

ROYAL PERTH HOSPITAL PROTECTION BILL 2008

Second Reading

Resumed from an earlier stage of the sitting.

MR P. ABETZ (Southern River) [2.52 pm]: To refresh people's memories, this debate is about the Royal Perth Hospital Protection Bill 2008. When considering the value of this bill, it ought to be kept in mind that Royal Perth Hospital is in fact the hospital that is accessed by the poorest of the poor, as well as others, obviously, within the community. In a city that has a significant number of homeless people and drug addicts living on the streets, it is absolutely essential that we maintain an inner-city hospital presence. Having visited many people in hospitals since 1991 when I came to Perth—people from all levels of the socioeconomic strata—I have probably seen more of the inside of hospitals than have most other people, other than, of course, nurses or doctors. The fact is that Royal Perth Hospital services people in the very low socioeconomic group who live in the inner-city area. If that facility were to be removed, it would be much more difficult for those people to access health care. The other aspect that ought to be kept in mind, as the member for South Perth mentioned, is that with the growing population in the inner city, with people living in high-rise apartments and so on, a change in demographics is happening—not to mention the hundreds of thousands of people who work in the city. Having a hospital in very close proximity to those people certainly has great value.

Another thing I can say, with the benefit of a few years' hindsight, is that when the Reid report was produced, it did not take proper account of the growth in population that is anticipated, and also the ageing of the population. Within 13 years, I think, more than half of Western Australia's population will be over 65 years of age. Therefore, it is absolutely imperative that we increase the capacity of our hospital system to cope with that. I speak very much in favour of the bill, and I remind members that we should not forget the little people of the city of Perth. Often they are voiceless; nonetheless, they are people who really depend on Royal Perth Hospital for their hospital care.

MRS M.H. ROBERTS (Midland) [2.55 pm]: I rise to speak on the Royal Perth Hospital Protection Bill 2008. I think it is of more than passing interest that, in a parliamentary session in which this house will sit for only some 17 weeks this year, this legislation is given priority. Essentially, when one looks at it, this legislation is little more than a stunt. The fact of the matter is that the government was elected on a promise to retain Royal Perth Hospital, and that it will do and the public should expect that. That time should be allocated to the artifice of putting a bill through Parliament to essentially maintain the hospital for all time is nothing more than a stunt and, I believe, a waste of parliamentary time in this house and in the upper house, especially when one contemplates that there are —

The SPEAKER: There are several conversations going on in this place. I would respect members' silence, as would the member for Midland, I am sure, so that not only Hansard, but also members who might be interested in this debate can hear what is being said.

Mrs M.H. ROBERTS: Thank you, Mr Speaker. Members of this house and, indeed, the public will be aware that numerous pieces of legislation have been promised by the government, particularly in the area of policing and in areas for which the Attorney General is responsible. The Parliament and the public are waiting to see those pieces of legislation and to see them acted upon. The Minister for Police, for example, has promised numerous pieces of legislation on a range of policing and safety issues which we are yet to see and which are yet to be presented to Parliament some six months down the track. Indeed, only recently the minister was quoted in the media as saying that he was having difficulty getting some of his legislation drafted, yet this legislation, which is essentially useless, has been drafted and is taking up the time of the Parliament.

When one looks through the bill, one sees that it is basically to maintain the existing hospital as a hospital. A clause towards the end states that it shall always be known as Royal Perth Hospital, unless the change is approved by both houses of Parliament. Essentially, any government should be the master of its own destiny on behalf of the people. Various governments are elected from time to time to represent the people and to represent the interests of the community at that time. This bill seeks to preserve for all time, or for as close to that as possible, the will of a particular government in Western Australia in 2009. I do not think that is a right or proper thing to do. It is especially not right or proper when we continue to have a gerrymander in our upper house in this state, so that irrespective—this is what this bill is about—of the popular choice of the electorate of Western Australia at any election, so long as it is a Labor government in this house that has been popularly chosen by the people of Western Australia, we will not be able to have the purpose of this site or the name of the building or any of those matters changed without the agreement of conservative members of the upper house. I believe quite firmly that this is an improper use of Parliament, and it is an improper use of the gerrymander.

What also draws me to talk about this issue, of course, is my very major concern about the Midland Health Campus and the delays occurring there. These are concerns I have raised through the media. Members are aware

that the former Labor government allowed for a \$350 million budget to complete the Midland Health Campus by 2013.

Dr K.D. Hames: No, it didn't. There was \$180 million —

Mrs M.H. ROBERTS: That was Labor's commitment, whether the Minister for Health likes it or not.

Dr K.D. Hames: That is what the cost was!

Mrs M.H. ROBERTS: Each year 20 000 people turn up at Swan District Hospital emergency department. For members who are not aware, Swan District Hospital is not located centrally in Midland; it is located on Eveline Road near Great Northern Highway, and is not at all easy to reach by public transport. That is essentially why it is called Swan District Hospital. For the record, some people refer to it as "Swan Districts"; and I always clarify for them that Swan Districts is actually the football club, not the hospital. It was built as a district, country hospital when it was first established. It has grown like Topsy over the years, as it has been added on to and as the urbanisation of the metropolitan area has encroached. What we find now, though, is a thriving urban area encompassing major urban centres like Stratton, Jane Brook and Ellenbrook, and the neighbouring town of Bullsbrook, which are all growing at a huge rate. The hospital is servicing a growing number of people.

The Swan District Hospital services a much wider area than just that component of the east metropolitan area. It is the hospital of choice—as are many of the services available in Midland—for people from the agricultural region, such as the people of York, Northam, Toodyay and Merredin—people who live further along Great Eastern Highway. Indeed, communities that live further along Great Northern Highway access Midland for their principal services, such as lawyers, accountants, major shopping trips and also for their healthcare needs. All of those factors make the Midland Health Campus such an important campus, and make its placement exceptionally strategic. They are also why it needs to be appropriately resourced. In 2008, it saw 20 000 emergency patients; that is a lot of patients. The prediction is that by 2015 there could be as many as 50 000 people attempting to have emergency treatment at Swan District Hospital, or Midland Health Campus, as it should be renamed by then. That is a lot of demand. Should all those people be going to Royal Perth Hospital? Should they be waiting until 2015 for a local hospital? My argument is, no, they should not. Whether the hospital receives the \$350 million that the former Labor government promised, or the \$180 million that the minister says is in the budget, I want an assurance that the money will be spent on that site as soon as possible and there will not be a delay. The minister is quoted in an article dated 28 March in the *Midland Echo*, a community newspaper in my electorate.

Dr K.D. Hames: A very fine newspaper it is, too!

Mrs M.H. ROBERTS: It is a very popular newspaper. It published a very generous cartoon of me, the present Minister for Health, and the former health minister.

Dr K.D. Hames interjected.

Mr R.H. Cook: They gave you more hair, I think.

Mrs M.H. ROBERTS: I have got hair; it was the other two I was worried about!

The article states —

Dr Hames said that the Opposition's claims that money had been reallocated to Royal Perth and Princess Margaret Hospitals were incorrect.

During question time today it was revealed that additional money has been allocated to Royal Perth Hospital, and it has been allocated presumably in this budget round.

Dr K.D. Hames: For what?

Mrs M.H. ROBERTS: The minister answered a question during question time about the kind of refurbishment that he intended to put in place.

Dr K.D. Hames: Not now! Not now! There is no money in the budget

Mrs M.H. ROBERTS: I want an assurance that the Midland Health Campus will proceed at the earliest opportunity. The ideology that there must always be a central Perth hospital must not impact on the very strong needs of the Midland Health Campus, a campus that will service the Midland region and eastern region, as well as many country regions.

Dr K.D. Hames: Royal Perth is a tertiary hospital. Where do you want the tertiary patients to go?

Mrs M.H. ROBERTS: People admitted for tertiary care generally spend a little more time in hospital. My issue is that of the emergency department and the immediate need people have when they have an accident or when they have some illness that requires immediate attention.

The Minister for Health has canvassed another option for funding; namely, considering seeking a public-private partnership. I would caution against this. I do not think that is the appropriate way for it to be funded. Under the former Labor government's plan, this would have been fully funded—as it rightfully should—by the public. Why should the citizens of Midland and beyond be treated as second-class citizens or get a second-class result? Why is the minister not considering having a public-private partnership for Royal Perth Hospital?

Dr K.D. Hames: We are for Princess Margaret Hospital. Who says we won't for Royal Perth?

Mrs M.H. ROBERTS: The minister may decide to.

Dr K.D. Hames: It is a funding mechanism. It would still be a public hospital. That is how Royal Melbourne Children's Hospital was built by the Labor government in Melbourne

Mrs M.H. ROBERTS: I would be grateful to receive an assurance about this if the minister would give me one. When does the minister anticipate the Midland Health Campus will be completed?

Dr K.D. Hames: I'll talk about it when I do my speech. Yes is the answer.

Mrs M.H. ROBERTS: It will be completed, and the minister is going to tell us when; I look forward to that.

Some interesting arguments have been mounted during the course of this debate around terrorism and so forth. They seem to hinge on the fact that it is suggested that central cities are often the targets of bombings, and therefore the hospital could be bombed. That may well be the case. None of us would care to speculate on that. Having been the Minister for Emergency Services of this state for five years, I was privy to quite a lot of information about planning in an emergency situation. Indeed, I was Minister for Emergency Services when the Bali bombings took place, and I attended many national meetings on the subject of counter-terrorism over a period of years. The two key areas following any terrorist event are, of course, communications and transport. One issue that arose out of the New York terrorist attack was the failure of communications as the system went into meltdown; a second issue arose in the area of transport. Many members of this place have quoted their own expertise about how they think the city would function and operate a transport system in an emergency. I tell members that Perth is a vulnerable city in terms of its transport and its people's ability to get in and out of it. The member for South Perth referred to the burst water main and its impact on South Perth. The access from south of the river to the city, and vice versa, is very constrained by bridges. The moment Narrows Bridge is out of use, let alone Canning Bridge, there are major transport and logistics issues.

From a counter-terrorism point of view, there must be redundancy sites and alternatives. It makes a lot of sense to have more than one location at which casualties of any major catastrophe can be dealt with, be it a terrorist incident or some form of natural incident in the form of earthquake, fire or whatever. Along with that argument, it is interesting to note that the facilities at Sir Charles Gairdner Hospital are of course in very close proximity to the CBD, although they are not in the CBD. It makes sense to have a number of redundancy centres to ensure we are able to cope with major trauma situations. Indeed, the small number of main routes into the city area—the fact that the river is on one side of the city and the railway on the other—means that Perth is a city that is quite easy to cut off so that people cannot access it or get out of it. That is probably a matter for other people. There would be experts on both sides of the argument; people who would have opinions either way.

The member for South Perth quoted the head of the Australian Medical Association who said that this would be a concern. Whichever strategy we embrace, there will be concerns. However, on balance, those people who are truly expert in the area of counter-terrorism and major disasters will certainly have a view on a preferred option. As I understand it, the worldwide view is tending towards not having all major facilities located in the CBD. That is not just because they can be easy targets for bombing—that is a more traditional idea of it—but because of the needs that arise out of communications and transport networks.

I look forward to the minister's assurances regarding Midland Health Campus. I cannot stress enough how important this is to a very much growing region of Perth. The City of Swan is growing at a phenomenal rate, and this hospital will service areas well outside the City of Swan. The decision by the former government to relocate Swan District Hospital was indeed a very wise one. It will mean that an appropriate metropolitan facility is placed at a location where public transport is available and easily accessible. It is not just a matter of public transport access not being readily available at Swan District Hospital; it is also about the strategic location of Midland and its conjunction with Reid and Roe Highways. When many of the arguments came forward in my discussions with people from the foothills about what was occurring at Kalamunda District Community Hospital, it seemed that those people were not so much inclined to see Swan District Hospital as their major hospital but more indeed to see Royal Perth Hospital as their major hospital. The hospitals that they were utilising, anecdotally, appeared to be Kalamunda hospital and Royal Perth Hospital. When I spoke to people in High Wycombe—which used to be part of my electorate but currently is not—they wondered where Swan District Hospital was because it was not a hospital that they were familiar with. The moment one talks to those same

people in the foothills of Kalamunda about Midland Health Campus, it is obvious that they regard it very much as their regional health campus and a hospital that they will be able to easily access, particularly via Roe Highway.

MR A.J. CARPENTER (Willagee) [3.13 pm]: It is almost inconceivable that we have this piece of legislation before us that we are expected to take seriously. It is really a substitute for a health policy. There was no health policy properly enunciated by the then opposition during the election campaign. There were a couple of stunts and a continued attack on the then health minister, the recently retired Hon Jim McGinty from Fremantle. That constituted the then opposition's health policy—it attacked the minister and ran a couple of stunts during the campaign and repeated them. This was one of the stunts run during the campaign and it is now being repeated. Here we are, six months later, with a vacuous, meaningless piece of legislation which is countered in good policy. Ultimately, it is bad politics as well as bad policy.

If we are to have an act of Parliament that maintains forever and a day Royal Perth Hospital, why do we not have one to maintain Fremantle Hospital? Why do we not have an act of Parliament to maintain Joondalup Health Campus, Albany Regional Hospital, Geraldton Regional Hospital and every other hospital one can possibly think of? It is absolutely ridiculous to pass legislation of this nature and hold it up as good health policy.

Royal Perth Hospital badly needs a considerable amount of money spent on it for it to be a facility of an adequate nature for the twenty-first century. It is no longer held up as the prime health facility in Western Australia—it has not been for a long time. When we were in government, we enunciated our intention to maintain a health facility on the Royal Perth Hospital site; a hospital would remain in operation on the Royal Perth Hospital site. However, what we wanted to do was to make our health system sustainable and to put in place a health system which was cost effective and which delivered the services that the people of the great metropolitan area of Perth and, more broadly, Western Australia, required. We had to make some significant decisions to pursue that end. Our guidance for making those decisions came from the Reid review of the health system. I really have not heard anybody provide or present a critique of the Reid report that demonstrates that it is significantly defective—in fact quite the contrary. First of all the health system has to be sustainable. It has to provide the services that are required and that technology can deliver in the twenty-first century. But it also has to be accessible and as close as is feasible to where people live; hence the recommendation for a major tertiary facility in the southern suburbs to service those southern suburbs, and another major tertiary facility to service the northern suburbs. The southern suburbs' tertiary facility ultimately manifested itself as the Fiona Stanley Hospital site. The northern tertiary site was to be QEII Medical Centre at Sir Charles Gairdner Hospital. We would also have had a major redevelopment and relocation of King Edward Memorial Hospital for Women and Princess Margaret Hospital for Children co-located on that site. It was extremely good policy planning and provided the capacity to maintain and sustain the system to the level that is required by not only a growing population, but also a growing demand by that population for health services, and to deliver primary and secondary health services close to where people live by making use of the secondary health hospitals around suburbs of the metropolitan area.

It was the first time—at least for a very, very long time—that we actually had a proper planning process for health delivery in Western Australia. It was the first time in the state's history that we had a blueprint laid out for the development and provision of first-class health facilities to people across the state. It was to be applauded. We diligently went about implementing that plan. It required a lot of money. It required, in fact, billions of dollars to be spent on health facilities as well as a reordering of the services provided through those facilities. That was the task that we undertook in our first term of government and proceeded with in our second term of government. I think there was a \$5 billion health capital works program outlined in our second term of government. Over a 12-year period, that capital works program was prospectively \$10 billion-worth of works to deliver top-class health facilities for Western Australia. There has never been, and I would proffer that there will never be again, a roll-out of health facilities to match that which occurred—and is still occurring, actually—during our two terms of government.

I will give just one example: the Kimberley. Recently in the political debate there has been a lot of focus on the delivery of health services and other services to regional Western Australia. In the Kimberley about \$100 million was expended on improvements to health facilities in just that one region of the state of Western Australia. Nothing remotely like that had ever been undertaken previously. I do not think it had even been conceived of previously. Those improvements included \$53 million for the upgrade of Broome District Hospital, \$14 million for the upgrade of Derby Regional Hospital, \$6.8 million for the upgrade of Kununurra District Hospital, \$8.7 million for a new hospital at Halls Creek, \$2 million for a high-grade aged care facility in Kununurra, \$4.5 million for an upgrade of health services in Wyndham and \$3.7 for a healthcare clinic in Kalumburu. That is not to mention \$10 million—this is not in the Kimberley—for the Morawa health facility, which we announced last year or the year before. There has never been anything like that in the history of this state. That is the proper approach to the delivery of health services. We need to actually sit down and do the hard work. We

need to understand what are the health requirements of the present population and the population going forward, with the changing demographics and the changing nature of the community, and set about providing those facilities.

All we have in this bill is a process that will allow some time delay. I was disturbed, I think it would be fair to say, when I heard the Minister for Health in question time today give a rough outline of a new proposal that has been put to him for Royal Perth Hospital. That says to me that the minister has no idea about what he is going to do with Royal Perth Hospital, and he is quite open to repeating the latest good idea that someone has suggested to him for the future of that hospital.

One of the problems is the Minister for Health himself. I do not believe the minister works hard enough. That was the minister's track record as Minister for Indigenous Affairs, and I think it is his track record again as Minister for Health. The minister does not work hard enough. The minister does not know what is required, and he does not put in the effort to find out what is required and then go through the process of delivering what is required. Had the minister done that work, we would not now be dealing with this piece of nonsense that has come before this chamber in the form of this bill. Why would anybody seriously want to legislate to maintain the name of a hospital? Why would anybody want to take up the time of this Parliament to legislate to maintain the name of a hospital? The previous government, of which I was a part, spent its time delivering improved facilities and services. The demand for those facilities and services is insatiable. That demand cannot be fully met. There will always be the challenge of unmet demands. The minister should be applying his energy and his time to meeting those unmet demands that will be forever confronting—in constantly changing form—the health system in this state.

One of those demands is the demand for an adequate number of professional staff. Off the top of my head, I think our government provided a 25 per cent increase in the number of trained nurses in our public hospitals between 2001 and 2008—the number increased from about 8 000 to in excess of 10 000. We did that during a period in which it was very difficult to attract people into those positions because of the nature of the economy. That process of trying to attract additional nurses to our health system was continuing right up until the election. Off the top of my head, our government employed an additional 900 doctors in the public health system. We went from a public health system that had about 1 800 doctors to one that had 2 700 doctors. There was actually a 50 per cent increase in the number of full-time equivalents. There was a massive transformation. There was a significant application of resources, effort and thinking to provide better facilities and services to people with mental health issues. That was unprecedented, I think, certainly in the modern history of this state. That is the way to go about delivering health outcomes for the people of Western Australia. That is what is expected and required of a responsible government. The Minister for Health should not come into this place and just recount to the Parliament the latest good idea that someone has suggested to him for the future of the Royal Perth Hospital site. The Minister for Health should be working to overcome the issues that confront the health system and the provision of health services to the people of Western Australia. The minister is not doing his job properly. That is the fact of the matter.

What services will this “forever maintained” Royal Perth Hospital actually provide? The bill does not tell us anything about that. I take it from my reading of clause 6 that Royal Perth Hospital will remain a tertiary hospital. What services will be provided at that hospital, and what impact will the cost of providing those services, let alone the refurbishment and ongoing maintenance and running costs, have on the capacity of this government to deliver the required health services where they are needed—that is, where the people live?

Our government had some discussions with Treasury officials about the development of Fiona Stanley Hospital, and about our \$521 million planned redevelopment of Queen Elizabeth II Medical Centre, along with the Princess Margaret and King Edward hospital redevelopments. During those discussions, one of the issues that the Treasury officials raised was the need for governments to have the political will to deliver. When governments embark upon extraordinarily ambitious developments, such as the ones that this government is embarking upon, they need to have the political will to deliver. Part of that delivery is deciding what we are not going to be doing in the future. We cannot just keep adding incrementally to the system that already exists. That is exactly what Mick Reid warned against in his review. However, that is exactly where this government has landed. In this government's first six months in office, it has landed back in that space again. This government is too weak to make a decision that might upset a few people. This government is too weak to announce what services it is and is not going to provide at Royal Perth Hospital, and it thereby leaves in doubt its capacity to deliver the reforms that are needed across the wider health system. Governments need to have the political will to deliver. However, there is no sign of that from this government.

This bill is a reaction to a populist push that stems from a sentimental attachment to an outdated facility. That is what this bill is all about. As the previous Minister for Health has explained to this Parliament over and over again, Perth is no longer the city that it was when our health system was designed along the Swan River, with

Royal Perth and Sir Charles Gairdner Hospitals as the key central points, and Fremantle Hospital as the third tertiary hospital in Perth. Perth is now very, very different. It was that difference that we were cognisant of—for want of a better phrase—when we embarked upon our health reform system.

We had this stunt by this government—which was repeated a couple of times during the election campaign—of announcing that it would legislate to maintain Royal Perth Hospital. The government has not provided any detail about that, and it now seems to be prevaricating about the nature of what “maintain” actually means. The other major announcement that was made by this government in the area of health provision was that it would establish a public-private partnership for the development of a new children’s hospital to replace Princess Margaret Hospital for Children. What has happened to that? It disappeared within a couple of weeks of the election. It is gone; disappeared. It was too hard.

Dr K.D. Hames: We had meetings about it today.

Mr A.J. CARPENTER: Good. The Minister for Health has to understand the enormity of the task. It is not the sort of job that can be done part-time, which is the way the minister tried to approach his ministerial responsibilities last time he was in government. He needs to get his head around the budget for a start. I listened to the minister during question time as he limp-wristedly castigated the member for West Swan over the figures she provided for the budget projections of 2001. The minister needs to have another look. He clearly did not look at those numbers.

Dr K.D. Hames: I’ve looked again.

Mr A.J. CARPENTER: He did not look at them. I have the figures in front of me and they show exactly the progression described by the member for West Swan in the 2001 budget. Recurrent services were going to grow by 1.9 per cent, 1.5 per cent and 2.7 per cent. The problem confronting the previous government when it came to power in 2001 was that the health budget was a mess. The entire health system under the previous Liberal government was an unguided vessel, drifting around, with all the people in the system thinking they were the captain. There was no real budgeting—none. The minister’s little cameo performance during question time leads me to fear that we might be returning to the days before 2001-02, when nobody knew what the budget for health really was, and there was no budgetary discipline whatsoever. There was certainly no planning. There was no concept of how the needs of the Western Australian community, going into the first and second decades of the twenty-first century, would be met. I think the minister spent four years—he missed the first term—in opposition failing to get to grips with what he wanted to do if he gained control of the tiller again. I think—and fear, for the sake of the people of Western Australia—that we are going back to the days of weak leadership —

Dr K.D. Hames: You weren’t so nasty in opposition the first time.

Mr A.J. CARPENTER: The minister was not here during our first term in government. I fear we are going back to the days of weak leadership at the top in health—no budget control, no strategy for going forward, no planning, and no understanding of how to deliver a sustainable health system. We are back where we were, and the danger that confronts us is that the very worthwhile reforms outlined for the benefit of Western Australians by Mick Reid may well be lost because of the minister’s reactive approach to the health issues of Western Australia. I hope that that is not the case, but I do not see any signs of it not being the case—in fact, quite the contrary.

The previous government embraced the biggest changes in the delivery of health services ever undertaken in the state, spent more money on health than had ever been conceived of, and was delivering a system that was designed to be sustainable. The previous government was delivering world-class—to use the old cliché—health services to the people of this state, no matter where they lived, in a way that was sustainable. We were not playing political games with the delivery of health services. That is where the minister is. This bill is just part of a political game. The opposition will play the game in this chamber. Parliament will get the chance to decide whether Fremantle Hospital, and every other hospital, should be legislatively maintained forever and a day. We will give the government the chance to outline in detail what services will be delivered in the government’s Royal Perth Hospital. The minister will get the opportunity to do that, and I look forward to his response.

MR J.C. KOBELKE (Balcatta) [3.34 pm]: The bill before the house causes me great concern. That is not to say that there are not some elements that clearly give some assistance to people, but the real concern for me is that it reveals a government that has taken its eye off the ball; a government that is more interested in political spin than dealing with the very important health issues that face the state. As I said, that causes me great concern, because if I am right, I predict the collapse of the proper economic management of our state’s health system. This is not being too extreme. When the Labor Party came to power in 2001, this was the health situation that confronted the incoming Labor government. We had a health system, the management and bureaucracy of which were in total disarray. It simply was not able to deliver better health outcomes, regardless of how much money

was put into it. In a moment I will go through some of the things we confronted when we inherited government from the Liberal Party in 2001.

I will speak about some of the broader issues in health. The approach taken by the previous government over the past eight years, following the recommendations of the Reid report, was to put in place a plan to ensure there was a foundation from which we could improve our health services. This government, through this legislation, is pushing that foundation aside and replacing it with an ad hoc approach—a bit here, a bit there. Some good people want to see improvements in health, and I think the minister has the very best of intentions, but if he does not do the hard work and does not have the necessary policies and plans, all his urgings and good intentions will simply not deliver the outcomes we want. We know that health is something that continues to demand more and more resources; with an ageing population, improvements in health technologies, and the various interest groups that are involved, it devours huge amounts of taxpayers' money. I have no problem with that. My problem is that the government needs to have in place a plan to get the best possible outcomes for the huge amounts of money that taxpayers put into health in Western Australia.

The opposition is cognisant of the increased demand for health expenditure, and it is aware of the limitations imposed on the state to continue to increase the rate of health expenditure at the same rate of the past eight years. It is clear that the current government cannot match that rate of expenditure increase, because the economic cycle has turned. The huge increases in health expenditure put in place by the previous government can no longer be matched—at least not for the next few years. We need to ensure that we are targeting where the money goes to deliver the best outcomes, and that we have an efficient system so that the money is spent on delivering those outcomes. We have thousands of dedicated, caring health professionals and support staff working in our hospitals and our health services. They are dedicated to delivering the best possible outcomes, but it is a huge bureaucracy and we need to have a blueprint for senior health officials to follow—from the minister down through the senior officials in the Department of Health—so that we know that the decisions made at the top actually reflect patient care practices in hospitals across the state and in many other health services. This legislation is an ad hoc approach—a bit of this and a bit of that—for a system with a budget of \$3.9 billion; that is, nearly \$4 billion. If the government takes the approach that is clearly epitomised by this legislation, it will waste a lot of money and it will not have the coordination or efficiency to really deliver better health services.

The tragedy of this legislation is that it reflects a government that has taken its eye off the ball. The government simply wants to play political games with health instead of really getting in and doing the hard work that is involved. If I may give an indication of that, the previous speaker, the member for Willagee, touched on some of these figures. The minister indicated that a bigger percentage of the budget had been spent on health under a Liberal conservative government than under Labor. He certainly had to distort the figures to say that, because I went back and dragged out the budget figures for 2000-01 and the for current year, 2008-09. I found that over those eight years the expenditure—taking the grand total, which is both recurrent and capital expenditure—went from \$1 890 million to \$4 089 million. In those eight years, that represents a 116 per cent increase in expenditure on health in this state; that is, expenditure well over doubled in eight years. As I said earlier, the current government, with its priorities and the current economic circumstances, will not go anywhere near that. That is why proper planning and efficient services are needed. This bill is about undermining proper planning to deliver proper services. That causes me grave concern.

The minister also indicated the percentage. Based on those numbers straight out of the budget papers, in 2000-01, the last year of the Liberal-National Party government under Premier Richard Court, expenditure on health was 22.9 per cent of the total budget. For the current financial year, the budget brought down last May showed that the expenditure on health as a total of the whole budget was 23.9 per cent. It therefore more than doubled and increased as a percentage of the total expenditure.

Dr K.D. Hames: I put a question on notice to the previous Treasurer. The answer he gave me was 22 per cent under us and 19 per cent under you.

Mr J.C. KOBELKE: For what year?

Dr K.D. Hames: I wrote the question last year. I could find it on the record of Parliament, and that will be the response from the previous Treasurer.

Mr J.C. KOBELKE: These figures are straight out of the budget papers.

Dr K.D. Hames: I am telling you what the Treasurer answered.

Mr J.C. KOBELKE: I have a colleague who knows the budget papers and who checked the figures for me. I thank the minister for his interjection, because I know I am right. He has compounded my concerns that we have a minister who does not know the numbers, is not doing the hard work and is getting it wrong. In fact, to show how wrong he is getting it, last night he took issue with the member for West Swan, who was absolutely right. He came into the house today and had a dorothy dixer to point out that she was wrong. Who is wrong? It is the

Minister for Health—game, set and match he is wrong. It is indicative of a minister who is not on top of his portfolio. He did not listen to what the member for West Swan said. This relates to the point I started on a minute ago on the total mess in the administration of health that was left in 2001 when we came to government. Part of that mess, which the member for West Swan was alluding to, was that when the Liberal-National Parties lost government in 2001, we inherited a set of books, which is what the member for West Swan was talking about, that showed that the forward estimates reflected very low increases. In 2001-02, the increase was 1.9 per cent; the next year, 1.5 per cent; and the next year, 2.7 per cent. That was the expected increased expenditure on recurrent services in the out years when the Liberal-National Parties lost government at the start of 2001.

These are not just numbers; this is a gaping hole in health expenditure, because there is absolutely no way we could continue to supply the same level of health and medical services and maintain hospitals in 2001-02, 2002-03 and 2003-04 if we were allowing in the budget between only 1.5 and two per cent of increased expenditure. Expenditure ranged from about five to eight per cent each year. That is exactly what I said earlier. The management of health was a total mess because year after year major components of the health system did not know their budgets halfway through the year. They did not have budgets. Their budgets were overspent time after time, which meant there was not the discipline to deliver the outcomes with the budgets they were given. If there is not that discipline and there is not that management, the situation soon dissolves into chaos and the efficiency and effectiveness of the health service begin to be lost. That is what the Liberal-National Parties left us when they left government.

I will give a few more examples of that real mess. We found budget overruns in health. Of course, in the eight years of the last Liberal-National Party government, it ran five deficit budgets out of eight. Its budget management was sick—much sicker than the people in the hospitals. It had a lack of control of expenditure, no meaningful forward estimates, and a nurses' enterprise bargaining agreement that was brought down by the Liberal-National government towards the end of its term in which, to save money and to quieten down the nurses' industrial action, it did a smart little deal relating to whether nurses got a big increase or a little increase depending on how many hours they worked. That drove more nurses to move out of full-time employment. Trying to fix a little financial problem with the cost of paying nurses caused a major reduction in the number of nursing hours available, and that created all sorts of problems for the health system. It was a total disaster. I was the minister responsible for industrial relations in 2001 and oversaw negotiations for EBAs with government employees, so I had some involvement in the negotiations then with Bob Kucera as the Minister for Health. I think we met on a Sunday morning with all the health bureaucrats. It was one of numerous meetings to try to sort out the chaos in health finance and to settle the EBA with nurses. Week after week after week we asked the senior bureaucrats in the Department of Health how many nurses they employed. We would ask the same question the next week. They did not know and they could not tell us. That was the chaos in health administration under the Liberal-National government. No wonder the health system was going backwards.

This bill is likely to return us to the same situation, because it deals in political spin and not the real issues of health, which are about putting in place a plan and discipline and having a minister and senior bureaucrats who will get the confidence of the tens of thousands of workers and drive that process, so that everyone working together will know they have a clear mission statement of what they will achieve, a method of achieving it and the professional competence to deliver on it. However, when we have such things as this bill, it clearly shows that have a government that is not interested in getting on with the hard work of improving the health system. I therefore come back to why this bill is counterproductive to producing improved health outcomes in this state. Having started the recovery from the chronic mess we were left in 2001 by the Liberal-National government, we looked to see how we could improve the health system. We put a huge amount of extra money into the health system. As I said, in eight years we increased the amount from \$1 890 million to \$4 089 million, which more than doubled it. However, we needed to make sure that the money was spent well. A key plank in that whole reform process was the Professor Reid review and what flowed from it. Obviously, a whole range of complex issues needed to be integrated, so I am not suggesting it was simple.

A key part of that Reid review and that reform agenda was to put in place major improvements to capital infrastructure, which meant hospitals predominantly. Some of it included moving people out of hospital sites into community-based care and so on, getting the capital infrastructure in place and making sure it was really well planned—not just the quality of each facility, but clearly designating the expected outcomes of the various components of the plan and making sure that they all complemented each other. They should not overlap, duplicate or waste money. There is a major heart surgery centre at Sir Charles Gairdner Hospital and another at Royal Perth Hospital. Each has all the expensive equipment, expertise and backup staff, and they are right next to each other. It is clearly not the most efficient use of funds. The Reid review and the previous government's program taken from it were designed to make sure that the renewal and upgrade of facilities was as efficient as possible. The perhaps too idealistic aim was that if the infrastructure of hospitals was really improved, the skyrocketing increase in recurrent costs could be dampened. Some control could be exercised over costs because

there would be much better facilities. The Reid review put together a plan to make sure that capital investment would lead to much better outcomes and much better control over recurrent costs.

[Member's time extended.]

Mr J.C. KOBELKE: This bill is simply an attempt to push aside the Reid review because many dedicated health professionals, many of them now retired, have fond memories of Royal Perth Hospital and what it achieved in the past. Lingering sentiment for what Royal Perth Hospital has been is somehow seen as a basis for taking it forward into the future. Any rational view would say that rebuilding Royal Perth Hospital is simply not the best way to go. That is not to say that there will not be some continuing hospital there. To the extent that that is provided for in this legislation, I do not have a problem with it, but I will come back to that in a moment. This government is simply thrashing around, as the minister himself indicated during question time, trying to work out what to do with Royal Perth Hospital. The government has made a political commitment to keep the hospital, but does not know what to do with it. There are major issues involved in that. I am not sure whether the minister is still talking about Royal Perth being a tertiary hospital. If he is talking about Royal Perth still being a tertiary hospital, the whole of the Reid review is simply being abandoned, because there is a tertiary hospital at Sir Charles Gairdner Hospital, and another being developed at Fiona Stanley. In the future, as the population grows, Joondalup will be developed as a tertiary hospital. Now that the minister is back in his seat, I ask him whether it is still his commitment that Royal Perth remain a tertiary hospital for the foreseeable future.

Dr K.D. Hames: Absolutely.

Mr J.C. KOBELKE: In that case, he is abandoning the Reid review.

Dr K.D. Hames: I am not.

Mr J.C. KOBELKE: He must be, because where will he find the extra money? The problem the minister has is that while he is not willing to make the hard decisions and get on top of his portfolio, we will see health simply going backwards. With the current pressures of health costings, he cannot avoid taking the hard decisions. Either he builds Fiona Stanley as a tertiary hospital and downgrades Royal Perth into something much less —

Dr K.D. Hames: I do not have any increase in recurrent expenditure, because I am retaining the same number of beds that the previous government's plan had. Remember, you were planning to increase Sir Charles Gairdner Hospital to 1 000 beds.

Mr J.C. KOBELKE: I thank the minister for his interjection, because that is exactly what appeared in the 2000-01 budget papers. It is gobbledegook—absolute financial nonsense. The minister cannot do it, and everyone will tell him that he cannot do it, but he will continue to place health in an unsustainable financial position. Those were the numbers in the 2000-01 budget. The numbers for the increase in health expenditure—1.9 per cent and 1.5 per cent—are total gobbledegook. The health system cannot be maintained with that level of budgeting, although that is exactly the expectation that the minister is creating at Royal Perth Hospital. He is creating an expectation that he can deliver all the new equipment and that he can have all the specialists on site and all the services to support the specialists, across a wide range of specialty areas that are needed for a tertiary hospital, at both Fiona Stanley Hospital and Royal Perth Hospital.

Mr A.J. Carpenter: The numbers were deliberately false.

Mr J.C. KOBELKE: I thank the member for Willagee for that interjection. The Minister for Health is again setting up a false set of numbers, and that will lead to the destruction of a first-class health service, because he will then lose control of it. No-one has confidence in him, from the orderlies on the ward, through the nurses and the registrars to the specialist doctors. They all know that this minister is running a Mickey Mouse outfit. The minister will not say honestly and properly what the numbers are and is simply fudging them to create political spin. That is the problem the opposition has with this bill and with this minister playing political games with our health system instead of trying to deal with it. I have gone through some of the issues we had in 2001, and my fear is that this bill is taking us back down the same road; that is, lack of honesty and lack of full and open accounting showing how much it will cost to deliver the service. That is why the previous government's budget for the health system went up by 116 per cent over eight years; that is, it was 216 per cent of what it was when we came to government. We saw the need to deliver, and we were not going to play these fudge games of saying something that was not true. We were actually putting in the money and trying to make sure that the outcomes were delivered.

I will now look at some of the contents of the bill to show what sort of fudge is going on here. Clause 5 reads —

Continuation of Royal Perth Hospital

Royal Perth Hospital is to continue to operate as a public hospital unless a resolution approving the closure of the hospital has been passed by each House of Parliament.

It states that the hospital will continue to operate. Clause 6 reads —

Services to be provided

For the purpose of maintaining Royal Perth Hospital as a tertiary hospital, the entity for the time being having management and control of Royal Perth Hospital under the *Hospitals and Health Services Act 1927* is to provide the prescribed medical and support services at the hospital.

The minister of the day could prescribe that the hospital service involve applying band-aids. That is all the bill requires—there could just be a nurse there sticking on band-aids. If that is the prescribed service for a tertiary hospital under clause 6, it meets the requirements. The name cannot be changed; the bill requires it to be kept as Royal Perth Hospital. This is an utter and blatant fudge. It is about political spin and has nothing to do with improving the delivery of health in this state. That causes me great concern, because the previous government struggled for eight years to improve the health service in Western Australia. We did not get everything right, but we committed huge amounts of money and we put good people and hard work into hour after hour of meetings.

Dr K.D. Hames: Access block to emergency departments under your government was over 50 per cent—the worst it has ever been.

Mr J.C. KOBELKE: I did not say that we got everything right, but we saw improvements. I believe the minister himself, in question time today, said that one of the reasons he wanted to keep Royal Perth Hospital was the amount of money the previous government had spent on the emergency department. He said that it had been upgraded. This is the trouble—we all play politics in this chamber, but the minister cannot differentiate between good management and trying to get the political upside. For him, the political upside is about trying to mislead people, and that is what he is doing with this bill, and when he says that Royal Perth Hospital, Fiona Stanley Hospital and Sir Charles Gairdner Hospital can all be tertiary hospitals, and at some time in the near future, when the population grows, Joondalup can be a tertiary hospital as well. All those tertiary hospitals require millions and millions of dollars worth of high-technology equipment and huge amounts of money for specialists and their support staff, and all the services that are needed for tertiary hospitals. It is absolute nonsense, and while the minister continues with his absolute nonsense, he is downgrading our health services. He is failing to give the strong and determined leadership that is required.

I accept that the minister is doing these things in good faith. I accept also that as a medical practitioner he has a commitment to try to provide decent health services. The minister's problem is that he is caught in this political bind because he made a commitment—because it was popular at the time and it is still popular—to keep Royal Perth Hospital. I speak to people who have worked there over the years and they have told me that the place is run-down and is a major problem because its services are failing in many areas. At some stage, the minister will have to face up to making a proper business decision. Will he continue to pour money into, and get less than value for money for, maintaining an old structure? As the member for Willagee said, which was clearly reflected by what the Minister for Health said today, the minister does not have a real plan.

Debate adjourned, pursuant to standing orders.