

Speaker; Dr Kim Hames; Dr Graham Jacobs; Mr Terry Waldron; Dr Steve Thomas; Mr Jim McGinty; Mr Tom Stephens; Ms Jaye Radisich; Deputy Speaker; Mr Tony O'Gorman; Mr Norm Marlborough

GOVERNMENT'S DECISION ON PERTH HOSPITALS

Matter of Public Interest - Motion

THE SPEAKER (Mr F. Riebeling): Today I received a letter from the member for Dawesville seeking to debate as a matter of public interest the following motion -

That this house calls upon the Gallop government to revoke its decision to close Royal Perth Hospital and the obstetrics units at Osborne Park Hospital and Kalamunda Hospital; and immediately commence the development and construction of a new King Edward Memorial Hospital and Princess Margaret Hospital for Children on the Sir Charles Gairdner site.

If sufficient members agree to this motion, I will allow it.

[At least five members rose in their places.]

The SPEAKER: The matter shall proceed on the usual basis.

DR K.D. HAMES (Dawesville) [2.45 pm]: I move -

That this house calls upon the Gallop government to revoke its decision to close Royal Perth Hospital and the obstetrics units at Osborne Park Hospital and Kalamunda Hospital; and immediately commence the development and construction of a new King Edward Memorial Hospital and Princess Margaret Hospital for Children on the Sir Charles Gairdner site.

The reason I move this motion today is to give the Minister for Health, who is temporarily engaged in other matters, the opportunity to reconsider his position on closing Royal Perth Hospital, on cancelling 1 500 deliveries at the Osborne Park Hospital obstetrics unit, and on closing the obstetrics unit at Kalamunda District Community Hospital, and to urge him to consider using the money that is already available to build a new King Edward Memorial Hospital and Princess Margaret Hospital for Children on the Sir Charles Gairdner Hospital site. The other day I was watching an episode of *Yes, Minister*. That is one of my favourite television programs. It shows the way in which bureaucrats can sometimes lead a minister down a certain path by putting to the minister a range of issues that are supported by the public and the minister but including within those issues some aspect that may not stand up to the same scrutiny as the other requirements and in so doing manage to slip it through. I believe that is what has happened in this case.

I want to refer to some comments that were made in the Reid review. The government commissioned the Reid review for two reasons: to develop a vision for the health system into the future - an admirable requirement - and to ensure that the growth in the health budget was sustainable. We all want a sustainable health budget. The Reid review was conducted in 2003, and it released its report in 2004. At that time the state budget was very different from the current state budget. We now realise that significant further funds are available to the government to try to address the health needs in Western Australia. The government has not followed in detail the recommendations of the Reid report. It is true that the Reid report recommended that both Royal Perth Hospital and Sir Charles Gairdner Hospitals be reviewed and that one of those hospitals be closed in favour of having one single north of the river hospital.

Back in 2003 the state government initiated, as recommended in the Reid report, a business plan to look at issues at Royal Perth and Sir Charles Gairdner Hospitals - traffic, the medical staff available and the distribution of population. It was then to be reported to government. That review was never completed. We heard only recently about a document reporting to the minister on a business plan, as recommended in the Reid review. However, that business plan was only 40 per cent complete. What has happened to the business plan and why was it not completed? Why was that specific recommendation, which was essential in determining which hospital should be closed and why it should be closed, not completed?

When considering the construction of a hospital, Reid recommended that the new Fiona Stanley hospital be built with approximately 600 new beds. The government in its latest clinical services framework recommended that Fiona Stanley hospital have 1 044 new beds. The Reid report also recommended that Sir Charles Gairdner Hospital have 700 beds. The clinical services framework recommends that that hospital have 1 159 beds. My point is not that we do not need further beds; the opposition has outlined repeatedly that extra beds are required. However, there is no difference in the total cost of management between having two hospitals of over 1 000 beds and three hospitals with the 600 or 700 beds, as recommended by Reid. In fact, Reid specifically referred to expanding the size of the peripheral hospitals - namely, Swan District, Armadale, Rockingham and Joondalup - with more secondary work being conducted in those hospitals, rather than carrying out this work in the major tertiary hospitals, which is an expensive option. The plan was to keep the two major essential tertiary hospitals at a relatively small size. The government has gone completely against that recommendation by making two mega-hospitals in the northern and southern tertiary hospitals. That defeats the entire purpose of coming down

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to two tertiary hospitals. This proposal will severely disadvantage the eastern corridor, which currently feeds its services through Royal Perth Hospital. I am worried that the Royal Perth Hospital emergency department sees approximately 55 000 patients per annum and the Sir Charles Gairdner Hospital emergency department sees approximate 45 000 patients per annum. Therefore, about 100 000 patients pass through the two hospitals. What will happen when Royal Perth Hospital shuts down? The eastern suburbs patients who use the train, particularly the Aboriginal patients, to access Royal Perth will have to try to find their way across to Sir Charles Gairdner Hospital. A significant majority of those patients will move to Sir Charles Gairdner Hospital. Therefore, the Sir Charles Gairdner Hospital emergency department, which had a major upgrade, will go from servicing 45 000 patients a year to servicing 80 000 patients a year. Clinical best practice throughout Australia is for an emergency department to see approximately 55 000 patients a year. The quiet word coming from the hospitals is that people do not know how they will manage an emergency department treating in the order of 80 000 patients a year. Imagine a person living in the eastern suburbs who does not have a car and must catch a train. He must catch the train into town, and, while seriously injured, get from the railway station out to Sir Charles Gairdner Hospital. If driving a car at a busy time of the day, this person must travel along Loftus Street to get to Sir Charles Gairdner Hospital. He must park in the multistorey car park and find his way to an emergency department dealing with 80 000 people a year.

Another incident of ramping occurred at Royal Perth Hospital only last week. A patient was referred from Swan District Hospital to Royal Perth Hospital for emergency treatment. The patient could not get into the emergency department, and the doctor did the triage in the car park. The patient was sent to the north ward to have an emergency bone scan done. No bed was available in the hospital and there was no room in the emergency department to treat the patient.

Sir Charles Gairdner Hospital cannot cope with extra patients. If the emergency department were doubled to see twice the number of patients, the pathology and radiology sections would also need to be doubled - the size of the hospital would be doubled. Where are the gains on the existing system through this proposal? I refer to the current sensible system, with its three spokes in the northern, eastern and southern suburbs.

I now turn in the time left to me to the issue of Princess Margaret Hospital for Children and the King Edward Memorial Hospital for Women. Page 52 of the Reid report reads -

While the maintenance of Princess Margaret and King Edward hospitals as separate identities is supported, significant benefits can be gained from co-locating these two hospitals with an adult tertiary hospital.

... Women's and Children's Health Service through the public consultation process supported the co-location of King Edward Memorial and Princess Margaret hospitals with an adult tertiary hospital. Submissions from clinicians of both hospitals indicated a preference for co-location to the Queen Elizabeth II Medical Centre site.

It stated further the reasons for making this change as follows -

- provide better clinical services for women, including better access to critical care and diagnostic services
- increased access to research and training ...
- allow for more integration between women's and children's services ...
- allow for better integration between women's and children's services and general adult tertiary services -

This was particularly the case for adolescents -

- allow for improved coordination of women's and children's health services ...
- provide new, modern facilities to overcome the current capital maintenance and site constraint issues at the existing hospitals.

The report then referred to the need for urgent upgrade of King Edward and Princess Margaret Hospitals. I accept that in following what is effectively a bureaucratic report on what should happen at the hospitals, the minister has gone along with the component that states that Royal Perth Hospital or Sir Charles Gairdner Hospital should close. However, the minister has not gone along with the recommendation that Princess Margaret and King Edward need to be rebuilt as soon as possible and the recommendation to co-locate them at Sir Charles Gairdner Hospital. In fact, in the latest clinical services framework, the government refers to replacing PMH by moving it to the Royal Perth site. However, King Edward has dropped off the radar. An

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allocation of \$20 million has been made for upgrades at King Edward. A footprint is made for the three at each of the sites. The King Edward Hospital upgrade will be done some time in the future, but the report recommends that it should be done immediately.

The minister has taken the bureaucratic side of the recommendations. The opposition supports all the other aspects in the report. The minister knows it supports all the things happening at the peripheral hospitals. The minister is supporting a bureaucratic requirement for the closure of Royal Perth Hospital. In so doing, he is sacrificing a great opportunity to build in this state a new King Edward and a new Princess Margaret on the same site. It would be a far better combination for the state to have the three hospitals working as 600 or 700-bed hospitals, with the tertiary requirement and the research and with the child institute located next to PMH. The government could build those now with the money available in its budget - they could be up and running straightaway. The minister could continue Royal Perth Hospital as the great institution it is now. Sure, the government would need to build a new emergency department, but that could be done to the west of the north block. That would be a great addition to the facilities at the hospital. The upgrades that have been made to the old block - the burns unit and the new wards - are magnificent. I am not sure whether the Minister for Health has visited those wards recently. If not, I recommend that he do so because they are magnificent. Although there is no doubt that that building is run down and that expanding the existing emergency centre is impractical, we could have a tremendous new hospital at Royal Perth Hospital with a new emergency department, a refurbished old area and a relatively new northern block, which would properly and adequately service the needs of the eastern corridor. Perth has huge populations to the north and south, with the ocean to the west. However, the Minister for Health has forgotten the huge population to the east that needs just as much care and attention as the other areas. Often people in the east are far more disadvantaged than those in the northern and southern regions. Before the government proceeds too far, it must stop and reconsider its plans. I went fishing recently. Sometimes when I put a nice juicy piece of bait on a hook and put it into the water, a fish would come and swallow it hook, line and sinker. The Reid review was a great review with lots of juicy morsels on a hook. However, the government does not have to swallow the whole lot.

DR G.G. JACOBS (Roe) [3.02 pm]: In the Minister for Health's press release he talked about a V8 economy. It seems that he wants to develop a V8 hospital system with the extra \$890 million that the government has now committed. Instead of two or three V8s, a fleet of six-cylinder Holdens would do a far better job. The economic boom time will end. The government is rolling in money and the Minister for Health has convinced the Treasurer that he should spend a quantum amount of money on our hospital system. However, what about after-hours mental health services in this state? The government skimps on patient assisted travel scheme payments and has left small hospitals in regional areas languishing. Blood banks have closed and there are all too infrequent mammography services in the country. The minister might say that I should be positive about the \$890 million that the government is committing to the hospital system, particularly the \$322 million that will be spent on the Fiona Stanley hospital. However, I suggest to the minister that bigger is not always better. In fact, often bigger shows less heart. What about King Edward Memorial Hospital for Women, because it has dropped off the radar? Only now has \$20 million been committed to that hospital, even though the Reid report - the report we have been told to take notice of - recommended otherwise. Our principal tertiary obstetric hospital, which has been allocated a miserable \$20 million, has dropped off the government's radar. However, there has been no mention of collocation at the Sir Charles Gairdner Hospital site or of an upgrade. That is a disappointment. To rub salt into the wound, obstetrics services at Kalamunda District Community Hospital, Osborne Park Hospital and Bentley Hospital will drop off come 2010-15, even though the services they are currently providing are admirable. As the member for Dawesville said, 1 500 deliveries will be cancelled at Osborne Park Hospital. Big is not necessarily better and those centres provide very high-grade obstetric services and are important decentralised services in this state. What has happened to Graylands Hospital? What has happened to after-hour services? Not one more minute of after-hours counselling for mental health patients - we can talk about what is happening in the south east and the south west - has been provided for in the government's \$890 million windfall. Royal Perth Hospital deals with the majority of emergencies in this state. However, the government has decided to close it. I put it to the government that we cannot afford to close Royal Perth Hospital. The Reid clinical services review did not recommend that Princess Margaret Hospital for Children come from left field and be relocated to the site of Royal Perth Hospital. Where did that come from? The Reid report referred to a relocation to Sir Charles Gairdner Hospital. I suggest that the \$890 million - although it will secure a big and shiny V8 model - will not deliver real services to the state of Western Australia. King Edward Memorial Hospital for Women has dropped off the radar. Royal Perth Hospital will be closed and, out of left field, Princess Margaret Hospital for Children will be plonked on the Royal Perth Hospital site. Three valuable and decentralised obstetrics services in this state will drop off the radar. I suggest that we must deal with services where they are needed. We must deal with the little problems as well as the big ones. The government will make a big spend; however, will the state get value from that spend? Will we get value in services, because

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big is not necessarily better? We do not want to build big monuments. We want to deliver services to the people of Western Australia in a sensible way. I recognise that there is a place for big hospitals, such as the planned Fiona Stanley hospital. Let us not make it bigger at the expense of the other valuable sites that provide decentralised services for the people of Western Australia. I support this motion.

MR T.K. WALDRON (Wagin - Deputy Leader of the National Party) [3.07 pm]: Major Perth hospitals are extremely important to country people because they utilise them regularly. Given that country hospitals have lost more services, we utilise Perth hospitals on a more regular basis. That is a fact of life for country people. We welcome new major hospitals and upgrades to existing hospitals in Perth, because that is something from which the whole state benefits. I am not an expert about the best locations for Perth hospitals. However, before a final decision is made, the minister must be sure that the locations are definitely the best locations and that they will service the interests of people in not only the metropolitan area but also the rest of the state. People's access to hospitals should be an important consideration. I have been very taken by the minister's comments over the past month that this issue is about taking hospitals to where the people are. As I have said before, I agree with the minister. That is a fair comment, because hospitals should be located where the people are. I welcome new hospitals in Perth. I welcome new hospitals and upgrades to existing hospitals in our coastal regions, such as Albany, Bunbury and Geraldton. However, the government should not forget about inland hospitals and those in country Western Australia, because they too must deliver a good and reasonable level of health service. I understand from my colleague, the member for Avon, that Professor Reid has indicated - this is not in his report - that if country hospitals are not looked after from the beginning, they probably will not get looked after at all. That is a real concern to us in the country. Since I became a member of Parliament five years ago, inland hospitals have been downgraded. Examples in my area - I know that the minister is aware of these - are Wagin District Hospital, Kojonup District Hospital and Dumbleyung District Memorial Hospital. I am concerned about our larger regional inland hospitals such as those in Katanning, Narrogin and Merredin. I am glad that the hospital at Moora will be rebuilt. I welcome that decision, even though it resulted from a huge and concerted campaign. In my electorate, completion of the final stage of Narrogin Regional Hospital seems to have drifted into the ether. The upgrade of this hospital by the previous coalition government greatly improved that hospital, which services not only Narrogin but also the whole region. In line with the policy of providing services where people are, the final stage of that hospital should be completed. The hospital is designed around the completion of all stages and without the completion of the final stage, it does not work the way it should. Given its windfall from the budget, the government has the means to fund inland hospitals and to increase their professional and specialist services. This would help to take pressure off Perth hospitals and the patient assisted travel scheme, which we discussed earlier this week.

A bush change is happening in Western Australia, which the National Party has talked about quite a bit. A lot of city people are choosing, for lifestyle reasons, to move to country towns, and people are retiring to country towns. Places such as Bridgetown and Quairading are examples of this. It is really important that there be good hospitals to look after those people, especially as they age. I encourage the minister to consider, as part of this program, using some of the underutilised hospitals in country Western Australia for aged care. It is a growing concern. We have reasonable facilities in the community which, with a little bit of spending, can be upgraded to give fantastic aged care. That will also relieve the pressure in Perth. I encourage the minister to not concentrate only on Perth. By all means, improve the hospitals in Perth; we support that. However, it needs to take action to improve our inland hospitals. If we are to keep attracting people to country towns, which is very important in Western Australia, we must be able to provide them with health care right now and into the future so that they will have the confidence to relocate. As a former real estate person, I know that one of the first things that people ask about a particular area is what the hospitals and the education services are like. I am sure that the minister can find a little of that extra money for some of the things we have talked about before, such as the reinstatement of the mobile blood collection facility, and the well women's clinic at Kojonup. I would love to see that reinstated.

DR S.C. THOMAS (Capel) [3.11 pm]: I draw the minister's mind back to the budget estimate process we went through earlier this year, and I believe you were in the chair, Madam Deputy Speaker. My first question to the minister at the time related to the cost of running the health service and the blow-outs that were expected. We were talking at that stage about it ranging up to 8.6 per cent on budget estimates. The response was that the minister was aiming for a 5.5 per cent annual growth, which at least would be manageable. I asked the minister to comment on how the activities proposed in the Reid report and other activities not necessarily included in that report would impact on those figures. One of the first things that needs to be considered is that keeping a patient in a tertiary hospital costs three times as much as keeping a patient in a non-tertiary hospital. As we look through the Reid report and the allocation of money in the government's plan, we see that the great majority of it will be for the creation of tertiary beds. Because of that additional cost, I find it difficult to believe that the minister will be able to achieve a 5.5 per cent increase in budget year in year out, and he will be relying upon this

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V8 economy to continue into the future. If China happens to fall over or if India does not develop, we will struggle to maintain that sort of extended expenditure. That is one question that I would like the minister to deal with because it is my opinion that it would be very difficult to maintain 5.5 per cent growth. Some of the things the minister is proposing are great, but I worry about the fiscal responsibility and the financial implications in the next couple of years. It may not happen in the next two years because the government will probably have great budgets, but in five or 10 years, if something goes wrong, we will be in trouble.

The other question I would like the minister to address is that we are looking at an increase of almost \$900 million in hospital expenditure, and I know that the minister is happy about getting that money out of the Treasurer, but what does that say about, and how does it reflect upon, the initial planning for the delivery of the Reid report reforms? I know that the minister intends to accelerate some programs. An extra \$150 million or \$200 million will be spent on some projects that were not happening, such as the transfer of Princess Margaret Hospital for Children into Royal Perth Hospital's block. However, it suggests to me that, with the increase of \$890 million, there is some indication that the initial financial budgeting for this process was insufficient. That concerns me in terms of fiscal responsibility, because if it was insufficient in the first place and all these extra beds will now be placed in tertiary hospitals, I have a feeling that the budget will blow out. Not only that, but also the government of the day has many projects going on at the same time. It may have a V8 economy, but it has V10 spending going on at the same time. I am not convinced that the government has the fiscal responsibility to make sure that all these problems will be addressed. I am not the only one who believes this.

Dare I quote from *The West Australian* after the bagging it has received today? That might not necessarily be a wise thing, but an article in *The West Australian* of today backs up my statement. It reads -

But the health spendathon from WA's V8 economy has everyone wondering if this latest plan resembles much of the original Reid report recommendations, which strongly advocated keeping people out of big hospitals.

The article basically states that it is uncertain whether the V8 economy can match the V10 spending. Was there sufficient money in the original budget? Based on what is happening now, the answer would have to be no. I realise that the government is doing additional things, but I am concerned that these additional items will keep coming up. This year there is a budget surplus of \$1.2 billion, and it might be \$1.4 billion next year, so the government will be able to keep up. However the government must guarantee its capital expenditure if these projects are to be delivered. In the original budget of 2004-05, when this program was put together, there were projects beyond the out years for which the money would come from somewhere but nobody was exactly sure where. I would like to know whether the government has the financial capacity to manage a program of this size.

MR J.A. MCGINTY (Fremantle - Minister for Health) [3.16 pm]: Madam Deputy Speaker -

Mr G.M. Castrilli: Happy birthday, minister.

Mr J.A. MCGINTY: I thank the member!

Having exchanged pleasantries, I will now be a bit brutal. I am very surprised that this matter has been raised as a matter of public importance today, because all it has done is given the Liberal Party - I do not include the National party in this - the opportunity to stand up and show how negative it is about something that is truly fantastic for the people of Western Australia. We have not heard any warm glowing endorsements of the fact that \$890 million more will be spent on rebuilding the public hospitals in this state. What could be more important to the people of this state than knowing that the world's best health care is available to them in their time of need? What have we heard from the Liberal Party? We have heard only whingeing negativity. That is the reason the people did not trust the Liberal Party at the last election, and it is the reason that they will not trust it at the next election. That is the reason the Liberal Party cannot be considered an alternative government in this state, because if it were in power it would put back the cause of health care for the entire public by decades. It simply does not have the vision, the political conviction or the priority to do what is necessary for health care in Western Australia.

I state categorically that Dr Neale Fong, the Director General of Health, and I are determined to leave the knockers and whingers in our wake as we get on with rebuilding the public hospital system in Western Australia. We will do that for a very simple reason. We have a plan. It is a unique situation in the history of Western Australia that there is such a detailed implementation plan for the future of health care, and we will stick to it. Regardless of the knockers or whingers, this is now the blueprint that has been devised by experts and consulted on with the broad community, including clinicians. This is the view of the total health care industry in Western Australia that we will now adhere to. People may argue that we should revert to the old model because they are

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too conservative to embrace change or different models, but we will not do that. This is the plan and we will stick by it.

In the past, health care in this state has been delivered in an ad hoc way. It has generally been delivered in a political context, as we saw at the last election. The member for Dawesville will probably be mightily embarrassed by this, but his own party, having all but closed the Murray District Hospital when it was last in government, said it would build a massive new hospital in Pinjarra. It was not needed. The public did not believe the Liberal Party. All the proper research and study has shown that that was basically pitched at a marginal seat, and that was the motivation, rather than health care delivery.

When the Liberal Party went to Albany, it thought it was a very good idea to promise a brand-new hospital to the people of Albany, even though they had a very good hospital. To its credit, the National Party said that it was nonsense, a stupid idea and a waste of money. The Liberal Party ended up with egg on its face. Why did it do it? It thought it had a chance of winning a marginal seat. The Liberal Party's approach to health issues was to promise a hospital and win a marginal seat. The Labor Party's approach is to look at the real health care needs, ask where the population is and provide real improvements in the health care services where the people are, regardless of political considerations that are attached to it.

Dr K.D. Hames: I know that you are using this as an opportunity to promote Broome. We support Broome. We are talking about issues for which the government's approach varied slightly from that of Professor Reid.

Mr J.A. McGINTY: I think there were big variations with the Liberal Party, with due respect.

Dr K.D. Hames: Not big variations, no bigger than your having a 2 000-bed hospital.

Mr J.A. McGINTY: I hope the member for Dawesville will visit Perth's southern suburbs and tell the people there that if the Liberal Party is elected at the next election, it will cut off the Fiona Stanley hospital and not build stage 2, which would take it from 600 to 1 000 beds; if he did that, the Liberal Party would lose every seat south of the river instead of nearly every seat, which is what the current situation is. The Labor Party is building the railway line in the southern suburbs, which the Liberal Party has resisted. It will design the Fiona Stanley hospital to be a 1 000-bed hospital. The Liberal Party is saying it will not upgrade to 1 000 beds. Let us have no misunderstanding about it: that is the Liberal Party policy and we will take it on with that issue in the southern suburbs.

Dr K.D. Hames: There is nothing to say that, as demand increases in the long term, the hospital size could not be increased, but in the medium term there is no need for the capacity of that hospital to be larger than 700 beds.

Mr J.A. McGINTY: We are saying that it will have 1 000 beds by 2015, which is the demand for health services in that region. We will do this. That is what the health reform program and the \$3.6 billion that we will be spending over the next decade are all about. We will transfer people out of expensive tertiary hospitals when the nature of their illness is such that they do not need to be there; we will move them into general hospitals closer to where they live. That is the first change. Out of this reform process will come a reduced number of tertiary beds and an increased number of general beds distributed throughout the system. That is the first point that members will notice. It is very sensible to do that.

The second aspect is that we will dramatically build up general hospital bed numbers closer to where people live. We will do that to a degree with tertiary beds. The hospital configuration at the moment reflects Perth of 50 to 100 years ago; it does not reflect where people live today. As a result of the Fiona Stanley hospital, tertiary services will be closer to people living south of the river. That will be a very positive step forward. We are also making provision in our longer-term plan for Joondalup Health Campus to become a tertiary hospital, again reflecting the massive population growth in the northern suburbs. The four general hospitals of Joondalup Health Campus, Swan District Hospital, Armadale-Kelmscott Memorial Hospital and Rockingham-Kwinana District Hospital will all be upgraded to a minimum of 300 beds. With that will come greater medical and nursing staffing, greater expertise and improved medical equipment, which will enable many of the people living at those four points of the metropolitan area to be treated in a general hospital closer to where they live. It takes vision and courage to be able to do that, because it will upset a few people who are currently involved in the system. We have the courage and the nerve, and we will back it up with the dollars to be able to do it. We all know that the Liberals just want to cling to the past. They have certain romantic attachments to some of these institutions that do not reflect the needs of the public.

Dr K.D. Hames: A new future for Princess Margaret Hospital for Children, a new future for King Edward Memorial Hospital - you have relegated them to the past.

Mr J.A. McGINTY: That is what we have spoken about. If the member reads the report, he will see that. We will align the beds and the services with where the public are and what they need. It is sad that the Liberal Party

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is knocking this. We have a unique opportunity. All the planets are aligned and the booming economy is providing us with the resources that are necessary to rebuild our public hospital system. Yesterday an additional \$890 million was added, to bring the figure to \$3.6 billion, something which people in this state could not have dreamt of a few years ago. It will now be committed to giving them the best health system in the world. That is what this will deliver; yet those opposite are knocking it. We have the economy and therefore the money to be able to do these things.

Several members interjected.

The DEPUTY SPEAKER: Order!

Mr J.A. McGINTY: The second thing that we have never had before in the history of this state is a plan in place. We have the experts involved. Professor Reid and his committee drew up the plan. We then went through a very detailed consultation period, particularly with clinicians and the general public. This is the product of that rigorous, exhaustive process. People will criticise elements of it. That will always happen in a health system in which more than 30 000 are employed.

Dr K.D. Hames interjected.

The DEPUTY SPEAKER: Order, member for Dawesville!

Mr J.A. McGINTY: For the first time in this state's history, there is a detailed implementation plan for the future of health services that reflects what the public needs.

The third aspect is the stage of the electoral cycle we are at. Members opposite can promise whatever they like, but let me tell them this: come the next election, more than the foundations will have been laid. The walls will be up on this massive building program. The die is now cast. Members opposite will not be able to reverse it. The public will get from us a health care system of the sort that they would have only dreamt of in the past. We will deliver it for them.

The Reid report recommended significantly upgrading hospitals in the six major regional centres in Western Australia. Yesterday \$58.8 million was announced for those country regional resource centres in Broome, Port Hedland, Geraldton, Kalgoorlie, Bunbury and Albany, so that people from the regions can be treated in their regional centre rather than have to travel to Perth. The Geraldton hospital facility is complete; we have done it. We will do it in each of the other centres. Come the next election, it will be too late for the conservatives opposite to turn back the clock.

I make this final point about emergency departments. Capacity of emergency departments will be increased as we significantly upgrade the emergency departments in the four general hospitals and establish for the first time in the history of the state a major trauma centre at the new Fiona Stanley hospital. People at their moment of greatest need - that is, in an emergency - will be better treated than ever before as a result of this particular program.

MR T.G. STEPHENS (Central Kimberley-Pilbara) [3.28 pm]: One would have to be a bit surprised when a motion like this is put forward by the opposition and does not contain the congratulatory message that should be given to the government, the Treasurer and the Minister for Health in response to the announcement that the Minister for Health, on behalf of the government, yesterday made about the broad range of investments in the health portfolio. The Minister for Health made a number of points in his reply that deserve some further elaboration. The response to regional health needs becomes possible only when there is a plan that can be embraced and resourced by government, as it will be through the strategies that have been outlined to the house. Eighteen months ago I went looking for some major Christmas presents. They included a strong desire for a bit of black on the bitumen between Karratha and Tom Price, a new Jimmy Pike tie, a new Akubra hat and a bit of money for the hospital in Port Hedland. I have just about all those things. I am waiting for the Akubra hat.

Mr J.A. McGinty: You should be a lot happier, Tom!

Mr T.G. STEPHENS: The minister should not crack too many jokes! The member for Leschenault had the temerity to put the opposition's figures forward during the election campaign, in the face of the well-identified commitment that was made by the government in the lead-up to the election. The Gallop team detailed commitments. It explained how we would be resourcing regional hospitals. Suddenly, out of thin air came an attempt to try to replicate those figures. The opposition's figures all came unstuck, a bit like its figures for the canal. It was clear that significant funding was missing from the opposition's figures, including \$65 million that was needed on the table to start the commitment, for instance, to the Port Hedland replacement hospital. Yesterday's announcement is about the delivery of additional funds of \$25 million to that particular project, which will bring the total expenditure to some \$90 million just for the Port Hedland replacement hospital. Added to that is \$14.5 million that has already been rolled out on the South Hedland campus for the aged care

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facility. Port Hedland will have a 50-bed aged care facility and at least a 50-bed hospital facility, replacing the 47 beds that are currently in the ramshackle, neglected facility that has operated out of a transportable since cyclone Joan came through in 1974. Effectively it is a derelict set of buildings that successive governments have turned a blind eye to over an extended period. The people of Hedland continue to be in disbelief that this is finally happening, but it is happening and it is being augmented by additional funding that has been announced for that hospital project.

Mr J.H.D. Day: It started in the 2002 budget.

Mr T.G. STEPHENS: Nonsense. What was in that budget was money for the aged care facility. The amount allocated at that time to this facility was about \$11 million; it had to be augmented and it is now at \$14.5 million. It was a long time before the Liberal government did anything for that aged care facility. Now we have real money; that amount plus this additional \$25 million. The expenditure of those funds is only possible because a plan is being followed.

The mover of the motion needs to recognise that when the opposition deviates from a plan that has been put by government, in the way the Reid report has, it starts to come unstuck and it is faced with the vagaries of sheer politics. Politics is not driving the Hedland hospital. It is now the safest Labor seat in the state. It is not politics that delivers money to that hospital; it is a recognition of need. That is what has happened and that is what is being delivered upon.

MS J.A. RADISICH (Swan Hills) [3.32 pm]: How anyone can support the motion before the house is beyond me. It is ludicrous for the opposition to propose that the government's proposal is not the best possible outcome for investment in health services in Western Australia. Perhaps opposition members are blind or they have not travelled to the fast-growing northern, southern and eastern corridors of Perth, where people are living and in which the government is making record investments in the delivery of health services through the hospitals.

Included in the Reid report is a comprehensive proposal to cover all manner of services which are provided through our hospitals. Orthopaedic, maternity, general hospital, emergency and critical care facilities are provided as they are needed in the metropolitan and rural areas.

Clearly, my interest is in the development in the eastern corridor, where there is a rapidly growing population, particularly in the north eastern part of that corridor which I represent. The commitment that the government is making, because funds are available through the budget surplus, to the Swan District Hospital is \$183 million. That injection into the local economy will be the biggest injection ever made by a state government in the eastern region. That is something of which the Minister for Health can be very proud.

Point of Order

Dr K.D. HAMES: This motion is specifically about Royal Perth Hospital, Osborne Park Hospital, Kalamunda District Community Hospital and King Edward Memorial Hospital for Women. It is not about Swan District Hospital.

Ms J.A. Radisich: The member for Dawesville does not care about Swan District Hospital.

Several members interjected.

The DEPUTY SPEAKER: There is no point of order.

Debate Resumed

Ms J.A. RADISICH: Clearly, the opposition spokesman for health does not know or care about Swan District Hospital. He does not want the government to raise it. It has a right to be discussed in the context of the provision of health services in metropolitan Western Australia. The history of Swan District Hospital is long and proud.

On 28 March 1934, members of the Australian Labor Party sub-branch of Midland Junction got together with interested people from the local community to approach the then Minister for Health to work on the establishment of a local hospital in Midland. Now, in 2005, we are looking to completely revamp that service. As I said, the history of Swan District Hospital is long and proud. In 1950, a review, not unlike the Reid review although on a much smaller scale, took place and recommended that essentially a maternity and general hospital should be provided in the eastern region. Obviously the population growth rate and population base of the eastern region at that time were a lot lower than they are today. Even then there was a clear recognition that maternity and general hospital services were urgently required in the eastern region. In 1953 the foundation stone of the Swan District Hospital was laid. Today the amount we are committing to Swan District Hospital, \$183 million, is a far cry from the \$380 000 that was originally invested when the hospital was built in the 1950s. Through this program we will see the inclusion of upgraded emergency, orthopaedics, critical care,

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rehabilitation and, importantly, mental health facilities. Through my office I have a lot of contact with people who struggle with mental health issues and who utilise the Swan Health Service facility, which is located on the same site as the Swan District Hospital. I am pleased that there will be an increase in beds through this funding injection. We should invest more in mental health, particularly at Swan District Hospital, and I look forward to working with the Minister for Health on that.

Essentially the plan will result in the relocation of Princess Margaret Hospital, a major investment in Sir Charles Gairdner Hospital, including the proposed new state cancer centre, as well as the establishment of the Fiona Stanley hospital and an increase in the Joondalup facility. The plan will provide an expansion of services in the areas where the population is, and where those services are needed. Certainly from the eastern region perspective, we definitely welcome either the redevelopment or rebuilding of the hospital. My view is that the hospital should be rebuilt and the proposal to locate it at the Midland Redevelopment Authority site is a sensible one, given that it is a public transport node, whereas the Evelyn Street site is not as accessible to the people who may use the hospital.

Amendment to Motion

Ms J.A. RADISICH: I move -

To delete all the words after "house" with the view to substituting the following words -

congratulates the government for its wisdom and vision in investing \$890 million extra income from the booming Western Australian economy into the public health system; and the house notes that a total of \$3.6 billion will be spent rebuilding the public hospital system to bring health care closer to where people live and provide Western Australians with a public health care system equal to the best in the world.

MR A.P. O'GORMAN (Joondalup) [3.38 pm]: I support the amendment. At lunchtime I read that the matter of public interest was asking the government to revoke its decision to close Royal Perth Hospital and the obstetrics unit at Osborne Park Hospital. It seems crazy to me that the opposition would move this motion, particularly when, after many decades in this state, we have, for the first time, a well thought out and well resourced plan for health care not only for the twenty-first century but also to take us into the twenty-second century. The Reid report outlined that the existing health system was not servicing the state or the metropolitan area. Indeed, many of the residents in the northern suburbs where you, Madam Deputy Speaker, and I have our electorates had to travel into the centre of the city to obtain health services. Under the Liberal's plan in 1996, for political convenience it upgraded the Wanneroo hospital to the Joondalup Health Campus. At the time I ran a campaign against privatising that hospital, principally because the minister of the day had no plan to further advance that hospital. At the time it was the fastest growing area in the country and there were no plans to increase the size of the Joondalup Health Campus from the 235 beds that were allocated in 1996. I am happy to say that by the 2001 election, people had realised that they had been conned by the Liberal government about the provision of 235 beds at the Joondalup Health Campus, because 235 beds were not enough.

The Labor Party won the 2001 election and was returned in 2005, and four Labor Party members and I won seats in the northern corridor. Labor now holds five out of the six seats in the northern corridor because the people of that area recognised that the Labor government was serious about health care, education and transport. Infrastructure has been provided, and what has not yet been provided is well on the way to being completed. The \$890 million announced yesterday by the Minister for Health takes the government a step closer to fulfilling the dreams of people in the northern suburbs of a first-class health care system on their doorstep. I commend the Minister for Health and the Acting Director General of the Department of Health, Dr Neale Fong, for their foresight in bringing forward the expansion of the number of beds at the Joondalup hospital from 235 to 623 by 2015. By that stage, it will be run as a tertiary hospital. The provision of these extra beds by 2015 will be five years ahead of the time frame proposed in the Reid report. That is great news for the northern suburbs, as we will have tertiary health care facilities close to where we live. As well as making improvements to the public hospital system, the health minister, through the Department of Health, has organised for the private operator of the Joondalup Health Campus to add a further 150 to 250 private beds, so there will be well over 800 beds in the northern suburbs to service our electorates. That is great for Joondalup. A 30-bed inpatient facility for mental health patients will also be constructed, with 15 public beds and 15 private beds. That is a badly needed service in the northern suburbs. One of the major complaints I hear is that there is an insufficient number of mental health beds in the northern suburbs. That is a great boon for us. The emergency department of the hospital will also be reconstructed. The emergency department was built in 1996 to service 25 000 visits a year. The same unit now receives 45 000 visits a year. I congratulate the staff at Joondalup Health Campus for managing such a huge number of visits.

I realise that time is short and that other members wish to speak, so I will curtail my comments.

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MR N.R. MARLBOROUGH (Peel - Parliamentary Secretary) [3.42 pm]: In the 20 years I have been in Parliament, I have never seen a health minister from either side of politics come forward with a 10-year plan for health in this state. I would have thought that the opposition had all the reasons in the world to get behind this plan. A plan as large as this is bound to leave behind some problems. Some people can never move fast enough to comprehend what is going on around them. The member for Nedlands often fits into that category. The truth is that this is a magnificent boon to the people living in the southern corridor. The position of the opposition on health issues amazes me. It has no credibility. We should look at its history with Royal Perth Hospital. I have been around long enough to remember when Sir Charles Court closed the north wing of the hospital halfway through its construction. He told the state that it was not needed, after having launched it as the way forward in health. It took the election of a Labor government in 1982 for that building to be finished. We then had to put up with the Court Jnr model of health. What did that government do? In my electorate, it decided to introduce its private government model at the Peel Health Campus. It put all the health dollars into a community of 40 000 people at Mandurah and absolutely ignored the 80 000 people in Rockingham and Kwinana. It simply said that private health care was its preferred model, and that people had to find their own way to the campus. When putting the Peel and Joondalup campus model together, it gave no thought to how best to provide a health service to benefit the community. That government was driven by an ideology that has simply not worked.

A senior minister of our government is going about things in an entirely different and professional way. An outside consultant has been used who already has runs on the board; he has been consulted in New South Wales, South Australia and Victoria. That consultant has been lauded all over Australia, except by the Liberal Party. Thankfully, the partner of the Liberal Party on the other side of the house is not going along with it on this occasion.

The member for Dawesville spoke about the closure of Royal Perth Hospital. Royal Perth Hospital will not be closed; its health services will be relocated. It has nothing to do with the closure of Royal Perth Hospital. Closure means locking the doors, ending services, putting things up for sale and not having anything available. The government will provide, in the Fiona Stanley hospital, the greatest medical service that the world can provide. It will have world-best standards. It is not a matter of closure. All that will happen is that the services currently provided by Royal Perth Hospital will be taken to where people live. They will be closer to the action, in the middle of suburbia.

We should look at what the Liberal Party ignores. The southern corridor of the metropolitan area is one of the two fastest growing areas of Australia.

Mr T.R. Sprigg interjected.

Mr N.R. MARLBOROUGH: Of course they do, but I am talking about my area. I would be happy to talk about every other area if I had more time. This plan services all areas of the state. This is a 10-year program. There will be a footprint through the changes at Sir Charles Gairdner Hospital and Royal Perth Hospital for the relocation of King Edward Memorial Hospital to follow in the second phase of this program. The first phase will involve the delivery of a world-class service. My electorate cannot wait to get its hands on that. If the Liberal Party wants to ignore that or considers it to be a problem, I am happy to go on to the stumps with anyone south of South Street and south of the river to talk to the communities there. We should go to the heartland. We should go to the electorate of the member for Murdoch and talk to the member's constituents to see whether they are opposed to the Fiona Stanley hospital or have any problems with it.

Mr T.R. Sprigg: Nobody is saying they are.

Mr N.R. MARLBOROUGH: Nobody is saying they are! I will finish on that point.

Several members interjected.

Mr N.R. MARLBOROUGH: We have had 60 minutes of debate and we have clearly created a division.

Amendment put and passed.

Motion, as Amended

Question put and passed.