

## ROYAL PERTH HOSPITAL PROTECTION BILL 2013

### *Second Reading*

Resumed from 15 May.

**MR C.J. TALLENTIRE (Gosnells)** [6.27 pm]: I rise to support the Royal Perth Hospital Protection Bill 2013 and commend the Deputy Leader of the Opposition for presenting this bill to the house. I declare straightaway my family connections with Royal Perth Hospital and advise that my father was a medical administrator at Royal Perth for two and a half years. He was an acting deputy medical superintendent. He was at both Royal Perth Hospital and Royal Perth Rehabilitation Hospital. In my family, the awareness of Royal Perth Hospital's significance is great. Back in the early 1970s we understood that Royal Perth's role as the main casualty clearing centre was enormous. It was incredibly important for Western Australia in those days, and that remains the case. The significance of the hospital, its role and its central location is very important.

I move forward to today, and constituents in the Gosnells electorate often say to me, "I've got an illness" or, "We had to get urgent medical treatment on a Saturday night; we had to go into Royal Perth Hospital." The significance of Royal Perth Hospital is there. We also have other excellent hospitals in the area. Armadale hospital is another excellent hospital. People are very happy to go there. It is a very modern facility in parts, and is well staffed; it has excellent staff. We are well served in that sense. In future we will have Fiona Stanley Hospital. People in my electorate acknowledge that it was the work of the Gallop and Carpenter governments that led to the idea and funding for Fiona Stanley Hospital. That is well understood in my electorate.

I return to the importance of Royal Perth Hospital. It used to be said that after Royal Perth Hospital, the next closest major hospital was Royal Adelaide Hospital; people had to go that far to find a hospital that was of the same significance. Royal Perth Hospital never closed; it was always there. It was one of the few services like that in Perth. In the late 1960s and early 1970s there were not that many places that were open all the time, but certainly Royal Perth Hospital was. It never closed. However, even back in those days there were issues around the crowding of extra people into wards—sometimes three people in a ward that was perhaps designed for two. There was always that extra pressure on the facilities there, but the medical staff simply said, "Where else are people able to go?" The importance of the hospital is absolutely enormous. Of course, we also saw in the early 1970s the rise of Sir Charles Gairdner Hospital, although I gather that at that time it did not have a casualty ward, so again the importance of Royal Perth Hospital cannot be overstated.

The importance of Royal Perth Hospital is part of the history of Western Australia. On coming into office in 2008 the Barnett government made commitments to people in the inner city and eastern suburbs about the preservation of Royal Perth Hospital, so I am assuming that this bill will be supported by government members. It simply reiterates a commitment that the government has already made, so I would think it would be a simple and clear decision for government members to support this bill.

I will take this opportunity to talk a little about some of the issues that modern hospitals face, especially during the early commissioning phase. During the term of the last Parliament I was a member of the Public Accounts Committee, and —

**Mr A. Krsticevic:** A great committee!

**Mr C.J. TALLENTIRE:** An excellent committee; thank you, member for Carine.

We had the opportunity to visit the United Kingdom and see how they go about establishing major hospitals. We visited a hospital in Scotland, Forth Valley Royal Hospital, which is a 760-bed hospital. It was very new and had already gone through the initial commissioning phase. I say to the member for Carine, and the member for Jandakot, who was also on the Public Accounts Committee at the time, that it is a shame that they were not able to come to the UK to see how that hospital was running after it had gone through that initial commissioning and teething phase, because there is no doubt about it: we are going to face the same thing very soon with Fiona Stanley Hospital. That hospital will have 770-odd beds—is that correct, Minister for Health? I forget the exact number.

**Dr K.D. Hames:** Which one?

**Mr C.J. TALLENTIRE:** The number of beds at Fiona Stanley Hospital.

**Dr K.D. Hames:** It's 643, plus 120 from rehab, so 763.

**Mr C.J. TALLENTIRE:** I thank the minister for that precision. It is very much on the same scale as Forth Valley Royal Hospital. One of the issues that we discussed with staff at that hospital was the challenges faced when commissioning a hospital. In a hospital's early stages many things can come up, and it comes down to making sure that we have the staff there and that we are not going to be faced with a tidal wave of patients without having things like radiology equipment, for example, working and ready to go—all that amazing

technology that is in a modern hospital. That all has to be up and running; it has to be there, ready for the patients, before they come in. We also need to have the staff there to make sure that that equipment is ready to go. I am very concerned when I hear members of the government expressing concerns about attracting staff to new hospitals and recruitment issues. I am concerned about time delays; that is obviously a problem. If the time delays on actually completing the physical building translate into difficulties around recruiting staff to run the hospital, we will have a real problem on our hands. There is a real art to the commissioning of a hospital.

We heard about a 1 000-bed hospital in Nottingham and the specialist set of skills that are required to commission a new hospital of that scale; we also learnt of the Royal Victoria Infirmary in Newcastle upon Tyne, and similarly heard about the skills that were required there to commission a 900-bed hospital. Such hospitals really do require the most thorough arrangements possible and, more than anything, the staff need to be there before the patients start arriving. That seems to me to be absolutely essential.

I hope that the Minister for Health is ready for the challenges that will come as we get towards the commissioning phase of Fiona Stanley Hospital. Obviously, the first hurdle has been the one of actually meeting a set completion time, and the response was to push out the completion time, so that is the way that the government has dealt with that. The real challenges will come when patients start arriving at the hospital and when the recruitment process is well and truly underway to make sure that the staff are there. My suggestion is that the government face the reality of initially having perhaps more staff than we would ordinarily need for the number of patients who will arrive in the early commissioning phase. It is not a matter initially of worrying about whether we have an optimal staff-to-patient ratio; we should be happy in the commissioning phase to allow for a margin of error, a buffer of security, so that we actually have more staff than perhaps we might need once the hospital is fully commissioned and fully operational.

To return to Royal Perth Hospital, I will just say that that hospital has served us well as a community. It has provided us with many years of service and it is firmly in the minds of Western Australians as a fixed part of our health service. It is looked upon with fondness and as a reliable source of good quality health service provision, and that is how things should continue. That is what this bill provides for, and on that basis I again express my support for the bill. I will conclude my remarks by saying that I again commend the shadow Minister for Health for presenting this bill to the house.

**MS J.M. FREEMAN (Mirrabooka)** [6.37 pm]: I also rise to support this bill. As the Minister for Health knows, I have spent a lot of time debating and discussing with him issues with regard to Royal Perth Hospital and the need for a health campus hub that services the people of the Mirrabooka electorate. The minister well knows that I have often taken the opportunity to raise with him in these discussions the issue of the Department of Health's land—or not land—on Milldale Way in Mirrabooka.

**Dr K.D. Hames:** You're not doing that again, surely.

**Ms J.M. FREEMAN:** The minister kindly responded to a question on notice on 11 June 2013 to tell me, despite the number of times that I have raised this issue in the house—I see the Minister for Planning looking up with interest—that in previous governments that I was never a part of, and never a part of lobbying for, we could have had a health campus on that site. That would have been great, and I do not have an issue with the fact that that was day surgeries; I do not have a problem with the fact that that may have been the grand plan. What I have a problem with is that that land is still sitting there vacant. What is worse is that that land is sitting there vacant and it is still not owned by the Department of Health. I recently asked a question on notice of the minister, and just in case the minister did not read it—because today we had a bit of an incident of the minister not being completely sure of other questions that were put—I asked how much the land —

**Dr K.D. Hames:** No, I was correct, as you will recall.

**Ms J.M. FREEMAN:** Yes, yes. My question was —

I refer to the land owned by the Department of Health on Mirrabooka Drive, Mirrabooka, and ask:

- (a) how much land is owned by the Department of Health;
- (b) what is the location of the land; and
- (c) what is the intended use of the land?

The answer was “None”. The department still does not own it, despite my asking in every estimates hearing, “When are you going to transfer it? When are you going to buy it?”, despite the Minister for Housing standing today and saying it has been subdivided, and despite the government having done a rare earth policy of knocking down all the trees and having nothing there for some period of time. I accept that the Minister for Planning will say that blame should be allocated on all sides, but I have been banging on about this for some time now.

**Dr K.D. Hames:** Not only that, but the health department is in negotiations with people about the use of that site.

**Ms J.M. FREEMAN:** I am glad. Would the minister like to put on record, when he stands to talk about this, what those negotiations are? That would be very good. The people in the community of Mirrabooka might want to know because that is what is actually important. Whether the minister wants to play political point scoring with me is completely outside of it.

**Dr K.D. Hames:** No, not negotiations —

**Ms J.M. FREEMAN:** The government cannot negotiate over land it does not own! None! The answer was —

- (a) None. The Department of Health is finalising the acquisition of 2.65Ha of land from the Department of Housing.

When is the minister going to give me the answer that says yes?

**Dr K.D. Hames:** As soon as I get it.

**Ms J.M. FREEMAN:** Yes! Well, can the minister hurry up?

**Dr K.D. Hames:** It's not me!

**Ms J.M. FREEMAN:** I cannot believe how bureaucratic and pointless this whole process has been! How many times does one person have to stand in this place and say, "Hey guys, you've sat on this land for 50 years"?

**Dr K.D. Hames:** I offered you the opportunity; I said before the election —

**Ms J.M. FREEMAN:** It might look nice on the budget bottom line, it might look nice in your thing —

**Dr K.D. Hames:** You don't want to hear, do you?

**Ms J.M. FREEMAN:** No, sorry; I am very interested in listening to the minister.

**Dr K.D. Hames:** I said before the election—I know you disagree with this—that if you could get your shadow minister —

**Ms J.M. FREEMAN:** Yes, I do disagree with that.

**Dr K.D. Hames:** — to get out before the election and announce something, that would be great because then I will be able to match whatever he announces.

**Ms J.M. FREEMAN:** I understood my undertaking was that if the minister announced something, I would get our side to match it—to match whatever the minister announced.

**Dr K.D. Hames:** You understood differently from what I was trying to convey.

**Ms J.M. FREEMAN:** I am happy to sit and work with the minister so that I can work pretty hard with my side of politics to ensure that something goes on there. The minister knows I am very committed to seeing something happen on that piece of land.

**Dr K.D. Hames:** As soon as I get some idea, you will be the first person I tell.

**Ms J.M. FREEMAN:** Yes.

What worries me is that in the estimates we get told that the minister does not know what is going to happen, and there is 50-year, long-term plan for the land. That is what we were told in estimates.

**Dr K.D. Hames:** There are some good opportunities there.

**Ms J.M. FREEMAN:** I think there are some great opportunities, and we need to hurry up. My concern is that the Treasurer; Minister for Transport is going to be eyeing it off to park a whole bunch of cars there for the government's light rail, which may or may not come by 2018.

**Dr K.D. Hames:** Yes, good point.

**Ms J.M. FREEMAN:** So can we move on this, minister? Can the minister give this some priority, so that I do not have to stand again or send yet another question, only to be told that it is not yet owned and that —

- (c) Planning for the land is being undertaken by the North Metropolitan Health Service. Potential uses include an ambulatory type health facility which may include a Community Health centre, aged care services, same day procedure clinic, mental health services, palliative care, home care support services among other services.

But we will have same-day clinics, which would help.

We will be left with Royal Perth Hospital as the hospital that the people of the electorate of Mirrabooka will be required to attend in many instances.

**Dr K.D. Hames:** I know the people we are talking to, and you tell me if you think that it is acceptable. We are talking to an aged-care provider group.

**Ms J.M. FREEMAN:** Yes, I know them, because I told them to come and talk to the minister.

**Dr K.D. Hames:** Yes, and we are talking to —

**Ms J.M. FREEMAN:** Is that on the hill in Balcatta?

**Dr K.D. Hames:** We are talking to a day surgery centre for state dental care services.

**Ms J.M. FREEMAN:** State dental care is definitely needed.

**Dr K.D. Hames:** We're desperately short.

**Ms J.M. FREEMAN:** The government is. My understanding from speaking to some of the state dental nurses is that they are just overrun with demand.

**Dr K.D. Hames:** I am glad you sent those people about aged care; they were very good.

**Ms J.M. FREEMAN:** Yes. I am keen to see it happen, and the minister well knows that. The reality is that —

**Dr K.D. Hames:** And they have federal government funding already.

**Ms J.M. FREEMAN:** That is even better! Aged care is quite important in that particular part of the world, especially aged care appropriate to the diverse nature of that population in that area.

**Dr K.D. Hames:** Are you trying to get to talk before private members' time closes?

**Mr R.H. Cook:** No; I'm just keeping you company.

**Ms J.M. FREEMAN:** No, he is not.

I have digressed, but it was a good digression. I would absolutely encourage the minister to do that with some haste at this point in time, given that we are now into another electoral cycle and I am still talking about that particular piece of land. I was fully expecting, during the election campaign, that the minister was going to come out and stand there and go "Tada!"

**Dr K.D. Hames:** It was not our land.

**Ms J.M. FREEMAN:** Well, no; that is the problem.

**Mr J.H.D. Day:** That was done back in 2000 —

**Ms J.M. FREEMAN:** Yes.

**Mr J.H.D. Day:** — and that was clear policy going into the 2001 election. If we had been re-elected, there would have been the ambulatory care and the day surgery centre there.

**Dr K.D. Hames:** Then part of the problem was the Homeswest redevelopment of the land it owned and needed to swap it and get a better spot.

**Ms J.M. FREEMAN:** Yes. I get all the intricacies of it, and I get that it was not honoured at that time. Had I been the local member of Parliament at that time, government members could berate me terribly for not delivering to the people of Mirrabooka. As the Minister for Planning has seen, I have been like a dog with a bone about this particular issue, and I will continue to be until we see some sort of change.

**Dr K.D. Hames:** Yes, but then you will want the credit for what I deliver.

**Ms J.M. FREEMAN:** Will I want the credit? Absolutely!

**Dr K.D. Hames:** Just because you keep doing that.

**Ms J.M. FREEMAN:** Did the minister not just thank me very much for referring those aged-care people to him who already have commonwealth funding?

**Dr K.D. Hames:** Mind you, I do know them well already, as you know.

**Ms J.M. FREEMAN:** "Thank you, member for Mirrabooka, for assisting me in making sure that we can provide good health services in the electorate that you represent." That is strange; I thank the minister.

**Mr R.H. Cook:** You can share credit, minister.

**Ms J.M. FREEMAN:** Yes, that is right.

**Mr R.H. Cook:** There's no reason why you can't do that!

**Ms J.M. FREEMAN:** I am happy to stand out there and applaud the minister if we get something done on that, just as long as the minister never runs against me if Dianella comes into the electorate!

**Mr J.E. McGrath** interjected.

**Ms J.M. FREEMAN:** Yes, I know that he lost that area.

Anyway, I have digressed, and I am having a very pleasant time having a chat, but I probably should get back to the purposes of this bill.

**Mr R.H. Cook:** Member, is it true that it's your birthday today?

**Ms J.M. FREEMAN:** It is, member! It is my birthday today. Is it true that the member for Kwinana probably had a glass of champagne with me to celebrate it, henceforth I am a bit sort of more animated than I would normally be?

**Mr R.H. Cook:** No, I wouldn't drink; no, I think you are —

**Dr K.D. Hames:** Is this when we sing *Happy Birthday*?

**Mr R.H. Cook:** You could do it by way of interjection!

**Ms J.M. FREEMAN:** Interjection!

**Dr K.D. Hames:** Are you 21 again?

**Ms J.M. FREEMAN:** By way of interjection, the minister could, but he might not want to do that! I actually have a strong policy, having an occupational health and safety background, that when we are at work, like the rest of the population, we should not drink, but I suppose on our birthdays we are allowed a slight thing! Just to show the intention of this particular speech, excuse me, Mr Acting Speaker (Mr I.C. Blayney), may I have an extension?

[Member's time extended.]

**Dr K.D. Hames:** I was hoping to stand and make some very salient points about this legislation.

**Ms J.M. FREEMAN:** Well, I am happy if I am directed with another Post-it note, but the Post-it note seems to direct me —

**Dr K.D. Hames:** To keep going until close, yes.

**Ms J.M. FREEMAN:** Yes, but we can still engage —

**Dr K.D. Hames:** You wouldn't have appreciated the points anyway, because, responding to the member's earlier comments and his kind words about Royal Perth, they're just reminding him why this bill is here in the first place, and that you were going to close it as a tertiary hospital.

**Ms J.M. FREEMAN:** The minister does not have to remind me. One of the first things that happened when I became a member of Parliament was this bill was introduced, and we thought about how to make it stronger, clearer and more concise. Some of the first things I ever did was draft some amendments to this very, very good bill, which I note probably does not have those amendments in it.

**Dr K.D. Hames:** Sorry, but it is for reasons like that that it didn't go through, and I reckon you're going to do the same again.

**Ms J.M. FREEMAN:** But we needed to debate and discuss those because they were very important in making sure that the bill had that sort of clarity, force and commitment that the minister really wanted —

**Dr K.D. Hames:** Are those amendments in your bill now? Are they there?

**Ms J.M. FREEMAN:** No.

**Dr K.D. Hames:** No?

**Ms J.M. FREEMAN:** We now know that to be able to get the minister's support to push this through, we need to make this the sort of bill that we can hold up and say that both sides are very committed to the Royal Perth Hospital site, which, as I understand it, we were during the previous Carpenter government. We did say that we would keep Royal Perth Hospital, but not as a tertiary hospital, which is what I understand is the intent of this bill, although one of the amendments we wanted to put in would have ensured that it was. I thank the member for Kwinana for his second reading speech on this bill. As I understand it, the previous bill languished in this place, because it sat for 1 458 days —

**Dr K.D. Hames** interjected.

**Ms J.M. FREEMAN:** Minister, we had times like this when we could have enjoyed a debate—the minister and I crossing the floor and enjoying how committed we are to public health in Western Australia. That bill was passed in this house on 8 November, and despite the fact it was reinstated onto the notice paper three times —

**Dr K.D. Hames:** Are you ready to go? We will pass it now if you want!

**Mr R.H. Cook:** We can bring it on next week if you like!

**Dr K.D. Hames:** And we will have only one speaker, and we will pass it!

**Ms J.M. FREEMAN:** That is very good! But I want to mention a few things that might be worthwhile and that I want to say while we are on this bill. If the wisdom says that I should move some amendments so that the minister can speak for longer, it would always assist.

On 8 November, the bill passed through this house, but it failed to progress in the Legislative Council. We have always supported the retention of Royal Perth Hospital, and certainly I have, as the member for Mirrabooka. Many of the residents of Mirrabooka and Balga will go to Royal Perth Hospital. But the people who live in Koondoola and Alexander Heights tend to go to Joondalup hospital. I note the minister has just opened a new wing at Joondalup hospital. These people go to Joondalup hospital because they do not feel the service that they get at Royal Perth Hospital is as good as it should be. I know of one gentleman who lived in Nollamara—which is now not in my electorate, unfortunately—and who had gone to Sir Charles Gairdner Hospital for his prostate cancer treatment. He had been very happy with his treatment at that hospital, and he wanted to continue his post-prostate cancer treatment at that hospital. But he was sent to Royal Perth Hospital, and although he was reluctant to go there, he is part of the public health system, so had to go to that hospital. The difficulty is that the medication that he was on for prostate cancer was Flomaxtra, and Royal Perth Hospital would not give him a prescription for that medication because it said it was too expensive. He felt very comfortable with Flomaxtra, because it helps prostate cancer sufferers to relieve themselves, and it also helps to alleviate dizzy symptoms. I am not sure whether that drug is a hormone treatment as well. I pursued that issue with the minister, and the minister pointed out that it was up to the doctor at Royal Perth Hospital. The impression that I got from this gentleman, and from others who have told me similar stories, is that they feel as though Royal Perth Hospital now has to cut costs more than hospitals such as Sir Charles Gairdner.

**Dr K.D. Hames:** That is just not true.

**Ms J.M. FREEMAN:** I am just telling the minister what the impression is. This gentleman was told that the doctor could not prescribe Flomaxtra and could prescribe only an alternative drug; I am not sure of the name. The issue was that under the Pharmaceutical Benefits Scheme, the hospital was given only a partial subsidy for Flomaxtra and not the full subsidy, and so there was a difficulty with the supplier, because the supplier would not accept the partial subsidy, and therefore the alternative drug for this gentleman was the cheaper brand. So it was an issue of cost. It seems to me that if it were an issue of cost for Royal Perth Hospital, it should have been an issue of cost for Sir Charles Gairdner Hospital as well. But Sir Charles Gairdner Hospital was making decisions based on what was the best treatment for this gentleman and not on the cost aspect. That had a real impact on this gentleman's decision to not want to be treated at Royal Perth Hospital, to the point at which he was actively trying to get back to Sir Charles Gairdner Hospital for his treatment, and that cannot be good for the medical system. A number of complaints have been made to me about the quality of care that people feel they are getting at Royal Perth Hospital, and people are therefore making the choice to go to Joondalup hospital or Sir Charles Gairdner Hospital. Some people are actively seeking not to have to go to Royal Perth Hospital for those reasons.

**Dr K.D. Hames:** Yet when I was suffering from pericarditis, the first place I went to was Royal Perth Hospital. That was my first choice.

**Ms J.M. FREEMAN:** That may be the case, and the minister would have a better clinical knowledge of what is going on at Royal Perth Hospital. But this is an example, and it took months. We first went to the minister's office. I then sent this man to his doctor with a letter from me saying that if this man wants this drug, the doctor should give him this drug. But the doctor took no notice of that, unfortunately. The doctor does not need to take notice of that. This was a Macedonian gentleman, and his language skills were not very good. Often my skill as a member of Parliament is to tell the story for people. I recognise that part of our advocacy for people is being able to put their problem into clear bureaucratic language that will give them an action plan that they can take

**Dr K.D. Hames:** We are social workers, basically.

**Ms J.M. FREEMAN:** Social ombudsmen, perhaps. That is increasingly an interesting part of how we work in our electorates.

But, putting that aside, I know of another gentleman who refused to go to Royal Perth Hospital and went to Joondalup hospital instead, despite the fact that Joondalup hospital said he should go to Royal Perth.

**Dr K.D. Hames:** And what did he get at Joondalup?

**Ms J.M. FREEMAN:** I think it was a heart issue.

**Dr K.D. Hames:** So it was not about medication?

**Ms J.M. FREEMAN:** No. That is a different case. I do not have the details of that here. I am just remembering that.

The minister said that one incident is a one-off. Two incidents is a concern. Three or four incidents, or five or six or 10, is a trend, is it not?

**Dr K.D. Hames:** It cannot be a real problem when 180 000 people go to Royal Perth Hospital in a year.

**Ms J.M. FREEMAN:** That is true. But this is not the only time I have heard that people feel they are getting poorer quality treatment at Royal Perth Hospital.

We need to get this bill through the Parliament to make it clear to the bureaucrats and to Treasury that this is what we are committed to. The people whom I represent need to know that they can get as good a quality treatment at Royal Perth Hospital as they would get at Sir Charles Gairdner Hospital and at the brand new facilities at Joondalup hospital. I represent a vast array of people, as does the minister. But if people go to an institution or a service that looks as though it is a bit unloved, they feel as though they are not being respected and they are being treated as lesser citizens in our community.

**Dr K.D. Hames:** The reality is that Royal Perth Hospital is old and tired, and it needs a lot of work done and a lot of money spent on it to get it back to its former glory.

**Ms J.M. FREEMAN:** It does, and also it is a heritage building, as we heard from the member for Gosnells, and we need to recognise its heritage importance. One of the difficulties when an institution gets older is that people think that a new glitzy institution would be better. But we always need to be careful about what we wish for.

The other issue I want to raise with the minister concerns a gentleman who came into my office just before the election. I want to thank Mandy Robinson in the minister's office. She is excellent and does really good work in getting back to members quickly and efficiently and responding to concerns, and also in coming back to us with questions that we can build on. A gentleman came into my office the day before the election, on 8 March, at four o'clock in the afternoon —

**Dr K.D. Hames:** Did he vote for you?

**Ms J.M. FREEMAN:** He gave me a thank you card. Thankfully a lot more people voted for me than for my opposition candidate, who does good work as well.

**Dr K.D. Hames:** She is actually in hospital at the moment.

**Ms J.M. FREEMAN:** I am sad to hear that. If the minister talks to her, please send her my regards. I saw her a couple of weeks ago, actually.

Debate interrupted, pursuant to standing orders.

*House adjourned at 7.00 pm*

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