

Mr Mark McGowan; Acting Speaker; Dr Kim Hames; Mr Paul Papalia; Mr Chris Tallentire; Ms Janine Freeman; Mr David Templeman; Deputy Speaker; Dr Janet Woollard; Ms Alannah MacTiernan; Mr Tony O'Gorman; Ms Rita Saffioti; Mr Martin Whitley

ROYAL PERTH HOSPITAL PROTECTION BILL 2008

Second Reading

Resumed from 27 November 2008.

MR M. McGOWAN (Rockingham) [5.43 pm]: I am pleased to rise to speak to the Royal Perth Hospital Protection Bill. I have looked at the legislation; it is very brief. I understand the point of it is to ensure that there will be a hospital on the site of the existing Royal Perth Hospital into the future. There is a grave misunderstanding—perhaps that was the previous government's fault—about the position of the former government on Royal Perth Hospital. Under the former government, there would be a hospital into the future on that site. There was absolutely no doubt that that was our policy.

Mr C.J. Barnett: Your original policy was to have no hospital there—you changed your mind.

Mr M. McGOWAN: As the Premier knows, the north block of Royal Perth Hospital was constructed in the late 1970s to early 1980s. As I recall, it sat empty for a period before it was fitted out. The hospital was completed in the mid-1980s by the then government. My brother-in-law was in Royal Perth Hospital for a long time recently, after a serious motorcycle accident, so I have been there on a number of occasions even though I have never been a patient at the hospital. The non-north side of the hospital is old and run down and has been added to on a number of occasions. When the health plan, or the Reid report, was put forward under the former government, the idea was that we would retain a hospital—certainly including the north block of Royal Perth Hospital—but we would also build a new hospital, the Fiona Stanley Hospital. As members would know, the entire construction cost of the Fiona Stanley Hospital was provided for in the budget. Fiona Stanley Hospital will provide a state-of-the-art facility—as was said, the best hospital in Australia; and I have no doubt it will be. I am pleased to see that the new government has endorsed that proposal. But there was always going to be a hospital on the Royal Perth Hospital site under the former government. Perhaps we should have communicated that a little better and that is probably our mistake. There will be a hospital on the site into the future.

In relation to the Royal Perth Hospital Protection Bill, as members know, it guarantees a hospital on the Royal Perth Hospital site. I ask the logical question: what about all the other hospitals? Why are they not guaranteed? The Rockingham-Kwinana District Hospital in my electorate is one of the most important public facilities in our community. Why is our hospital not guaranteed? What is different? In the case of Joondalup hospital, why is that not guaranteed? In the case of Fremantle Hospital, why is that not guaranteed? In the case of Osborne Park Hospital, why is that not guaranteed? Why are all those hospitals less important than Royal Perth Hospital? Sir Charles Gairdner Hospital—why is that not guaranteed? The list goes on. That is an important point that needs to be raised. Why do those hospitals deserve any less legislative protection than that provided for Royal Perth?

Mr C.J. Barnett: They were not under threat as Royal Perth was.

Mr M. McGOWAN: The natural conclusion that one can draw from the fact that the government is prepared to protect only one hospital is that the others are under threat. That is the logical conclusion, if one has a sense of logic. I want to see the Rockingham-Kwinana District Hospital protected. I want to know why, if that is not being protected, the government does not think that it is worthy of protection. As members would know, the former government did some wonderful, wonderful deeds at Rockingham-Kwinana District Hospital. The new minister will no doubt get to open it. We are very proud of what we did there. On top of that, throughout Western Australia there were 11 or 12 new hospitals built under the former government. That is an extraordinary number; a great record, particularly in the north of the state. I saw one under construction, as I recall, in Fitzroy Crossing. We were building a new K-10 school over the road from the new hospital that we were building. That was replicated in communities all around the state.

As members would know, we put in place the Reid review, which was a total revitalisation of the capital in our hospitals around Western Australia. The Reid review was designed to provide a forward look at health facilities around our state so that this constant battle and debate around what should or should not be built would be resolved by an overarching review. Professor Reid was acknowledged as one of the foremost health experts, if not the foremost health expert, in Australia. Now he has an important job with the commonwealth. He put together the policy and, as I recall, the former government made a \$4 billion commitment to improve the health infrastructure around Western Australia. The decision to build the Fiona Stanley Hospital resulted from that process, as did the decision to strengthen the infrastructure of outer suburban hospitals, such as the Rockingham-Kwinana District Hospital in my electorate, the improvements to Joondalup hospital in the northern suburbs and the new health campus in Midland in the eastern suburbs. That process was about building and improving the important, large health facilities where communities are expanding. In my electorate, 115 000 to 120 000 people

Mr Mark McGowan; Acting Speaker; Dr Kim Hames; Mr Paul Papalia; Mr Chris Tallentire; Ms Janine Freeman; Mr David Templeman; Deputy Speaker; Dr Janet Woollard; Ms Alannah MacTiernan; Mr Tony O'Gorman; Ms Rita Saffioti; Mr Martin Whitely

were living in the Rockingham-Kwinana community combined; therefore, a major health facility was needed to meet the demands of that community. That was the second-best thing to happen to the communities of Rockingham and Kwinana; the best thing, of course, was the new railway. Both of those projects were undertaken by the former government. Those communities were the beneficiaries of the economic boom: a new hospital; a new railway; seven new primary and high schools; a new police station; and numerous other major capital works, including some major training facilities.

There was to be another major health facility built in Midland city centre, near the new police communications complex. That project is now under a cloud. We do not know whether that will be built there or not. It was an expensive facility, as I recall; it would have cost \$300 million or so. We now no longer know whether Midland will have that new health facility, which was designed to meet the needs of the community —

Dr K.D. Hames interjected.

Mr M. McGOWAN: — in that area. We need some explanation —

Dr K.D. Hames: You don't want it; we don't want it; give us the money!

Mr M. McGOWAN: Does the Minister for Health not want the Midland hospital?

Dr K.D. Hames: How can you say that? I'm being facetious. We have just asked the commonwealth to help us out with the money —

The ACTING SPEAKER (Mr P.B. Watson): If the Minister for Health is being facetious, he should not talk. The member for Rockingham has the call.

Dr K.D. Hames: He asked me a question, Mr Acting Speaker, sir.

The ACTING SPEAKER: But the Minister for Health just said that he was being facetious. I would like us to get back to what we should be debating.

Mr M. McGOWAN: Whenever the Deputy Premier is being facetious, it certainly is not funny! Maybe “nasty” is the word he would have been better off using.

The former government built major health facilities using state resources. The new government asks the commonwealth to do it. As for the proposed Midland hospital, the Minister for Health has now confirmed that the government does not know whether it will be built.

I must ask a question about whether the requirement for expenditure on Royal Perth Hospital—we have seen permutations of what that might be—means that the Midland hospital will be delayed. The people of Midland need to know that. Obviously, there is an opportunity cost. The former government always had a policy of having a hospital on the Royal Perth Hospital site; it always supported it —

Dr K.D. Hames: You did not!

Mr R.H. Cook: We did!

Mr M. McGOWAN: Yes, we did!

Dr K.D. Hames: Rubbish!

Mr R.H. Cook: You said that last time, before this debate was adjourned! You accepted that we were not going to close it. Have you changed your tune?

The ACTING SPEAKER: Member for Kwinana, the member for Rockingham is on his feet and I think we would like to hear from him.

Mr M. McGOWAN: The Minister for Health is all over the place with his facetiousness.

We need to know whether the plans for Royal Perth Hospital will mean a delay in the building of the Midland hospital complex. That is something that the Minister for Health needs to answer during this second reading debate, because obviously there is an opportunity —

Dr K.D. Hames: There isn't actually.

Mr M. McGOWAN: We need to know what the government is planning to do. The original plan was to bowl over the hospital, which is the non-north block part, the older part, but now the Minister for Health is saying he would consider a refurbishment. Having been there and looked at it, I find the idea of a refurbishment hard to understand. It brings to mind the old saying about throwing good money after bad. A refurbishment is not what is required on that site —

Mr Mark McGowan; Acting Speaker; Dr Kim Hames; Mr Paul Papalia; Mr Chris Tallentire; Ms Janine Freeman; Mr David Templeman; Deputy Speaker; Dr Janet Woollard; Ms Alannah MacTiernan; Mr Tony O'Gorman; Ms Rita Saffioti; Mr Martin Whitely

Dr K.D. Hames: I have yet to be convinced.

Mr M. McGOWAN: There are various options around. The Minister for Health has been in office for seven months now, and he has not given an explanation of what his plans are —

Dr K.D. Hames: I will.

Mr M. McGOWAN: He particularly has not given an explanation to the people of Midland of what his plans are for Midland. They are some of the questions that must be asked.

At the commencement of my contribution I said that my main concern was why are hospitals that are not Royal Perth Hospital not given the same legislative protection. Why is the hospital in my electorate not given that same legislative protection —

Dr K.D. Hames: Because we're not worried that you'd come in and close it down; that's why!

Mr M. McGOWAN: The Minister for Health has already acknowledged that the former government was not going to close Royal Perth Hospital —

Dr K.D. Hames: No, I have not acknowledged that!

Mr M. McGOWAN: The Minister for Health has acknowledged that!

Dr K.D. Hames: That is not true!

Mr M. McGOWAN: The Minister for Health has acknowledged that, and we can prove that was our policy —

Dr K.D. Hames: You were going to have a general practitioner clinic.

Mr M. McGOWAN: It was not well communicated, but that was our policy—what, a GP clinic with 200 beds?

Dr K.D. Hames: No, not with 200 beds!

Mr M. McGOWAN: My goodness! What sort of GP clinic is that?

Several members interjected.

Mr M. McGOWAN: The Minister for Health will not give the same legislative guarantee that he has to Royal Perth Hospital to all the other hospitals. That is something he might have to deal with. He might have to explain to other communities around the state why their hospital is not as important as Royal Perth Hospital. He might have to explain to the people of my community why their hospital is not as important; he might have to explain to the people in some of those smaller communities in the north of the state why their hospital is not as important as Royal Perth Hospital. I know the Minister for Health is a royalist—perhaps that is the reason! Perhaps it is because they have not got “royal” in their names! Maybe it should be called “Royal Rockingham Hospital” or “Royal Mandurah Hospital”! Perhaps if that happens —

Several members interjected.

Mr M. McGOWAN: The “Royal Peel Hospital”; good point! Perhaps if that happens, the Minister for Health might consider them worthy of legislative protection. During this debate opposition members will continually raise the issue of why hospitals in our electorates are not considered as important as the hospital in the centre of Perth.

The other issue that must be raised is that of opportunity cost, and what the refurbishment or replacement of large parts of Royal Perth Hospital will mean for capital works around the city and Western Australia if the government does not get commonwealth funding for Midland. As we all know, since 1974 it has not been the normal practice of the commonwealth to build hospitals.

Dr K.D. Hames interjected.

The ACTING SPEAKER: Order, Minister for Health!

Mr M. McGOWAN: That question of opportunity cost and its consequences for other health facilities around the state must be answered. It could be answered by being dealt with by one of the standing committees of Parliament, which could examine these issues and listen to the professionals. In that way, when we decide upon this bill, we would actually know what we are dealing with, rather than just taking the advice of the facetious royalist Minister for Health. We would actually have some advice from some of the health professionals. We must get those health professionals before the Education and Health Standing Committee, because that is what the committee is for; that is what its job is—to take advice. In that way we could ensure that we get to the bottom of what we are doing with this legislation —

Mr Mark McGowan; Acting Speaker; Dr Kim Hames; Mr Paul Papalia; Mr Chris Tallentire; Ms Janine Freeman; Mr David Templeman; Deputy Speaker; Dr Janet Woollard; Ms Alannah MacTiernan; Mr Tony O’Gorman; Ms Rita Saffioti; Mr Martin Whitely

Dr K.D. Hames interjected.

Mr M. McGOWAN: As we learnt last week, when dealing with the Treasurer, not many answers are given during the consideration in detail stage of a bill. This legislation has four or five clauses —

Dr K.D. Hames interjected.

Mr M. McGOWAN: — and we will not get many answers in the consideration in detail stage. We particularly will not get many answers about what the consequence of this legislation will be for other hospitals around the state —

Dr K.D. Hames: That’s why I am surprised that you’re given the freedom to talk about all these other issues when they don’t really relate specifically to the bill! I won’t call a point of order.

Mr M. McGOWAN: It is like a constant, rolling undercurrent of negativity coming across! Similar to the member for Eyre, I cannot imagine what the Minister for Health’s bedside manner must have been like! It must have been appalling! No wonder both the Minister for Health and the member for Eyre went into politics—so their patients could get away from them!

These questions must be answered by the Education and Health Standing Committee to determine what the consequence of this legislation will be. We urge the government to support sending this legislation to that committee. There is no urgency about this legislation. The government will be in office for four years and this legislation is not urgent like the Treasurer’s advance bill, but it poses serious questions that need to be answered. We need those answers and the public has a right to those answers, considering the hundreds of millions of dollars that will be tied up in this decision.

The opposition will be attempting to send this legislation to that committee for examination, which the government might like to consider. It would not be a long inquiry, but it is something that should happen. If the government is going to be open and accountable —

Point of Order

Dr K.D. HAMES: This legislation relates specifically to the need for this Parliament to consider whether Royal Perth Hospital remains open or closes. The legislation has nothing to do with the merits of whether Royal Perth should be open or closed.

Debate Resumed

The ACTING SPEAKER: Members, it is six o’clock. I will vacate the chair until the ringing of the bells at 7.00 pm.

Sitting suspended from 6.00 to 7.00 pm

Mr M. McGOWAN: Before the dinner suspension I was making two points on the Royal Perth Hospital Protection Bill 2008. The first point I raised was why Royal Perth Hospital is to be preserved by legislation when every other hospital, all of which are important to their communities, will not be preserved by legislation. I indicated that that needs to be addressed, otherwise one could draw the conclusion that the other hospitals, particularly the hospital in my electorate, are not as important as Royal Perth Hospital and that the government has an agenda to close them.

The second point I made was that this legislation needs to be examined by the Education and Health Standing Committee, because there are implications in it that need to be examined. It is definitely something that needs consideration and that committee is the right vehicle to undertake that consideration. It is something that the opposition will deal with further in this debate.

I come back to the bill, which, for all the huff and puff that surrounds it, is brief.

Mr J.E. McGrath interjected.

Mr M. McGOWAN: That is right. Thank you member for South Perth.

The definition of “Royal Perth Hospital” is as follows —

Royal Perth Hospital means that part of the public hospital of that name situated on the land being —

It then sets out the description of the land as stated on the certificate of title.

[Member’s time extended.]

Mr M. McGOWAN: The definition of “Royal Perth Hospital” sets out the description of the land by referring to the certificate of title. It appears to indicate that on those pieces of land a public hospital must operate.

Mr Mark McGowan; Acting Speaker; Dr Kim Hames; Mr Paul Papalia; Mr Chris Tallentire; Ms Janine Freeman; Mr David Templeman; Deputy Speaker; Dr Janet Woollard; Ms Alannah MacTiernan; Mr Tony O'Gorman; Ms Rita Saffioti; Mr Martin Whitely

Further on in the legislation reference is made to Royal Perth Hospital being a tertiary hospital and that the types of services to be provided on the land occupied by the hospital are to be prescribed by regulation. However, the legislation does not guarantee the existing services, it does not guarantee the existing number of beds and it does not guarantee that if the hospital is redeveloped on those lots, what is currently a 10 or more storey building might not be converted to a one-storey building. It does not guarantee any of those things. In effect, if the Minister for Health is successful with his plan to completely redevelop the old part of the building—that is, knock it over and redevelop it—there is no guarantee that there will be anything more than a single-storey building on that site. The bill does not provide a guarantee for the number of beds or the services that will be provided on the site. In effect, we could have a hospital on that site that is far smaller than the one that currently exists. The legislation does not provide a guarantee to stop that. It is something that we will examine in consideration in detail. Basically, it means that we could have a much smaller hospital on the site than currently exists, as long as it occupies that parcel of land. A parcel of land is a piece of land described on a certificate of title. The land is of a certain dimension that is within certain boundaries, and within that piece of land there must be a hospital. A guarantee is not given in this legislation of the services or the number of beds that will be provided on that site. It is entirely possible for this government or a future government to have a hospital on the site comprising one storey and providing a massively reduced number of services and beds. It is entirely possible and nothing in this legislation guarantees that that will not happen.

However, the legislation guarantees that there will be bricks and mortar on the three or four sites that the hospital is currently contained on. We know there will be a hospital, which was the former government's policy, but we do not know what the scale or scope of the hospital will be. In other words, it is a guarantee that is not worth the paper it is written on. I realise it was an effective election ploy by the government. I realise that the Liberal Party distributed the stickers and petitions and got a lot of people, particularly older people, agitated about the issue, but there is no guarantee in the legislation relating to the issues I have raised. Perhaps the opposition should amend the legislation to provide for the guarantees that the government held out to the people of Western Australia.

Dr K.D. Hames: It was a drafting problem. I would like to have had in the legislation what you are suggesting. However, the drafters of the legislation told us that it was not possible to do that. It had to do what is presented in the bill; that is, a description of the services that will be available are the same as those provided by a tertiary hospital. That is the only legal way they could do it.

Mr M. McGOWAN: What is the definition of services provided in a tertiary hospital?

Dr K.D. Hames: A descriptive mechanism is used. There is no specific definition to describe what is a tertiary hospital. It is a fairly loose definition. They said the way to do it is to prescribe by legislation the types of services provided in a tertiary hospital—cardiothoracic surgery, orthopaedic surgery and all those things that are done in a tertiary hospital. If these questions are raised in consideration in detail, I will be able to pass on to the member the advice given by the person who is able to give it.

Mr M. McGOWAN: Not being a doctor, I assume, for instance, that issues to do with kidney dialysis would ordinarily be contained within a tertiary hospital.

Dr K.D. Hames: No, renal dialysis can be done anywhere; it can be done in Darwin, Kununurra or Broome.

Mr M. McGOWAN: It will be available at the new Rockingham-Kwinana District Hospital. Therefore, it will probably be prescribed within the regulations. There can be one kidney dialysis chair or there can be 10 chairs, but it is not prescribed in the legislation. Is the minister saying that 10 chairs or six chairs will be prescribed in the legislation?

Dr K.D. Hames: It will have all the requirements that we need for it to be a tertiary hospital. A tertiary hospital does not have one chair. The things that are required to be in a tertiary hospital will be prescribed. I would like to do it the way you suggested. It was my choice, but I can only go on the advice that I get from people who do the drafting.

Mr M. McGOWAN: Does the minister see my point? The guarantee is not actually a guarantee.

Dr K.D. Hames: It will be when it is put in place.

Mr M. McGOWAN: There might be one cardiothoracic surgeon operating with one team assisting him or her —

Dr K.D. Hames: It is not a tertiary hospital then.

Mr M. McGOWAN: — at a tertiary hospital.

Mr Mark McGowan; Acting Speaker; Dr Kim Hames; Mr Paul Papalia; Mr Chris Tallentire; Ms Janine Freeman; Mr David Templeman; Deputy Speaker; Dr Janet Woollard; Ms Alannah MacTiernan; Mr Tony O'Gorman; Ms Rita Saffioti; Mr Martin Whitely

Dr K.D. Hames: No.

Mr M. McGOWAN: The minister said previously that a cardiothoracic surgeon operates within a tertiary hospital.

Dr K.D. Hames: But not one.

Mr M. McGOWAN: There is no guarantee about that. The minister is saying it will not be in the regulations. The bill does not give a guarantee about how many there will be. In effect, what is there now might be reduced, because there is no guarantee. The minister said that in drafting the legislation, a guarantee cannot be given on any of those things.

Dr K.D. Hames: In the specifics of the legislation, but not in the regulations. In the regulations we can give a guarantee.

Mr M. McGOWAN: But in the regulations, the minister will determine how many thoracic surgeons are working there, how many heart-lung transplant surgeons are working there and how many haematologists are working there. Will the minister prescribe all that in the legislation?

Dr K.D. Hames: It's in the description of it being a tertiary hospital unit, so those things will be put in place to describe what you'd have for a tertiary hospital on that site.

Mr M. McGOWAN: We can prescribe —

Dr K.D. Hames: We'll go through that in consideration in detail.

Mr M. McGOWAN: I am happy to go through that later. Having had some experience with drafting, I know that the minister will not prescribe how many of those sorts of services are there. If he did, naturally, the hospital would regularly break the rules anyway because cardiothoracic surgeons get sick, they go on holidays and they retire. They will not be there at times. The same thing will occur with all the other services the minister is referring to. The exigencies of life determine that those things change. Therefore, the minister cannot prescribe the things that he said he would prescribe before the election. All he can prescribe is a hospital on that site. He will not say how big it will be or how many storeys it will have. He will not say how new it will be. All he will say is that there will be a hospital on that site. We said that we would have a significant hospital on the site. I do not think we detailed exactly how many storeys it would be either. I am sure that the shadow Minister for Health can demonstrate that. I remember the discussions surrounding it. North Block was always going to remain as a significant hospital, with more than 200 beds, as I recall. That is a significant hospital for that site. He can say that it is a GP clinic but there is a GP clinic in Rockingham General Hospital and it does not have 200 beds. It has roughly two, and people do not stay there overnight; they go in and see a GP.

Dr K.D. Hames: I guess you need to define what a major hospital is. We're talking about a tertiary hospital. You are not going to retain it as a tertiary hospital. That is the key.

Mr M. McGOWAN: I am sure that the shadow Minister for Health can provide more detail on that. The minister will describe the services prescribed at a tertiary hospital but he will not say how many. He can have a doctor's surgery with one doctor or 20 doctors. He cannot prescribe the amount and scale of the services. All he can say is that these services will be there and they could be a very small number of a broad range of things. The minister cannot direct; otherwise they will break the regulations all the time. If the minister is saying that the draftsman said that we cannot prescribe it in the laws, he is saying that the law is not doing what he said it would do before the election.

People are being misled with this legislation. The most important issue for me is ensuring that the services in the broader suburban community are protected as well. We will examine the possibility of adding that protection. Broader community services deserve that. I am sure that the services in the electorate of Greenough deserve protection. I think South Perth has a plethora of services and does not have a hospital. I am sure that Bentley Hospital deserves protection. I am sure that the new hospital that we built in Geraldton deserves protection. I am sure that Armadale hospital or Kelmscott, I think it is called —

Ms A.J.G. MacTiernan: Armadale-Kelmscott Memorial Hospital.

Mr M. McGOWAN: I am sure that Armadale-Kelmscott Memorial Hospital deserves protection. Why are our hospitals second class? Why is Peel Health Campus a second-class facility? Why does it not get legislative protection? What is wrong with it? These things need to be examined. Perhaps they need to be examined by the Education and Health Standing Committee, chaired by the greatly experienced member for Alfred Cove, a medical professional in her own right. She can examine these issues as a medical professional.

Mr Mark McGowan; Acting Speaker; Dr Kim Hames; Mr Paul Papalia; Mr Chris Tallentire; Ms Janine Freeman; Mr David Templeman; Deputy Speaker; Dr Janet Woollard; Ms Alannah MacTiernan; Mr Tony O'Gorman; Ms Rita Saffioti; Mr Martin Whitley

Mr P. Papalia: She has a long history.

Mr M. McGOWAN: She has a long history in medical matters and also has a family with a long history in medical matters. With her broad experience, extensive knowledge and forensic ability, she could examine this issue as chair of that committee.

I conclude my remarks by thanking the former government for all it did for Rockingham General Hospital. An 80-bed facility in my electorate of Rockingham has been upgraded to a 240-bed facility. The services provided have gone from a reasonably small suburban hospital, although in a very large building, to a state-of-the-art, probably best suburban hospital, when it opens, in Australia. It is due to open in the next couple of months. It is quite close to the Rockingham train station. It is another achievement of the Gallop and Carpenter governments for my electorate. It completely transforms health care for people in the deep southern suburbs of Perth and it completely improves the capacity of people to access health care near where they live, which was all part of our broader plan in office.

Mr P. PAPALIA (Warnbro) [7.15 pm]: I am very pleased to take this opportunity to explore with the Minister for Health his stance on this legislation and ask for a little more detail on how he reached the conclusion that Royal Perth Hospital required protection in this manner as opposed to all the other hospitals in the state, in particular the hospital in my electorate. I am very proud to say that the previous Labor government committed very many resources to substantially changing the capacity of the Rockingham-Kwinana hospital to serve the people of the Rockingham-Kwinana area and areas further south and even north.

Dr K.D. Hames: What's the name of the hospital?

Mr P. PAPALIA: I continue to call it the Rockingham-Kwinana but I understand it has had a name change.

When I entered this place not so long ago, I was an eager, young—actually, not so young—new backbencher. During several exchanges between the minister and the former member for Fremantle, I heard discussions of a report called the Reid review. I recall that the minister was very supportive of the findings of that document. I would not want to verbal him at all, but I seem to recall him saying that he was supportive of the Reid review and its outcomes and that it was a good report.

Dr K.D. Hames: We are closer to it than you guys.

Mr P. PAPALIA: I question that. Because I was an eager, new backbencher, I googled the Reid review. While paying some attention to the long and interesting debates that were going on, I also had the opportunity to engage in a little reading of the report. My understanding of that report, particularly as it relates to the metropolitan area, was that it assessed where our resources were distributed and how they came to be that way over time as a result of history and the development of the city. It effectively resulted in two tertiary hospitals north of the river, with our other resources, being major health facilities, not necessarily reflecting today's distribution of population. I understood that the objective was to achieve a more equitable but also more practical distribution of our health services, because with everything reflecting the realities of decades past, it was not practical for people from the southern suburbs and the minister's own electorate of Dawesville —

Dr K.D. Hames: That's only if you think north-south, as you southern people tend to think south and northern people tend to think north.

Mr P. PAPALIA: I have not yet expanded my view on the rest of the report. The minister would concede that the previous government saw the requirements out to the east. I understood a couple of tertiary hospitals would be supported by a ring of secondary hospitals, or regional hospitals, around the outer metropolitan rim. That made sense. To achieve that, though, we effectively had to shift the concentration of tertiary hospitals from north of the river in a small area where it was disproportionately close to a part of the population and provide services in a more equitable and practical fashion to that long strip of population expansion down to the south, all the way down to Dawesville.

Dr K.D. Hames: Hence Fiona Stanley Hospital, which we support.

Mr P. PAPALIA: That is exactly right.

Dr K.D. Hames: That doesn't mean —

Mr P. PAPALIA: The minister should wait; I am still going. Clearly, a Fiona Stanley tertiary hospital was essential. To achieve that, in practical terms, the government would effectively have another tertiary hospital in the north, and that is Sir Charles Gairdner Hospital. I recall a lot of debates in the past couple of years in which the member for Alfred Cove, in particular, was at great pains to elicit information from the then health minister and also the poor old previous Treasurer, who had to constantly justify any modification of allocation of funds

Mr Mark McGowan; Acting Speaker; Dr Kim Hames; Mr Paul Papalia; Mr Chris Tallentire; Ms Janine Freeman; Mr David Templeman; Deputy Speaker; Dr Janet Woollard; Ms Alannah MacTiernan; Mr Tony O'Gorman; Ms Rita Saffioti; Mr Martin Whitely

and to reassure the member for Alfred Cove that there would never be a reduction in the size or the capacity of the medical facilities available at the future Fiona Stanley Hospital. She was really concerned—quite rightly perhaps—that if resources were somehow shifted from the Fiona Stanley project and allocated somewhere else, that would have an undue negative impact on the ultimate result that was achieved at Fiona Stanley Hospital.

In light of that—which seemed a fairly logical approach that she was taking, albeit in an often colourful and entertaining fashion—it seems logical to me to now be asking the Minister for Health to investigate the proposal in this legislation that calls for a tertiary hospital to remain at Royal Perth and the sort of impact that will have, particularly on the southern suburbs. I am not trying to be parochial about that, but, as I understand it, the whole concept behind the Reid review was to establish in a logical fashion the distribution of health services around the city. There would be the Midland hospital, Armadale-Kelmscott Memorial Hospital, the Rockingham hospital—no longer Rockingham-Kwinana District Hospital, sadly—and the Joondalup hospital to the north. That made sense because there was a more equitable distribution of capacity around the city. To retain a tertiary hospital at the Royal Perth site strikes me as being illogical, if we accept the premise that the Reid review made a good argument for a more equitable distribution of health services.

I support the arguments of the member for Rockingham about the Labor Party's stance on Royal Perth Hospital. I understand that the minister, perhaps, has a differing view.

Dr K.D. Hames: Only from what your former Minister for Health told me personally.

Mr P. PAPALIA: Regardless of what scale was to be retained on the Royal Perth site, there was going to be a hospital. I understood that the Labor government went to the election with a proposal for a 200-bed hospital.

Dr K.D. Hames: Only in the last week before the election.

Mr P. PAPALIA: We keep our election promises, but we are still trying to see whether the Minister for Health is able to keep any of his promises. The Labor Party makes promises and it keeps them.

Dr K.D. Hames: It was not a 200-bed hospital either; that was not the commitment made. I need to get the extract from the radio interview that we did.

Mr P. PAPALIA: I am not trying to replicate the former minister's argument; I am saying that there was a commitment to retain a hospital there of some description. My concern is that if the minister up-scales that and retains a tertiary hospital there, what will be the impact on Charlie Gairdner's and on Fiona Stanley, and on the overall distribution of health services that was supposed to be arranged in a more equitable, practical and pragmatic fashion? Is the minister not compromising the whole process by suddenly throwing into the mix this third hospital?

Dr K.D. Hames: Where do you think the patients from Royal Perth would go if it closed down? Where do you think they would disappear to?

Mr P. PAPALIA: I recall the minister searching for justification for doing this. The minister did present his petition in March 2007; I remember listening to that.

Dr K.D. Hames: I think there were about 40 000 signatures.

Mr P. PAPALIA: There were 20 000 signatures on that petition.

Dr K.D. Hames: No, it was greater than that.

Mr P. PAPALIA: No, I just googled that petition; it was 20 000. There were others later, but in March, which I think was the first petition —

Dr K.D. Hames: I did them every couple of months.

Mr P. PAPALIA: I remember the T-shirts in the gallery for the first petition. The point is that I can remember very clearly the minister becoming aware that there was a good political opportunity.

Dr K.D. Hames: Something that would lose you the election!

Mr P. PAPALIA: I remember the lights going on in the minister's mind, and I could see he was quite excited about it. On reflection, who knows? The minister may have been onto something. The minister should understand this point: political expediency does not make the argument correct.

Dr K.D. Hames: You are right; but the health department telling me since then that we made the right choices does help.

Mr Mark McGowan; Acting Speaker; Dr Kim Hames; Mr Paul Papalia; Mr Chris Tallentire; Ms Janine Freeman; Mr David Templeman; Deputy Speaker; Dr Janet Woollard; Ms Alannah MacTiernan; Mr Tony O'Gorman; Ms Rita Saffioti; Mr Martin Whitely

Mr P. PAPALIA: It suited the minister to suggest that somehow Labor was going to shut a hospital—even though it was not—and then to suddenly try to justify the need for a tertiary hospital. Now we are confronted with the Royal Perth Hospital Protection Bill! What are we protecting it from?

Dr K.D. Hames: From you and the Labor Party; no-one else.

Mr P. PAPALIA: We are protecting Royal Perth from logic. We are protecting it from the Reid review and from the concept that health resources must be distributed equitably around the metropolitan area in a fashion as ordained by the most comprehensive analysis and study of the health system in Western Australia that has probably ever been undertaken and that was thoroughly endorsed —

Dr K.D. Hames: You do not want me to!

Mr P. PAPALIA: I do; a bit of interjection would be appreciated.

Dr K.D. Hames: I want the member to know that what makes me feel better now is that the health department has said to me that the government has made the right choice.

Mr P. PAPALIA: Does that make the minister feel happy about the health department or is the minister happy about the outcome of his political expediency? I would be a little concerned at my department being willing to endorse such a considerable shift in position as to suggest that a tertiary hospital is necessary at the Royal Perth site and that somehow, magically, we will also retain two other tertiary hospitals in the inner metro area. That is what I would be concerned about. I would be concerned about whether the minister will get a true, honest appreciation and assessment of any proposal that he makes, if that is the advice his department is returning to him. If the department is expecting commensurate expansion in its budget, that might also be reason for concern.

Dr K.D. Hames: No, there is no change in budget.

Mr P. PAPALIA: How are we going from a two-tertiary-hospital plan with four satellite secondary hospitals —

Dr K.D. Hames: Just add up the total number of beds. I will explain it to the member.

Mr P. PAPALIA: I seem to recall a lot of questions being put to the previous health minister over a long period, and he would also throw out glib statements in response to questions like that; that it was just a matter of moving beds. I would also be interested to hear what position the member for Alfred Cove takes on this because I recall she was adamant—and vehemently so—that there should never be any reduction in the number of beds from whatever figure she determined —

Dr K.D. Hames: It was 630, or whatever it was.

Mr P. PAPALIA: She interrogated the former Treasurer and health minister over that.

Dr K.D. Hames: Nothing has changed!

Mr P. PAPALIA: How is the minister going to do it?

Dr K.D. Hames: I will tell you.

Mr P. PAPALIA: How will the minister achieve the same level of service at all three of those tertiary hospitals, when until he got into government the assessment was that we could afford and had the capacity to deliver only two tertiary hospitals?

Dr K.D. Hames: At the end, the plan of the former minister was unworkable. He discovered that, and I will tell you what he did when he discovered it.

Mr P. PAPALIA: It seems to be a logical plan: one tertiary hospital on the southern side of the river, one on the northern side and the four satellites.

Dr K.D. Hames: That forgets the eastern corridor. Where does the member think the patients from Royal Perth would go? They were going to Charlie's and Fiona Stanley.

Mr P. PAPALIA: If there is an east-west flow of traffic, patients can go to the southern side of the river from the east in the same way as they can go to the northern side. I recall the minister searching for all manner of justification for this in the lead-up to the last election. I remember one interesting argument he put forward during the estimates hearings when we were debating the police allocation. Actually, I think someone else might have taken up the argument on the minister's behalf. The minister was putting questions to the police minister and the department, and it was suggested that somehow it was tactically unsound not to have a hospital in the centre of the city in the event of a terrorist strike. I remember the minister using that argument in this chamber as well —

Mr Mark McGowan; Acting Speaker; Dr Kim Hames; Mr Paul Papalia; Mr Chris Tallentire; Ms Janine Freeman; Mr David Templeman; Deputy Speaker; Dr Janet Woollard; Ms Alannah MacTiernan; Mr Tony O'Gorman; Ms Rita Saffioti; Mr Martin Whitely

Dr K.D. Hames: That is why the Labor government in Sydney reopened the hospital in the heart of Sydney.

Mr P. PAPALIA: — that somehow we would be susceptible because we no longer had a hospital in the centre of the city.

Dr K.D. Hames: It is true. That is what they found in Britain.

Mr P. PAPALIA: In what way is it true? I find that an interesting conclusion. If the minister is talking about a terrorist threat —

Dr K.D. Hames: And in New York.

Mr P. PAPALIA: No, we are talking about a terrorist threat in Perth. If the minister is suggesting that the centre of the city is the target, the most illogical place to put resources would be in the target. Disseminating resources and assets achieves redundancy, and redundancy is achieved because all the assets are not in the high-value target; they are placed outside the target at an alternative site. In the event that one hospital is the subject of a terrorist strike, there is an alternative site.

Dr K.D. Hames: Like one in the city at Royal Perth, one just outside at Charlie's and one in the south at Fiona Stanley. They're good tactics; we'll adopt them.

Mr P. PAPALIA: I am in total admiration of the minister's flexibility and willingness to engage in any argument to justify this legislation. On the matter of counterterrorism, I must question that logic.

Dr K.D. Hames: I'll tell you what they said when I went to New York hospital and spoke to the EDs there.

Mr P. PAPALIA: I would want my hospitals to be outside the high-value area, the likely target. The minister cannot necessarily predict whether terrorists will strike. I would also like to achieve redundancy through not having co-located resources. In this case, two tertiary hospitals will be located close to the city, which actually makes it more vulnerable.

Dr K.D. Hames: Charlie's is outside.

Mr P. PAPALIA: It is not that far away. However, it makes the city more vulnerable.

Dr K.D. Hames: No, but it's not within walking distance of the Terrace.

Mr P. PAPALIA: If a terrorist strike resulted in gridlock and the inability to move people, we would want another hospital that is free from that threat.

Dr K.D. Hames: No, because you can't get to them because it is gridlocked. That is the point. When it is gridlocked, nobody can move; they can only walk.

Mr P. PAPALIA: We have the benefit of not being London or New York and of having a more open and expansive city. The concept of having Fiona Stanley Hospital to provide an alternative site—remember, we have helicopters and the ability to move people in other manners —

Dr K.D. Hames: I worked at the Central City Medical Centre just above the railway station, and the thought was that if you were ever going to commit a terrorist act in Perth, that was probably where you'd do it. Can the member have an extension?

Mr P. PAPALIA: The minister is psychic.

Dr K.D. Hames: You've got only three minutes left.

Mr P. PAPALIA: May I have an extension?

[Member's time extended.]

Dr K.D. Hames: You saw what happened when the South Perth pipe ruptured; you immediately had gridlock. People have to be able to walk to the hospital.

Mr P. PAPALIA: I dispute the assumption that that will somehow be more effective, because people can be removed from the site to the alternative hospital.

Dr K.D. Hames: How, when it is gridlocked?

Mr P. PAPALIA: Where is it gridlocked?

Dr K.D. Hames: Where the accident is. Where all the people are injured and dying.

Mr P. PAPALIA: What is to prevent the hospital being not just gridlocked, but also subject to the same terrorist strike?

Mr Mark McGowan; Acting Speaker; Dr Kim Hames; Mr Paul Papalia; Mr Chris Tallentire; Ms Janine Freeman; Mr David Templeman; Deputy Speaker; Dr Janet Woollard; Ms Alannah MacTiernan; Mr Tony O'Gorman; Ms Rita Saffioti; Mr Martin Whitely

Dr K.D. Hames: Nothing, but then there are two other tertiary hospitals to handle the problem.

Mr P. PAPALIA: Those two hospitals would be able to handle the problem if they were located separately. As I have said, I admire the minister's flexibility and willingness to engage in any possible justification for this legislation. However, I must move on to my electorate.

As the minister knows, the previous government is rightly proud of its achievements in the health system. Those achievements can be seen in Joondalup and even in Peel. Rockingham General Hospital is an outstanding monument to the previous health minister's capacity to change and to allocate resources to the health department. I wish the current minister well in trying to emulate the previous minister's success in that regard.

Dr K.D. Hames: We did Joondalup and Peel Health Campuses when we were in government.

Mr P. PAPALIA: I wish the current minister well in trying to emulate the previous minister's success, because he achieved a lot. The previous government gets very little credit for it in the wider community and particularly in the media, but, as the minister is aware, there was significant change in the health facilities in the north of the state. For some reason it received no media focus, which is probably due to our own failure to communicate. However, it is worth repeating that a great deal was achieved in the health system, particularly the provision of health infrastructure, in response to the Reid review and the identified need to revolutionise the provision of health services and reinvigorate health infrastructure around the state. Rockingham General Hospital, which is in the member for Rockingham's electorate, services the entire City of Rockingham and the Town of Kwinana and is within walking distance—I am assured that there is a footpath there now —

Mr R.H. Cook: It's actually in my electorate.

Mr P. PAPALIA: I beg the member for Kwinana's pardon. The hospital was probably in my electorate, and now it is in his electorate.

Dr K.D. Hames: So we should have called it the Kwinana hospital.

Mr P. PAPALIA: There was a push from the Town of Kwinana. That hospital will be an outstanding facility. Can we be guaranteed that there will be no impact on the capacity of Rockingham General Hospital as a result of the drain on resources that will be realised in the form of a tertiary hospital at Royal Perth Hospital? Is the minister sure of that?

Dr K.D. Hames: Positive.

Mr P. PAPALIA: That is what people will be concerned about, and rightly so.

Dr K.D. Hames: When I explain where the beds are coming from, you will understand.

Mr P. PAPALIA: One issue I want to raise with the minister—I am possibly going a little astray—is the dialysis unit at Rockingham hospital. I understand that there is significant demand in the area. The minister knows that many people have to travel long distances to get treatment. It will be fantastic to have a dialysis unit at the hospital, but I understand that it will not be what we really need, which is a 12-bed dialysis unit.

Dr K.D. Hames: It's going to be whatever your minister designed.

Mr P. PAPALIA: I think he designed an eight-bed unit.

Dr K.D. Hames: Whatever he designed is what it's going to be. I haven't changed it.

Mr P. PAPALIA: I am letting the minister know now that —

Dr K.D. Hames: But it wasn't good enough.

Mr P. PAPALIA: It is a start, and I would have been lobbying the former minister had he still been health minister now. However, I am lobbying the current minister in advance; I am giving him a heads-up. The minister knows that there has been a magnificent improvement in the facilities. The quality of the new facilities will, I hope and believe, attract more professional staff whom we may not have been able to retain in the past. I know trainee doctors who have done training there and are aware of what is going on. They have been enticed to the hospital as a result of what is going on there. If that facility is coupled with the future Fiona Stanley facility, the people of the southern suburbs—I know that the minister keeps talking about the eastern corridor—will get a substantial improvement in the provision of health services and in their proximity to health services.

Mr J.E. McGrath: Everyone will be a winner; that's what you're failing to grasp.

Mr P. PAPALIA: I am concerned, though, member, because the previous government's plan accorded with the Reid review. It accorded with a logical assessment of the requirements of the city and the metropolitan area and

Mr Mark McGowan; Acting Speaker; Dr Kim Hames; Mr Paul Papalia; Mr Chris Tallentire; Ms Janine Freeman; Mr David Templeman; Deputy Speaker; Dr Janet Woollard; Ms Alannah MacTiernan; Mr Tony O’Gorman; Ms Rita Saffioti; Mr Martin Whitely

of the current and future growth rates. It identified and focused on where the rapid growth was taking place. A lot of growth is occurring in the south. I know it is occurring in the north as well, but there are facilities in the north. There is a tertiary hospital in the north; in fact, there are two tertiary hospitals in the north.

Mr A.P. O’Gorman: Two in the central.

Mr P. PAPALIA: Sorry; there are two in the central area. I beg the member for Joondalup’s pardon; there is not a tertiary hospital in Joondalup. At least there is one hospital on the northern side of the river. The concept of shifting the centre of gravity so that there is an even distribution would feed and support the eastern corridor. I cannot see how the eastern corridor would be excluded by shutting the tertiary hospital there and having two tertiary hospitals in accordance with the previous government’s plan and still having Royal Perth Hospital.

I am a little concerned that there is not much detail in the bill and that may be because the minister cannot draft legislation to that effect. As was mentioned by the member for Rockingham, there is also not much in the way of locking the government into providing what it has said it is going to provide, so that is a concern. I am just as concerned about the potential impact on the provision of services to the rapidly growing southern corridor of metropolitan Perth, and beyond—even further down towards Mandurah. It will not be long until the metropolitan area of Perth is one elongated stretch all the way down to the member for Mandurah’s electorate, and beyond.

Mr D.A. Templeman: But we will maintain our regional status!

Mr P. PAPALIA: At which time I trust that PATS may be reviewed for Mandurah! Just joking, member!

The concern of members on this side of the chamber—members will hear it echoed throughout the evening—is that in the government’s attempt to deliver on its election promise to build a tertiary hospital at the Royal Perth Hospital site, it has not necessarily drawn on the same logic that led to the findings of the Reid review. Until now, a significant amount of time, effort and money has been focused on achieving in a logical fashion the findings of the Reid review. Those findings seem to have been abandoned for the sake of mollifying or rewarding that section of the community that supported the government on retaining a tertiary hospital at the Royal Perth site. I remember when the now minister presented the first petition calling for the retention of Royal Perth Hospital. That petition focused purely on the name “Royal Perth Hospital”. It did not mention a tertiary hospital. I do not think any of the other petitions mentioned that either.

Dr K.D. Hames: It did. I wrote it, so I should know, shouldn’t I?

Mr P. PAPALIA: Well, I have just read it. I am pretty certain it does not mention a tertiary hospital. My impression at the time —

Dr K.D. Hames: It was about retaining Royal Perth as a tertiary hospital.

Mr P. PAPALIA: I do not think it said as a tertiary hospital.

Dr K.D. Hames: Yes, it did.

Mr P. PAPALIA: Excuse me if I am wrong. I may be wrong. I read it briefly. My impression at the time was that when the now minister presented that petition and led that debate—as he did, manfully—in the lead-up to the election, the main focus was on ensuring the retention of a hospital at the Royal Perth Hospital site. That morphed into the necessity to retain a tertiary hospital at that site. That clearly was an expedient and valuable political move. I commend the minister for that. However, I will not commend the minister if the passage of this legislation and the subsequent maintaining of a tertiary hospital at the Royal Perth Hospital site have a negative impact on other facilities, particularly those in my electorate and in the southern suburbs of Perth. I will criticise the minister roundly if that occurs. I am very aware that the people in the southern suburbs of Perth have been starved for a long time of medical and health services commensurate with those that have been provided to suburbs north of the river for many, many decades.

MR C.J. TALLENTIRE (Gosnells) [7.34 pm]: I wish to make a brief contribution to the debate on the Royal Perth Hospital Protection Bill 2008. It is a concern that this bill is based on the sentiment and nostalgia that people may feel for Royal Perth Hospital—the old building structure.

Ms A.J.G. MacTiernan: Maybe it is because the name is “Royal” Perth. That brings out all that royalness in people!

Several members interjected.

The DEPUTY SPEAKER: Order! The member for Gosnells.

Mr Mark McGowan; Acting Speaker; Dr Kim Hames; Mr Paul Papalia; Mr Chris Tallentire; Ms Janine Freeman; Mr David Templeman; Deputy Speaker; Dr Janet Woollard; Ms Alannah MacTiernan; Mr Tony O'Gorman; Ms Rita Saffioti; Mr Martin Whitley

Mr C.J. TALLENTIRE: There is no doubt that Royal Perth Hospital is an ageing piece of medical infrastructure. It is a piece of medical infrastructure that, according to reviews such as the Reid review, seems somewhat out of place in the design of our present-day medical facilities. The guiding rule when it comes to the placement of major teaching hospitals should be that they are located as close as possible to a large concentration of population. A hospital that is located in East Perth is hardly located in close proximity to a large concentration of population.

I turn now to the medical facilities in my electorate. The people in my electorate and in the south eastern suburbs of Perth are very well served by Armadale-Kelmscott Memorial Hospital. That is a magnificent hospital. Indeed, in January I had the opportunity to be at the opening of the new emergency department at that hospital. I should acknowledge that when the minister announced the opening of that new emergency department, he was good enough to acknowledge that it was the previous government that had set aside the \$9.4 million for that hospital and made sure that the contracts were put in place; however, the minister was there to cut the ribbons in the end. That is a great improvement in the quality of medical services in the south eastern corridor. It is vital that services are located close to where people live. The new Fiona Stanley Hospital will also serve the area that I represent. It needs to be said, though, that some people still have a tendency to want to travel to Royal Perth Hospital if they need any kind of emergency treatment. That has become very much a part of people's psyche. People need to move away from that sort of reaction to where they should go for emergency treatment. People in the south eastern suburbs should be using the wonderful emergency facilities at Armadale-Kelmscott Memorial Hospital.

The member for Rockingham raised some very interesting points about why the government is seeking to protect Royal Perth Hospital and not any other hospital in the Perth metropolitan area. I would certainly add to that by saying that Armadale-Kelmscott Memorial Hospital is also worthy of some form of protection. We only need to look at the recent history associated with Armadale-Kelmscott Memorial Hospital to realise why it needs some form of protection. In 1998, there were moves afoot by the then Liberal government to privatise that hospital. Indeed, some \$1.7 million was wasted in the process of trying to allay people's concerns, and eventually to stave off most of that privatisation effort. I should acknowledge the efforts of the member for Armadale and the late Jane Gerrick, the federal member for Canning at the time —

Dr K.D. Hames: Are you criticising a system that the member for Joondalup thinks is really good?

Mr C.J. TALLENTIRE: The contributions of those members on the Labor side of politics ensured that we did not end up with a privatised facility. The contribution of those members needs to be noted.

Another issue that we need to keep in mind when we talk about protecting hospitals is the medical realities. There is no way that this bill will protect us from things like methicillin-resistant staphylococcus aureus, or MRSA. We know that because Royal Perth is a very old hospital, it is particularly vulnerable to that sort of infection. There is a need for serious renovations to be done within that hospital. MRSA is an infection that is prevalent everywhere, so the state of that facility needs to be reviewed.

I now want to turn to some of the technical aspects of this bill. There is no real attempt in the bill to disguise the fact that even during the time of the Barnett Liberal government, Royal Perth Hospital will be closed down for some periods. Clauses 5 and 6 of the bill talk about the continuation of Royal Perth Hospital and the services to be provided. Clause 7 provides that if there is a problem, the hospital may need to be closed while developments take place. I do not know how the Western Australian public will respond when they find out that Royal Perth Hospital may be closed for lengthy periods. I think the suggestion put forward by members earlier that this bill should be referred to the Education and Health Standing Committee for further review, especially in the context of the Reid review, is an argument that carries much weight with me, and I would like to see it proceed in that way.

MS J.M. FREEMAN (Nollamara) [7.49 pm]: Obviously, I am pretty new to this place. My concern is that the Royal Perth Hospital Protection Bill is a limiting bill; it limits the options for people in the Nollamara electorate. Royal Perth Hospital, Joondalup Health Campus or Swan District Hospital are the places they must access, but they are not particularly adequate given their health needs, of which there are many. It is indeed a shame for the people of Nollamara that I cannot list hospitals as the people in South Perth or other people are able to name, because there are none. The strip in my electorate, which includes Nollamara, Mirrabooka, Koondoola and Alexander Heights, is without a health service. Does the Minister for Health think Royal Perth Hospital will provide that service? It cannot because it gridlocks them. The only way they can get there is by calling an ambulance. When I represented ambulance officers, they told me —

Dr K.D. Hames: I live there. I get there in 12 minutes

Mr Mark McGowan; Acting Speaker; Dr Kim Hames; Mr Paul Papalia; Mr Chris Tallentire; Ms Janine Freeman; Mr David Templeman; Deputy Speaker; Dr Janet Woollard; Ms Alannah MacTiernan; Mr Tony O'Gorman; Ms Rita Saffioti; Mr Martin Whitely

Ms J.M. FREEMAN: They are gridlocked. The minister lives in Mt Lawley, perhaps.

Dr K.D. Hames: I live in the former member for Nollamara's electorate, in Dianella Heights.

Ms J.M. FREEMAN: If the minister lives in Dianella Heights, he lives in my electorate, so I thank him for his vote! It does not take 15 minutes to get to RPH. I live out there.

Dr K.D. Hames: Do you want me to tell you how long I have lived there for? I will compare it with your time—since I was 10, which means 46 years.

Ms J.M. FREEMAN: I ride a bike to miss the gridlock! In fact, I have a house out there that we are currently renovating.

Dr K.D. Hames: You don't live there yet.

Ms J.M. FREEMAN: I will be because I have a house there that I am renovating. I am happy to keep answering interjections and to ask for an extension of time, but I will continue with my remarks.

The minister may argue that RPH is the appropriate option for the people who live in that area, but all this bill does is limit the minister and what came out of the Health Reform Committee review and it limits access to medical health care in the Nollamara electorate.

Dr K.D. Hames: All it says is that if you are going to shut it, you must come to this place to get permission.

Ms J.M. FREEMAN: We know what the political reality of that is; namely, this place will never agree to do that. That is no way to develop health policy in this state. As the minister well knows, health policy is developed through reviews such as the Reid review and reviews that members opposite have done. It is done through systematically sitting down and having discussions to find out what is needed. It is not done by suddenly hamstringing the people of Mirrabooka, Nollamara, Koondoola and Alexander Heights and making sure that they do not have an adequate health service.

Dr K.D. Hames: Where do you want them to go?

Ms J.M. FREEMAN: I will come to that.

Dr K.D. Hames: What is your alternative?

Mr A.P. Jacob interjected.

Ms J.M. FREEMAN: Thank you.

As the minister is aware, the Reid review examined the needs of health services in Western Australia and, on an objective analysis of the current state of affairs, concluded that there was no longer a need to maintain Royal Perth Hospital in its current capacity. As my colleagues have indicated, Royal Perth Hospital would have continued but not as a tertiary hospital. My electorate office has done an audit of general practitioner services and of the services that my constituents want. On Sundays, emergency medical service is available for them at Joondalup Health Campus or RPH. However, they cannot access that because of public transport. During the week they have adequate access to bulk-billing but, as I said, it is a difficult situation for them. The Mirrabooka, Nollamara, Koondoola and Alexander Heights people need local access to appropriate health services—to purpose-built, community-based and ambulatory care services in Mirrabooka.

Dr K.D. Hames: We are talking about tertiary services; we're not talking about those services.

Ms J.M. FREEMAN: Those are the services they need. This bill will lock up health funding so that the government cannot deliver the health services they need. Royal Perth Hospital was undertaking secondary services.

Dr K.D. Hames: Where will people in your electorate go if they have a heart attack?

Ms J.M. FREEMAN: They would go to a tertiary hospital at either Joondalup or Sir Charles Gairdner Hospital. That is what was considered in the Reid review.

Dr K.D. Hames: The previous coalition government purchased land opposite the Mirrabooka shopping centre from the Department of Housing and Works. In fact, we still own it. The former Minister for Health was going to build exactly that facility you described.

Ms J.M. FREEMAN: Please build it.

Dr K.D. Hames: It was canned by your mob when it got into government. We still own the land but it was not built.

Mr Mark McGowan; Acting Speaker; Dr Kim Hames; Mr Paul Papalia; Mr Chris Tallentire; Ms Janine Freeman; Mr David Templeman; Deputy Speaker; Dr Janet Woollard; Ms Alannah MacTiernan; Mr Tony O'Gorman; Ms Rita Saffioti; Mr Martin Whitely

Ms J.M. FREEMAN: I am happy for it to be built. I was not in the Labor government at that time. If I have an opportunity, I will continue to apply pressure on the minister for that; it is badly needed in that area.

Mr J.H.D. Day: You are right; it was Labor coming into office in 2001 that stopped it, because it was funded. Several members interjected.

Ms J.M. FREEMAN: I am happy for it to be funded again. I refer again to the Reid review, which states —

Consequently, there is currently a mismatch between the distribution of hospital beds and the areas of major population growth.

Those are the areas in the Nollamara electorate. It continues —

Thirty three per cent of all hospital beds in Western Australia are situated in the four inner metropolitan hospitals (Royal Perth, Sir Charles Gairdner, Princess Margaret and King Edward Memorial hospitals), only four kilometres apart. While there is a need to centralise major tertiary services due to their low volume and high cost, non-tertiary services —

That is what most of the people in those areas need. It continues —

which make up the bulk of hospital services, should be provided closer to where people live.

Less than one-fifth of hospital admissions in Perth tertiary hospitals —

Royal Perth Hospital —

are for tertiary or quaternary services.

This bill will lock up good, essential resources that need to go into areas of high growth. As the minister himself knows, the Reid review went through that quite extensively and consulted extensively on all those issues.

I concur with my colleagues who spoke previously about what the review was trying to achieve. I took the opportunity to read the Reid review, although perhaps I have been tardy in not reading it prior to this evening. While the need for change is accepted by all, the risk is that incremental change will continue through, for example, refurbishing and expanding existing hospitals on their current inappropriate locations, resulting in uncoordinated expansion of tertiary hospital services. That is what this bill effectively does.

I have banged on about the Mirrabooka redevelopment and the ideas we were discussing concerning a health service there. A health centre in that vicinity would assist the people in that area. Also, in effect, this bill takes away the sort of funding that is needed in other areas, such as for the midwifery program that we talked about, because it will lock that funding into something that is not sustainable in the future.

We spoke today about bridging the gap, and I think a question was asked of the minister along those lines. I am at a loss to know how implementing something via a Royal Perth Hospital Protection Bill will actually bridge the gap between Indigenous health —

Dr K.D. Hames: A huge number of patients go to Royal Perth Hospital.

Ms J.M. FREEMAN: Most of them do not need tertiary care; they need secondary care. That should be provided in their areas.

Dr K.D. Hames: Do you know that more than 50 per cent of patients going to Royal Perth Hospital now are admitted? Why do you think they are admitted? Because of serious medical problems.

Ms J.M. FREEMAN: They should go through a health service that will admit them to a tertiary hospital that will not lock up resources. Speaking of which, other than reading the Reid report, I took the opportunity when researching to visit our very valuable Parliamentary Library upstairs. If anyone has the opportunity to read page 56 of the Reid review, they can see a map of where the hospitals are located and they can see a big gap in the middle of the map that shows where there is a large socioeconomic group of people who require health care— that is, the residents of Nollamara, Mirrabooka, Koondoola and Alexander Heights who have a high need. That was pointed out in the document titled “Health 2020: A Plan for Metropolitan Perth”, which Mr John Day, the then Minister for Health released. He said at the time that people were looking for quality services as close to home as possible and that we were faced with a rapid population growth in the outer metropolitan suburbs and inequities in health status for some groups in our community. They are the groups that live in the areas that I am lucky enough to represent.

Mr J.E. McGrath: Did the electorate of the former Minister for Health, the member for Yokine, take in Nollamara?

Mr Mark McGowan; Acting Speaker; Dr Kim Hames; Mr Paul Papalia; Mr Chris Tallentire; Ms Janine Freeman; Mr David Templeman; Deputy Speaker; Dr Janet Woollard; Ms Alannah MacTiernan; Mr Tony O'Gorman; Ms Rita Saffioti; Mr Martin Whitley

Ms J.M. FREEMAN: No, not when he was the Minister for Health.

Mr J.E. McGrath: I was just wondering who in this place had been the representatives for that area.

Ms J.M. FREEMAN: There have been many. The Reid review was set up in 2003. It went through a very long and complicated process to unlock the sorts of resources that get bogged down in tertiary hospitals in order to give the sort of funding that would mean there could be a service centre in Mirrabooka. That was the purpose, not for us to go back and lock down resources in areas that are not the most efficient and effective way of making sure that we service some of the neediest people in our community. I found the "Health 2020: A Plan for Metropolitan Perth" report really interesting. It states —

With changes in the demography of Perth, and with changing community expectations about health, the inner city can no longer be considered the focal point for the delivery of health services.

This is a report of the previous Liberal government. It also states —

The use of publicly funded health services is not evenly distributed across Perth, with areas of high use linked with low socioeconomic status following an arc from Mirrabooka and surrounds to Midland in the east through to Armadale in the south-east, and in the areas south of Fremantle, particularly Kwinana.

Unfortunately, I cannot enlarge this page by power point but the "Health 2020: A Plan for Metropolitan Perth" report at figure 7 shows the "lowest quartile index of relative socioeconomic disadvantage" and its use, and slam bang in the middle is Mirrabooka, which has a need. The government is taking away resources from the constituents of that area. The report states —

The crude mortality rate of 9.54 per 1,000 in areas with the highest levels of socioeconomic disadvantage, such as Mirrabooka, Bentley and Kwinana, compares unfavourably with the crude mortality rate of 6.40 per 1,000 for metropolitan Perth.

I want to know how this bill delivers to those people most in need. Like the member for Rockingham, I am at a loss to know why one particular hospital requires protection while other services are impacted on to their detriment. It is bad policy. My colleagues have spoken of it as political expediency. It is somewhat concerning to come to this place and have something like this presented when so much more needs to be developed around health in this state. The Reid review talked about that and came out with recommendations for that which have been acted upon. I have heard the minister commend some of the decisions and the projects.

I would like to give my experience of Royal Perth Hospital. As every member is fully aware, I worked for the Australian Liquor, Hospitality and Miscellaneous Union, which covers ancillary workers, orderlies, patient-care assistants and cleaners in hospitals throughout the state. My experience of Royal Perth Hospital when representing members of the LHMU was mostly related to injuries they suffered at the hospital. I was never an organiser in the area but I worked for a long time in the area of workers' compensation. Despite the best attempts of occupational health and safety staff at Royal Perth Hospital, which were exemplary, a large number of injuries occurred, predominantly because the buildings are very old, but many of them were health related. The member for Gosnells spoke about one particular issue I dealt with. I know it as VRE, and he talked about it as being something else. VRE is a resistant bacteria and it is a massive problem that Royal Perth Hospital has because of its age and facilities and because it has deteriorated over the years. It has served us well over the years, but it does not serve us well in the form it is in and as a tertiary hospital any longer. The cleaners had to use Pefin to deal with VRE, which has a pretty horrible chemical and is very dangerous when it becomes vaporised. Many people became very ill. They suffered from chemical sensitivity problems, which impacted on their employment. Therefore, any consideration of protecting the Royal Perth Hospital building must take into account the health of the workers, given the building's age and the ongoing problems with bacterial infection. Staff at Sir Charles Gairdner Hospital do not have to use Pefin and nor do staff at any other hospitals in this state.

Dr K.D. Hames: The northern block that we propose to retain is the newest building of the hospital.

Ms J.M. FREEMAN: Staff must still use Pefin all through the hospital. That is why I concur with the previous speakers. If the government is to protect a hospital, it must make sure that what it is protecting will not be a danger in the future to funding and resources in other areas and the workers who must work there. That is why it seems to me perfectly reasonable that this bill should be referred to the Education and Health Standing Committee for further discussion and investigation.

Perhaps I am repeating myself, but any consideration of protecting any hospital should not be to the detriment of any other health services. The government is protecting a hospital in the middle of the city for people who do not

Mr Mark McGowan; Acting Speaker; Dr Kim Hames; Mr Paul Papalia; Mr Chris Tallentire; Ms Janine Freeman; Mr David Templeman; Deputy Speaker; Dr Janet Woollard; Ms Alannah MacTiernan; Mr Tony O'Gorman; Ms Rita Saffioti; Mr Martin Whitely

need services in the middle of the city; they need services in their communities that are accessible and they need them now, not a hospital where the expectation is that it will service them when it does not.

MR D.A. TEMPLEMAN (Mandurah) [8.08 pm]: I am very pleased to contribute to the debate this evening on the Royal Perth Hospital Protection Bill 2008. I have listened to a number of previous speakers express concerns over the singling out of one hospital and protecting its future. I obviously respect the Liberal Party policy that it took to the election and for introducing a bill of this nature. I am sure that all members who have made a contribution so far have referred to the bill in the context of health services provided within reach of their electorates. Reference has also been made this evening to the Reid report, which of course was ultimately commissioned some years back by the Labor Party when in government. It focused on a blueprint for ongoing health services in Western Australia. The Reid report was very good and made a very good summary of needs and how government and ultimately the community of Western Australia should have appropriate access to services, whether at a primary or community health service level or tertiary services level. The previous Labor government made a landmark decision to build a major tertiary hospital—Fiona Stanley Hospital—in the southern metropolitan area.

I want to comment on the Reid report. I am pleased that my good friend the Minister for Health is in the chamber tonight. My concerns about Peel are of particular interest to him and to me. Prior to 1996, the residents of Peel were serviced by Mandurah Hospital. Before then, most of the key health services were ultimately delivered at Pinjarra Murray District Hospital. Mandurah Hospital was constructed in the mid-1980s. The Court government engaged a private contractor to operate the new Peel Health Campus and in 1996 the contracts were signed. That saw the establishment of Joondalup Health Campus under the same model of a private contractor being contracted to provide public services. I went to public meetings before I entered Parliament, and even before I was a councillor on the City of Mandurah. The Minister for Health might have been aware of the issues then, but he was not the local member at the time. The public meetings in Mandurah involved a very passionate debate about whether we should have a public hospital or a hospital based on the model proposed by the Court government at the time. The debate raged very passionately. There were very strong advocates for Peel Health Campus being a state-owned-and-operated hospital. The government at the time put the case that a private health contractor should provide the service. Being on the Labor side of politics, I supported building a state-owned public hospital that was run by the state. However, we lost the argument. I acknowledge that. Unfortunately, some people, even from my side of politics, never got over that, to be honest. Many people still believe that it should be a public hospital. My view, particularly since I have been the member for Mandurah, is that the key issue is the quality of service and the range of services that need to be provided at Peel Health Campus to deliver quality health outcomes for the growing population. We have heard from a number of members this evening who have spoken about the growth that they have experienced in their electorates.

An important weakness in the Reid report—I am interested to hear the minister's view on this—concerns where Peel Health Campus sits in the Reid report. I raised this issue with the previous Minister for Health a number of years ago. My criticism of the Reid report is that Peel Health Campus sat outside of everything. The country hospitals—the regional hospital centres of Bunbury and Geraldton—had a very clear plan. They were to provide specific services and they were to be appropriately resourced to do that. The metropolitan services included Joondalup Health Campus, Armadale-Kelmscott Memorial Hospital and Swan District Hospital. However, the Reid report did not clearly define where Peel Health Campus sat in that statewide process. That is a criticism of the Reid report. I surmise that the model that operates at Joondalup Health Campus is different from that which operates at Peel Health Campus. The crux of the matter is that there has never been a realisation in the major parties or even in the Department of Health about what is the status or what should be the status of Peel Health Campus. Over the past 10 years, under both governments, a number of incidents have occurred whereby threats have been made to either withdraw or not provide services at Peel Health Campus. For example, we faced a lack of doctors and obstetricians and had to make sure that we could continue to provide a quality obstetrics service at Peel Health Campus. My son was born there. There is no question that the staff there are tremendous. Dr Peter Kell delivered my son. I am sure that the Minister for Health is aware that Dr Kell raised the concern that the Department of Health has basically said that patients from the Singleton-Golden Bay area will no longer be admitted to Peel Health Campus for obstetric services. The idea is that they will go to Rockingham-Kwinana District Hospital.

The members for Murray-Wellington, Dawesville and I live—I should not say “live”; the minister has a residence there—but we represent the fastest growing region outside of the metropolitan area. Members on my side constantly mock me about the regional issue and I constantly remind them that the City of Mandurah is a regional city. Just like any other regional centre in Western Australia, Mandurah deserves quality health services. People who live and work in the Peel region want their children to be born at Peel Health Campus. Why should

Extract from Hansard

[ASSEMBLY - Tuesday, 7 April 2009]

p2828b-2855a

Mr Mark McGowan; Acting Speaker; Dr Kim Hames; Mr Paul Papalia; Mr Chris Tallentire; Ms Janine Freeman; Mr David Templeman; Deputy Speaker; Dr Janet Woollard; Ms Alannah MacTiernan; Mr Tony O'Gorman; Ms Rita Saffioti; Mr Martin Whitely

they not? I will fight to the end of the earth anyone on either side of the chamber who says that they should not do that. Those people have a right to want that. Members should not tell me that I do not represent a region, because I get sick and tired of it!

An opposition member interjected.

Mr D.A. TEMPLEMAN: I am just getting a bit theatrical. I forgot my pills! I am very passionate about this. The people who live in Peel—that encompasses Mandurah, Pinjarra, Waroona, Dwellingup and Boddington—want to make sure that they have access to quality health services. The nearest health service that they believe should be providing those services, whether or not we think we have the resources or money to do it, is Peel Health Campus. That is what they want. I do not believe it is appropriate for members to come in here and tell me what my community wants. We know what we want. I will fight and I will argue consistently that the services that are provided in Peel must be relevant to the needs of the growing community. If reports like the Reid report—exhibit A—either do not or cannot deal with Peel, we must be serious about looking at how we can plan for Peel in the future. I am sorry, but our population will not decrease—unless, of course, we have a rise in the sea levels! The population will not decrease; it will continue to increase. Today in question time, the Minister for Planning—I listened very carefully to the minister and was not derogatory to him—mentioned that he would release more land in Peel so that more people can live there, particularly young families, who are moving there because of the housing and land affordability. We must make sure that we provide them with the quality health services that those families and growing communities will require. They will not be serviced—I am sorry, members for Warnbro, Rockingham and South Perth—by hospitals in the metropolitan area. They will be if their needs are of a tertiary or specialist nature. In that case there can be no argument, because the best quality access is necessary.

However, if the population is growing eastwards to Pinjarra and southwards to Waroona and the government is releasing more land and encouraging people to make that area their home, they have a right to be able to access services. If women want to have their babies in that area, they have a right to have those babies at Peel Health Campus. If people in the Peel region, many of whom are of an age in which important surgeries are required, require a knee or hip replacement, they have a right to expect that those services would be provided to them at Peel Health Campus. I am very interested to hear what the Minister for Health has to say about that. I am aware that I have drifted away from Royal Perth Hospital, but I am very passionate about this issue.

I was pleased to hear the member for Nollamara talk about the people who work in these hospitals. It does not matter in which area a hospital is situated—the Pilbara, Kimberley, Peel or south west region—one would hope and expect that the working men and women in hospitals who are performing very important work, irrespective of whether it is the nursing staff, medical staff, the staff keeping the hospital clean or the staff undertaking other important work, would be protected and would receive appropriate remuneration for their work. Currently at Peel Health Campus there is an ongoing industrial dispute, which I am sure the Minister for Health is aware of, involving the low-paid workers at that hospital. I support them and I have a great deal of admiration for the chief executive officer of Peel Health Campus. I would like to see a good outcome, and I hope that the current industrial dispute can be resolved. These people deserve the modest pay rise that they are asking for. I hope that the issue can be resolved.

I never get any complaints about the staff at Peel Health Campus. The nurses and the medical staff work under a great deal of strain. The emergency department was doubled through the actions of the former Minister for Health, Jim McGinty. It was very badly needed because of the sheer volume of emergency patients going through that department. The renal dialysis unit, which is a very important program, was doubled.

It is very important that when members in this place argue about ensuring that services are provided in our communities, wherever they might be in Western Australia, they respect the growth that is occurring in my region. The necessary services that are required in my region should be provided so that people can have access to those important services when they require them. Part of the problem is that members do not link in things. Like a couple of other government departments, one of the problems for the Peel region is that it is ruled by a bureaucracy in either Perth or Bunbury. I have always said that in many respects Peel, unfortunately, has been between a rock and a hard place, because there has been a wavering boundary. Unfortunately, some people will say that people in the region are city fringe dwellers, which is what my very good friend the member for Albany continues to accuse me of being. These people have no idea that the Peel region comprises many rural communities. The member for Murray-Wellington would know that the only medical service provided in the town of Dwellingup is basically through a nursing clinic.

Mr M.J. Cowper: She does not have a clinic to operate out of.

Mr Mark McGowan; Acting Speaker; Dr Kim Hames; Mr Paul Papalia; Mr Chris Tallentire; Ms Janine Freeman; Mr David Templeman; Deputy Speaker; Dr Janet Woollard; Ms Alannah MacTiernan; Mr Tony O'Gorman; Ms Rita Saffioti; Mr Martin Whitely

Mr D.A. TEMPLEMAN: There we go; there is probably only a nurse and no clinic. She probably works out of a small —

Mr M.J. Cowper: She works out of a car.

Mr D.A. TEMPLEMAN: Out of a car.

[Member's time extended.]

Mr M.J. Cowper: What about the mosquitoes?

Mr D.A. TEMPLEMAN: I am coming to that, because I want to raise it with the minister as well.

The Peel region provides services to people from surrounding rural towns. I give as an example the town of Dwellingup, which has a population of several hundred people and a catchment area. These people deserve quality access. I want protection for them. If it is protection that needs to be enshrined in legislation, I would be happy to second a motion to introduce a Peel health services bill that is aimed at protecting those services. We are talking about quality services that deliver outcomes that people expect and deserve to have at their call.

I am glad that the member for Murray-Wellington reminded me of mosquitoes. For a number of years the mosquito problem in Western Australia, particularly the Peel region, has been a major concern. In the past four years, particularly the past six months—interestingly since the Liberal Party, with the help of the National Party, was elected to government—the mosquitoes have got worse. I do not want to blame Premier Barnett for us being bitten by mosquitoes simply because his party was elected to government! Seriously, there is a major mosquito problem throughout the Peel region. It is so serious that it threatens the economy.

The DEPUTY SPEAKER: Member for Mandurah. I appreciate that you are an expert on mosquitoes. Can you please come back to the point; that is, the Royal Perth Hospital Protection Bill?

Mr D.A. TEMPLEMAN: Thank you, Mr Deputy Speaker, but the mosquito problem is very important. If somebody was bitten near, for example, Royal Perth Hospital and he required treatment for Ross River virus or Barmah virus, he would want to ensure that a preventive program was in place that would, hopefully, prevent the mosquito from biting him near Royal Perth Hospital in the first place. We have that in place at the moment. In the Peel region over the past 10 years the Contiguous Local Authorities Group, CLAG, has received funding from the state government, with some top-up funding from local government, to investigate the mosquito problem. The Minister for Health is reviewing the CLAG funding scheme for health-driven mosquito management. My concern is, and it brings me to the crux of the Royal Perth Hospital bill—I am getting to it now—that if we allow the funding to a service like that to be cut, the ramifications into the future for the community will be very frightening, irrespective of whether it is a community that is serviced by Royal Perth Hospital or Peel Health Campus.

Dr K.D. Hames: I think I missed the crucial point you made because, unfortunately, I was involved in another conversation. I missed the area in which funding is being cut.

Mr D.A. TEMPLEMAN: I am talking about the current review into CLAG and the provision of services to deal with the mosquito problem in the Peel region. I am sure Royal Perth Hospital would see patients affected by Ross River virus and other viruses.

Dr K.D. Hames: I doubt it. They would go to Peel Health Campus, but I share your concerns.

Mr D.A. TEMPLEMAN: Like me, local government is concerned, and I am sure it has raised its concern with the minister. From reading the report that is out for consultation, it seems that the view is that Peel Health Campus has been receiving over and above its funding level. There is a very good reason for that—that is, the trouble we have been and are having. I am hopeful that the minister does not at any time allow a reduction in the services. I do not have a problem with looking at what the program does, whether it is effective or whether other things need to happen, but we cannot allow a program to be downgraded or diluted when we know that there will be a continuing mosquito problem in the Peel region that could, with climate change issues et cetera, spread to other parts of the state and even into the Swan River catchment area. There are some real issues.

Dr K.D. Hames: Can I respond?

Mr D.A. TEMPLEMAN: Yes, and I am sure the minister will respond, because I have a lot of faith in him.

Dr K.D. Hames: I want to do it now.

Mr D.A. TEMPLEMAN: I am happy for the minister to interject.

Dr K.D. Hames: The difficulty I have is that I have discovered that the department is doing a review and making comments like it has to look at how the Peel Health Campus might have got too much funding. I cannot

Mr Mark McGowan; Acting Speaker; Dr Kim Hames; Mr Paul Papalia; Mr Chris Tallentire; Ms Janine Freeman; Mr David Templeman; Deputy Speaker; Dr Janet Woollard; Ms Alannah MacTiernan; Mr Tony O'Gorman; Ms Rita Saffioti; Mr Martin Whitely

predetermine the outcome of my department's review and say that will not happen, but I can say that I have made it clear to it that I would not be of any intention to reduce the funding to the Peel Health Campus and —

Mr D.A. TEMPLEMAN: The CLAG funding —

Dr K.D. Hames: Yes, the Contiguous Local Authorities Group funding. Perhaps it could incorporate that into its review, but I cannot tell it to.

Mr M.J. Cowper interjected.

Mr D.A. TEMPLEMAN: The member for Murray-Wellington has accused me of saving the Peel from any funding cut, and I thank him for that.

I will finish with these comments. I have spoken tonight about the Royal Perth Hospital Protection Bill 2008 with a leaning towards the needs of the Peel Health Campus, and I am very serious about this: when we are looking at bills that aim to protect one hospital, we cannot do that without looking at the other communities throughout the state that have growing needs, such as the Peel region, and that require a clear strategy, one that looks into the next 50 years and shows how we are going to provide health services for growing populations and changing demographics. I hope that the minister has listened to my excellent contribution this evening and that, if he can make sense of it, he responds to it.

DR J.M. WOOLLARD (Alfred Cove) [8.31 pm]: This bill was introduced last year because the government made an election commitment to save Royal Perth Hospital. The Minister for Health knows that I have put on record many times that I would not support saving Royal Perth Hospital if it meant that services and beds would be taken away from Fiona Stanley Hospital. Prior to that election commitment, the Liberal Party gave a commitment in this house that it would complete stage 1 and stage 2 of the Fiona Stanley Hospital, which would provide 1 000 beds in the south metropolitan area. Those 1 000 beds were identified in the Reid report, which followed a review conducted five or six years ago.

Dr K.D. Hames: It was commissioned in 2003 and I think it was completed in 2004.

Dr J.M. WOOLLARD: The report was published in 2004. Five years ago the Reid report identified the deficiencies in health services in the south metropolitan area and recommended that a new tertiary hospital be constructed by 2015. As the minister rightly pointed out in the house the other day in response to a question, we are well behind the eight ball in terms of getting those services for the south metro area.

We have heard a lot of debate in the house today about what will happen if Royal Perth Hospital is retained. What will happen to the beds and services at other hospitals? I am sure that the minister will assure members of Parliament in his reply that a plan currently being developed by the Department of Health, which should be completed by the end of May, will report on the beds and services that will be required in the metro and rural areas for the next 10 years. The Education and Health Standing Committee, which is undertaking a review of current and future hospital and community health care services, is keeping fairly close tabs on what happens north and south of the river. Obviously, my keen interest is ensuring that not only is Fiona Stanley Hospital completed as soon as possible, but also those other hospitals that were due to have additional beds and services still get them.

At the moment, health services in the south metro area consist of Royal Perth Hospital, Bentley Hospital, Armadale-Kelmscott Memorial Hospital, Rockingham-Kwinana District Hospital, and services as far down as Mandurah—the minister may correct me—but it is a very large area. The bill provides for the name “Royal Perth Hospital” to be kept and for a structure called the Royal Perth Hospital to be located on lots 915, 916 and 917. The bill does not specify the whole of those three lots. In fact, several years ago rehabilitation facilities were planned for lot 915. Those rehab facilities are now going down to Fiona Stanley Hospital, so I do not think that this bill precludes—and I am interested in the minister's comments on this—part of those lots being sold later and, I guess, the millions of dollars that are raised from the sale going back into health care services. I also do not think that the bill precludes—considering how Royal Perth Hospital is part of the south metro health services area—the new hospital that will be built at Murdoch from being called the “New Royal Perth Hospital”, rather than Fiona Stanley Hospital. The hospital that is the subject of this bill today could still be called Royal Perth Hospital, but it could be part of the group that would then be the “New Royal Perth Hospital” at the Murdoch site, or the lots referred to in this bill as Royal Perth Hospital, or Fremantle Hospital, or any other hospital that the government decided to pool within that group. This bill, other than saying that some beds and services will be maintained at that site as part of Royal Perth Hospital, does not give any numbers, although the minister has said 400 beds.

Mr Mark McGowan; Acting Speaker; Dr Kim Hames; Mr Paul Papalia; Mr Chris Tallentire; Ms Janine Freeman; Mr David Templeman; Deputy Speaker; Dr Janet Woollard; Ms Alannah MacTiernan; Mr Tony O'Gorman; Ms Rita Saffioti; Mr Martin Whitely

Another issue that the standing committee is investigating is bed numbers. Whereas Professor Reid recommended 1 000 beds in the south metropolitan area by 2015, we now know that an additional 150 beds will be required, predominantly in the south metropolitan area. We read statistics in the feasibility and capacity plan, in which it is called capping and uncapping. The health department is looking at different models, and we should have those figures by the end of the month, when we will be able to determine what services will go to the old Royal Perth Hospital, or as this bill calls it, the Royal Perth Hospital site, and then possibly the “New Royal Perth Hospital”, which the previous government was going to call Fiona Stanley Hospital. However, that does not preclude this minister from calling what was going to be Fiona Stanley Hospital the “New Royal Perth Hospital”, so that possibly the new children’s hospital could become Fiona Stanley Hospital.

Dr K.D. Hames: Just to clarify by way of interjection what is known as Fiona Stanley Hospital, I thought at the time it was inappropriate and that, as wonderful a woman as she is, a new children’s hospital would be better named after her. But Fiona Stanley Hospital has now become so entrenched in the nomenclature that we have no plans to change that, so we will leave it as Fiona Stanley Hospital—unless somebody on my left convinces me otherwise!

Dr J.M. WOOLLARD: I agree, minister.

Ms A.J.G. MacTiernan: Maybe you could just name an operating theatre after her.

Dr K.D. Hames: There was a suggestion that the new children’s hospital should be called Fiona Stanley Hospital and that has some merit, but I think it’s too late now.

Dr J.M. WOOLLARD: I think it is never too late, minister. There is never a dull day in this place.

Ms A.J.G. MacTiernan: Do you like the idea for the “New Royal Perth Hospital” that the member for Alfred Cove is proposing?

Dr K.D. Hames: No; I’m saying that we’re not going to do that.

Mr D.A. Templeman interjected.

Dr J.M. WOOLLARD: Provided I get the 1 000 beds, plus the additional 150 beds that are needed in the south metropolitan area that have been identified in future planning as a shortfall.

The Education and Health Standing Committee has been trying to get statistics on the number of beds that were to be moved from Royal Perth Hospital to the other hospitals. Royal Perth will now be saved as a 400-bed hospital. We do not know where those beds will be moved to or where the beds are needed. Opposition members who have hospitals within their electorates are concerned that those hospitals may lose some beds and services.

This bill simply provides that the name of the hospital will be retained and that a hospital facility will be kept on the site. The minister has said that the hospital will have 400 beds. He has given a commitment in this house that there will be no fewer beds at the hospital, even though other members are concerned about regional hospitals. I am obviously very pleased that the minister has given the commitment that Fiona Stanley Hospital, which will now not be called Royal Perth Hospital, will be completed with 1 000 beds, as was planned when the Reid report was released. I look forward to seeing the state plan that will be released at the end of May to see where the additional 100 to 150 beds are required and to see whether more beds will be needed at Fiona Stanley Hospital or at other facilities further south of the river. The minister has given a commitment in this house that this bill will not affect Fiona Stanley Hospital. Providing that no other facts are released, I will support the bill.

MS A.J.G. MacTIERNAN (Armada) [8.43 pm]: I need to put on the record that I think the Royal Perth Hospital Protection Bill 2008, which is before us today, is a particularly poor piece of policy. We know that our health system is a network. The government cannot deal sensibly with a network just by picking out one piece of that network and dealing with it separately from the rest of the network. However, that is what we are doing here, and we are doing that for the crassest of political reasons. It stands in great contrast to the approach taken by the former member for Fremantle when the previous government established the Reid review. The Reid review looked at the entire system and at the configuration of services that were available across the metropolitan area. It made an assessment of where growth was occurring and it made an assessment of how those needs could be best placed for the coming decades. This bill is a piece of policy that picks out one part of the network, not recognising that it is one part of the network.

Clause 8, which deals with the retention of the name Royal Perth Hospital, really wraps it all up. I do not have any problem with having a hospital called Royal Perth Hospital. I am a bit of a traditionalist. But the fact that we would want to enshrine that in legislation shows what a backward-looking piece of legislation this bill is. It is truly a conservative piece of legislation.

Mr Mark McGowan; Acting Speaker; Dr Kim Hames; Mr Paul Papalia; Mr Chris Tallentire; Ms Janine Freeman; Mr David Templeman; Deputy Speaker; Dr Janet Woollard; Ms Alannah MacTiernan; Mr Tony O'Gorman; Ms Rita Saffioti; Mr Martin Whitley

Dr K.D. Hames: It is called keeping an election commitment.

Ms A.J.G. MacTIERNAN: I absolutely understand that it is an election commitment. I understand that is why the government has brought in the bill and that is why it will get the bill through. But that does not in any way diminish the fact that it is an exceptionally poor piece of policy.

The member for Gosnells talked about his concerns for Armadale-Kelmscott Memorial Hospital. I also want to raise those concerns in this context. It was very clear in the Reid review that there would be a Royal Perth Hospital, but it would not have the same status.

Dr K.D. Hames: No, there wasn't.

Mr C.J. Barnett: There wasn't in Reid. Reid did not recommend that. Reid recommended no Royal Perth.

Ms A.J.G. MacTIERNAN: Our commitment was that there would still be a central-city facility.

Dr K.D. Hames: No.

Mr C.J. Barnett: Member for Armadale, that may have been a position you subsequently adopted as a government, but the Reid report did not say that.

Ms A.J.G. MacTIERNAN: It certainly was a position that our government took: we were not going to eliminate any hospital facilities in the central area. We were quite clear that we wanted to retain a facility at the hospital site, while at the same time making sure that we recognised that the Perth metropolitan area was much bigger than it was 156 years ago when Royal Perth Hospital was first established. We need to recognise that the metropolitan area is now much more expansive. We need to ensure that the network is properly distributed across the metropolitan area. Of course, Royal Perth Hospital has a very interesting and proud history, and no-one would want to diminish that history. However, other hospitals also have very proud histories. If this were the way to do policy, and if it were sensible to pick out the eyes of a network and enshrine a protection bill to do exactly that, it could apply to the Armadale hospital. In many ways that hospital has quite a unique history. Community agitation and community funding for that hospital ensured that it was built. It was not a church group or a government instrumentality but, indeed, the people of Armadale who started a fund in 1946 to purchase the private hospital that was at that stage about to be sold. They established a fund to purchase the facility because they were very concerned that it would be lost as a health facility. It was not a wealthy population, but the population was very determined to look after itself. It then raised the funds to buy new premises in the 1950s, which is where the hospital is currently located. This money was raised by the residents of Armadale. They went to Adelaide to persuade the landowner to sell them the land. They attached the word "memorial" to the name of the hospital in recognition of all the people from that district who had given great service in, and many of whom had lost their lives during, the Second World War. Armadale-Kelmscott Memorial Hospital has a very proud history. In the 1990s, an attempt was made to privatise that hospital. That caused the community to get up in arms. In 1998, the community held the biggest public meeting that has ever been held in Armadale when they marched from the RSL hall to the town hall to protest against the plan to privatise that hospital. That hospital has deep roots within that community. Is the minister suggesting that Armadale-Kelmscott Memorial Hospital should have its own piece of legislation to protect it? No, he is not.

As a matter of principle, this bill is extremely poor policy. Also, as a practical matter, although the member for Alfred Cove appears to be reassured by some bland statements from the minister, I am very concerned about the consequences of this bill for Armadale-Kelmscott Memorial Hospital. As part of the Reid review, that hospital was to be upgraded to become a 300-bed facility. Under our government's subsequent endorsement of that plan, that was to be achieved by 2015. I seek a similar assurance from the Minister for Health that Armadale-Kelmscott Memorial Hospital will not be put on the backburner as the minister seeks to accommodate all these other facilities. Can the minister tell me what the timetable is for the upgrade of Armadale-Kelmscott Memorial Hospital?

Dr K.D. Hames: The plans have not changed for that hospital.

Ms A.J.G. MacTIERNAN: Okay. Is the minister prepared to say in this place that his government is committed to expanding Armadale hospital to a 300-bed facility by 2015?

Dr K.D. Hames: I am prepared to commit to saying it will be expanded to a 300-bed facility. The only reason I am hesitant to state the exact year is because, as the member knows, there was not enough money put in the budget for Midland hospital, and there was no money put in the budget for Armadale hospital for 2015, so I still have to put together that funding package. However, it is my intention that it will be 2015.

Ms A.J.G. MacTIERNAN: I thank the minister for that statement. However, I must say that, logically, the minister cannot make something out of nothing. My very real concern is that if we bring on these new facilities

Mr Mark McGowan; Acting Speaker; Dr Kim Hames; Mr Paul Papalia; Mr Chris Tallentire; Ms Janine Freeman; Mr David Templeman; Deputy Speaker; Dr Janet Woollard; Ms Alannah MacTiernan; Mr Tony O’Gorman; Ms Rita Saffioti; Mr Martin Whately

and put all this money into the operation and the upgrading of Royal Perth Hospital, it will have a consequence. That consequence is that there will be an opportunity cost. I am very fearful that Armadale hospital will be one of the casualties of this proposal. I am very fearful that the move to upgrade Armadale hospital by expanding its facilities and its high-dependency beds and principally making it a fully functioning general hospital will be undermined by the minister’s determination to retain Royal Perth Hospital for historic reasons. I am concerned that the real consequences of this poor policy, of not seeing the health system as a network, and of thinking that just because the minister said something during an election campaign, it makes sense to do it, will be felt by these hospitals in the outer suburbs of the metropolitan area. This bill will be a gigantic opportunity lost for those hospitals. I am particularly concerned, as I have said, that Armadale hospital will be put on the backburner and that the much needed expansion will not take place. We recognise that the minister has a mandate for this policy because he took it to the election. However, this is not a policy that the minister should be at all proud of.

MR A.P. O’GORMAN (Joondalup) [8.53 pm]: I also oppose the Royal Perth Hospital Protection Bill 2008. This is a lightweight bill. It is a bill that has not been properly planned and thought out. It is policy on the run. I oppose this bill because it will cause extreme difficulty for my electorate of Joondalup and the surrounding electorates of Wanneroo, Ocean Reef, Hillarys and Kingsley, and also to the north in the electorate of Mindarie. As all members in this place would know, Joondalup Health Campus has been gazetted for a major expansion. The intended place from which it was to get the specialists and the doctors and the nurses to staff that expansion was primarily Royal Perth Hospital. Those people were to be redeployed to Fiona Stanley Hospital in the south and Joondalup hospital in the north. That redeployment is already taking place. In fact, the head of anaesthesiology at Joondalup hospital originally came from Royal Perth Hospital. I had a brief discussion with him prior to the election. He said that when he first came to Joondalup Health Campus, he looked at the number of elective surgery operations that were being done and he was amazed at how efficient Joondalup hospital was at doing those operations. He said he was further amazed when the powers to be at the hospital told him that they needed him to tighten things up a bit more and be a bit more efficient and get some more elective surgeries through the hospital. He said that after all his years at Royal Perth Hospital, his immediate reaction was, “Not a chance. We cannot do things any more quickly and any more efficiently at Joondalup Health Campus than we are already doing.”

Dr K.D. Hames: That is true. The same applies to Peel Health Campus.

Mr A.P. O’GORMAN: Yes, it is true. He then said that not only have we tightened things up a bit and started to push more patients through, but also we are doing it better and faster. This was from a professional who had come from Royal Perth Hospital. This bill will choke off that flow. This bill will keep all those professionals at Royal Perth, where they have been comfortable for the past I do not know how many years—149 years I think it is.

Dr K.D. Hames: I think it is 156.

Mr A.P. O’GORMAN: It will enshrine that in legislation. There will be no push on those professionals at Royal Perth to improve their services and their efficiency, because they will just turn around and say, “We are enshrined in legislation. Not even the politicians can force us to do it better, because what can they do to us? They cannot close us down.”

This bill is policy on the run. Through this process of trying to gain election votes, we now have a Barnett budget black hole that will go on for ever and a day. This bill will affect not only Joondalup Health Campus, but also our children and our children’s children. This bill will enshrine Royal Perth Hospital in legislation. The only way in which we will ever be able to change this legislation is if all those politicians in the future agree to change it.

Dr K.D. Hames: That is fair.

Mr A.P. O’GORMAN: It is not fair, because we should never do that to a health system. We should never do that to the public of this state. We should never use legislation to allow people to manipulate a situation and allow it to continue despite its inefficiencies. We also need to consider the inefficiencies of the building. The Royal Perth Hospital building is very old. North Block is not quite as old. However, believe me, I know buildings. Buildings deteriorate, and as they get older, more money is needed to be poured into them to keep them up to scratch. We have already heard tonight about the problem of dealing with infections at that hospital and about the types of chemicals that need to be used to keep those infections out. This bill will choke off many of the other hospitals in the metropolitan area, such as Peel, Armadale, Rockingham and Swan District, and definitely Joondalup. Joondalup Health Campus was supposed to become a teaching hospital in the not too distant future. This bill will make that more difficult. The government is now planning to keep the teaching hospital in the centre of the city. I doubt very much whether any of my constituents in Joondalup, or whether any

Mr Mark McGowan; Acting Speaker; Dr Kim Hames; Mr Paul Papalia; Mr Chris Tallentire; Ms Janine Freeman; Mr David Templeman; Deputy Speaker; Dr Janet Woollard; Ms Alannah MacTiernan; Mr Tony O’Gorman; Ms Rita Saffioti; Mr Martin Whitely

constituents in Kingsley, Ocean Reef, Wanneroo or Mindarie, or in Hillarys, for that matter, would make the trip to Royal Perth Hospital if they had a medical emergency.

I have heard lots of people say, “But it’s got a train station.” Since when did we provide ambulance trains? As far as I know we actually have —

Several members interjected.

Mr A.P. O’GORMAN: The veggie patch can talk later. We all know that those members opposite are all very thin-skinned potato heads. The veggie patch can talk later. That is what they do.

Dr K.D. Hames: What a harsh thing to say.

Mr A.P. O’GORMAN: The truth hurts; I know. It is tough, is it not? We will make sure that the people in the northern system —

A government member interjected.

Mr A.P. O’GORMAN: The member should have been here last time.

Under the Labor government, we did not make policy on the run; we spent a lot of time looking at what was needed across the metropolitan area and right across the state. Even the lot opposite admit that it was a good plan, because they have adopted it, except they have bastardised it.

Dr K.D. Hames: We are closer to it than your mob.

Mr A.P. O’GORMAN: They have bastardised it. They are seeking to lock in place something that is contrary to one of the key planks of the Reid report—namely, to close Royal Perth Hospital as a teaching hospital while maintaining services. The plan was to move most of those services out to hospitals such as Joondalup Health Campus, where the people are living, so that they do not have to travel 25 or 30 kilometres into the city in an emergency, when they need to be looking after the elderly in their latter years of life. That is what Joondalup campus was doing.

A few comments have been thrown around tonight about how we support the Joondalup Health Campus and that its operation has been outsourced. It is run by a private operator while providing a public hospital service. The truth is that prior to 1996 when it was outsourced, it was done very poorly as a result of very bad planning. The then Minister for Health, Hon Kevin Prince, had no idea what was going to happen in those northern suburbs. He did not look properly to plan for the growth that was expected there. He took the Wanneroo hospital from being, if I remember correctly, an 89-bed public hospital and turned it into a 311-bed hospital, with no thought whatsoever for future expansion. Those issues were raised at the time. As I have said in this place before, Mr Prince had a patronising attitude—I will not give my other thoughts on it—which was akin to saying, “Go away, little boy, you don’t know what you’re talking about.” But I did, because I lived there and I have lived there ever since. What I said has come to pass. There have been, I think, three different operators of that hospital. The management of that hospital has been sold from its original owners—I can see the logo, but I cannot think of the name of the company —

Mr A.P. Jacob: Mayne Health.

Mr A.P. O’GORMAN: Thank you, member for Ocean Reef. It has gone from Mayne Health to Affinity Health and to Ramsay Health Care, which is the present owner. In the early years, there were a lot of problems with that hospital; it had a pretty bad name. Reports of its problems hit the papers regularly. I think a lot of that was down to the operators from the eastern states that were there at the time. They were not local and were not aware of the issues or of the community and were not able to do it right. I have to say that now the current chief executive officer, Kempton Cowan, a local boy, is doing a fantastic job there, along with his staff, from the cleaners on the wards, the domestics who provide the meals and the laundry staff—the laundry is still done on site thanks very much to Kempton and the miscellaneous workers’ union for fighting for that a few years ago—to the specialists throughout the hospital. Kempton has turned it into a facility that is once again part of the community. It was very much a part of the community when it was Wanneroo hospital, and he has brought it back to that. He has ambitions for that place. He does not want it to be seen as second to Royal Perth, Charlie Gairdner or Fiona Stanley hospitals; he wants it to be seen as equal to those hospitals. He wants to raise its profile so that we can teach our health professionals of the future. He is doing that at the moment. Even though his budget does not come from the government—I think some of it does—if there is a shortfall through Ramsay, he makes sure that the student doctors and other health professionals have the opportunity to get that further education in the northern suburbs where they live. I certainly hope that my colleagues in the northern suburbs—I will not mention them again; I have mentioned them a few times—will support us in continuing to build the Joondalup

Extract from Hansard

[ASSEMBLY - Tuesday, 7 April 2009]

p2828b-2855a

Mr Mark McGowan; Acting Speaker; Dr Kim Hames; Mr Paul Papalia; Mr Chris Tallentire; Ms Janine Freeman; Mr David Templeman; Deputy Speaker; Dr Janet Woollard; Ms Alannah MacTiernan; Mr Tony O'Gorman; Ms Rita Saffioti; Mr Martin Whitely

Heath Campus to be a proper teaching facility and not one that is second-rate to Royal Perth or Sir Charles Gairdner or Fiona Stanley for that matter. We want it to be ranked highly by the local people, who like to have their health care delivered close to home so they do not have to make the 26 to 30-kilometre trip throughout the northern suburbs to the central area for their health services. I will oppose this bill at every possible chance I can and will tell everyone that the Liberal Party has done this with very little thought and very little planning.

MS R. SAFFIOTI (West Swan) [9.05 pm]: I would like to reinforce the comments made by my colleagues on the Royal Perth Hospital Protection Bill 2008. My key concerns are about what is contained in this bill and what impact this government's policy will have on the hospitals throughout the suburbs and on the Reid health reform plan. To start with the bill, it is, as I think we have all said, a very short bill for such a big priority. It talks about keeping the name Royal Perth Hospital and maintaining it as a public hospital. Beyond that it does not do much, so we are debating a bill about nothing in a sense. Labor had a plan based on the report undertaken by Mick Reid and by the committee of which I was a member, so I have a pretty detailed knowledge of the analysis and the recommendations of the Reid health reform. This bill departs from the Reid health reform; it does not get close to it, regardless of what the Minister for Health says. It departs from it in a significant way.

It is important to go back to why the review was undertaken to understand why departing from it undermines the entire plan. I especially want to note the work done by Mick Reid. I and everyone who dealt with him in Western Australia found that he was outstanding in understanding the very complex nature of health services in any state, particularly in Western Australia. We all thought he did a very good job with the work he did. He undertook a lot of consultation and a lot of work. The whole thrust of the Reid reform's recommendations was appropriate care in appropriate settings. He sought to develop a plan that would make health services sustainable for the longer term. One of the key factors that drove the Reid health reform and the reason it was conducted was the experience of the past—the 2001 inheritance. We overheard the Minister for Health talk about how it is a crime that not every hospital is totally funded. But let us go back to the 2001 inheritance. The forward estimates showed health funding growing by about 1.5 per cent per annum. That is what the coalition government left. No-one would have expected health to require only a 1.5 per cent increase in funding per annum. The 2000-01 budget papers clearly show that the previous government did not fund health appropriately. There was no certainty in the budget for hospitals and there was no certainty in the budget for the health system.

Dr K.D. Hames: Would it surprise you to know that a greater per cent was allocated under our government than under yours? Twenty-one per cent of state income went on health under our government and 19 per cent under yours.

Ms R. SAFFIOTI: I would not believe those figures; I would like to check them myself.

Dr K.D. Hames: I got them from the Treasurer in answer to a question on notice. I can show you his answer.

Ms R. SAFFIOTI: I would like to work it out myself. I would not believe anything the minister said.

The previous Liberal government underfunded health. Its forward estimates showed health funding growing at 1.5 to two per cent per annum. There was no budgeting. It is interesting to reflect on that. When some of the consultation was undertaken during the Reid health reform review, no-one understood what the budget was at the beginning of the year because there was no planning and no budgeting. The budget was out of control. The state had a growing and an ageing population. Its population distribution was changing dramatically. That was one of the key aspects the health reform analysed. It showed that the centre of population was growing into the northern and southern suburbs and there was a need to look again at the distribution of hospitals throughout the area. There was also a need to upgrade regional services to ensure that there were enough services and the capacity to deliver first-rate services throughout regional Western Australia.

The reason for the Reid review was that there was no budget and no plan. The previous Liberal government had the Health 2020 plan. It undertook a lot of consultation but the plan was never funded, stayed on the shelf and gathered dust. When we came into government, we undertook the Reid review because we wanted a comprehensive plan to deal with health throughout the state. The key point is that it had to be sustainable. One of the key reasons the Reid reform was undertaken was to ensure that there was a sustainable funding base for health into the future. Ministers can bring as many bills as they like into the Parliament and make claims that they will keep hospitals open and build others somewhere else, but if there is no funding, those claims are empty. I will go through the funding involved in the bill in a moment. If there is no planning or funding for the future, this bill has no credibility.

The aim of the Reid review was appropriate care in appropriate settings; strengthening the centres of excellence, the tertiary hospitals; and building up general hospitals in the suburbs. We have been talking about hospitals at Rockingham-Kwinana, Midland, Joondalup and Armadale-Kelmscott, where I was born. It was about ensuring that general hospitals could provide an adequate level of care for people in the suburbs. It was about creating

Mr Mark McGowan; Acting Speaker; Dr Kim Hames; Mr Paul Papalia; Mr Chris Tallentire; Ms Janine Freeman; Mr David Templeman; Deputy Speaker; Dr Janet Woollard; Ms Alannah MacTiernan; Mr Tony O'Gorman; Ms Rita Saffioti; Mr Martin Whitely

what we termed centres of excellence and making sure that tertiary hospitals had the best services and infrastructure available. It was about strengthening regional hospitals in towns such as Albany and Geraldton, and in the north west. It was about analysing what was happening across the state and making clear recommendations. I want to quote from page 15 of the Reid report, because I think it pretty much sums up why the review was undertaken. It states —

Consequently, there is currently a mismatch between the distribution of hospital beds and the areas of major population growth.

The analysis found a concentration of hospital beds in the city centre, so the Reid report tried to ensure there were hospital beds in the suburbs closer to where people were living. In response to the Reid recommendations the Labor Party undertook a plan of reform in a systematic and comprehensive way with significant funding attached to it, pouring money into infrastructure to ensure that the infrastructure facilitated better and more efficient service delivery across the state. The government made a massive injection of capital funding of billions of dollars—I think initially over \$10 billion allocated over 12 years—and introduced a program of rebuilding that included suburban general hospitals and, of course, regional hospitals. A significant amount of money was also put on the table for the brand-new Fiona Stanley Hospital, which we ensured was paid for with cash and was not reliant on borrowing. The recurrent budget was also corrected and recurrent funding was injected over the forward estimates with a growth of around five per cent per annum. That was the history. In 2001 there was no budget, no plan and no control. There was an unsustainable health system with no plan for the future. The Labor government plan was created and adopted. The key points were centres of excellence; building general hospitals; appropriate care in appropriate settings, including better delivery of health in the home; and improving regional hospitals to ensure that they upgraded their level of service delivery. As I said, any minister can walk into this place with a bill and say that the government will do this or that, but the key questions are: what impact will it have on other services that are planned throughout the state and will it actually happen?

I want to turn to the funding of the Royal Perth Hospital rebuilding. From all I have seen from the Liberal Party election commitments, the midyear review and an analysis of the Treasurer's Advance Authorisation Bill, I think the entirety of new funding for this hospital over the next four years is \$40 million.

Dr K.D. Hames: That is not true. It is \$10 million. The reason is that nothing will be spent on building over the next four years. We are not doing it in the next four years.

Ms R. SAFFIOTI: The government is not doing anything over the next four years?

Dr K.D. Hames: No, not unless I can generate money from alternative sources within that area. I must generate the money for the project from the Royal Perth Hospital precinct.

Ms R. SAFFIOTI: I am sorry?

Dr K.D. Hames: It does not matter. I will cover it in my speech.

Ms R. SAFFIOTI: There is \$10 million for Royal Perth Hospital. I think everyone would understand and believe that the Midland hospital now has a massive question mark hanging over it.

Dr K.D. Hames: Why is that?

Ms R. SAFFIOTI: Because the minister is not committing to it.

Dr K.D. Hames: There is \$180 million in the budget that the previous government put there but it is not enough by \$100 million.

Ms R. SAFFIOTI: Our government put it there, but the current government is undertaking a capital works review of all projects costing over \$20 million, of which this is a part.

Dr K.D. Hames: It is still there.

Ms R. SAFFIOTI: It is still there. The minister has also said that he will be going to the commonwealth for funding for it.

Dr K.D. Hames: We have.

Ms R. SAFFIOTI: If the \$180 million is there, why go to the commonwealth?

Dr K.D. Hames: It is a \$300 million project. Your government underfunded it by \$100 million.

Ms R. SAFFIOTI: No, we did not.

Mr Mark McGowan; Acting Speaker; Dr Kim Hames; Mr Paul Papalia; Mr Chris Tallentire; Ms Janine Freeman; Mr David Templeman; Deputy Speaker; Dr Janet Woollard; Ms Alannah MacTiernan; Mr Tony O'Gorman; Ms Rita Saffioti; Mr Martin Whitley

Dr K.D. Hames: Your government did. The first thing the former Minister for Health told me when I became minister was, "Sorry, we are \$100 million under for Joondalup and \$100 million under for the Midland health campus." You ask him.

Ms R. SAFFIOTI: Is the minister still committed to delivering the Midland health campus by 2014?

Dr K.D. Hames: Yes, I am.

Ms R. SAFFIOTI: We will see how it goes.

Dr K.D. Hames: I have said it publicly and I have said it at the hospital; in fact, I think I said it in Parliament the other day.

Ms R. SAFFIOTI: Is the \$100 million underfunding because the forward estimates do not go out to 2014?

Dr K.D. Hames: No, it is because your government did not put enough money in it to pay the full cost. Why do you think the former Minister for Health told me, "Sorry, we are \$100 million under for Joondalup and \$100 million under for the Midland health campus"? He was the former member for Fremantle.

Ms R. SAFFIOTI: I seriously cannot see the Swan health campus being built by 2014.

Dr K.D. Hames: It would not have been built by then under your government.

Ms R. SAFFIOTI: Will the minister guarantee that it is built and resign if it is not?

Dr K.D. Hames: Do you think I will still be here in 2015?

Ms R. SAFFIOTI: The minister will not be held to account for it. Royal Perth Hospital will have \$10 million spent on it over four years and there is no guarantee for Midland health campus. Because it departs from the Reid health plan, this bill will impact on the recurrent funding base for the entire health system. A three per cent efficiency dividend is being applied, which will basically suck money out of the health system. With less money, the government intends to run more hospitals. I am not sure whether anyone can believe that. There is no funding in the Treasurer's Advance Authorisation Bill for the planning for the upgrade of Royal Perth Hospital. I asked the Treasurer about that during the second reading debate on that bill. Can the Minister for Health clarify how much money is in the forward estimates for Royal Perth Hospital?

Dr K.D. Hames: There is \$20 million in the budget.

Ms R. SAFFIOTI: Okay. Another issue to be clarified is the number of beds that are to be at Fiona Stanley Hospital. I think the member for Alfred Cove was alluding to the number of beds the government is committing to at Fiona Stanley Hospital. Is it 600 or 1 000?

Dr K.D. Hames: There are two components. The first stage is 630-odd beds and it will expand to 1 000 in the out years. That was supposed to be done by 2015 except that you did not organise to do Fiona Stanley stage 1 by 2010, which was the former government's commitment. Your commitment to stage 1 blew out to 2014 or 2015 and there was no money in the budget for stage 2.

Ms R. SAFFIOTI: Is the minister's government committing to 1 000 beds too?

Dr K.D. Hames: It will become a 1 000-bed hospital.

Ms R. SAFFIOTI: What is the time frame for the 1 000-bed hospital?

Dr K.D. Hames: We are releasing a report in the next few months—the follow-up from the clinical services framework that was released by the previous government. That will show all those plans.

Ms R. SAFFIOTI: As I said, nothing will happen at Royal Perth Hospital for four years; there are question marks over the Midland campus; the member for Armadale has raised questions about the future of Armadale-Kelmscott Memorial Hospital; and the member for Joondalup has raised the issue of Joondalup Health Campus and its reclassification to a tertiary hospital over the long term, which was, again, a follow-up of the plan of the Reid health reform. It is quite certain that this decision will impact on the ability to perform and the funding of health services across the state, including the general hospitals across the suburbs. There is no doubt that the government cannot do what is being claimed with less money. It is keeping a hospital but with less money. That is a move away from the Reid health reform. That reform was all about creating a centre of excellence around what was known as the northern suburb, but which was really the city centre, and a centre of excellence and new major tertiary hospital in the vicinity of Murdoch. There is no doubt that the government's approach is a departure from the recommendations of the Reid health reform committee. Without the necessary funding, this is an empty gesture. It will do nothing to create certainty or to help improve the delivery of health services

Mr Mark McGowan; Acting Speaker; Dr Kim Hames; Mr Paul Papalia; Mr Chris Tallentire; Ms Janine Freeman; Mr David Templeman; Deputy Speaker; Dr Janet Woollard; Ms Alannah MacTiernan; Mr Tony O'Gorman; Ms Rita Saffioti; Mr Martin Whately

throughout Western Australia. It is basically a cheap political stunt that is being reinforced by a bill in this Parliament.

MR M.P. WHITELY (Bassendean) [9.22 pm]: I will make only a very brief contribution to the debate on the Royal Perth Hospital Protection Bill 2008 because other members have eloquently raised their concerns about the legislation, which could see resources diverted away from very necessary facilities. I share the member for West Swan's concerns about the future of the Midland health campus. The only point I want to make is that I reject the government's approach to politics. A very poor precedent is being set. The government is legislating away the policy discretion and flexibility of ministers. If this precedent is followed, this type of stunt legislation will be used to remove the discretion of ministers for health, education and police to run our systems properly. The National Party could introduce the "West Widgiemooltha Primary School Protection Bill" because the retention of the school was a sensitive issue for the National Party. It would then require the consent of both houses of Parliament to get rid of the West Widgiemooltha primary school, if such a school existed. What is so cynical and reprehensive in this approach is that it creates a precedent whereby Parliament is obliged to put an artificial obstacle in the way of good government. This bill is moving away from the focus of the Reid report and Labor's approach to health care, which was to have an integrated health system.

I will briefly outline the performance of the previous government. When we came to government, the two health ministers, Hon Bob Kucera and Hon Jim McGinty, were prepared to make difficult decisions and to tackle the health empires that existed. I remember the political pain Bob Kucera was put through when he removed some of the country health boards. Frankly, they did not add much to the delivery of health services in Western Australia. Labor's approach, through the Reid report and the adoption and modification of the Reid report's recommendations, was to respond to demographic changes and changes in circumstances. The Labor government basically responded to the needs of the community and designed an integrated health system so that people throughout Western Australia could get an appropriate level of service.

The Liberal Party's response, as demonstrated in this bill, is to not worry about the big picture. I appreciate that the Liberal Party is honouring an election commitment. I also acknowledge that it was good politics, but it was not good public policy. We are now obliged to follow through on the Liberal Party's short-term political imperative, which will lock us into a situation of bad public policy.

The "Save Royal Perth Hospital" campaign makes for a very good bumper sticker but it does not make good legislation. That is the basic problem with the legislation. It is the equivalent of legislating for the discretion of a Minister for Education to not shut a school that is underutilised when there is an opportunity to amalgamate schools. Those changes could be unpopular and a future government might commit to legislate for a school and oblige both houses of Parliament to repeal certain legislation. That is what is fundamentally wrong with this approach to legislation: it removes the discretion that is needed. It would have been okay for the Liberal Party to say that it disagreed with the Reid report and that it thought Royal Perth Hospital was underutilised and the new government would commit significant resources to bolstering the services offered at Royal Perth Hospital. It would have been okay to deliver an alternative vision. However, the Liberal Party said that this issue would play out well in some seats it aspired to win and it ran with the slogan "Save Royal Perth Hospital" and made that the basis of legislation.

That creates a precedent whereby short-term political advantage will see future governments of both persuasions—and potentially future ministers for health, education and police—locked into the ludicrous situation that will not allow them to respond appropriately to changing circumstances. This legislation obliges us in 10, 20, 30, 40, or 50 years, regardless of the circumstances, to deal with an artificial barrier for the government of the day. Alternatively, Royal Perth Hospital will be locked in perpetuity as a tertiary hospital. It is irresponsible government; it is not the way that we should legislate. It is a case of short-term political opportunism. I think this is endemic of what will be the downfall of the Liberal-National government. This government is already showing signs of a lack of commitment to due process and a lack of commitment to doing the right thing for the right reason. The Premier is looking at me quizzically. The Premier is the prime example. He has said that we need to look at local government amalgamations and that everything is open. He has said that all local governments need to be open to consider the process and that a review must be conducted into how local governments are operating. However, he recently put on his local member hat and gave an undertaking to exempt Peppermint Grove from any amalgamation. He said in Parliament that he was speaking as the local member, not as the Premier. The Premier cannot take off his Premier's hat. Making that type of announcement obliges all others to follow the Premier's lead. If the Premier does not understand that, he does not understand the power of his position. It is so typical of—

Mr C.J. Barnett: We went to the election and people voted for it, including many of your constituents.

Mr Mark McGowan; Acting Speaker; Dr Kim Hames; Mr Paul Papalia; Mr Chris Tallentire; Ms Janine Freeman; Mr David Templeman; Deputy Speaker; Dr Janet Woollard; Ms Alannah MacTiernan; Mr Tony O'Gorman; Ms Rita Saffioti; Mr Martin Whitely

Mr M.P. WHITELY: I acknowledge that the Liberal Party went to the election with a commitment. There is pure politics in the approach that the Liberal Party has taken.

Several members interjected.

The ACTING SPEAKER: Order, members!

Mr M.P. WHITELY: However, the government has established a precedent that future governments and future oppositions can follow for a cheap political advantage.

Mr C.J. Barnett interjected.

The ACTING SPEAKER: Premier!

Mr M.P. WHITELY: This government has established a precedent that future governments and oppositions will be able to follow for cheap political advantage. It will allow them to put obligations on future Ministers for Health, future Ministers for Education and Training and future Ministers for Police to keep open facilities in perpetuity or go through an additional step of having to go to the Parliament to get the closure put through. Closing facilities, or reconfiguring facilities, which is what was to apply to Royal Perth, is, in any case, a difficult political process. I remember that the minister said in his second reading speech on this bill that such an action would put beyond the whim of a bureaucrat the fate of this major public hospital. That is a nonsense. Closing or reconfiguring, as it was in the case of Royal Perth, a hospital, school or police station is not done in a vacuum. Each case is a political issue and whoever is responsible for it has to sell the merits of their argument to the public. Checks and balances are to be put in place. We do not need artificial barriers for future governments, such as the requirement for the approval of both houses of Parliament.

I can imagine the circumstances that would apply in a case in which the government has the numbers in the lower house but does not control the numbers in the upper house. It would actually be obliged to follow bad public policy by keeping a facility open that, frankly, needed to be closed or reconfigured, in the way that we made the obligation to reconfigure Royal Perth.

Without going to the merits of the future of Royal Perth Hospital, this legislation shows the cynicism and the short-term use of political advantage by the —

The ACTING SPEAKER (Mr P.B. Watson): Member for Pilbara, I suggest that you listen to the member who is on his feet, who happens to be one of your members.

Mr M.P. WHITELY: He will have to listen quickly, because I am about to conclude my remarks.

The point I am making is that this creates an ugly precedent whereby political parties will use the potential to impose this sort of legislative barrier for short-term political advantage. In fact, it is boxing in future governments in perpetuity and preventing them from making the necessary difficult decisions that Ministers for Health, Education and Training and Police have to make. These difficult decisions will require courage and capacity in the future, and that is my major concern with the legislation.

Debate adjourned, on motion by **Mr R.F. Johnson (Leader of the House)**.