Extract from Hansard

[ASSEMBLY - Thursday, 6 May 2010] p2629d-2631a Mr Tony O'Gorman; Dr Kim Hames

EDUCATION AND HEALTH STANDING COMMITTEE REPORT — GOVERNMENT'S HEALTH POLICIES

195. Mr A.P. O'GORMAN to the Minister for Health:

I refer the minister to the damning report and the unanimous findings of the Education and Health Standing Committee on the Barnett government's health and privatisation policies, and in particular the statement that the situation at the Joondalup Health Campus is so acute that it has the largest ambulance ramping of Perth hospitals and at times has to place adult patients into children's wards.

- (1) Does the minister support recommendation 24 that Joondalup Health Campus be upgraded to a tertiary hospital by 2020?
- (2) Does the minister accept the criticism that the government's use of low population projections for demand modelling has undermined the case for the Joondalup Health Campus becoming a tertiary hospital?
- (3) Does the minister now accept the view from Ramsay Health Care that the retention of Royal Perth Hospital as a tertiary hospital means that the redevelopment prospects for Joondalup hospital, beyond the current improvements, make the hospital's future uncertain?
- (4) Does the minister accept that this committee has unanimously condemned his health policies and the Barnett government's privatisation of health services?

Dr K.D. HAMES replied:

(1)—(4) Without having a sufficient memory to remember all those questions, my answer would be no, no, no and no. I do not accept the findings of the committee, even though I have only seen what a lot of members have seen, which is the press release containing details of what is in the report before it was even presented to Parliament. As members know, it is a contempt of Parliament to release details of what is in a committee report before it is released to this house. Committees have a responsibility to this house to release information to the Parliament. They serve the Parliament and they release reports to the Parliament—not to the media, and certainly not the contents of what is in the report. Obviously I have not had a chance to go through the contents of the report. I was paired and I was speaking to a large group of surgeons here at an international conference.

Mr B.S. Wyatt interjected.

Dr K.D. HAMES: They were very interested, actually—and I think it was a very good speech.

I have not had a chance to read the report, but I have seen some of the details of the contents of that report. In fact, last night I had the opportunity to read the transcript of an interview with the acting senior person in health, Kim Snowball. I could see the things that he said: "No, those aren't…", and "No, I disagree" and "No, you've got those facts wrong". The response from the committee was, "We'll have to agree to disagree." We are supposed to have an impartial committee that listens without preformed concepts about what the report should say, and then reports on the evidence.

Mr E.S. Ripper: What do you say about the population? We have record population and the committee says you are using low population growth scenarios.

Dr K.D. HAMES: I will go through the questions. That was the last question asked by the member for Joondalup; and it was not the Leader of the Opposition's question. I think that was the third or fourth question asked by the member; it was not the first. I will try to deal with some of those issues.

In terms of the numbers and the distribution, and particularly the effect of keeping Royal Perth Hospital, I have the figures for the hospital distribution. When we look at what was proposed for stage 2—that is, Sir Charles Gairdner Hospital under the former model; the Labor government's model—it was 1 033 beds at the end of stage 2. Under this government's modelling, Sir Charles Gairdner Hospital will have 603 beds. Members will see a difference of just over 400 beds. How many beds are going to Royal Perth? It is just over 400 beds.

Mr E.S. Ripper: The question was about Joondalup.

Dr K.D. HAMES: I will get to that. The reality is that the beds that were going to be at Sir Charles Gairdner Hospital will instead be at the retained Royal Perth Hospital. One of the strong suggestions of the Education and Health Standing Committee is that the beds be taken away from Fiona Stanley to keep them at Royal Perth; or, in fact, taken away from Joondalup to be kept at Royal Perth. The long-term proposal for Fiona Stanley Hospital was more than 1 000 beds—to be exact, 1 058 beds. As members opposite know, that was supposed to be

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completed in 2010. Stage 3 of the hospital, which incorporated taking the beds from Shenton Park hospital, would eventually lift the number of those beds up to 1 058.

The government has done two things, because Fiona Stanley Hospital was delayed under the Labor government for various reasons—without being critical—by at least five years; in fact, so were Rockingham, Joondalup and Midland hospitals. When the committee states that there are fewer beds, it is looking at the stage 2 figures of hospitals that the previous government could never have built by that stage, because it had not finished the first stage of beds at that particular time. The Liberal–National government brought forward the Shenton Park hospital, with the help of the commonwealth government, and put those 140 beds into Fiona Stanley Hospital, taking it up to just over 810 or 820 beds altogether—or whatever it is. Where have those other beds gone? They have gone to where the Reid review said!

Several members interjected.

Dr K.D. HAMES: We have a member at the back who was on that committee! The Reid review recommended fewer tertiary beds and more secondary beds. Where are those roughly 200 beds that have gone from Fiona Stanley? One hundred and fifty of them are staying at Fremantle, which will become a secondary hospital, and 50 are going out to Rockingham—therefore increasing the number of beds at Rockingham. It is a good plan. It affects what was there for Joondalup—without question. The proposal was that at some time in the future Joondalup would become a tertiary hospital. Members should remember that the proposed extensions to Joondalup under stage 2 were supposed to be completed, and that Joondalup was supposed to have those beds in 2010–11, I think. Instead, the time frame is out significantly because of the time it has taken to get to doing it. It may be that as Fremantle Hospital will remain a tertiary hospital, it will have an effect on the time it takes for Joondalup to become a tertiary hospital. All those things that the member for Joondalup read out in relation to the standing committee being critical of what is happening to hospitals results from the state of the hospital and because there are no beds now.

Several members interjected.

Dr K.D. HAMES: If the member for Joondalup wants to be critical, he should be critical of the time it took for his government to get to completing those additions at Joondalup. The reality is, with the huge demand in his area, those additions should have been in place years ago!

Several members interjected.

The SPEAKER: Order! Member for Girrawheen, your pain might be that you are formally called for the first time. Member for Mindarie, you did not ask the question. I note that the member for Joondalup is listening to the answers; it might be an opportunity for a supplementary question.

Dr K.D. HAMES: I might wind up and wait for the rest of the supplementary question to save talking too long. It would have been nice to have been given the opportunity by the Education and Health Standing Committee, particularly as I was largely the architect of the Liberal Party policy that led to this, to present the contrary arguments. I was never given that opportunity, and I have to say that I believe the contents of the report contains some things that the Department of Health said in its evidence were not correct, and that I can clearly show—if anyone is ever interested—are not correct.

Having said that, we will give a committee report to this Parliament the respect it deserves; that is, we will provide to this house a full and detailed response to the report, covering all the issues that are contained in the report.