

MIDWIVES — REGIONS

Matter of Public Interest

THE ACTING SPEAKER (Ms A.E. Kent) informed the Assembly that she was in receipt within the prescribed time of a letter from the member for Vasse for seeking to debate a matter of public interest.

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

MS L. METTAM (Vasse — Deputy Leader of the Liberal Party) [4.16 pm]: I move —

That this house condemns the McGowan government for failing to deliver the services and appropriate levels of specialist staff to ensure all expectant Western Australian mothers can deliver their babies safely and close to home.

It is incredible that we have to bring this debate to the house. It is extraordinary, in a state as wealthy as ours and under a government that promised to ensure that our hospital system would be battle-ready for COVID, that we are seeing such an extraordinary shortage of midwives, leading to a situation whereby services are effectively being cut. Although in question time today the minister played down this cut in services, there is simply no way of spinning the fact that mothers in Carnarvon, in the important North West Central region, have no choice but to make a 1 000-kilometre round trip to Geraldton, or go to Perth, for something that should be an essential service. It is also extraordinary that the minister was unable to state how many pregnant mothers have been affected by this. I know that the member for North West Central will certainly be highlighting the issue as it relates to his electorate as part of this debate. We raised the situation of Bronwyn in question time today. It must be so stressful for mothers like Bronwyn, who, at 36 weeks pregnant, had to make such a trip and then find accommodation, which I understand was particularly challenging.

As I said, it is incredible that we are having to bring such a debate to this place, while the Premier gloats about a \$5.7 billion surplus and talks about other states being green with envy at our state's position. The McGowan government should be condemned for not acting with more urgency, not providing incentives and not taking this issue seriously enough. Mothers in regional areas having to make a 10-hour round trip to give birth is simply inexcusable.

We have asked questions in this place and in the upper house as well, and many questions have been put on notice. As the minister stated in estimates, this is a situation that is impacting all health service providers across the state. There was a significant number of maternity bypasses at our metropolitan hospitals last year. In winter last year, there were 62 maternity bypasses at our metropolitan hospitals because of a shortage of midwives. Midwives have consistently been asked to do more with less. We hear this feedback from midwives, as well. They have raised real concerns about being constantly asked to do double shifts—up to 16 hours on occasion. I will read a quote from one midwife who recently sent an email. According to my notes, the midwife said —

I have now worked in 3 different states across Australia. WA has to be THE most ridiculous health system I have ever worked in. In 2022 they still use volunteers to provide primary emergency response? After 2 years of locking us in to keep us safe to 'prepare', it is even MORE dysfunctional than it was pre pandemic ...

Many of my older colleagues have retired in the last 18mths well before due. We have had enough. The government use smoke and mirrors to deflect and none of us are allowed to say anything.

It goes on. This midwife raised real concerns about patient and health worker safety, as well as burnout. These are very real issues. We can reflect on the numbers. In 2021, there were 34 300 births in WA. That was five per cent up from the year before, when there were 32 677 births. There were an extra 1 600 births, yet the number of midwives has not kept pace with the obvious signs that demand is growing. From July 2020 to June 2021, there was a loss of 40 FTE. We heard through answers to questions that the government had managed to recruit just four FTEs by the end of September last year. This was during the international advertising blitz, which, quite clearly, was not much of a blitz. As I have stated, I asked the minister questions that I thought could have been answered, given the government told us in the estimates hearings that it recognised that this is an issue and what the shortages are, but we have been unable to obtain the current vacancy rate. But the feedback from that midwife and many others who are frightened of speaking up is that they are under extraordinary pressure. It is very concerning that this midwife stated that it is significantly more challenging than they have ever experienced, in comparison with other states.

As I said, last year there were 62 maternity bypasses across metropolitan hospitals alone. We know that in October last year, the community midwifery program was also put on hold. I understand that it is running again, which is good news, but we have had feedback on this. A member of the doula community, Anaya Watts, was recently quoted in the media saying that some women are choosing free birthing because they cannot get into the community midwifery program's home birthing programs and cannot afford the services of a private midwife. This is deeply concerning, and that incident was certainly very concerning from a safety point of view.

Several members interjected.

The ACTING SPEAKER: Order!

Ms L. METTAM: I am just making a comment. This shortage situation has not suddenly popped up. On 18 August last year, in an article on PerthNow, Mark Olson, state secretary of the Australian Nursing Federation, was quoted as saying —

“They saw this shortage coming. They’ve been on a COVID holiday ...

“They sat back behind the border—they knew back then that we were short. They also knew that around 30 to 40 per cent of our nurses and midwives, according to the survey we do with the nurses board every year, obtained their initial qualification either interstate or overseas.

What has the government done about this shortage? We know that for the first 12 months of the pandemic, it did very little. It actually did nothing. The McGowan government blamed the federal government for the national border closure and imposed restrictions on our health workers that were so onerous that many gave up on coming to WA. We heard about the international recruitment blitz, but that took several months to be delivered, because apparently it takes a while for the creatives to do their thing. It is quite extraordinary that it was not delivered until late last year, which raises the real question of why there was such a lacklustre response to this important issue, given we are talking about supporting women and midwives, and our health system as well. The Refresher Pathway Connect program also took a long time. It was initially paused. There was some support for that program, but it was significantly held up until there was advocacy from the Australian Medical Association and the ANF.

As I said, in the recent estimates hearings the Minister for Health stated that every health service provider is struggling with the shortage of midwives, and that every single midwife graduate has been offered a job, but we did not hear how many jobs have been accepted, what is the state of the problem and how many positions need to be filled. At the weekend, the Australian Nursing Federation highlighted real concerns about attracting and retaining current staff from a patient safety point of view. The midwife who sent that email also raised that concern and pointed to what other states are doing. New South Wales and Victoria are both now offering lucrative \$3 000 bonuses for their midwives, as well as three to 3.5 per cent wage rises. The Premier has stated that our staff should be happy with the free rapid antigen tests and electricity rebate that is offered to all residents. Despite being the wealthiest state in Australia—a state that is apparently worth gloating and boasting about—somehow, the McGowan government does not feel that it is appropriate to better support our health workers and midwives. Despite the fact that our health workers and midwives have done the heavy lifting over the last two years and that, according to the Australian Nursing Federation, our nurses and health workers are the second-lowest paid of any jurisdiction, the McGowan government somehow does not feel that there is any urgency in trying to address this issue. We believe that there is. The overwhelming feedback that we are receiving is that the government needs to do more to incentivise health workers to be attracted to this state and not leave to go to other states. That is why we certainly support better incentives for our healthcare workers.

Finally, before other members speak, I will touch on the women’s and babies’ hospital. On this issue, the government will say that we are not to worry because it is building a new hospital, despite the fact it was announced 18 months ago, and, in the budget, there is just funding for a business case. There will be 28 new neonatal beds and an increase of 60 inpatient beds, which is wonderful, but the budget funds only a business case. There is no time frame, no idea on when the works will begin—possibly the end of 2023—no start date and no completion date, so it is effectively a plan for a plan at this stage. How extraordinary that the Minister for Health is unable to confirm whether our flagship maternity hospital will have a family birthing centre sitting alongside it, because apparently it might not be the vibe. What is important? I have heard rumours that the North Metropolitan Health Service has made some comments that the birthing centre might be at Osborne Park Hospital. Given the demand and the need for choice for women, why would our flagship hospital not have a family birthing centre? Why can the Minister for Health not confirm that there will be a family birthing centre there, and that choice will be available for women wanting to birth at the state’s flagship maternity hospital as well? There is a family birthing centre at King Edward Memorial Hospital for Women. Why would that choice not be available at the new hospital? Somehow that option may not be available. It is quite extraordinary to consider the significant gap between the platitudes we hear about birthing choice and the reality on the ground, which is that the issue is still in question. I will leave my comments there as we have other members who would like to speak.

MR V.A. CATANIA (North West Central) [4.31 pm]: I will highlight the state of the health system in North West Central and the trials and tribulations facing people in the north west wanting to have their children in hospital, as the member for Vasse brought up in this house. I will give members some of the distances involved in the area where women are not able to have a child. It is from Geraldton to Port Hedland. They are the two towns.

Mr S.A. Millman: They are not having children?

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Mr V.A. CATANIA: That is the impression that members on the government side like to give—women living between Geraldton and Port Hedland do not have children! We do have children in those towns.

Mr S.A. Millman interjected.

Point of Order

Mr R.S. LOVE: I cannot hear the member for North West Central for the interjections from the member for Mount Lawley, and I ask that you ask him to desist.

The ACTING SPEAKER (Ms A.E. Kent): There is no point of order.

Debate Resumed

Mr V.A. CATANIA: I am trying to give a snapshot of my electorate and other electorates, such as that of the member for Pilbara, where women cannot have a child in hospital—Karratha, Newman, Exmouth, Carnarvon, Onslow or Shark Bay. A woman who lives in Carnarvon has to travel either 470 kilometres south or 900 kilometres south and spend many weeks away. Exmouth is 360 kilometres away from Carnarvon. Members can do the math on that. It is nearly 720 kilometres to Geraldton. Those are the distances I am talking about. I appreciate what the minister said about 100 per cent cost recovery, but it is hard to explain the costs, for example, to a mother with two children who is going to give birth to her third child and has to move down to Geraldton for three or four weeks when her husband works in Carnarvon and her family networks are in Carnarvon, having been born and bred there. Yes, she will get covered for one room, with one bed, but when the family has other kids who need to come down and see their mother, that is not covered. A family should be able to negotiate and have a room that can have a few extra beds. That is what the patient assisted travel scheme covers. It does not cover a two-bedroom apartment, which is needed when a family has kids who need their own bed, or any support network, whether it be the woman's mother, father, aunty, sister, brother, or whomever it may be. They are not covered to have their support network with them, which is the point. A woman may be 100 per cent covered for a room, but if a woman is down in Geraldton or Perth, the accommodation is expensive, unless they can negotiate something that will be covered by the money they are given. It is not 100 per cent covered; if the family needs accommodation that has a kitchenette, a dining room or a lounge that can be as much as possible like home for the next three to four weeks, it will cost them.

The minister is right that it is hard to attract midwives to the north west. We understand that, but the competition for staff in regional WA is great and one of the biggest issues in Carnarvon is being able to attract and retain staff—absolutely! Among the reasons told to me by nurses and the administration in the Department of Health are not only the lack of quality housing but the fear of crime. This is all the way from the Kimberley to Carnarvon, where crime is a big deal. It will be interesting to see how much money the government spends on security patrols to protect the houses that nurses live in. Accommodation is one of the big issues. The Minister for Housing advised that the department will build six new houses in the midwest. Members, the midwest goes from Geraldton to Exmouth across to Gascoyne Junction, Meekatharra, Sandstone and Yalgoo. It is a large area, and only six houses will be built for close to 20 towns in that area! That is the trouble. When it comes to getting police, nurses and teachers, the investment in housing has not been made, hence, it is difficult to attract and retain workers. Carnarvon is in competition with Geraldton and other towns that have new housing, such as Albany, Bunbury and Busselton. The competition is too great; therefore, it is hard to attract and retain workers. That is the real reason that we do not have services so that women can have a child in Carnarvon. The health service goes on. I hope we can fix this. I hope the new member for North West Central can put pressure on the government to deliver more than one nurse each for Yalgoo, Cue, Coral Bay and Sandstone because, to attract and retain staff, those areas need at least two nurses so one person does not have to work 24/7. I know the government says that it is hard and it is offering money to attract staff, but if it offers incentives to staff, it will be easier to attract and retain nurses. The Western Australia Police Force moved away from having one police officer per station for similar reasons—safety, mental health, ability to speak to someone else in the profession and not having to work 24/7. That is a snapshot of the distances and some of the issues we face in what is a health crisis in the electorate of North West Central.

MR R.S. LOVE (Moore — Deputy Leader of the Opposition) [4.38 pm]: I reiterate the words of the member for North West Central about the underlying problems that are causing difficulty in recruitment and retention of staff in his electorate and many other parts of the state—crime, worker burnout, housing and working conditions. This situation has not suddenly manifested; it is the result of a number of years of neglect by this government to ensure an appropriate workforce to properly staff the centres that members have outlined that are not able to provide services. What we have heard is that from Geraldton to Port Hedland, it is not possible for women to safely give birth. They have to move to other places with great consequence to their family in not only money, but also the distance they have to travel, which pulls families apart for weeks at a time. It also has great consequences on young families because it causes a lot of problems in how parents are to look after the remaining siblings, where they will be accommodated and how the parents can work together to ensure that their family is safe and whole. These situations have manifested in Carnarvon quite recently, but we have known that there has been a workforce

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shortage problem throughout the midwest for years and years. In fact, Hon Martin Aldridge, our regional health spokesperson in the other place, has highlighted how he tried to get the government to address this issue some time ago. There is an ability to train staff in Geraldton. There are hospitals and excellent training facilities in Geraldton, and it was Hon Martin Aldridge's proposal that people be trained to provide regional midwifery services because, as we know, people who come from the regions are more likely to stay in the regions. I know that all the medical workforces in the midwest have been stretched for years because there has not been a serious attempt to address the real problem, which is shortages in the workforces.

Hon Martin Aldridge wrote to the then Minister for Health. This matter of public interest is not just about condemning the Minister for Health, who is quite new. It is about the series of events that have been rolling along for the five years of this government that has led to this situation. Hon Martin Aldridge wrote to the former Minister for Health, the member for Kwinana, imploring him to back a plan by Geraldton University Centre to train regional midwifery students in the regions. He wrote that 75 per cent of midwives work in the metropolitan and south west regions, leaving the vast remainder of the state with the rest. He said in a press release put out earlier this month —

The GUC plan was sound, training country students for country jobs.

The plan never got off the ground because the McGowan Government never supported the training places that were needed for students to gain experience in public hospitals across WA. Minister Cook went further and advised me that in 2018, there was 102 students who applied for 46 graduate places, demonstrating that we were in fact training too many midwives in WA.

Funny about that; there do not seem to be too many midwives in Western Australia at the moment. How short-sighted of the government to offer only 46 places when 102 potential students came forward. The press release continues —

Fast-forward three years and we are now telling mums ... to travel almost 500 kilometres from their family, their home, their support network and their community because we have a crisis in our health system.

That is the situation in Carnarvon.

Over the years, we have seen a retraction in the number of places that can offer midwifery services in local communities. Clinical practices have changed and there is more of a tendency for women to go to larger hospitals. I understand that. But in the case of Carnarvon, that is a bridge too far. Where I come from, it has been the norm for many years for women in the wheatbelt areas and the lower parts of the midwest to go to Perth to have their children. My eldest child is now 30 years old. It was about the time of his generation that they stopped offering obstetrics at Moora Hospital. Pretty well every generation since then has been born in Perth. We understand that when an area is reasonably close to a large centre like that, it is probably the appropriate thing to do. But, again, demonstrating a lack of concern about the community and services for women in this position in country WA, when this government first came to office, it cut what was a carefully considered program that the WA Country Health Service had put together to provide "hospitals without walls" throughout the expansive area of the coastal wheatbelt that I represent—areas that do not have many facilities and services that are available in many other more traditional wheatbelt areas.

That program, which had \$22 million attached to it, was called the Turquoise Coast Health Initiative. One of the first acts of this government was to cancel that program. I can advise members that the program was going to provide a community-based midwife who would provide comprehensive antenatal and postnatal care locally to decrease the need for women to travel long distances to access services, thereby reducing the risk of missed appointments, decreasing travel costs and minimising time away from home, work and family. It accepted that women would probably have to go to Perth or Geraldton to give birth, but they would not necessarily be without a service in their home community. The model was designed to ensure continuity of care across the antenatal and postnatal stages of a woman's pregnancy, shared care with a GP, linkages with metropolitan hospitals to enable early discharge and face-to-face clinical and education services via telehealth, leading to safer planned birthing and postnatal outcomes. On the face of it, one would think that that is a valuable thing to do, but this government did not seem to have any concern about cutting that program and a plethora of services that would have served those communities well, because that was one of the first acts it undertook when it came to office.

MS A. SANDERSON (Morley — Minister for Health) [4.46 pm]: I rise to respond to the motion moved by the opposition on the provision of maternity services in Western Australia. I will address some of the misinformation that has again come from the other side. I will start by calling out one of the most disgraceful and disgusting things I have seen in this place—that is, the attempt by the member for Vasse to politicise the death of a baby during a homebirth. That is what she did and it was absolutely disgraceful.

Withdrawal of Remark

Ms L. METTAM: The minister is clearly misrepresenting my comments and I ask her to withdraw.

The ACTING SPEAKER (Ms A.E. Kent): The debate will proceed but everyone needs to be mindful about the sensitivities of this discussion.

Debate Resumed

Ms A. SANDERSON: I completely agree; we have to be mindful of the sensitivities. I stand by my comments about the member for Vasse's conduct in this place in that particular circumstance in trying to somehow link it to the performance of the government, which is exactly what she did. If you want to debate me on birth choices, member for Vasse, bring it on—bring it! There has never been a health minister more passionate about birthing choices in Western Australia than I am. I can hand on heart tell you that there has never been a health minister who cares more deeply about this issue than I do. The reasons that women make particular choices are not about funding. That is a whole other debate, and I will take you on any day in that debate with no hesitation whatsoever. It is a far more fundamental issue around how women are treated in the medical system—that is what that is—and you do a great disservice to the women and midwives who feel strongly and passionately about that issue and who campaign and advocate for greater choices every single day. You do a great disservice to them.

The nonsense campaign that the member for Vasse is trying to confect around the fact that there will not be a family birthing centre is completely dishonest as well. Let us just lay out the facts, which I know the member does not like to appreciate often. When the family birthing centre was developed 30 years ago, it was cutting edge and a fantastic birthing option for Western Australian women. We had only one main maternity hospital Perth, and that was King Edward Memorial Hospital for Women in Subiaco. To have a family birthing centre next to an obstetric hospital in Perth, we did not get to choose where it went. It went in Subiaco. Is that where the growth and the need is now? It is western suburbs focused. The reality is that the growth is in the northern corridor.

What we will do as a government is talk to midwives and women, as we want to know from women what they want. What do the numbers say? What does the data say? What are the barriers to women accessing the family birthing centre? They are far more fundamental than the funding as outlined by the member for Vasse. They are around medical exclusions. Women get caught up in a range of medical politics when accessing those services. The member for Vasse should be very careful about the words that she uses and how she works through this issue. We will talk to the women of Western Australia and ask them where they want it and what they want. What a fantastic and incredible opportunity. I am so excited about this women's and newborns' hospital and putting women at the forefront of decision-making at that hospital. My commitment as minister is to put women at the forefront of the decision-making on that hospital, such as where it goes and the services it provides. That is the most exciting project that I will work on in my time as minister, and it is a fantastic project of this state. That is exactly what we will do. The member should not be confecting campaigns and pretending she knows about something when she exposes her ignorance with her politicisation and her comments on issues that are fundamental to the way women are treated in the medical system.

On the matter of Carnarvon and birthing services and country health, there has been a consolidation of birthing services in Carnarvon. Post-natal and prenatal care are still occurring in Carnarvon. An enormous amount of support is provided for the midwifery and obstetrics emergency telehealth service as well. There are four FTE midwives in Carnarvon. In order to provide a midwifery group practice 24 hours a day, we need a lot of midwives to fill that practice because women obviously give birth at all times in the night and day; people have to work shifts and it has to be safe. We need a lot of midwives. We also need a GP who is trained in obstetrics. They are like hens' teeth right now. They are in high demand. People are not choosing GP as a practice and they are certainly not choosing what is called procedural GP—that is anaesthetists and obstetrics. They are critical to the work that we do and certainly to delivering safe birthing choices closer to home.

This problem is not new; the member for Moore is quite correct in that sense. It is not new, and we absolutely understand that whittling down of the rural speciality pathways has been years in the making; it operates on a thin model. Because of that, WA Country Health Service developed the real generalist pathway program to provide ongoing support and GP monitoring so that we can deliver more GP obstetricians and anaesthetists in the regions. It will take around five years for that to bring enough GPs and obstetricians to make a big difference in those communities, but those places are funded and supported and they are absolutely part of the provision of health care in the regions.

We are also looking at additional strategies to support increased exposure to rural settings of GPs wishing to complete their advanced training, and to provide incentives. We advertise vacancies consistently and constantly. There are very significant incentives for medical professionals, clinicians, midwives, nurses and GPs to work in the regions. In Carnarvon specifically, there are around 100 births a year. It is very difficult for midwives to maintain their currency of practice with that number of births. A midwife has to deliver a certain number of births to maintain their currency of practice and to continue to practise the kind of midwifery they want to do. It is just a reality of the numbers. If we have a genuine commitment to continuity of midwifery care, then we need a certain number of

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births to have a stable workforce in the midwifery pool. That is just the reality so that they can maintain their practice and they can continue to be safe in the work that they do.

This government is absolutely committed to midwifery group practice. It provides a very high quality and cost-effective midwifery model, and we are working through increasing the midwifery group practice across the state. We just introduced one into Margaret River. We just introduced the Aboriginal midwifery group practice at King Edward and we are very committed—I am very committed—to working with Aboriginal Medical Services, which has superbly trained midwives, and supporting their women, but they do not have access to the state hospitals when women go in and give birth. I think a very sensible step forward is to work with those midwives and look at giving them admitting rights, so that they can support those women all the way through their births. That is a genuine continuity-of-care model that would be culturally safe for Aboriginal women. There are a lot of opportunities and challenges in that rural obstetric healthcare area.

The operational plan for the Carnarvon midwifery group practice has 24-hour cover with midwives, a medical officer of obstetrics, a medical officer of anaesthetics and theatre nursing staff, all of whom are incredibly difficult to source at the moment despite ongoing advertising and incentives. We are also upskilling nursing staff to theatre roles to enable them to fill those roles, and we continue to work to fill those gaps around obstetrics and anaesthesia.

It absolutely has an impact on women's family. Women want to give birth close to home, close to their family and close to the midwives. There are around 39 bookings from June to September—10 are high-risk and six are moderate risk. The midwifery group practice will work with all those women on their birthing plan, who they need with them and whether there is suitable accommodation. They are not lobbed into Geraldton with no planning, as the member for Moore has intimated. If that is the case, we certainly want to hear about it. But WACHS is absolutely committed to providing important services to these women and their support networks, importantly.

During the interim measure, 26 women were transferred and have been fully recompensed—100 per cent—for travel and accommodation expenses. To say that they were covered only by the patient assisted travel scheme is not right; they were covered well outside PATS. One hundred per cent of their expenses were covered. The opposition has claimed in the media and in this place, all sorts of things, such as that women are out of pocket and they are having to pay. WACHS is going back to every woman who has given birth in Geraldton or Perth since that scale-down to check whether they have any outstanding costs. It is going back to the women to make sure that they have any outstanding costs covered. That is an outstanding service from the WA Country Health Service under exceptionally difficult circumstances.

The opposition say that somehow the government has ignored the staffing crisis. We have a global healthcare workforce shortage. Health care was already the expanding area of employment for the future. We throw on top of that a pandemic with the dislocation of families and people due to closed borders. It has exacerbated what is a global issue and one that we are absolutely grappling with. Every single midwifery graduate in Western Australia was offered a job. I think most of them went to King Edward because that is the flagship maternity hospital. That has frustrated other hospitals, but the reality is that that is where they chose to go. We are recruiting. We have the \$2 million Belong campaign. We are absolutely recruiting through that campaign. Our overall WA Health FTE has increased by around 10 per cent overall and clinical staff by 15 per cent. There is no other public sector agency that has seen an increase like that. I have a lot of frustrated cabinet colleagues who would also like to see their public sector agencies' staff numbers increase by that amount. We are absolutely focused on recruiting into the WA health system. We do it with good salaries and generous incentives in the regions.

This idea that we put onerous restrictions on healthcare workers coming into Western Australia from overseas is I think referring to the quarantine requirements that kept everyone safe. It is a bizarre criticism to make that we would make people quarantine before coming into Western Australia.

Ms L. Mettam interjected.

The ACTING SPEAKER: Minister, are you accepting interjections?

Ms A. SANDERSON: I am not—they are not worth responding to.

The ACTING SPEAKER: Member for Vasse, you have had your opportunity. Let the minister continue.

Ms A. SANDERSON: A range of strategies is also in place in the department for the rapid deployment of healthcare teams into regional areas to make sure that there is continuity of healthcare services in those areas. There is also the rapid deployment pool for the health service providers. The Department of Health has coordinated with other HSPs to draw from their workforce and put them out into country areas where they are required to ensure continuity of service. That is the most important thing, along with the safety of the health care that is being provided. I have no question about the challenges that birthing a long way from home brings, but the most important thing is that

everyone is safe, and if the safest place to give birth is Geraldton, that is exactly what needs to happen until we can fill those gaps.

The WA Country Health Service works very closely with expectant mothers on their birth plan, their requirements, their costs and how we can help to support them. Geraldton Health Campus is an outstanding hospital. It stepped up when St John of God Geraldton Hospital temporarily suspended its maternity services. It is not a failure of planning; it is a lack of adequate staffing. St John of God could not secure enough midwives in the midwest. To say that this is entirely the fault of the public health system is absolute nonsense. I want to address the material that has been put out by the opposition, particularly in the media. The Leader of the Opposition went on ABC Pilbara and spread misinformation that birthing mothers are required to pay for travel and accommodation at their own expense. This is not true. I can see that the campaign for the seat of North West Central has already started, and the body is not even cold! The Leader of the Opposition needs to get her facts straight. It is just absolutely not true.

There is no question that there are barriers to international recruitment that are outside of the state's control. The federal government has not taken any notice whatsoever of the work that is required to develop the national healthcare workforce. We saw that in aged care. The workforce was whittled down until the sector was in crisis. No work has been done nationally around what we need to do to incentivise and make it easier for healthcare workers to come through the system. We are absolutely committed to training and supporting our own workers, but we have an urgent need right now. Instead, the federal Liberal–National government pitted states against each other. That is where we are at now—we are competing with Victoria, Queensland and South Australia—when we need the federal government to bring everyone together with a plan to streamline immigration and national registration. The barrier that I hear about from people trying to come in is around registration. It is not that the state is throwing up onerous hurdles and challenges; the problem is that the registration process for doctors, nurses and midwives is really tough. Other countries are doing it better. They are being proactive. They are setting up one-stop shops for registration and immigration papers. We need some creative thinking and ideas, and cooperation with the commonwealth. I am looking forward to sitting down with the commonwealth.

The member for North West Central mentioned a range of remote nursing posts that need two nurses. We have two nurses at each one, except Yalgoo. The WA Country Health Service is providing two nurses at all those nursing posts, except Yalgoo, where it has not been able to do that, but it is working through how that can be done. I make the point that the National–Liberal government failed in its eight and a half years in office to provide two nurses, but this government is providing two nurses at those nursing posts. We agree that there are health and safety issues and that it is more attractive when a nurse has a partner there and can take leave. We have done that. To say that somehow the service in Carnarvon has been cut is wrong. The funding is there. The will is there, and the work is going on to fill that role. The reality is that it is absolutely challenging to fill those roles.

The McGowan government has an absolute commitment to maternity services in Western Australia. I am making it a personal mission to expand the birthing choices for women in Western Australia. I am trying to find evidence of the shutdown of the community midwifery programs that has apparently happened. I have asked my office to find evidence of that, and we are struggling to find that evidence. We will support the expansion of those programs, but we need to get through the challenges that we have with a global workforce shortage in midwifery. We urge members opposite to, for once in their lives, be constructive, stop spreading misinformation, stop frightening women who are about to give birth, and stop spreading lies about the family birth centre. Member for Vasse, just do not talk about things that you do not know about.

MS L. DALTON (Geraldton) [5.06 pm]: I also wish to speak in strong opposition to this motion, and concur with a few of the things that the minister has raised. We know that there are wideranging initiatives and major investments over the next four years, which highlight how big Western Australia's footprint is and reflect the far-reaching healthcare services delivered to Western Australians each and every day. I want to go over a couple of points about a few of those investments. There is \$30.1 million for 18 additional paid paramedics and six additional ambulances in regional WA, delivering on the election commitment. There is \$18.5 million to expand the WA Country Health Service child and adolescent mental health service frontline workforce across seven regions. We have \$10 million to expand the Pilbara Health Initiative to deliver specialist paediatric, cancer, haematology, stroke and neurology services at Karratha Health Campus and surrounding sites. A sum of \$11 million from a total \$55.8 million investment is allocated to ensure that there is a registered nurse 24/7 at a major regional emergency department. To say that there is very little investment in regional health is a stretch.

One of the main things that I want to talk about is the fabulous investment that the McGowan Labor government has made into the Geraldton Health Campus, which includes an additional \$49.4 million to meet the rising costs of labour and materials needed to progress stage 2 of the regional health campus upgrade. This will take expenditure on the whole project to \$122.7 million, which is a great investment in the health and wellbeing of Geraldton, midwest and Gascoyne residents and in support for our crucial healthcare workforce. This is one of the single biggest

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investments into this facility since the Gallop government. So far, we have seen completed the \$10.2 million step-up, step-down facility that opened in 2021, enabling works for engineering services, utilities and car parking, and a reconfigured main entry and ambulance bay. Part of the next stage of the redevelopment will include an expanded emergency department, a new intensive care unit, a co-located and redeveloped high-dependency unit, and a new integrated mental health service inclusive of the adult mental health inpatient unit and mental health short-stay unit.

Along with three generations of my family, I live in Geraldton. I love our lifestyle, and I wish to see our population thrive. To do so, we need to be assured that services supporting our health and wellbeing are of top standard, and fit the needs of our growing population. This is what our government is committed to doing. I have presented at and used our regional hospital many times. I had my babies there and I have to say that I, along with other people from Geraldton and the midwest, received exceptional care from our midwives and the midwifery unit. I want to commend the midwives who stepped up when St John of God closed its midwifery service. They and the whole WA Country Health Service team stepped up and took on extra patients openheartedly and welcomingly.

Many promises were made prior to 2017 about Geraldton hospital by past and current Liberal and Nationals members. I am really proud that I am a member of the government that is finally going to deliver on those promises. It is important to remember that Geraldton Health Campus continues to deliver an excellent level of care and that the construction works have been designed to minimise disruption to patients, the staff and the community. Geraldton has, and will have into the future, a regional health system with terrific doctors, nurses and allied health staff, as well as many other staff who work there, delivering quality care for regional people. I am proud to stand here as a member of the McGowan government that continues to deliver for the regions, particularly my electorate of Geraldton.

MS M.J. HAMMAT (Mirrabooka) [5.11 pm]: I also rise to speak in opposition to the motion that the opposition parties have moved today. When I saw it, I thought it may be good to have a discussion about women's health issues, because I, for one, would welcome that. I know that the minister is a passionate supporter of women's health issues, as she has already outlined. To be honest, I was somewhat surprised, because it is not as though the Liberal–National opposition has any kind of track record on women's issues broadly. It seemed surprising to me that it would want to go hard on this.

Several members interjected.

Ms M.J. HAMMAT: I am not taking interjections because there is so little time.

I was surprised, but I thought it was great, because there should be much more focus on women's health issues. Once again I was disappointed by the contributions that came from the corner this evening. I reflect that the member for North West Central is not going to be with us for much longer, but instead of talking about women's health issues, unfortunately, he took the opportunity in this debate to once again run down the town of Carnarvon by reflecting on crime and security and generally casting that town in a very poor light. I hope that the next member who comes to this place from that community is a strong and passionate advocate for the town of Carnarvon and the whole electorate because those good people deserve much better from their representation in this place.

Time is limited and I know that others want to speak, but I want to make a few comments. First of all, I want to say how proud I am to be part of a government that has made a real commitment to delivering a wide variety of solutions and opportunities on the matter of women's health. I commend the minister for her excellent work in this area. The McGowan government takes the matter of women's health seriously. It was the McGowan government that was committed to making sure that women had access to the full range of services at Midland Health Campus—an issue that is important to women in this state. The Liberal–National government not only locked out certain services at Midland hospital for women who want and need them, but also did nothing to address it. The McGowan government is investing \$1.8 billion in a new women's and babies' hospital. It will be a fantastic new facility that will make an incredible difference to women and their families in this state who are looking for a range of options for giving birth.

As we have talked a bit about staffing issues in this debate, it is important to reflect on the performance of the Liberals and Nationals when they were in government. I remember when they were last in government. I know that they cut staff. That was the track record of the opposition parties when they were in government. There were big cuts right across the public service, including in the health area. The McGowan Labor government is investing in increased staffing in our health system. The minister outlined that there will be a 10 per cent increase. There have been many other debates in which we have outlined the whole range of new initiatives being taken through our commitment to increasing necessary staff and targeting where and how we find them. There is a \$2 million advertising campaign to find the staff we need. There will be an increase in the number of staff. I think there were 1 100 new graduates in 2021, and 1 200 are due to be recruited in 2022. This is a government with a commitment to increasing staffing numbers in our health system, unlike the previous Liberal–National government, which took the opportunity only to make cuts in our health sector.

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The motion we are dealing with tonight is a bit rich and, frankly, a bit disappointing. Let us think about the performance of the Liberals and Nationals on hospitals more broadly. It was the Liberal–National government that brought us lead in the water at the children’s hospital. What a disgraceful outcome.

Several members interjected.

The ACTING SPEAKER: Order!

Ms M.J. HAMMAT: Let us not forget the asbestos in the roof. What an absolute disgrace. What a mismanagement of our health system. They could not implement the project and could not build a safe hospital for our children.

Several members interjected.

The ACTING SPEAKER: Member for Cottesloe!

Ms M.J. HAMMAT: There is too much noise from the corner.

The ACTING SPEAKER: The member for Mirrabooka has the call.

Ms M.J. HAMMAT: That is right, and precious little time, member for Mount Lawley.

They could not build a hospital and they cut the staff in hospitals. They could not open that hospital because of the manifest problems in that organisation. This is a government that is committed to our health system and to women’s health and is taking a number of steps to deliver in that area, unlike when this lot was last in government. It is no surprise to me that they have been reduced to the rump in the corner in this place. The people of Western Australia understand that too. They want a government that is committed to health.

Western Australia is a very large state and I think the minister made an excellent contribution tonight in outlining the steps that are being taken to ensure that women in our regional areas have access to the services they need. Recruitment is a challenge not just in the health sector, but also, in fact, in many industries and in many places, not just in regional areas around Western Australia. We have one of the lowest unemployment rates we have ever had. Recruitment of staff is a challenge at the moment. It is a good problem in that we have record low unemployment.

Division

Question put and a division taken, the Acting Speaker (Mr D.A.E. Scaife) casting his vote with the noes, with the following result —

Ayes (4)

Dr D.J. Honey	Mr R.S. Love	Ms L. Mettam	Mr P.J. Rundle (<i>Teller</i>)
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Noes (41)

Mr S.N. Aubrey	Mr M. Hughes	Ms L.A. Munday	Dr K. Stratton
Mr G. Baker	Mr H.T. Jones	Mrs L.M. O’Malley	Mr C.J. Tallentire
Ms L.L. Baker	Ms E.J. Kelsbie	Mr P. Papalia	Mr D.A. Templeman
Dr A.D. Buti	Ms A.E. Kent	Mr S.J. Price	Mr P.C. Tinley
Mr J.N. Carey	Dr J. Krishnan	Mr D.T. Punch	Ms C.M. Tonkin
Ms C.M. Collins	Mr P. Lilburne	Mr J.R. Quigley	Mr R.R. Whitby
Ms L. Dalton	Ms S.F. McGurk	Ms R. Saffioti	Ms S.E. Winton
Ms D.G. D’Anna	Mr D.R. Michael	Ms A. Sanderson	Ms C.M. Rowe (<i>Teller</i>)
Ms E.L. Hamilton	Mr K.J.J. Michel	Mr D.A.E. Scaife	
Ms M.J. Hammat	Mr S.A. Millman	Ms J.J. Shaw	
Mr T.J. Healy	Mr Y. Mubarakai	Mrs J.M.C. Stojkovski	

Question thus negated.