.

It upsets me to see that an area such as the Pilbara, which is producing such enormous wealth for the state, cannot afford to have facilities in the Nickol Bay Hospital - that is the Karratha hospital for those who are not aware - that are the same as those in the Port Hedland Regional Hospital. It is a two-hour drive between those two places. By shrinking the number of hospitals in regional areas, pressure is being put on emergency services such as the Royal Flying Doctor Service of Australia. I do not know what the figures are, but I imagine that the number of flights of the Royal Flying Doctor Service to transport patients around Western Australia must have increased.

Hon Helen Morton: It has.

Hon KEN BASTON: I imagine it would have increased.

Hon Helen Morton: It has been an absolutely dramatic increase.

Hon KEN BASTON: Hon Helen Morton is saying that there has been a dramatic increase. I would certainly agree that that is probably the case.

Health is one of the most important issues for people who will move to and live in these regional areas. Access to decent health services is the first thing that will arise when a family unit is deciding where to live and whether the family unit should break up. We must remember that those regional hospitals are of utmost importance. What would happen if there were a major disaster in the Burrup? There may be a gas explosion and people may be burnt etc. There would not be ambulances to take those people to the nearest hospital. The Royal Flying Doctor Service would not have enough aeroplanes to fly those people to hospital. We need to keep good facilities in those towns that are producing so much wealth for this state.

HON BARBARA SCOTT (South Metropolitan) [4.37 pm]: I rise to raise an issue about this government's appalling record in health care in Western Australia and to condemn the current Minister for Health, Hon Jim McGinty. The issue that I want to raise this afternoon concerns little people who do not have a voice; that is, children. In this chamber over a number of years I have asked questions about the long waitlists for children waiting for speech therapy, physiotherapy and occupational therapy intervention. This issue is not reported in the newspapers very often because the newspapers like to report on people on ambulance trolleys or waiting in a crowded waiting room. The newspapers tend to focus on sick people. We do not see enough exposure of the areas of preventive health and early intervention.

At this stage in this state, many children are suffering from speech problems, hearing problems or other difficulties that require occupational therapy or physiotherapy. There are dozens of learning difficulties, and the spectrum of autism is very wide. Little children who do not have a voice in this town have to wait inordinate amounts of time. They must wait up to three years to see a speech therapist. What must parents do? They must go to their general practitioner and then to a specialist, who will then recommend that they take their child to a speech therapist. After they get on the list, they might have a first appointment, followed by six weeks' treatment. However, after that they go to the bottom of list. It is absolutely appalling. The Minister for Education and Training and the Minister for Health profess that this government is leading the way in the area of children and early intervention. However, that is not the case. For a number of weeks I have been collecting the health-related articles that have been published in my local newspaper. I have collected a stack of articles, but I have only a few of them with me today. I would like the minister representing the Minister for Health to put a figure on what it costs to run full-page advertisements in my local paper and to tell me how many speech

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therapists could be employed with the money that is spent on advertising. The South Metropolitan Region, which is the area that I represent, has the largest waiting list for children's intervention. World research into early childhood development tells us three things. Fraser Mustard, an eminent Canadian physician whom I am sure all members have by now heard of, has stated that we should intervene early, intervene often and intervene effectively. What did this government do as soon as it came into office? It abandoned newborn hearing tests because it said that they were too costly and that not enough children were presenting with deafness. Any member on the other side of the house who becomes the father or mother of a newborn would want any partial or severe hearing deficits identified early because a lot can be done if those deficits are detected early. The government's record on children's waiting lists is an absolute disgrace.

The Minister for Health is also the Attorney General, and he is preoccupied with putting in place a raft of legislation that focuses on the social engineering of this community. The people of this community are tired of it. Why does he not focus on his major responsibility; namely, the health of the community and preventive action that will save a lot of dollars down the track? The Minister for Health has overwhelmed Parliament with his social engineering legislation, probably at an enormous cost to his department. I refer to the use of embryos for stem cell research; the proposal to legalise prostitution in this state, which will further the incidence of violence against women and little girls and boys; and the so-called advance health care planning bill - or the living wills bill - which we have exposed as another of McGinty's myths.

The Minister for Health tells stories to make him look like a good fellow. However, when we unpack his legislation, we find that that is not the case. I have listed a few of the social engineering bills with which the Minister for Health is preoccupied. Rather than focusing on those, he should focus on delivering a first-class health system that is accessible to every Western Australian adult and child. There is no excuse for not delivering a first-class health system.

Mr McGinty is sitting on another piece of legislation; namely, the Commissioner for Children and Young People Act. As I have said, children do not have a voice. Our two-year-olds and three-year-olds cannot take to the streets and say "Mr McGinty, you must listen!" Why has Minister McGinty held up the implementation of that legislation? Why has he not proclaimed the children's commissioner bill? Rather than delivering a second-rate health system, the Minister for Health should focus on the important things; that is, the health and wellbeing of our children, who are the future of this state, and the health and wellbeing of the community. I support this motion.

HON RAY HALLIGAN (North Metropolitan) [4.44 pm]: I certainly support Hon Robyn McSweeney's motion. Once again, I record my total and utter disappointment in this government for continuing to go down the path of not accepting any responsibility for its actions. The Labor Party has occupied the Treasury bench for six years. Six years ago, it told the people of Western Australia that it would fix the health system. Today, government members have stated that the government cannot be held responsible for a health system that has not been fixed, even though it has spent an enormous amount of money on the health system. Indeed, each and every time a government member stands to talk about the health system, he or she refers to the additional dollars - all taxpayers' dollars - that the government has put into the health system. What has been the result of that spending? That is the important factor that many people, particularly those on the government side of this chamber, tend to forget.

It has been said to members opposite on numerous occasions - it will be said again today and on future occasions - that the government has done absolutely nothing to create its monetary bonanza. Government members cannot hold up their hands and say, "Look at us, aren't we good? Look at what we have done to create this enormous amount of money". Members can rest assured that the people of this state will ask whether the government has spent its monetary bonanza wisely or whether it has spent it for the sake of spending. So much needs to be said but I have so little time in which to say it.

The government continues to talk about the money it has spent on the health system, yet we continue to hear about ambulances ramping and people who are being treated in ambulances because they cannot get into our hospitals. All this government can do after six years is point the finger and blame the federal government. Does that mean that the former Premier, Hon Geoff Gallop, told a mistruth when he said that a Labor-led government would fix the health system? Does the government still believe that it can fix the health system? Does the Minister for Health believe that a Labor government can fix the health system? Will the government tell the Western Australian people that it can fix the health system at the next election? I would dearly love for someone from the government's side of the chamber to stand and say that the government takes responsibility for the situation in not only the health system, but also other areas.

Extract from *Hansard*

[COUNCIL - Tuesday, 28 August 2007]

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Perhaps we will need to move a motion or ask a question without notice before a minister takes responsibility for his or her actions. Ministers accept their large remuneration, staff and resources and big white car, but they do not want to accept responsibility for their portfolios. That would be asking far too much. The government is saying that the people of Western Australia should eat cake because it cannot provide the bread. That is what this government continually says. It has said it consistently, and I expect it to continue down that path, because government members do not have the intestinal fortitude to stand and say, "We have made a mistake; we need to go down another path. We believe we have found the way, but to date we have not."

Motion lapsed, pursuant to standing orders.