

Mr Roger Cook; Mr John Hyde; Mr Tony O’Gorman; Dr Kim Hames; Mr Bill Johnston; Dr Tony Buti; Mr Paul Miles; Mr Paul Papalia; Speaker; Mrs Michelle Roberts; Mr Ben Wyatt; Mr Andrew Waddell

ROYAL PERTH HOSPITAL PROTECTION BILL 2008

Consideration in Detail

Resumed from 25 October.

Clause 7: Development of Royal Perth Hospital —

Debate was adjourned on the following amendment moved by Mr A.P. O’Gorman —

Page 3, after line 8 — To insert —

- (2) Development that takes place at Royal Perth Hospital will not impact on services, resources and scope of services at the Joondalup Health Campus.

Mr R.H. COOK: I will take this opportunity to speak randomly for a little while until I understand exactly where we are up to—obviously while speaking in such an eloquent fashion. I would appreciate your guidance, Mr Acting Speaker.

Dr K.D. Hames: I can advise you, if you like.

Mr R.H. COOK: That would be great.

Dr K.D. Hames: We had been debating at length the amendment moved by the member for Joondalup. We were about to have a vote on that item and then move to alternative amendments that were proposed.

Mr J.N. Hyde: What page would that be?

Dr K.D. Hames: Page 63, second from the bottom. The member had moved the amendment that inserted the words “Joondalup Health Campus” and we were about to vote on it. I adjourned the debate just before we voted.

Mr R.H. COOK: The minister has the old notice paper.

The ACTING SPEAKER (Mr I.M. Britza): The amendment in the name of the member for Joondalup is on page 55 of the notice paper.

Mr J.N. HYDE: As the member for Perth, the electorate in which Royal Perth Hospital is located, I strongly support this amendment. The key thing we have to remember is that part of our reasoning in deciding to build Fiona Stanley Hospital was to ensure that we had proper resources and proper hospital facilities outside the CBD so that Royal Perth could adequately serve the needs of local inner city residents. Unfortunately, we have not seen under this government any money spent to refurbish north block. The last major work that was done at north block was when I was Parliamentary Secretary to the Minister for Health and the Minister for Health and I were good enough to invite the then shadow Minister for Health, who is now the Minister for Health, to the opening of the most amazing trauma centre in north block. During this debate we need the minister to explain exactly his time line and funding.

Dr K.D. Hames: I have already done that in the debate.

Mr J.N. HYDE: The minister needs to tell us exactly what he will be ensuring for Royal Perth. Royal Perth can only operate as a well-funded and locally available hospital for inner city residents as long as Joondalup is well resourced and looked after, Peel Health Campus provides an affordable and accessible service and Fiona Stanley Hospital delivers exactly as it is supposed to. I strongly support this amendment.

Mr A.P. O’GORMAN: I am just trying to remember back to the week before last when we were last discussing this bill.

Dr K.D. Hames: You put a very persuasive and strong argument.

Mr A.P. O’GORMAN: Was the minister going to vote with us?

Dr K.D. Hames: No.

Mr A.P. O’GORMAN: Does the minister think that we should not be disadvantaging people in Joondalup in preference to people in and around the inner city area? That is the point of this amendment. The whole point of the Reid review, if I remember correctly, was to spread the services out to the suburbs where people lived. Joondalup Health Campus was to be expanded under that review, which it has been, and taken up to a tertiary service, which is now no longer going to happen under this government. If I remember correctly, we were getting to the point at which we were going to vote, and I was asking the members for Wanneroo, Ocean Reef, Kingsley and Hillarys to support me because they are all members who operate in the City of Joondalup and the City of Wanneroo that the Joondalup Health Campus services. I hope the minister can explain to me how by keeping Royal Perth Hospital open at the level he is going to—which is fine—the specialists and all the extra

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workforce that we are anticipating with Fiona Stanley Hospital, Royal Perth, Sir Charles Gairdner Hospital and the Joondalup Health Campus will be developed. I do not see that we are recruiting or looking to recruit significant numbers of people. It would be a consolation to me if I knew that, and that Joondalup Health Campus was not going to be disadvantaged by maintaining Royal Perth in the state that the minister wants to keep it.

Dr K.D. HAMES: I was not planning to make any responses but I will out of respect for the member, given that it is a long time since we had the debate on those matters. I dealt with a lot of those issues that the member raised. As the member knows, we are expanding and opening an additional 100 beds at Joondalup early next year. It is my view that we will continue to expand that hospital and develop it further in the future. Joondalup has been working on plans for further expansion in the future. Whichever government is in power, it would be very sensible of us to look for that future development in the northern corridor. It would seem to me that Joondalup is the ideal place to do that. It is not in our budget yet. We have put in that extra money that was required—\$290 million, I think—to get the expansion to where it is now. Further funds will be required at some stage in the future. Whoever is in government will need to expend those funds. I have answered the majority of issues that the member has raised and I thank him for his contribution.

Mr A.P. O'GORMAN: I thank the minister for reminding me of some of the things he said. One of the things that is coming to our notice is that now that Joondalup Health Campus has been expanded by that number of beds and we still have some little expansion left—we could probably get another 200 beds up there—to an untrained eye looking at the site, it is getting fairly packed and crowded up there. It provides an excellent service. There is no complaint about the service at Joondalup Health Campus from any of the staff. With the population growth, we are starting to get this push and wondering when we will get to a level where we need to start to expand. This comes back to ensuring that Joondalup is well looked after.

Dr K.D. Hames: It's in the clinical services framework. It sets about 2018 as the time it would get to being a tertiary hospital with as much expansion as you can take on that site. After that, you would have to build a further secondary hospital, further out towards the periphery.

Mr A.P. O'GORMAN: That is the question that is being asked of me at the moment.

Dr K.D. Hames: I don't think anyone knows that answer yet.

Mr A.P. O'GORMAN: We set aside those pieces of land 20 or 30 years in advance.

Dr K.D. Hames: We have had discussions out at Yanchep, I think, with proposals for development. Some have suggested Alkimos. The reality is that Yanchep is far more likely in the future but nobody has planned that far ahead yet. We certainly haven't.

Mr A.P. O'GORMAN: People have planned that far ahead because it has had significant population growth.

Dr K.D. Hames: First you need to fill in Joondalup more. Joondalup is the logical place.

Mr A.P. O'GORMAN: I am happy that the minister is telling me about Yanchep. I will quote that to people.

Mr R.H. COOK: The minister has made reference to the clinical services framework, which is instructed by this. If I understand correctly, the clear difference between the "WA Health Clinical Services Framework 2005–2015" and the "WA Health Clinical Services Framework 2010–2020" was around that issue of maintenance of what the minister would consider to be critical mass at Royal Perth Hospital and the decision to delay the development of the Joondalup Health Campus as a tertiary hospital. The member is within his rights, and indeed the community are within their rights, to make the connection between those two decisions and whether Royal Perth Hospital is being developed at the expense of Joondalup Health Campus becoming a tertiary hospital.

Dr K.D. Hames: You could say that, but, as we debated last time, the reality is that if you had been in government for the time period that we have been, you would not have been able to meet the time line stipulated in 2005 because it was all pushed back. Fiona Stanley Hospital was pushed back. Joondalup was pushed back. You would not have been in a position to do that whether Royal Perth was affected or not. I think Royal Perth affects more the development of Charlies than the eastern corridor, but that is for you to promote to your local members if that is your wish.

Amendment put and a division taken with the following result —

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Ayes (19)

| | | | |
|-----------------|------------------|--------------------|-------------------------------------|
| Ms L.L. Baker | Mr W.J. Johnston | Mr J.R. Quigley | Mr A.J. Waddell |
| Dr A.D. Buti | Mr J.C. Kobelke | Ms M.M. Quirk | Mr P.B. Watson |
| Mr R.H. Cook | Mr F.M. Logan | Mrs M.H. Roberts | Mr B.S. Wyatt |
| Ms J.M. Freeman | Mr A.P. O'Gorman | Mr T.G. Stephens | Mr D.A. Templeman (<i>Teller</i>) |
| Mr J.N. Hyde | Mr P. Papalia | Mr C.J. Tallentire | |

Noes (25)

| | | | |
|-------------------|-----------------|------------------|-----------------------------------|
| Mr P. Abetz | Mr V.A. Catania | Mrs L.M. Harvey | Mr D.T. Redman |
| Mr F.A. Alban | Dr E. Constable | Dr G.G. Jacobs | Mr M.W. Sutherland |
| Mr C.J. Barnett | Mr M.J. Cowper | Mr A. Krsticevic | Mr T.K. Waldron |
| Mr I.C. Blayney | Mr J.H.D. Day | Mr W.R. Marmion | Mr A.J. Simpson (<i>Teller</i>) |
| Mr I.M. Britza | Mr J.M. Francis | Mr P.T. Miles | |
| Mr T.R. Buswell | Mr B.J. Grylls | Ms A.R. Mitchell | |
| Mr G.M. Castrilli | Dr K.D. Hames | Dr M.D. Nahan | |

Pairs

| | |
|-----------------|------------------|
| Mr M.P. Murray | Mr A.P. Jacob |
| Ms R. Saffioti | Mr J.E. McGrath |
| Mr M. McGowan | Mr R.F. Johnson |
| Mr M.P. Whitely | Mr C.C. Porter |
| Mr P.C. Tinley | Mr J.J.M. Bowler |

Amendment thus negatived.

Mr W.J. JOHNSTON: I have an amendment on the notice paper. I move —

Page 3, after line 8 — To insert —

- (2) Development that takes place at Royal Perth Hospital will not impact on services, resources and scope of services at the Armadale–Kelmescott Hospital.

I move this amendment because I am trying to assist the Liberal government by ensuring that its election commitments are maintained. In moving this amendment, I draw the attention of the house to the Liberal Party's election commitments for the 2008 election, particularly the one titled "Royal Perth Hospital Protection Bill". In that document the Liberal Party said —

Early in this election campaign, the Liberal Party committed to saving Royal Perth Hospital. A Liberal Government will transform RPH into a 400-bed trauma facility with a new emergency department and a new west wing. A Liberal Government will also move immediately to protect the long term future of the Royal Perth Hospital by introducing into Parliament the *Royal Perth Hospital Protection Bill*.

The Royal Perth Hospital Protection Bill will ensure that RPH will be retained as a tertiary hospital.

I draw attention to a comment in here; the Liberal Party said —

RPH is ideally located for eastern suburb residents with a rail station at the hospital and with easy freeway access from all directions.

I, of course, represent an eastern suburbs electorate, as does the member for Armadale. This commitment was made quite some years ago when the government was trying to implement its 100-day plan. Now, of course, on day 1 600 or something, the government was talking about it today in question time and it still has not achieved the passage of this legislation. The document went on to state —

Passage of this Bill will ensure that no future government will be able to close RPH as a tertiary hospital without seeking the express consent of the Parliament.

I make the point that the Liberal Party was pitching this promise to the people of the eastern suburbs. Nowhere in this document did it say that this expansion and upgrading of Royal Perth Hospital would be done at the expense of the Armadale–Kelmescott District Memorial Hospital. Unless the Liberal Party was not telling the truth to the people of Western Australia, the government will support this amendment because it is about achieving what it promised. It is interesting that the minister once said in this place that its 100-day commitment was not to have this legislation passed, but only to have it introduced. The failure of the government to meet its 100-day commitment is clear, because it states "passage of this bill". There is only one way that the people of the eastern suburbs could have interpreted that. That is, that within 100 days of coming into office, the Royal Perth Hospital Protection Bill would have been passed by this Parliament, but it was impossible for us to do that because the government did not allow this bill to be debated for quite a number of years. It has been years since this bill was

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presented to the chamber; in fact, it had to be restored to the *Notices and Orders of the Day* because it fell off because it had not been debated for a year!

Dr K.D. Hames: Twice.

Mr W.J. JOHNSTON: Twice! I thank the minister very much!

It is interesting that the government said it was going to transform RPH into a 400-bed trauma facility with a new emergency department and a new west wing, which is as far away today as it was on the day of the election. On the day of the election, the government said it would be done within that term of government, and the minister criticised me when I pointed out that in the first budget of this government there was no money for the reconstruction of this hospital. Of course I was right, even though I was criticised by the minister for being so. We now find that the government still does not have one cent allocated for the building of the new west wing; I am not even sure the minister is going to ever complete that promise.

It is important for us in the eastern suburbs to protect our hospitals. Armadale–Kelmscott Memorial Hospital is a very important hospital in the eastern suburbs, and I know it deserves protection. It deserves to be looked after in the same way as it is proposed to look after RPH.

Dr A.D. BUTI: I obviously have a keen interest in the status and future of Armadale–Kelmscott Memorial Hospital, and I thank the member for Cannington for moving and talking to this amendment. The minister is well aware, from previous debates and motions in this house, that I have some concerns about services at Armadale hospital. The minister will remember that I talked some time ago about the decrease in maternity or birthing services at the Armadale hospital, and the minister undertook to instigate a process of seeking to obtain qualified staff so that the private maternity wing of the hospital could be reopened. I wrote to the minister about that, to which he responded, and it would be interesting if the minister was able, in this debate, to shed light on where he is in that process because I have not heard from people from the hospital that the private maternity wing is any closer to reopening or that staff are being employed to man that private maternity wing. Of course, we know of the assorted history of applications being lost in bottom drawers in people's offices, as happened a couple of years ago when Alannah MacTiernan was the member for Armadale.

The problem in the east metropolitan area is the lack of suitable hospital services. We have the Armadale hospital, and then the next is Bentley Hospital, which I understand is under great stress. That Armadale hospital is under great stress is not just a problem for the people of Armadale; it services a much wider area. I think the minister can confirm that the services of many of the country hospitals are closed on the weekend, so people are referred to Armadale hospital. It is a bit rich to expect Armadale hospital to cater for the wider rural electorate while it is battling to cope with demands on its services from people in Armadale and the surrounding areas.

In regards to maternity facilities, the only private maternity facility was at Armadale hospital. That facility does not operate now, so people have to go to St John of God Murdoch Hospital, and there has been talk of Bentley Hospital services being downgraded. This is a major concern for people in my electorate. The waiting time in the emergency service section of the Armadale hospital is, at times, enormous, and people are waiting in that section for a considerable time. As the Minister for Health would of course agree, there can be probably no greater obligation on the government than to provide adequate health services. There is the universal health system that all of us in Australia cherish, but if we do not have the appropriate services in regional hospitals, one has to question the undertaking of the government of the day.

Besides the maternity hospital problems of Armadale hospital, I am told by staff members at the hospital, whether they be nurses, cleaners or orderlies, that the demands being placed on them are increasing day by day. Very few additional staff are being employed and the existing staff are being asked to take on a greater workload, and if they complain, that is not very well received. This is a major concern to me, minister, as is the delay in waiting lists for access to various testing regimes and services at the hospital. I have written to the minister a number of times and I do pay him the compliment that he has always responded in a timely fashion. In many instances, the requests I have made on behalf of my constituents to have their children tested to diagnose whether they have a disability in order to obtain additional funding for their school situation —

Mr W.J. JOHNSTON: I am interested in the contribution of the member for Armadale and would appreciate hearing from him further.

Dr A.D. BUTI: I thank the member for Cannington. As I said, the minister has responded to me in a timely fashion a number of times. People have been waiting for up to two years to have their child tested to see whether they have special needs so that they can access Schools Plus funding in the school system. That is completely unacceptable. The problem in my area is that many of the parents do not have the economic capacity to seek out private testing, so of course there is a greater demand on the public testing system that is provided at Armadale

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hospital. However, the number of personnel who are at the hospital, from my understanding, has not increased to match the increase in demand.

The City of Armadale's population in the last 10 years has grown exponentially. There has been an enormous rate of growth; the population has gone from something like 20 000 to 45 000 or 50 000 in a very short period, without any significant increase in the capacity of the hospital. There has been some increase in capacity, but there has been no significant increase in the hospital's capacity to deal with the demands that any outer metropolitan regional hospital would have to deal with, particularly when we consider that the next public hospital of any significance is Bentley, which is much further up the eastern corridor. Armadale hospital has to cater for the east metro area and, as I previously said, because of the government's decision to close many of the services on weekends in country hospitals, it has to cope with the demands of the country hospitals. Therefore, a major concern is that in the minister's desire to ensure Royal Perth Hospital remains open, Armadale hospital has suffered. It really just follows the history of Liberal governments out Armadale way. When Richard Court was Premier of Western Australia, services at the hospital and in other government areas were removed. Many of those services went further towards Perth. There seems to be some psychological barrier that Liberal governments have to the eastern corridor, particularly the further we move away from the CBD. As we know, the Premier has a fixation with the CBD while the suburbs suffer. Therefore, I am sure the minister would agree that this amendment is worthwhile and should be passed.

Mr W.J. JOHNSTON: I want to make a couple of further remarks on this issue. I note the history of Armadale–Kelmscott Memorial Hospital. It is interesting that there was a large backlash against the decision to attempt to sell Armadale–Kelmscott Memorial Hospital during the Court government, of which the Minister for Health was a member of cabinet. One of the reasons there was such a large backlash against that decision was that Armadale–Kelmscott Memorial Hospital had been built following World War II as a memorial to the servicemen who had come from that district. One of the strong reasons that there was a very large backlash against the Court government's decision to dispose of that hospital was that the community saw it as not only a public hospital, but also a community facility for which they had paid, in addition to taxes, through donations and other fundraising activities. That was a very burning issue at the time, member for Girrawheen. It was a hot topic for the people of Armadale and led to the then Court government backing down on its decision to sell that hospital and continuing to allow it to operate as a public hospital. There is a long history of the people in the Armadale region wanting to protect their public hospital. It is no wonder that the Labor Party continues to represent the people in the eastern suburbs. I will not talk about the other hospital near my electorate—Bentley Hospital. I will talk about that later when the member for Victoria Park moves an amendment. It is no wonder that the Labor Party campaigned against the Court government's proposal to sell Armadale–Kelmscott Memorial Hospital.

Mr J.H.D. Day: There was no plan to sell it. There was the possibility of involving the private sector in the operation of it. What you are saying is complete rubbish.

Mr W.J. JOHNSTON: Wanneroo Hospital was sold by the Court government and that is exactly what was proposed for Armadale–Kelmscott Memorial Hospital. It was the community backlash, which the then member for Armadale, Hon Alannah MacTiernan and the other members such as Hon Kay Hallahan, who was retiring —

Mr J.H.D. Day: Which government actually built a new hospital for the people in Armadale–Kelmscott?

Mr W.J. JOHNSTON: I could go on for a long time. If the minister wants me to extend my contribution, please feel free to continue to interject. I very much welcome the minister's interjections.

The backlash to that proposal was supported by the Labor Party. The people in the eastern suburbs had seen the way the Court government had sold Wanneroo Hospital. I lived in the northern suburbs at that time. We all know the tragic circumstances that happened at Wanneroo Hospital after its privatisation. It was a failed privatisation that had to be rescued by successive governments. A significant injection of money by the Labor government of the early part of the 2000s was needed to rescue that hospital. Everyone who lives in the northern suburbs knows that the privatisation was a disaster. I will not labour on about Wanneroo Hospital—other members have talked about that—but we all remember the tragic deaths in that hospital after the Court government made those decisions. It was the backlash against the Court government's privatisation agenda by the people of Armadale–Kelmscott and the surrounding eastern suburbs that saved their hospital from being privatised. It does not matter how many ministers want to rewrite history because that is exactly what happened. Have a look at the record. Look at the constant articles in *The West Australian* newspaper and elsewhere about the community's demand to keep that hospital in public hands. That is the history of that hospital and that is why the people of Armadale–Kelmscott and the surrounding eastern suburbs do not support sacrificing that hospital at the altar of this government's promises about Royal Perth Hospital. Save Royal Perth Hospital, but do not undermine Armadale–Kelmscott Memorial Hospital; I do not think that is a particularly unreasonable position.

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Dr A.D. BUTI: The member for Cannington's contribution has also triggered my memory. The Minister for Planning may say what he wishes, but there is no doubt that the Court government sought to privatise Armadale hospital. There is no doubt about that. It is also interesting that when we debated Galliers private ward being closed late last year, with minimal notice to expectant mothers, what did Hon Helen Morton do? Hon Helen Morton represents the south east corridor. All she did was try to engage in the rewriting of history. She did not go in to bat for the people of Armadale and try to get cabinet to change its decision—maybe it was not a cabinet decision; I remember the minister telling us that—but she did not seek to change the decision by that department or try to lobby the minister. All she did was try to put the blame on other people. She tried to blame Hon Alannah MacTiernan, who had worked tirelessly, as the member for Cannington mentioned, to keep the hospital in public hands. Members can say what they want, but under the Court government there was an agenda to privatise the Armadale hospital, as there was an agenda to move as many government services away from Armadale as possible. When services were being downgraded late last year, no Liberal government member came out to advocate for the people of Armadale. No government member who has some jurisdictional responsibility for Armadale came out to support Armadale. It is a shame that Hon Helen Morton did not try to preserve the services at Armadale hospital. She should look at the provision of mental health services in Armadale. The number of people who seek mental health services attached to the hospital at Armadale is alarming. I want to know what Hon Helen Morton is doing to improve those services. Rather than seeking to rewrite history, she should be trying to protect and improve services in the Armadale health system. She has failed to do that. The Minister for Health has also failed to not only preserve but also increase the quality of services at Armadale hospital.

Mr W.J. JOHNSTON: In considering the proposed amendment, I would like to hear a few answers from the Minister for Health. What is the resourcing intention at Armadale–Kelmscott hospital? What budget cuts are being applied to Armadale–Kelmscott hospital over the next four years of the forward estimates? What is the impact on Armadale–Kelmscott hospital?

Dr K.D. Hames: My answer is that it is in the clinical services framework.

Mr W.J. JOHNSTON: What is the dollar amount that is being withdrawn from resourcing at Armadale–Kelmscott hospital over the forward estimates?

Dr K.D. Hames: There is no figure because what is planned in the clinical services framework clearly sets out what is there for the future. You will see that there is no change, so the answer is nil.

Mr W.J. JOHNSTON: So no resources are being withdrawn from Armadale–Kelmscott hospital?

Dr K.D. Hames: No.

Mr W.J. JOHNSTON: Support the amendment. I do not understand why the minister does not want to support it. He wants to protect Royal Perth Hospital but he does not want to protect the Armadale–Kelmscott hospital. It does not make any sense.

Dr K.D. Hames: The clinical service framework at Armadale–Kelmscott hospital is growing. I am happy to show you a copy of it.

Mr W.J. JOHNSTON: Support the amendment. That is an argument in favour of the amendment, minister, not against it.

Dr K.D. Hames: You know that these are all stunts.

Mr W.J. JOHNSTON: This is not a stunt.

Dr K.D. Hames: This gives you a great opportunity to talk about your hospital.

Mr W.J. JOHNSTON: The Minister for Health promised to have this bill passed within 100 days of the last election. That was his promise to the people of the eastern suburbs.

Dr K.D. Hames: It is up to me to wear that.

Mr W.J. JOHNSTON: The Liberal Party went to the people of the eastern suburbs and said, “We’re going to protect this hospital.” Nowhere in here does it say that a new west wing on Royal Perth Hospital would be built some time in the third term of the Liberal government. Apparently it is okay to make a promise to the people of Western Australia in 2008 that will be delivered in 2018. This is the entirety of the promise. I still cannot see where the minister told the people of Western Australia, particularly the people I represent in the eastern suburbs, that the promise he made about Royal Perth Hospital was valid only in 2018. It is not a serious attempt by the government to protect Royal Perth Hospital. He makes an argument that Armadale–Kelmscott Memorial Hospital's resources will be increased. It will be interesting when we get onto the amendment moved by the

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member for Victoria Park regarding the Bentley Hospital where the government is planning to slash and burn resources.

The minister says, “Take us at our word.” Apparently, it is not good enough to take the minister at his word over Royal Perth Hospital; he needs a bill passed in the Parliament to have his word valued in respect of Royal Perth Hospital, but it is different in Armadale–Kelmscott. The people of that region know what will happen with the Liberal Party. They know the approach to that hospital. They have seen it in the past. They have a lived experience. If the minister is saying, “We’re going to put in even more resources”, he should pass the amendment because that way there is no argument. If he wants us to take him at his word, he should write down his word. If his argument for introducing this bill in the first place is about taking him at his word, he should do it. What are the nurse numbers going to be in 2018 at Armadale–Kelmscott hospital? That is when his promise about Royal Perth Hospital will come to fruition. What is his position on that at Armadale–Kelmscott hospital? What arrangements will prevent cuts and reductions at Armadale–Kelmscott hospital or will he say that no future government can reduce services at Armadale–Kelmscott hospital? If that is what he is saying, I want to understand how that happens. The minister should tell us the mechanism that will ensure that services at Armadale–Kelmscott hospital will be increased. He can explain that to me because at the moment I can see the Royal Perth Hospital Protection Bill doing none of those things.

Mr R.H. COOK: I think the member for Cannington makes a very reasonable point. The minister described our amendments to this legislation as a stunt. Indeed, perhaps the whole bill itself is what might be deemed a stunt. He implores us to rely on the clinical services framework to guarantee that these things are set in stone and there will be no detraction from resources at other hospitals by virtue of this legislation, but he does not seem to believe that other hospitals deserve the same protection of resources that Royal Perth Hospital will gain from this legislation. By the minister’s very arguments, he should not have a problem with what we say—or, indeed, he should perhaps recast this legislation in the form of the clinical services framework legislation. He should not simply say on the one hand, “We have the Royal Perth Hospital Protection Bill soon to become the Royal Perth Hospital Protection Act, but the rest of you can look after yourselves; we will throw you to the winds of the clinical services framework however that may be cast, but my little baby over here, Royal Perth Hospital, will get this great legislation.” I am sure the minister would not want to send out messages to the community that things that go on in Royal Perth Hospital are more important than what goes on in Armadale–Kelmscott Memorial Hospital or, indeed, Fiona Stanley Hospital. If it is good enough for Royal Perth Hospital to enjoy his protection, and if, as the minister says, he has no intention of diminishing resources to these other hospitals, surely he must be confident enough to agree to our amendments and have these things set in stone. If it is not enough for the people who are looking to this bill to gain the assurances and if it is not good enough for them to rely upon the clinical services framework, why is it good enough for everyone else to do so? That is the madness that is this particular piece of legislation and I think it is the reason the minister is somewhat embarrassed by it. What he is essentially saying is that what goes on at Royal Perth Hospital is more important than what goes on at Fiona Stanley Hospital; what goes on at Royal Perth Hospital is more important than the services that the people of Joondalup get; and what goes on at Royal Perth Hospital is more important than the sorts of services the people of Armadale receive. For one, we have to take the minister’s word for it, for the other, they get this piece of legislation.

We are saying, quite reasonably, that we concur with the intentions of the Royal Perth Hospital Protection Bill, but that it is reasonable that other people in the community also enjoy the protection of this legislation for their hospital services. For the life of me, I cannot work out why the minister is so implacably opposed to the idea that other people should not also have their hospital services protected by this legislation. For some reason the minister sees different classes of health consumers. He sees that class of health consumers who get their services from Royal Perth Hospital and who get the protection of legislation, and he sees everyone else, who just get his word for it. As the member for Cannington points out, we cannot rely upon that, because in the minister’s own words, the legislation would be introduced and passed in the first 100 days of this government and the government would go on with the redevelopment of the hospital and indeed the development of the west wing—all of which he has walked away from. So, why should the people of Armadale and surrounding districts rely upon the good word of the minister now? By the minister’s own admission, we cannot rely upon the clinical services framework and we cannot rely on what he says. Only legislation will actually bind the government to ensure that the people of Armadale continue to get the hospital resources that the minister says he supports. If the minister supports them, there can be no reason at all why he does not support this amendment.

Mr W.J. JOHNSTON: I want to draw the house’s attention to the budget papers from this year. In the “New works” section, members will see that there is a \$22 million provision for Royal Perth Hospital redevelopment stage 1. The first \$5 million of that is allocated in the 2014–15 forward estimates and the second tranche of \$17 million is in the 2015–16 forward estimates. That is the extent of the government’s commitment to the redevelopment of Royal Perth Hospital at this stage—that is, \$22 million. We learnt at the last occasion we were

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debating this bill that the minister intends it to be an additional allocation in the estimates for next year's budget, so after the election, that would start construction in the 2016–17 financial year. We cannot expect, and nobody should expect, that such a large and complex project—\$168 million is the figure I think the minister mentioned; it might have been a different figure and I am happy to be corrected on that—will be finished in one year, so it then goes on into the 2017–18 financial year for completion. That is an important issue for us to understand. That will be after the election after next. I do not see how that can possibly be seen as having maintained the commitment made by the minister at the time of the 2008 state election. The minister says that Armadale–Kelmescott Memorial Hospital will continue to grow over the next number of years. It would be appreciated if the minister could point me to the line in the budget that makes that clear; that would be helpful to me. I am sure there is some simple position there and that the minister can explain to me where those resources are allocated in the budget. Even though the minister has not stood up and put his position in respect of Armadale–Kelmescott Memorial Hospital, I take it that the minister is not intending to support this valuable amendment. So I ask the minister a very simple question: where in the budget papers is the resource allocation that the minister says will protect Armadale–Kelmescott hospital? The minister has talked about the clinical services framework. As I understand it, that is a policy of government. It is not something that is included in any legislation that we can hold our hat on.

I remind the minister that he said at the time of the 2008 election, to quote again from the minister's policy document, that "Labor plans to scale back health and hospital services at the RPH site". The minister then went on to make a series of assertions about the Labor Party's position on that issue. The minister said that the proper response to that policy position—which he described as an attack on Royal Perth Hospital—was the Royal Perth Hospital Protection Bill. We have made it clear from the start that we think that is a stunt, because the minister has put a provision in that bill that the hospital can be closed even without the bill being repealed—which we have all had a debate about, and which seems to be a bizarre provision—yet somehow or other the minister thinks that the future of Armadale–Kelmescott hospital is assured on the basis of the assertions by the minister that the future of that hospital is bright. Those two positions are simply inconsistent. Therefore, I would appreciate getting the information that I have sought. It may be that the minister has made the political decision that he does not want to go on the record about his position on Armadale–Kelmescott hospital. We know what happened the last time the government was in this position. At the time of the 1996 election, the government said it had no plans to privatise Alinta, yet that is what the government did immediately following the election. So how can we believe the assertions that the minister makes about Armadale–Kelmescott hospital? The minister has form on this. There has been a previous attempt by a Liberal government to privatise that hospital. How can we trust the minister's assertions on this matter, when he said in respect of RPH that we need a bill to protect that hospital?

Mr R.H. COOK: The minister seems to be reluctant to get up, so I am wondering whether I can assist the member for Cannington in relation to his question. The reason, member for Cannington, that the expansion of Armadale–Kelmescott Memorial Hospital does not appear in the *Budget Statements* is that under the current clinical services framework, Armadale–Kelmescott hospital is not due to be expanded from its current configured level of around 270 beds to 437 beds until 2021. So that is the point on which the minister would like us to rely. But that is because the minister is referring obviously to the clinical services framework and would like us to take some comfort from that. This is the same comfort, of course, that people would have received back in 2005 in the clinical services framework 2005–10; apologies, 2005–15, because the clinical services framework is based on a 10-year rolling number. People would have seen under the clinical services framework at that time that by 2015–16, Fiona Stanley Hospital would be a 1 000 bed hospital, because at that time the government was anticipating completing stage 2 of that hospital. If we flick through to the current clinical services framework, of course we see that the government has now abandoned stage 2 of Fiona Stanley Hospital and that it will now reach only 838 beds, or 823 by the most recent information that the minister has provided to this place. That is made up of around 600 beds in the hospital itself, plus about 250 rehabilitation beds.

But, in saying that, I cannot provide the member for Cannington with any assurances around what the minister is saying, because clearly what the minister would like to do is refer the member to the clinical services framework and say, "Trust me, and trust the government, because in the clinical services framework, you have my rock solid guarantee."

The clinical services framework is, as the minister says, actually a policy document. We could support this bill today, comforted by the minister's assurances and assured by the clinical services framework, and then when the clinical services framework 2015–25 comes around, we might find an entirely different scenario. Herein is the conundrum. The minister says on the one hand that we have to legislate to protect these beds at Royal Perth Hospital, but on the other hand everyone else has to accept his assurances and trust him. In time, as we can tell, we cannot rely upon these sorts of assurances. What the minister would have us believe is that he can be trusted to ensure that the provision of resources at Fiona Stanley Hospital, at Joondalup so far in this debate, and now

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Armadale hospital, will be protected, despite the fact that we have this legislated program in relation to Royal Perth Hospital. I say that that is not good enough, because we have a policy document about which the whole question can turn. Again I make the assertion that the member for Armadale is within his rights, on behalf of the people he represents, to seek the same assurances as the people who the minister was appealing to when he talked about bringing forward this legislation. The member for Armadale has the same right to call on the government to legislate to ensure the future of his hospital in the same way that the minister believes is so necessary in relation to Royal Perth Hospital.

The minister says that we should rely upon the clinical services framework. We cannot. By the minister's own hand and by historical experience we know that the clinical services framework can turn. A Liberal Party policy document cannot even be trusted. Why should we simply rely upon the assurances of the minister that these sorts of things will not come to pass? With this legislation we will see resources locked up in Royal Perth Hospital, unable to respond to the needs of the people of Armadale. The minister says that we simply have to accept his word for that.

Mr W.J. JOHNSTON: Would the minister prefer a provision that the clinical services framework becomes a disallowable instrument, because that way he would be giving comfort to people that the commitments he is making by way of assertion become something that we can look at here in the Parliament? That would probably be the solution, if he is not prepared to support the protection of Armadale–Kelmescott hospital.

I must say that the member is a very handsome replacement to the minister.

Mr R.H. Cook interjected.

Mr W.J. JOHNSTON: Sorry, Mr Speaker, if I could have one digression to say that at least I know the member sitting at the table supports a very good football team; therefore, he is a man of quality and intelligence, so he perhaps would be much more responsive to the very important and detailed arguments that I am making on this matter.

Anyway, getting back to the amendment that I have proposed, I make the point that if the minister says, “You don't have to worry about any of this because it is in the clinical services framework,” why not make the clinical services framework answerable not to the minister but to the Parliament? Imagine what would happen if the member for Kwinana was the Minister for Health. What would the current minister, the member for Dawesville, say about the qualities and capacities of the member for Kwinana? We have heard him in question time already on this issue, so why is it that he is prepared to trust the member for Kwinana with the future of Armadale–Kelmescott hospital, yet he does not trust him with the future of Royal Perth Hospital? It does not make any sense. There is no logic to the position that has been put to us. Perhaps this is an alternative for the Minister for Health. If he does not support this amendment and other amendments that will be discussed very shortly, then why do we not make the clinical services framework—which the minister says is all the protection we need—a decision of the Parliament, rather than just a thought bubble of the minister? That way we could provide the proper level of protection—the level of protection that the minister says is required to save Royal Perth Hospital. We could take him at his word; we could say, “Okay, if that's what's required to save Royal Perth Hospital, we believe you”. The way to save all these other hospitals is to make the clinical services framework a decision of the Parliament. That way, if a future Liberal or Labor government wants to play around with these hospitals, it will have to come back to Parliament, in the same way that the government has to for Royal Perth Hospital. This is not particularly unreasonable; all we are asking is for the same protection to be given to other hospitals as is being provided to Royal Perth Hospital.

The logic of every argument that the minister mounted during his second reading speech in respect of Royal Perth Hospital is equally applicable to Armadale–Kelmescott Memorial Hospital. My assertion is that the only reason the minister is not doing so is because this is his plan. He planned to cut; he planned to get out there and hack and chop, as Liberal governments are wont to do, and privatise and outsource. Remember how devastating the outsourcing of orderly services at Royal Perth Hospital was during the time of the Court government? It was one of the big issues at the 2001 election; it was one of the issues that drove people to vote for the Labor Party—the failed privatisation model at Royal Perth Hospital. We have seen this before; the Liberals have form in this area. We know what they really want, and we should not believe what they say before an election; we should look at what they do after elections. That is in their DNA; their DNA is about privatisation. They cannot help themselves. Members can go back and read any speech by the member for Vasse when he was in opposition—Mr “less with less”. That was his position; governments should not do more with less, they should do less with less, so we know what drives the Liberal Party. It is therefore not unreasonable for us to ask for a little bit of security for important services in our suburbs, like Armadale–Kelmescott Memorial Hospital.

Dr A.D. BUTI: The silence of the Minister for Health disturbs me. We have been talking about Armadale–Kelmescott Memorial Hospital for some considerable time now, and we have had no interjection or response from the minister. I asked the minister what progress he had made in respect of staffing the private maternity ward at

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Armadale–Kelmscott Memorial Hospital once the decision had been made to close it down. I would be interested to find out what progress has been made. Another issue, as the minister will be quite well aware, is that about two months ago patients at the Armadale–Kelmscott Memorial Hospital, many of whom needed very important operations, were told that no operations would be taking place until around 20 October, which meant a three to four week delay for some patients who needed operations to relieve intense pain, including massively debilitating migraines. When protest was made to the hospital and to the Department of Health, it was then decided that each doctor could operate on only one patient per day of the patients who needed an overnight stay. We had a situation in which, at the largest regional hospital in the eastern corridor, a decision was made that all operations were to be postponed for at least three or four weeks for patients who required an overnight stay. That was then changed to one operation per day per doctor.

What happened then? The hospital then said that it was acting contrary to departmental health policy, so it reversed that decision. Patients were told initially that there would be no operation for three or four weeks and then they were told that only one of them would receive an operation per day. Then they were told that that was contrary to the policy and that the original decision would be reversed. What confidence can the people of Armadale and the eastern corridor have when the minister has sat silent for the last 20 or 25 minutes, refusing to answer any questions about Armadale–Kelmscott Memorial Hospital? We are to take the minister at his word that services will not decline further at Armadale hospital. As the member for Kwinana mentioned, there will not be an increase in the number of beds until 2021. That is longer than the Armadale city council has promised it will take to build the heated swimming pool! The heated swimming pool at Armadale will be done by 2020 and the people of Armadale are complaining. Now we are being told that the increase in the number of beds will not happen until 2021. Surely that just shows the priorities of the Liberal government in providing government services in the outer metropolitan region, particularly in the eastern corridor. History shows that a Liberal government always removes services from the Armadale region. It is a Labor government that replaces the services. When a Liberal government gets back in, it starts removing them again. It is city centric. The government is saying that this bill is needed to protect the future of Royal Perth Hospital. The member for Cannington has asked the minister time and again in his contributions this evening why the minister would not also agree that Armadale hospital should be afforded the same protection that he seeks to afford Royal Perth Hospital. There is only one answer: the minister does not consider Armadale–Kelmscott Memorial Hospital to be as important as Royal Perth Hospital.

Question to be Put

Mr P.T. MILES: I move —

That the question be now put.

Question put and a division taken with the following result —

Ayes (20)

| | | | |
|-------------------|-----------------|------------------|-----------------------------------|
| Mr P. Abetz | Mr V.A. Catania | Dr G.G. Jacobs | Dr M.D. Nahan |
| Mr F.A. Alban | Mr M.J. Cowper | Mr A. Krsticevic | Mr D.T. Redman |
| Mr I.C. Blayney | Mr J.H.D. Day | Mr W.R. Marmion | Mr M.W. Sutherland |
| Mr I.M. Britza | Dr K.D. Hames | Mr P.T. Miles | Mr T.K. Waldron |
| Mr G.M. Castrilli | Mrs L.M. Harvey | Ms A.R. Mitchell | Mr A.J. Simpson (<i>Teller</i>) |

Noes (15)

| | | | |
|---------------|------------------|--------------------|-----------------------------------|
| Ms L.L. Baker | Mr W.J. Johnston | Mr J.R. Quigley | Mr P.B. Watson |
| Dr A.D. Buti | Mr J.C. Kobelke | Mrs M.H. Roberts | Mr B.S. Wyatt |
| Mr R.H. Cook | Mr F.M. Logan | Mr C.J. Tallentire | Ms J.M. Freeman (<i>Teller</i>) |
| Mr J.N. Hyde | Mr P. Papalia | Mr A.J. Waddell | |

Pairs

| | |
|------------------|-------------------|
| Mr A.P. Jacob | Mr M.P. Murray |
| Mr J.E. McGrath | Ms R. Saffioti |
| Mr R.F. Johnson | Mr M. McGowan |
| Mr J.J.M. Bowler | Mr P.C. Tinley |
| Mr T.R. Buswell | Mr E.S. Ripper |
| Mr J.M. Francis | Mr D.A. Templeman |
| Mr C.J. Barnett | Mr A.P. O'Gorman |

Question thus passed.

Consideration in Detail Resumed

Amendment put and negatived.

Mr P. PAPALIA: I move —

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Page 3, after line 8 — To insert —

- (2) Development that takes place at Royal Perth Hospital will not impact on services, resources and scope of services at the Rockingham General Hospital.

Earlier on in this debate I heard the minister, out of frustration I suppose, make the observation that the amendment moved by the member for Cannington was a stunt. The irony was practically dripping from the ceiling at the minister's observation, in light of the fact that we are debating amendments to the Royal Perth Hospital Protection Bill 2008, which is ultimately the greatest stunt of them all. This bill serves no purpose at all beyond the minister finally, partly, keeping a promise made by the Liberal Party before the last election. Having falsely suggested that the Labor Party would shut Royal Perth Hospital, members opposite had to construct a cause they could campaign on and utilise during the course of the election campaign. They chose the retention of Royal Perth Hospital and elevated it to some sort of sacred status whereby no one would ever be able to shut Royal Perth Hospital without firstly coming into this place and complying with this protection bill. There have been numerous observations by all those who have spoken before me making the very clear and stark point that all the other hospitals in Western Australia deserve just as much protection as Royal Perth Hospital, as do all of those other communities that those hospitals service.

Dr K.D. Hames: I make the point that none of those have ever been threatened with being closed. The reason we make this issue on Royal Perth is because your government was going to close it as a tertiary hospital.

Mr P. PAPALIA: We have heard that that is a patently false claim. The accusation against our government is false. I was there as a backbencher for 18 months. I know what we were talking about in our party room. I know what our government was advocating in the lead-up to the election; I was there.

Dr K.D. Hames: You weren't there.

Mr P. PAPALIA: I was there.

Dr K.D. Hames: You weren't!

Mr P. PAPALIA: I was. We have also heard from previous speakers that this government tried to shut the Armadale-Kelmscott Memorial Hospital. The Court government did try to shut that hospital—your government!

I find interesting the way in which the minister refutes accusations that his government would want to close hospitals or, for that matter, privatise them. When we were discussing that matter, I found the response by the Premier to the campaign by United Voice in relation to PMH interesting. He suggested that it was outrageous that anyone could possibly suggest that services at PMH would be privatised because that would be a horrible slur and it was wrong to insinuate that children would suffer as a result of the privatisation of services. Nevertheless, apparently it is quite okay for children who might go to Midland hospital to have their services provided by a privatised agency. That leads one to the natural question as to why it is a horrific crime for anyone to suggest that the services at PMH might be privatised but it is quite okay for them to be privatised elsewhere. The inconsistency is striking, almost as striking as the inconsistency between the minister's refusal to accept any of these amendments while he is pushing the Royal Perth Hospital Protection Bill. To suggest that somehow this hospital, above all others, deserves superior protection is extraordinary.

I would now like to address the amendment. The people of Rockingham and Kwinana have benefited from the wonderful investment in the rebuilding of the Rockingham General Hospital by the then Carpenter government.

Mr W.J. JOHNSTON: I am very interested in the contribution of the member for Warnbro and I would love to hear from him further.

Mr P. PAPALIA: In the event, horror of horrors, that the government won another term of government —

Dr K.D. Hames: You better get used to it quick.

Mr P. PAPALIA: I recall us saying something like that to the minister at the last election. It would be criminal if the government was returned and the minister, as he has been known to do, reneged on promises that were made prior to the election or undertook courses of action that he did not alert the public to prior to the election. It is not unheard of for the minister to do that. He has done that. Prior to the last election, a number of policies were not spoken about. A number of initiatives were not declared as an intention and now we are seeing things such as the privatisation of services in a lot of hospitals and the privatisation of additional prisons. It is quite possible that the Liberal and National parties in government are quite willing to say one thing prior to the election and then do another after. If the minister wants another example, the Ellenbrook railway is a classic one.

It is fair for the people of Rockingham and Kwinana to ask the minister how he can guarantee that he will not alter the conditions or the standard of service that they have now been afforded thanks to the previous Labor government.

Dr K.D. Hames: I seem to recall opening it.

Mr Roger Cook; Mr John Hyde; Mr Tony O'Gorman; Dr Kim Hames; Mr Bill Johnston; Dr Tony Buti; Mr Paul Miles; Mr Paul Papalia; Speaker; Mrs Michelle Roberts; Mr Ben Wyatt; Mr Andrew Waddell

Mr P. PAPALIA: At least the minister was benevolent and acknowledged that he had no role in the process other than cutting the ribbon. How can the people of Rockingham and Kwinana be assured, in the absence of one of these bills, because this is the gold standard and this is the minister keeping his word, apparently —

Dr K.D. Hames: Nobody's threatening to close Rockingham the way you were threatening to close Royal Perth as a tertiary hospital.

Mr P. PAPALIA: The then government was threatening to close Royal Perth. The Liberal Party was using that as an election ploy. The Liberal Party's whole campaign was a stunt based on a falsehood. This legislation is a stunt. If it is not a stunt, why can we not receive the same courtesy for other hospitals? Why can the people who benefit from that new hospital that was built by WA Labor not be afforded the same assurance that their services will not be diminished?

Mr B.J. Grylls: You weren't WA Labor when you were building the Rockingham hospital.

Mr P. PAPALIA: It was the previous Labor government.

Mr B.J. Grylls: Unless you are —

Dr K.D. Hames: He's having a go at you now.

Mr P. PAPALIA: The member for Central Wheatbelt was not the aspirant for the seat of Pilbara at the last election either, but things change.

Mr P.B. Watson interjected.

Mr P. PAPALIA: The member for Central Wheatbelt was not abandoning the people who elected him in 2008 —

Mr B.J. Grylls interjected.

Mr P. PAPALIA: — and running in an attempt to build the empire. But things change.

I was asking the minister why the people of Rockingham and Kwinana cannot be afforded the same guarantee or assurance —

Dr K.D. Hames: Because they do not need it.

Mr P. PAPALIA: — as afforded by this bill, if this bill gives that guarantee.

Question to be Put

Mr P.T. MILES: I move —

That the question be now put.

Question put and passed.

Point of Order

Dr K.D. HAMES: I am just checking on what we are actually moving. I thought you moved the words to be inserted.

The SPEAKER: No.

Dr K.D. HAMES: I thought you moved the motion to be put; you did not actually say the words that the motion be put.

The SPEAKER: No; I moved that the question be put.

Dr K.D. HAMES: Did you say that the question be put?

The SPEAKER: No; the question is that the question now be put are the words I put to the house, and I got a definite affirmative on that.

Dr K.D. HAMES: Got you.

The SPEAKER: And then I called in the affirmative, and then I put the following question: that the amendment moved by the member for Warnbro now be put.

Several members interjected.

Dr K.D. HAMES: You need to vote "yes".

The SPEAKER: And that is when you were seeking a point of order, at that point.

Dr K.D. HAMES: My apologies, Mr Speaker; if I could just explain. I did not hear you do the motion that the words to be put be put; I thought you moved straight to the words to be inserted be inserted, which is why I raised the point of order.

Mr Roger Cook; Mr John Hyde; Mr Tony O'Gorman; Dr Kim Hames; Mr Bill Johnston; Dr Tony Buti; Mr Paul Miles; Mr Paul Papalia; Speaker; Mrs Michelle Roberts; Mr Ben Wyatt; Mr Andrew Waddell

The SPEAKER: No.

Dr K.D. HAMES: If that is not correct, then I am happy to vote on the amendment.

Consideration in Detail Resumed

The SPEAKER: The question is that the words to be inserted be inserted.

Amendment put and negatived.

Mrs M.H. ROBERTS: I move —

Page 3, after line 8 — To insert —

- (2) Development that takes place at Royal Perth Hospital will not impact on services, resources and scope of services at the new Midland Health Campus.

As members may know, the development of the Midland Health Campus has been considerably delayed by this government, and is only just starting to get underway. Midland Health Campus has been provided with substantial funding from the federal government, but despite that the state government decided it had other priorities, including what it has been doing at Royal Perth Hospital. It also proceeded with the children's hospital and other projects in advance of moving on Midland hospital—something that has been very much delayed and something that was originally planned to be built by the previous Labor government as a fully publicly owned and run hospital that would replace Swan District Hospital, which is located just out of Midland town centre. Swan District Hospital was originally a smallish country hospital that was added to over the years, and it has developed into a considerable major hospital. The Carpenter government had to choose whether to redevelop on that site or move to an alternative site. I was certainly very pleased when the then member for Fremantle, Hon Jim McGinty, as health minister, brought a proposal to cabinet to construct a brand-new hospital in the heart of Midland on a very large site in the Midland town centre that was part of the old Midland railway workshops. The time frame for the construction of that hospital has blown out considerably, the costs have increased considerably, and the delays have been lengthy. It means that some more than five years since the hospital was promised, it has mainly been a waiting game as this government has prioritised other public works in the health and hospital area rather than prioritise Midland hospital.

My concern when I put this amendment on the notice paper was that the development taking place at Royal Perth Hospital would slow down and jeopardise what is occurring at Midland hospital. I am further concerned by the privatisation of services at the hospital. This is not a new hospital in the sense that Joondalup or even Peel Health Campus were when they were first developed; this is the replacement of an existing hospital. People in my electorate have had a fully owned, fully run public hospital at their disposal for decades, and now that is being denied them. Sadly, because of the election of the Barnett government, what was to be a fully public, brand-new hospital in Midland has been considerably delayed. The cost has gone up, the time frame seems to blow out more as each year goes by, and we have lost the ability to have a fully publicly run hospital as hospital services are privatised. It is not my intention tonight to go through all the issues with privatisation and what has occurred at other public hospitals in which services have been privatised, but this is most concerning. I think the government has had some very wrong priorities in the way it has gone about its hospital developments and, in particular, its total lack of priority for Midland Health Campus is a major concern. I only hope that we can, on behalf of the people of Midland, try to retrieve this situation somewhat when we are elected next year.

Mr B.S. WYATT: I have a question for the minister, but before I get to that question, I just want to note that this is a very important piece of legislation. This is a piece of legislation that the opposition is supporting. I know that it is an important piece of legislation because it was part of the government's 100-day plan. I know that it is important because in his second reading speech of this very important piece of legislation, the minister stated —

This government is committed to the retention of Royal Perth Hospital as a tertiary hospital on its present site.

The minister went on to make the point that RPH has been open for 153 years and stated —

It is one of Australia's largest hospitals and has the second-largest trauma workload in the country.

I know it is important because I was in the trauma section of RPH just yesterday, not as a patient but visiting a friend who had a significant bike accident. He was gushing, effusive, in his compliments of the staff at RPH trauma. Thankfully for him, he has now moved on to Hollywood Private Hospital; Mr Speaker, I know you were concerned. However, I think one of the more important aspects of the minister's second reading speech was that he talked about the expertise at RPH and he made the point that "this concentration of expertise and history must be retained". Clearly, the only way that we can retain expertise and history at a hospital is to pass legislation to support that hospital, which is why the opposition has moved a suite of amendments to clause 7 of the bill to

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ensure that the expertise and history of hospitals such as Armadale–Kelmscott, Rockingham, Midland and Bentley can all be retained. As the minister's second reading speech points out, we need to pass legislation to ensure that the expertise and history is retained.

The minister went on to make the point about why this legislation is so important. He stated —

Such an action —

That is, the passage of this legislation —

will put the fate of this major public hospital beyond the whim of a bureaucrat, instead requiring a comprehensive debate in both houses before any closure can occur.

We need legislation to ensure not only that the expertise and history of our hospitals are retained, but also that those hospitals cannot be closed at the whim of a bureaucrat. They are admirable reasons to support the passage of the legislation. I also think it is important to retain the expertise and history of those hospitals such as Joondalup Health Campus, Armadale–Kelmscott Memorial Hospital, Rockingham General Hospital, Midland Health Campus and certainly Bentley Hospital. When we get to the amendment regarding Bentley Hospital, I have a number of specific questions that I will put to the minister. I have a question for the minister about clause 7, which, of course, deals with the development of Royal Perth Hospital and effectively suspends the key operative parts of the legislation in clauses 5 and 6 while that development takes place. I accept the minister's argument that this is a very important piece of legislation, I accept it was part of the government's 100-day plan and I accept that to retain the history and expertise of Royal Perth Hospital and the other hospitals that the opposition is attempting to include in this legislation, we need to pass this bill. However, my question to the minister is: why is there not a manner and form provision in this bill?

Dr K.D. Hames: I answered that during our previous debate.

Mr B.S. WYATT: In a minute the minister can get up because I would like to hear it again. Since this bill was first debated, we have had a debate on manner and form provisions for the Western Australian Future Fund Bill 2012. That bill had a manner and form provision for any amendments to it or for the repeal of the bill. When such legislation seeks to do so, the bill is not to be presented for assent by or in the name of the Queen. The Royal Perth Hospital Protection Bill is clearly a more important bill than the future fund bill because it was introduced as part of the 100-day plan of the government. We know that. It was part of the Liberal Party's election platform. The future fund bill was a thought bubble that came in this year but the Royal Perth Hospital legislation was part of the government's 100-day plan. Why is there not a manner and form provision in this bill, because the government does not trust future Labor governments and we do not trust this Liberal government or future Liberal governments?

Mr A.J. WADDELL: I rise to support the amendment moved by the member for Midland simply because, of all the hospitals, Midland Health Campus is the one that has been most duded by this government. At no time prior to the 2008 election was it made clear that the services at Midland Health Campus would be put out to private contractors. At no point prior to the 2008 election was it put to the people in that area, which includes my seat of Forrestfield, that Midland Health Campus would be put out to a private contractor and that that would require us to build an external annexe to ensure that we got a full suite of services available so that someone who needed to run across the road to get the appropriate medical support could get it. This government went to the last election hiding all that from the electors in my electorate, in Midland and in the eastern corridor generally. The question that we need to ask ourselves is: what impact does retaining Royal Perth Hospital under this bill have on what was projected for the Midland Health Campus? The "WA Health Clinical Services Framework 2005–2015" projected that in 2011, the Swan District Hospital Campus would have 326 beds and in 2016 it would have 334 beds. Under the "WA Health Clinical Services Framework 2010–2020", that figure was predicted to be 327 beds in 2016 and 496 beds in 2020, yet under the current projections, in 2011 we saw only 195 beds, by 2016 we will have 307 and in 2020 there will be only 464 beds. We are clearly seeing that the impact of retaining Royal Perth Hospital is a reduction in the number of beds available at Midland Health Campus.

I support this amendment because it seems to be the one hospital that is most definitely in the crosshairs if we pass this legislation. I support the legislation, but this government has a very poor record of providing the service that was promised prior to the election and of being open with the people in the eastern corridor about how that service would be delivered. This amendment would guarantee some certainty to the people of the region I represent and would give them some comfort when, until now, they have received nothing but cold comfort from this government.

Mr B.S. WYATT: I want to —

Dr K.D. Hames: We had an arrangement.

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Mr B.S. WYATT: I apologise, Mr Speaker. I will conclude. Perhaps the minister can jump to his feet. I was going to raise the manner and form issue.

Dr K.D. Hames: I did it before, but when you do Belmont I will interject on you then.

Mr B.S. WYATT: Bentley.

Dr K.D. Hames: Bentley, sorry. I will interject on you then.

Mr B.S. WYATT: That would be useful; otherwise, I will keep asking the same question with every single hospital before we get to Bentley. The minister might be able to deal with it now.

Amendment put and negatived.

Mr R.H. COOK: On behalf of the member for Mandurah, who is not here at the moment, I move —

Page 3, after line 8 — To insert —

- (2) Development that takes place at Royal Perth Hospital will not impact on services, resources and scope of services at the Peel Health Campus.

The Peel area is undergoing extraordinary growth; it is growth that we welcome. In large part it is driven by the lifestyle and sort of opportunities that are afforded to the people of that region. Key amongst those obviously is the fact that people can live in the Peel region and commute to Perth; that is, they can work in Perth but live in the Peel region. That is in no small part down to the great work done by the previous Labor government to develop the Perth–Mandurah railway line. That brings with it challenges. One of the key challenges is the need to expand hospital services in the Peel area. We have the minister's absolute assurance in relation to that, because he said on many occasions that he would like to see the services and resources at Peel Health Campus expanded. Indeed, he will point us to the clinical services framework which includes the number of beds at Peel Health Campus, dipping slightly from 148 at the time of the government's election down to 140 in 2014–15, and increasing to 210 beds by 2020–21. The minister would like us, once again, to take his word for it that the people —

Dr K.D. Hames: Since that was done, that is probably outdated in the sense that the pressures on Peel are increasing significantly with population growth. I think the chances are, I am sure you would agree, that things will have to be done before that date.

Mr R.H. COOK: Yes, before 2020–21. That is quite true. I draw the house's attention to the document provided by the Minister for Health to this place in August this year which actually has, as the minister has just interjected, the number of beds increasing to 210 in 2014–15. We have no reason to doubt the word of the minister, except of course, as people have pointed out on numerous occasions, this government cannot be taken at its word. This government cannot be trusted to develop the Ellenbrook railway line. This government cannot be trusted not to privatise health services. This government cannot be trusted when it says it is going to redevelop Royal Perth Hospital because clearly we see no action to back these things up or we see action when there is no mandate sought from the electorate. We stand in this place today to stand up for the people of Mandurah and of the Peel region on behalf of the member for Mandurah because, as everyone knows, he is a tireless campaigner for public services in his area. We stand to seek the minister's agreement with our position, and with the position the member for Mandurah would love to put—I am sure the minister, as the member for Dawesville, agrees—that we should enshrine in legislative stone the fact that we want to see the services, the resources and the scope of services at Peel Health Campus grow. This is entirely in keeping with the ambitions of the government and indeed of the minister himself for this hospital. It is entirely in keeping with the spirit of this legislation, which we know we can trust to not go about things to the detriment of Royal Perth Hospital. Obviously, we expect the minister, particularly as the member for Dawesville, to endorse this. If he is silent on this point, indeed, we must question his commitment to health services in his own electorate.

Mr W.J. JOHNSTON: I would appreciate hearing further from the member for Kwinana. I do not think the Speaker has heard him move the amendment.

Several members interjected.

Dr K.D. Hames: He has.

The SPEAKER: You have moved the amendment on behalf of the member for Mandurah, indeed, member for Kwinana.

Mr W.J. JOHNSTON: Does the member need to hand over the amendment to you, Mr Speaker?

The SPEAKER: He has moved it on behalf —

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Mr R.H. Cook: Is that the way to do it?

The SPEAKER: Yes, that is the way to do it, member for Kwinana.

Mr W.J. JOHNSTON: We are learning very quickly here tonight; thank you very much. We were not quite sure how to include these amendments when people have a pair.

I do not want to delay the house unnecessarily.

Several members interjected.

Mr W.J. JOHNSTON: I said “unnecessarily”! I make the point that this is another example of privatisation by the Liberal Party. Privatisation of the Peel Health Campus when the campus was sold to the highest bidder has been a failure. The minister says the services that are provided are good and the staff are dedicated et cetera. But that is not the only issue to be judged. Recently, the Peel Health Campus repaid, I think, \$1.3 million to the government because it had defrauded the taxpayer. No charges have arisen from that fraud. I do not understand why the government puts auditors into a privatised operation. Had it been a public hospital, run by public sector employees, heads would have rolled, but because it is a privatised hospital, they get forgiven for their fraud. That is bizarre. Not only that, I remind members that at the 2005 election, for example, the Peel Health Campus ran full-page advertisements attacking the member for Mandurah. The hospital has only one source of income and that is the income given to it by the taxpayer to run the hospital. It is interesting that those ads were run in the *Wanneroo Times* and the *Joondalup Times*. I think they need to have a deep discussion with their booking agency about running ads in the wrong newspapers. It is ridiculous that the Peel Health Campus has been able to syphon money from the taxpayer to run political campaigns. That would never be tolerated by a public hospital. The purpose of the privatisation was to allow that hospital to pay lower wages than were required to be paid by the public sector. The hospital did that through the former Court government’s workplace agreements. It reduced the wages below the levels that were being paid by the public sector system. That is how the hospital is able to generate its surplus.

This is a clear example of a failed privatisation. There is a need here to not only support the amendment moved today but also extend protections provided to taxpayer funds at public institutions to these privatised institutions. There is a whole series of protections for the interest of the taxpayer that would have prevented this fraud by this hospital if it had been a publicly operated entity. But because it is a private entity, it has been able to perpetrate a fraud and the government says, “Don’t worry, they paid back the money.” That is an outrage. I remind members that a government employee with a government credit card who runs up a bill for 500 bucks for something they were not entitled to gets sacked—they get sacked for having engaged in misconduct. Here we have a hospital stealing \$1.3 million of taxpayers’ money that is forgiven by this minister because it gave the money back. It is an outrage. I do not understand how the minister keeps his job when he has forgiven the fraud that took place at the hospital. It was a fraud. If it was not a fraud, why did the hospital give the money back? If it was entitled to the money, it should have kept it. The only reason the money was given back was that it was improperly taken. It is a classic example of the incredible failures that the Liberal government has scattered all around the state from privatisation.

Amendment put and negatived.

Mr B.S. WYATT: The member for Collie–Preston is not with us tonight. Therefore, on behalf of the member for Collie–Preston, I move —

Page 3, after line 8 — To insert —

- (2) Development that takes place at Royal Perth Hospital will not impact on services, resources and scope of services at the South West Regional Health Campus and associated south west hospitals.

The SPEAKER: Member for Victoria Park, just to clarify for other members, you are moving this amendment on behalf of the member for Collie–Preston.

Mr B.S. WYATT: I am indeed, yes. I move this amendment to clause 7 of the Royal Perth Hospital Protection Bill 2008 on behalf of the member for Collie–Preston because I know that despite the fact that he is not with us tonight, he would certainly want the same protections that are being applied to Royal Perth Hospital. To remind everybody what that means, it means to protect the expertise and history of Royal Perth Hospital and to protect Royal Perth Hospital from the whim of a bureaucrat. This is why we are protecting Royal Perth Hospital and those are the very things that the member for Collie–Preston wants to protect at the South West Health Campus and associated south west hospitals. He, too, wants to protect the hospitals in his electorate to ensure that the concentration of expertise and history is retained in those hospitals and to ensure that the whim of a bureaucrat,

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whoever that bureaucrat may be, may not at some point seek to shut the South West Health Campus. Just a minute ago, the minister in response to the member for —

Dr K.D. Hames: Do you want to go through the manner and form stuff?

Mr B.S. WYATT: I will get there.

Just a second ago, the minister, in response to the member for Kwinana regarding Peel Health Campus, who, I think, was reading from the clinical framework —

Mr R.H. Cook: The clinical services framework.

Mr B.S. WYATT: He was reading from the clinical services framework and the minister said that it was already out of date in respect of Peel Health Campus, which emphasises the reason we need this legislation to protect hospitals such as the South West Health Campus and Peel and Midland and the other hospitals about which we are debating in this chamber. The reality is that the minister can act at the whim of that bureaucrat who he so maligned in his second reading speech given in the first hundred days of this government. He cannot simply say, “Well, it is all out of date now. I don’t care what the clinical services framework says. That’s out of date; I’m closing the South West Health Campus.” The member for Collie–Preston will not accept that, which is why I moved this amendment on his behalf. Indeed, the minister knows that in the first flush hundred days of this government when he introduced this bill, he said in his second reading speech that the government wanted to protect from the whim of a bureaucrat the closure of this hospital. There is that very response from the minister to the opposition that we should rely on the clinical services framework and that it will protect our hospitals. Yet the minister, sitting right here, has already said in respect of Peel Health Campus that the clinical services framework is out of date. I think it is utterly reasonable for members of the opposition to move these amendments to ensure that the expertise and history of their hospitals is retained, whether it is Bentley Hospital in my electorate, which has a long history and a lot of expertise, or whether it is the South West Health Campus in the member for Collie–Preston’s electorate. I do not think that is unreasonable. If the minister was genuine in wanting to protect Royal Perth Hospital from the whim of a bureaucrat, he would want to protect every Western Australian hospital from the whim of a bureaucrat. As the minister said in his second reading speech, if a government of the day were to make a decision to close any of these hospitals, he would want to ensure, as he demands—remember the 100-day plan, a long time ago—that there be a comprehensive debate in both houses of Parliament before any closure could occur. I do not think that is unreasonable. If that applies to Royal Perth Hospital, why should it not apply to every other hospital in Western Australia? As we have seen, the minister is happy to say that the clinical services framework is out of date. I know that the member for Collie–Preston would support this amendment very strongly, and he would be moving this amendment if he was with us tonight. However, I know that he will be reading this debate and will be supporting the South West Health Campus with great vigour.

The SPEAKER: The question is that the words to be inserted be inserted. The member for Cannington.

Mrs L.M. Harvey: Get over it!

Mr W.J. JOHNSTON: Grumpy! I am not making the minister stay. If the minister does not think that this is an important debate, do not contribute.

Dr K.D. Hames: What was that?

Mr W.J. JOHNSTON: I am talking to the minister behind the Minister for Health—not to him. If the minister is not interested in protecting hospitals, she should not participate in the debate. It is very simple. It is not worthwhile putting up with inane interjections from the other side of the chamber when we are debating important issues like the South West Health Campus. Bunbury is a city that has been disappointed by this government. The government cannot even say whether Bunbury will get a government department. There is only one party that has made that promise, and that is this party—the Western Australian Labor Party. There is only one party that is moving to protect the resources and activities and services of the South West Health Campus and its associated hospitals in the region, and that is this side of politics—the Western Australian Labor Party. That is because we follow a long tradition of the fact that the Labor Party is a party of the country. It is a party of the regions.

Mr V.A. Catania: How can you say that with a straight face?

Mr W.J. JOHNSTON: The member for North West interjects. He has twice been preselected by the Labor Party.

Mr V.A. Catania: You do not have one country member!

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Mr W.J. JOHNSTON: The member for North West interjects in an inane way, as he does so often. He has twice been preselected by the Labor Party. He has never been preselected by any other party. He was opposed by the National Party. He defeated a National Party candidate at the 2008 election.

Point of Order

Dr K.D. HAMES: Mr Speaker, I can understand that the member is responding to some of the interjections that are coming at this time, but it really is not relevant to the clause.

Mr R.H. COOK: On that point of order, Mr Speaker, if the members on the other side are going to continually engage in interjections with the member, he can, I suspect, respond to that in kind. The distractions that the minister speaks of now are really of his own doing.

The SPEAKER: Member for Kwinana and Minister for Health, I am not taking any points of order. I give the call to the member for Cannington.

Debate Resumed

Mr W.J. JOHNSTON: Thank you very much, Mr Speaker. As I was explaining, the Labor Party has a proud history of representing regional people. We were created in the regions. The Labor Party was created in Kalgoorlie. We have in fact represented the regions for a very long time. This is the first Parliament in which we have not had a majority of country members. We have always been the largest party in the regions in this state. We have a long history of being the largest party in the regions of Western Australia. It is not a surprise that we want to protect the people of Bunbury. In 2005 and in 2008, we preselected the now member for North West for regional seats. He was so keen to represent the Labor Party that he did not seek preselection for the National Party; he sought preselection for the Labor Party. The now member for North West's belief was that there was only one party to represent the interests of country people, and that was the Labor Party.

Mr P.B. Watson: It is in *Hansard*.

Mr W.J. JOHNSTON: Yes; it is in *Hansard* dozens of times. In fact, the member for North West described —

Mrs M.H. Roberts interjected.

The SPEAKER: Members!

Mr W.J. JOHNSTON: The member for North West, when he was a member of the Labor Party, because he was proudly supporting country people as a member of the Labor Party, made the comment —

The SPEAKER: As I read the motion moved by the member for Victoria Park on behalf of the member for Collie–Preston, we are talking about issues with respect to the South West Health Campus and associated south west hospitals. Member for Cannington, I am going to protect you against interjections. I simply want to hear you talk to the motion that the member for Victoria Park has moved on behalf of the member for Collie–Preston.

Mr W.J. JOHNSTON: Thank you very much, Mr Speaker.

What I am saying is quite clear. It is no wonder people seek out preselection for the Labor Party when we are the party that protects the interests of country people and regional people. That is why we know who sought out preselection for the Labor Party. Those people know what they did. They know why they sought our side of politics. We can go back and read what people said about how the Labor Party is the party that represents the interests of country people, and we continue to proudly do that. Regional people know that the Labor Party is doing that.

Several members interjected.

The SPEAKER: Members! The next person who interjects on the member for Cannington is going to be formally called to order. I have indicated to the member for Cannington that I am protecting him through this particular stage of consideration in detail. If members are going to interject, they will be formally called to order.

Mr W.J. JOHNSTON: Thank you very much.

It is no wonder that we want to protect hospitals in the South West Health Campus and associated hospitals in the south west. The member for Collie–Preston is an outstanding member for the south west. He has increased his margin at each election that he has contested the seat. He is well known for the forceful nature of his advocacy for the people of this region. It is no wonder he is so interested in protecting their interests. That is why this resolution should be supported. This bill will be enhanced by the amendment that is proposed by the member for Collie–Preston and today moved on his behalf by the member for Victoria Park. Of course it is a shame that the people who pretend to represent the regions will be voting against the interests of regional Western Australians.

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Mr R.H. COOK: I could not hear some of the words that the member for Cannington was saying because there were far too many interjections. I just want to re-emphasise them. I am sure the minister would understand that we want to ensure that the arguments put forward by the member for Cannington are clearly heard—that is, the important role the South West Health Campus and associated south west hospitals play in our state's health system. I will not take much more of the chamber's time on this particular point. It is to suffice to say that Labor, particularly under the strong representation from people like the member for Collie–Preston, is very proud of what has been changed in health services in the south west, particularly the expansion to those hospital services that took place under the Bunbury 2000 strategy. We see a unique and innovative health campus in that area. Obviously we want to see the services at that campus—indeed at the other campuses, be they at Collie, Nannup and certainly Busselton for that matter—protected.

Again the question has to be raised: why is it that people in Perth deserve to have their hospital protected by legislation when people in the south west do not deserve it? Why would the member for Bunbury not be supporting this particular clause in the legislation? Does he not care about the services that are provided in his area? Indeed, the member for Vasse would obviously want to be supporting this legislation as well. Indeed, I think it is incumbent upon all members in this place, particular those who are concerned about health services in the regions, to support this legislation. Yet again we see those on the other side sit in silence as they decide to simply allow the opportunity to stand up for hospital services in their area to pass by. They are damned by their silence and quite simply are not prepared to stand up for hospital services for the people they were elected to represent.

Amendment put and negatived.

Mr R.H. COOK: On behalf of the member for Kimberley, I move —

Page 3, after line 8 — To insert —

- (2) Development that takes place at Royal Perth Hospital will not impact on services, resources and scope of services at the Broome Regional Health Campus.

To refresh members' memories, this amendment goes to the issue of the impact of the retention of Royal Perth Hospital on services, resources and scope of services at Broome regional health campus. Obviously, the opposition does not oppose this legislation; we are pleased that we have this legislation to support the people who depend on health services at Royal Perth Hospital, but the government is, as we know, obsessed with the development of projects within the city to the great neglect of services in the suburbs. We want to ensure that services in regional areas are also protected. Indeed, we have heard the member for Kimberley speak on many occasions about her concerns for the health of people living in her electorate. It is due in large part to her advocacy for her area that we saw an extraordinary redevelopment of just about every hospital facility in the Kimberley during the last government; every hospital was either completely rebuilt or substantially redeveloped. Indeed, the genesis of the current redevelopment of the Broome regional health campus took place as a result of strong representations by the member for Kimberley.

We rise to support the member for Kimberley through this amendment; she cannot be here this evening to move it herself, so we rise to support her in standing up for people in her community and the Broome regional health campus. Indeed, I am sure that the member for Kimberley would join the rest of us in this place in supporting this legislation insofar as it provides important health services to people in her area who would otherwise have to travel from the Kimberley to Perth to receive hospital care. We all know the history of the important role that Royal Perth Hospital has played in providing treatment to people who have to visit Perth from the Kimberley to receive hospital care, but that cannot take place at the expense of developing strong, sustainable health services in our regions. That cannot take place at the expense of hospital services such as those that we have in Broome. Indeed, the Broome regional health campus has undergone a lot of changes recently to expand its capacity and to increase the range of services, and we want to see that improvement consolidated and guaranteed for the future. Like the other hospitals we rise to speak on behalf of this evening, we are looking for an indication from the government that it is as committed to the future of the Broome regional health campus as we are. We are looking to the government for its support for this amendment because if it is so committed to health services for people who depend upon the good care and hospital treatment they receive at Royal Perth Hospital, it should have no hesitation in extending that commitment to the people of Broome. Why do the people of Broome have to live by what the member for Victoria Park described as the whim of a bureaucrat, while the people who depend on health services at Royal Perth Hospital will have legislation in place to protect their health services? It is the one central question that this minister has been incapable of answering. He has sat silent tonight, failing to respond to this very question: if it is good enough for Royal Perth Hospital, why is it not good enough for everyone else? Why is it that he sees that there are two classes of patients—those who depend on Royal Perth Hospital and who

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will receive the promise and guarantee of this legislation and those who, like everyone else, have to rely upon the fluid nature of the clinical services framework?

Mr B.S. WYATT: I also want to support the amendment moved by the member for Kwinana on behalf of the member for Kimberley in respect of Broome regional health campus. I think the member for Kwinana finalised his short remarks with a key question: why is the minister giving Royal Perth Hospital, which is utilised by people who live close to the hospital—people like me, the member for Kwinana perhaps if he is in this neck of the woods and the member for Cannington—a higher level of protection than hospitals in regional Western Australia, for example? The member for Cannington has already pointed out the proud record of Labor in regional Western Australia. Indeed, the member for Collie–Preston proposed his amendment for those very reasons to continue that strong representation by Labor members in regional Western Australia. The member for Kimberley has again highlighted that commitment with this amendment. We must bear in mind that if the James Price Point gas hub development goes ahead, there will be a significant surge in the population of Broome and the Kimberley. That means that a hospital—Broome Hospital is a fantastic hospital—will have a higher demand, which is why it is worthy of similar protection to that being offered to Royal Perth Hospital. I do not think the people of Broome and the people of the Kimberley need a hospital that the government considers to be of less importance than Royal Perth Hospital. I do not think the people of Bentley, Joondalup and Albany deserve a hospital that the government thinks is of lesser importance than Royal Perth Hospital. I do not think Broome regional health campus should be subject to the whim of a bureaucrat, which is why this legislation is seeking to protect Royal Perth Hospital. I do not see why Broome regional health campus should not get a similar level of protection.

This is the fundamental question that the minister has not addressed: why is Royal Perth Hospital being elevated to a level of protection that no other Western Australian hospital gets the benefit of? I do not think those people in regional WA who are watching tonight's debate will be terribly pleased with the fact that Royal Perth Hospital in the Perth CBD will receive this protection, but there will be no assurance that if there is any attempt to close their hospitals, at the very least there will be, as the minister said in 2008, a comprehensive debate in both houses. If a future government wants to close Broome regional health campus, there should be a comprehensive debate in both houses of Parliament. If the government wants to close Armadale–Kelmescott, Rockingham, Midland or Peel hospitals, or any of the hospitals that we have debated over the last four years, they, too, should get the requirement of a comprehensive debate in both houses of Parliament. Why should all those hospitals be subject to the whim of a bureaucrat? Why is the expertise and history at Broome regional health campus, Albany Hospital or Bentley Hospital any less important than the expertise and history at Royal Perth Hospital? I do not think that is an illegitimate question to ask. I know that the people of Broome will ask that same question when it is pointed out to them that the government voted against the opposition's amendment to ensure that Broome regional health campus and all these other hospitals have the same protection as that being offered to Royal Perth Hospital. This amendment will ensure that in the event that any future government wants to close Broome regional health campus, the community will at least be given the courtesy and the protection of comprehensive debate in both houses of Parliament.

Question to be put

Mr P.T. MILES: I move —

That the question be now put.

Question put and passed.

Consideration in Detail Resumed

Amendment put and negatived.

Debate adjourned, on motion by **Dr K.D. Hames (Minister for Health)**.

The SPEAKER: I know there is some joy to come but before that joy arrives, I present message 21 from Government House.