SUBURBAN HOSPITAL SERVICES

Motion

MR R.H. COOK (Kwinana — Deputy Leader of the Opposition) [4.02 pm]: I move —

> That this house condemns the Barnett government for its failure to protect hospital services in the suburbs and for its failure to properly plan for the increase in demand on health services in Western Australia.

Politics, particularly in the health portfolio, is about decisions—making decisions about where we will put our resources on behalf of the people of Western Australia. This principle is writ large in the debate over how health services are provided in this state. Western Australia has a blueprint for health services, which both the previous Labor government and the current Barnett government have expressed support for on a number of occasions. One of the important principles about that blueprint is that it draws upon the principle of extending health services into the communities away from the big expensive tertiary hospitals in the CBD. This is an important principle that Labor supports. Labor believes that health services should be available to people wherever they live and whenever they need them. Under this government to date we have seen a continued concentration and a continued flow of health resources into the CBD, which is contrary to what we need in our health system. This is particularly apparent when we look at the way the services programs for Fiona Stanley Hospital and the Joondalup Health Campus have been developed and the way we see those hospitals in our outer suburbs struggling for resources to provide services for people in the communities that they represent.

The second component of our motion is that the government has failed to plan for the increase in demand for health services in Western Australia. This is particularly apparent in the way our hospitals struggle to cope with emergency department presentations, the way they struggle to deal with ambulance ramping in this state and, in particular—the key issue of the day—how the government plans and responds to the workforce crisis in our health system today.

I understand that a range of members wish to speak on this topic today so I will not detain the chamber any longer than is absolutely necessary. This is an important debate and one that we need to have because a range of members across this chamber are anxious about the way health services are provided in their community.

One of the points that came out of the Reid review was the principle around the development of a big tertiary hospital to the north of the city and a big tertiary hospital to the south. Fiona Stanley Hospital is the materialisation of that principle. It is obviously a project of which Labor is particularly proud. That project was conceived, begun and funded by the previous Labor government. This government's commitment to ensuring that that piece of infrastructure goes forward is particularly pleasing. It is of great concern to us that as we see the services designed and developed for this campus, we see where the real priorities of this government lie. In the first instance we saw the privatisation of hospital services—that great expensive and dangerous experimentation in privatisation that this government has undertaken, and our biggest service contract in Western Australia's political history. Second, we saw the undermining of that hospital through the continuous debate and winding back of the planned services in that area. The first cut that came under attack was cardiothoracic services, which were supposed to be transferred from Fremantle Hospital and enhanced at Fiona Stanley Hospital. We have been assured by the minister on a number of occasions that he is resisting the temptation for further concentration of cardiothoracic services in the CBD and that we will see the full range of services offered at Fiona Stanley Hospital, but this remains to be seen. Of late we have seen the minister walk away from the very important service that will be provided at Fiona Stanley Hospital, that which was recommended by the hospital trauma working party in 2007; that is, the major trauma unit. There are a range of reasons why we would be looking to do that. The first is the proximity of Fiona Stanley Hospital to Jandakot airport and the emergency evacuation services that use that particular airport. Fiona Stanley Hospital was to be our premium flagship tertiary hospital—a very important development for the purposes of health care in Western Australia and an even more important development for the people in the southern suburbs who to this point do not have that range of services in their area.

It is disappointing to see this government preside over an ongoing debate about watering down the services at Fiona Stanley Hospital. Coming on top of its already announced experiments around the privatisation of Fiona Stanley Hospital, we have to worry about this government's commitment to the development of Fiona Stanley Hospital as our flagship tertiary hospital. We have to wonder, from the way this government is going about its business in a somewhat ambivalent attitude towards the future of Fiona Stanley Hospital, whether, if not for Labor, a tertiary hospital would have been developed in the southern suburbs at all.

If we have concerns or anxieties around the development of Fiona Stanley Hospital as one of our key tertiary city hospitals, they pale into insignificance compared with the betrayal that the people in the northern suburbs must

feel and that we in the Labor Party certainly feel about the important principle of developing the Joondalup hospital as a tertiary campus. Under the "WA Health Clinical Services Framework 2005–2010", Joondalup Health Campus was identified as a soon-to-be-developed tertiary campus to service the quickly growing population base in the northern suburbs. We move forward some years to a post-election environment in which a government was elected with a clear mandate to retain Royal Perth Hospital at the level that it committed to. As I said, politics is about choices. In this case, it is about where important hospital services will be placed. It is no surprise—in fact, it is important to note—that the "WA Health Clinical Services Framework 2010–20" document recommended the cancellation of the development of Joondalup Health Campus as a tertiary hospital to an undetermined point in time. The people in the northern suburbs should, and do, feel betrayed by the fact that this government has walked away from the development of Joondalup Health Campus as a tertiary campus. The government cancelled the broadening of the scope and scale of the services that would be delivered at that hospital. The government undermined the case for Joondalup Health Campus in the clinical services framework by deliberately choosing the Australian Bureau of Statistics projections for the northern suburbs population growth that portrayed a level of demand for those health services that is significantly removed from the reality of the situation. The cancellation of Joondalup Health Campus as a tertiary hospital has significant ramifications for the people living in the northern suburbs. It means that the emergency department is overrun by presentations; there is a very high level of transfer from Joondalup Health Campus to the inner city hospitals, which must, by definition, undermine the care that we can provide to the people in the northern suburbs; and there is no indication from the government at all that it wishes to see Joondalup Health Campus developed as our next tertiary hospital, despite the extraordinary growth in demand in that area. Members need simply look at the quarterly report for emergency department attendances at Joondalup Health Campus. From January to March 2012, there were 20 742 attendances, which represents a 21.9 per cent increase compared with the same time last year. It is clear that the demand is there and that Joondalup Health Campus is being held back by this government because of the cancellation of those plans.

Of greater concern is the crisis that is impacting upon the healthcare workforce in this state. Alarm bells have been ringing the length and breadth of the health sector from various interests, be they from nursing staff, the medical profession or other health interest groups, imploring this government to respond to the workforce issues that will impact on our state. In November 2011, the Minister for Health made a brief ministerial statement in Parliament in which he said that he wished to reassure the house and the people of Western Australia that we have a sufficient workforce to meet today's needs and the needs of the future. He went on to say that we have sophisticated workforce planning in place and sufficient staff to deliver services to 2014–15. However, the minister never detailed what the plans are. He just said that they are magnificent plans and that all we needed to do was accept his assurances. His assurances have not been accepted by the health sector. There are grave concerns about our workforce capacity, particularly in the area of cancer and cancer research. There are grave concerns also about the staffing of Fiona Stanley Hospital, particularly after the decision was made to retain Royal Perth Hospital at the full level. As I said, the government has a mandate to do that, but because it made that decision, it must respond to the challenge of how to staff Fiona Stanley Hospital. It is not surprising that the Australian Medical Association this week issued a challenge to the government to increase medical research funding in Western Australia by $40 million a year simply to keep pace with the other states and to make sure that we are attracting and retaining the best and brightest health professionals.

Dr K.D. Hames: They were saying that the commonwealth funding had been reduced by that much. They argued that because we had missed out on that much commonwealth money, the state should replace the commonwealth money.

Mr R.H. COOK: That point is well made, minister. The minister was trying to say that our share of commonwealth funding has reduced from about 8.3 per cent in 2005 to about 5.2 per cent today.

Dr K.D. Hames interjected.

Mr R.H. COOK: What the minister is referring to is the fact that our level of state funding for medical research is so woeful that we are not attracting top-up funding from the National Health and Medical Research Council. Victoria, for example, has significantly increased its level of state medical research funding and, as a result, it attracts national funding. That is the same lesson that Queensland has learnt, which is why it is starting to make inroads into the National Health and Medical Research Council funding. Recently New South Wales also learnt the same lesson and is increasing its level of state funding. The minister is right to say that we are starting to lose national funding. WA has 10 per cent of the population and we all believe that we should attract at least 10 per cent of the funding. However, unless we increase state funding, we will not receive additional national funding. Build it and it will come—that is the point the AMA was making.

Dr K.D. Hames: You make a good point. They were calling on me to replace the whole lot of the commonwealth funding but what we actually need is more state funding to get the rest of the national funding.

Mr R.H. COOK: The minister might be right on the quantum.

Another concern with the demand that is being placed on our healthcare system and the way we are failing to cope with it is that the elective surgery waitlist has significantly increased since this government came to office. When it came to office in the December quarter of 2008, there were 11 946 people on the elective surgery waitlist. If we fast-forward to today, in the March quarter of 2012 there are 14 811 people on the elective surgery waitlist. The minister often says that is fine while those patients continue to be seen on time; that is, as long as we are getting to those patients within boundary, that number is not a concern; but if we are not making headway and are not getting to those patients on time and within the boundary, it then becomes a problem. In 2008, when this government came to power, we were getting to about 89.3 per cent of elective surgery patients on the waitlist within boundary. In 2012, that figure is about 88.5 per cent, which is to say that the government has made no inroad at all in terms of the patients that are getting to within boundary. All that has changed is our waitlist has grown by about 3 000. Again, we are seeing our health system overwhelmed by the level of demand, and the government is seemingly powerless or incapable of responding to that demand.

As I said earlier when talking about emergency department presentations, Joondalup Health Campus, which is the busiest emergency department in Western Australia, paints a very sorry picture about how we are resourcing the health system. The percentage of emergency department attendees who were seen and admitted, discharged or transferred in four hours or less—that is, the number of ED patients attended to within the four-hour rule target—was around 71 per cent.

I ask members to remember that this is the minister who committed under the four-hour rule to seeing, admitting, discharging or transferring 95 per cent of patients within four hours or less. He then watered down his own test to 85 per cent. Today we see that a substantial number of hospitals, including Joondalup Health Campus, continue to not meet that four-hour target.

Dr K.D. Hames: We have gone to the federal targets.

Mr R.H. COOK: Sorry, minister?

Dr K.D. Hames: We are using the federal targets now, as you know, and we are meeting those comfortably.

Mr R.H. COOK: Across our hospital system only 88 per cent of emergency department attendances are seen, admitted, transferred or discharged in four hours or less. The minister said that we are now looking at national targets. We ask the minister to commit to those targets to which he committed his government, not the ones that he considered less valuable at the time —

Dr K.D. Hames: There were not any at the time; they copied us.

Mr R.H. COOK: Indeed, you copied Peter Flett. It is as simple as that.

How has the government responded to the blow-out in elective surgery waiting times? How has it responded to the way our EDs are overwhelmed? One would have thought the way to respond would be to increase the capacity of hospitals and bring more beds online to ensure that the capacity of our hospitals grows with the demand set for it. However, in the June 2010 quarter 422 beds were available in our metropolitan hospitals and if we fast-forward to the March quarter of 2012, 430 were available. Only eight beds have been added across the metropolitan area at a time when our hospital system is being overrun by demand.

Dr K.D. Hames: I don't know what you are referring to, but we have 4 400 beds in the system.

Mr R.H. COOK: My apologies; I am looking at same-day beds.

I want to talk about the situation of dental services in Western Australia. This would have to be one of the sorriest parts of our health system. Dental health nurses are the lowest paid qualified professionals in our health system. There are significant waitlists for dental services. In the June 2010 quarter 18 743 patients were waiting for services at dental clinics. In the March 2012 quarter, 24 856 were waiting. I know that the minister glibly refers to dental health services as primary health and therefore the concern of the federal government. However, it remains in his charge to reverse this situation and to ameliorate this particular state of affairs.

Dr K.D. Hames: I just convinced the federal government to put in a lot more money. I thought that was pretty good. I can take credit for that.

Mr R.H. COOK: I am sure the minister will take credit for that in the same way he will not accept the criticism. It is true to say that the federal government has significantly increased its expenditure, as announced in the federal budget.

Of particular concern to me is that the number of dental health visits across Western Australia—that is, metropolitan, rural and school clinics—in the June quarter of 2010 was 105 849. When we fast-forward to the March quarter of 2012, that figure has fallen to 103 931. Despite the fact that we have a growing dental

health crisis in Western Australia, we are seeing a reduction in the number of people who regularly receive state-funded dental health care. We want a long-term plan from this government to show how it will grow our health system to meet demands into the future. Our health system is, quite frankly, not coping. The minister makes decisions, seemingly, on the run. The blueprint for Western Australian health care—that is, the Reid review—is slowly but surely being undone. People in the southern suburbs have seen their future flagship tertiary health campus, Fiona Stanley Hospital, undermined by a series of decisions by the minister. Patients, particularly in the Fremantle area, are seeing some services leave the Fremantle Hospital and appearing to disappear altogether from the southern suburbs, while senior clinicians are eyeing off opportunities at Fremantle Hospital to draw these services into the northern suburbs. This represents a significant vacating of the principles of the Reid report. This represents a minister who is essentially abandoning the principles of good planning and deciding instead to embrace the principles of convenience. He looks to day-to-day solutions to remedy the health crisis, but has no long-term plan to meet the long-term demands in health care.

When the people in the suburbs see the hospital services at Armadale–Kelmscott District Memorial Hospital, particularly maternity services, being undermined; when they see the government was not true to its word with the retention of maternity services at Kalamunda Hospital; when they see Rockingham General Hospital struggle for lack of staff despite services being promised; when they see the winding back of hospital services at Fremantle Hospital, but do not see an improvement of overall services at Fiona Stanley Hospital; when they see the delay of developments at Osborne Park Hospital, such as the mental health clinic; when they come to realise exactly what the implications of cancelling plans to develop a tertiary hospital at Joondalup Health Campus are; when they understand the full implications of privatising the Midland health campus and how that means certain hospital services will never be provided there regardless of what this minister or any minister into the future might think is in the interests of patients in that area, they will see that this government is walking away from that important principle of providing hospital services where people live when they need them.

This government is not committed to health care in the suburbs. It is not committed to long-term planning and it does not have a solution for how we will respond to the tsunami of demand impacting on our health system.

MR D.A. TEMPLEMAN (Mandurah) [4.29 pm]: I rise to speak briefly to the motion. I also want to raise some specific issues as they relate to the Peel region, which I know the minister is well aware of as his constituency includes the catchment that is serviced by Peel Health Campus.

As the minister knows, Peel Health Campus has been operating under a similar model to that of the Joondalup hospital since 1996, after a protracted public campaign in the early 1990s about the future of what was then Mandurah District Hospital. Certainly, the government of the day made a decision to adopt the model that was also adopted for Joondalup. Peel Health Campus is operated by a private company but provides public health services, including emergency department and inpatient services. In the early part of that debate, the Labor Party opposed the essential privatisation, as we saw it, of that hospital. We lost that argument because we did not win the 1996 election and the Richard Court government went through with implementing that model.

I have lived in Mandurah for 25 years, and two of my children, as the minister knows, were born at Peel Health Campus—namely, my first son and my last son. The twins were born at King Edward Memorial Hospital, but two of my children were born at Peel Health Campus. My family members have had operations and been inpatients at Peel Health Campus. Therefore, I preface my remarks very much that Peel Health Campus is my hospital as a resident and as a local member, along with the minister and the member for Murray–Wellington because the hospital's catchment, of course, includes their constituencies.

As the minister is well aware, ongoing issues that impact on the operation of the hospital are brought to our attention. I preface this with a very strong comment: I cannot remember a complaint about the staff—nursing staff, doctors or allied health service providers. I cannot remember anyone being individually identified as criticised. By and large, the staff, particularly the nursing and care staff, are very strongly supported. I am sure the minister knows, because in the recent past I asked him to respond to a number of letters that have come to me from my constituents, and also I think some from his area, raising questions about staffing levels at the hospital; these letters are based on people's observations at the hospital. When at the hospital, people noticed that the staff are very, very busy, and they have questioned whether adequate staff are on at certain times to cater for demand.

The other question that has been raised, which I honestly believe is a public relations issue, is the operation of the Sarich ward. I wrote to the minister and I know he responded. I appreciate that the minister's responses are usually very timely. I wrote to the minister about a particular case recently—namely, that of Mrs Murnane and her one-year-old son. I do not expect the minister to remember the case at all; I do not expect to put him on notice of that.

Dr K.D. Hames: It was just recently.

Mr D.A. TEMPLEMAN: Yes. The minister was able to give me a response. I got one in the office today, I think.

Dr K.D. Hames: It was only in the last couple of days.

Mr D.A. TEMPLEMAN: Yes. Very understandably, Trudy, the mother of this young boy, Ryan Murnane, wrote to me highlighting an experience in which her son presented to Peel Health Campus in April with breathing difficulties. He was assessed, triaged and, again, she said there was no question about the professionalism and response of the staff at all. She was absolutely impressed with their capacity, abilities and promptness. She explained that she was told no beds were available in the hospital to admit her son and that the Sarich ward was closed. There was a period where they were held, if you like, in the accident and emergency department until a bed became available in the hospital itself about 5.30 am the next day, and he was admitted to the Barker ward. I know the Barker ward because it was previously used to accommodate children before the Sarich ward opened. Mrs Trudy Murnane in her letter explains that she was, understandably as a mum, very concerned about the condition of her son. He had some breathing difficulties that worsened the next day but were stabilised. A paediatrician and a paediatric nurse attended and were excellent, but her question essentially was: why, given that the hospital now has a purpose-built paediatric ward, was it not available to her son? The answer that the minister gave—I thank him once again for his response today—highlighted that there is a threshold. The minister did not mention in the letter exactly what that threshold is; in other words, the minimum number of children that need to be present in the hospital before the ward is enacted.

Trudy makes what I think is a very interesting point. Her son has had two stays in the hospital. At the first admittance, he was accommodated in the Sarich ward, and again Trudy makes glowing comments. The second time, she was told there were no available beds in the hospital at all, but the Sarich ward remained unopened. I have discussed this with the CEO, Dr Aled Williams. As I said to him, the difficulty for me and, I suppose, the ultimate difficulty for people who live in Mandurah is that many people—I know that the minister and I as the local member did—campaigned, raised funds and took part in a range of fundraising activities to raise the $3 million or $4 million that it cost to set up the Sarich unit. However, an expectation was created within the community that if a child in Peel needed to be accommodated or admitted to the hospital, that now we have a paediatric ward, that child would be admitted to that paediatric ward. That is the general expectation of many people. The minister knows as well as I that it was one of the most successful local fundraising campaigns, certainly that I can remember in my 25 years of living in Mandurah. It was a very successful campaign with people involved ranging from schoolkids raising money through to elderly citizens donating $5, $10 or $100—a whole range of activities. Therefore, I said to Aled that there needs to be a very clear education and accountability process to explain how the paediatric ward fits within the scope of the hospital's operation. That needs to be explained because I think we have this problem whereby there is an expectation and it is not necessarily being fulfilled all the time. I can understand why that expectation has been created and that people expect it to be met, because why would we have a paediatric ward if it is not going to be opened for children? I think honestly, and reading the response that the minister sent me today, that that really needs to be a priority.

It is an important, transparent priority. People need to be well aware of when that ward opens. It is an absolutely magnificent ward. Trudy had two experiences with her son, Ryan, one in the Sarich ward and one when her son was not admitted to that ward. She very clearly asks that question, but as I said, in the minister's answer, he did not mention when this threshold was reached. If it is a staffing issue, and I suspect the opening of the Sarich ward depends on staffing and not just how many kids are admitted to the wards, I think we have to be up-front and explain that. We have to be accountable to that community, which has very strong expectations. The other thing Trudy mentioned in her letter, which the minister did not respond to, was that she was told by a staff member on that night that other children were in the hospital at the time. I do not know the answer to that; it was not addressed in the minister's response to her letter. I honestly believe that the minister, the hospital and, indeed, the Department of Health need to be transparent about how this ward operates within the framework of the Peel Health Campus.

I have always had major issues with where the campus fits within the scope of hospital services across the state. I have said in this place on a number of occasions that the Reid report itself, which was the basis of a lot of the framework that led to the establishment of Fiona Stanley Hospital and all the other hospitals that are within that structure, did not appropriately mention the Peel Health Campus. That has been a criticism that I have had of the Reid report. I think part of the problem is that it has always been put in the too-hard basket. I think it comes back to the regional issue that I constantly harp on about. I am asking the minister to support that and to convince the Premier to understand that we want to continue to be seen as a regional entity. It is critical, but it is not being seen. One of the problems for Peel is an assumption by bureaucrats and some ministers and, indeed, the Premier, that it is simply an add-on to the overall structure. And the way our campus is seen is part of that perception. I

want to change it. There is absolutely no reason why Peel Health Campus should not be seen as the southern anchor, if we like, of health services. We are not a tertiary hospital, of course we are not, but we are an important general hospital in a fast growing region that is attracting more and more people of all demographics. If we are always going to be played off as second fiddle to Rockingham General Hospital or Fremantle Hospital or whatever, we will never be given the identity and then the resourcing that I think we not only deserve but also require and demand. I want to see a suite of services provided at Peel Health Campus into the future that cater for the needs of that growing population. It was not that long ago when there was a big question about whether obstetrics should continue at the hospital. The minister and I both know very well that over our dead bodies would we allow obstetrics to leave that hospital and babies not to be born at Peel. I am sure the minister and I would fight to make sure we never lose that service.

But we have to make sure that people in this place, the bureaucrats in the health department, the Premier and others understand why Peel Health Campus needs to be seen, if we like, as that southern anchor. I do not think it creates great competition for Rockingham hospital, even though it has been seen as that, or vice versa, over the past number of years because Rockingham hospital, which is a very good hospital and which was expanded under the Gallop and Carpenter governments, is also servicing a growing population. We need to remember that Peel services not only the large city of Mandurah but also the hinterland that spreads throughout the Peel region as far down into Waroona and across to Boddington. Those areas, including those in the Shire of Murray, continue to grow rapidly. What sorts of people are moving there? Young families with children are moving there, hence the reason we need a fully operational paediatric ward. There are also older people with the associated health needs they bring with them as a growing part of our demographics.

I wanted to raise Trudy's letter and I thank the minister for responding. I do not know whether she will be very happy with it, to be honest, because I do not think he has answered a couple of key questions in it, particularly about how many kids might have been in the hospital at the time to be admitted or had been admitted or what is the threshold.

Dr K.D. Hames: I'm pretty sure there weren't any other kids in the hospital that night. I don't have the briefing note with me.

[Member's time extended.]

Mr D.A. TEMPLEMAN: That probably needs to be made clear to Trudy. I think the hospital has to explain how the Sarich ward operates, because the population has an expectation. I think the hospital has done some good things in recent times with some of its advertising to highlight to the wider population the capacity and, indeed, the volumes of people through the emergency department as well as the number of babies born et cetera. I think that is good stuff, but we have to paint the other picture, which is to explain why this ward is not open and, if not, what the reasons and the thresholds are. The other thing, which the minister well knows, is that over a period the hospital has suffered from a perception with regard to management and the loss of staff at the high administration level. The director of nursing left only a week or so ago and the last CEO, Justin Walter, has also left. He had not been there very long. Also, a person who was working with Justin left her position late last year. As the minister knows, this is on top of a number of changes at the top over a relatively short time. The last long-serving CEO, as the minister will also know, was Ann Fletcher, who had been at the helm of the hospital for five years, from memory. Before her there was a fairly rapid change and, from memory, there have been four CEOs since Ann departed. I will not get into why they left but I think these departures add to the confusion by some in the community about what is happening there.

Some good things are happening there, but I do not think it helps when those things occur and create a perception of instability. I think it is the role of the campus and the board in particular to ensure that there is a very, very clear understanding of what the objectives of that hospital are now and into the future. We know that the accident and emergency department is now dealing with some 40 000-plus admittances a year. That is a very, very large volume. Personal friends of mine work in the ED at Peel. Again, I cannot fault their capabilities, but we have to address problems and issues and we have to be transparent. I have to ask the questions. I cannot represent my community without asking questions and appealing to the Minister for Health, as my neighbouring member, to address these issues when they come up and make sure we get good value for taxpayers' money, as it is the right of taxpayers to demand. Also, the services that are needed now, and the services that will be needed in the future as our population grows, must be provided. We do not accept the arguments by some on the minister's side, and probably on my side too, that it is just this little ancillary hospital doing a few knees and hips every now and then and taking in a few oldies when they get crook, and that is really all it does. That is not what this hospital should be seen by those outside as being capable of, and it certainly should be pushed in what it should be and can be providing for our populations as they grow.

The only other case I want to mention, because I told her I would mention it, is that of a lady called Mrs Souter. I have not had a response back from the minister on this. Again, I would not expect it just yet, but I expect I will receive it very soon. It is about ongoing palliative care for her husband, the late Roy Souter, who died on Thursday, 5 April. Mrs Souter wrote me a very telling and very disturbing letter about what happened to her husband. I need to highlight that this is more of a palliative care–related issue; it is not a Peel Health Campus issue but a palliative care issue. However, her story, I suppose, highlights also that the Minister for Health and local members need to look closely at that whole aged care and aged health aspect of our population. As the minister well knows, more and more people, after being admitted to hospital and post-hospital if they go back home, are obviously in need of those ongoing contacts to stabilise the situation. If they have cancer, and it is advancing, obviously the palliative care issue becomes very important.

However, Mrs Souter's experience with her dearly loved husband, the late Roy Souter, was a very, very disturbing example of what happens when things do not go right. I suppose, in her view, her husband, in his last few hours, was not given the dignity that he deserved and she deserved as his loving wife.

Dr K.D. Hames: I can tell you that I have only seen that letter in the last few days. It has gone off to the department for a response, and I have not seen that come back.

Mr D.A. TEMPLEMAN: Yes. Again, I know, and I do appreciate, that the minister comes back to me in a timely way on these matters. However, I always say that it is my hospital. I want to see a hospital that keeps on functioning at the capacity at which it needs to be functioning now and into the future. I want to support the minister, as a neighbouring member, to make sure that we keep the hammer on that hospital in its ongoing provision of services, because our population deserves it. The minister knows that and I know that. Our population is a growing one, with growing needs, and to say that the answer is that these people can just go up to Perth and get serviced for everything is not on. Some of those services are essential services that can be delivered only in the tertiary-type hospitals or the specialist hospitals in the metropolitan area. But we should not allow some of the services that can, should and need to be delivered in Peel to be delivered in the metro area. I do not think we should take the bureaucrats' line that it is more cost efficient to do that. I do not believe that, and I think that view is detrimental to the ongoing health needs of our population in Peel.

MR A.P. JACOB (Ocean Reef) [4.54 pm]: It seems as though almost every other week in private members' business we get one of these debates on health. There are a lot of similar motions. I suspect that traditionally oppositions have seen health as a bit of an easy win and as a bit of a slam-dunk issue, and that is why it keeps coming back. However, if at any time health was not the Achilles heel of a government and if, in fact, at any time health was almost the showpiece of how effective we have been as a government, that time is now. Therefore, I would like to thank the shadow Minister for Health for the opportunity to address in particular Joondalup Health Campus, which services my electorate. He made the comment in his speech that Joondalup Health Campus—this is a direct quote—is struggling for resources. I thought that would be an interesting issue to look at, because in this term of government we have seen the commencement and I suspect we will come very close to seeing the completion of a $393 million development at the Joondalup Health Campus site. Not only will that be started and completed in this term of government, but also it is currently ahead of schedule and under budget. Again, I am struggling to find any particular areas in which to poke holes on that one. An amount of $230 million for that redevelopment is a state government contribution.

The member talked about mandates on coming into government. It reminded me of when I ran as a candidate for the seat of Ocean Reef in 2008 and the redevelopment of Joondalup Health Campus, despite being talked about for eight years, had still not commenced. I remember advertisements were run in the local paper and brochures put in the letterboxes of constituents in the electorate of Ocean Reef, insinuating and suggesting that the Liberal Party had no plans for Joondalup Health Campus. In fact, the imputation was that if we were elected, we would can the redevelopment altogether—can something that had never started. That was certainly the suggestion that the Labor Party made. Now members opposite come into this place today, suggesting that we somehow failed to live up to a mandate, and even implying to some extent that there was a broken promise in the middle of it. It was quite interesting living in the electorate of Joondalup and in the electorate of Ocean Reef in the lead-up to that election, because I think for the two years prior, almost on a quarterly basis, if not more than that, some sort of glossy brochure, printed and funded by the government, was put into my letterbox announcing the new Joondalup Health Campus redevelopment. It was much like the waterfront development, which the Minister for Planning mentioned. There were lots of announcements, and then it was re-announced and re-announced. Nothing ever actually happened.

The member for Kwinana spoke about a tertiary hospital. That might be a very nice title and it might be a headline-grabbing term, but my question to the member—I asked it before in the chamber, but I do not think he was taking interjections—is: what does he actually mean by "tertiary"? What sort of services does he mean?

Does he mean tertiary in terms of the number of beds? I have looked at the former government's 2007–08 plans for Joondalup Health Campus. Its plan, in the current redevelopment of the hospital, I think, Minister for Health, was to take the hospital to 280 beds. Is that correct?

Dr K.D. Hames interjected.

Mr A.P. JACOB: No. But under us, we are already at 333 beds.

Dr K.D. Hames: There will be 471 by 2014–15.

Mr A.P. JACOB: By 2021, there will be 594 beds, and a full tertiary hospital. It has just been one success story after another there. I note that the shadow Minister for Health has also been at most of those openings, so I know that he has been seeing the same things that I have been seeing, such as the fantastic staff who are carrying that hospital and the fantastic openings. They are coming more and more regularly. The new operating theatres were opened just a few weeks ago, along with the new 25-bed intensive care unit, coronary care unit and high dependency unit. There are now 12 operating theatres—previously there were seven—and, of course, there is the emergency department. A lot of the debate revolves around the Joondalup Health Campus ED, because, as the shadow Minister for Health correctly identified, Joondalup Health Campus has the single busiest emergency department in this state. In fact, I think it would be up there as one of the three busiest emergency departments Australia-wide, and the demand is certainly growing.

The four-hour rule was mentioned. That policy has been synonymous with emergency departments in this term of government. Although the shadow minister was obviously being selective in the data that he pulled out on that, for those staff who have achieved fantastic things in often very difficult circumstances in the Joondalup Health Campus emergency department, it needs to be acknowledged again that in October 2011, only six months after the opening of the new emergency department, and with a 28 per cent increase in presentations on the October period the year before, Joondalup Health Campus was one of only two Perth hospitals to exceed the 85 per cent four-hour rule target.

That absolutely goes to the credit of those staff. Currently, over 200 patients a day are transferred or discharged from the Joondalup Health Campus emergency department within that four-hour time frame. I was thinking today about what that means for a patient who is in that emergency department. Most members in this Parliament would have gone into an emergency department at some time, either for themselves or for a relative, and would have sat there waiting and worrying for whatever reason they are in the emergency department. What does the four-hour rule mean for patients who are in the emergency department? Today, if a patient shows up to the emergency department at Joondalup Health Campus, a senior emergency department medical officer will review the patient within, on average, 33 minutes. That means that just over half an hour from showing up to the ED, the patient's situation will be reviewed, and the patient will get to speak with a senior emergency department medical officer and will get an idea of where he is going and what is happening—which is one of the most comforting things a person can have. This can be contrasted with the 12-month period before that, when the average waiting time was 77 minutes, or almost an hour and a half. For patients who are in the ED, that is a huge turnaround in 12 months.

Under this government, the number of beds in the emergency department at Joondalup Health Campus has been increased from 30 to 56—an 86 per cent increase. The Minister for Health came to Joondalup with the Premier last March and opened the new emergency department. Since that opening, over 80 000 patients have gone through Joondalup Health Campus emergency department. The numbers through the Joondalup ED for 2012 are trending possibly as high as 100 000, given the significant increase in demand—in fact, I think the numbers jumped 18 per cent in the first month alone. When we roll in the numbers for the after-hours general practitioner clinic, which are pushing 20 000 presentations a year, we are starting to get close to 120 000 people through the Joondalup Health Campus. The demand is absolutely there.

It is very interesting to look at some of the historical demand. In 2002–03, there were 40 000 presentations. From 2002–03 through to 2011, those numbers have doubled. For the majority of that time, the opposition was in government, and it would have been nice as a community member if we could have had our new emergency department. Fortunately, we now have our new ED, and that growth has continued. But the difference in having not only those 56 emergency department beds, but also the four-hour rule, is that a patient in the ED will speak to a doctor generally within half an hour. We are well up on our targets for the four-hour rule as a total, and people now have far more confidence in the system.

In fact, I can say as a community member that five or six years ago, Joondalup Health Campus had a struggling reputation. I am not going to blame the former government for this by any means, but certainly when I joined the Community Board of Advice in 2006, Joondalup Health Campus was not held in high esteem in the community. That had started to turn around by 2006, and I think that today Joondalup Health Campus is widely

acknowledged, not only in this place but also in our local community, as one of the stellar health campuses in this state.

Ms A.R. Mitchell: It certainly is.

Mr A.P. JACOB: That is a reflection on the staff in that hospital, not only the front-line staff who care for patients, but also the people behind the scenes working on administrative duties, and everybody all the way through. It is also a reflection on the work that the Minister for Health has done with that health campus in getting the redevelopment up and running. There is a lot of positive enthusiasm around the health campus redevelopment and in the community. I think that is why the opposition has not been able to get too much traction with this line of argument; it is very hard to criticise the government for not doing anything when Joondalup Health Campus is virtually doubling in size in front of all of us. There are two or three cranes on site and hundreds of construction workers are busily running over the site and everybody in the community can see that whenever they drive past.

Mr F.A. Alban: The next thing they will complain about is that we are doing too much!

Mr A.P. JACOB: Yes, but taking contradictory positions does not seem to be a problem in opposition, actually!

I do not want to carry on, because I know that other members want to speak. In closing, I must say that I agree with the shadow Minister for Health to the extent that the increasing demand in the northern suburbs will continue, and that it has indeed increased exponentially up to this point. I am most happy to stand by our results as a government, and by our track record, particularly with Joondalup Health Campus; again, that reflects incredibly well on the Minister for Health. I thank the minister for his work in ensuring the provision of long-term health care for my constituents in Ocean Reef, and for my neighbouring constituents in Wanneroo, Joondalup and Kingsley. The minister has well and truly raised the bar in health, but we have now brought the community along to continue to expect that. I encourage the minister and offer him my full support for meeting the future growth in northern suburbs health.

MR A.J. WADDELL (Forrestfield) [5.05 pm]: I rise to support the motion.

The ACTING SPEAKER (Mr J.M. Francis): Member for Forrestfield, let me acknowledge from the chair your birthday today. Happy birthday, member for Forrestfield!

Mr A.J. WADDELL: Thank you very much, Mr Acting Speaker. It is a great privilege to share a birthday with your dog!

I remind members that the motion before the house states—

> That this house condemns the Barnett government for its failure to protect hospital services in the suburbs and for its failure to properly plan for the increase in demand on health services in Western Australia.

I support the motion as a member representing the eastern suburbs of Perth. I know very little of the Peel area and the Joondalup area, so I will restrict my comments to the area that I do know. My electorate is currently largely served by the Swan District Hospital Campus. The Minister for Health would be aware that we have had some correspondence recently about some problems in that area as well, and I thank the minister for his kind and prompt responses to the complaints that were made about those services. However, I do not want to go into that today. I want to talk about Kalamunda Hospital.

Kalamunda Hospital has been a bit of a political football in recent years. In fact, while flicking through a bit of research, I came across a very entertaining article, posted on one of the news sites, that summed up the 2008 election. The journalist who wrote that article interviewed many of the people who are in this chamber today about their thoughts shortly after that election. I recall that at that time, my seat was on a knife edge, recount, recount scenario. When I was reading about some of the issues, I came across the statement by the member for Kalamunda that the then Labor government's decision to close the maternity ward at Kalamunda hospital was a huge issue that had led to some of the electoral result that he was experiencing at that time. I remind the house that the member for Kalamunda had in fact gone to the election with the promise that a Liberal government would reinstate the maternity service at Kalamunda Hospital. That is a promise that he reiterated in 2010 at the federal election, when he took out adverts with the then candidate for Hasluck, Ben Wyatt—sorry, Ken Wyatt —

Mr B.S. Wyatt: Not me again!

Mr A.J. WADDELL: Everyone does that! He again promised that a Liberal government would reopen that ward. I recall that I asked the minister a question last year on this matter, and the minister acknowledged that at that point in time there had not been any deliveries at that unit.

Dr K.D. Hames: There have now been two.

Mr A.J. WADDELL: I take the interjection that there have now been two. But of course there still is no maternity service at that hospital. There is a midwifery service, but any woman who has the slightest problem needs to be whipped out of that ward.

Dr K.D. Hames: General practitioners, and obstetricians for that matter, can go there if they want to.

Mr A.J. WADDELL: If they want to, yes, but that is a difficult thing, because it requires people to schedule births and so forth. From my own experience, my daughter was due to be born in a birthing clinic at King Edward Memorial Hospital for Women, but unfortunately, due to circumstances beyond our control, that all went very haywire, and I recall late at night my wife being flung out of there and put into the obstetrics ward, and ultimately, 12 hours later, she had a caesarean section, so it went from the natural approach to the full medical approach. Luckily for us, that involved wheeling us up a couple of flights of stairs and across the campus, which would not be available to somebody in Kalamunda who found themselves in those unfortunate circumstances; they would be dropped into an ambulance and presumably taken all the way to Swan District Hospital or one of the other hospitals. I cannot imagine the level of trauma that that would add for the person. I think it is a disappointment to the entire eastern region that there has been a failure to deliver on the repeated promise to provide that service in Kalamunda.

Of course, the other great disappointment in health services for us in the eastern suburbs is the Midland health campus, a matter that has been debated quite broadly in this place. The latest revelation—I do not think I have had a chance to speak on it in this place—is that the preferred tenderer that has been selected is St John of God Health Care. Of course, we had the controversy that blew up a month ago about what happens when the move is made into reproductive medicine. I think that question has largely been unanswered, and that is a problem. All along we have said that outsourcing the running of Midland health campus means that we will end up with a second-rate service. We in the eastern suburbs do not get the same service that can be expected at any other public hospital. Even if as few as 250 out of 25 000 procedures cannot be performed because the St John of God group has a particular ideological position on reproductive medicine, it means that we will get a second-rate service.

Dr K.D. Hames: No. We have said that we will provide it on-site. We have made that commitment.

Mr A.J. WADDELL: Again, that creates all sorts of problems, such as whether somebody who is using a particular service will have to deal with multiple doctors. When is the line crossed? If, in an emergency, a young woman comes in who unfortunately has been the victim of rape, will her response rate be the same as that for everyone else if there is a group of doctors who can do one thing and a group of doctors who cannot? At the end of the day, we cannot but feel that in some way we are being short-changed. We are being given a health service in the twenty-first century that is being defined by an ideology that was created some 2 000 years ago. It just seems beyond reason that the government would force the people of the eastern suburbs to worry about those sorts of problems. I appreciate that the minister is saying that he will get around the problem. There is an easier way to get around the problem. The easy way to get around the problem is just to run a public hospital and keep it in public hands. If the government says that it is a public hospital, keep it in public hands and let the public hospital system do its job and deliver the services that the people of the eastern suburbs, the people of my electorate of Forrestfield, so desperately want.

Health is an issue that people hold very dear to their heart. It is one of the fundamentals. It is one of the things they expect us to deliver, and rightfully so. When a government fails to deliver in the health sector, it is punished. It is a core service. It is what a government does. Any attempt to contract out its core service is an absolute betrayal of what people have come to expect. I think that the Midland health campus in particular is a massive betrayal, because it certainly was not explained to people in the lead-up to the last election. It took everyone by surprise. It leaves a big question mark over the government's future plans. It leaves a big question mark over whether it can be trusted to leave the public health system intact as it moves forward. Can we be guaranteed that this is not just the first attack on the public health system? Can we be guaranteed that the government will not privatise every other element of it as it moves forward? I think people are right to be suspicious of that and, hopefully, they will act accordingly.

DR A.D. BUTI (Armadale) [5.13 pm]: I also rise to support the motion. The member for Forrestfield spoke about the south east corridor. Of course, I will talk about the south east corridor further south into the Armadale region. This motion brings to mind a motion I moved last year about the closure of the Bickley birthing ward at Armadale–Kelmscott Memorial Hospital. We had a debate that day and the minister responded. For those who do not remember, the Bickley birthing ward was a private ward in the Armadale–Kelmscott region. As was confirmed by the minister, it really was the only option for anyone in the south east corridor; there is no other option for private birthing in the south east corridor. When the Bickley ward was closed, the only option was to try to find another private facility or to engage the public sector, which is already over demand.

Dr K.D. Hames interjected.

Dr A.D. BUTI: Wait till I finish. We are not asking the government to privatise public services, but we are also not asking the government to get rid of existing private facilities. That was a very quick interjection by the minister. Well done. But I do not think it logically holds. As he admitted, it is not an ideal situation in the Armadale region. Perhaps, if the Bickley ward had a larger public birthing area, there would not be such an issue. But, as the minister knows, some of the birthing wards in country hospitals that are closed on weekends would have to use the Armadale–Kelmscott hospital because it is the gateway to the metropolitan area from the south west. I am told—I still have not been able to have it verified—that there is talk that the facilities at Bentley Hospital will be downgraded. If that is the case, there will be an even greater demand on the services at the Armadale–Kelmscott ward.

Dr K.D. Hames: The Reid review recommended closing Bentley when Fiona Stanley Hospital opens. We have said that we'll wait until Fiona Stanley Hospital opens and make the decision after Fiona Stanley Hospital is opened based on numbers. It's got to have 1 000 deliveries a year to be safe. If it stays at that level, we'll keep it open. If it doesn't, we'll do what Jim was going to do, which is close it.

Dr A.D. BUTI: I will give the minister a bouquet for a quick second—but not too long—for the way he responded to the issue of the Bickley ward closure, which I do not think was handled very well because expectant mothers were basically given two weeks' notice. I think that was shameful. But at least the minister tried to address the issue and he made the commitment that if he could find the necessary nursing supply, it would reopen. I believe the minister handled it better than the Minister for Mental Health in the other house did. All she did was try to go on an historical fishing expedition into who said what over the past 15 years, which served no purpose, has not helped and has not progressed the matter. The Minister for Mental Health stands condemned in the community of Armadale for the way she has responded to the closure of the Bickley ward. Although I gave a bouquet to the Minister for Health for the way he responded to that issue, the ward remains closed and the ability of expectant mothers in the south east corridor have been severely reduced as a result of that decision by the Department of Health. That is only one issue that I want to address, and it still stands from last year.

Some may not see the matter that I am about to raise as a serious matter, but desserts were taken off the lunchtime menu for patients at Armadale–Kelmscott Memorial Hospital. I put in question on notice 7584 to the Minister for Health and the minister responded in the appropriate time. I asked —

> (1) Has the serving of desserts with the patient's meals been abolished at the Armadale–Kelmscott Memorial Hospital, and if yes:
>
> (a) when was this decision actioned;
>
> (b) are both public and private patients denied desserts; and
>
> (c) was the reason for the decision a cost cutting measure, and if yes how much money will be saved on an annual basis?

There are two other parts to the question that I will get to in a moment. I was told in the answer from the minister that the desserts have been removed only from the lunchtime menu and that desserts are still served in the evening.

Dr K.D. Hames: You've got to watch those sugar levels.

Dr A.D. BUTI: That is right; we do have to watch those sugar levels. I am sure the minister knows from the time he spent practising as a GP that often the highlight of spending time in hospital is the meals. Patients just wait for them. A lot of elderly patients in hospital were quite concerned that their desserts had been taken away from lunch. I asked the minister whether it was a cost cutting measure. The minister said that no, it was not but there would be a reduction in food wastage so it was estimated to save about $20 000 per annum. I then asked whether any other public hospitals in Western Australia removed the provision of desserts to patients. The answer was no. Only the Armadale–Kelmscott Memorial Hospital has had desserts removed from the lunchtime menu. If it is not a cost cutting measure but a health measure, surely patients in other hospitals are not treated to the same high standard as the patients in the Armadale hospital. Surely it is a cost cutting measure. If desserts are being cut from the menu at only one hospital in Western Australia, it can only be a cost cutting measure.

Dr K.D. Hames: I will have to get hold of all the other hospitals and tell them to cut the sweets.

Dr A.D. BUTI: I think the minister has to answer to the sweet tooths of the patients at the Armadale hospital.

Mr F.A. Alban interjected.

Dr A.D. BUTI: An interjection has come from my left. Nothing is ever said in debate—only little interjections. It is not worth commenting on because I do not want it to appear in *Hansard*.

On a more serious matter, recently my electorate office received some correspondence about Mrs Meiners, who entered the Armadale hospital on 10 April for a kneecap replacement. She was placed in the children's ward at the Armadale–Kelmscott hospital, even though she is not a child; she is an adult. Unfortunately, for some reason the hospital did not realise that she was admitted. When the meals were distributed, including one with her name on, she did not receive her meal. She had to take medication but she was unable to take it on an empty stomach. She was given a small sandwich. Of course, she would not have received any dessert. Unfortunately, that sandwich was not adequate for the medication she had to take. The next day she took a shower and was told to ring when she was finished. After waiting for 20 minutes, her husband assisted her to dry herself but he refused to take her back to bed for fear of injuring her. After waiting for 30 minutes, a nurse finally turned up and she was told that there was a nurse–patient ratio problem. This goes to the essence of this motion: suburban hospitals are not being adequately funded and resourced and people's lives are possibly at stake, and, at least, people's standard of wellbeing in hospital is being severely compromised. In this case I outlined, it was severely compromised.

Mrs Meiners was then discharged. She went home. When she went to the toilet, she was in immense pain. She was taken to the Armadale–Kelmscott hospital's emergency department. The hospital does not perform general surgery on the weekend, so she was taken by ambulance to Fremantle Hospital for an emergency operation on a torn bowel. The surgeon at Fremantle Hospital told her that her condition was serious and usually terminal and she was placed in ICU after the operation. She was told—I cannot verify this—that the torn bowel was caused by dehydration and a lack of adequate care while she was at Armadale hospital.

Dr K.D. Hames: Who told her that?

Dr A.D. BUTI: I understand that the doctors at Fremantle Hospital told her that. I am referring to a letter that she sent to our office. A complaint is going through the complaint process at Armadale–Kelmscott hospital. They will investigate that. This is a serious matter.

Of course the minister cannot oversee every nurse and doctor in the hospital system, but this case goes to the resource element because of the nurse–patient ratio. Of course nurses are overworked and of course if there is an inadequate nurse–patient ratio, shortcuts will be taken and there will be an inability to deal with all medical emergencies and normal medical routines.

This motion before the house about the lack of resources for health services and hospital services is an incredibly serious issue. I know that the minister takes health very seriously; of course he would as a general practitioner. We are concerned that this government is not putting in place the necessary resources to ensure that a sufficient and adequate standard of health services is being rendered to patients in suburban hospitals. I do not live in Joondalup. If what the member for Ocean Reef said in his contribution is correct, his constituents up his way have it a lot better than my constituents do down my way.

Dr K.D. Hames: That's why the person who writes should be happy with what's coming at Midland.

Dr A.D. BUTI: I do not know whether the minister is correct, but even if he is, it is about time the government considers the south east corridor and the Armadale region and takes the matter seriously—which I believe the Minister for Health does; the Minister for Mental Health does not, as all she is interested in is a blame game. She is very touchy about the issue because she was the CEO at the Armadale–Kelmscott hospital. She should know better. Her contribution to the whole issue of the Armadale–Kelmscott hospital since she has been in the other house has been absolutely woeful. For someone who holds the position of Minister for Mental Health, that is absolutely deplorable.

Yes, the Minister for Health is a general practitioner. Yes, the minister takes the issue of health services very seriously. It is a fundamental. We talk about the age of entitlement. It is not an age of entitlement to expect that we will receive adequate health care. As the member for Forrestfield said, residents of Western Australia expect in a state such as Western Australia to be able to go to their nearest suburban hospital confident that they will receive adequate health services and an appropriate quality of health care so that their time in hospital is as comfortable as possible and that any sickness or injury is not exacerbated or at times becomes critical.

DR M.D. NAHAN (Riverton) [5.29 pm]: I would like to make a few comments. I stand against the motion. I support the member for Ocean Reef in thanking the Deputy Leader of the Opposition for moving this motion as it gives us a chance to highlight our most successful area, in addition to education, during our period in government. The real issues are whether we are under-resourcing public hospitals in the state. We should look at the data and our expenditure per capita. I guess they measure it by taking the total cost expenditure, casemix

adjusted, so it is adjusted for types of people, the age of people and types of services received from our public hospital systems. Western Australia's expenditure is by far the highest of any state. The lowest of all the states is South Australia. Our expenditure per adjusted casemix is 20 per cent more than that in South Australia and 8.5 per cent more than the national average. Our expenditure on public hospitals and on health generally has been expanding in real terms significantly ever since we have been in government—for over three years. The reality is that it has been our top priority in terms of expenditure. There is no issue of resources, no matter how we measure it.

I turn to another issue from the motion that has been moved—one that astounds me. We are undertaking the largest capital expenditure on public hospitals in this state's history, without exception. No-one could possibly argue otherwise. People need only drive around and see the cranes; they are unavoidable.

Mr R.H. Cook: Which projects are you doing that were not already begun or conceived under the former government?

Dr K.D. Hames: Every one except Fiona.

Dr M.D. NAHAN: The opposition's argument was that we are not doing anything. Yes, we inherited certain projects undertaken by the previous government. However, we are implementing the largest capital works program on health in this state's history—unarguably. The Deputy Leader of the Opposition might live in a twilight zone where everything is the opposite, but that is the reality. People in my electorate drive down the Kwinana Freeway and they can see the cranes at the Fiona Stanley Hospital site. The opposition cannot hide it from them. The opposition could build large barriers and pretend that the cranes do not exist but the people cannot be fooled. Western Australia's recurrent revenue expenditure on health is the highest by far of any state and is growing rapidly, and our capital works program is the biggest in the state's history. That is not bad.

Another thing we did very effectively, which members opposite forget about, was repel Rudd. Remember that it was not too long ago when he decided to take over all our hospitals and pilfer 30 per cent of the remaining GST payments. We stopped that, and it is good that we did. Look at the commonwealth government's management on every issue. It is totally incompetent, and it was going to take over our hospitals—yeah, right! That would have been a real disaster. That did not cost much; we just basically repelled the raiders from Canberra.

As to the Fiona Stanley Hospital complex, all I can say is that it is huge. The total complex expenditure is in the vicinity of $2 billion. It is on budget, on time and visible to all who have eyes. It is growing very rapidly. I have been on three tours of it with people in my electorate and they are astounded firstly by its size and secondly by the range of services it will provide, including rehabilitation, mental health, oncology and obstetrics, and there is the educational centre. The opposition has quite rightly taken credit for this because it was planned largely under the former government, although we have expanded it, in part with commonwealth assistance, to be the largest health complex in the Southern Hemisphere. That is not bad. I find it hard to understand how the shadow opposition spokesman on health can perceive that to be negative. It is astounding.

Mr R.H. Cook interjected.

Dr M.D. NAHAN: How can we expend $2 billion in public funds and declare it to be privatisation? We own it. The state and commonwealth governments put the money into it. The essential staff are all public servants, except for the contracted officers, nurses and visiting medical people. It is a public hospital. The Deputy Leader of the Opposition might perceive it to be otherwise, but that is what it is. Yes, we are in the process of contracting out non-essential services through Serco, but there is a reason for that. This is the first time in a long time that the state has built a brand-new hospital. We are not rebuilding an old one; we are building a new one, and that requires all new staff. We are not closing Royal Perth Hospital; that is continuing to operate. We are not closing Fremantle Hospital, Sir Charles Gairdner Hospital or Joondalup Health Campus; we are creating a brand-new hospital that requires new staffing from scratch. One of the biggest issues, as the opposition spokesman mentioned, is getting the staff. A large number of those have been employed from not only Western Australia, but also around the world. Fiona Stanley Hospital is starting with a new staffing model and it has come up with an innovative way to drive innovation, recruit new staff and drive efficiencies by contracting out services. The opposition and its union mates have run campaigns in marginal seats about the so-called privatisation, but it has had no coverage whatsoever. It probably strengthens the spirit within the union movement, but I assure members that my constituents think it is ho-hum and more union propaganda.

Another issue is that not all health services are funded through the hospitals. A large number of them are provided through non-profit organisations such as Silver Chain. In the last budget we announced $604 million in increased expenditure over four years to non-profit organisations, including health providers that provide essential services such as respite care and hospital care to my electorate and that of every other member. Those

organisations either have received, or are in the process of receiving, a 25 per cent increase in expenditure. A lot of that money will be used to increase the wages of their employees but a lot of it will provide better and more services.

Dr K.D. Hames: Outside that, when we came to government, we provided an additional $20 million to Silver Chain, so as well as getting that $20 million, they got the other increases on top of that.

Dr M.D. NAHAN: Yes. All members know that out-of-hospital care is often as essential as in-hospital care, particularly because of the policy to move people through hospitals quickly. I will confirm from the minister, who can interject, that we put more money into St John Ambulance Western Australia.

Dr K.D. Hames: A big increase, and into the Royal Flying Doctor Service.

Dr M.D. NAHAN: The Royal Flying Doctor Service got a new plane.

Mr R.H. Cook: How is the ambulance ramping going, member?

Dr M.D. NAHAN: In Fiona Stanley Hospital, there is not much! I have not seen any ramped up lately. I have seen a lot of trucks ramping because of the lack of Roe Highway stage 8, but not many ambulances. This government took over a very high level of expenditure on health and a very ambitious plan for capital works. Without question—in fact, to argue otherwise is to live in a different world from the one in which we live—we have taken the increases in recurrent and capital works expenditure and the range of hospitals being renovated or rebuilt to a new level. In addition, we stopped the commonwealth from taking over the state's hospital system. Members opposite would have given up and we would have been forced to hand it over to Canberra.

Fiona Stanley Hospital is on budget and on schedule and has been expanded. The constituents in Riverton, and I am sure Jandakot, are absolutely thrilled. The opposition can talk, scream, rant and rave, but they ain't going to be believed. We have massively increased the amount of money allocated to the various ancillary health providers outside the hospitals. As the member for Riverton, I am extremely proud of that and will willingly brag about it at the next election. To a large extent, the credit comes down to not only the government as a whole, but also the Minister for Health. He has led this all the way and I congratulate him for that. I stand against the motion made and I actually thank the member for Kwinana for moving it.

MR J.C. KOBELKE (Balcatta) [5.38 pm]: I rise to speak in support of the motion to condemn the Barnett government for its failure to protect hospital services in the suburbs and properly plan for the increasing demand for health services in Western Australia. I thank the speaker who preceded me, the member for Riverton, because he showed by his total lack of interest in the motion that he is very good at shadow-boxing. He set up a totally false proposition and then tried to punch it. He might have been successful at punching shadows, but that is all he was doing. No-one on this side of the house accused the government of cutting back on total expenditure on health. The fact is that the government has a very high level of expenditure on health, as did the previous government. But the point is: Where is that money being spent? Are we actually getting value for money out of it? Do we have proper planning? Clearly, we do not have proper planning and that means the money is not delivering the results that it should and that is building up a problem that will get bigger and bigger because of this lack of planning.

I will centre my comments largely on Osborne Park Hospital in my electorate. The minister was there a month or so ago for Osborne Park Hospital's fiftieth birthday celebration. It is a hospital that provides vital services in the local community and beyond. It is a hospital that has a proud tradition of service. A member of my family was there for procedures some years back. Another member of my family worked there as a professional. I know that many of my constituents very much appreciate the services that Osborne Park Hospital offers. One particular group that I come into contact with is mental health clients. I think all of us find that these people, because they are not coping in various ways, come forward to our offices to maybe approach their member of Parliament for help, or it may be that people come to complain because they have a neighbour who is an outpatient of the mental health services at Osborne Park Hospital and their behaviour in the local community is a problem. I quite regularly have to urge people to either go to the services at Osborne Park Hospital or try to contact the services there to get that assistance for someone in my area. Therefore, the mental health providers located at Osborne Park Hospital do a very important job, particularly for the constituents of my electorate.

Before I talk more about Osborne Park Hospital, I will come back to the bigger picture of health expenditure and a plan to look after the health needs of the people of Western Australia. The Reid review by the previous government was a way of trying to make sure that we planned our hospitals and the services around them so that they were sustainable. The member for Riverton really made a mockery of the whole process when he simply said that the argument is something that we did not say at all and talked about the huge amount of money being spent as if that is all there is to it. It is much more complicated than that. What drove the Reid review was that

we could see that the funding for health is not sustainable. In the years of the Labor government, there was a six to nine per cent increase in health funding every year. Under this government, I suspect it has been about the same and in one year it might have been even higher. Therefore, current expenditure on health is getting to the point at which the state budget will not be able to sustain it, so we have to have good and proper planning of how to provide those health services to try to take the edge off that increase in costs. The government will not be able to hold health expenditure still or reduce it, but if it does not have proper planning, the annual increase in the recurrent budget for health will reach the point at which the state simply cannot afford it.

The commonwealth of late has put in a whole lot of money for the build for Fiona Stanley Hospital. The $1.6 billion required to totally build the hospital was banked by the Labor government and is sitting in a trust account. Then the federal government came up with another $400 million to build a new rehabilitation hospital that we needed.

Dr K.D. Hames: No, it was $240 million or something.

Mr J.C. KOBELKE: That was $240 million, so how much has the state put in capital into the hospitals?

Dr K.D. Hames: It is $2 billion in total. The $1.78 billion was the amount that was in the budget under you guys for the other component—not all in the bank, but in the budget process.

Mr J.C. KOBELKE: Therefore, $1.6 billion was in the trust and another nearly $200 million in the budget. How much extra money has the Barnett government had to put in capital into Fiona Stanley Hospital and the rehab hospital?

Dr K.D. Hames: That amount. We haven't had to put in any extra; we've stuck to the budget.

Mr J.C. KOBELKE: Therefore, the minister confirms that it was fully funded by the previous government and the current Labor federal government. The capital spend for the Barnett government that the member for Riverton wants to go on about simply is not there. The reason that the Barnett government has such a huge capital spend is that the largest part of it has been gifted to it by the previous state Labor government and the federal Labor government. That is okay. This minister is up-front and straight; he is willing to accept that. This government is managing it and, on the whole, I think it is doing its very best to manage it well because, as has been stated, the government has been able to stick to the budget. That is good. The point I am making is that the whole Reid review and the plan that Fiona Stanley Hospital came out of, were to have proper planning for major facilities and the health services that go around them. However, what the current minister and the current government has done is basically pull a bit out of the Reid recommendations here and make a change there, so it has basically scrapped the findings of the Reid review and is now doing it in a higgledy-piggledy way. There are some good ideas here and there, but there is no coherent overall planning for our health services. That means that we do not get full value for our money and that, going forward, where the facilities are and the services that they will provide may not be the best match that we could possibly get. That means we will have other areas for which we will not have enough money to run the services that we need, because what everyone should know is that state governments cannot fully fund the health needs of this state. It does not matter who is in government; the demand is so big and continuing to grow, with the ageing population and other factors such as obesity et cetera, that no government will be able to fully fund the health services expectations of our citizens. Therefore, we need to properly plan, but this government has scrapped planning. It is a kneejerk reaction; it will do a bit here and it will do a bit there. It might be that the individual things the government is doing are good; it may be that there are good health reasons for them, as well as being good politics. However, without a proper coherent plan, the government will not get full value for money and it will find that it has a health system that it cannot properly fund.

Therefore, I come back to the situation at Osborne Park Hospital and why it is missing out. My constituents and the people who are served by Osborne Park Hospital are missing out because we do not have that proper level of planning. I will quote a short article in the *Stirling Times* from 1 May 2012, which is headed "Hospital on Hold". This basically fits with the information, I understand, but I cannot vouch for every bit of it, and the minister, I am sure, will correct it if some parts of the article are wrong. The article states —

> THE first brick of a new mental health unit at Osborne Park Hospital is yet to be laid. Planning was underway for the proposed 50-bed facility, according to the North Metropolitan Area Health Service. Set to replace beds at Graylands Hospital, the new centre is expected to open in 2016. A $22 million expansion of theatre suites was also set to open in 2014. The State Government dropped a $79 million proposal for a bigger redevelopment at Osborne Park Hospital in 2009. These broader plans to make the hospital a major Perth centre for elective surgery were scrapped to allow for necessary funding to keep Royal Perth Hospital open.

Minister, some little details in that article may or may not be correct, but it is clear that major planning for Osborne Park Hospital has been scrapped or pushed well back so that the government can fund Royal Perth Hospital. Coming back to the point I made, lack of proper planning means the government shoves money around and does not necessarily get the best services it needs in the areas it needs them. Therefore, Osborne Park Hospital is simply marking time and it will get it on a delayed program possibly sometime well into the future. That is not good enough. That will not deliver services when they are needed to the people who need them.

If we look to what was actually done at Osborne Park Hospital recently—that is, under the previous government—two institutions were built; one is open residential care and one is closed, for mental health patients. That is a very much-needed facility. I remember the campaign, when Jim McGinty was the health minister, we had to get that built and to address my constituents' concerns. I remember Hon Helen Morton at a meeting at a home across the road at which she gave support to people who said, "We don't want these homes built for mental health patients in our area." They are a huge success. I have to tell the house that I do not get any complaints at all from the people who live there. But about four years ago Hon Helen Morton was trying to stir up people to stop this development. I have visited the open living area there and spoken to some of the health service providers and some of the people who live there, and they think it is fantastic. I will tell one little story. At the meeting Hon Helen Morton was at, people were saying they could not have people with mental health issues living in their street. One of the chaps who lived just a street away—I will make up the name—sealed the argument for the night. We had been talking about the fact that these people were in the community and that we have to provide services for them, and if we provide supervised areas for them to live where they can take their medication, the community will have fewer problems. This chap spoke up at this public meeting and said, "Well, old Fred lives next to me and has done for years, and everyone knows he's bonkers; he is living next to me now, so why can't he live in one of these units where he will be supervised and get his medication?" That really killed the argument for the people who were worried about having mental health patients living in their street.

Dr K.D. Hames: It wasn't your neighbour was it?

Mr J.C. KOBELKE: No. The fact is that these facilities have now been built, but the major development to provide facilities for mental health patients has simply been canned. We may get something in the future, but a commitment seems some way off.

I would like to mention in the house this evening one other little aspect of this lack of planning; namely, as it has not been properly planned, there is a rush to find money to cover the gaps. The member for Armadale spoke about how cuts have been made to Armadale hospital's catering services to try to meet the government's budget problems. I repeat: every government has budget problems in health, but it is a matter of how it is managed and how it is planned. This government has put in a lot of money but it has not done proper planning. The example I would like to give is the implementation of new parking charges at Osborne Park Hospital. Again, it is a grab for cash to try to stem some of Health's financial problems because health services are very expensive. From a situation in which there were no parking charges at Osborne Park Hospital, they started in January at 60c a day for staff, and in July last year they increased that to $1.30 and by January this year it was $2. The fee is on a growth path to about $6 a day for staff. That is simply milking money from the staff to try to cover the holes in the budget. It is something the government is doing because it has not planned properly. But that action has knock-on consequences. It not only creates a problem for staff; it means the staff who do not want to pay that money park in the surrounding streets, and people are complaining that they cannot get out of their driveways because the street is full of staff cars from Osborne Park Hospital. The problem has transferred to the City of Stirling to put in parking restrictions, which may or may not work; that is a difficult issue. The problem is being created by this government as it seeks to milk money from the staff and perhaps in the future from visitors to Osborne Park Hospital. Courtesy of a question the member for Kwinana asked and therefore the minister's reply, for the nine months to March this year, parking fees at Osborne Park Hospital have raised nearly $92 000 compared with the situation the previous year, when no money was raised. Now, in nine months, the staff parking fees have raised nearly $100 000, and that is on the current low daily rate. Therefore, clearly it is simply to make money, because the government cannot plan our health services. The knock-on consequences are being worn by the staff and the people who live close to Osborne Park Hospital.

The last little matter, which I have written to the minister about—he has had the letter for only a couple of weeks or so, but I raised it with him in person some time ago—is the stand-off between the Public Transport Authority and the City of Stirling. While the minister is encouraging staff to ride to Osborne Park Hospital by providing some facilities and encouraging them to use public transport—using MultiRiders at another hospital, not this one—there is no bus shelter at Osborne Park Hospital. I started writing letters two years ago to the Public Transport Authority and the City of Stirling, but because of a bunfight about who is responsible, we cannot even get a bus shelter outside Osborne Park Hospital. The minister is putting extra pressure on people to use public

transport because costs to park there are being ramped up, but when the sun is beating down on a really hot day or it is raining, people cannot wait for a bus in a bus shelter.

Dr K.D. Hames: Have you written to me or the Minister for Transport?

Mr J.C. KOBELKE: I wrote to the Minister for Transport 12 months or so ago but nothing happened, so I wrote to the Minister for Health to see whether he can use some influence with the Minister for Transport. If he cannot sort out the problem with the City of Stirling, which is a particular problem between the two entities, at least a decent bus shelter can be built at Osborne Park Hospital under a one-off arrangement. It is long overdue. I hope to get a positive response from the minister on that.

I will not delay the house. I think the evidence is there that this government is spending a huge amount of money on health but it is not doing the planning so that the services are provided where we need them at the highest possible quality. The planning is not being done and we seem to have a mismatch with what is going where because the government is working on an ad hoc basis rather than according to a plan to ensure our health services are financially sustainable and the best quality services will be delivered where they are needed when they are needed, without the huge delays we are suffering with the construction of new facilities at Osborne Park Hospital.

DR K.D. HAMES (Dawesville — Minister for Health) [5.57 pm]: I swear I will have to do a bilirubin check on the shadow minister because he has a very jaundiced view of health services in this state. I might just wait until he is listening as I am responding to him. The first comment made by the Leader of the Opposition was in relation to the Reid review and this government's commitment to Fiona Stanley Hospital. Can I say, member, if this government had not been committed to Fiona Stanley Hospital, it would not be being built. Nothing had been signed by the Labor government when we came to government. In fact, I remember well, in the lead-up to the election, the former Minister for Health announcing the start of works for the new Fiona Stanley public hospital, and a bulldozer was clearing the block but there were no plans, no design, no contract—no nothing. The fact is that if we had not supported Fiona Stanley Hospital, we would have stopped it right there and done absolutely nothing. As it was, we made it very clear in the lead-up to the election that we not only supported Fiona Stanley Hospital and its concept, but we supported the Reid review in all aspects other than what was said about the retention of Royal Perth Hospital.

Let us go back for a second and talk about what the Reid review was about. This reflects somewhat on the member for Balcatta's comments about the future plan. He does not have to stay. It is all right; he can read it later. The Reid review recommended a reduction of tertiary beds within the health system—that is, Royal Perth Hospital, Fiona Stanley Hospital and Sir Charles Gairdner Hospital—and an expansion of the peripheral hospitals, and that is exactly what we have done. The whole point of the plan recommended in the Reid review was to reduce the costs associated with tertiary hospitals and to have the work done in secondary hospitals where costs are not so great; that is, Midland, Joondalup, Armadale and Rockingham hospitals. In the clinical services framework we put out, there is a reduction in tertiary beds from 2 744, which we have now, to 2 541—a 200-bed reduction.

Dr M.D. Nahan: Read that again.

Dr K.D. HAMES: By 2014–15, at the opening of Fiona Stanley Hospital, the number of tertiary beds is to be reduced from 2 744, as there are now, to 2 541—about a 200-bed reduction—but is to increase again after 2014–15. Secondary beds are to increase from 1 520 to 2 258 beds—about an 800-bed increase. Overall, it is a net increase of 500 beds. The clinical services framework which was in place and which set out where all those services were provided, how they should be provided and at what cost they should be provided, has been continued. The framework that was put out by the former government has been replicated by the new government, and it has been done by the same people; that is, the health department people have gone through and made their recommendations about the distribution of those services, and we have not changed that. So, far from the member for Balcatta's concept that we have moved away from those things, those things are very much in place. They have been impacted by some things, and the global financial crisis is a particular one that would have affected the member's hospital at Osborne Park. I know the member needs to go, so I am going in reverse order. Those things were put off. Without question, those extra things that were being planned have been delayed. We still have $40 million in the current budget for expansion, and the recommendation is to expand those numbers of beds. However, that delayed what was happening at Osborne Park Hospital.

On the other side of the coin, the member will recall that his government was going to close the maternity unit at Osborne Park Hospital right up until the last six months before the election. Here we had a hospital delivering 1 000 babies a year that was going to be shut down. Where were all the people who lived in the member's electorate and what was then my electorate going to go? They would have had to go to Glengarry Private Hospital as private patients, all the way north to Joondalup Health Campus, to King Edward Memorial Hospital,

or all the way out to Swan District Hospital. Therefore, I was very pleased when the former minister changed his mind on that, but that is what was going to be done. In terms of the overall plans in the Reid report, the only thing we changed was Royal Perth Hospital. What all the hospital fraternity say to me now is, "Thank God you did", because the total numbers we have through increased demand as a result of the growing population mean that we would have been in big trouble without that change. If the former government had taken those 400 beds out of the system, instead of having an increase of 500 beds by 2014, we would have had a 100-bed increase, which is nowhere near enough.

I get back to the issues raised by the shadow minister about the timing and what was going to happen with Fiona Stanley Hospital. The difficulty that was created by the former government is that that hospital was going to be ready in 2010. The former government had only about $700 million or $800 million allocated for it—in fact, at first it had only $400 million and something in the plan for it. I said, "You've got to be joking. The current international figures are about $1 million a bed, so if you're going to have 600-odd beds, you'll need at least $600 million or $700 million." The former government then allocated that amount. By the time it finished, it was $1.7 billion to build the 645 beds at that hospital. In 2006, the hospital was supposed to be finished in 2010. By 2007, it was to be finished in 2011; by 2008, it was 2012. It was a year out each year that we went forward. So, instead of it being finished in 2010, in the end it was to be finished in 2013 and opened in 2014. With that number of beds being out of the system when we desperately needed them, we had a significant shortfall in the number of beds. Across that, we have had growing demand; hence the problem that the shadow minister raised about bed numbers. With the growing demand, we have not had enough beds in the system when we needed them to cater adequately for all those services that we need to provide.

What have we done as a government about that? What steps have we taken to try to fix it? One was the four-hour rule. The four-hour rule required the whole hospital to not just leave everything to the poor emergency department, which had 30, 40 or 50 per cent of patients lying in a corridor for hours desperate for a bed. It made the whole hospital more efficient. Now we are down to figures of seven and eight per cent waiting that time for a bed. Although we said 98 per cent for the four-hour rule, and we did that on advice from the United Kingdom, the reality is that it has made a massive change in the way those hospitals operate. We have seen that 240-odd lives have been saved as a result of the new system, on proven published figures in a medical journal by Gary Geelhoed. It has allowed the more efficient operation of those hospitals. But still the demand continues to grow. The member for Ocean Reef talked about 18 per cent. It eased back to 11 per cent for a while for Joondalup Health Campus, but now it is back up to nearly 20 per cent. There has been a huge growth in demand at that hospital. Demand in every one of our hospitals is growing by five to eight per cent every year.

I get back to what the member for Balcatta said about the ability of the state to afford the growing cost in health. He said that no state could afford it. That is not true. In fact, it is because it is not true and that we could afford it that we were able to argue so hard with the federal government and hold our ground when it was trying to take over health. The member may be aware that in 2005, under his government, 25 per cent of state expenditure was on health. The figure for the last year is 25 per cent. It has stayed at that figure. So, despite the growth in costs, we as a state have been able to afford it. The problem other states have had, particularly Tasmania, is that they cannot afford it. However, in this state we have the financial capacity to meet the growing demand within the health system. Therefore, we are still at that 25 per cent of expenditure.

Mr R.H. Cook: The national health reform task force talked about the cost of health overrunning all state and local government revenue combined by 2050 or something like that.

Dr K.D. HAMES: I know; it keeps saying that.

Mr R.H. Cook: Are you saying that we are just at a point in time because we can afford it now, or do you disagree with that particular prognosis?

Dr K.D. HAMES: Maybe; but I have to say that I have heard that argument over and over again, and we have just heard it from the member for Balcatta. I hear it constantly from Treasury. In fact, last year it was saying that at the rate of growth of our budget, it would have to can half the rest of the government departments because the health department would need all their money, and here we are, another year after those comments, still at 25 per cent. The problem was that expenses were running away. It was partly under the previous government and partly under our government at the start of our term that expenses were getting out of control. However, we have managed to draw that back in. We have re-based the budget, we have a proper estimate of the growth in demand, and we are funding the health department to achieve that. Things like cutting out sweets at lunchtime at Armadale hospital are clearly not decisions made by me, nor, in fact, by the health department. We expect each area to look at what it does, look at the money it gets and make a sensible decision. It has clearly been decided that not having sweets at lunchtime at Armadale hospital frees up 20 grand that it can better use for something

else. We do not take it off the hospital. It is being funded to its level of demand, and it uses that money responsibly in the best way it can to provide the services needed.

Mr R.H. Cook: But if you peg it at 25 per cent, are you going to continue to meet that growth in demand, which is about nine per cent in EDs across the sector, and the growth in elective surgery? You are struggling with bed block at the moment.

Dr K.D. HAMES: We are, because the issue with bed block relates to lack of beds. We have done two things. We have continued the build, as recommended by the Reid review, but of course we have kept Royal Perth Hospital. It must be remembered that what was said by those who criticised the change in Royal Perth Hospital and keeping Royal Perth Hospital for what happens at Joondalup, or in fact at Midland, is not true. The previous government under Jim McGinty as health minister was going to change the 600-bed Sir Charles Gairdner Hospital to a 1 000-bed hospital. Therefore, instead of putting those 400 beds there, we have left them where they were, so that has not taken away from anything. We are seeing the rapid expansion of Joondalup Health Campus. Would it have been a tertiary hospital by now if the previous government were still in power? No, it would not, because, again, those contracts were delayed.

Mr R.H. Cook: We said 2015.

Dr K.D. HAMES: Yes, but by 2015 we will be only just finishing the first stage. Under the previous government, the first stage was supposed to be finished in 2011–12, and the second stage, which would have led to it becoming a tertiary hospital, was to be four to five years after the first stage had been finished. Under our government, it is the same. Our prediction for 2020 in the clinical services framework is for Joondalup to grow from the 471 beds currently in place to 594 beds. That next phase of the expansion at Joondalup will occur—as would be the case under a Labor government—four to five years after the current phase, because that is when the demand will grow. Part of the equation for whichever one of us will have to deal with that will be what to do in the further northern suburbs and the huge expansion north of Burns Beach and Joondalup. Whether to build another major hospital out there will be a difficult decision for the future. However, the government's current plan states the number of beds that will be needed at Joondalup by 2020, in which case it will almost inevitably become a tertiary hospital.

Mr R.H. Cook interjected.

Dr K.D. HAMES: I think it will by then.

What is the difference in having a 600-bed tertiary hospital at Sir Charles Gairdner and a 400-bed tertiary hospital at Royal Perth from having a 1 000-bed tertiary hospital at Charlies? There is no difference. Whenever that demand eventuates, it eventuates. It is inevitable —

Mr R.H. Cook: I think you'll find that the people travelling on the Mitchell Freeway will think there's a difference.

Dr K.D. HAMES: Yes, but we have had a bit of a discussion about the services a tertiary hospital provides, and there really is not a lot that it will not provide—other than it will not be a state referral centre and will not undertake elite level burns or major trauma work. Those services are put in place when there is demand for them, and that will happen. I have no doubt that Joondalup will become a tertiary hospital, and the timing will depend on the demand and, of course, the government funding needed to build a hospital of that capacity. That will be a challenge for all of us in the future, as we have to look at where the next hospitals will be needed.

Mr R.H. Cook: As you know, that is my thesis: through the clinical services framework, you clinically depress the projection growth for population in the northern suburbs to underestimate the demand levels.

Dr K.D. HAMES: I do not think that is the case. In fact, the population growth demand for the whole metropolitan area was underestimated a few years back, but that has now been corrected. Not only has it been corrected to move us to the medium growth sector, but we have built into our negotiations with Treasury a bi-annual review of those figures. The member might have noticed in the last midyear review that health received extra money based on growth in demand. We have a much more robust system in place to deal with those sorts of matters.

I refer to the member for Mandurah's issues with the hospital at Peel. I have given him some of the information that he asked for off the record—not that there is a problem with putting it on the record. Peel was not part of the Reid review, but it is a critical hospital. Demand at that hospital in the next two or three years will reach levels that will require the government to do something. Where do we invest the next lot of money for capital works? Armadale is one such place. The clinical service framework proposes to increase Armadale's present 270 beds to 437 beds by 2020–21. That is in the clinical services framework document we put out. It does not have any money attached to it yet—any more than Midland —

Mr W.J. Johnston: So what happens at Bentley?

Dr K.D. HAMES: Bentley is in the clinical services framework; it is the same, except that maternity may be kept there.

Mr R.H. Cook: Minister, could you table that document and perhaps we can have it circulated?

Dr K.D. HAMES: I do not know that I have any choice now that I have read from it!

Mr R.H. Cook: I do not think so—no.

Dr K.D. HAMES: It predicts bed numbers and there is lots of scribble over it and a few changes, but these are numbers that I was able to access through Jim McGinty. They are in the clinical services framework, so I do not think there is anything on this page that members cannot already get off the record through the clinical services framework. For example, it shows that some bed numbers will decrease in the future, when clearly they will not decrease. A good example of that is the bed numbers at the children's hospital. I would take this with a grain of salt because some of these figures are carried over from past clinical services frameworks for 2020 that have not been changed. I will table the document when I have finished, thanks. I need it for now.

The figures show a major expansion in Armadale hospital. What it does not show is much of a change at Peel for which the bed numbers will increase to 210 from the current 177. In my view, it will need to grow much more than that as we get into planning. Someone in government will have to find money over the next eight years to develop Armadale to cater for that capacity, to expand Peel and to look to the second stage of Joondalup, and, in fact, to look north of Joondalup—something that is not on any of the plans yet with either location or funding.

Dr A.D. Buti: The Deputy Leader of the Opposition will be able to do it easily enough!

Dr K.D. HAMES: Sure! He will have the same restrictions as I have. The good thing is that if he gets in, he will come to a budget that now has a much better base than it had before and much better planning and control of the development and growth of these issues.

Mr R.H. Cook: Then you can brief me on all the blow-outs.

Dr K.D. HAMES: Yes; that would be right!

I will briefly mention elective surgery because members opposite mentioned it. Members opposite know Western Australia is now equal best in Australia for the lowest number of waiting days for elective surgery. What I said is true: despite the fact the list is growing, it is the time in which people are seen that is important. We are equal best in Australia for seeing patients within the appropriate time. My worry is that as demand grows, and as population grows, and with the ageing population, even though we are in front of the game at the moment, we will reach a time when we will not be in that position anymore. We will reach a time when, even though we are doing surgery well in advance of the benchmarks set by the commonwealth, and well in advance of next year, it will catch up to us. We must look at those lists and either farm out some of the work—I can tell members that GPs have the capacity to do quite a few of the simpler procedures on the surgery waiting lists and I can give members a good example, off the record, of a patient whom I saw in that regard—or look to do that surgery more efficiently. For example, when we move out of Shenton Park, we could perhaps keep some waitlist surgery at that location. An extra jump in funding will be needed over the next few years to properly fund keeping in front of that surgery waitlist. Nevertheless, we have targets; we are getting commonwealth funding, and by and large we are meeting those targets so far.

The other thing the state government did about the lack of beds was to fund Silver Chain more than $20 million a year, and that has, at a conservative estimate, created an extra 600 beds. These relate to patients who would otherwise be in our hospitals who are now being looked after in our community. In fact, the latest figure that I saw had more than 700 being provided for in that way. It is a significant commitment to try to keep patients out of hospitals and in their homes, thereby keeping demand from our hospitals. The reality, as we know, is that the more hospital services provided, the more demand for them grows, and the greater the pressure on those services. I guess we have seen that happen, particularly at Joondalup. All these flash new facilities were put on to deal with the future by significantly expanding its size, and demand went up 18 to 20 per cent. It is not just patients who cannot get in to see their GP; the profile of the medical problems with which they present is across the full spectrum right up to serious medical problems.

Ms J.M. Freeman: Is that saying that there is a whole bunch of people who do not go out and get services?

Dr K.D. HAMES: I have no idea. We think increasing facilities at Joondalup will reduce the pressure at Sir Charles Gairdner and Royal Perth Hospitals, but it does not because their demand has increased six per cent as well.

Ms J.M. Freeman interjected.

Dr K.D. HAMES: Some people have made the suggestion that it relates to the lack of available GPs. A minor infection would normally be treated early by a GP, but because the person cannot immediately get in to see the GP, they have a much more serious infection—for example, pneumonia or a cellulitis or whatever—by the time they present at hospital. Perhaps that explains it. This is a problem that we see throughout the world: the more health facilities provided, the more people there are to service.

I think I will wind up there, Madam Acting Speaker, because we have other things to do. It is a shame because this motion gives me a great opportunity to talk about all the things that we are doing in health. I would like to close with a reminder of what it used to be like for me when I was the shadow minister for Health. I would be down in my electorate and I would get a call from the media saying, "Quick, we need to interview." I would drive up from Mandurah and they would drive down and we would meet around Safety Bay Road. The media would say, "Such and such is happening, isn't that just another example of the health system in crisis?" And I would say, "Oh, yeah, absolutely, definitely!" I do not think the shadow minister is being questioned by the media with the leading comment, "Tell us about our health system in crisis", because it just is not. It has problems and it has challenges, but at the end of the day with the staff and the funding that have been provided for health, it is, at worst, keeping its head above water, and I hope that we will see in the future that is actually surging forward.

The ACTING SPEAKER (**Ms A.R. Mitchell**): Is there a document to be tabled?

Dr K.D. HAMES: Yes; sorry.

[See paper 4820.]

Question put and a division taken with the following result —

Ayes (18)

Dr A.D. Buti	Mr F.M. Logan	Mr E.S. Ripper	Mr P.B. Watson
Mr R.H. Cook	Mrs C.A. Martin	Mrs M.H. Roberts	Mr B.S. Wyatt
Ms J.M. Freeman	Mr M. McGowan	Mr C.J. Tallentire	Ms R. Saffioti *(Teller)*
Mr W.J. Johnston	Mr M.P. Murray	Mr P.C. Tinley	
Mr J.C. Kobelke	Mr J.R. Quigley	Mr A.J. Waddell	

Noes (23)

Mr F.A. Alban	Dr E. Constable	Mr R.F. Johnson	Dr M.D. Nahan
Mr C.J. Barnett	Mr M.J. Cowper	Mr A. Krsticevic	Mr D.T. Redman
Mr I.C. Blayney	Mr J.H.D. Day	Mr W.R. Marmion	Mr M.W. Sutherland
Mr I.M. Britza	Dr K.D. Hames	Mr J.E. McGrath	Mr T.K. Waldron
Mr T.R. Buswell	Mrs L.M. Harvey	Mr P.T. Miles	Mr A.J. Simpson *(Teller)*
Mr G.M. Castrilli	Mr A.P. Jacob	Ms A.R. Mitchell	

Pairs

Ms L.L. Baker	Mr J.J.M. Bowler
Mr P. Papalia	Mr J.M. Francis
Mr D.A. Templeman	Mr C.C. Porter
Mr A.P. O'Gorman	Mr V.A. Catania
Mr J.N. Hyde	Mr B.J. Grylls
Ms M.M. Quirk	Mr P. Abetz
Mr T.G. Stephens	Dr G.G. Jacobs

Question thus negatived.