



# Budget must ward off winter blues

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**W**estern Australia recently received the first details of the State Budget, including a substantial new commitment to health infrastructure through the Building Hospitals Fund. The announcement of an additional \$500 million, amongst a total of \$1.5 billion in new money, is a timely reminder that our hospital system remains under extraordinary strain; and that investment decisions made now will shape patient care outcomes for years to come.

Any additional funding directed towards hospital infrastructure is welcome. WA's public hospitals are operating under relentless pressure, with demand continuing to outpace capacity. New beds, upgraded facilities and essential maintenance funding are clearly needed.

However, as the AMA (WA) has consistently emphasised, bricks and mortar alone will not fix a system under stress. Infrastructure investment must be accompanied by a fully funded plan to staff and safely operate new facilities from day one.

This Budget arrives at a pivotal moment. Winter in WA is no longer a short, predictable surge; it has become a prolonged period of sustained pressure, layered on top of a system already stretched thin throughout the rest of the year. The Government's Winter Strategy acknowledges this reality, but success will depend on whether funding decisions translate into real, operational relief. Without meaningful expansion in staffed capacity, winter measures risk being little more than temporary patches over structural cracks.

The experience of winter 2025 still looms large for our members. Emergency departments were overwhelmed, ramping reached unacceptable levels, and elective surgery backlogs grew. These pressures were not the result of a single bad season; they were the predictable outcome of years of workforce shortages, ageing infrastructure, and rising demand.

A Budget that meaningfully addresses winter preparedness must focus on reducing avoidable hospital admissions, improving patient flow, and ensuring safe staffing levels across all settings.

The additional \$214 million allocated for hospital maintenance is especially important. Many WA hospitals – particularly older metropolitan sites and regional facilities – are grappling with deteriorating buildings, outdated equipment, and repeated infrastructure failures.

These issues directly affect patient safety and disrupt care delivery in already stretched services. Likewise, our members and, for that matter, all medical professionals deserve to work in settings conducive to the continued delivery of quality care to their patients. Maintenance investment may lack the visibility of new builds, but it is critical to keeping hospitals functional, safe, and fit for purpose.

There are also legitimate concerns about cost escalation so soon after major projects were announced. While rising construction and fuel costs are a reality, rapid blowouts underscore the need for transparent costings and clear accountability. In uncertain global economic times, it is essential that infrastructure spending does not inadvertently divert resources away from frontline care.

A significant portion of the announced health infrastructure package has yet to be publicly allocated. The AMA (WA) is calling for a clear breakdown of how these funds will be spent, so the community can be confident this investment delivers tangible improvements in patient care. Transparency is not optional, it is fundamental to trust.

We trust there will be full disclosure when the 2026-27 State Budget is handed down. Critically, none of this will succeed without investment in people and the contributions of our members and all healthcare workers, particularly as we approach the winter months.

New beds without doctors, nurses and allied health staff will sit empty. Workforce shortages remain the single greatest constraint on our system's capacity to respond to winter pressures, population growth, and increasing clinical complexity. Recruiting, retaining and supporting the medical workforce must be a centrepiece of Budget planning, supported by guaranteed recurrent funding and safe, sustainable working conditions.

As always, the AMA (WA) will continue to advocate for policies and funding decisions that put patients and healthcare workers first – because without both, our system cannot succeed.

In closing, I would like to acknowledge the contribution of former AMA (WA) CEO Dr Bennie Ng. Bennie's leadership, integrity and unwavering commitment to our members and the wider profession have left a lasting mark on the organisation. On behalf of the membership, I thank him for his service and wish him every success in the future. ■