

WOMEN'S AND BABIES' HOSPITAL — RELOCATION

**674. Ms L. METTAM to the Premier:**

I refer to the latest comments from the president of the Australian Medical Association, Michael Page, regarding this government's reckless decision to relocate the new women's and babies' hospital to Murdoch. He stated that a tertiary maternity hospital that sits in isolation from paediatric tertiary facilities is not world-class and will have worse outcomes for the state's sickest neonates and adults compared with other jurisdictions. How can the Premier continue to justify such a decision that short-changes WA against the world's best clinical practice?

**Mr R.H. COOK replied:**

I acknowledge all the clinicians who have an input into this decision and the process led by the director general of Health, Dr David Russell-Weisz. It is a process of clinical engagement to understand the levels and nature of the concerns that people have as a result of making this difficult but important decision. The irrefutable evidence shows that it would be irresponsible to proceed with the building of the new \$1.8 billion women's and babies' hospital at the Sir Charles Gairdner Hospital site. As someone who learnt a lot of my ideas from health around the Reid report, I understand the initial vision that was put into that. Part of that vision was that we should develop the women's and babies' hospital on the QEII Medical Centre site and then see about the opportunities to develop a paediatric hospital and move Princess Margaret Hospital for Children to that site as well.

The previous government made a decision to go for the political play, which was to move the children's hospital in the first instance, contrary to the initial vision of the Reid review. I do not know about the wisdom of that decision, but there was an absolute consequence of that decision; that is, it is simply too constrained and too difficult to develop the women's and babies' hospital on that site in a time line that is respectful of the Western Australian public. The business case showed that if we were to develop it on that site, it would take 10 to 20 years because it is so constrained and complex. To add to that complexity is the decision by the previous Liberal-National government to privatise the parking arrangements at that site. Every time we turn off a car park, we have to compensate the company associated with that contract. Let us say we wanted to build the hospital on one of the sites on which there is currently a car park. Every day that car park is no longer a car park, we pay for the privilege of using that site.

**Ms R. Saffioti:** And they get the automatic rights to any car park.

**Mr R.H. COOK:** That is right. Let us assume that we stepped further down the road and built more car parks there to accommodate the new hospital, we then have to provide the contract for those car parks to the same company so it can continue to collect money on the back of it.

We share everyone's frustration—the clinicians, the administrators, the leadership of the Department of Health—as a result of these circumstances. The opportunity now is to make a deliberate decision that will bring the women's and babies' hospital forward significantly. It will be delivered years earlier, stopping 10 to 20 years of unacceptable patient and staff disruption. It is more cost effective. The Charlies site is more than \$228 million over-budget. It will provide a significant boost to the facilities at Osborne Park Hospital—it is a great opportunity for that hospital—and will continue to build neonatal cots at Perth Children's Hospital. The proximity to Jandakot Airport means that regional residents requiring emergency services will be able to get acute levels of care much quicker because they will be able to access those services at the Fiona Stanley Hospital site.

The government continues to consult with clinicians about what services for women and their babies will look like in the future. However, no amount of consultation would have changed the responsible decision that had to be made to move it to a site at which we can develop the hospital in much faster stead and at which we can provide a better level of service. Of course, do not forget that Fiona Stanley Hospital is already a site that delivers over 3 500 babies each year. There is a significant level of activity there that needs support as well.

If we had our druthers, would we have moved the women's and babies' hospital to the QEII site before we did the children's hospital? Maybe—and maybe we would be having a different debate today. But they are not the cards we have been dealt. We have a hospital that is highly constrained and that already has a children's hospital on the site that was once anticipated for the new women's and babies' hospital, and we have a contract that sits like an albatross around our neck that basically handcuffs us financially in relation to whatever we want to do at QEII hospital. I do not get a great deal of satisfaction out of it. I enjoy criticising members opposite for it. Unfortunately, that is of little consequence. We have to get on and make sure that women's and babies' hospital services are improved as a matter of priority. The only way we can get this happening as a matter of pace is to move it to the Fiona Stanley Hospital site. I commend the leadership of the Department of Health, which is working concertedly with clinicians to understand how we can continue to make sure that decision is a success.