

RELOCATION OF BUSSELTON DISTRICT HOSPITAL

Motion

MR T. BUSWELL (Vasse - Deputy Leader of the Opposition) [4.04 pm]: I move -

That this house calls on the Minister for Health to -

- (a) acknowledge the outcome of the referendum recently conducted by the Shire of Busselton, which showed overwhelming public opposition to the government's plan to relocate the existing Busselton hospital to Vasse;
- (b) reconsider, in light of the referendum result and the government's own specialist reports, the decision to relocate the Busselton hospital to Vasse; and
- (c) initiate an independent probity audit of the processes utilised and decisions made in relation to the relocation of the Busselton hospital, with the outcome of the audit to be publicised.

Effectively, this motion deals with the government's plan to build a new public hospital in my electorate. It is important to understand that, historically, these plans were announced by the minister some time in late 2004 or early 2005, during the 2005 election campaign. The government's announcement to build a new hospital in my electorate was very welcome. The existing Busselton District Hospital, constructed in 1978, really is a facility that has seen better days. It is a facility that the communities I represent and the visitors to our region have long outgrown. It is inadequate in its size, it is inadequate in the medical technology that it can support, and it is inadequate in its emergency department. In many ways, the Busselton District Hospital has effectively become a staging post where patients stop on their way to further medical treatment in either Bunbury or Perth. I am glad that the government acknowledged that, for my community, that was not acceptable. Therefore, that announcement was initially greeted well, I think, because, as I said, a new hospital was well needed. Of course, the community focus then moved on to the issue of where the hospital would be built.

I will not go through all the processes, but suffice to say that during 2005 the then South West Area Health Service was, I think, dragged into a community consultation process. It was a community consultation process that was a complete disaster. I will deal with that a little later. That process was abandoned, by and large. The initial public meeting was such a fiasco that it was abandoned.

Mr J.A. McGinty: I have to agree with you. It didn't get off to a good start.

Mr T. BUSWELL: It was about the same time that the South West Area Health Service was abolished and amalgamated into the Western Australian Country Health Service. In 2006, WACHS took over and restarted the process to determine the location of the new Busselton hospital. Effectively, WACHS did a number of things. It instigated a process under which a number of experts were appointed to conduct a series of reports. A technical analysis of the site was conducted by a company called Sinclair Knight Merz. A financial analysis was conducted by PricewaterhouseCoopers. Public consultation was conducted by a company called Estill and Associates. All these documents were brought together into a summary by a fourth company called Aurora Projects. On 4 September 2006, the minister went to Busselton. He met with me early in the morning. In fact, he paid for the breakfast, if my memory serves me correctly.

Mr J.A. McGinty: That would be the first time ever, if that happened.

Mr T. BUSWELL: There is a first time for everything. The minister informed me of his decision about the building of that hospital. Effectively, the government has now decided to build the hospital at Vasse, which is approximately eight kilometres to the west of the existing Busselton hospital site, on the shores of Geographe Bay. I think it would be fair to say that that decision has met with significant, sustained and persistent public opposition. There is a feeling in my community that it is wrong to move the hospital to Vasse. It is interesting that it is a feeling that is more than just the normal opposition to change in communities. All of us in this place represent communities, and from time to time we have all had to advocate change that we knew people had been naturally resistant to. The resistance and the opposition to the relocation of the Busselton hospital run far deeper than that. I sense that it is driven by a genuine view in my community that this decision is not based on delivering the best long-term health outcome to the community that I represent. It is a decision that has been driven by other factors that we to this date are not aware of. That public opposition has been considerable. An excellent example of the strength of feeling of the Busselton community and surrounding communities about this decision is the fact that, at very short notice, about 50 people, who are in the public gallery, have given up a day of their time to travel to Perth to listen to this debate this afternoon. That is a tremendous effort by those people, and I take this opportunity to thank them, firstly, for their support and, secondly, for their efforts. It is important that the house understand that this is a significant issue in my electorate, and it is an issue that people feel very strongly about.

Today, I want to go back and, provided my voice holds up, spend some time analysing the three studies that the state government initiated as part of the process. Two weeks ago, I met with the community group that has opposed the relocation of the hospital. It was the first time I had met with that group formally, or even informally. The reason that that group had delayed meeting me for so long was that it did not want to be seen to be politicising this process. That group is of the very strong view - I think I mentioned this yesterday - that the minister has been misadvised in this process. I hope that by going through some of the reports in detail I can highlight some matters for the minister's further consideration. I would also like to thank that community committee because the one thing it made me do was to go back and spend some time reading the pages and pages that comprise the reports that the government commissioned in relation to this project. Having read those reports my view now quite firmly is that they contain no justification to substantiate an argument that says that the Busselton District Hospital should be relocated. I will tease those out with the minister.

I will start with the Sinclair Knight Merz technical evaluation. It is a very detailed evaluation. In the minister's initial press release on 4 September 2006 this is what he said regarding that technical evaluation -

The Minister said an independent technical evaluation assessed four potential sites for the new hospital - two in Vasse Newtown, the existing hospital site and the former abattoir site three kilometres south of Busselton.

The evaluation found that the Vasse Newtown site on the northern side of the future Vasse-Dunsborough Road would enable the government and private sector to provide a more comprehensive range of health services for people living in the region.

That is straight from the minister's press release. In the past two weeks I have read the report four or five times. I have to tell the minister that nowhere in the report is that statement made - absolutely nowhere in that report. I put it to the minister that he would have to draw a reasonably long bow to form that conclusion based on a reading of the report. I will state exactly what the report says in relation to the involvement of the private sector. According to my notes, under the heading "Private Sector Funding for Related Services" it states -

All the sites offer the potential for private sector involvement in delivery of health care services, albeit in a limited capacity. Sites A1 and A2 -

The Vasse sites -

are more advanced in terms of the formulation of a concept for private sector involvement.

It goes on with a couple of other points. It is saying that we can have private sector involvement at either site. It also states -

There are opportunities for funding strategies between the sectors on any of the sites. However, the Vasse sites are more advanced in terms of formulation of a concept.

The report does not state that the Vasse site will enable the government and the private sector to provide a more comprehensive range of healthcare services. It is quite simply not in the report. I suggest that the minister might need to find the person who drafted the press release for him and ask him to point out where in that report that statement is contained.

I will look in some detail at the report. Effectively, Sinclair Knight Merz developed a series of technical criteria by which it could assess the different sites. It looked at site area, accessibility, infrastructure issues, the local environment, social issues and the potential for private sector involvement. Those major categories were then broken down into 51 subcategories. Of those 51 subcategories, 28 were classified as level 3, or critical, criteria. Of the 28 critical criteria assessed in the minister's own report, the existing Busselton site outperformed the Vasse site in 19 of the criteria. The sites were assessed as similar in four criteria, and the Vasse site was superior in five. Of the remaining 23 criteria, the Busselton site outperformed the Vasse site in 12 criteria. They were assessed as similar in four, and the best site was superior in seven criteria. The facts are that the Sinclair Knight Merz technical evaluation of the site ranked -

The ACTING SPEAKER (Mr P.B. Watson): Order, members! There is a lot of chatter going on around the chamber. If members want to have meetings, can they please have them outside.

Mr T. BUSWELL: The government's own technical evaluation of the site ranks the existing Busselton hospital site clearly above the Vasse site; it is not in dispute. I will quote from the summary report prepared by Aurora Projects. At page 14 it states -

In summary, Site B is ranked higher by SKM ... than any of the other sites in most criteria groupings ...

It is by four out of six. Site B is the Busselton hospital site, which is followed by site A1, which is one of the Vasse sites. Site A2 is the other Vasse site. It is clearly the case that the technical assessment that the minister has done ranks the Busselton site above the Vasse site. It is indisputable. I will read some of the advantages and disadvantages that the report highlights. In relation to the Vasse site it advises that there are five advantages: adequate car parking, reasonable emergency access, reasonable project delivery time, potential synergies with the private sector and good visibility from major roads. Its disadvantages are said to be: significant zoning and planning issues, limited expansion space available, poor public transport access, significant flood potential, potential Indigenous cultural issues, potential road access issues including the need to “dual” an existing highway, pedestrian access issues, potential mosquito proliferation, potential native title issues and potential threatened species issues. Threatened species issues in Busselton means possums. I thought I should point that out to the minister. What does it say about the Busselton site? The advantages are: no zoning planning issues, adequate space for car parking and expansion, reasonable road access, more potential for public transport provision, reasonable population access, well located for the total population and the over-65 years age group, existing infrastructure provisions, reasonable project delivery time and, last but by no means least, a good patient environment. When we look at that technical assessment there is no doubt that the Busselton site is the better site.

The Sinclair Knight Merz report states that there are three disadvantages for the existing Busselton hospital site. One is threatened species, which is possums. I say it is possums because everywhere in Busselton there are possum problems. It is an unfortunate fact of life. One of the other two problems is flooding and storm surge. I have to tell the minister that I have lived in that town for a long time and, with the exception of cyclone Alby, there has never been inundation at that site - never. I just cannot accept that. The last problem is site contamination. It is on the site of an old timber mill and I do not think that site contamination is an issue. I will say again that the technical assessment - the minister’s own technical assessment - clearly and unequivocally favours the Busselton site.

I now move on to the financial assessment conducted by PricewaterhouseCoopers. I have read it a couple of times. It is a comprehensive financial assessment of the options available to the government. It is a very good report. It looks at a number of things, such as site acquisition costs and construction costs. It then assesses a whole range of risk criteria and builds a risk profile around each investment. It factors the risk profile over the acquisition and capital costs, and it then develops a final risk-adjusted net present cost analysis over a 25-year period. It is a good report. One would expect that from a company of the stature of PricewaterhouseCoopers.

In the minister’s press release of 4 September 2006 it states -

The Minister said the independent evaluation also found significant cost benefits for developing the hospital at the Vasse Newtown site.

I will advise the house of the top three rankings in the report in terms of cost. It states that the best option is to go to Vasse and build a 65-bed hospital with no kitchen or laundry. That would cost \$50.2 million. The second-best option is to go to Vasse and build a 65-bed hospital with a kitchen and laundry. That would cost \$51.4 million. The next best option was on the existing Busselton hospital site. The cost on the existing site of building a brand new 75-bed hospital with a kitchen and laundry was \$59.2 million. That is a 75-bed hospital versus a 65-bed hospital. The minister is proposing a 75-bed hospital on the Vasse site. I went back and looked at the report to find out what it costed the 75-bed option at Vasse. It stated that if we built a 75-bed hospital on the Vasse site without a laundry and a kitchen, it would cost \$62.2 million. A 75-bed hospital on the Vasse site with a laundry and kitchen would cost \$63.1 million. When we compare a 75-bed hospital on the existing Busselton site it is, by the minister’s own report’s conclusions, cheaper than a 75-bed hospital on the Vasse site even if the Vasse site does not have a kitchen or a laundry. It just seems to me that the statement the minister gave in September last year is wrong in fact because the study shows that when we compare 75-bed hospitals in both those locations the cheaper option is not the Vasse option; the cheaper option is the Busselton option. As I said, that is contained in the detail of the PricewaterhouseCoopers report.

I will touch on a couple of other points that the minister raised in that press statement. He said that technically the Vasse site was better, which we now know it is not. He said that it would be cheaper, which we now know that it is not. He then went on to talk about the further claimed benefits of locating the hospital at Vasse next to an aged care complex. The minister said that it would help to provide a comprehensive range of health services, but I have not seen any detail of what comprehensive range of health services could be provided on the Vasse site that cannot and are not already being provided on the Busselton site. The minister referred to the promise from the St Ives Group to provide 20 intermediate-care beds at no capital cost to the state on the Vasse site. I am concerned that the benefit of these 20 beds has been overstated. I will quote from a summary document prepared by Aurora Consultants as part of this process, which reads -

It is important to note that there has been no firm financial offer received from the potential co-located aged care operator and, consequently, these potential savings remain as preliminary estimates that are yet to be confirmed.

In reference to costings, it reads -

... the Vasse sites gain significantly from the assumed benefit of co-location with an aged care operator. The possibility of a similar model being applied to other sites has not been investigated.

On page 9 it reads -

This proposal has not been tested in a competitive market situation and this process may identify that other aged care providers might have a similar interest. Further, a similar model may well be possible on the other sites (other than the Vasse proposal) with other aged care providers.

The point I am trying to make is that the 75-bed hospital on the Busselton site is cheaper than the 75-bed option on the Vasse site, contrary to what the minister has said in his press release. His argument appears to be based around a 20-bed intermediate-care facility. The 20-bed intermediate-care facility is based on a non-existing contract between a nonexistent supplier and the state government; it ignores the potential involvement of other operators, and there are some five aged care operators in the local community and more moving to the area who may well be able to provide similar services to the Department of Health if the hospital is on the current site; and, interestingly, this 20-bed option has apparently been awarded by the Department of Health to the St Ives Group with no form of market testing whatsoever. I put it to the minister that when it comes to the financial aspects of the potential relocation of the Busselton hospital, it is clear that when one considers like with like and apples with apples, a 75-bed hospital on the existing Busselton hospital site is cheaper than a 75-bed hospital on the Vasse site, even if the Vasse hospital does not include a laundry and kitchen facility.

I move on to the third set of reports that the government commissioned, and that is the community consultation conducted by Estill and Associates. As I understand it, this process resulted in the health service receiving 978 submissions, of which the overwhelming majority supported the hospital redevelopment on the existing site - the overwhelming majority. This came through submissions and consultation in the community with a whole range of stakeholder groups. The point that was made time and time again is that people are opposed to the relocation because they are not sure that the decision is being made for the right reasons; that is, that the health of the community and the provision of health services are driving this decision.

Further to the public consultation by Estill and Associates, the Shire of Busselton conducted a referendum earlier this year. I will comment on the involvement of the Shire of Busselton in this process. The shire had the opportunity to be involved in the public consultation process that was run by the Department of Health. For reasons which I am still yet to understand, the shire chose not to be involved. I think the shire made a terrible mistake when it chose not to stand up on behalf of its community and advocate for a position on the community's behalf. That led to additional angst.

[Interruption from the gallery.]

The ACTING SPEAKER (Mr P.B. Watson): Order! We appreciate people in the gallery coming here, but I am afraid they will have to keep quiet or they will be removed from the gallery. We do not mind them listening, but there are procedures in Parliament whereby people in the gallery have to be quiet. I know they want to make their point but, unfortunately, the procedures of Parliament do not allow them to do that.

Mr T. BUSWELL: My view is that the Shire of Busselton contributed to the community's angst by not becoming more actively involved in the process when the Department of Health gave it the opportunity. The community therefore took the only option available to it. The community basically through sheer persistence forced the shire to conduct a referendum. It was a costly process which involved a postal vote of 18 345 electors in the Shire of Busselton. The participation rate in the postal vote was 61 per cent, which is very high; in fact, it is almost as high as the participation rate that saw the member for Victoria Park elected to this place on that hot day in February a few months ago. Good luck to him for winning the election. However, the point that I am trying to make is that people were not forced to come out and vote because it was not a compulsory vote. They voluntarily decided to fill in that piece of paper and send it back. A response of 61 per cent of people represents a fantastic effort. Of that 61 per cent, some 70 per cent voted for the preferred site. That is an overwhelming show of support for maintaining the hospital on the existing site and reflects almost exactly the outcomes determined by Estill and Associates. In my view, if 61 per cent of people vote and 70 per cent of those people send a clear message, that is a very solid indication of a broader community view. Some people in my community have said that as 61 per cent voted and 39 per cent did not, the 39 per cent that did not must count as noes. That is a nonsense argument.

Mr J.A. McGinty: I do not accept that either.

Mr T. BUSWELL: I accept that from the minister and I think he understands that about 70 per cent of people in my electorate do not support the relocation of Busselton hospital. That argument was a nonsense and should not have been peddled by those people. I understand that the minister does not take that view. Estill and Associates conducted a very thorough public consultation, which showed that over 70 per cent of people opposed the move. The Shire of Busselton finally, after kicking and screaming, conducted a referendum, which showed a very similar result. From a public and community consultation point of view, the box that gets the tick is for the existing Busselton hospital site. When one looks at the detail, what is there in summary? We have a plan to build a much-needed hospital facility. Nobody is denying that that must happen. We have a government that has given a commitment to funding it. I thank the minister for that commitment. However, we now have a serious issue with the location.

I understand that the minister has publicly stated that unless he is given overwhelming evidence to the contrary, the hospital will be at the Vasse site. I have tried to point out to the minister that when the existing Busselton hospital site is compared with the new site at Vasse, not using my analysis or the analysis of people in the community but using the analysis of the minister's paid consultants, there is no way in which one could endorse moving the hospital to Vasse. The WA Country Health Service set up a process. It employed consultants and established the criteria. When one looks through the solid body of evidence, one cannot support the move of the hospital. Reading through each of these documents has been a very interesting process for me. I came away from reading those documents absolutely convinced that the minister has made the wrong decision based on his own advice.

The technical site evaluation says that the existing site is favoured. The financial evaluation says that the existing site is favoured. The community consultation process says the existing site is favoured. I am reminded in some ways of the television show *The Vicar of Dibley*, in which a chap says, "Yes, yes, yes, no, no, no, yes - whatever." There we have it - yes, yes, no. I think that we are owed an explanation of why the minister is of that view when the technical, financial and community consultation processes have put a tick in the box of keeping the hospital on the existing site. I am not making that up. That is factual information taken from the reports. I understand the attractiveness to the government of the 20-bed intermediate care facility. That is the only thing that I can see that weighs in favour of the decision. What the government is saying is that it will commit to a \$65 million investment based on this care facility for which there is no contract in place, as I understand it, and for which there has been no investigation into the willingness of other providers to provide it in Busselton. Indeed, the report says that there is no indication of the extent to which those 20 beds will be used. Therefore, the potential benefit of having those beds is difficult to calculate. It seems to me that of all the things the minister should be considering, that is a minor factor. I would like to know how the minister has justified his decision based on what is a minor factor compared with the major issues such as the technical evaluation, the financial performance model and community consultation. It lacks logic in many ways. I am not necessarily blaming the minister. He makes the decisions, but he gets advice from a range of people. I am sure that he did not write the press release which was issued and which has creative representations in it.

As I said at the start of my speech, there is a real concern among my constituents that the minister is making a decision that is not being driven by the goal of delivering the best long-term health outcome for my community. It is being driven by other factors. I do not know what those other factors are. This is the sort of issue whereby the more I scratch, the more I want to scratch and the deeper I dig, the more questions I want to ask. I do not know how the minister can justify his decision. I do not know whether it has something to do with the potential sale of the land on which the hospital sits. The government has been very quiet about telling the community what it will do with that land. It is a very valuable parcel of beachside land. The minister says that that is not a factor that must be taken into consideration because in due course it will be sold and the proceeds will go into consolidated revenue. That might be the process; however, I am not sure whether an undertaking has been given to anyone in relation to the sale of the land. I do not know. These are the sorts of questions people are asking. Why do they ask those sorts of questions? It is because they cannot understand the decision that has been made, given the professional information that has been tendered.

My community has become very sceptical of the government. I am not directing this comment at the minister. The community is sceptical about the government and its involvement in land sales in Busselton. The issue of the Busselton jetty and the sale of the land have often been mentioned in the house. There is concern, angst and a degree of distrust in the community about what is happening with that parcel of land. Is the ability to sell that parcel of land down the track pushing the process? Are there other factors at play that we are not aware of yet? I am not sure, but I look forward to listening to the minister's explanation. Based on the government's own technical assessments, moving the hospital from the current site will move it away from a site that has room to expand, good public transport links and proximity on its side, because it is well located and, as the report said, is a great place for patients to recover. One of the many underlying strengths of life in Busselton is the community's interaction with Geographe Bay. People tell me that the environment on the shores of the bay is a

positive healing environment. I am not sure whether there is medical evidence to support that claim, but it reflects the view that one of the great strengths of my community is the fact that the hospital is located on the shores of the bay.

I will touch on the earlier attempts by the South West Area Health Service to kick this process along in 2005. When we look at what the South West Area Health Service did in 2005, members will understand why my community is rightly concerned and why these concerns might be magnified. In late 2005, a very well attended public meeting was facilitated by the then South West Area Health Service. Unfortunately, the meeting was not about trying to establish the health needs of the community; it was a public relations exercise for the property developer for the Busselton District Hospital. I am not blaming the property developer for that because that would be unfair. The developer was given an opportunity to make a presentation, which it did. However, a fundamental mistake was made at that time to get all the community together to talk about the site of the new Busselton hospital but to then show a series of very flashy slides of what the new hospital at Vasse would look like. The meeting was not about consultation but about telling the community that this is what was going to happen. The community was told that a new public hospital would be built at Vasse. Back in those days, a private hospital was to be built next door. That is what we were shown. People came away thinking, "This is not right. That's not consultation." There was a huge hue and cry. As the Minister for Health rightly pointed out, that was about the time that the South West Area Health Service was disbanded and the WA Country Health Service came onto the scene and then the process was reignited under WACHS. It was a hot February night, if my memory serves me correctly, in the Uniting Church hall. The process has been tainted from the start. Many people have the view - and we cannot blame them - that this outcome has been predetermined from day one. The technical evaluation, the financial evaluation and the community consultation have been worthless because the process was predetermined. That is a major issue. My view is that that is one of the factors that has driven the community opposition to the government's proposal.

I must put on the public record that I support the nodal development at Vasse. It is a very important town planning model that my shire has embraced. It is a good model. However, as I said before, the building of the hospital and its location is not about delivering the best outcome; it is about other factors. That is why this motion asks for a probity audit. Someone who is external to the process must make sure that the right decisions have been made for the right reasons.

As I said to the minister earlier, it is my view and the view of the Busselton hospital community committee that the minister has been poorly advised. The committee has been very generous in its description of the minister. If the minister took the time to read the report - I know that he is very busy -

Mr J.A. McGinty: I have read them. There are several reports.

Mr T. BUSWELL: I cannot see how the minister can form his view based on the contents of the report. The minister has a chance to build a fantastic new health facility that 70 per cent of my community would like to see built on the shores of Geographe Bay. The community considers it to be a wonderfully healing environment and it wants the minister to do what he has committed to do; that is, to provide the community with a modern health resource that has the physical capacity to expand in the future. The government's own reports indicate that the Vasse site does not provide the physical capacity for expansion. The minister has an opportunity to show people that the process of community consultation still involves listening to the community and letting it have a say.

I will conclude by referring to an interesting letter that I found, which says that the best site will be one which provides the greatest proximity possible to the central heart of the township, affording accessibility to and from the town centre, and enduring connections with the town and its daily life and rhythms. The minister may well remember that that is what he wrote in a letter to the Shire of Denmark on 9 August 2006. In many ways, that summarises the view of the community that I represent. It feels that relocating the Busselton District Hospital from its existing site to Vasse will take away a community facility that plays a very important role in building and driving the rhythm of the community. The community believes that the process is tainted and it has a genuine concern that this decision has not been made for the right reasons. In all sincerity I say that I look forward to listening to the minister's explanations this afternoon.

MR J.A. MCGINTY (Fremantle - Minister for Health) [4.39 pm]: I thank the member for Vasse for raising this very important matter, particularly in the way he raised it in the Parliament today on behalf of his constituents. The government is currently constructing hospitals the length and breadth of the state. The member for Vasse mentioned, for instance, the new Denmark hospital. A new hospital was completed a couple of years ago at Geraldton; there is one at Moora; I think there is one underway at Morawa; construction of a new hospital is proposed to be started about Christmastime in Port Hedland; Broome hospital is currently under construction; Derby hospital has just been completed; and Fitzroy Crossing hospital is underway. Therefore, a vast number of new hospitals are being constructed throughout the length and breadth of rural Western Australia.

Mr M. McGowan: Shark Bay.

Mr J.A. McGINTY: Yes, which is where we were the other day.

Interestingly, most hospitals are relatively uncontentious; the public welcome them and there is no contention. However, interestingly in the south west - I include Denmark - there has been considerable controversy about the actual location of the hospital. Although the local community has said that it welcomes the investment in the community and the provision of modern, state-of-the-art health facilities, there is some contention about the site. There was a major dispute in Denmark, and there is a major disagreement about the new Busselton hospital as well. I can say that I do not have an interest in one site or the other in Busselton. For the Denmark hospital, to which the member for Vasse referred, I took the view fairly early on that the site that was favoured by the local government authority, in the community park in the heart of Denmark, was the optimal site for the very reasons that the member for Vasse read out from the extract of a letter I sent. I looked at the reports that came forward on the Busselton site, and I will now spend a bit of time going through the history of the Busselton site to explain why I came to my decision and to ensure that the history of it is well understood by everybody.

In October 2005, which was two years ago, the state government announced that it would invest \$65 million in building a replacement hospital for the 30-year-old Busselton District Hospital. That announcement was then followed fairly quickly in the following nine months by a comprehensive site evaluation process involving community consultation and a technical site evaluation. A financial assessment was also undertaken to help in the consideration of the appropriate location. I agree with the criticism from the member for Vasse that the public consultation initially got off to a very bad start. To be very frank, there were most probably two problems with it. First, it was not properly organised. Nobody had really thought through how to properly consult with people. I certainly received feedback from a range of people that it was not the way in which public consultation should take place. The second issue that worried me was the seeming closeness of the shire with the developer at Vasse. That worried me; it was not something that I was particularly comfortable with.

The demographics of the region have resulted in the population of the Shires of Busselton and Augusta-Margaret River growing rapidly. The region is expected to grow by 20 000 people over the next decade, reaching an estimated population of 55 000 by 2016. The population in the Busselton area alone is expected to increase by 42.6 per cent by 2021. Vasse Newtown is a central location that, notwithstanding that it looks like cow paddocks at the moment, will over time become the geographic centre of the Busselton shire and, for that matter, the cape-to-cape region. Others might disagree with that, but that is how I foresee it inevitably developing; that is not from the Busselton perspective but from a regional perspective.

Mr D.F. Barron-Sullivan: How long do you anticipate before that is the case; a couple of years?

Mr J.A. McGINTY: The figures I have been given on the growth projections are for between now and, variously, 2016 and 2021. I believe - the member for Vasse himself indicated this too - that the Vasse Newtown area is about to explode.

Mr D.F. Barron-Sullivan: Are you saying that by 2016 Vasse Newtown will be the centre of Busselton?

Mr J.A. McGINTY: No.

Mr D.F. Barron-Sullivan: This is crucial for health planning, because what you are saying is that it has critical mass and, consequently, let us put a hospital there, whereas in fact that is probably not going to happen for 50 or 60 years, if it happens.

Mr J.A. McGINTY: If we take into account the areas of Margaret River, Dunsborough, Yallingup and the developments that are expected to occur in Vasse Newtown, the advice I have received is that one would expect over time that it would become the focal point of the region. One figure that was given to me - we can choose a number of figures to establish part of the argument, and some figures equally work against it - is that currently 83 per cent of the Busselton shire population live within 15 kilometres of the proposed Vasse Newtown site. By contrast, 10 per cent fewer people live within 15 kilometres of the current Busselton District Hospital site. Vasse Newtown also has the highest catchment population aged more than 65 years within 15 kilometres of that site. I appreciate that the member for Leschenault could provide other figures to establish another argument.

I want to speak briefly about the role of the Busselton District Hospital. It is an integral part of the hospital network in the south west. It supports the regional resource centre, Bunbury Regional Hospital, which is co-located with St John of God Health Care hospital at the South West Health Campus. Busselton hospital currently acts as a subregional centre, with patients requiring a higher level of care or more complex care being referred to Bunbury hospital or the tertiary facilities in the metropolitan area. Smaller hospitals at Augusta and Margaret River will continue to treat local less complex patients and will refer patients to Busselton hospital, Bunbury hospital or metropolitan tertiary facilities as is clinically appropriate, depending upon the condition of the patients.

The new public hospital at Busselton will provide an increased range of clinical services for patients, and will have 75 beds. There are currently 44 multiday beds and six day surgery beds at the hospital; so it will increase from 50 to 75 beds, which is an increase of 50 per cent in the capacity of the hospital. It will have a significantly expanded emergency department. We are all aware of the current shortcomings of the current emergency department. My understanding is that it will roughly double the size and capacity of the emergency department at the hospital. It will have an expanded same-day-stay ward, which will include renal dialysis, chemotherapy, ambulatory and day surgery facilities. There will be two state-of-the-art operating theatres; there are currently two. There will be two birthing suites; again, there are currently two. However, one thing I am hoping is that the current consultation about the provision of maternity services will point towards a more family-friendly service rather than an obstetric-led service.

Mr T. Buswell: I have given birth in both.

Mr J.A. McGINTY: The member for Vasse has given birth in both!

Mr T. Buswell: Participated.

The ACTING SPEAKER (Mr P.B. Watson): The member for Vasse has given birth?

Mr T. Buswell: I have participated in births in both.

The ACTING SPEAKER: I was almost going to bring that up as a point of order!

Mr J.A. McGINTY: There will also be expanded medical imaging and pathology services at the hospital.

Mr T. Buswell: You talked about proximity.

Mr J.A. McGINTY: Yes.

Mr T. Buswell: But the Sinclair Knight report takes all that on board.

Mr J.A. McGINTY: Yes.

Mr T. Buswell: And it is still overwhelmingly in favour of the existing site.

Mr J.A. McGINTY: I will come to what to me was the most decisive issue. I will state it up-front and work up to it; that is, the capacity for an integrated health campus, including accommodation for the aged and private sector health delivery, as well as the government hospital. In a nutshell, the inclusion of all those health-related services cannot be provided, in my view, at the current site and must be provided at a new site, wherever that new site may be. That, to my mind, is the nub of the argument here.

I return to the question of community consultation, which got off to a very poor start but improved somewhat after that. Consultation was undertaken between December 2005 and April 2006 to gain community feedback on the proposed replacement of the current hospital and health centre. The community consultation initially focused on two sites: the existing site and the site located in Vasse Newtown. However, it later included discussion on all nine potential sites for the hospital. The consultation process involved a desktop study, a public presentation, stakeholder interviews and focus group discussions. It is of some interest that some attitudinal polling was taken of the people living in Busselton on their view of the appropriate site. That polling, which well preceded the referendum conducted by the shire, indicated that 70 per cent of people living in Busselton wanted the hospital kept on the current site. That is remarkably similar to the, I think, 71 per cent of people who said the same thing in the referendum conducted by the shire. The point I make is simply that prior to the referendum, I was aware of the fact that 70 per cent of the local population favoured retention of the current site. That did not surprise me. A total of 978 submissions were received from the public; 656 people supported the redevelopment on the existing site, so again, that is roughly 70 per cent. People who preferred the Vasse Newtown site cited these six reasons: proximity of Vasse Newtown to Dunsborough, Margaret River and surrounding areas; proximity of Vasse Newtown to future population growth; good access from the Busselton bypass; poor access to the existing site - I am not sure that I agree with that but it is one of the issues that was raised; the existing site could be better used for other purposes; and the regional benefits of the Vasse Newtown site. Those issues were raised in the public consultation by the people who supported the Vasse Newtown site.

Stakeholder interviews and focus group discussions were conducted during March and April 2006 in the Shire of Busselton and the Shire of Augusta-Margaret River, including meetings with health professionals, special interest groups and interested community members. The results indicated that the primary concern for most stakeholders was to achieve the best health outcome for the community and the region. That was their overriding concern. I must say, anecdotally, that is still the feedback that I get from people from that region. Although I understand that there is considerable angst about the site, overwhelmingly, people say that they want a new hospital with state-of-the-art facilities; that is the overriding concern.

Other views and comments that came from the stakeholder discussions and interviews included a willingness to make several trade-offs, such as travelling extra distances and losing the beachside location, to obtain a facility that was new, improved and offered a larger range of services. Secondly, the proposed facility and site selection needed to demonstrate an improved facility with additional services; a healthcare model that is based on best practice and has a demonstrated rationale; a regionally compatible and complementary facility; and positive site characteristics including accessibility, centrality, local and environmental considerations. They also said that the facilities and services needed to be upgraded, and concerns were raised about the hospice. I must say that I have sat in the hospice and discussed these matters with the staff there. It is an excellent facility, no doubt because of the very strong volunteer and community commitment to it. The stakeholders said that the community-built and run hospice could not be recreated at another site and that relocation of this facility would result in the loss of a community-owned facility. In those discussions, I was able to give a guarantee that an appropriate replacement facility would be built at the location of the new hospital.

The stakeholders and focus groups said that the healthcare model selected needed to deliver optimum health care for the community efficiently and cost effectively. There was acceptance of the co-location of the private healthcare facility on the basis that co-location is expected to result in better health outcomes because facilities and services are shared, resources are maximised, costs and resources are shared, specialists are attracted to work within these environments, and additional services would be offered. There was also concern about the potential impact that staffing needs for the new hospital would have on existing hospitals in the area, including Bunbury Regional Hospital and Margaret River District Hospital. They said that the withdrawal of staff from those facilities to work at the new Busselton hospital should be avoided.

Mr T. Buswell: Does the minister envisage that if the hospital goes to Vasse, it will have an impact on Margaret River hospital?

Mr J.A. McGINTY: I suspect that it will in two ways. The first is that a number of people from the Margaret River region who currently travel to Bunbury will, I think, be able to be treated at Busselton because of the upgraded standard and nature of the services at the hospital. Although we have recently upgraded the Margaret River hospital - I forget precisely how much it cost - the Busselton hospital will provide extra facilities, which I think means that Margaret River District Hospital will not expand in the years to come, as the extra services will be provided by the Busselton hospital.

Other issues raised included that the new facility should be considered in the regional context; facilities and services should be complementary to the other healthcare services in the cape-to-cape region, and perhaps even up as far as Bunbury. Traffic and access was a critical consideration; it was important that the hospital was easily accessible and that there were no major traffic issues. Finally, a decision on the new site should consider proximity to population centres, the airport for the flying doctors, and ambulances. If a road accident or something like that occurred, there would need to be easy access to the new facility.

The member for Vasse mentioned in some detail the site evaluations that took place and, in particular, Sinclair Knight Merz, which was engaged in December 2005 to undertake a detailed technical assessment of the site options available for the new hospital. The initial site selection process focused on two sites only: the Vasse Newtown site - not the one that was ultimately settled on but the one adjacent to it; and the site of the existing hospital. However, there was significant community feedback relating to other potential sites and these were also investigated by SKM. In total, nine potential sites were identified and rigorously assessed against the following criteria: accessibility, site area, infrastructure issues, ownership, local environment, social issues, potential for private sector involvement, consistency with local and state planning strategies, and project deliverability. Following the SKM assessment of the nine sites, the Busselton hospital site selection technical working group removed five sites from further consideration based on demographic grounds; available site area; and land ownership - for instance, where the owners simply were not prepared to sell the site for the purpose of building a hospital. The remaining four sites were short-listed for detailed financial evaluation: Vasse Newtown to the west of the Bussell Highway bypass, Vasse Newtown to the north of the future Dunsborough-Vasse Road, the existing hospital site, and the former abattoir site to the south of the Busselton town centre. As mentioned by the member for Vasse, the financial evaluation was done by PricewaterhouseCoopers.

Mr T. Buswell: Which site did the technical evaluation give the tick to?

Mr J.A. McGINTY: I am not skipping over that question. Let me run through what was said about each of the sites and I think it will become apparent. PricewaterhouseCoopers was engaged to undertake an evaluation of the cost of developing the new hospital facilities at the respective sites; the cost of operating the facilities at the respective sites; any cost benefits from realisation of the existing site; the cost differentials between the sites in respect of capital, recurrent and site acquisition costs; and finally, possible private sector involvement in the total project and the development of the public hospital facilities.

The first Vasse Newtown site, which was the one that was not accepted, was located in Vasse on the western side of the Bussell Highway bypass east of the Buayanyup drain. The site was 2.2 hectares in size and it was considered too small and was only available for purchase with considerable cost implications. The site was rejected for those reasons.

The second Vasse Newtown site, which is the site that was ultimately determined -

Mr T. Buswell: The four-hectare site.

Mr J.A. McGINTY: Yes, and I will come to that. The second Vasse Newtown site is located north of the future Dunsborough-Vasse Road, approximately 300 metres north-east of the first site that I just referred to. In contrast to the other Vasse Newtown site, four hectares of this seven-hectare site would be made available to the state government free of charge. As with the other Vasse Newtown site, there may be opportunities for infrastructure and operational costs to be shared between the public and private sectors, resulting in a more cost-efficient arrangement.

Mr P.D. Omodei: Minister, in the old language that is 10 acres as opposed to 40 acres; it is a big difference.

Mr J.A. McGINTY: It is a question of what is usable. As the member for Vasse will tell the Leader of the Opposition, for environmental reasons, coastal setback reasons and other reasons, a very significant part of the existing hospital site is not usable.

Mr P.D. Omodei: Come on!

Mr J.A. McGINTY: The member sitting next to the Leader of the Opposition will tell him exactly that. The advantages of the Vasse Newtown site were: adequate space for car parking, reasonable siting for future population, reasonable emergency access, reasonable project delivery time, potential synergies for the private sector and good visibility from major roads. The disadvantages were: limited expansion space available, the point the Leader of the Opposition made earlier; poor existing public transport access; flood potential; potential Indigenous cultural heritage issues; potential road and pedestrian access issues; potential for mosquito proliferation; and potential issues relating to threatened species. All those disadvantages are mitigatable.

The existing hospital site was then evaluated. As I think everyone in the house knows, it is situated at the junction of Mill Street and Bussell Highway, three kilometres from the centre of town. The state government owns the site. The advantages are: there are no zoning or planning issues, adequate space for car parking and expansion, reasonable road access, more potential for public transport provision, reasonable population access, existing infrastructure provisions, reasonable project delivery time and good patient environment. The disadvantages were: limited flooding emergency access, potential issues relating to threatened species, significant flood-storm surge potential and site contamination. Again, all those disadvantages were mitigatable. The abattoir site, which I do not think I need to comment on, was also assessed and was not further considered.

Mr T. Buswell: When you finished the technical evaluation, which site was the preferred site based on the technical evaluation?

Mr J.A. McGINTY: It went through all those considerations.

Mr T. Buswell: If you sat down and weighed up the criteria, which one was the preferred site?

Mr J.A. McGINTY: I have just gone through the considerations. From memory, I do not think it says anywhere in the report, "We recommend X". It went through the evaluation of each of the pluses and minuses.

Mr T. Buswell: Just so that you know -

Mr J.A. McGINTY: Can the Deputy Leader of the Opposition let me finish, because we are pressed for time? The financial evaluation focused, in part, on the potential for private sector operator involvement. The potential for private sector involvement was seen to be a critical factor in determining how much public sector investment will be necessary to provide the required services to the local community. A proposal was received from a private operator; namely, the St Ives Group, which has an Australian government approved licence to provide 95 residential aged care beds in the Busselton area. St Ives indicated that the only acceptable site for this service was at Vasse Newtown, desirably co-located with a public hospital. Again, it leads into that issue, which, for me, was the most determinative issue.

Mr T. Buswell: Do you think that if St Ives has a public hospital integrated it will help that group charge more for that facility?

Mr J.A. McGINTY: I think it will help St Ives provide health care to the region. It will also help us to provide health care to the region.

Mr T. Buswell: Do you think it will help St Ives charge more?

Mr J.A. McGINTY: I do not know; I have not thought about that. I hope not. Nonetheless, I am interested in health outcomes rather than in providing financial support to a private operator.

The capital costs for each of the building options include site acquisition costs, allowances for external works and contingencies, plus provision for building cost escalation. A net present cost methodology was applied. The best performing building options are linked to the Vasse site and the existing site, very largely, because no acquisition costs were applicable to those two sites. Under the heading of "Operating costs", the best performing sites were the Vasse Newtown sites, as the operating cost benefits are achieved by co-location with a private aged care facility. The Vasse Newtown site benefits significantly from the assumed impact of co-location at that aged care facility. In September 2006, following the release of the assessment process reports, I announced that the state government would build the new public hospital in Vasse Newtown. That is substantially because an entire campus health care provision can be accommodated, which cannot be done on the current site.

I refer to the Shire of Busselton referendum.

Mr T. Buswell: From the financial model done by PricewaterhouseCoopers for a 75-bed hospital on the existing site compared with the Vasse site, which one was the cheapest when you added all those things together?

Mr J.A. McGINTY: I do not have the report.

Mr T. Buswell: I can tell you that it was the Busselton site.

Mr J.A. McGINTY: That is part of it. All of these are part of the consideration. For instance, with regard to the first part of the opposition's motion today, I acknowledge the wishes of people living in the Busselton shire. We knew from our own consultations that 70 per cent of people supported the retention of the current site. That was reaffirmed in the referendum result. The referendum did not tell us anything we did not already know. We knew the wishes of the local people and that is important, but it is not determinative of the issue; we need to look at the financial costings, deliverability of the project and how to get the best health outcome. In my view, the best health outcome is achieved by pooling all the healthcare facilities to the greatest extent possible, such as placing private services, aged care, public services and the hospital in the one complex.

Mr T. Buswell: The report also says that there was no investigation of the possibility of combining private health care provision and the hospital on the existing Busselton hospital site. It says that it can be done but that there was no investigation. Do you admit that you have looked at one option without really considering the others to that point?

Mr J.A. McGINTY: The advice I was given from the health department - I am not sure about the extent to which the privately commissioned reports revealed this - was that the development of the private aged care facilities, which would have required privatisation of a significant part of the land at the current facility, could not take place on that site.

Mr T. Buswell: The report does not talk about the aged care facility, but the 20 care beds.

Mr J.A. McGINTY: That is part of it, yes, but I am concerned about the 20 intermediate care beds, the aged care facilities and the private medical facilities all being included in the one complex. That was the persuasive issue for me.

Mr T. Buswell: Where has that happened in Western Australia with an aged care facility?

Mr J.A. McGINTY: Collie is one, off the top of my head, and Albany is another.

Mr T. Buswell: There are six aged care facilities in town. Why does that one get the benefit?

Mr J.A. McGINTY: Whoever are the providers is of no interest to me. What is of interest to me is the quality of health care. If aged care, primary care, private medical practice, public hospitals and step-down facilities can be co-located on the one campus, that is the optimal outcome from a health care delivery point of view.

We all know the results of the Shire of Busselton referendum. Given the hour, I will not run through those figures again. Seventy per cent of the public want the hospital built on that site. As I said, that is important but not determinative of the issue.

I will briefly address the current status in concluding my comments. Progressing the planning of the co-located public-private health facilities at Vasse Newtown required deliberation and decision due to options and issues associated with land zoning. Two distinct pathways exist for the public hospital development, one being via the local government development application pathway, and the other being the invoking of the Public Works Act provisions, which are generally used for the delivery of major government public works. Legal and planning advice indicates that the building of the public hospital could be delayed by progressing the joint public and private development applications through the local planning authority. In light of the time frames for construction and commissioning of the new hospital, a decision has been made to progress the construction of

the public hospital under the Public Works Act. This will allow for title of the land, site master planning and construction of the hospital to be expedited.

On 6 August 2007, representatives from the Department of Health; the WA Country Health Service; the State Solicitor's Office; the Department of Housing and Works; Seaport, the private developer who owns the land; and the project director, Aurora Projects, met. The group discussed and aligned all parties regarding the progress of construction of the new hospital within a budget of \$65 million. It is anticipated that, given building cost escalation, that could escalate to \$77 million. The group met to determine a course of action to achieve this outcome, and six actions were agreed at that meeting. Firstly, as a result, an exchange of letters occurred between the Department of Health and Seaport formalising agreement for the transfer of the four-hectare parcel of land, at no cost, identified for the construction of the new hospital, and this task was completed by the end of August 2007. Secondly, the master planning is to be resolved sufficiently for the definition of boundaries for health facilities at the health precinct to be inclusive of the public hospital, a privately owned community medical centre and the private aged care facilities. Architects representing the proponents and the Department of Health were to commence this process immediately and it was to be completed by the end of August 2007. Thirdly, the draft business case was to be finalised by Aurora Projects by the end of August 2007 for submission to the Health Reform Implementation Taskforce for endorsement prior to submission to the Department of Treasury and Finance for approval.

Fourthly, a letter was to be provided to Seaport by the Director General of the Department of Health detailing the intention to invoke the Public Works Act, with the firm intention to progress the construction of the new public hospital at Vasse Newtown as a matter of priority. Fifthly, Seaport was to lodge an application for the subdivision of the land to build the public hospital on four hectares. Seaport could have sought to submit an application for two hectares for the private aged care facility and two hectares for the private community medical centre concurrently. Sixthly, the WA Country Health Service was to develop a communication strategy affirming the state government's commitment to the construction of the new public hospital at Vasse Newtown.

It was also recognised that achieving the desired outcome of a new public hospital within the allocated budget could require the staging of construction of the community health facilities at the Vasse Newtown site at a later stage. Discussions between the Department of Health and the Department of Housing and Works have confirmed that the construction of the new hospital can commence in late 2008, with the facility being operational by late 2010.

That is where we are up to, as comprehensively as I can provide it to the house. I certainly appreciate the points that have been made by the member for Vasse about the nature of the public consultation and the contents of the various reports that have been made. However, I hope it is clear to all the people in the public gallery. I thank them very much for taking the time to come up from Busselton to listen to this debate today.

Mr P.D. Omodei: It's as clear as mud.

Mr J.A. McGINTY: I have done my best to spell out the rationale. Essentially, the one point that I cannot get over is the inability to provide a comprehensive health campus, which is the optimal healthcare delivery model, on the existing hospital site. That is the essential reason I supported changing it.

[Interruption from the gallery.]

The ACTING SPEAKER (Mr A.P. O'Gorman): I remind the people in the gallery that they have no capacity to participate in the debate. The debate takes place on the floor of the house. I am very reticent to warn anybody in the gallery, because it is an important issue to the people of Busselton, but I ask that they listen in silence and not attempt to participate in the debate.

DR S.C. THOMAS (Capel) [5.11 pm]: I will take only a couple of minutes to make a few references to the location of the new Busselton hospital and the actions of the minister in this debate. I recognise that it has been a very polite debate so far. I am sure that is because the member for Vasse likes the minister and thinks that he is a nice guy. I am sure that the member for Vasse is trying to get the best outcome for the people of Busselton. On the other hand, I have a problem with the minister in this matter. There are a number of reasons for that. I will take the minister back, because after 10 years as the chairman of the south west health forum, I have a fair history of health planning in Busselton. Does the minister remember the briefing note that he received on 22 June 2005? He probably does not. The minister was heading down to Busselton to meet with the shire and a number of other groups to talk about the siting of the hospital. He is probably a bit disturbed that I have that briefing note. However, this is the background, minister. Very briefly, I will read a couple of comments in this briefing note into the record, because I do not think that anybody should trust this government and this minister. I am very concerned about this. It states -

Busselton District Hospital and Health Centre are situated on a 12.3 hectare site on Bussell Highway / Mill Road Busselton, on a prime ocean front location.

...

The market value of the current hospital site has been assessed by the Valuer General at around \$20m.

I wonder whether that might have weighed heavily on the minister's mind in June 2005 when, in the early stage of this debate, he was trying to work out where the Busselton hospital might go. Was there potentially the prospect that the department might have already known that a four-hectare site in Vasse Newtown might have been donated to this process and that the minister was potentially sitting on a \$20 million prime ocean-front location, because it was in his briefing notes back in 2005? Everybody wants to get the best outcome for Busselton. Busselton wants a new hospital. I could go on about the member for Collie-Wellington. Is there a problem with the hospital in Collie? The member for Collie-Wellington said that he would gladly take an upgrade of the hospital. I presume there must be some sort of problem with the hospital there. Maybe there are restrictions in its activities. However, we will deal with that at another time. The point is that everybody wants the best location for this hospital. However, I do not think that we can trust this minister.

Mr M.P. Murray interjected.

Dr S.C. THOMAS: Is the member going to get one built, as the Parliamentary Secretary to the Minister for South West? Is he proposing that we build one? I would love to see it. We have to get this new hospital built. The member for Vasse has talked in this place a number of times about the government's potential to develop land in Busselton and how this government, with its disrespect for those people, will be land developers. It will rip off the Busselton community. Here we go again! This is another example of the government of Western Australia and the Labor Party ripping off the community of Busselton. Why? It is because of a briefing note that went to the minister, suggesting that the government was sitting on a \$20 million asset and was about to get a \$4 million free kick. Everything else that we have heard today should sit after that event.

MR T. BUSWELL (Vasse - Deputy Leader of the Opposition) [5.15 pm]: I will make a couple of very quick comments to close this debate. I am a little disappointed in the minister's response for the following reasons. The minister established three separate consultancies to advise the government on the best outcome for this hospital: a technical consultancy, a financial consultancy and a public consultation-based consultancy. Each one of those supports unequivocally the retention of the Busselton hospital on its existing site. They are facts, and the minister has ignored the facts in this matter. He has said that he wants to provide an integrated health campus facility for the area. What does that mean? It means an aged care facility built next to a hospital, a medical clinic, diagnostic services, allied health services, pharmacies and a private medical practice. Guess what? All of that can be built on the existing Busselton hospital site - all of it. The minister does not need to go to Vasse to build that. The minister knows that he does not. I am glad that the member for Capel raised that issue, because this is not about the best health outcomes - not at all; this is about this government's obsession with selling off prime beachfront land in my town to line its own pockets. This is just another example of that.

Point of Order

Mr R.C. KUCERA: The last comment of the member for Vasse was most improper. Nobody in this house lines his or her own pockets. If anybody wants to discuss that sort of issue, we should talk about meetings in car parks. That was a most improper comment to make about members on this side.

Mr C.J. BARNETT: I am stating the obvious: that is not a point of order. The expression "line its own pockets" was not directed personally at any individual, whether it be the minister or anyone else. It was clearly an expression about the government being interested in the revenue from the site rather than the health needs of the people of Busselton. The comment made by the member for Yokine is in fact highly inappropriate. He should be called to order.

The ACTING SPEAKER (Mr A.P. O'Gorman): There is no point of order.

Debate Resumed

Question put and a division taken with the following result -

Ayes (17)

Mr C.J. Barnett
Mr D.F. Barron-Sullivan
Mr M.J. Birney
Mr T.R. Buswell
Mr G.M. Castrilli

Dr E. Constable
Mr M.J. Cowper
Mr J.H.D. Day
Dr K.D. Hames
Ms K. Hodson-Thomas

Mr J.E. McGrath
Mr P.D. Omodei
Mr A.J. Simpson
Mr G. Snook
Dr S.C. Thomas

Ms S.E. Walker
Mr T.R. Sprigg (*Teller*)

Extract from *Hansard*
[ASSEMBLY - Wednesday, 5 September 2007]
p4874c-4887a

Mr Troy Buswell; Acting Speaker; Mr Jim McGinty; Dr Steve Thomas; Mr Bob Kucera; Mr Colin Barnett

Noes (24)

Mr P.W. Andrews
Mr A.J. Carpenter
Dr J.M. Edwards
Mrs D.J. Guise
Mrs J. Hughes
Mr J.N. Hyde

Mr J.C. Kobelke
Mr R.C. Kucera
Mr J.A. McGinty
Mr M. McGowan
Ms S.M. McHale
Mr A.D. McRae

Mrs C.A. Martin
Mr M.P. Murray
Mr P. Papalia
Mr J.R. Quigley
Ms M.M. Quirk
Ms J.A. Radisich

Mrs M.H. Roberts
Mr T.G. Stephens
Mr P.B. Watson
Mr M.P. Whitely
Mr B.S. Wyatt
Mr S.R. Hill (*Teller*)

Pairs

Dr G.G. Jacobs
Mr G.A. Woodhams
Mr M.W. Trenorden
Mr R.F. Johnson

Mr E.S. Ripper
Mr F.M. Logan
Mr D.A. Templeman
Ms A.J.G. MacTiernan

Independent Pairs

Mr J.B. D'Orazio
Dr J.M. Woollard

Question thus negatived.