

Dr Janet Woollard; Mr John Kobelke; Mr Colin Barnett; Speaker; Mr Dan Barron-Sullivan; Mr John Bradshaw;
Mr Jim McGinty; Mr Mark McGowan; Mr Mike Board; Mr Paul Andrews; Dr Elizabeth Constable; Mr Tony
O'Gorman; Mrs Cheryl Edwardes

**LIBERAL-NATIONAL COALITION POSITION STATEMENT “BUILDING FOR THE FUTURE:
PERTH’S HOSPITALS”**

Standing Orders Suspension

DR J.M. WOOLLARD (Alfred Cove) [2.40 pm]: I move without notice -

- (1) That so much of the standing orders be suspended as is necessary to enable the following motion to be moved forthwith -

That this House expresses serious concern that the Liberal-National coalition position statement “Building for the Future: Perth’s Hospitals” will severely disadvantage people living south of the river.

- (2) That the debate be not more than one hour and 20 minutes in total, which will be allocated as follows -

15 minutes in total to the mover of the motion;

30 minutes in total to government members;

30 minutes in total to opposition members; and

five minutes in total to other members.

MR J.C. KOBELKE (Nollamara - Leader of the House) [2.41 pm]: The member for Alfred Cove approached me before to see whether the Government would support the suspension. Normally, the Government would not support a suspension of standing orders unless there was very good reason for doing so. In this case, because of the tone of the motion to be debated, it is highly unlikely that the Opposition would accept that it be done in private members’ time, which starts at 4.00 pm. The Government is therefore willing to allow an extension of private members’ time so that an Independent member can have a motion debated. This is not something that the Government would normally accept. However, given that private members’ business is dealt with today, we believe it is appropriate to support the suspension and allow the matter to be debated for the limited time set out in the motion.

MR C.J. BARNETT (Cottesloe - Leader of the Opposition) [2.42 pm]: Mr Speaker -

Several members interjected.

Mr C.J. BARNETT: I have been out working. I can tell the House that Labor Party members would not have been let into the Dowerin Field Day. They would have been thrown out the door. Members should have heard what people in Dowerin said about the Labor Party today.

Several members interjected.

The SPEAKER: Order, members! The Leader of the Opposition has been on his feet for about a minute, and I have not heard anything he has said because of the noise coming from my right-hand side. I mention to members that the Leader of the Opposition has the right to be heard.

Mr J.N. Hyde interjected.

Mr C.J. BARNETT: I am sorry; I missed that, member for Perth. How big was the keg? That is interesting. The sheep at Dowerin had more going for them than the crowd opposite. They were better quality sheep and more articulate, and they had more to say for themselves. I find it interesting -

Several members interjected.

The SPEAKER: I call the member for Cockburn to order for the first time.

Several members interjected.

The SPEAKER: I call the Minister for Police and Emergency Services and the member for Moore to order for the first time.

Mr C.J. BARNETT: It is quite obvious that the Labor Party will treat any serious issue in a trivial way. Yesterday the Opposition raised an issue of dental health. It was trivialised by the Government. The member for Perth was essentially the only person who spoke on dental health yesterday. The minister spoke for about five minutes at the end.

Mr J.A. McGinty: That is not true. You are misleading the House.

Dr Janet Woollard; Mr John Kobelke; Mr Colin Barnett; Speaker; Mr Dan Barron-Sullivan; Mr John Bradshaw;
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Mr C.J. BARNETT: I sat here and listened to the lot. On the important issue of dental health, the member for Perth boasted for the third time that he had been invited to open Dental Health Week. Why did the member for Perth do that for three years in a row? The minister spoke for about five minutes at the end. I find it interesting that suddenly the Government is happy to debate for an hour the issue of the coalition policy on the configuration of hospitals in the metropolitan area. We are quite happy to debate that. I am quite happy to explain to this House how the Reid report is fundamentally flawed because it is a centre-south model and ignores the northern suburbs. I hope that the member for Joondalup will rise and support our plan for a co-located additional 350-bed hospital on the Joondalup Health Campus. I hope he will stand and support it. The member for Joondalup will vote with the Opposition. He must. Why will the member for Joondalup not support a new 350-bed hospital on the Joondalup Health Campus? We look forward to the member voting with us, because we want to bring health care to the northern suburbs. Great! The member for Joondalup will have to cross the floor and vote with us, or he will have to vote against improved health care in Joondalup. That will be the member for Joondalup's choice. We look forward to that vote.

Point of Order

Mr J.C. KOBELKE: The Leader of the Opposition has not been speaking for long, but I have not heard one single sentence that goes to the motion for suspension. He is seeking to start debating the motion, which we will be able to do once we suspend standing orders.

Mr J.L. Bradshaw interjected.

The SPEAKER: I call the member for Murray-Wellington to order for the first time. I am sure that the level of interjections that the Leader of the Opposition is receiving has not allowed him to speak to the motion. However, I am sure that he will now speak to the motion.

Debate Resumed

Mr C.J. BARNETT: The member for Joondalup will have to support the position of the Opposition; that is, to have a co-located public hospital, government owned and operated, with a private hospital on the Joondalup Health Campus. That is the best model for private and public health provision. The member for Wanneroo will also have to support the Opposition's position. The member for Wanneroo, who has the most rapidly growing electorate in this State, with families and young children, will also have to support our position.

The SPEAKER: The Opposition's position can be put if the motion is successful. We are currently debating whether standing orders should be suspended and the reasons for that.

Mr C.J. BARNETT: I support the suspension of standing orders. However, I want to be clear about the reasons that we support it. I want to give the member for Wanneroo the opportunity to stand in this House and support a new 350-bed hospital on the Joondalup Health Campus. I want to give the member for Joondalup an opportunity to stand in front of his constituents and support that proposition. I want to give the Treasurer an opportunity to stand in this House and agree with me that the Reid report is fundamentally flawed. That is why this is important.

Although I do not agree with the motion moved by the member for Alfred Cove, I believe that we should debate the configuration of metropolitan hospitals. If members read the Reid report - I am sure every member of this House has read it - they will find on page 18 a reference to private hospitals. That is the only reference to private hospitals in the whole report: one line on page 18. I am relying on memory, but I do not think I am mistaken. In Perth, with the Affinity Health group, the Mount Hospital and St John of God Health Care, 35 per cent of hospital beds in Western Australia are part of the private hospital system - essentially, not-for-profit institutions such as St John of God Health Care. They are an important, integral part of our health delivery system, yet that is ignored in the Reid report.

The SPEAKER: Possibly the Leader of the Opposition has not been listening to what I have suggested to him. This is not an opportunity to debate the substantive motion. The Leader of the Opposition should restrict his comments strictly to the motion before the House, which is to suspend standing orders.

Mr C.J. BARNETT: I believe it is great that we are now debating the configuration of hospitals in this State. Mr Speaker, I am attempting to address the Chair. As I understand it, the Government will agree to the motion moved by the member for Alfred Cove. It is to be a debate limited to 60 minutes, I understand.

The SPEAKER: It is an hour and 20 minutes.

Mr C.J. BARNETT: Will the leader of government business explain to me the rules of this debate? The motion has not been moved by the Opposition; it has been moved by an Independent. Therefore, I would like clarification of the debating times.

Dr Janet Woollard; Mr John Kobelke; Mr Colin Barnett; Speaker; Mr Dan Barron-Sullivan; Mr John Bradshaw; Mr Jim McGinty; Mr Mark McGowan; Mr Mike Board; Mr Paul Andrews; Dr Elizabeth Constable; Mr Tony O'Gorman; Mrs Cheryl Edwardes

Mr J.C. Kobelke: You have a copy of the motion.

The SPEAKER: The time limits are set out in the motion.

Mr C.J. BARNETT: It is interesting that although the Government had some warning of this motion by the member for Alfred Cove, the Opposition had no warning. I had not read the motion. How could I? It was moved straightaway. I will sit down now because I have had an opportunity to speak in this debate. However, this debate about health provision in Perth is of value only if the Government takes this opportunity to articulate to this House what role, if any, it sees for private health provision in the metropolitan area. It will be of value only if the members for Wanneroo and Joondalup stand up and explain why they regard a health campus on the Queen Elizabeth II Medical Centre site at Sir Charles Gairdner Hospital as a hospital site for the northern suburbs. I want to hear from the members for Wanneroo and Joondalup why they oppose the development of a new 350-bed private health campus at Joondalup. We welcome the debate.

MR D.F. BARRON-SULLIVAN (Mitchell - Deputy Leader of the Opposition) [2.50 pm]: As the Leader of the Opposition has said, we welcome the debate. Although I find the wording of the motion rather awkward, because it refers to only one policy for the future of hospitals in the metropolitan area, and particularly those south of the river, we welcome the opportunity to demonstrate the differences between the Liberal-National coalition's policy on metropolitan hospitals and the policy of the current Labor Government. It is interesting that the motion refers to the impact on people who live south of the river. We welcome the opportunity to demonstrate that our policy will be highly beneficial to everyone who lives south of the river. When comparisons are drawn between our policy and that of the Labor Party, it will be demonstrated that not only will our policy improve the overall situation, but also it will be better for the Fremantle Hospital specifically. Indeed, one of the reasons we are quite happy to support the motion to suspend standing orders is that we will be able to demonstrate that the Liberal-National coalition plan will see about 200 community beds retained at the Fremantle Hospital. That of course is considerably more than will be provided under the Government's plan. If the new hospital that the coalition is proposing for the Murdoch area is taken into account, a total of about 500 community hospital beds will be provided at the two hospitals compared with just 150 beds under the Labor Government's plan. All I can say is: roll on the debate. I understand where the member for Alfred Cove might be coming from on this motion. The motion is somewhat misguided in its wording, but we look forward to the opportunity to demonstrate the very stark contrast between our policy and our genuine commitment to people who live in the southern suburbs of the metropolitan area of Perth and the approach of the current Government. We welcome the debate.

The SPEAKER: This is a motion to suspend standing orders and if I hear a dissenting voice, I will need to divide the House. I have counted the members in the House and an absolute majority is present.

Question put and passed with an absolute majority.

Motion

DR J.M. WOOLLARD (Alfred Cove) [2.53 pm]: I move -

That this House expresses serious concern that the Liberal-National coalition position statement "Building for the Future: Perth's Hospitals" will severely disadvantage people living south of the river.

The Leader of the Opposition said that he was surprised at the motion as he had received no notice of it. I cannot tell members how surprised I was when I, as an Independent liberal member, read the position statement of the Liberal-National coalition. It is a position statement for the future of the health system and will have a great impact on my constituents. At the moment, there are three tertiary teaching hospitals in Perth: two are located north of the river and one is located south of the river. I can only guess that the people who wrote the policy statement must either work or live north of the river, because it completely disregards services for people who live south of the river.

For the past three years I have criticised the Government for not providing more tertiary services at Fremantle Hospital. It does not even have sufficient resources for its secondary services. It does not have a stroke unit, which is a tertiary service. For more than five years Fremantle Hospital has had the longest waiting list for colonoscopies for patients who might have bowel cancer. The waiting time for a colonoscopy at general hospitals for a category 3 patient is three months. It is six months at Fremantle Hospital. I have asked the Government why it is downgrading Fremantle Hospital and has not provided it with an MRI scanner and a stroke unit when it knows that more than 250 patients visit Fremantle Hospital each year. Fremantle Hospital finally got a magnetic resonance imaging scanner. A stroke unit is a tertiary service. Guidelines indicate that if there are more than 100 patients a year, the hospital should have a stroke unit, but still it has no stroke unit. Cancer patients who live south of the river - not only in my electorate, but also in Rockingham, Mandurah and further

Dr Janet Woollard; Mr John Kobelke; Mr Colin Barnett; Speaker; Mr Dan Barron-Sullivan; Mr John Bradshaw;
Mr Jim McGinty; Mr Mark McGowan; Mr Mike Board; Mr Paul Andrews; Dr Elizabeth Constable; Mr Tony
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south - must go north of the river to Sir Charles Gairdner Hospital for treatment. Although I have no opposition to the minister's plans to develop a centre of excellence for cancer patients at Sir Charles Gairdner Hospital, it is very unfair that Sir Charles Gairdner Hospital should get another machine for treating cancer patients when hospitals south of the river do not have one. All patients who live south of the river must go to hospitals north of the river for treatment. Hospitals south of the river do not have the same oncology services as those north of the river. There is not the same number of acute hospital beds south of the river. There are not enough dieticians and educators for diabetic patients and there is a very long waiting list for patients suffering chronic pain.

I hope that the Liberal-National coalition will seriously look at its position statement and will change it. I put out a media release stating that people who live south of the river would be disadvantaged. Cancer patients, stroke patients, heart attack victims and anyone who is seriously injured south of the river will not get the same services as those who live north of the river. Adequate coronary intensive care units cannot be run at community hospitals. Patients cannot have coronary angiograms and cardiac surgery. The Liberal-National coalition position statement indicates that it will keep cardiac services. I do not know to whom it has spoken, but I have spoken to cardiac surgeons. I have spoken to the doctors at Fremantle Hospital, who are horrified at this position statement. Hon Simon O'Brien said basically that the Liberal-National coalition would improve services south of the river and that I was wrong to characterise that as meaning that patients and their families would have to travel further from home to access services. He said that the response from the medical fraternity has been overwhelmingly positive. I wonder which medical fraternity Hon Simon O'Brien has been talking to. The Australian Medical Association unanimously rejected the position statement. A letter from the Fremantle Hospital Medical Staff Association to the AMA states -

While the Medical Staff Association at Fremantle Hospital applauds the commitment to raise the number of hospital beds in the metropolitan health service, in all other aspects our Association condemns the position taken by the Liberal National Coalition outlined in the above document. We do so for the following reasons:

1. **The Coalition plan will remove access to tertiary level medical care within the southern metropolitan region.**

The letter goes on to explain that. It then continues -

2. **The Coalition plan fails to address the wasteful duplication of services between Royal Perth and Sir Charles Gairdner Hospitals . . .**
3. **The Coalition plan is superficial, and fails to adequately address the complexity of providing health care to the metropolitan area.**

I am not objecting to there being improvements in services at Sir Charles Gairdner Hospital or Royal Perth Hospital, but what about equality? What about the people living south of the river? Surely they are entitled to the same level of services and to not have to travel north of the river to these two centres. The position statement indicates that the Liberal Party will ensure that people north of the river will get adequate services. What about the people south of the river? What about the people living in my area? What about the people living south of my electorate? I am pleased that the member for Murdoch is in the Chamber, because many of his constituents would also like tertiary services to be located south of the river.

The reason I asked the minister a question today about tertiary services is that we know that Fremantle Hospital has been very cost-effective. It has come almost within budget for the past few years, unlike tertiary hospitals north of the river, and it has been penalised for that. The clinical staff, doctors and nurses at Fremantle Hospital have accepted that more services and resources are needed in the south, and that possibly Fremantle is not the best location for them. However, they certainly do not want all the services to be located north of the river. The Government is planning to keep 150 beds at Fremantle Hospital; the coalition is planning to keep 200 beds - a difference of 50 beds. However, those are secondary level beds and not for tertiary services. At the moment anyone who requires tertiary services has a choice of the three hospitals, although waiting lists vary a great deal.

I have met staff from Fremantle Hospital who currently provide services for the South Metropolitan Health Region. Fremantle Hospital takes in Armadale-Kelmscott Memorial Hospital and the Rockingham-Kwinana District Hospital. Under this new government plan a tertiary hospital will be situated in the south metropolitan area. I do not mind if two hospitals are kept north of the river, but tertiary services should not be taken from people who live south of the river. The position statement is devastating news for people living south of the river.

Dr Janet Woollard; Mr John Kobelke; Mr Colin Barnett; Speaker; Mr Dan Barron-Sullivan; Mr John Bradshaw;
Mr Jim McGinty; Mr Mark McGowan; Mr Mike Board; Mr Paul Andrews; Dr Elizabeth Constable; Mr Tony
O'Gorman; Mrs Cheryl Edwardes

Mr A.D. McRae: Generally, what do you reckon the Liberal Party candidates in Alfred Cove, Murdoch, Riverton and the southern suburbs would say if they really had to stand up and defend public health services in the south metropolitan region?

Dr J.M. WOOLLARD: The member for Murdoch and the opposition spokesperson on health are in the Chamber today. I am hoping that they will stand and say that this is a position statement and a discussion document. I hope they will say that they are willing to talk and to listen to people south of the river, and that this is not their final policy but was put out for discussion, and that they have not ruled out tertiary services being provided south of the river. The policy document has stated that there will be a new general hospital at Murdoch. Having had discussions with the medical, nursing and allied health services south of the river, I hope that they will come back and say that we need to keep tertiary services south of the river. We need to make sure that there is a radiation machine south of the river so that patients from Bunbury, Rockingham and Mandurah do not have to travel north of the river. We need a stroke unit south of the river. My parents or a friend could have a stroke and need to be admitted. We need a coronary care unit and a cardiac surgery south of the river. If the Liberal Party wins the next election and the plan is adopted, the people living south of the river will face nothing but doom and gloom. I am hoping that the coalition will say that it is a discussion document and that they will reconsider their statement.

Point of Order

Mr J.L. BRADSHAW: The code of conduct refers to the disclosure of a conflict of interest. Clause (3) states -

- (a) A conflict of interest exists where a member participates in or makes a decision in the execution of their office knowing that it will improperly and dishonestly further the Member's private interest or another person's private interest directly or indirectly.

I wonder, Mr Speaker, if you could make a ruling on whether the member for Alfred Cove might have gone against the code of conduct.

The SPEAKER: On the face of it I cannot see any conflict. If the member wishes to move a substantive motion on that, it is his prerogative, but I have no evidence of any conflict of interest on the face of what I have heard so far.

Debate Resumed

MR J.A. MCGINTY (Fremantle - Minister for Health) [3.09 pm]: I think it is apparent to anyone who has listened to this debate and watched what has been happening in recent times that the Liberal Party has made a horrible mistake in its position on hospitals. There will not be a tertiary hospital south of the river if the Liberal Party's policy is implemented.

Mr C.J. Barnett: You have been done!

Mr J.A. MCGINTY: Just listen. I have read the document. Based on its current policy, there will not be a tertiary hospital south of the river if the Liberal Party comes to government. That is the point being made as part of this debate. Fremantle Hospital is a well-respected tertiary hospital. The Government's view is that a new 600-bed tertiary facility should be constructed in the centre of the southern region at the new southern tertiary campus. The Liberal Party's view is that this should not occur, that Fremantle Hospital should lose its tertiary status and that a community hospital should be delivered that is about half the size of that proposed at Murdoch.

Mr C.J. Barnett: A general hospital.

Mr J.A. MCGINTY: A general hospital is proposed - a community hospital. The Liberal Party has cherry picked what it thinks will be politically popular in marginal seats in order to advantage itself and to have some product differentiation. No proper health analysis underpins the Liberal Party's proposal. When members of the Liberal Party realise they will have no tertiary hospital south of the river, it will sink into them that they have made a horrible mistake. I tell members opposite why they have not given the matter sufficient thought. If members stand on the Narrows Bridge and survey everything south of river, they will see that the member for Murdoch is a lonely man - he is the only Liberal south of the river, and he is retiring. Once the member retires, no sitting Liberal member will represent suburbs south of the river, which is home to almost half of Perth's population.

Dr J.M. Woollard: There is an Independent liberal.

Mr J.A. MCGINTY: That may well be, but there is no Liberal Party member, other than the member for Murdoch, in that area. Therefore, the Liberals have turned their back on people who live south of the river. If members run through all the seats south of the river, they will see that the Liberal Party has cherry picked the Reid ideas to see where political advantage can be gained rather than sought a health care delivery advantage for

Dr Janet Woollard; Mr John Kobelke; Mr Colin Barnett; Speaker; Mr Dan Barron-Sullivan; Mr John Bradshaw; Mr Jim McGinty; Mr Mark McGowan; Mr Mike Board; Mr Paul Andrews; Dr Elizabeth Constable; Mr Tony O'Gorman; Mrs Cheryl Edwardes

the public of Western Australia. That is the rationale that unpinning this policy. The Government proposes a new tertiary hospital south of the river. What do the Liberals say in response? They will have a general hospital with a heart surgery unit! What a magnificent idea that is; it will be a world's first! It is equivalent to Armadale, Rockingham or Swan District hospitals having a heart surgery unit. Anyone involved in the system will realise what a pathetic joke that is. It is anathema to have a heart unit in a general or community hospital - it simply cannot be done. A community hospital with a full cardio-thoracic unit has never been seen. Specifically, the support services are not available in such a hospital to support what was once a quaternary service; that is, heart surgery. Today it is overwhelmingly a tertiary service, and community hospitals do not have the services to back up such a facility. It is a joke to anyone involved and with any knowledge of the health system to suggest a heart unit be located at a general hospital. It is simply not possible. All the backup facilities are needed in a tertiary facility; namely, 24-hour theatres, anaesthesia, an intensive care unit, a coronary care unit, a catheter lab, tertiary imaging and radiology services, 24-hour laboratories, including blood banks, etc. Are these available in a community hospital? I think not. The Opposition desperately wanted some product differentiation and has moved to pick out the best ideas with whatever looked populist. In the process, it has made a nonsense of its policy. Pity the poor people living south of the river because no tertiary hospital service would meet their needs under this plan.

The Leader of the Opposition during the course of debate asked about Joondalup. The Government's policy is to have a new 600-bed tertiary hospital in Perth's far northern suburbs. The Opposition is not proposing that facility; it proposes a general hospital, again, for Joondalup. In other words, a downgrading of the tertiary facilities, and every one of our tertiary facilities will be located within a few kilometres of each other in the Perth CBD area. Forget about people in the suburbs; they will be ignored. Tertiary services are the essence of the motion moved by the member. The Government proposes a 600-bed tertiary facility in the Joondalup area and a 600-bed tertiary facility south of the river, and a merging of hospitals in order to overcome the current waste and duplication between the tertiary hospitals -

Mr C.J. Barnett: You've been outmanoeuvred and invented a new hospital!

Mr J.A. McGINTY: The Leader of the Opposition should read the Reid report and the budget papers.

Mr C.J. Barnett: I have read them.

Mr J.A. McGINTY: The Leader of the Opposition knows damned well that a Labor Government will provide a 600-bed tertiary hospital in the far north of Perth, and a 600-bed tertiary hospital in the southern suburbs at Murdoch or Thomsons Lake. The Government will amalgamate the facilities in the CBD area to provide a central tertiary service as well. The Liberal Party policy would leave people in the far northern suburbs without a tertiary service, and people in the southern suburbs completely without a tertiary service. When members opposite see that their policy has achieved this result in its best populist development, they will realise the many mistakes contained in the discussion paper. I could go through them one after the other. However, I refer to one of the most profound mistakes because members opposite are turning their backs on half the population of the metropolitan area who live south of the river.

Perth has two health regions - the northern and southern regions. Bentley Hospital has been transferred to the southern region, and approximately 900 000 people will be serviced by the northern region and between 750 000 and 800 000 people will be serviced by the southern region. Those 750 000 to 800 000 people who live south of the river would be left without a tertiary service if the Liberal Party policy were implemented. Members opposite have made a horrible mistake; they should be big enough to realise that that is the case. If they do not change their policy, they deserve to be condemned.

MR D.F. BARRON-SULLIVAN (Mitchell - Deputy Leader of the Opposition) [3.17 pm]: Politicians, as is our wont, tend to pick faults in one another's arguments. Those of us in opposing political parties from time to time do our best to fault the argument of the other side. People in the community often question where an independent authority can be found: where is someone outside the political sphere who can provide credible, independent and objective advice? I suggest in this case that such advice would be provided by organisations such as the Australian Medical Association. I start my comments on the Liberal Party's position statement entitled "Building for the Future: Perth's Hospitals" by referring to advice from the Australian Medical Association (Western Australia). I will take a couple of quotes from a statement by the President of the AMA, who is based at Joondalup, I understand. The press release outlined -

The AMA (WA) today welcomed the release of the Liberal Party's position statement Building for the Future: Perth's Hospitals.

...

Dr Janet Woollard; Mr John Kobelke; Mr Colin Barnett; Speaker; Mr Dan Barron-Sullivan; Mr John Bradshaw;
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“There does not appear to be many negatives in this policy . . .”

It can be seen that, overall, there is a great deal of support for this policy that will save about \$400 million when put against the Labor Party's plan, and will deliver more hospital beds closer to people in the community who need hospital treatment. In a nutshell, the Government today in this debate has sought to misrepresent the Liberal Party's policy. The Government also misrepresented its own position in relation to the Reid report. I have touched on the Australian Medical Association's response.

I begin by referring to some of the later comments made by the minister in this debate, and I will turn then to the comments of the member for Alfred Cove. The minister built up his comments into a crescendo that was as loud as a mouse could roar, and he claimed that the Labor Party planned to implement the Reid report's recommendations in relation to the Joondalup area. I read out recommendation 24 for the minister's edification straight from the document titled “A Healthy Future for Western Australians: Report of the Health Reform Committee”, otherwise known as the Reid report. It reads -

Rockingham/Kwinana District, Joondalup Health Campus, Swan District and Armadale-Kelmscott Memorial Hospitals should be expanded over the next 10 years to approximately 300 bed general hospitals.

Mr C.J. Barnett: General hospitals?

Mr D.F. BARRON-SULLIVAN: Yes, Leader of the Opposition.

Mr C.J. Barnett: How many beds was that?

Mr D.F. BARRON-SULLIVAN: Wait a minute. It states that the Joondalup Health Campus will be expanded over the next 10 years to approximately 300 beds in a general hospital! Earlier, the minister told us that, under the Labor Party, it would be a tertiary hospital. As I said earlier, when we compare the two policies, the reality is that the Liberal-National coalition's policy will save \$400 million on the Labor Party's policy and provide for some 430 additional beds. Indeed, it will provide some 480 additional community beds; in other words, they will be close to the people who need hospitalisation and the general care that is most common in the medical fraternity.

Given the benefits of the Liberal-National Party plan for people living south of the river, there could not be a clearer distinction between the policies of the two parties. The coalition's plan will result in the retention of at least 200 community beds at Fremantle Hospital. In addition, a coalition Government will immediately begin work on a new 300-bed community hospital co-located on the St John of God Health Care site in Murdoch.

Dr J.M. Woollard interjected.

The SPEAKER: Order, member for Alfred Cove!

Mr D.F. BARRON-SULLIVAN: I will leave it to the member for Murdoch to talk more about how appropriate that policy mix is. The difference between the Labor and Liberal Parties is very distinct. Under a coalition Government there would be 1 150 beds, versus 750 beds under the Labor Party - a difference of 300 beds.

That would be more appropriate health care and it would bring health care closer to the community and assist people who need that form of health care. Indeed, a total of 500 community hospital beds would be provided at the two hospitals compared with just 150 under the Labor Party's plan. It would result in more community hospital beds, closer to people's homes where they want them. That is becoming a key aim for the health system in this State. Is it not interesting that the member for Alfred Cove has not looked at the comprehensive benefits of the coalition's plan for her electorate? She has not compared them with the Labor Party's plan.

Dr J.M. Woollard: Will you tell me what they are?

Mr D.F. BARRON-SULLIVAN: I am happy to leave it to the member for Murdoch to talk directly about that aspect.

Dr J.M. Woollard interjected.

The SPEAKER: Order, member!

Mr D.F. BARRON-SULLIVAN: I find the nature of this motion unusual. It does not focus on the Alfred Cove area specifically. It tends to set a platform in support of maintaining Fremantle Hospital as a tertiary hospital along the lines of that which the member for Alfred Cove described. There comes a time in politics when we need to put the best interests of the local community ahead of any other interests we or those close to us might have. I make that point quite distinctly because when the coalition goes out to people who live in the Alfred

Dr Janet Woollard; Mr John Kobelke; Mr Colin Barnett; Speaker; Mr Dan Barron-Sullivan; Mr John Bradshaw;
Mr Jim McGinty; Mr Mark McGowan; Mr Mike Board; Mr Paul Andrews; Dr Elizabeth Constable; Mr Tony
O'Gorman; Mrs Cheryl Edwardes

Cove electorate and points out the benefits of our plan versus the benefits of the Labor plan, people in the Alfred Cove electorate will understand quite clearly which plan provides for health care closer to where they live.

Dr J.M. Woollard interjected.

The SPEAKER: Order, member for Alfred Cove!

Mr D.F. BARRON-SULLIVAN: Surely, that is a key aim for any good health policy. I am interested in why the member is not savaging the Labor Party for letting down her community or for providing 300 beds fewer in the south metropolitan area than is proposed in the coalition's plan. There comes a time when people who live in seats represented by Independent members must start asking whether those members are raising issues in the best interests of the local community or whether they are considering where they need to get their votes and preferences from at the next election and they are starting to work out the mathematics of the election. I make that point because this is an issue that I am prepared to take to the people of Alfred Cove to demonstrate the benefits of our plan compared with the Labor Party's plan.

Let me get it straight: Fremantle Hospital will continue to play a very important role in the southern suburbs. In fact, a coalition Government would provide 50 more beds at Fremantle than will the Labor Government under its plan. As the minister himself has acknowledged, the heart unit will remain at Fremantle and it will complement the major trauma section at Royal Perth Hospital.

The minister also touched on other hospitals, particularly in the Joondalup area. We have already indicated that the Reid report recommends approximately 300 beds be provided at a general hospital at Joondalup within the next 10 years. How does that compare with the coalition's plan? The northern suburbs are expected to grow, I think, by approximately 32 per cent over the next 12 years - a massive rate of growth of almost one-third. As such, a major health centre will be needed to cater for the needs of residents as far away as Clarkson, Butler, the centre of Joondalup and Wanneroo, and throughout the north metropolitan area. That is why the coalition proposes to provide at least 350 public beds at Joondalup well within the time frame recommended in the Reid report, which recommends only 300 beds. It is immediately obvious that that will provide an additional benefit.

As the Leader of the Opposition pointed out earlier, there is another distinct advantage to the coalition's plan; namely, to encourage and foster the growth of private hospitals. In my own home town of Bunbury there is a very successful model for this in the Bunbury Health Campus. St John of God Health Care operates alongside the government regional hospital. That was an initiative of the previous Liberal Government. There are severe problems in the regional hospital as a result of the Government's mismanagement and lack of resourcing, but that is a separate issue. However, the model is renowned throughout the medical fraternity as a very good model. That is precisely the model on which the coalition has already started holding discussions with people in the private sector for not only Joondalup in particular but also Murdoch. Eventually there will be not only a tremendous government hospital in Joondalup providing 50 beds more than under the Government's plan, contrary to what the minister says, but also a major co-located facility. Private facilities will be available in both those areas to complement the excellent policies of the current federal Government, which of course has encouraged more people to take out private health care insurance, thereby taking the load off the government sector and enabling it to redirect funding to improve health services in other areas.

Another issue that sets apart the coalition's policy from that of the Government, which the minister keeps very quiet about, is the Government's inclination to close hospitals when it talks about improving the system. Yes. What is the first thing the Labor Party does to improve the hospital system? It closes a hospital. Sure enough, it wants to do away with RPH. That is a major distinction between the coalition's policy and that of the Labor Party. It is one of the reasons a coalition Government would be able to deliver 430 more beds in hospitals closer to people's homes and at a capital saving of some \$400 million. There are other issues; for example, we would then have to staff all those hospital beds and provide the resources for them. That would be evident in successive coalition policies - something to which the Labor Party has not alluded in the same way that it did not allude to the need for regional services. I will make one thing clear: the coalition wants to take nothing away from the tremendous efforts of people working at Fremantle Hospital. A number of people from regional areas, for example, travel to Fremantle Hospital for a range of treatments. Our approach is very different; it is to enable people, as much as possible, to receive treatment in their local community. We want people in the south west, for example, to avoid the pain, anguish, inconvenience and expense of having to travel to the metropolitan area to attend Fremantle Hospital. Whenever possible we want to provide services within local regions close to their communities. We are planning for the provision of health care services in the growth areas of the State, particularly in the north metropolitan area. It is interesting that this motion focuses on only the coalition's policy, which allows for a greater range of health care services to be provided closer to people's homes, and does not consider the Labor Party's policies, which do exactly the opposite. The Labor Party aims to centralise services and its policy does not provide as much for community hospital care as does the Opposition.

Dr Janet Woollard; Mr John Kobelke; Mr Colin Barnett; Speaker; Mr Dan Barron-Sullivan; Mr John Bradshaw; Mr Jim McGinty; Mr Mark McGowan; Mr Mike Board; Mr Paul Andrews; Dr Elizabeth Constable; Mr Tony O'Gorman; Mrs Cheryl Edwardes

Interestingly, the coalition's policy makes provision for building a larger general hospital at Joondalup than that which is recommended under recommendation 24 on page 12 of the Reid report, and the coalition's policy provides it well within the time frame of the Reid report. The Minister for Health tried to allude to that earlier but mixed up the facts.

In summary, this motion is crafted for political purposes. I notice that it does not refer specifically to the member's electorate; it refers to people living south of the river. It is a generalised motion.

Dr J.M. Woollard interjected.

Mr D.F. BARRON-SULLIVAN: I suggest that if the member looked at the needs of the people living south of the river as a whole and then compared the coalition's policy with the Labor Party's policy, she would see that there are some very distinct advantages to the coalition's policy. I mentioned earlier that there are 1 150 advantages to it. The coalition's policy provides for an additional 300 beds in that region compared with the Labor Party's policy. The member should think it through. Our policy would save \$400 million in capital costs and provide for 430 additional hospital beds. I challenge the member to look at the chronic elective surgery waiting lists that the Labor Party has built to date and then meet some of those people who are on the waiting list, as I have done. I brought some of those people into Parliament only a few weeks ago. I ask the member for Alfred Cove to look them in the eye and tell them that under the coalition policy those waitlists would be reduced far more than they would under the Labor Party's policy. Those people would have hip replacement surgery more quickly under the coalition's than they would under the Labor Party's policy. A range of elective surgery would be carried out far more quickly than it would otherwise be under the Labor Party's policy. The member should ask them what they had to say about that. Will they say that they like the Labor Party's policy because it says something about providing a new tertiary hospital in Murdoch? They will not. They will say they like the coalition's health policy because it will deliver better health care, reduce elective surgery waitlists and provide a wider range of health care services closer to where people live. Overall, it is the foundation stone of a far better way to deliver health care service to people who either live or want to be treated in the metropolitan area. Members should compare that with the Labor Party's \$400 million more expensive proposal that provides for 430 fewer hospital beds.

MR M. McGOWAN (Rockingham - Parliamentary Secretary) [3.33 pm]: I congratulate the member for Alfred Cove for presenting a very important and significant issue to the people of Western Australia, which they should be made aware of in the lead-up to the election that will be held shortly. I am not surprised by the Liberal Party's approach to this matter. It is typical that when the member for Mitchell is the Opposition's health spokesperson, he is unable to adopt a bipartisan approach to this report that is in the interests of Western Australians.

Mr C.J. Barnett: Can you read out recommendation 24 and tell us whether your minister has lied to this Parliament?

Withdrawal of Remark

The SPEAKER: I am sure that I heard the Leader of the Opposition say that the minister had lied to the Parliament. I ask the Leader of the Opposition to withdraw that statement.

Mr C.J. BARNETT: I withdraw.

Debate Resumed

Mr M. McGOWAN: Mr Speaker -

Mr C.J. Barnett: I just posed the question.

Mr M. McGOWAN: I think the Leader of the Opposition is canvassing your ruling, Mr Speaker.

In any event, when the Government seeks some bipartisanship on this issue, the Opposition is unable to provide it. The Reid report contains the first major effort in recent memory by a Government of this State to initiate a comprehensive and deliberately integrated policy for the delivery of health services in Perth. It is the first time that a Government has done it. When I was in opposition, there was a hotchpotch of health ministers and no comprehensive plan from the then Government. For the first time, a Government has a comprehensive plan for health. However, what do we get from the Liberal Party? As opposed to a 150-page comprehensive report put together by Professor Mick Reid, who is regarded as a pre-eminent person involved in health planning in Australia, the Opposition has produced a flimsy nine-page statement. Frankly, it is weak and does not contain any specific measures. That is the Opposition's approach to the great issue of health in Western Australia.

Dr Janet Woollard; Mr John Kobelke; Mr Colin Barnett; Speaker; Mr Dan Barron-Sullivan; Mr John Bradshaw;
Mr Jim McGinty; Mr Mark McGowan; Mr Mike Board; Mr Paul Andrews; Dr Elizabeth Constable; Mr Tony
O'Gorman; Mrs Cheryl Edwardes

Obviously the motion from the member for Alfred Cove deals with the southern suburbs. I am a representative of the southern suburbs of Perth. The health issues contained in the Reid report fundamentally affect my constituency. For the benefit of members opposite, I will explain the Government's approach to those people who live in my constituency in Rockingham, which is a city with a population of more than 85 000 people. A number of members in this Chamber have recognised the benefits of living in Rockingham. They enjoy living in a growing and vibrant city that many other citizens are locating to. Rockingham is growing at more than six per cent per annum. It is one of the fastest growing areas in Australia. What does the Reid report do? It recommends that the size of the Rockingham-Kwinana District Hospital be increased. It comprehensively recognises that enormous population growth in the southern suburbs of Perth and recommends that a major expansion of the hospital be undertaken. On top of what this Government has already done - I suspect members opposite would not know about this - it has put in place and built a new \$12 million emergency department at the Rockingham-Kwinana District Hospital. The Government has provided the hospital with a new four-slice computerised tomography scanner and a new day therapy centre with occupational and physiotherapy services. We are working also towards providing the hospital with a general practice clinic. A new mental health facility with 50 staff was opened about a year ago. Mental health is a big issue in Western Australia. The Government has provided a brand new, extensive facility to service the 85 000 people who live in Rockingham and the 30 000 or 40 000 people who live in Kwinana. The Government's runs are on the board with regard to the provision of health services in the southern suburbs. However, there is more. The Reid report recommends a major expansion of the Rockingham-Kwinana District Hospital. The Government has backed up that recommendation in the state budget. I thank the health minister for this. On page 536 of the *Budget Statements* is a commitment over the next three years for \$55 million to be expended on capital works at the Rockingham-Kwinana District Hospital. The Government has provided \$55 million in the forward estimates for the hospital.

Mr C.J. Barnett: Everything this Government says it will do is in the forward estimates.

Mr M. McGOWAN: Our runs are on the board. During eight years, the former Government did nothing to provide health services for the people of the southern suburbs. The budget provides \$55 million over the next three years. Do members know what that will mean? It will mean an expansion from roughly 70 beds at Rockingham-Kwinana District Hospital to 250 beds in three years. On top of that, there will be renal dialysis and orthopaedic services. There will be greater options for surgical services for people in Rockingham and Kwinana. There will be paediatric services. Under the Gallop Government, a whole range of new services are being provided at the hospital, and that is in the budget for the next three years. Members should remember that this is happening under the Gallop Government.

Let us contrast that with the policy paper put forward by the Opposition - the Opposition's position statement. In the Opposition's policy statement "Building for the Future: Perth's Hospitals", the Opposition is not committed to that at all. The Government has made a commitment that over the next three years it will triple the size and scale of the services provided by Rockingham-Kwinana District Hospital. The Opposition is being a little tricky in its health statement. When it deals with the Joondalup Health Campus and the new general hospital at Murdoch, which the Minister for Health has dealt with, on the third last page of its health policy document the Opposition states that it will provide an expansion in Joondalup and a general campus at Murdoch. The policy states -

Both projects will be initiated in the first term of a Coalition Government.

That is a fairly clear commitment. We understand where the Opposition stands on those issues. However, when it deals with Rockingham-Kwinana District Hospital, Armadale-Kelmscott Memorial Hospital and Swan District Hospital, what does it say about expanding those hospitals? Does it say that it will initiate the expansion of those hospitals in the first term of the coalition Government? No, it does not. It states -

As our population grows over the coming decades, there will be a need for larger facilities . . .

Mr A.D. McRae: Decades.

Mr M. McGOWAN: The member for Riverton has got it! The Opposition is being a little tricky. It states that for Joondalup and Murdoch, it will initiate it in the first term of a coalition Government, but for Rockingham-Kwinana District Hospital, Armadale-Kelmscott Memorial Hospital and Swan District Hospital, it will do it over coming decades. We see where the Opposition's savings are. Its savings are at the expense of the people who live in those areas. It is a cunning plan, worthy of a Private Baldrick whom I recall from a famous television show. It is a cunning plan to do the people of Rockingham and Kwinana out of their hospital, and to do them out of the services that they deserve and have every right to expect. This health policy document is about trying to

Dr Janet Woollard; Mr John Kobelke; Mr Colin Barnett; Speaker; Mr Dan Barron-Sullivan; Mr John Bradshaw;
Mr Jim McGinty; Mr Mark McGowan; Mr Mike Board; Mr Paul Andrews; Dr Elizabeth Constable; Mr Tony
O'Gorman; Mrs Cheryl Edwardes

do the people of the southern suburbs - the people of my constituency - out of what they deserve and what is in the Gallop Government's budget.

It is quite clear. If the Gallop Government is re-elected, these services and capital works will be delivered at Rockingham-Kwinana District Hospital. The Government has the runs on the board. There will be \$54 million worth of continued expansion at Rockingham-Kwinana District Hospital. If the Liberal-National Party coalition is elected, its tricky, cunning plan will come into operation, and the people of Rockingham and Kwinana can look forward to an expansion of their hospital over coming decades. The distinction is very clear. It is there in black and white. The Opposition could have cleared it up if it had wanted to, but it did not. The Opposition is deliberately trying to mislead the people who live in that area. However, it has been caught out, and the Government will make sure that those people know.

MR M.F. BOARD (Murdoch) [3.44 pm]: I find this a very strange debate today, the intent of which is totally misleading the people of Western Australia. The member for Alfred Cove has moved this motion with a view to condemning the National-Liberal Party policy because she favours the continuation of a tertiary hospital at Fremantle.

Mr J.A. McGinty: No, south of the river.

Mr M.F. BOARD: At Fremantle. Her whole argument was based on Fremantle.

Mr J.A. McGinty: I don't think that is right.

Dr J.M. Woollard: No, to keep tertiary services south of the river, member for Murdoch.

Mr M.F. BOARD: The member talked only about Fremantle. Currently, there are three tertiary hospitals in Perth. One is Fremantle Hospital, one is Royal Perth Hospital, and the other is Sir Charles Gairdner Hospital. For many years there has been a debate in the community, particularly in the health fraternity and among specialists, about the continuation of three tertiary hospitals. There has been discussion about location. Many studies have been done about where those quaternary services should be located and what would be in the best interests of the growth of Perth, and particularly the expansion of secondary, community or general hospitals throughout the Perth metropolitan region.

When the Gallop Government came to office, it made a large number of promises about making changes very early in its term. However, it did not do that. As a result, very late in the Government's four-year term we saw it hire Professor Reid, for whom I have a great deal of respect. He came to Western Australia and assisted the Government. A large amount of cooperation by and support of people with a great deal of expertise, primarily from the eastern States but also from the health fraternity in Western Australia, also contributed to the Reid report. In general terms, the Opposition has supported, in a public sense, a large part of that report. We have congratulated Professor Reid in many ways. However, there are variations in what we believe is in the long-term interests of the Western Australian community and what Professor Reid has put forward in his recommendations.

In the final analysis, two tertiary hospitals are mentioned in the Reid report. There is one north of the river - Sir Charles Gairdner Hospital - which is not well located for the growth of the northern corridor. There is also a proposed tertiary hospital, which I hope will be on the Murdoch site because I believe in the benefits of co-location. However, Thomsons Lake is also being considered. The reality is that in the Reid report there is no mention of a tertiary hospital at Fremantle. My understanding is that, according to the Reid report, the number of beds will be reduced to a maximum of 150, whereas under the coalition proposal there will be a greater number of beds - at least 50 additional beds at Fremantle Hospital.

There has always been a debate among specialists in the medical fraternity about where quaternary specialist services should be located. In many ways this debate reflects that. However, the reality is that the policy for health services in the growing metropolitan region should be about where those services are located to take into account the growth of the community. How many people are seeking tertiary services at that level? How many beds are required for the growth of the secondary hospital system? How many people are seeking secondary hospital services in the growth areas compared with where specialists need or want to reside? Where will education take place? Will it be only in tertiary hospitals, or will it be across the quantum of hospital and other general services in the community? We are looking in a changing way at providing the training and education of health professionals, and at how people can access beds and where they are located. We need to look at the long-term future.

There is no doubt that if we started again and someone came to Perth as it is now and located tertiary hospitals, that person would not locate Royal Perth Hospital and Sir Charles Gairdner Hospital on their current sites. That

Dr Janet Woollard; Mr John Kobelke; Mr Colin Barnett; Speaker; Mr Dan Barron-Sullivan; Mr John Bradshaw;
Mr Jim McGinty; Mr Mark McGowan; Mr Mike Board; Mr Paul Andrews; Dr Elizabeth Constable; Mr Tony
O'Gorman; Mrs Cheryl Edwardes

has been an issue. However, the reality is that they exist in those locations, and they provide first-class services. Both of those hospitals have grown, and they are specialist in their nature. We support that. The big difference between the Liberal-National plan and the proposal that has been put forward by the Labor Party through Professor Reid is that the Government wants to close Royal Perth Hospital. I understand where that rationale has come from. However, the reality is that the huge expenditure involved in doing that and the upheaval that will result in making those changes will not provide a great outcome. The Government's proposal will cost over \$1 billion and will result in fewer beds. We can compare the Liberal-National Party proposal with the Labor Party's proposal hospital by hospital. We can also compare mental health and location issues. There are currently 3 607 beds in the larger metropolitan area of Perth. Under the Reid proposal - I remind the member for Rockingham that the Reid proposal is an 11-year plan and will not be realised in the first term of the next Government - the number of beds will increase to 3 796, an increase of less than 400 beds. The reality is that under the coalition's proposal, the number of beds will increase by 620 to 4 227. The community is looking for access to the health system and extra beds. Elective surgery has been a difficult issue because of a lack of beds. The issues in the health system are about technology and a range of additional services. Computerisation is assisting in running our core services. I assure people south of the river that the services provided at Royal Perth Hospital and Sir Charles Gairdner Hospital, which are first class, will continue to be supported and upgraded under a coalition Government. What are we arguing about here? Is this motion condemning the Liberal-National Party's plan to increase the number of beds by 50 per cent more than that proposed by Reid? Is the motion condemning the fact that we will save \$400 million because we will get better usage of the two existing tertiary hospitals while building a brand new, state-of-the-art hospital centrally located in the growing southern corridor? Are we being condemned for that? What is this motion really about? Why does the member for Alfred Cove consider the Government's policy better than the coalition's policy? Fremantle will be far worse off under the Reid proposal than under the Liberal-National Party proposal. What is this motion all about? Is it concerned about specialists or the location of practices? I am not sure why the motion has been moved.

I am sure the member for Southern River will also agree that the Murdoch site was originally intended for a public hospital. It was only because St John of God purchased land from the Government of the day that we ended up with a facility at all. The reality is that it was always deemed a public hospital site, and a large one at that. The co-location model, which I greatly support, can be seen in various locations around Western Australia. That model is being copied around Australia and is a model for the future. It is about specialists being able to share facilities and educate young medical practitioners and others coming through the system. One of the advantages of what we proposed at Murdoch is the incredible relationship that the new public hospital will have with not only the private operator, but also the university. The university will be able to provide not only additional support, but also training facilities and new educational programs to support the medical fraternity that comes into that public hospital system. There are many advantages for the southern corridor under the Liberal-National plan. The reality is that we will end up with two tertiary hospitals performing exceptionally well, and upgraded and new facilities south of the river that will advantage people. It is about more beds and increased services. The coalition supports the plan.

MR P.W. ANDREWS (Southern River) [3.55 pm]: Yesterday I had occasion - I do not usually do this - to browse the Liberal Party's web site. It was down for the day. However, I managed to get hold of a document titled "Position Statement Liberal National Coalition". The top of the document reads "defining the difference". I am pleased to say that it does define the difference. One of the things not referred to in the document, as we have learnt today, is a tertiary hospital south of the river. It makes interesting reading. According to the document, ambulance bypasses have increased eightfold, or 800 per cent, which came as a surprise to me.

The document does not include any reference to a tertiary hospital south of the river. The Labor Party is committed to establishing a tertiary hospital south of the river. It might come as a surprise to some members opposite, but they did not win too many seats south of the river, or south east of the river, at the last election. One of the reasons is that, as this document clearly shows, the Liberal Party and its country colleagues are very much focused on the western suburbs, not the south and south eastern suburbs. In fact, the very fine member for Murdoch is the only Liberal member who represents constituents south of the river. I have to speculate that he took one look at this document and said to himself, "I think I will resign before we try to implement it." The services that would be provided by a tertiary hospital south of the river - again I go back to the Liberal Party's own policy statement - include highly specialised and technical services such as cardio-thoracic, trauma and cancer treatment and intensive care services. We can add to that list a ream of high level services, including nephrology, that, under the coalition plan, would not be available to my constituents or to other constituents living south of the river.

South of the river is the Fremantle Hospital. It provides an excellent service to people in Armadale, Kelmscott, Gosnells, Southern River, Canning Vale and parts of my electorate that are directly south, such as Harvest Lakes.

Dr Janet Woollard; Mr John Kobelke; Mr Colin Barnett; Speaker; Mr Dan Barron-Sullivan; Mr John Bradshaw;
Mr Jim McGinty; Mr Mark McGowan; Mr Mike Board; Mr Paul Andrews; Dr Elizabeth Constable; Mr Tony
O'Gorman; Mrs Cheryl Edwardes

That area is growing at an incredible rate. One need only drive around the corner to see the stack of new houses being built. The population is increasing rapidly. What we do not have is a tertiary hospital south of the river. People from the south east corridor feel the effect of travelling to Royal Perth Hospital or Sir Charles Gairdner Hospital for the different types of services they provide, as distinct from travelling to Fremantle Hospital. As the city develops, those people will be discriminated against. When people require that level of specialised health care, it is a great strain on those individuals and their families to travel to hospital for those services. A tertiary hospital located south of the river - even located directly south and not in the south east, although I would obviously prefer it closer to my electorate - would mean a quick 15-minute trip to a wonderful service. The Liberal Party's policy can deliver nothing for my constituents in the south east and southern corridors. How has this come about? I hear country members say that city people hate country people. I will not stand in this place and say that the Liberal Party hates people who live south of the river, but I will say that the Liberal Party does not have an affinity for people who live in the south east corridor. The evidence of that is that we won the last election, and we will provide the best possible services for people in that region.

It also worries me that the policy document refers to the "Armada-Kelmscott Hospital". We prefer to think of it as the Armada-Kelmscott Memorial Hospital, but that is another point. The upgrade of the Armada-Kelmscott Memorial Hospital will happen in the coming decades. It is a poor substitution to forgo a tertiary hospital south of the river for some promise that in the future Armada-Kelmscott hospital will be upgraded. I firmly believe that if we are looking to provide adequate services for people who live south of the river, including young people who are training as health care professionals, this policy will grossly disadvantage those people.

DR E. CONSTABLE (Churchlands) [4.00 pm]: Mr Speaker, you will be aware that I rarely speak on motions such as this that relate to health. The reason for that is that I have a very close relationship with someone who has been intimately involved in the delivery of health care in this State for many years. Members will be aware that my husband has worked as a clinician and in tertiary hospitals in this State for almost 29 years. In fact, he has done a lot of work at Royal Perth Hospital, Sir Charles Gairdner Hospital and Princess Margaret Hospital for Children, and at Fremantle Hospital on occasions. He may well have worked at King Edward Memorial Hospital for all I know. I am therefore reluctant to speak in this debate, but I want to make a couple of very brief remarks. I read the Reid report with some care. It was an excellent idea of the current Government to initiate that inquiry. However, when I read the Reid report, I found it to be a very expensive exercise in geography, given what will be spent in the next 13 or so years, just as I think the coalition's policy is an exercise in geography. We must be very careful in this debate on the location of health services about saying that we must have special services for everybody on every street corner. We simply cannot afford to do that in a State this size and with the resources we have. We must choose the right places in which to do it. People who live in Esperance, such as the member for Roe's constituents, must go a long way to find tertiary services.

One of the things that appeals to me about the coalition's policy is its proposal for centralised tertiary services at Royal Perth, Sir Charles Gairdner, King Edward and Princess Margaret hospitals. Why do we not have a new children's hospital south of the river? Why do we not have an offshoot of King Edward hospital south of the river as well? It is just not possible. I think this argument based on geography is a very weak one.

Probably 10 years ago now, the former member for Alfred Cove, Hon Doug Shave, and Hon Clive Griffiths pushed very hard for a cardiac surgery unit at Fremantle Hospital when there was already a unit at Royal Perth Hospital and at Sir Charles Gairdner Hospital, as well as a private one at Mount Hospital. What did we get? We got another very expensive cardio-thoracic surgical unit, which decimated what was happening at the other hospitals because it just spread the same services over an extra hospital. This is not the way to plan medical services. I caution both sides of the House to be very careful about a bidding war based on geography. It has to be a bidding war for this coming election based on the services that are required by the people of Western Australia, and members should not forget people in rural and remote areas when they do it.

MR C.J. BARNETT (Cottesloe - Leader of the Opposition) [4.03 pm]: The Labor Party policy was to follow the Reid report. I remind members that the implementation of the Reid report was to cost \$1.3 billion over a 10-year period and was to deliver to the metropolitan health system a net gain of only 190 hospital beds. The policy put out by the Liberal-National coalition will deliver a net gain of 620 beds - an additional 430 beds compared with the number of beds that will be delivered under Labor's policy. There will be more beds north of the river and more beds south of the river with a cost saving of \$400 million, simply because under our policy Royal Perth Hospital will be retained. The Labor Party will get rid of Royal Perth Hospital and try to say to the people in the northern suburbs that a consolidated tertiary hospital on the Queen Elizabeth II Medical Centre site at Sir Charles Gairdner Hospital is the hospital for the northern suburbs. When the Reid report was released, the Minister for Health said that the Government had accepted all the recommendations, except for one - the recommendation to

Dr Janet Woollard; Mr John Kobelke; Mr Colin Barnett; Speaker; Mr Dan Barron-Sullivan; Mr John Bradshaw;
Mr Jim McGinty; Mr Mark McGowan; Mr Mike Board; Mr Paul Andrews; Dr Elizabeth Constable; Mr Tony
O'Gorman; Mrs Cheryl Edwardes

relocate Princess Margaret Hospital onto the QEII site. This is about the northern suburbs as much as anything else. Recommendation 24 of the Reid report states that Joondalup Health Campus should be expanded over the next 10 years to an approximately 300-bed general hospital. That is only 300 beds. The Minister for Health said in this House today that, no, the Government will build a 600-bed tertiary hospital at Joondalup. I am sorry, minister, that is not in the Reid report. How much extra will that hospital cost, because it has not been funded?

This little deal that was done between the member for Alfred Cove and the Labor Party might have been on the pretext of the southern suburbs, but it has just as much to do with the northern suburbs. The Government was wrong-footed. It has not demonstrated a substantial growth in hospital beds. It has not demonstrated that its plan will save money and provide more beds. It has provided nothing of any consequence for the northern suburbs. The Liberal-National scheme is for two new hospitals.

There are two or three fundamental flaws in the Reid report. The first flaw is that it totally ignores the role of private health services. The minister described it as a north-south model. It is not a north-south model. The minister's plan is to close Royal Perth Hospital and move it to Nedlands. That is not a north-south model; that is a south central model. That is why it did not wash in the northern suburbs. Suddenly, out of thin air, we hear about a 600-bed tertiary hospital.

Mr J.A. McGinty: It is in the budget.

Mr C.J. BARNETT: I presume that the minister has abandoned the Reid report. What did the Australian Medical Association say when we released our policy? It released a statement, which in part reads -

The AMA . . . today welcomed the release of the Liberal Party's position statement Building for the Future: Perth's Hospitals.

It goes on to state -

"There does not appear to be many negatives in this policy . . .

The AMA has confirmed that that is its view. It agrees that the Liberal Party policy is the best policy. What have we seen? We have seen the sudden invention of a tertiary hospital in Joondalup. The minister claims that it is in the budget.

Mr J.A. McGinty: It has all been documented.

Mr C.J. BARNETT: Rubbish! This is the first anyone has ever heard of a 600-bed tertiary hospital at Joondalup.

Mr J.A. McGinty: Wrong, wrong, wrong!

Mr C.J. BARNETT: This is the first time it has ever been referred to.

Mr J.A. McGinty: Wrong, wrong, wrong!

Mr C.J. BARNETT: The minister did not announce that. He adopted this report.

Mr J.A. McGinty: Friday, 21 May, during the budget estimates hearing. It is in the budget.

Mr C.J. BARNETT: It is not there. We have looked at the numbers of beds. I am sorry, but the minister is not telling the truth to the public. He followed the Reid report. The Reid report did not refer to 600 beds in the northern suburbs. The only party that said that was the Liberal-National coalition.

MR A.P. O'GORMAN (Joondalup) [4.08 pm]: I rise today because the Joondalup Health Campus has been brought into question a number of times. I am not just a blow-in to Joondalup. I have lived in the area for more than 21 years. I have been there since 1981.

Ms S.E. Walker: Why are you wearing a suit now?

Mr A.P. O'GORMAN: The member for Nedlands should just keep quiet for once. She should let somebody talk some sense for once, instead of the rubbish that she is always spouting. She should keep quiet and learn some manners for a change.

In 1996, the Court Liberal Government privatised the Joondalup Health Campus. I led the campaign against privatising it. I met with the then minister to oppose it. I asked him where the plans were for the future expansion in Joondalup. He told me that he did not need any plans for the future expansion and that he would put in place an approximately 225-bed hospital - I do not have the exact figures -

Mr C.J. Barnett: It is eight years old.

Mr A.P. O'GORMAN: Excuse me. The Leader of the Opposition needs to learn some manners.

Dr Janet Woollard; Mr John Kobelke; Mr Colin Barnett; Speaker; Mr Dan Barron-Sullivan; Mr John Bradshaw;
Mr Jim McGinty; Mr Mark McGowan; Mr Mike Board; Mr Paul Andrews; Dr Elizabeth Constable; Mr Tony
O'Gorman; Mrs Cheryl Edwardes

Mr C.J. Barnett: You're eight years out of date. No wonder you're on your way out.

Mr A.P. O'GORMAN: Is the Leader of the Opposition going to learn some manners and be quiet?

Mr C.J. Barnett: You're eight years out of date.

Mr A.P. O'GORMAN: That is what the coalition Government did back in 1996; it gave us an emergency department that can cater for 25 000 presentations each year at the Joondalup Health Campus, which now has up to 40 000-odd presentations. The coalition Government did not plan properly in 1996. What the Opposition proposes now will not do it properly either. The proposal for a tertiary hospital in the northern suburbs is on record, and it was on record in May.

Mr C.J. Barnett: It is not in the Reid report.

Mr A.P. O'GORMAN: It is on page 51. I will read from the *Hansard* of the estimates committee of Friday, 21 May 2004. In response to a question by the member for Murdoch, the Minister for Health said -

A range of options present themselves at Joondalup and there is a range of limitations caused by the current site. The intention is to develop towards the end of the Reid period - looking at the next 12 to 13 years in that way - a northern tertiary campus, apart from the Royal Perth-Sir Charles Gairdner one, in the far northern suburbs.

Mr C.J. Barnett: This is after the Reid report. When did you work that out? You are eight years out of date, and 12 years behind the future.

The SPEAKER: I call the Leader of the Opposition to order for the first time.

Mr C.J. Barnett: The member is 20 years out of date altogether - eight years in the past and 12 in the future.

The SPEAKER: I call the Leader of the Opposition to order for the second time.

Mr A.P. O'GORMAN: The coalition short-changed us in 1996. In 2004 it wants to short-change us again. It is saying that it will give us 350 beds -

Mr C.J. Barnett: We cannot wait to see your press release.

Mr A.P. O'GORMAN: Will the Leader of the Opposition be quiet for once? He is an ignorant man who should be quiet and listen. In 1996 the coalition screwed the northern suburbs.

Withdrawal of Remark

Mrs C.L. EDWARDES: The member for Joondalup referred to the Leader of the Opposition in an inappropriate way.

Several members interjected.

Debate Resumed

Mr A.P. O'GORMAN: They are now getting on the roundabout again. They will screw the northern suburbs again. The *Hansard* of 21 May also states -

Provision is made at page 547 of the *Budget Statements* for \$24 million to be spent on the Joondalup Health Campus in the years 2005-06, 2006-07 and 2007-08 to upgrade theatres, the emergency department and increase the number of beds to 300.

Mr C.J. Barnett: It is a great policy.

Mr A.P. O'GORMAN: The Opposition has nothing past next year.

Mr C.J. Barnett: You are the man in 2016 for Joondalup.

The SPEAKER: Order, Leader of the Opposition!

Mr A.P. O'GORMAN: The *Hansard* continues -

Further down on that page, under the heading of state tertiary hospitals, there is a provision of \$181.95 million to construct the new far northern tertiary hospital. We do not have a date as yet. The options that present themselves include the Joondalup Private Hospital moving to another site or that we could develop the Joondalup Health Campus site.

It is there already. It is already provided for in the forward planning. We are way ahead of the Opposition. The Opposition just does not have it right. Its candidate in the northern suburbs, who cannot figure out whether it is six years or 11 years, is suggesting on his web site that we bring the Joondalup Health Campus back under public

Extract from *Hansard*
[ASSEMBLY - Wednesday, 25 August 2004]
p5604b-5618a

Dr Janet Woollard; Mr John Kobelke; Mr Colin Barnett; Speaker; Mr Dan Barron-Sullivan; Mr John Bradshaw;
Mr Jim McGinty; Mr Mark McGowan; Mr Mike Board; Mr Paul Andrews; Dr Elizabeth Constable; Mr Tony
O'Gorman; Mrs Cheryl Edwardes

ownership. Is the Opposition's policy that it will bring the Joondalup Health Campus back under public ownership? How much will that cost us? There is still 16 years left on the lease. Where will the Opposition find the money for that? It has already incurred a debt of millions of dollars in respect of the Joondalup Health Campus.

DR J.M. WOOLLARD (Alfred Cove) [4.18 pm]: I am proud to stand here and I am proud to state that, yes, I do have a conflict of interest. As an Independent I put the interests of my constituents first. I have lived in my constituency for 24 years. My constituents deserve the same level of health care services as is available to members' constituents north of the river. Tertiary services are currently located south of the river at Fremantle Hospital. They should be maintained until a new tertiary hospital is built. We should also be including secondary level health services south of the river. People living south of the river deserve the same level of care as those living north of the river. The policy that the Liberal-National coalition has put out to the community takes away services south of the river. It does nothing for people living south of the river. I have been really disappointed in the Liberal-National coalition, because it has said that it will stick with this policy and forget about people living south of the river.

Point of Order

Mrs C.L. EDWARDES: I am just wondering under what rules the member for Alfred Cove is responding. As I understand it in a private member's motion or a matter of public importance motion, it is not normally done.

Mr C.J. BARNETT: Our understanding was - and as you indicated, Mr Speaker - this matter would be dealt with under MPI rules. Under MPI rules a mover of a motion does not have a right of reply.

The SPEAKER: The member has the right of reply, as is the normal situation in this place.

Debate Resumed

Dr J.M. WOOLLARD: The member for Carine asked how I could call myself a Liberal. I am more Liberal than the members on this side of the House. I am a Liberal looking after my constituents. I am a Liberal who believes in the true values and beliefs of the Liberal Party - independence, accountability -

The SPEAKER: The member will take her seat.

Question put and a division taken with the following result -

Ayes (26)

Mr P.W. Andrews	Mr J.N. Hyde	Mr A.D. McRae	Mr D.A. Templeman
Mr J.J.M. Bowler	Mr J.C. Kobelke	Mr N.R. Marlborough	Mr P.B. Watson
Mr C.M. Brown	Mr R.C. Kucera	Mr M.P. Murray	Mr M.P. Whitely
Mr A.J. Dean	Ms A.J. MacTiernan	Mr A.P. O'Gorman	Dr J.M. Woollard
Dr J.M. Edwards	Mr J.A. McGinty	Mr J.R. Quigley	Ms M.M. Quirk (<i>Teller</i>)
Dr G.I. Gallop	Mr M. McGowan	Mr E.S. Ripper	
Mrs D.J. Guise	Ms S.M. McHale	Mrs M.H. Roberts	

Noes (16)

Mr R.A. Ainsworth	Dr E. Constable	Mr M.G. House	Mr P.G. Pendal
Mr C.J. Barnett	Mrs C.L. Edwardes	Mr W.J. McNee	Mr R.N. Sweetman
Mr D.F. Barron-Sullivan	Mr J.P.D. Edwards	Mr A.D. Marshall	Ms S.E. Walker
Mr M.F. Board	Ms K. Hodson-Thomas	Mr B.K. Masters	Mr J.L. Bradshaw (<i>Teller</i>)

Pairs

Mrs C.A. Martin	Mr M.J. Birney
Mr S.R. Hill	Mr J.H.D. Day
Mr A.J. Carpenter	Mr R.F. Johnson
Mr J.B. D'Orazio	Mr P.D. Omodei
Ms J.A. Radisich	Mr M.W. Trenorden

Question thus passed.