

CARDIOTHORACIC SERVICES - FREMANTLE HOSPITAL

Motion

DR K.D. HAMES (Dawesville) [4.25 pm]: I move -

That this house calls on the government to reiterate its promise, as made by the Minister for Health in this house on 30 March 2004, to keep cardiothoracic services at Fremantle Hospital until the new Fiona Stanley hospital is complete and operational.

In moving this motion, it was obviously my intent to hold the Minister for Health to a certain promise that he made along the way to the cardiothoracic unit at Fremantle Hospital. In discussions with the minister since then, he indicated that he has given that commitment to the hospital. I have to say, though, that I have had some further discussions since then - in fact, today - that cast a degree of doubt on that intention. This issue is all to do with the words of the promise and what will occur.

Mr J.A. McGinty: I think it's got more to do with the 35 000 people in the health industry responding to rumour, hearsay and innuendo.

Dr K.D. HAMES: That may be the case, but I have to say that I suspect that some of them have been strong supporters of the minister. He therefore should not be too critical of them without knowing the whos, the whens and other details; I will certainly not give the minister those details. Nevertheless, I will go through the questions that have been raised. I will also go into the reasons the opposition needed to come to this situation in the first place, why it is raising this issue now and why there is any need for it to raise the issue. Frankly, if the minister had not done certain things, which I will detail in a moment, there would not have been any need to raise this issue. I will refer to some documents. I have with me a media statement from the Minister of Health of 20 December 2004 in which he made a commitment to retain services at Fremantle Hospital. However, the main document I want to present is *The Harbour Reporter*. I am sure the minister will recognise it.

Mr J.A. McGinty: A great publication!

Dr K.D. HAMES: Yes. The front page has a photograph of the minister's smiling face flanked by two young doctors, by the looks of it, or a doctor and a nurse. It states -

CARDIOTHORACIC SURGERY, MRI REMAIN

The key quote in that section is -

I told Parliament that the cardiothoracic surgery unit at Fremantle . . . will remain operational until a cardiothoracic surgery unit is opened at the new southern tertiary campus.

I think that was an excellent commitment. What led us from the minister having made that statement to everybody becoming concerned? The first thing that came to my attention was when the member for Alfred Cove asked a question of the minister in this house regarding the cardiothoracic unit. Her question 418 of 27 June states -

In 2004 the minister stated that Fremantle Hospital was our most efficient tertiary hospital. In the same year he stated -

. . . the cardiothoracic surgery unit at the Fremantle Hospital will remain operational until a new cardiothoracic surgery unit is opened at the new southern tertiary campus.

At a meeting last week between the chief executive officers - Linda Smith and John De Campo - and the tertiary hospital heads of department, the head of the department of cardiothoracic surgery at Fremantle Hospital was told that a decision would be made within four weeks that the cardiothoracic unit at Fremantle Hospital be closed.

That probably means that consideration was given to whether it would close. The question continued -

- (1) Will the minister explain this?
- (2) Will the minister reconfirm the commitment that he gave to patients in the southern area that he would ensure that the cardiothoracic unit at Fremantle Hospital would remain operational until those services were transferred to the Fiona Stanley hospital?

The response from the minister was guarded to say the least.

Mr J.A. McGinty: When was that?

Dr K.D. HAMES: It was Tuesday, 27 June. That is roughly eight weeks ago. The minister's response was guarded and gave great cause for concern. The minister said -

I thank the member for Alfred Cove for some notice of the question . . .

Extract from *Hansard*

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Dr Kim Hames; Mr Jim McGinty; Dr Janet Woollard; Mr Bob Kucera; Acting Speaker

He had obviously looked it up. He stated, in part -

(1)-(2) The purpose of the meeting that was held last Wednesday was to discuss . . .

I will not read all the answer; perhaps I will leave that on the table for Hansard, as I would like it to record all the words in that reply. The key thing was that the minister talked about issues such as debate on surgical volume as it relates to outcomes. He said that 10 years ago there was a possibility of doing 1 200 cases; currently, three units do fewer than 300 cases per annum. Interestingly enough, the minister listed Fremantle Hospital with 170 cases. I have been told it has been doing 200 cases for the past two or three years. The numbers have been pretty steady, but the numbers at Royal Perth Hospital have gone down significantly. There has been a big reduction, as everyone is aware, in the number of open heart bypass surgery procedures. Stents are much more commonly used and more patients are on Lipitor and similar statin drugs. The need for bypass surgery is reducing. Nevertheless, Fremantle Hospital has gone from 80 per cent of its work being open heart surgery to 60 per cent. A significant amount of its work is still bypass surgery. It says it is doing 200 cases a year. The minister talked about 170 cases and that the medical literature calls for units to do a minimum of 300 cases. He talked about the implementation of the Reid report recommendations. That states that Fiona Stanley hospital should be the hospital designated to do that work. Without doubt, there is debate about how many units there should be; whether there should be three or one. There are strong opinions that there should be only one. That is not an argument that I propose to go into today. What we are talking about today is the minister's commitment to the people in the cardiothoracic unit.

I want to show the minister that it was not just me and the opposition thinking that the minister was going to do that. It was not just the question asked of the minister. There has been wide concern about this matter. I have copies of letters with me written by various specialties within the hospital. I will read some of them. The first is a letter from Dr Ian Gilfillan, who is a cardiothoracic surgeon at Fremantle Hospital, to Dr Mallon, the Chairman of the Medical Advisory Committee, Department of Immunology, Fremantle Hospital. It states -

Dear Dominic

Over the last six months there have been several unsubstantiated rumours circulating which suggested that cardiothoracic surgery should no longer remain at Fremantle Hospital. As you are aware the Cardiothoracic Surgical Unit was established by my colleague Andrew Hodge in August of 1997 and I believe this has been an essential addition to the hospital. The removal of the service from Fremantle should not be viewed in isolation. It would have profound effect on other departments especially Cardiology, Respiratory Medicine, Anaesthetics and Intensive Care. I believe cardiothoracic surgery has the full support of these four units. I would also point out that the outcomes for our patients at Fremantle are exemplary and we will continue to provide such service in an efficient and timely manner.

The working atmosphere within the department is excellent and staff retention rates are high. We have little difficulty in recruiting new members.

The next sentence is particularly important -

I recently canvassed opinion amongst the nursing staff both on the ward and in theatre about a prospective move back to Royal Perth. Not one of the members of staff would make this move and would move sideways into other specialties. Consequently an amalgamation between Fremantle and Royal Perth is a misnomer and would in effect be the disbandment of the cardiothoracic surgical unit as we know it. The consequent loss of highly skilled and dedicated staff to this specialty would be very hard to replace.

He has asked for their support. The letter is dated 16 March and we are now in August. It was some time ago that the rumour was circulating. The staff were getting worried. There was a response from Dominic Mallon. He sent a copy to Neale Fong, Linda Smith and Acting Professor Patricia Tibbett. I do not know Patricia. The letter states -

Dear Ian

Thank you for your letter dated 16th March relating to a rumour . . .

I note the profound effect it's removal would have on Cardiology, Respiratory Medicine, Anaesthetics and Intensive Care Services at this hospital and the full support that your service has from these units within the hospital.

That is the key point in all this. Having a cardiothoracic unit is not just a matter of how many cardiothoracic patients are treated and how much open heart surgery is done. It is the importance of the interrelationship between a unit that does that sort of work and all other aspects of proper management of a hospital, particularly the management of Fremantle Hospital, which is the major hospital in the minister's electorate. Staff at the

hospital are saying is that it is essential that the cardiothoracic unit remain, not just for its own self, but for all the other services attached.

I have a letter from Ian Jenkins, head of the department of intensive care, Fremantle Hospital. The letter is addressed to Linda Smith. It states -

I write to you in relation to two intertwined matters -

This letter is not just about the cardiothoracic unit; it is also about another promise that was made by the government that has not been fulfilled -

the delayed expansion of the Fremantle Hospital Intensive Care Unit . . . and the potential removal of cardiothoracic services from Fremantle. I understand that a decision as to whether cardiothoracic surgical service is going to be withdrawn from Fremantle Hospital is to be made in approximately four weeks. I write to you as a matter of urgency with respect to this proposal.

. . .

Firstly, it is essential to recall that the so-called Kelly Report into Intensive Care Services, arising from the committee chaired by Dr. Shane Kelly, now three years old and still uncommissioned with respect to any of its key recommendations, -

I would like the minister to respond to that comment. What has happened to that report? Why has its key recommendations not been implemented? The letter continues -

highlighted the severe shortage of Intensive Care beds across the metropolitan region, and in particular in the southern half of the city. This finding was based on detailed modelling of likely increase in ICU bed occupancy as it was in 2003 and by comparison to national and international benchmarks. Transfer of ICU bed demand from Fremantle Hospital, even if this is compensated for by the transfer, for example, of interventional neuroradiology from Royal Perth Hospital to Sir Charles Gairdner Hospital . . . will do nothing for the critical ICU bed shortage.

In particular, it will do very little to relieve pressure at Fremantle Hospital, as currently we are cancelling or postponing the majority of elective cardiac, and, indeed non-cardiac, cases, because the beds commissioned for Cardiothoracics are often occupied by critically ill, non-cardiothoracic patients and emergency cardiothoracic patients. If any targets for high-acuity elective surgery are to be met, we will need an expansion of ICU facilities, as promised in a pre-election media release by the Minister of Health, the Hon. Jim McGinty in December 2004.

That is another reason for the deep concern expressed about this government's plans for the cardiothoracic unit at the hospital. The minister promised that it would be retained. He is blaming some people for stirring the pot, but in 2004 he promised an expansion of the intensive care unit facilities, and he has not fulfilled that promise.

I have a letter from Dr Coppinger, the director of the department of anaesthesia at Fremantle Hospital, which is signed by several cardiothoracic anaesthetists, that refers to the significant staffing issues at the Fremantle Hospital. It reads -

I am the only Intensivist to be employed at Fremantle in the last 22 years without cardiothoracic surgery adding to the interest, professional satisfaction and overall attraction of the position. Without cardiothoracic surgery, and without other ICU subspecialties such as neurosurgery, it is likely we would not have been able to attract the high calibre of Consultants the critically ill of the southern metropolitan region enjoy, nor could we recruit new Consultant staff or indeed retain current senior staff. Fremantle Hospital is already declared an Area of Unmet Need with respect to Intensive Care services. Fortunately for Australians, but unfortunately for us, overseas trained doctors are not a viable option, as Australia and New Zealand leads the world in training of highly skilled and experienced Intensive Care specialists.

That outlines another problem the minister has. He has not properly provided for the intensive care needs for either the metropolitan area or Fremantle Hospital. The letter continues -

I believe that the only rational plan is to expand the ICU at Fremantle as planned and previously approved by the Director General of Health, Dr. Neale Fong and already signed-off by Treasury, and to maintain cardiothoracic services at all three tertiary sites until these sites are merged into two.

That is the recommendation from the intensive care doctor in his letter, a copy of which he sent to Linda Smith.

Dr Coppinger's letter talks about the removal of these services -

Firstly, this appears to be a most inopportune time to be making decisions about the scope of surgical services at Fremantle Hospital; especially as these decisions will have serious implications on the nature

of the surgery performed at this site, for the next 5 to 6 years. Fremantle Hospital is currently undergoing a phase of significant leadership destabilisation.

The letters to which I have referred outline the issues of concern at Fremantle Hospital. The Reid report recommended that there be two cardiothoracic surgical units in Perth, one north of the river and one south of the river. These people support that concept, but consider that it is very important for the minister not to go back on his promises.

Dr Coppinger's letter is long and detailed and goes into lots of other issues. The letter was addressed to the minister and I presume the minister has read it. Point seven of the letter is important. It reads -

It will result in the resignation of all 3 sessional cardiac anaesthetists, who will not necessarily be available to transfer to RPH. It is also likely to lead to the resignation of at least 2 of the 3 salaried cardiac consultants, who perform many other non-cardiac duties within this department. Such a sudden and dramatic loss of staff will make it very difficult for this department to assist with the development of surgery at other coastal sites; most important of which is the imminent need to address wait-list and to develop services at the proposed Kaleeya 'surgi-centre'.

The letters from four senior members of staff at Fremantle Hospital express the same degree of concern, almost horror, at the thought that this matter is being considered. The minister says he has reassured them that he will keep his promise. I point to promises that the minister has not kept, which has led to this further concern. I have outlined the situation pertaining to ICU facilities in the metropolitan hospitals. There is also the issue surrounding the closure of Woodside Maternity Hospital. The minister promised that he would not close down that hospital prior to establishing the maternity unit at the proposed Fiona Stanley hospital. If the minister did not make that promise, it is the impression people had.

Mr J.A. McGinty: I said that it would not be closed until an alternative facility was established south of the river, and that has been done at Kaleeya. My second grandchild was born there last weekend and what a magnificent facility it is. My first grandchild was born at Woodside, and there is no comparison.

Mr R.C. Kucera: And a wonderful looking child he is too. For anyone who wants to see him, he is on the computer.

Dr K.D. HAMES: It is good to hear the minister making those positive comments. I have heard a mixture of positive and negative comments.

Mr J.A. McGinty: I have heard nothing negative.

Dr K.D. HAMES: I have.

Mr J.A. McGinty: It must be the company you keep.

Dr K.D. HAMES: They probably would not contact the minister; they contact me as shadow Minister for Health. Although the minister used those words as an excuse for establishing the maternity unit at Kaleeya Hospital, the reality is that everyone understood him to mean the proposed Fiona Stanley hospital. Perhaps they were wrong, but the minister did nothing to dissuade them that that would be the case.

Mr J.A. McGinty: If people cannot understand English, that is their problem, not mine.

Dr K.D. HAMES: There is English and there is English, which brings me to the main point of this debate. Since yesterday I have had some trepidation about the minister's commitment. I have heard a rumour that is alleged to have come from the person who wrote the minister's speech for a function at Fremantle Hospital. I gather it was a function at which the minister gave a commitment that the unit would be retained. Everyone was happy with what the minister said. The person who is alleged to have written that speech is alleged to have said it was worded extremely carefully to mean a number of things. For example, while the minister could fulfil his commitment to retain cardiothoracic services at that hospital, his speech would not preclude him from taking away cardiothoracic surgery.

Mr J.A. McGinty: It may be of some consolation to whomever it was who wrote it - I have no idea who that was - that I did not use the speech. I stood up and gave straightforward commitments that were crystal clear and easily understood, and people were very happy.

Dr K.D. HAMES: I am pleased to hear that. They were very happy until this story came to light.

Mr J.A. McGinty: It is more rumour. Get the facts. You wouldn't treat your patients in this way.

Dr K.D. HAMES: That is the good thing about us being in this chamber today.

Mr J.A. McGinty: Fair enough.

Dr K.D. HAMES: The reason the motion has been worded as it has is to assure people at the hospital that cardiothoracic services will remain, which was the minister's promise. The minister said that people needed to understand what he meant when he said Woodside would not be closed until another site was found. People thought he was referring to the proposed Fiona Stanley hospital, but the maternity unit went to Kaleeya Hospital. The minister has the opportunity to keep his promise yet still move the cardiothoracic surgery out of that hospital to Royal Perth Hospital.

Mr J.A. McGinty: You were not there, and that is a pity. The member for Alfred Cove was invited, but did not turn up. If you had been there, you would know exactly what I said.

Dr K.D. HAMES: I am not talking about what the minister said at that function; I am talking about his written promise in 2004. The minister can keep his promise, even though cardiothoracic surgery could be removed from Fremantle Hospital. I hope the minister will reiterate the words he used in his speech to negate the rumours. The rumours are sweeping through the hospital and people are wondering what he did say because they cannot remember exactly the words he used. Could the minister have said it in the way alleged by the person who is alleged to have written his speech? That is the rumour.

Mr J.A. McGinty: I know it is.

Dr K.D. HAMES: The minister will have the opportunity to clarify what he said.

Mr R.C. Kucera: He is looking at starting a rumour file after the next election.

Dr K.D. HAMES: The minister feeds off them. The rumour he promoted about the opposition's policy on Fremantle Hospital prior to the last election was absolutely dead wrong. I have been pleased to provide people with a copy of the opposition's actual policy. I printed it from the computer list of the 2004 policies and it was not that which was presented by the minister. He very successfully presented instead the rumours about what the opposition was intending to do.

Mr J.A. McGinty: Okay; one all.

Dr K.D. HAMES: I am pleased that the minister will have the opportunity to put this issue to bed. Obviously these people want him to say that the cardiothoracic services and surgery unit, in their current form, will be retained until the new facilities are available at Fiona Stanley hospital.

MR J.A. McGINTY (Fremantle - Minister for Health) [4.50 pm]: I will deal fairly briefly with the point that has been raised. I understand that there has been considerable, unabated anxiety about this issue for the past eight years since the cardiothoracic service was established at Fremantle Hospital. A lot of what has been said has been the result of people jumping at shadows. A lot of what has been said has been rumour, implication, hearsay and innuendo. Some of it has had some substance in what individuals have said to other individuals at the hospital, and that is where these sorts of issues start to gain some momentum. Last week I sent a fairly curt e-mail to Dr Geoff Lane, whom I like and who I think is a very good person, after he sent me an e-mail about these rumours. He was getting very anxious about the issue. I do not have any interest in, or intention of, responding to the various rumours, whether they have come from the Australian Medical Association, individual hospitals or individual staff members.

Dr K.D. Hames interjected.

Mr J.A. McGINTY: That is what I will now turn to. About eight weeks ago, the member for Alfred Cove asked me a question about the future of the cardiothoracic service at Fremantle Hospital. The answer I gave was that things were currently under review. By that I meant that Professor Mick Reid recommended in his health reform report - in fact, it was recommendation 34 - that we have one integrated cardiothoracic service in Western Australia. I told the Department of Health to get on with implementing all the recommendations from the Reid report that the government had accepted. At that time, consideration was being given to how that particular recommendation should be implemented. It was not possible for me to say then that A, B and C would happen, because the whole matter was being reviewed by the Department of Health, as it is going through every element of health care delivery in making, hopefully, rational decisions. The outcome of that discussion was fairly imminent. Professor Bryant Stokes was one of the people who was leading that discussion and looking at various alternatives internally within the Department of Health. About two weeks later, I think, I went to Fremantle Hospital, at the invitation of both the heart patient support group and the cardiology department staff, to present a certificate to the 2000th cardiothoracic patient to be operated on at the hospital. I stood up because I was aware that there was intense anxiety about the future. I went to the cardiac ward and I spoke to a range of people on the day. I said four things of relevance when I addressed the significant gathering of people associated with heart services at Fremantle Hospital.

Dr K.D. Hames: It was the hospital's 200th patient?

Mr J.A. McGINTY: It was the 2000th cardiothoracic patient to be operated on since the service opened eight years ago.

I said four things of relevance to them. The first was that cardiothoracic services would remain at Fremantle Hospital. I think that provided a sense of relief to everybody, because there was a belief that that was not going to happen. That is consistent with what I have said on every occasion, including the references that the member has made in this place, and I reaffirmed those comments. The second thing I said was that the government would implement recommendation 34 of the Reid report, which was that there would be one integrated service reporting to a single head of department, with common management, audit protocols, integrated on-call rosters and things of that nature, but operating over three sites; that is, Sir Charles Gairdner, Royal Perth and Fremantle Hospitals. The third thing I said was that approval had been given for a second cardiac catheter laboratory at Fremantle Hospital and that the expectation was that it would be installed and operational in the second half of this year. I forget the exact date. October rings a bell, but I do not remember the exact date when the capital works were expected to be completed and when the new equipment was expected to have arrived from overseas and been properly installed. The fourth thing I said was that changes would flow from the implementation of the Reid review in the context of what I had already said; that is, there would be one service statewide, but it would operate over three sites. Someone from the audience asked me whether I could give an example of the sorts of changes I anticipated. I gave as an example the on-call rosters, which have been problematic for some time. Sir Charles Gairdner, Royal Perth and Fremantle Hospitals maintain their own on-call rosters to deal with emergencies. I do not think that is sensible. There should be one on-call roster for the service, rather than one roster for each site. Certain efficiencies and pressures would be taken off cardiologists. I can see certain benefits flowing from that change. There could well be other changes that would be the product of ongoing discussion and consultation prior to the opening of the Fiona Stanley hospital. That is what was said. People seemed to be reassured by that view.

Dr Rob Larbalestier, a very well-known heart and lung transplant surgeon associated with Royal Perth Hospital, has been appointed as the acting head of department for the new statewide unit for cardiothoracic surgery. I enjoy his company and appreciate his forthright expression of opinions. However, I am aware that he has expressed a few opinions to people at Fremantle Hospital about what the future should hold. I am aware that the acting area chief executive, Dr Phil Montgomery, has reputedly expressed some views, although I am not sure of the content of his comments. Whether people have taken him literally or read things into his comments, he has excited some debate at Fremantle Hospital. I reaffirm today to the Parliament what I said to the staff and the cardiology patients when I met with them; that is, there is a real issue, but, nonetheless, the commitment has been given and it will be honoured.

Dr K.D. Hames: Today you have still referred only to cardiothoracic services. The reality is that cardiothoracic services can be retained at the hospital, but elective cardiothoracic surgery can be pulled out. Will you keep cardiothoracic surgery at Fremantle Hospital?

Mr J.A. McGINTY: That is what I said.

Mr C.J. Barnett: We would like to hear it again.

Mr J.A. McGINTY: Yes.

Dr K.D. Hames: You said “services”; you did not say “surgery”.

Mr J.A. McGINTY: I have said that there is a cardiothoracic surgery facility and a cardiac catheter lab at Fremantle Hospital. There will soon be two cardiac catheter labs at the hospital. Everyone understood exactly what I was saying; that is, that cardiothoracic surgery will continue to be performed at Fremantle Hospital. Cardiothoracic services will continue at Fremantle Hospital. There will be changes. In terms of the precise nature of those changes, I was able to give the example of the on-call rosters. That might mean that some work that is currently done at Fremantle Hospital will be diverted elsewhere as a result of the on-call arrangements for the emergency cases that arise outside the normal hours. I am not sure of the full ramifications of all that, but everyone understood exactly what was said. What has excited the debate now is some fairly robust discussion that has taken place between people, and particularly Dr Geoff Lane, Dr Rob Larbalestier and the acting chief executive of the South Metropolitan Area Health Service. However, nobody has suggested that there is a plan in place, and neither is there a plan in place. There will be ongoing consultation with a raft of people about the best way to effectively configure the services. As I said the last time we were debating this matter, currently three public hospitals are providing cardiac surgical units: Royal Perth Hospital, Sir Charles Gairdner Hospital and the Fremantle Hospital. I also said then that evidence shows that the cardiac surgical unit is likely to be more safe, effective and sustainable when it manages around 800 cases a year and each surgeon sees at least 200 cases a year. That is the accepted standard for safety reasons.

Dr K.D. Hames: I understand that. However, you must look at the statistics showing what they are achieving now. I understand that all three hospitals are getting very good results in safety, survival and morbidity rates.

Mr J.A. McGINTY: The national average case load for a cardiac surgical unit is between 400 and 500 cases. As the member is aware, heart bypass surgery has been in significant decline across Australia since 1996. That is primarily due to the increase in new techniques in clinical surgery. The number of heart bypass operations performed in Western Australia has dropped from 1 300 to 900 cases over that time and that downward trend is projected to continue.

Dr K.D. Hames: That is true, and I agree with the concept.

Mr J.A. McGINTY: If we were to start from scratch, how many cardiac surgery units would we have in Western Australia? We would have one. We all know that. That is what underpins this debate. Currently we have three. Significant changes have been made in technology and surgical approaches. A purely rational view would favour Western Australia having just one unit.

Dr K.D. Hames: The Reid report recommends moving cardiothoracic surgery from Fremantle Hospital. It is very important to not emasculate that hospital, which is in the minister's electorate.

Mr J.A. McGINTY: No-one intends to do that.

Dr K.D. Hames: No, but it would be emasculated if the cardiothoracic unit were moved out of it. It would cause a huge loss of morale.

Mr J.A. McGINTY: It is not intended to do that.

Dr K.D. Hames: People are concerned, because it would cause huge problems for morale, staffing and the credibility of the hospital.

Mr J.A. McGINTY: I understand that perfectly. I have received the letters to which the member referred. I know a large number of the medical and nursing staff who work at Fremantle Hospital, including those who work in cardiology. I get a little short with them when they come to me with rumours, but apart from that I appreciate the tremendous job they do. I have made it clear that although changes will be made, the cardiothoracic unit will remain at Fremantle Hospital, even though it would not be the most rational thing to do if we were to start from day one. Nonetheless, a commitment has been given. As we get closer to the opening of the Fiona Stanley hospital, an enormous number of changes will take place throughout the entire hospital system in preparation for the realignment of all the health systems. Sir Charles Gairdner Hospital will be the major hospital servicing the north and the Fiona Stanley hospital will be the major hospital in the south. Very significant changes will occur. Talking about matters south of the river, before that occurs we will open the Rockingham hospital. That will have a major repercussive effect on all health services, not just those located south of the river. It will impact on a number of people from Rockingham who are currently treated at either Royal Perth Hospital or Fremantle Hospital. In a transitional sense, that reallocation of services will cause a measure of uncertainty within the system. That is a necessary consequence of making changes, as occur from time to time.

Dr K.D. Hames: You can reassure people and talk about the issue of the ICU beds.

Mr J.A. McGINTY: The Kelly report identified a shortage of intensive care unit beds within the health system. From memory, the Kelly report either marginally predated or was contemporaneous with the Reid report coming down. I think it was 2002 or 2003.

Dr K.D. Hames: I think it was after. I read out the date earlier, but I have given my papers to Hansard.

Mr J.A. McGINTY: It was about that time. We are now looking at where we can build intensive care unit beds that will be operational for the longer term. More intensive care beds are needed.

I make this point about concerns people might have about the cardiothoracic unit at Fremantle Hospital: if it were proposed that cardiothoracic surgery cease being conducted at Fremantle Hospital, it could be argued that it could not physically be transferred to either Royal Perth Hospital or Sir Charles Gairdner Hospital because of the shortage of ICU beds. It is not practical, but it could be done.

Dr K.D. Hames: Why do we keep hearing about it?

Mr J.A. McGINTY: That is the nature of the beast. I tell people that I am not interested in rumour, hearsay and innuendo. If I go to a meeting at Fremantle Hospital and say that this is what will happen, as far as I am concerned the book is closed.

Dr K.D. Hames: The completion of the Fiona Stanley hospital is still six years away. You said it would open in 2012.

Mr J.A. McGINTY: It is a number of years away from opening. Changes will be made. However, to the extent that people have a concern about the current cardiothoracic surgery being conducted at Fremantle Hospital, I can inform them that it will continue, although changes will be made in the way it is done. We will fully implement the Reid recommendations and have one service operating over three sites. I cannot make it any clearer than that. I am aware of people's anxieties and concerns about it. Perhaps I am too dismissive of rumours, but frankly I do not have the time to deal with each rumour that does the rounds. People in the health industry would go mad if they did, as the member knows.

Dr K.D. Hames: Yes, but the rumour came from someone fairly close to the source. Someone made some injudicious comments that suggested that there was a possibility that that would happen.

Mr J.A. McGINTY: People in the member's erstwhile profession are pretty good at that sort of thing.

Dr K.D. Hames: Are they?

Mr J.A. McGINTY: That completes my contribution.

Dr K.D. Hames: The point I was making about the six years was concerned more about the ICU beds. The opening of the Fiona Stanley hospital is six years down the track and there is a huge demand for extra ICU beds now. How will the minister address that problem?

Mr J.A. McGINTY: Would not the most rational approach be to provide an expanded ICU department at the hospital that will be built there? The hospital that will be built in 10 years will provide intensive care services to its patients.

Dr K.D. Hames: Sure, but six years is a fair way away when there is a severe lack of services now.

Mr J.A. McGINTY: I am not talking about waiting until then to provide those services; it is a question of where we can provide them now.

Dr K.D. Hames: I assume it would be Charlies then if that is the case.

Mr J.A. McGINTY: It seems eminently sensible to invest the money there. That hospital would then take on a greater portion of the intensive care cases, pending the transfer. That might have repercussive effects, but that is years down the track prior to the opening of the Fiona Stanley hospital. That is the context in which I want to put this discussion. I appreciate the member's interest in this issue and I suggest to him that some injudicious or perhaps politically well-targeted barbs have hit their mark with some of the existing staff.

Dr K.D. Hames: You have said the words "cardiothoracic surgery" in the house and so everyone will be relaxed.

Mr J.A. McGINTY: They should have been relaxed when I went there and eyeballed them and said exactly the same thing.

DR J.M. WOOLLARD (Alfred Cove) [5.07 pm]: I tried to get the call before the Minister for Health, but he jumped up very quickly. Obviously this debate is very important to me as a member for the south metropolitan area. I was very concerned when the minister refused to give a commitment that the cardiothoracic surgical unit would remain open when I asked him in June whether that was the case. I was very pleased to learn that he had gone to the anniversary meeting at the Fremantle Hospital and given that commitment. The minister seems to think that I had just not bothered to attend that anniversary meeting. I had actually been at a funeral and could not attend. When I came back, I asked what had happened at the meeting and what the minister's comments had been. The minister is very clever on his feet. Many members on this side know that the Fremantle Heart Patients Support Group and the doctors and nurses at Fremantle Hospital stood up and were counted earlier this year when the minister allowed people to believe that the unit would be closed. That meeting between the minister's CEO and the cardiothoracic unit staff took that very clear direction, which caused a lot of fear in people at Fremantle Hospital. The motion asks the government to maintain cardiothoracic services at Fremantle Hospital until the new Fiona Stanley hospital is complete and operational. Although it is very good that the minister has said in the house this afternoon that the cardiothoracic unit will stay open, he has not commented on the Fiona Stanley hospital; in fact, he has been very quiet about the Fiona Stanley hospital. When the member for Dawesville raised the question of a date, the minister gave no clarification. As the minister knows, I have asked for a briefing, which I hope to get soon, on what is happening with the Fiona Stanley hospital. The community has expressed concerns about the budget, not only for the hospital but also for support services and infrastructure, such as roads and access for the hospital. Who will pay for those extra facilities that must be provided? Will it be the state government or local government?

The minister has said that the cardiothoracic unit will be maintained, but there may be some changes. Among the changes the minister mentioned was the change to three sites and an on-call roster. The member for Dawesville said that many of the cases that require treatment in the cardiothoracic unit might involve aortic dissections or other emergencies. If there is an on-call roster and that theatre will not be open for such

emergencies, is the minister saying that those patients who, in an emergency, would normally go to the cardiothoracic unit at Fremantle Hospital will now be transferred to whichever hospital is on call? Will patients at Fremantle who require an operation by a cardiothoracic surgeon have to travel to Royal Perth Hospital? If that is the case, what will be the mortality rate when the minister brings in this new on-call roster? The minister should be very concerned about the future mortality rates when he brings in this new on-call roster, because the hospital services his electorate, my electorate and the electorates of the members for Cockburn, Rockingham and Peel. Patients from that area are currently travelling to Fremantle Hospital. If the minister is saying that an on-call roster will not be available for Fremantle Hospital, it means that those patients who might have had to travel for 10 or 15 minutes will now have to travel possibly 45 minutes or an hour to Royal Perth Hospital. The introduction of an on-call roster could result in the minister being responsible for the deaths of some people. I would say that several deaths will result from the minister's decision to amalgamate those three sites and have one service open for emergencies.

It is not acceptable for the minister to say that the government will keep the cardiothoracic unit, when it intends to keep only part of it. It is a bit like paying lip service; it is smokes and mirrors. Booked admissions will go there, but emergency admissions will have to travel longer to get to services north of the river, and patients will die. I do not think that the minister has lived by the promise he made in 2004 that the cardiothoracic unit at Fremantle Hospital would stay open until the new cardiothoracic unit at Fiona Stanley hospital was opened. He is now saying that there will be a part-time cardiothoracic unit at Fremantle Hospital. If there is an emergency and a person needs surgery during the hours that the unit is open, the patient can be admitted for that surgery. However, at a certain time the doors will close and if a patient has an emergency, he will have to travel north of the river to be treated and spend an extra 30 minutes waiting to be treated. Some people will survive that extra travelling time, but some people will not.

I notice the minister has kept very quiet about Fiona Stanley hospital. Many people are wondering what is happening. Two months ago the minister threatened closure of the cardiothoracic unit, but what about other services at Fremantle Hospital that the minister is closing down by stealth and not allocating funds to? What about the lap-banding service and the pain-management clinic that are no longer at Fremantle Hospital? The minister has the figures. He knows that every morning for several weeks 20 patients were waiting for beds at Fremantle Hospital. The minister knows, therefore, that the hospital is not providing the appropriate level of care that patients deserve from a public health hospital in the south metropolitan area. The minister is turning his back on those people. As I have said before, it is probably because he wants to be both Attorney General and Minister for Health, which is a big task to take on. The people who are losing out as a result of the minister's decision are those who live in the south metropolitan area.

I am pleased that Liberal Party members have obviously met with the heart patient support groups, medical groups and other groups south of the river. I hope that we are soon to see a policy on health from the Liberal Party that will show that Liberal Party members have looked at the statistics and appreciated them. The minister previously budgeted for 1 100 beds at Fiona Stanley hospital, but with the increased patient figures we are seeing from the south metropolitan area, I would not be surprised if more than that number of beds were required in the south metropolitan area within the next five or 10 years. It would be good to have some statistics. In light of the population increase in the past two years, we probably need to pull out the statistics that were done for the Reid review and look at those again to see how many extra beds will be required at Fiona Stanley hospital.

Dr K.D. Hames: You make a good point. My electorate, as you know, is expanding enormously, so we need to look at that. Just to make sure about the Labor Party's plans for Fiona Stanley hospital, there will not be 1 100 beds up-front. There will be 550 beds up-front. The 1 100 beds will not come in until about 2015.

Dr J.M. WOOLLARD: That is right. I thank the member for that. I was aware that it was 2015. However, I believe 2015 will be too late. People in the south metropolitan area will need those beds brought on earlier than 2015 because of the growth in population in their area. I hope, member for Dawesville, that the Liberal Party is looking at those statistics and will be supporting me in lobbying the government to ensure that we get the beds that were promised by 2011, and that we get the additional beds sooner rather than later, if they are required.

Dr K.D. Hames: We are certainly very interested in the number of changes that are occurring.

Dr J.M. WOOLLARD: It was interesting to hear today how the minister has wormed - I do not want to be rude, but I am trying to think of the right word for how the government has managed to get around the fact that it tried to break a promise that it made to the community in 2004. I know the people who are in the Fremantle heart patients' support group. I also know the other groups who lobbied the minister. Many of those people have been Labor Party supporters all their lives. That is why they were so distressed when the minister threatened to break the promise that he had made to them. They believed the minister would be retaining that service. It was not until the minister spoke today that I realised that the minister will not be retaining the full service. Under the minister's new plans, it is likely that patients in the south metropolitan area will miss out on

the level of care that they have been provided with in the past few years. That is likely to result in deaths. However, I know that this government is not all that concerned that a few deaths may occur. The Minister for Police is in the chamber. The minister is not concerned about the deaths that may occur when children from St Benedict's have to cross Canning Highway -

Mr J.C. Kobelke: That is a false and malicious statement!

Dr J.M. WOOLLARD: How is that a false and malicious statement? What about the traffic warden, minister! Why did the minister take away the traffic warden? About 43 000 cars travel along that stretch of Canning Highway during the week. The minister took away their traffic warden! Does the minister not think those children deserve a traffic warden to help them cross that road? The minister has gone back on what the previous minister said -

Mr J.C. Kobelke: The slur reflects on you, and you should take note of that.

Dr J.M. WOOLLARD: What about the deaths? The minister should go to Canning Highway and look for himself. The minister was invited to go to Canning Highway and look at the traffic. He did not take up that offer. The minister should look at the coffin that has been placed there. He should also look at the crosses that have been placed there to represent all the children at the school. All the parents in the community are wondering which child will be the first to die while crossing that road.

Point of Order

Mr R.C. KUCERA: Mr Acting Speaker, I do not see in any way what relevance this has to the debate at hand. The member is talking about cars on Canning Highway. That has no relevance whatsoever to this debate, which is about Fremantle Hospital.

The ACTING SPEAKER (Mr M.J. Cowper): Order! The member has obviously been sidetracked in her passion for this debate. I ask the member to come back to the point that we are discussing. I ask for the member's indulgence on this matter.

Debate Resumed

Dr J.M. WOOLLARD: Thank you, Mr Acting Speaker. I apologise. It was because I was talking about deaths. Many members of my community are very concerned that there will soon be a death on Canning Highway because of the government's decision not to provide a traffic warden in that area.

To come back to health services, the minister has said that he will retain the cardiothoracic surgery unit at Fremantle Hospital. However, he has admitted in this house today that he will not be retaining the surgical services that have been provided to the people who live in the south metropolitan area by that unit. The minister will be taking away some of the services that are currently provided at that hospital. I am very pleased that the member for Dawesville has put this motion on the table today so that we will know what the minister's plans are. Many members of the community will be very distressed to hear that, once again, their hospital in the south metropolitan area will be the poor relation of the hospitals in the north metropolitan area. There will be two hospitals north of the river to provide services, but only one hospital south of the river. Therefore, in an emergency it may take patients who live south of the river 45 minutes, or even 60 minutes, to get on an operating table at a hospital north of the river, instead of the 15 minutes it may take them now. That may be too late. That is why deaths are likely to occur.

I am very disappointed with the minister's response to this motion, as I am sure are many other members in my community, the minister's community, the member for Cockburn's community, the member for Rockingham's community, the member for Murray's community, and the member for Peel's community. Many people will be very distressed when they realise that if they need cardiothoracic services, they may experience a delay.

DR K.D. HAMES (Dawesville) [5.28 pm]: I will be brief. I had intended to ask the minister some questions to clarify some issues, but the minister is not in his seat. I am sure the minister will clarify those issues with the member later. With regard to the roster issue, my understanding is that the roster will just allow a doctor to be on call at night and go to wherever the patients are.

Mr J.A. McGinty: I am not sure.

Dr K.D. HAMES: The doctor to whom I spoke said that was not an issue.

I am very pleased that I moved this motion, even though we thought we would be getting stuck into the minister at the time for breaking yet another promise. It is good to hear that the minister will not be breaking another promise. It is good to hear that was only rumour and innuendo.

Mr R.C. Kucera interjected.

Dr K.D. HAMES: They have, actually, member for Yokine, as I indicated elsewhere in my speech, I thought. Certainly that is my view.

Mr R.C. Kucera: Have you gone to Kaleeya yet to see what has happened there?

Dr K.D. HAMES: Not inside, no.

Mr R.C. Kucera: You should do that, and compare that with Woodside. It is outstanding.

Dr K.D. HAMES: Nevertheless, the complaint that I had initially was that a promise had been broken. The minister said he did not make a promise. Everyone read it as a promise in a certain direction.

Mr R.C. Kucera: I had a personal stake in it.

Dr K.D. HAMES: A former member on the government side had a stake in it too and strongly disagrees with the minister's view. I am talking about Hon Mark Nevill.

Mr R.C. Kucera: He may have had reasons for it, but when you see the difference -

Dr K.D. HAMES: He is very strongly of the view that the minister did make that promise, that services are not as good, and that commitments were made by the government that people should wait until the Fiona Stanley hospital was built.

Mr R.C. Kucera: Before you comment any more on what Mark Nevill says, have a look at the two premises and see the difference. You will compliment the minister.

Dr K.D. HAMES: I have been to Woodside. However, we cannot just look at Woodside and say that it is an old facility, so it is no good. If the member for Yokine had visited Osborne Park Hospital in the early days when I was attending deliveries there, he would know that it was pretty much a dump and in very similar style to Woodside hospital.

Mr R.C. Kucera: You can't say that.

Dr K.D. HAMES: It was changed around.

Mr R.C. Kucera: It is very different.

Dr K.D. HAMES: I do not think so. Woodside is an old house, but the construction and style of the wards were very similar to the maternity section of Osborne Park Hospital.

Mr R.C. Kucera: Osborne Park is very different.

Dr K.D. HAMES: It is now.

Mr R.C. Kucera: It was while you were the local member there. You did some good things, I might say.

Dr K.D. HAMES: I am talking about when I was attending deliveries 20 years ago. When I was delivering 20 years ago in that section, it was a bit of a dump. It has been done up enormously.

Mr R.C. Kucera: I have to say that you would be enormously impressed if you had a look at Kaleeya.

Dr K.D. HAMES: I never saw Kaleeya Hospital in the first place because it was all done before my time in Parliament. I have driven past it to see what it was like, but I have not had the time to have a look inside.

Mr R.C. Kucera: Do yourself a favour and have a look; it is very good.

Dr K.D. HAMES: Yes, I will do that.

Nevertheless, we are pleased that the minister has made an irrevocable commitment that cannot now be misunderstood. The people involved in the hospital will read the minister's statement in *Hansard* - I know that because I will send them a copy - and I am sure they will be reassured by the comments he has made. The member for Alfred Cove is concerned that beds for emergency patients will be lost. That is an issue in itself to which I do not know the answer. The main concern of the hospital is with the routine booked patients and the emergency patients that arrive during the day. I assume the roster covers only after-hours patients. However, the hospital was concerned about the bulk of the patients. I am sure the hospital will be reassured by the minister's comments and I am pleased to have given him the opportunity to make them.

Mr J.A. McGinty: You are very kind!

Dr K.D. HAMES: Thank you.

Question put and passed.