

Speaker; Mr Mark McGowan; Mr Bill Johnston; Mr Roger Cook; Mr Troy Buswell; Mr Albert Jacob; Acting Speaker; Mr Frank Alban; Ms Adele Carles; Mr Joe Francis; Mr Michael Sutherland; Dr Mike Nahan; Mr Eric Ripper

PUBLIC HEALTH SYSTEM

Matter of Public Interest

THE SPEAKER (Mr G.A. Woodhams) outlined that he was in receipt within the prescribed time of a letter from the Leader of the Opposition seeking to debate a matter of public interest.

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

MR M. McGOWAN (Rockingham — Leader of the Opposition) [2.43 pm]: I move —

That this house condemns the Barnett government for its mismanagement of the health system and threats to patient comfort and care at major metropolitan hospitals.

We move this motion to prove once again that the Barnett government is mean and tricky when it comes to ordinary people in this state. It is mean and heartless when it comes to ordinary people in Western Australia. We move this motion on the back of what we all know are the worst ambulance ramping figures in our public health system in the history of the state. We move this motion in light of the elective surgery blow-out in our public health system. We move this motion in light of the dental waitlist blow-out in Western Australia in which ordinary people who try to access the public health system to get some decent dental care are missing out. What we are doing in this place today is revealing more evidence of those failures in the public health system under the administration of this Premier. The motion is quite specific: it is about the Barnett government and I expect that the Premier should be able to answer the questions contained in this debate, considering this is about his government and perhaps the most important thing that government does in this state—that is, look after the health and welfare of our citizens.

We have a wonderful public health system in Australia and we have an even better public health system in Western Australia. It is something that we should be proud of. It is something that we should hold out as a glowing example to the world of how a health system should be run and how it can operate to look after the needs and wants of ordinary people across our society. We do not have an Americanised system of health in this state; we have a health system that provides a reliable, dependable, high-quality service to ordinary citizens in this state. Imagine how shocking it was to receive this bunch of documents after lodging freedom of information requests to Fremantle Hospital and Royal Perth Hospital, and discovering some of the things that the government has in store for those hospitals. These documents reveal all sorts of things this government has planned for those hospitals that will impact on the comfort and care of ordinary people in need who are trying to access the health system. The documents show that the government has in train, via consultants that it has employed, all sorts of measures to try to cut the care and welfare of patients in those two hospitals. Royal Perth Hospital is the state's biggest hospital and Fremantle Hospital is an important hospital in the southern suburbs, and they are both under threat by this government.

I will read out some of the things that the government has in train for patients in those hospitals. Some of the government's initiatives for dealing with patients, contained within these documents, are shocking. The government is going to change the administration of anaesthesia; it is going to reduce the administration of anaesthesia to patients. That is one measure. It is going to reduce the ordering of tests by doctors on patients in those hospitals. It is going to reduce the number of hot meals per day. There are measures in these documents —

Several members interjected.

The SPEAKER: Members!

Mr M. McGOWAN: These are measures that the government has put in train by employing consultants to identify how to cut services to patients in those hospitals. These are the documents that the government is going to use —

Several members interjected.

Mr M. McGOWAN: They are your documents! The government has gone and spent hundreds of thousands, perhaps millions, of dollars on employing consultants to produce methodologies and ways of cutting services to people in those hospitals.

Mr C.J. Barnett interjected.

Mr M. McGOWAN: Here he is: the uncaring Premier who goes out there, hurting the little people. I will quote from the documents.

Several members interjected.

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The SPEAKER: The call has been given to the Leader of the Opposition. I do not expect interjections from the Premier and I do not expect interjections from the Treasurer. I know that the Leader of the Opposition does not need assistance from people on his side, either.

Mr M. McGOWAN: If they are not government documents, how did I get them through freedom of information requests to the government? How much did the government spend on employing these consultants to come up with ways of cutting across the health system? These documents were discovered through FOI, and this government is putting in place plans to hurt ordinary citizens in our public health system. It is indicated within the documents that some of the initiatives are in various stages of implementation. Admittedly, it indicates that some initiatives will not be implemented, such as paper sheets, but it also indicates that other initiatives are indeed in various stages of implementation, including changes to reduce the flow of anaesthesia to patients; changes to reduce the wages bill for doctors and nurses in those two hospitals by \$30 million; changes to reduce the ordering of tests; changes to reduce the availability of mobility aids, otherwise known as Zimmer frames, walkers or crutches; changes to reduce the availability of patient transport; and reductions in the number of hot meals. All those initiatives are contained in the documents, and it gets worse. Hydrotherapy and even pressure-relieving mattresses are on the table. They are included in the documents for which the government has paid to engage consultants to cut services to patients at Royal Perth Hospital and Fremantle Hospital. These documents are incontrovertible proof of the government's plans for the public health system; and, if they are not, why is the government spending millions of dollars on consultants to work with the hospitals to undertake the cutting of services to patients in our public health system? What is the government doing out there in the community wasting money like it does producing these reports and coming up with these initiatives to attack the delivery of health care for ordinary people at these hospitals?

I will tell members what the documents also find. In finding and making these savings across those two hospitals, the document also identifies the risks. The risks are these: first, staff may reduce their confidence within the south metropolitan area health system both as an employer and as a trusted adviser. It defines that as one of the risks of what the government is doing. The second risk is a reduced ability to cover required skill meets and demand with available resources. What that means—a reduced ability to cover required clinical skill meets and demand with available resources—is a reduction in care and a reduction in quality of service for patients. That is what the government is doing in our public health system and that is what these documents prove. If the government denies it, the Premier should stand and explain exactly how much —

Mr C.J. Barnett: Who produced the report?

Mr M. McGOWAN: I got this from your government, Premier.

Mr C.J. Barnett: Who produced the document?

Mr M. McGOWAN: I got it by way of a freedom of information application.

Mr C.J. Barnett: So you can't answer or you won't answer. You're dishonest. You're actually dishonest.

Mr M. McGOWAN: By way of FOI, Mr Speaker.

Mr C.J. Barnett: A dishonest Leader of the Opposition who will not say who produced that report.

Mr M. McGOWAN: I got it by way of FOI, Mr Speaker. Fremantle Hospital, here it is —

Several members interjected.

Withdrawal of Remark

The SPEAKER: Member for Cannington on a point of order, I presume.

Mr W.J. JOHNSTON: Yes. I would ask the Premier to withdraw his improper allegation against the Leader of the Opposition.

The SPEAKER: I do not know what the allegation might have been.

Mr W.J. JOHNSTON: He called him dishonest.

The SPEAKER: I would ask the Premier, if he said something with respect to the Leader of the Opposition, that he does withdraw it.

Debate Resumed

Mr M. McGOWAN: These are government consultants —

Mr W.J. Johnston interjected.

The SPEAKER: Thank you, members!

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Mr M. McGOWAN: — that have revealed all of these sorts of initiatives the government is planning on taking or is currently taking in our public health system, and the government has been sprung by the opposition revealing what is going on.

Several members interjected.

Mr M. McGOWAN: The government has been sprung by the opposition revealing from these documents what is going on. It was not the opposition that commissioned these consultants to undertake these cuts to public care; it was not the opposition that commissioned these actions; it was the government. It is not the opposition that is risking patient care in the way the government is, as revealed by these documents.

But it gets worse. Not only does the government reduce patient care and threaten to take away mobility aids, nursing manuals, hydrotherapy, pressure-relieving mattresses, anaesthesia and the like from patients, but also the government produces within these documents a communications plan—a spin plan by the government on how to manage the public communication of these issues. But of course before the government could roll out the spin plan—the communication plan on how to manage them—these matters were revealed by the opposition before the government had the opportunity to do so. So, not only does the government get sprung in relation to the sorts of initiatives it is planning for the public health system, but also we have the “key messages” documents produced by the government’s consultants, at whatever cost, to explain away these changes it will be or is currently inflicting on patients accessing Fremantle Hospital and Royal Perth Hospital. These changes identify at the minimum \$30 million worth of savings by reducing nursing time and doctor time in those hospitals.

Mr C.J. Barnett: You always dump on our public servants.

Mr T.R. Buswell interjected.

Mr C.J. Barnett: You always dump on the public health system.

Mr M. McGOWAN: The government will put in place \$30 million worth of savings by reducing doctor time and nursing time, and on top of that —

Mr C.J. Barnett: This is the sincere look. This is the practised, sincere look with the lies around it. This is the sincere look. This is the statesman look.

Mr M. McGOWAN: There he is, Mr Speaker. The two bullies are sitting there.

The SPEAKER: Premier!

Mr M. McGOWAN: Bully number one, and bully number two is sitting next to the Premier. The Premier does not frighten me. He is a bully and he always has been and he has his bully mate sitting next to him.

Mr T.R. Buswell: Is that bullying?

Ms R. Saffioti: You should know it. You should know the definition. You do it to women all the time. You should know the definition.

Mr P. Papalia: You’re a self-confessed workplace bully.

The SPEAKER: Member for Warnbro, make your point in another way. I am formally calling you to order for the first time today, and likewise the member for West Swan. I suggest once again to members on both sides of this place that there is only one person who should be heard in this place at the moment, and that is the Leader of the Opposition. I am going to give the call back to him.

Mr M. McGOWAN: In conclusion, we believe that our public health system should be run as a service to patients and that it should be governed by what is in the best interests of patients.

Mr P.T. Miles interjected.

Mr M. McGOWAN: We do not believe that accountants should overwrite clinicians. We do not believe that accountants should decide —

The SPEAKER: Take a seat, Leader of the Opposition. Member for Wanneroo, I am pretty sure that you would have heard what I said just a moment ago. I am formally calling you to order for the first time today. I do not want to hear from you.

Mr M. McGOWAN: We do not believe that accountants should decide that ordinary patients should be denied mobility aids, hot meals, pressure-relieving mattresses and the like. We believe that doctors and nurses should be able to undertake their jobs without these sorts of threats hanging over them. We believe that the government should come clean on exactly what its plans are and exactly what is the cost of this initiative that it has

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undertaken. Once again, this is a government run by consultants. It lets consultants make decisions that ministers and the government should be making.

MR R.H. COOK (Kwinana — Deputy Leader of the Opposition) [2.57 pm]: This government has a history of cutbacks on the front line, which is where our doctors and nurses work. From day one and the first efficiency dividend this government wrought havoc throughout our hospitals because it thought that it was necessary to carve dollars out of our health system, which works so hard to deliver the health services that Western Australians deserve. We remember the original efficiency dividend. We remember the mayhem that it caused.

Mr T.R. Buswell: Name one patient who suffered as a result.

The SPEAKER: Treasurer!

Mr R.H. COOK: Now that we have suffered three and a half years of this government, we have seen the effect of this government's mismanagement of our health system. This has had a long-term impact upon our hospitals. It has had a long-term impact upon the staff who work on the front line of our hospitals. This has had a long-term impact upon the capacity of our hospital system to survive the pressures of demand. Let us look at the nature of that demand. Our emergency departments are looking at an increase in demand of around nine per cent. The member for Joondalup is all too aware of these issues, because demand growth in his electorate is around 18 or 19 per cent. Hospitals are under huge pressure. In addition, this is the worst performing government for ambulance ramping in WA's history. Last month alone ambulances spent over 2 000 hours ramped outside our emergency departments. Patients were waiting to get into our hospitals for treatment. They could not get that treatment, simply because our hospitals are failing to provide the access and capacity that our population demands. Our elective surgery waitlist has grown significantly over the last three and a half years. When this government came to power the number of people on our elective surgery waitlist was a smidge over 12 275. The waitlist for the last quarter alone is now over 17 000. This is a government that in opposition criticised the previous Labor government for its elective surgery waitlist of around 12 000. It now presides over an elective surgery waitlist in excess of 17 000. The waiting-to-wait figure is around 24 000, so in addition to the 17 000 on the waitlist, a further 24 000 people are waiting to get on that waitlist. But the real crisis, of course, is in dental health. Over the last 12 months we have seen growth of more than 24 per cent in the number of people waiting on our dental health waitlist. Twenty-four thousand people across the state are not getting the dental health care they need. Twenty-four thousand people are waiting in pain, not being able to receive the attention they need because this government has essentially strangled the public health services upon which they depend.

Under the Barnett government, our hospitals are essentially being starved of resources, they are being strangled due to demand and they are being overwhelmed by Perth's population growth. If they are not being starved of these resources, why is there such a chronic capacity issue in our hospitals? Why is it that we are looking at hospitals operating on a capacity in excess of 95 per cent? Why is it that we have a health system that is essentially being overrun? Why is it that we have a health system, run by the Barnett government, whose queues continue to grow—the queues for elective surgery waitlists, the queues at our emergency departments, the queues for our dental waitlists, the queues for patients simply waiting to wait! The queues are getting longer. Hospital staff are working harder to meet these demands. What is this government's response? We have seen a pattern emerge right across the Southern Metropolitan Area Health Service, or "SMASH" as it is called within the system. We know what sort of smash they are having—they are getting well and truly smashed! At the hospital in the member for Armadale's electorate, the Armadale-Kelmscott Memorial Hospital, we have reports of meals being cut back. At Sir Charles Gairdner Hospital, we have reports of hospital staff actively considering the use of paper sheets and other measures to cut costs wherever they can. We know what has gone on at Rockingham General Hospital—there is huge discord. There have been huge amounts of dispute with nursing staff in that hospital as they cut back hospital staff and the nurse-to-patient ratio increases significantly. This is having a significant impact upon our hospital system. The government consultants in this case recognise the implications of implementing these policies. One of the significant risks is not only a loss of confidence by staff in our public health system but also a loss of confidence by the WA public in our public health system if they are constantly seeing a system that is overrun by demand. We are constantly seeing a system in which the government seeks to save money by cutting corners in services and making sure it can squeeze that efficiency dividend out of it despite the fact that it has been overwhelmingly overrun by demand. There will be an inevitable loss of confidence in hospital services.

One of the most invidious issues being looked at at Fremantle Hospital is staff cutbacks at the Alma Street mental health unit. Members in this place will be familiar with the track record of the Alma Street mental health unit. A number of patients have been discharged from there, only to take their own lives a short time after. I do not criticise the individuals working in that unit, but clearly this unit is under stress. Clearly this is a unit struggling to deal with the demand upon its services and, as a result of that, we are getting these sorts of adverse

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outcomes. Sentinel events will inevitably increase the more pressure is put on those staff who work on the front line. These staff are really suffering. They are trying to do their best. They are trying to do more and more, and they are having to do it with less and less. Western Australia deserves the best. We have a government that is enjoying record revenue growth. We have a government that has no excuses.

Mr T.R. Buswell: We are not enjoying record revenue growth.

Mr R.H. COOK: Yes, you are.

Several members interjected.

The ACTING SPEAKER (Mr P.B. Watson): Members, one person is on his feet. That is all I want to hear.

Mr R.H. COOK: We have a government that is presiding over a period of extraordinary economic growth and, as a result of that, the revenue that it is enjoying continues at an exponentially increasing rate. Why are we looking at our most stressed public services in order to make savings—to make savings on water coolers, printers, staffing rosters —

Mr T.R. Buswell: What is wrong with making savings on printers?

Mr R.H. COOK: We are talking about overtime for clinical staff, we are talking about —

Mr T.R. Buswell: What is wrong with savings on printing?

Mr R.H. COOK: As the Leader of the Opposition has said on a number of occasions today, Treasurer, perhaps there is not any problem with making savings on printers.

We must make sure that we do not put further pressure on hospital staff who are trying to provide clinical services in the context of a hospital that is essentially overrun by the demand on its services.

The senior executives inside the South Metropolitan Health Service—SMHS—seem to be more than happy to sit in their well-appointed offices in Mount Pleasant. It costs Western Australian taxpayers many hundreds of thousands of dollars to house senior Department of Health bureaucrats, but the government does not seem to be able to picture a clinician, doctor or nurse working on the front line who is trying to find extra scrubs or the hospital equipment upon which they depend to deliver proper services. There is a transfer directly from what is essentially regarded by many front-line staff as unnecessary cost cutting, which is compromising services and the confidence they have to deliver hospital services.

One anecdote in particular speaks volumes about the sorts of scenarios that are being created on the front line. Earlier I mentioned the problems at Rockingham General Hospital where significant cuts have been made to staffing as part of an ongoing round of cuts across the South Metropolitan Health Service. According to my notes, one staff member writes —

Managers are now forcing us to close our ward over the weekend. This results in us being encouraged to discharge patients at any cost. A private patient was recently asked if she could manage at home as we were closing the ward. She had broken both legs and, following surgery, was not allowed to put weight on either leg. She refused.

Obviously, she could not cope if she were forced to go home. The letter continues —

She was sent to the ICU. She was shifted to another ward after she complained to the ICU because essentially she was stuck in a ward with a patient who was on a ventilator and under significant distress. She was previously an ICU patient and was very distressed because the incident brought the whole incident back to her.

At the time this letter was written, some three weeks later, the patient was still in hospital. Clearly she should not have gone home. Clearly she was encouraged by hospital management to leave hospital prematurely simply because the department wanted to make significant cuts to the costs of the hospital's services.

The Barnett government's record on cost cutting in hospitals is clear and the impact of that cost cutting on our hospital services is clear. Queues are growing and they continue to grow. Hospitals are suffering because under the Barnett government they have not been given the resources to meet the demand that has arisen from the state's population growth. It is time for leadership. It is time for this government to support hospital services to make sure they can cope with the winter flu season, which should have been anticipated. It is time for the government to support hospital services so that they can cope when someone presents with an ailment or a condition that needs treating. They must ensure that they provide resources to front-line staff. This report shows that the government will stop at nothing to rip resources from our hospital system, which will fundamentally compromise the quality and state of patient care.

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MR T.R. BUSWELL (Vasse — Treasurer) [3.08 pm]: I recall from my time in this place that there are a couple of conventions during matters of public interest. The first, which is probably more of a practice, is that when MPIs come up and members on this side of the house are asked to speak in support of the lead speaker, sometimes there is a paucity of members wanting to participate. That is not the case in this matter, because there is a queue of my government colleagues from where I stand to the chamber door who want to speak about health, because they know what this government is delivering to the constituents whom they represent. I will not speak for too long; rather, I will let my government colleagues individually explain the impacts that the government's massive investment in health is making in their electorates. I look forward to hearing them speak.

How is the member for Warnbro's train station going?

A second convention is that if the opposition has prior knowledge that a minister is paired, it will generally not bring on an MPI relevant to that minister's portfolio. Why would it do so? It is an easy MPI for us to debate because the opposition has presented very weak arguments. The Leader of the Opposition knew the minister was away. The minister approached the Leader of the Opposition this morning about the MPI and it was still brought on. That is not really a major problem; it is just an interesting reflection on the planning that is happening in the Leader of the Opposition's new office in Hay Street, which I noticed does not have his sign out the front. I wondered why he did not have a sign out the front of his new office, but that is his business.

The Leader of the Opposition has always operated out of the office in Parliament House. I can think of only one Leader of the Opposition who thinks he is that important that he had to move over the road to Hay Street, and that is the current Leader of the Opposition. He is the only one I can remember. He has always been here in free accommodation. I digress.

Several members interjected.

The ACTING SPEAKER: Members, please. There is only one person on their feet. I advise the Treasurer to stick to the motion that we are talking about.

Mr T.R. BUSWELL: Opposition members are a bit sensitive on that matter. I will go straight back to the issue at hand, having walked up Hay Street. I would like to make a couple of points. First, an argument has been made about ramping, in July in particular. There was a massive increase in demand for the health system in July in Western Australia.

Mr W.J. Johnston: Like every other July!

Mr T.R. BUSWELL: Let us compare the figures. There was a 12 per cent increase in presentations to emergency departments in July this year compared with July last year. That is not like every July. Twelve per cent is a significant step-up in demand for health services. A large number of those people were presenting with influenza-like illnesses. They did not require any medical treatment at the ED. The Minister for Health has explained that time and again.

Several members interjected.

The ACTING SPEAKER: Members, being an MPI, you have the opportunity to talk as much as you like but not when anyone else is on their feet. I will call to order the next member who intervenes.

Mr T.R. BUSWELL: A 12 per cent jump year on year for presentations in one month is almost impossible for any system to cope with in its entirety. I think our health services have done an excellent job in dealing with that.

A point relating to cost savings has been made over and over again by the member for Kwinana. For example, in the operation of printers, colour printers may be replaced by black and white printers because colour printers are not needed, but that is not something that we should be doing. I find it bizarre that we would not focus on saving money and delivering services efficiently in the health system. The Leader of the Opposition is trying to create the impression that this government has cut the health budget. He keeps talking about cuts. If we have cut the health budget, how can it be that in 2008–09, the health budget was \$4.85 billion and in 2012–13, the health budget is \$6.67 billion? I say to the member for Kwinana that that is not a cut; that is a 39 per cent increase. I repeat: a 39 per cent increase in the health budget is not a cut; it is a significant increase in spending in the health area.

Dr A.D. Buti interjected.

The ACTING SPEAKER: Member for Armadale, I call you to order for the first time.

Mr T.R. BUSWELL: Treasury has prepared an interesting chart for me. It compares average spending in health across Labor's years with average spending in health across the Liberal–National government's years. Less than \$3 billion a year on average was spent in health across Labor's time in government compared with around

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\$5.5 billion a year across our time in government so far. I see the member for Belmont looking concerned about that. It concerns me too.

Mr B.S. Wyatt: Will you table that?

Mr T.R. BUSWELL: Of course I can. I will do it later because I might have to refer back to it. There has been a significant increase in the health budget. There has been a significant increase in capital investment in health projects the length and breadth of Western Australia. Members would find very few major hospitals in Western Australia that are not having money invested in them as we speak. I will not detail those because that is what my colleagues want to do, but I will say, on behalf of the residents of my electorate, that the construction of a \$118 million new hospital in Busselton is a fantastic outcome. But that money will also go into better services and better support. One that would be very near and dear to your heart, Mr Acting Speaker (Mr P.B. Watson), as it is to mine as a country member of Parliament, is the investment in the Royal Flying Doctor Service. Another that would be near and dear to everybody's hearts is the investment in St John Ambulance Western Australia so that we can deliver better care to people when moving them around.

Mr C.J. Barnett: Southern inland health service.

Mr T.R. BUSWELL: The list is a mile long.

I just want to conclude with some observations on the comments of the Leader of the Opposition, who is waving around a consultant's report. Two issues: firstly, Leader of the Opposition, a consultant's report does not an action of government make.

Mr E.S. Ripper: What if it says "initiatives fully implemented"?

Mr T.R. BUSWELL: I have not seen that report, but I understand that some of the things it suggests include the introduction of paper linen; the Minister for Health has rejected that. It canvassed reducing hot meals for patients; the Minister for Health has publicly rejected that. A significant number of the elements the Leader of the Opposition referred to in the consultant's report—as opposed to an action of government—have been specifically ruled out by the Minister for Health. Yet the Leader of the Opposition comes into this place as if he has this new document full of all these new accusations that have already been dealt with by my colleague the Minister for Health, who, by the way, is heading off to chair the state health ministers' council in Sydney tomorrow. We value our participation in the state health ministers' council and that interaction with the commonwealth. I understand the Leader of the Opposition has black-banned the Prime Minister from coming to Western Australia, but we still want to have a positive working relationship with the government, as flawed as it is.

Mr M.P. Whitely interjected.

The ACTING SPEAKER: Member for Bassendean, I call you to order for the first time.

Mr T.R. BUSWELL: The other point I want to make in closing is this: it is important —

Mr M. McGowan: So you have ruled out the hot meals?

Mr T.R. BUSWELL: Sorry?

Mr M. McGowan: That is it? That's the only new one you have ruled out? I never quoted that as being something—I never quoted that —

Mr T.R. BUSWELL: The Leader of the Opposition was waving it around sneakily—sneaky, sneaky, sneaky! Waving it around, trying to parade it as fact in that sneaky, sneaky way!

Mr M. McGowan: I am being sneaky by coming in the house and revealing government documents? How sneaky is that—revealing them to the world! You need to buy a dictionary.

Mr T.R. BUSWELL: Sneaky, sneaky!

Mr M. McGowan: You need to buy a dictionary!

The ACTING SPEAKER: Members on both sides of the house, the next person who interjects I will call to order, and I will keep calling to order until they leave today or they leave early.

Mr T.R. BUSWELL: The last point I wanted to make relates to efficiency. When we came into government, we had a lot of trouble getting a handle on the health budget; it was a very, very complicated process. Effectively, there are two drivers of funding demand in the health system: the first driver is activity growth, which is often related to population growth, change in composition of population, and flu epidemics and the like. So there is an activity cost driver and there is a health cost inflator. Put together, they are sort of about what the health costs should be—X per cent for activity, X per cent for the health cost inflator. The health department had a lot of

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trouble explaining to us why expenses were growing to the extent they were. The former Labor government Treasurer would understand how difficult it was.

In the last few years we have done a great job, working with the senior executive of the health department to try to deliver efficiencies in spending. Leader of the Opposition, it is one thing to increase the budget, but we also have an obligation to make sure that every dollar we spend delivers the very best health outcome it can for the people of WA. There will be more of these types of reports in the future because there is an obligation on us; the public should be demanding of us that if we tax them and raise money from them and spend that money on health, we do it as efficiently as we can. We will never back away from the obligation to be wise with the spending of taxpayers' money. This is part of that process. Clearly, not all recommendations in that report will be implemented—that will not happen; it is a report by a consultant to government to provide advice. Some will; changes in printer use will, and there will be others. But it is very important, as the budget grows, that we focus on efficiency.

[See paper 5104.]

MR A.P. JACOB (Ocean Reef — Parliamentary Secretary) [3.20 pm]: I will not speak for long because, as the Treasurer has just said, there is a veritable queue of members on our side waiting to jump up and speak on this topic today. In fact, I think it is fair to say that we are astounded that the health debate keeps coming up again and again in both matters of public interest and in private members' business. If there is one area in which we could say this government has performed absolutely outstandingly, it is health. We have done amazing work in a lot of areas but our health investment is, quite simply, one in a generation; perhaps even more than that.

Dr M.D. Nahan interjected.

Mr A.P. JACOB: It is quite simply the best in history and whether it can ever be repeated, I would find unlikely. There has clearly been a theme in working up to today's debate. I draw members' attention to a little article that appeared in the *Joondalup Times* on Tuesday, perhaps in anticipation of this motion. It is the member for Joondalup's own article.

Mr A.P. O'Gorman interjected.

Mr A.P. JACOB: It is the very first time I have referred to one, member. It contains the heading "Working for Western Australia", which I find a little ironic, but that is fine; it is his ad, he is paying for it, he can put in it what he wants.

Mr A.P. O'Gorman interjected.

Mr A.P. JACOB: It further states "Ambulances left waiting". This is his little article; I am sure he knows it very, very well.

Mr A.P. O'Gorman interjected.

Mr A.P. JACOB: That brings me to the question of what members opposite do very well when they come in here. They criticise us and certainly bend the truth and try to put a spin on things in a particular way. My question to the member is: what is his solution? I will not for a second try to pretend that our health service is perfect. It is one of those —

The ACTING SPEAKER (Mr P.B. Watson): Member, unless you want interjections I suggest you talk to the motion and speak to the Chair.

Mr A.P. JACOB: Absolutely, Mr Chair. The motion condemns the Barnett government for its mismanagement of the health system and threats to patient comfort and care at major metropolitan hospitals, which is very topical in this zone. I am querying the opposition's position on this or what it would do differently, because it is an area in which we can always learn. The only line I have ever heard from my opponent in the northern suburbs, or my colleagues on the other side, is about making Joondalup Health Campus a tertiary hospital.

Mr A.P. O'Gorman interjected.

Mr A.P. JACOB: This article is about ambulances being left waiting, so how would making Joondalup Health Campus a tertiary hospital, which would then take referral patients from outside the area, more efficient? How would his solution of ramming more regional patients through a hospital that is already overloaded solve the problem of getting patients through the hospital, which is the —

Mr A.P. O'Gorman interjected.

The ACTING SPEAKER: Member for Joondalup, I call you to order for the first time. Member for Ocean Reef, talk through the Chair; otherwise you will get interjections all the time.

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Dr A.D. Buti interjected.

Mr A.P. JACOB: Thank you, Mr Acting Speaker. As I was saying, I query this policy of making Joondalup a tertiary hospital. We have said we will support Joondalup becoming a tertiary hospital, but we are right in the middle of a building program.

Mr A.P. O’Gorman interjected.

Mr A.P. JACOB: The member for Joondalup knows very well that the reason we are seeing that pushback in the Joondalup Health Campus emergency department —

Dr A.D. Buti interjected.

The ACTING SPEAKER: Member for Armadale, I call you to order for the second time.

Mr A.P. JACOB: The reason we are seeing that pushback in the Joondalup Health Campus emergency department is not the emergency department itself because we just opened a brand-new 56-bed emergency department only last year. It is because the hospital behind that does not have the capacity and, quite simply, whose fault —

Ms M.M. Quirk interjected.

The ACTING SPEAKER: Member for Girrawheen, I call you to order for the —

Ms M.M. Quirk: First time.

The ACTING SPEAKER: — first time. Thank you.

Mr A.P. JACOB: Quite simply, whose fault is it that that hospital does not currently have the capacity to get those patients through? Even the emergency department itself was a project of this government.

Mr A.P. O’Gorman interjected.

Several members interjected.

Mr A.P. JACOB: Mr Acting Speaker, I am trying not to listen to the interjections; I am trying to address the motion here. There was an article in *The Sunday Times* a few weeks ago —

Mr A.P. O’Gorman interjected.

The ACTING SPEAKER: Member for Joondalup, I call you to order for the second time.

Mr A.P. O’Gorman interjected.

The ACTING SPEAKER: Member, I call you to order for the third time and if you keep talking, you will be kicking off all right—straight up the highway.

Mr A.P. JACOB: I will come back once more to the tertiary hospital theme. Quite simply, given that Joondalup Health Campus, the busiest emergency department in this state, a brand-new emergency department, conceived, built and opened by this government almost mid-term —

Mr A.P. O’Gorman: Rubbish, rubbish! What rubbish. It was not conceived by you. What absolute rubbish.

The ACTING SPEAKER: Member for Joondalup, I know you want me to throw you out but I will not.

Several members interjected.

The ACTING SPEAKER: But any more behaviour like that and I will name you, but not for the reasons you want. I will throw you out for unparliamentary conduct, not for sticking up for your hospital. I will make sure everyone knows what the reason is.

Mr A.P. JACOB: Thank you, Mr Acting Speaker. As I said, the new emergency department is already the busiest ED in this state.

Mr T.R. Buswell: Member, who conceived the hospital?

Mr A.P. JACOB: It was conceived by this government; implemented by this government. Construction is underway —

Ms M.M. Quirk interjected.

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The ACTING SPEAKER: Member for Girrawheen, have a bit of discipline on that side. You can get up and talk for 20 minutes if you like, but do not talk when these people are on the floor; that is their right. I call you to order for the second time.

Mr A.P. JACOB: As I said, the hospital was conceived by this government. I do not want to address the interjections, but I will go through some of the early history. I acknowledge that the previous government made an announcement. On 21 September 2005, Jim McGinty announced that the boom would deliver an extra \$102 million for Joondalup Health Campus. On 24 May 2006 there was another announcement; on 28 February 2007, another announcement; on 5 April 2007, another announcement; on 11 April 2007 another announcement; and again on 27 November 2007, 26 February 2008, 11 March 2008 and 26 March 2008, yet the contract was never signed and construction never started. Within months of coming into power this government sorted out those contracts, had the bulldozers on site and opened that brand-new emergency department. The only reason that we are experiencing some difficulties in that ED right now is that the private 145-bed hospital next door has not yet opened. It is on track, under budget and ahead of time but it has not yet opened, so we have not yet freed up those currently private beds for public patients in order to stream people through the ED. That is the single reason that we are seeing this problem. What is the opposition's solution to that? It has a slogan about a tertiary hospital and it says, effectively, it will ram more patients into it. Our emergency departments are clogging up and the opposition wants to make them referral centres and send even more patients into the busiest emergency department in this state. There is an enormous gulf between talking and doing. The record of this government in health is unsurpassed, and I suspect it will be unsurpassed for a generation.

Several members interjected.

The ACTING SPEAKER (Mr P.B. Watson): I call the member for Southern River to order for the first time.

MR F.A. ALBAN (Swan Hills) [3.26 pm]: I attended a sod turning yesterday, and for the information of the member for Kwinana the new Midland Health Campus is being built. It was rather interesting turning up to the sod turning. I expected to see the union ranks shoulder to shoulder, but as is quite common with me I turned up early and, unfortunately, there were only five people there in full defence of the union.

Several members interjected.

The ACTING SPEAKER: We are trying to debate this issue, and continually goading people on the other side will only cause dissent in the house. All I want is this motion to be over and done with. If the member is going to goad people across the chamber, I will let them have open slather on him; I cannot call them to order for that. I want this debate to run smoothly, so I suggest the member get onto the motion.

Mr F.A. ALBAN: Doubling the capacity of the Midland Health Campus and the bed numbers in Midland is not slashing the health service. It was rather interesting on the day to see who was there. Our own state Minister for Health was there, but who else was there? It was the federal minister Nicola Roxon —

Mrs M.H. Roberts: It was Tanya Plibersek!

Mr F.A. ALBAN: I am sorry, I got it wrong. Senator Sterle was there. Also basking in the glory of this great Liberal achievement was the member for Midland. Did the member for Midland make a big point that she objected to privatisation? No, she did not. Also in attendance on the day were a lot of the sisters of the Order of St John of God, which established the St John of God hospitals, and the auxiliary Catholic bishop. What a great achievement for my electorate of Swan Hills. What a great achievement for the electorate of Midland as well. The government has doubled the bed capacity with 307 public hospital beds—free hospital beds for the community. The unions apparently wanted to tell us something else. They wanted to create some sort of sensation by saying there is something wrong with this. There are no bad situations for the electorate of Swan Hills. The sick and the elderly will no longer have to travel miles and miles to go to other public hospitals around the state. As I said, what a great result for the electorate of Swan Hills. There is no ripping out of resources from the health budget; it is doubling the health budget. The community wants to know what the benefits are. The benefits are that it is doubling. Doubling the capacity of the hospital is not cutting anything whatsoever. There will be 307 public beds. I repeat that they will be free to the public. Members opposite should not try to create a situation that does not exist. It is being run by the most capable and respected non-profit organisation, St John of God Health Care. They were represented there yesterday. It is a great achievement that this hospital is being built in the east, because the eastern portion of the metropolitan area has been neglected for quite some time. It is a huge achievement for my electorate. There are no negatives.

I also want to say that the support that the federal Labor government showed to this new hospital was enormous. There was not the negativity of the current Labor opposition. They were well represented and happy for this to

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happen. I accept that this will be one of the greatest institutions, one of the greatest buildings, in Midland. The opportunity for Midland is enormous.

MS A.S. CARLES (Fremantle) [3.32 pm]: I rise to put on record my concerns about health services in the Fremantle electorate. Firstly, the current plan for the Fremantle Hospital emergency department to close when Fiona Stanley Hospital opens in 2014 is very bad news for my constituents. I have spoken about this before in Parliament. Currently, Fremantle Hospital is a 482-bed tertiary facility with a fully operational emergency department, attending to more than 40 000 emergency patients a year.

Fremantle is a unique place. It is a port city and a tourist destination, and accidents happen in those situations. What will happen to the wharfie who is crushed by a container? I have had wharfies contact me about this very recently as they become aware of this closure. What happens to someone who is involved in a boating accident on Fremantle harbour? This decision will literally mean that Fremantle emergency patients could die. If someone has a heart attack in Fremantle, every second counts. They cannot afford to wait while an ambulance is found at Murdoch, sent to Fremantle to pick them up and then sent back to Fiona Stanley Hospital to join the queue at the emergency department.

I also want to talk about mental health services in Fremantle, which are also in crisis. There have been six suicides from the Alma Street clinic in the last 12 months. Recently a mental health patient just walked out of the Alma Street clinic in his pyjamas straight across Hampton Road, and he was killed by a truck. There are so many problems at Alma Street, and I fear that this government is just hiding its head in the sand. The recent findings of the Chief Psychiatrist into Fremantle's mental health system paint a very gloomy picture. It beggars belief that this report had to spell out such fundamental recommendations for managing mental health patients at Fremantle Hospital. I am absolutely astounded that some of the recommendations included, for example, comprehensive psychiatric assessments of patients each time they access this mental health facility. Why are these not already mandatory? We are talking about some of the most vulnerable people in our community, and they deserve better. How many more Alma Street suicides will occur before this government acts?

I also want to talk briefly about Kaleeya Hospital. It is another one that is on the chopping block in Fremantle. I am very concerned about maternity services and where we are heading in the south metropolitan area. I recently visited Kaleeya Hospital in East Fremantle and I was very impressed by the high calibre of obstetric services and facilities for women there. I call on this government to keep Kaleeya Hospital open as a women's hospital for the south metropolitan region to cater for low to medium-risk births. It concerns me that we are removing opportunities for women to birth in low-risk environments. As a mother who had the opportunity to give birth to my daughters in the low-risk environment at the birthing centre at King Edward Memorial Hospital, I know firsthand of the benefits of birthing in a safe environment without medical intervention. I know that for many women, this is their preferred birthing option. In fact, research from New Zealand indicates that 70 per cent of birthing women choose to birth by midwife alone in a non-medical setting. I would really like the health minister to take this research on board. There are so many advantages in terms of both health costs and benefits to women and their babies from having low-risk birthing facilities available in community settings, relieving the burden on tertiary hospitals where the higher risk cases come first. When women have their babies at a birthing centre, they are sent straight home within 24 hours. They do not take up a hospital bed; the midwives visit them at home. It is a very safe and civilised way for them to experience those early days with their babies.

MR J.M. FRANCIS (Jandakot — Parliamentary Secretary) [3.34 pm]: I am kind of flabbergasted at the moment. I really do not know what planet opposition members are living on. They need to get out and have a chat to some real people in the real world.

Mr P. Papalia: Like you'd know!

Mr J.M. FRANCIS: I do know. I have been to a public hospital in the past two weeks. For some unknown reason, I was doing a bit of welding in my garage at two o'clock in the morning and managed to get a metal splinter in my left eye.

Several members interjected.

Mr J.M. FRANCIS: It is all fun and games until someone loses an eye and all the sorries in the world will not make them see again.

At two o'clock in the morning, this amazing pain was coming from my left eye.

Dr M.D. Nahan: When did the accident happen?

Mr J.M. FRANCIS: It was two weeks ago. In fact, I was in so much pain, I thought, "I have to see someone right now." I covered up my left eye and got in my Kingswood monster truck and took myself down to

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Fremantle Hospital at 2.30 in the morning. I want to put on record how grateful I am to, and how professional and brilliant are, the staff at Fremantle Hospital. They looked at me very quickly; there was not too much of a queue at all. They managed to get the bit of metal out of my eye, which the Minister for Health could not do only six hours earlier, but never mind that. They were absolutely brilliant. The service in public hospitals is outstanding. I have had a few dealings with the hospital system in the four years that I have been a member of Parliament. My mother-in-law was taken very ill and she was treated at Joondalup Health Campus by the member for Ocean Reef's wife, who is a nurse in the intensive care unit. Margie was unconscious for 30 days with a very serious bug that she had inhaled while she was mulching the garden. She is a very lucky lady to have survived that particular incident.

All I can do is hold in very high esteem the quality of care that is delivered by the public health system in Western Australia. The reason I ask what planet opposition members are living on is that I have mentioned in this place before—I will not go through it again—the process of announcements for Fiona Stanley Hospital, which is in my electorate. It is a \$2 billion hospital that is being delivered on time and on budget by this government. I have a tip for the shadow Minister for Health: people do not really care who promises what in politics; they care about what governments deliver. This government is delivering to the people of Western Australia, especially in the health system. In fact, I do not know whom I love the most, the Minister for Transport or the Minister for Health, because both of them have been absolutely outstanding in listening to the concerns of members of Parliament and helping deliver real solutions to the people of Western Australia. Fiona Stanley Hospital was without doubt the most over-announced, but undelivered, public project in the history of Western Australia under the Labor government. There were eight press releases that continually changed the date for when that hospital would be constructed. Make no mistake about it; the people of my electorate know damn well that on election day 2008, not a single bit of work had been done on the Fiona Stanley Hospital site. There was absolutely nothing.

Mr A.P. Jacob: There was a sign!

Mr J.M. FRANCIS: There was a great big sign showing that it was going to be delivered, but not a single bit of work had started on Fiona Stanley Hospital. I have a prediction. I think Fiona Stanley Hospital will be so good—anyone who has been inside that building under construction to look at its progress will agree—and will be filled with the greatest technology that people from all over Perth will want to go there. I think the Minister for Health will have a problem, because Fiona Stanley Hospital will be of such a high standard. No matter how much members opposite want to bag the hospital, the contracting and who is going to do what particular jobs, and no matter how much they want to run it down, I will stand here and run it up. Fiona Stanley Hospital is an outstanding achievement for the people of not just my electorate but all metropolitan Perth. It will be a flagship hospital. It will probably be the greatest hospital in the southern hemisphere. The people of Western Australia should be very proud of the asset that they are about to get on their doorstep.

I want to place on the record my thanks. I know that as Labor members drive down the Kwinana Freeway and see this absolutely brilliant building rising out of the dirt on the western side of the freeway, they think, "It will be so hard to win that seat of Jandakot now". Members opposite would prefer that the project failed—I know that they would. The truth is that the people of the southern suburbs know damn well who is building this hospital and they judge governments on what they deliver, not on what they promise. Make no mistake about it; the health system in Western Australia is in brilliant condition.

Several members interjected.

Mr J.M. FRANCIS: Members opposite should crawl out from under their rocks every now and then and look at some of the public hospitals in Western Australia.

Dr A.D. Buti interjected.

The ACTING SPEAKER (Mr P.B. Watson): Member for Armadale, I formally call you to order for the third time today. I might not be as lenient to the next one who gets four.

MR M.W. SUTHERLAND (Mount Lawley — Deputy Speaker) [3.41 pm]: I concur with the comments made by the member for Jandakot who, fortunately, had the mud taken out of his eye at Fremantle Hospital. I can go one better than that; about a year ago I was rushed out of Parliament to intensive care at Sir Charles Gairdner Hospital. I received very good treatment at Sir Charles Gairdner Hospital, but when they wheeled me out, I insisted that they take the oxygen mask off me because I did not want the Labor Party to think that there would be a by-election for the seat of Mount Lawley!

Several members interjected.

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Mr M.W. SUTHERLAND: I received very, very good treatment at the Sir Charles Gairdner Hospital emergency department. I must say that I do not get complaints from my constituents about the bad state of our health service. To be honest, it is to the contrary. Most people who go to public hospitals tell me that they receive very good treatment in public hospitals and they cannot believe that it is so good.

The government has committed to retain Royal Perth Hospital, which is a great comfort to the people who live in my area and surrounding areas. The upgrade of that hospital will take place once Fiona Stanley Hospital is finished. In the short term \$22 million will be spent over three years to plan for improvements to the hospital.

The biggest problem at present is people turning up to emergency departments to be treated for colds and flu. Last month, 6 500 people presented to emergency departments for flu and cold-like symptoms, which is 2 000 more than last year. The government is trying to divert these people to go and see GPs. There are 38 after-hours GP service clinics in Perth and 50 statewide. There has been an advertising campaign to get people to use these clinics rather than go to emergency departments. The greatest assistance would be for people to vaccinate themselves against flu to prevent them from getting sick.

The member for Swan Hills talked about the Midland Health Campus, which will have 307 public beds and 60 private beds open in 2015. Again, people who live in the eastern suburbs of Perth will have reasonably easy access to that campus, including people like me who live in the Bayswater area.

Another great initiative is the 100 extra community child health nurses. An amount of \$58.5 million is to be invested in early childhood health services over four years. This will nip health problems in the bud. We all know that getting hold of children's problems when they are small certainly makes things a lot easier in the long term. To that must be added the \$1.2 billion children's hospital, which is under construction. The Liberal-National government is doing a sterling job in the health department. I cannot see how there is any consternation about health services.

The Sir Charles Gairdner Hospital mental health clinic will open in November 2012. The \$54 million comprehensive cancer centre and a new PathWest facility at Queen Elizabeth II Medical Centre are also being worked on. We have to come into the real world over here and thank our lucky stars that a Liberal-National government is in power and it will take care of the populace's needs. We know that when the Labor Party comes into office, the carriage goes off the rails. I commend the government's health policy to the house.

DR M.D. NAHAN (Riverton — Parliamentary Secretary) [3.44 pm]: I would like to make a few comments to support what the member for Jandakot said about Fiona Stanley Hospital, and also reiterate the comment that when I go around and talk to people in my electorate —

Several members interjected.

The ACTING SPEAKER (Mr P.B. Watson): Members! Premier, your own member is on his feet.

Mr M. McGowan interjected.

The ACTING SPEAKER: Leader of the Opposition!

Dr M.D. NAHAN: When I talk to people in my community, all they say about the public health system relates to its excellence. Of course, when they drive down the highway they can see the largest hospital in the southern hemisphere being constructed. It is not just the Fiona Stanley Hospital; it is also an oncology centre, an administration centre and so on. Let us put this into context: Western Australia spends more on health than any other state. It spends 25 per cent more per capita than the other states; that is, the expenditure per capita on health in Western Australia is 25 per cent above the national average. That is not bad.

When we came into government there were some problems with the health system. Let me flag some of the things that were highlighted in the run-up to the election. The Australian Medical Association warned about large queues in the public health system and of 300 deaths in waiting because of people having to wait due to a lack of beds in emergency rooms. In June 2008, it was reported that patients had waited 26 hours. A heart attack victim, aged 81 years, was kept on a hospital trolley for 26 hours. In August 2008, there was another report headed "40hr wait in corridor: Health care 'in crisis'".

Mr R.H. Cook: That was in *The West Australian*, was it?

Dr M.D. Nahan: Yes. It is not the member's friend Dave Kelly; it is from an authoritative source.

During the seven years of Labor government, it did a lot of studies. It had a major investigation of the health system, but how many beds —

The ACTING SPEAKER: Thank you, member. Your time is up.

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MR E.S. RIPPER (Belmont) [3.47 pm]: Let us remind ourselves what we are actually talking about. What cuts to services are actually referred to in these documents? They refer to administering anaesthesia; administration overtime in the area of mental health; ordering of tests; mobility aids; patient transport; reduction in the number of hot meals for patients; pressure-relieving mattresses; and hydrotherapy. To stand and quote Paul Armstrong's headlines from 2008 is not really an adequate defence to those issues. So what has the government said? The government has said that there is a massive increase in demand for health services. What is new? The second thing the government has said is, "Look at everything we're doing." There is a problem. The government might be spending more, but if it is compromising the services to individual Western Australians, as it would appear it is from these documents—administration of anaesthesia, for example—there is an issue that this house has to debate. Remarkably, the government said, "Oh, well, these aren't government documents." So far as I am aware, we cannot lodge a freedom of information application with PricewaterhouseCoopers, but we can lodge such an application with the government, and what we get from the government when we put in an FOI application is a selection—not all the documents we ask for—of documents paid for by the taxpayers. It is wrong to characterise this as a consultant's report that the government did not adopt, because these documents show a process under which the South Metropolitan Health Service had a tactical savings group for Fremantle Hospital and for Royal Perth Hospital, but particularly for Fremantle Hospital. The fact that this was official is shown by one of the documents. An email states —

Hi all

Thanks for coming along to the inaugural meeting yesterday ... provided a very positive update to the SMAHS Executive Steering Group this morning re the enthusiasm of the FHHS —

That is, the Fremantle Hospital and Health Service —

group and our great start.

That is an email with the subject "RE: Tactical Savings Team — Week 1 Meeting Notes". It was sent by someone from the Fremantle Hospital and Health Service.

Mr T.R. Buswell: What is wrong with that?

Mr E.S. RIPPER: I am generally dealing with the Premier's assertion that somehow or other our matter of public interest was illegitimate because the documents were not government documents. I am also dealing with the false argument that this was just a consultant's report not acted upon. The documents reveal a process in which government officials were closely involved to make savings or to cut services in those areas that I am talking about.

This is an outcome of poor financial management. This budget, developed by a Treasurer who has since cut and run, is built on quicksand. I have to say that the *Government Mid-year Financial Projections Statement*, which will come down before Christmas, and the resulting *Pre-election Financial Projections Statement* will be very interesting documents indeed. We have already seen analysis of problems in the budget with the iron ore royalty assumptions and the assumptions of the value of the dollar. We also have highly unrealistic expense growth figures—4.2 per cent expense growth—forecast for this financial year after 8.8 per cent the year before and 25 per cent in the first two years of this government. We have efficiency dividends, which no minister can specify; no minister will tell us what is going to happen with these so-called efficiency dividends. Therefore, I predict there will be more of this sort of stuff that has been happening with Fremantle Hospital because the budget is in trouble, it is built on quicksand and there are very many dodgy assumptions that will be chickens coming home to roost for the government.

Mr T.R. Buswell: Which ones are dodgy?

Mr E.S. RIPPER: The dollar value and the iron ore royalties.

All of this is happening at a time of unprecedented federal support for health. We just have to look at the government's priorities. Put money into the future fund, but compromise the future health of Western Australians. Build the waterfront, but cut services for health. Build the "Premier's Palace", but cut services for people in the south metropolitan area. I will say one thing from this debate: I am very, very pleased about the positive support for Fiona Stanley Hospital. I am pleased about that because it is being built with funds that I set aside from the budget surplus in 2006–07. I put those funds into a dedicated account and I am very pleased to see them being spent on a new hospital.

Question put and a division taken with the following result —

Extract from *Hansard*
[ASSEMBLY — Thursday, 9 August 2012]
p4713a-4726a

Speaker; Mr Mark McGowan; Mr Bill Johnston; Mr Roger Cook; Mr Troy Buswell; Mr Albert Jacob; Acting
Speaker; Mr Frank Alban; Ms Adele Carles; Mr Joe Francis; Mr Michael Sutherland; Dr Mike Nahan; Mr Eric
Ripper

Ayes (25)

Ms L.L. Baker
Dr A.D. Buti
Ms A.S. Carles
Mr R.H. Cook
Ms J.M. Freeman
Mr W.J. Johnston
Mr J.C. Kobelke

Mr F.M. Logan
Mrs C.A. Martin
Mr M. McGowan
Mr M.P. Murray
Mr A.P. O’Gorman
Mr P. Papalia
Mr J.R. Quigley

Ms M.M. Quirk
Mr E.S. Ripper
Mrs M.H. Roberts
Ms R. Saffioti
Mr C.J. Tallentire
Mr P.C. Tinley
Mr A.J. Waddell

Mr P.B. Watson
Mr M.P. Whitely
Mr B.S. Wyatt
Mr D.A. Templeman (*Teller*)

Noes (27)

Mr P. Abetz
Mr F.A. Alban
Mr C.J. Barnett
Mr I.C. Blayney
Mr J.J.M. Bowler
Mr I.M. Britza
Mr T.R. Buswell

Mr G.M. Castrilli
Dr E. Constable
Mr M.J. Cowper
Mr J.H.D. Day
Mr J.M. Francis
Mr B.J. Grylls
Mrs L.M. Harvey

Mr A.P. Jacob
Mr R.F. Johnson
Mr A. Krsticevic
Mr W.R. Marmion
Mr J.E. McGrath
Mr P.T. Miles
Ms A.R. Mitchell

Dr M.D. Nahan
Mr C.C. Porter
Mr D.T. Redman
Mr M.W. Sutherland
Mr T.K. Waldron
Mr A.J. Simpson (*Teller*)

Pairs

Mr J.N. Hyde
Mr T.G. Stephens

Dr G.G. Jacobs
Dr K.D. Hames

Question thus negatived.