REGIONAL HEALTH INFRASTRUCTURE AND SERVICES

Motion

HON MIA DAVIES (Agricultural) [11.43 am] — without notice: I move —

> That this house condemns the federal government for its failure to provide adequate GP services for regional Western Australia and applauds the state government for its investment in regional health infrastructure and services.

The Nationals welcome this opportunity to raise this very important matter in Parliament; it is of critical importance to our constituents. Today I would like to discuss the lengths this state government has gone to in filling the gaping hole in health services in regional Western Australia. That gaping hole is a lack of medical practitioners, both general and specialist. I would like to start by noting that the commonwealth Standing Committee on Health and Ageing recently conducted an inquiry into the registration processes and support for overseas-trained doctors. The committee's report, which is titled "Lost in the Labyrinth", noted —

> … the Committee received a range of comments in relation to the extent of the shortfall. Two key medical workforce issues were raised again and again. These were an inadequate supply of medical practitioners generally, and an uneven geographical distribution of medical practitioners, with workforce shortages remaining acute in some regional areas and particularly in rural and remote locations.

While I note the existence of Health Workforce Australia and its goal of achieving a health workforce of self-sufficiency in Australia, because this was particularly focused on how we introduce overseas doctors into Australia to fill our shortfall, I draw the attention of the house to another report that found doctor shortages in rural and remote areas will only worsen, despite growing numbers of medical students. Specifically, it says that although doctor numbers are projected to increase by 20 per cent over the general population growth in Australia by 2025, it will not lead to more doctors working outside the major cities. That situation, described by the president of the Australian College of Rural and Remote Medicine, Professor Richard Murray, is a national policy emergency.

In August 2011, Western Australia signed up to the National Health Care Reform Agreement. I have concerns that this reform agenda has the potential to be a one-size-fits-all approach. The Nationals WA know that regional communities are never served well by this approach. We know that we consistently have been underdone when it comes to accessing federal funding for primary health care services. We know also that we have been consistently underdone when it comes to accessing federal funding for the provision of aged-care services. I was seriously concerned to read a submission from the state to the commonwealth in relation to the activity-based funding that has been negotiated that stated —

> Compared to the national average, in 2008/09, the Commonwealth spent significantly less per capita on primary health services in Western Australia. The main reason for the lower per person rate of expenditure in Western Australia is expenditure on Medical Services (mostly GP and specialists) with expenditure in the State at $589 per person in comparison to the national average of $712 per person.

It goes on to say —

> While the Commonwealth has made some efforts to provide services in lieu of otherwise low expenditures, there are strong grounds for advocating that Western Australian citizens continue to be significantly disadvantaged by the Commonwealth's 'under expenditure' in primary care services, particularly in rural and remote parts of Western Australia.

The Nationals have sought to draw attention to the issue of regional health on many occasions. Prior to coming to government my colleagues raised their concerns on numerous occasions and Hon Wendy Duncan will no doubt speak today on the fact that she remembers the comments of Chris O'Farrell, a former chief executive of the WA Country Health Service, that the system was unable to cope because of the metro-centric attitudes of bureaucrats in the Department of Health and a focus on pouring funds into infrastructure—bricks and mortar—rather than changing and redesigning the culture and policy of the health department to serve regional Western Australians better. She said, "In some areas it is becoming blatantly bloody unsafe and at some stage you cannot get away with this sort of neglect." This was right before the 2008 state election was called. As I said, I am sure Hon Wendy Duncan and my colleagues in the Parliament at that stage remember it vividly. In fact, I think Hon Wendy Duncan moved a motion in this house about exactly that. At the time, we were heading into the 2008 election, and we had had seven years of neglect under the previous Labor government, which had been compounded by a broken commonwealth system that has never served our state well. That cued the Nationals to push at the last election for royalties for regions and the beginning of a systematic change to the way we deliver

health services and infrastructure in rural and remote Western Australia. Royalties for regions has offered this state government the opportunity to reject the one-size-fits-all model and reject the business-as-usual model when it comes to health.

I spoke briefly in the debate earlier about the southern inland health initiative. I will use the remainder of my time to expand on that and bring to the attention of the house exactly how this funding has started to change the way we deliver health services in regional WA. It will also highlight the fact that we are doing essentially what the federal government should be doing, which is delivering more doctors into our state, particularly in areas throughout regional Western Australia that have none. Southern inland health is a $565 million initiative designed to deliver safe and effective emergency services and good access to general practice. It is about putting private GPs back into country towns, supported by visiting specialists and health practitioners, and backing it up with e-technology such as telehealth, which we have tried to do previously but not very well. We have put the infrastructure in place, but not the people around it. That is what this funding is allowing us to do. In addition to building the infrastructure that is required, it is allowing us to change the culture of the way services are delivered. It is also going to mean better support for our nurses who, due to a lack of doctors in regional centres, carry much greater responsibility than they otherwise would. It is about providing sustainable private general practice as the cornerstone of the initiative. General practitioners in the country provide care in their surgeries and inpatient care in hospitals. They are also on call in the emergency departments. It is an extraordinarily pressurised environment for a general practitioner in a small community because he or she is on call 24/7. That model does not serve our communities well.

Every community in the footprint will benefit directly or indirectly from the funding. Earlier I mentioned that essentially the cornerstone of this is about providing the equivalent of 44 new doctors in the region. There are six streams to the initiative. The first of those is the district medical workforce investment program, which is about improving emergency department services in major regional centres. This means that there will be 24/7 coverage, or close to, in the major regional hospitals. I draw members' attention to the fact that 12 months ago, when this program was introduced, there were times when there was no emergency service or no doctor on call between Perth and Kalgoorlie. Having grown up in the regions, I had cause to use the emergency department at Wyalkatchem–Koorda and Districts Hospital. It is cause for concern because if any of my friends, family or constituents were involved in a major automotive vehicle accident, or if they or their child became ill, and there were no emergency services between their home town and Perth, the outcome would be considerably worse than it would be for someone who lives in the metropolitan area and can get to a hospital emergency department in Perth.

The district hospital and health services investment program is about providing funding to upgrade hospitals in the regions, some of which are very old and need significant upgrades to their external and internal infrastructure. I refer to upgrades to enhance the hospitals in Northam, Narrogin, Merredin, Katanning, Manjimup and Collie. Funding will be provided for primary health care demonstrations, which will invite communities to think about what kind of health services are best for their community, how they will best be served and whether they would like to participate in a multipurpose service that allows them access to visiting specialists and primary health carers—that is, those who do the preventative work and whom patients see before they get to an acute stage and end up in an emergency department.

The Telehealth investment, which I touched on previously, is about introducing new e-technology into hospitals for GPs. I have spoken to some of the health professionals who have been involved in rolling this out and they are looking closely at models that are used in Canada, which has a similar population distribution to ours, with small population centres based across large areas. A majority of its primary health care is done through Telehealth, which means a reduction in the amount of travel time and stress put on a patient. It allows them to access specialist services and it also provides support for the health professionals who offer those services.

Funding has been provided for aged-care and dementia investment programs. Again, we are stepping in because the federal government has been unable to provide a model that serves regional communities in Western Australia. We have provided funding to assist community, non-government and private sector organisations that would like to offer those services to the regions, but cannot make the federal model work. This funding will assist them to roll out their services. There is also funding for some of the smaller hospital and nursing post refurbishments. It is a mix of infrastructure and human resources, because we know that that is going to work. We know that this will change the way we attract doctors to and retain them in the regions. Gone are the days when a single-practice doctor operated in the regions. These days medical graduates are not willing to sign up to be the sole owner of and doctor in a surgery in which they are the only person on call—indeed, they cannot go on leave—and they do not have the support of their colleagues or the opportunity for professional development. That situation puts them under immense pressure and we end up with a complete system failure, which is where we were 12 months ago. I am heartened to know, having had recent updates about the program from WA

Country Health Service, that having had a system failure 12 months ago—many of my colleagues would be able to tell members that there were simply no doctors in some of the communities in this footprint—now when a doctor decides to move on it is far easier to recruit other doctors into the community. That is a direct result of the funding package and support networks that we are building into our emergency network and into the support system for the community health teams that are being built by our primary health care deliverers. It is fundamentally changing the way we are trying to deliver services into the community. There is a long road to go, but what royalties for regions and this government have brought to the table is out-of-the-box thinking to try to address a problem that will not be fixed by the model that the federal government persists in trying to deliver in Western Australia. It simply does not work.

By way of an update of where we are at with the southern inland health initiative and the assessment of the infrastructure that we will upgrade, we have audited 37 sites across the footprint. We will start to work out how we will prioritise that investment. Certainly, having an appropriate place to work will no doubt make the idea of working outside the major metropolitan system far more attractive to a medical professional. Medical graduates invest 13 years of their life to become trained medical professionals. Many of them go into specialist services and do not go into the general practice model that we need in the regions. If they are given the opportunity to work in a well-supported emergency department in the region, and if they are supported when they work in smaller centres, more younger doctors going through the system will consider working in the regions as a real alternative to working at Sir Charles Gairdner Hospital, Fremantle Hospital or Fiona Stanley Hospital. That is what we would like to see. We have stepped up to the plate because the federal government has let us down. If we could direct the funding that has been made available for the equivalent of the 44 new doctors into other health initiatives in the regions, imagine how much more we could do. The commonwealth does not understand the challenges of delivering health services in regional Western Australia. We have not been content to sit by and allow our communities to go without, which is what happened under the previous government. We have taken the initiative. I am very pleased to report to this house that we are starting to see real change in what was a complete systemic failure across the sector in the delivery of doctors in my part of the world.

This house should be calling on the commonwealth government to meet its obligations under the provision of primary health care. I look forward to hearing other members' contributions on this very important issue.

HON ALISON XAMON (East Metropolitan) [11.58 am]: I rise to not only comment on the motion, but also talk specifically about the issues that are faced by those who live in some of the outer metropolitan suburbs of Perth. I realise that the focus of this motion is the delivery of general practice and locum services within the regions. I do not question Hon Mia Davies' comments about the challenges and difficulties associated with that; certainly, that is not my purpose for rising. My contribution is about recognition of the fact that not every person who lives in metropolitan Perth is on an equal basis. I recently took up this issue on behalf of a number of my constituents, so it is quite timely that this issue has come up in the chamber. Specifically, I have been dealing with constituents who live in the outer areas of the East Metropolitan Region and who have issues with after-hours medical care and the geographical boundaries for access to locums through the various locum services that currently operate in metropolitan Perth. I wish to read as an example of the correspondence I have received on this issue just one email that was sent to me on 23 April. I have been following this constituent's issue ever since I received this email, particularly the ongoing correspondence between her and the Parliamentary Secretary for Health and Ageing. In addition, I have been dealing directly with Hon Tanya Plibersek on this issue. My constituent writes —

> … I live in roleystone Perth WA with my husband and two children aged 3 and 5 years old. As U know from time to time children often get sick and so do adults. This is a very stressful time especially when our children are sick and its late at night or on a weekend. Anyway my reason for emailing you is to discuss the locum service or after hours medical at home service that U have in Perth. I have recently found out that there is geographic restrictions on this service and that they won't come out to roleystone were I live which is 10min outside the restrictions. I wanted to ask you if there is any possibility of changing this so that we are able to us this wonderful service.
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> As I mentioned above I am a mother of two children a son and a daughter. My daughter has autism and doesn't understand when she gets sick. As we aren't able to use the locum service we have to go to the hospital emergency which is extremely stressful as U R waiting for hours and hours as there are more urgent cases in front of U which I understand and respect. This situation is made worse with my daughters condition as emergency departments aren't very pleasant and it would be wonderful to be able to use the locum service which is for the non emergency cases as stated on the advertisements for this service. I have recently contacted minister Hames here in Perth who put me in contact with U as U are the department that organised this service.

I should add that the constituent was writing to Hon Tanya Plibersek. The email continues —

> I am really hoping that U R able to help me as im not sure what else to do. I currently have a sick daughter now who I was up with all night last night vomiting etc and all she needed was a doctor to help us but the only place we can turn to is the hospital emergency. I have a lot of freinds that live in roleystone that are in the same boat as me and we are all hoping U can help us.

I have spoken to quite a lot of constituents in the East Metropolitan Region who share very similar concerns about the lack of access to the locum service because they are just outside the boundary. These people fall between the cracks because they are not eligible for royalties for regions money and are not recognised as requiring the sort of additional assistance that is recognised as being needed in the regions while at the same time they do not have access to the metropolitan services. We have a band of people living in the borderline area between regional and metropolitan areas. Quite a significant number of people are not receiving those services and are caught between the cracks. As I have mentioned, I wrote directly to the federal minister about this issue and have received quite a bit of correspondence. I have been advised that a review is being undertaken and that in the next three weeks we will be told the outcome of that review and what services will be provided to those people. I am happy to withhold judgement until I see that review. However, if it turns out that nothing has changed and the situation remains exactly the same, I will make quite a song and dance about this because it is absolutely problematic for these people.

I have also written to Perth Primary Care network seeking very particular information about what is happening with the Bentley–Armadale Medicare Local and Perth Central and East Metropolitan Medicare Local because I have raised specific issues about residents who live in areas such as Roleystone, Jarrahdale, Byford, Bullsbrook, Gidgegannup and Sawyers Valley. In fairness, I wrote to those people only a couple of weeks ago and am yet to receive a reply. I do not think that is an unreasonable lapse in time. I certainly hope that the response will be favourable and will not simply dismiss the concerns of the people living in those areas. I wanted to put that on the record because I am keen to make sure that members understand that not all metropolitan people are getting an easy ride in terms of access to these types of services. As I say, we are not eligible for royalties for regions money so there is not the same sort of recognition that people who are in this situation need access to these types of services. They are falling between the cracks. I have been told that apparently something is coming and that it will be positive. If that is the case, that is all well and good. However, if that is not the case, members certainly will hear more from me on the matter.

HON COL HOLT (South West) [12.05 pm]: The provision of health services is undoubtedly one of the biggest issues in the state. That is recognised in the budget generally. Just over 25 per cent of the state's budget goes into health. It is a very big issue for our communities and the government. I take on board Hon Alison Xamon's comment that it is an issue for the people she represents as much as it is for the people living in regional Western Australia. One of the first projects I got involved with when I became a member was with people in the South West Region who started the South West Medical Attraction Taskforce. That project was instigated by the commonwealth and funded through government. The community in the south west recognised that there were issues about attracting doctors to that region, so they instigated a project to look at what sorts of things the region could do to promote opportunities for general practitioners to move there. I am very proud to represent the South West Region. It is a fantastic place in which to live and work when we think about all the amenities and services it has to offer. Even in that region, there are issues with attracting doctors and providing medical services, just as there are in the outer metropolitan region. If we think about that in the context of the wheatbelt or the Mining and Pastoral Region and some of the even further remote areas, we realise that some regions have an even greater challenge in attracting proper medical services for those communities.

As part of the recognition of the shortage of doctors, we got some feedback from regional Western Australia after we wrote to all the shires in regional Western Australia asking them what their needs were and where they perceived the gaps to be. We contacted 125 local governments and had 84 responses, which is a very good return rate. Obviously, this is something that leaders of the community shires saw as a major issue for their communities. Twenty-two of those 84 local governments said that they did not have a doctor in their shire. That is about one-quarter of all respondents. Nearly 50 per cent said that they had a doctor shortage and more than half of the shires said that they were providing extra incentives to keep the doctors in their towns. For example, they provided a house or a surgery, which are often funded and built by the shire, and a car. The shires also offered some financial incentives over and above the doctor's salary just to keep the doctors in town. The local governments recognise that if a doctor's salary remains the same as it is through Medicare or other services, the doctor can earn that anywhere else, including in metropolitan Perth, so to get them to practise in the country, they have to add extra incentives. We have talked in the chamber about the Shire of Lake Grace, which is providing additional incentives of over $900 000 to keep the doctors in that town to service the community. Lake

Grace is a fairly isolated town whose doctor services a whole heap of other communities to the east. That shire saw it as a very important spend of shire, taxpayer and ratepayer money to keep a doctor in that town.

As of August last year, Rural Health West indicated that there were still 62 general practitioner vacancies in regional Western Australia. I want to go into this a little, because this is about recognising the need that is out there and what regional communities are faced with in keeping medical practitioners in town. I have talked a little about the south west. There are 19 local governments in the South West Region, nine of which responded to the survey we sent out. All nine had a doctor, but five recognised they had a doctor shortage. Two shires in that region said that they provided some financial incentives of up to $13 000. That proves my previous comments about the attractiveness of the south west as a place in which to live and work. Doctors obviously go there not just because of the financial incentives but also because it is a very good place to live and raise a family. Also, there is a big enough population and there are enough doctors there to provide a really good support mechanism for the other doctors around them. There are two or three surgeries in those towns and maybe four or five doctors work together to cover emergency services at the local hospital or work together in a surgery and so can have time off—they do not have to bring in locums because other doctors already live in town. That makes for a much better working environment for those doctors, who can have a weekend off knowing that the community is still covered.

Hon Mia Davies talked about some of the pressures in the more remote and rural towns, especially throughout the wheatbelt and the Mining and Pastoral Region. Other doctors are so far away that many doctors feel they cannot leave their community, so they are often there seven days a week, always on call, and always feeling the pressure to provide a service to their communities. They often bring in locums to try to fill gaps when they need to have a break or want to pursue some further professional training or development opportunities. The South West Region still has the need, but when compared with the Mining and Pastoral Region or the Agricultural Region, it is certainly better off. In the Mining and Pastoral Region there are 28 local governments, 18 of which responded to our survey. Three of the shires do not have a doctor. Eight, or 44 per cent, said that they offer financial incentives—some up to $290 000—to keep doctors there. The average is around $120 000 of their own community money to keep doctors in their town or community.

I will give a brief overview of the wheatbelt, so that I can complete the picture. The wheatbelt is often talked about in this place as getting plenty of money, but it is about meeting the needs of the community. In the Central Wheatbelt electorate, 17 of the 20 shires responded to our survey. Four said that they do not have a doctor and seven said that they have a doctor shortage. Eighty-eight per cent of the shires said that they provide incentives to retain their doctors. In the Wagin electorate, 23 of the 23 shires responded. Eleven do not have doctors, 12 have a doctor shortage and 14 of the 23 give out incentives to keep doctors. The electorates of North West and Moore have a similar story. I wanted to mention those figures to show that these are important community issues that we should be trying to address in our government policy and spending.

The Southern Inland Health Initiative is moving a long way towards addressing not only doctor shortages, but also some of the infrastructure spend needs throughout those communities. The audit of all hospitals and nursing posts throughout those regions was recently completed. The audit sought to find out where they are at in terms of their infrastructure needs. The allocation of funds to improve those assets has already begun. In my view, the Southern Inland Health Initiative is a government initiative that is at the pointy end of providing services and meeting the needs of communities—really in the absence of anything else happening. We all know in this place that access to health services is one of the most important government services that we can provide.

HON MATT BENSON-LIDHOLM (Agricultural) [12.15 pm]: I certainly welcome the opportunity to speak on this private members' business motion. I say right from the outset that there appears to be a hint of frustration as far as I am concerned. Rather than apportioning blame to the government that Hon Mia Davies is part of, she was content to focus, to a certain extent at least, on the federal government. Hon Mia Davies made some comments about metrocentricity and bricks and mortar. As I will point out in a while, those sorts of issues, to my way of thinking, certainly have not changed. I spoke to Hon Linda Savage before she left the chamber. Her family has medical connections. One of the points she made, which I will mention before getting on to the substance of my comments, is that, generally speaking, it takes six or seven years of training and two or three years of basic work—about 10 years—before a general practitioner can function efficiently in a system. I ask members to take on board the fact that in the Howard years, human resource training in health was significantly underfunded. I would defy anybody to challenge that assertion.

Hon Mia Davies also talked about royalties for regions. I would certainly make the point, and I will quote the figures in a while, that the royalties for regions budget has not been and will not be completed in this financial year. If that is the case, one has to be seriously concerned about the services that are provided, particularly, in my case, in the Agricultural Region, but also in the Mining and Pastoral Region. As Hon Helen Bullock will suggest

in a while, there are many, many more things to be done. I suggest to all members who are going to support this motion that they give serious consideration to what extra things need to be done. As an example of that, I will quote some comments attributed to the member for O'Connor, Tony Crook, who believes that much more can and should be done. That comes from one of the National Party's own members. I think that might be somewhat compelling.

Hon Mia Davies: From the federal Parliament.

Hon Wendy Duncan: A federal member.

Hon MATT BENSON-LIDHOLM: It is interesting that members should say that.

Hon Mia Davies: Read the article properly.

Hon MATT BENSON-LIDHOLM: No; just a second, members. It is interesting that the member should say that, because I have here a copy of the "National Strategic Framework for Rural and Remote Health". The chair of that group is the current health minister in Western Australia, Dr Kim Hames. Yes, they are talking about working together, but they are also talking about how Western Australia can help itself in that respect.

Hon Col Holt talked about some statistics. I would like to know from him, maybe in a member's statement or some other context, how those statistics have changed in getting on for four years. I accept the point that different regions and areas require different sorts of strategies, but at the end of the day I do not know to what extent those particular strategies have delivered the sorts of outcomes that we would expect them to have delivered. The member may well be suggesting to me that four years is not sufficient, but at this time I can quote some Aboriginal health figures. To my way of thinking, in society, it is always the people who find it most difficult to access these sorts of services who are the significant problem. That is an area in which we can work with society to achieve outcomes. I take my hat off to Hon Jon Ford, because in the previous non-government business motion that the opposition moved, Hon Jon Ford basically spoke about accessibility of services. Bricks and mortar—I have mentioned bricks and mortar already—are fine. A government can build a hospital, or whatever it likes, but if people do not have the capacity to access these services, there is not much point saying that the government has been an outstanding success. When I talk about accessibility, what underpins that are issues such as, if you like, race, income, isolation and, in the case of the comments made by Hon Jon Ford, mental health conditions. If we are talking about access to health services, and we are pinning our reputation on how much money we spend in the regions, I think there is a commitment to look more at the service side of things and how people can genuinely access those particular services that are supplied.

Hon Mia Davies: I think you need to get a briefing from someone in my health team about exactly what they are doing, because resources are going into that.

Hon MATT BENSON-LIDHOLM: The member just mentioned the southern inland health strategy or program, and I think Hon Col Holt talked about the south west and perhaps the southern part of the Agricultural Region. I am sure that Hon Helen Bullock will give those members a totally different picture. I can certainly do that with Aboriginal health issues, because some of the worst Indigenous health issues in the world are in the northern part of Western Australia and, yes, into the Northern Territory and into Queensland.

Hon Mia Davies: I am sure that Hon Wendy Duncan will talk to you about the Mining and Pastoral Region.

Hon MATT BENSON-LIDHOLM: No; I have only three minutes left. If the member is accepting of those statistics —

Several members interjected.

The DEPUTY PRESIDENT (Hon Jon Ford): Order, members! One of the problems, as the Chair of Committees knows, is that if members do not speak through the Chair, they are inviting interjections.

Hon MATT BENSON-LIDHOLM: That is very true, Mr Deputy President, and I accept your very, very wise counsel. When I am next in the chair I will try to remember likewise. Thank you.

On that note, I shall continue. I made mention of the "National Strategic Framework for Rural and Remote Health" and that the chair of the Standing Council on Health is Dr Kim Hames. I will quote from the foreword, because this national strategic framework is important in terms of this private member's motion. The foreword states —

> The National Strategic Framework for Rural and Remote Health has been developed through collaboration between the Commonwealth, and State and the Northern Territory governments by the Rural Health Standing Committee. It presents a national strategic vision for health care for Australians living in regional, rural and remote areas.

So the question has to be asked: how is that impacting on Western Australia? What sorts of ideas does the Deputy Premier have for the health of people living in the Agricultural Region at this time? I do not know; I do not know whether there is anything. The foreword continues —

> The Framework recognises the unique challenges of providing health care in rural and remote Australia …

That is terrific. It recognises the challenges, but what are we doing about them? It goes on to state —

> The Framework will provide continuity of strategy development and provide the foundation to support a nationally coordinated approach to effective service delivery, whilst enabling flexibility to recognise local circumstances.

From the outset, if the member has issues with Canberra, with those sorts of comments in mind, maybe she needs to look more to the state health minister, as chair of the Standing Council on Health.

I do not have a lot of time left, but I will make mention of one matter. I have already talked about an issue that I have with allocations. In this year's midyear review, under the health budget, it was suggested that an allocation of $4.7 million would go to the north west drug and alcohol support program in 2012–13. What did the budget deliver? It was $2.7 million. Also in the midyear review, the budget for St John Ambulance in rural Western Australia in 2012–13 was $7.1 million. It drops about $400 000 for the following year. In 2013–14 an amount of $11.7 million is anticipated, but that decreases to a mere $6.2 million in the following year.

Mr Deputy President, in all honesty, I have many more comments that I could make on this private member's motion, but, at the end of the day, I adopt the point that you made in your earlier speech on the non-government business motion: it is all about accessibility, and that is not being provided.

HON WENDY DUNCAN (Mining and Pastoral — Parliamentary Secretary) [12.25 pm]: It is quite a good segue from the comments of Hon Matt Benson-Lidholm, who talked about accessibility of services and the fact that our health services need to be more than just bricks and mortar. Certainly, that has been a focus of this government in delivering services into regional Western Australia. We can only start by thinking about the Royal Flying Doctor Service of Australia. Of course, Hon Mia Davies mentioned the debate that occurred in this house in 2008 about the Royal Flying Doctor Service and about the fact that the previous Minister for Health, Minister McGinty, described it as an interest group, when in fact, of course, it is something that is very dear to the hearts of regional Western Australians. I think that that short sentence was one of the things that galvanised the people of regional Western Australia against the previous government. Under this government, a total of $171 million over five years has been contributed to the Royal Flying Doctor Service, and $49.5 million of that is from royalties for regions. That amount of money has been used to fund two replacement turbo-prop aircraft, one of which is to be located in Derby, bringing the fleet to a total of 14 aircraft. It also has provided extra crews and medical staff, and the housing packages under the royalties for regions program have provided housing for doctors and RFDS staff in places where housing is difficult to find.

The part of the RFDS program that is probably most dear to my heart is the first jet in Australia to be funded for the RFDS. That came into being with the support of Rio Tinto and $3 million of funding from royalties for regions. I feel pleased every time I see that jet in the news, such as last year when it took that little baby across to Melbourne for an emergency transplant, and just last week when I saw the royalties for regions sign on the side of the jet at Christmas Island that was helping with the tragedy there. Of course, it was the jet that brought down our Telethon Institute for Child Health Research child from the Kimberley. That service has brought the people of the remote parts of Western Australia, and particularly the Kimberley, into closer contact with emergency medical treatment.

There are other aspects of delivering services into remote areas. Things that come to mind, Hon Matt Benson-Lidholm, include the Western Desert kidney health project. Two four-wheel-drive vehicles are delivering health services into the Western Desert, supported by royalties for regions. Just a couple of weeks ago I met with the people who are manning the Lions skin cancer screening bus, which is wandering around the Kimberley and the Pilbara, with the support of the Royal Flying Doctor Service and also, obviously, with the support of royalties for regions.

Hon Matt Benson-Lidholm mentioned the St John Ambulance Service. In regional areas, the St John Ambulance Service is very strongly supported by volunteers; however, it has been struggling to attract new volunteers, mainly because training and mentoring services to make volunteers feel safe and competent in their work were not available. The paramedics who have been funded under royalties for regions have made a huge difference to the St John Ambulance Service. Thirty-nine paramedics have now been placed throughout Western Australia. That followed on from the trial that was held in Karratha, Newman and Kununurra, which has made an

incredible difference to the number of volunteers who felt that they could safely sign up to the St John Ambulance Service. Paramedics have now been recruited for Katanning, Manjimup, Esperance, Carnarvon, Wickham, Karratha, Wyndham, Merredin and Narrogin, and two in Broome, in addition to those in Karratha, Newman and Kununurra. Of those 39 paramedics, 21 are career paramedics who have been recruited for the St John Ambulance Service, and 18 will be community paramedics. I have experienced firsthand the difference this has made, after talking to Rusty Lee in Hopetoun, who is involved in the ambulance service there and who came to me early in the piece in 2008 and said they were at their wits' end trying to recruit ambulance officers. Since the new paramedic has been put in place in Esperance, the training that is now available and the support and the mentoring has meant that the Hopetoun ambulance service is now in a stable place.

We talked earlier about Indigenous health. This has certainly not been neglected under the royalties for regions program. I note that Hon Adele Farina quite happily shouted out that we are pork-barrelling the wheatbelt. It is interesting, because Labor likes to accuse us of pork-barrelling the Pilbara, because we want to stand a candidate there; it accuses us of pork-barrelling the Kimberley, because we want to stand a candidate there, and then the other day it accused us of pork-barrelling Eyre, because we are standing a candidate there. The Nationals are pork-barrelling the whole of regional Western Australia, and that is what it deserves, after decades of neglect —

Hon Sue Ellery: That is a truly appalling statement!

Hon WENDY DUNCAN: After decades of neglect!

Hon Sue Ellery: You should go and look at the common usage of that word!

Hon WENDY DUNCAN: The issue is that we are quite proudly directing government funds, with the support of our colleagues in the Liberal Party, into all of regional Western Australia. It becomes quite inconsistent to talk about pork-barrelling a particular electorate —

Hon Sue Ellery: You have no idea what the word means! You should not be using it.

The DEPUTY PRESIDENT (Hon Jon Ford): Order, members!

Hon WENDY DUNCAN: — when I think the Labor Party has managed to cover every one of them, which just shows the ridiculous nature of that accusation.

We have put $22.2 million into upgrading Aboriginal health clinics in the Pilbara and the Kimberley. There are six clinics in those areas that will benefit from that funding, and those clinics will be upgraded in a culturally appropriate clinic design, encouraging members of the community to utilise those facilities.

I want to finish by talking about water supplies in remote communities. The World Health Organization in its report "Safer Water, Better Health" noted that almost one-tenth—in brackets it acknowledges that this is probably an underestimate—of the global disease burden can be attributed to poor water supplies. In our program for delivering better health to regional Western Australians, we have committed $12 million of royalties for regions funding for upgrades to water supplies in 28 remote communities—15 in the Kimberley, six in the goldfields and seven in the Pilbara. Those upgrades include: One Arm Point, installation of new groundwater tanks; Bayulu, electrical upgrade; Beagle Bay, water treatment and chlorination upgrade; Kalumburu, sewer upgrade; Yiyili, upgrade of evaporation ponds; Punmu, replacement of two engines; and Blackstone, treatment of nitrates in the water supply. These works are critically important to improve the health of our Indigenous communities. In addition to that, $10 million has been allocated to the Jigalong essential services program to upgrade water and electricity supplies.

I have not touched on the drug and alcohol aspect, which of course is also critically important to the health of people in regional areas. I did mention the other day the north west drug and alcohol program and the new facility that is to be built in Carnarvon. But also through the regional grant schemes, many excellent health programs are being funded.

I will finish off by talking about the Alive and Kicking Goals program in Broome. That is a broad-based program supported by the government, state and federal, and royalties for regions, that is helping young Indigenous people avoid suicide.

HON HELEN BULLOCK (Mining and Pastoral) [12.37 pm]: It is quite obvious that the National Party members just want to have another round of opportunity to talk about their royalties for regions —

Hon Wendy Duncan: Because we are very proud of it!

Hon HELEN BULLOCK: — spending frenzy in this year's budget. I do not have a problem with that. But I do not understand why the Nationals have to put up this poorly drafted motion to do that. They can just do that straightaway without putting up any motion. They can just say that they want to talk about the budget again.

For a start, let us look at the wording of the motion. The motion says that the federal government has failed to provide adequate GP services for regional Western Australians. The federal government does not provide GP services. The federal government provides funding for GP services. GPs provide adequate services in GP clinics to people who need GP services. I do not think the mover of this motion, Hon Mia Davies, means that GP clinics in regional Western Australia have failed to provide adequate GP services. I think she just wanted to accuse the federal government of not providing enough funding for the necessary GPs to work in regional areas. Most of us sitting in this chamber know that the federal government's funding for GP services is based on the ratio of population to GPs. That ratio was set in an Australian medical workforce benchmarks study that was conducted by the independent body, the Australian Medical Workforce Advisory Council, back in 1996.

Hon Mia Davis also accused the federal government of failing to address the GP shortages in regional Western Australia. Even this myth can be easily addressed. Recently I came across a research report that was done by Monash University. I must say that I have greater respect for scholars than I do for the politician who put up this motion. This research report is dated September 2011. So it has been on the internet long enough for Hon Mia Davis to have found it and read it before she put up this motion. What I also like about this report, apart from its content, is that its title is, "Australia's New Health Crisis: Too Many Doctors". I would like to quote from the executive summary of this research report —

> The dominant view within the Commonwealth and State Government medical workforce decision-making bureaucracies is that Australia has a serious shortage of General Practitioners (GPs) and hospital doctors …
>
> This diagnosis has dominated policy on the matter since the early 2000s. In response, the Commonwealth and State Governments have encouraged the recruitment of international medical graduates (lMGs) and allowed them to practise on concessional terms, as long as they do so in districts of workforce shortage …
>
> …
>
> These concessions have been remarkably successful in increasing the non-metropolitan GP and HMO workforce …
>
> … the ratio of population to GP in non-metropolitan areas is now well below the benchmark of 1,500 people per fulltime-workload-equivalent (FWE) GP ratio considered to provide an adequate level of service … Another indication is that the proportion of GP services which are bulk billed reached 79.1 per cent in 2010-11, up from 67.6 per cent in 2003-04.

The executive summary concludes —

> … there are clear signs that the policy has overshot its goal.
>
> Australia is awash with doctors wishing to become GPs.

Hon Mia Davies: You clearly have not been in your electorate recently; you really need to go and have a conversation with some of the communities I meet with —

The DEPUTY PRESIDENT (Hon Jon Ford): Order, members.

Hon HELEN BULLOCK: What is that noise, Mr Deputy President?

Several members interjected.

The DEPUTY PRESIDENT: Order, members! We have been so good; let us keep it that way.

Hon HELEN BULLOCK: It has been recently said that in some parts of regional Western Australia, due to the mining boom and rapid population growth, difficulties have been experienced in attracting doctors. Hon Col Holt spoke extensively about how difficult it is to attract doctors to work in those remote and regional towns. But does that mean the funding is not there to fund doctor services? No! Any educated person can tell the difference between the two.

The question we should really ask is: has this state government done enough to attract doctors—to attract general practitioners—to work in remote and regional Western Australia? Perhaps that is a topic for another day. I am sure the mover of this motion has lots to say on that topic. I rest my case.

HON MIA DAVIES (Agricultural) [12.43 pm] — in reply: I have 19 seconds to respond, and I thank members who contributed to this debate. Despite some of the opposition contributions that the federal government is doing enough and that the state is "awash" with doctors, the National Party still contends that that is not the case, and that we are filling the gap.

Motion lapsed, pursuant to standing orders.