PUBLIC HEALTH BILL 2014
PUBLIC HEALTH (CONSEQUENTIAL PROVISIONS) BILL 2014

Cognate Debate

Leave granted for the Public Health Bill 2014 and the Public Health (Consequential Provisions) Bill 2014 to be considered cognately, and for the Public Health Bill 2014 to be the principal bill.

Second Reading — Cognate Debate

Resumed from 26 November 2014.

MR D.A. TEMPLEMAN (Mandurah) [4:11 pm]: If I was not so tired, I would be far more energetic. It is probably going to be made very clear that I am not the lead speaker on the Public Health Bill 2014 and the Public Health (Consequential Provisions) Bill 2014 for this afternoon, but I do want to make a contribution. The Public Health Bill has a quite a significant number of clauses —

Several members interjected.

Mr D.A. TEMPLEMAN: I did not have the prawns at lunch; I do not know why everyone has left so quickly!

Given that the bills will be dealt with cognately, a number of significant issues are associated. I am going to take this opportunity to raise a couple of issues with regard to public health for the Peel region in particular because I believe we are at an interesting stage locally. I am glad that the member for Dawesville, in his capacity as Minister for Health, is in a position, given that he has indicated that he will not be standing at the next election, to deliver a legacy with regard to health in the region. There are some important aspects that have been evident in the region that need to be seriously canvassed. I have been critical on a number of occasions in this place of the clinical health framework. The Reid report that came out in the early 2000s was the key framework that ultimately saw the addition of Fiona Stanley Hospital to the tertiary hospital asset base. Within that framework sat the issue of the Peel Health Campus as the key regional hospital for Mandurah and the surrounding Peel region. The Peel Health Campus does not factor very highly in the Reid report. It is mentioned on a number of occasions, but from a strategic perspective many believe—I agree with them—that the Peel Health Campus and its role into the future was not widely canvassed or widely articulated. Some might say that that was because of the difficulties of the contract, but irrespective of the personalities and the contract's difficulties, the fact of the matter is that that hospital will remain the key public health infrastructure in the region, even though there is a contract that oversees the delivery of services. Along with a series of other key pieces of infrastructure, including our community health services and assets that are evident in Mandurah, there is the vexed question—it has been vexed for government—of the ongoing future of Murray District Hospital.

In its current structure, the clinical framework does not give enough guidance for the future of the ongoing delivery of health services for a growing population. When the Peel Health Campus was known as simply Mandurah Hospital in the early 1990s, it was catering for a vastly reduced population from the one that the health campus is catering for now. When one tracks statistics such as presentations at accident and emergency, births at the hospital and a range of other statistical information, it is not uncommon to find that many hospitals have over the last decade and a half had to address or deliver services to an increased population. But the problem I have always believed exists is that because there has been no firm determination as to the genuine role that the campus will play into the future, we have not seen the plan for health into the future. My personal view is simply this: there needs to be a comprehensive audit of health services in the region in terms of what is currently being delivered to the people of Mandurah, Dawesville and Murray–Wellington and what provision of services will need to be delivered to cater for the growing population of the future. The Minister for Health will know this very well. When the demographics of the region are known in that it has a higher proportion than the state and national average of people in certain age cohorts, we have to address this issue of knowing our big plan for the region into the future. I believe we need a comprehensive audit and plan to see how all the bits fit together now, but more importantly is the question: what will health delivery look like in the Peel region in 10, 20 or 30 years hence?

One of the things that I fear about Fiona Stanley Hospital is that it becomes the only answer for many services that we should still be demanding should be catered for locally. We are in a very interesting situation in the Peel, and Mandurah in particular, in being a regional centre. I bang my head against this every day—usually it is amongst some of my own colleagues—about the special identity of the people who live there.

The assumption that a person can simply jump on a train and get to the new Fiona Stanley Hospital or zip up the road to Rockingham General Hospital is not necessarily the reality. Even though some members might simply see Mandurah and Dawesville as the southern suburbs of an expanding metropolitan region, the people living there want services delivered locally. If a person needs tertiary services for their medical needs, there is no

argument; they have to go to the nearest tertiary hospital. As the Minister for Health articulated to me in many of his responses, for many people in Mandurah that will increasingly be —

Dr K.D. Hames: Sadly, I will not be able to give you responses on this matter because what you are talking about has nothing to do with the bill.

Mr D.A. TEMPLEMAN: I know, but it is important in terms of the framework. The minister knows that this is true for his constituents, and it is the same for many of mine—this genuine question about why some of these things cannot be delivered locally. I will give members one example, and the minister knows it very well. I have previously grieved to the minister about what happens to people who live in Mandurah or the surrounding region when they break a bone. In one case a young woman who lives in Dawesville broke her leg during a horseriding accident. It was not a severe break—a compact fracture or one of those nasty ones—but it certainly needed to be treated. However, the orthopaedic response was that the breakage resulted in her being transferred to a hospital further north. People break their wrists, a limb or a particular part of their anatomy, and invariably the reality now is that a significant number of them are not treated at the local hospital but are transferred outside the area. People know there is a fracture clinic in Rockingham and that this is where they should attend if they have a fracture, but they want an explanation about why they cannot be treated locally. This is not a criticism of the hospital. However, if we could continue to attract quality surgeons or respondents who live and work in the region, it may add to our case. The fact is, however, that people want these services provided locally. There was a time when people requiring chemotherapy treatment would have to jump on the community bus or the buses to get up to the oncology treatment hospitals to the north of Perth at Sir Charles Gairdner Hospital and others. But now we have some local services for chemotherapy, as we are well aware. That is great because it means that those people can have their chemotherapy treatment locally where their families and loved ones live, and they can be supported.

The minister answered my question the other day about the patient assisted travel scheme. The reality for most people in Mandurah now is that they are ineligible for any PATS support because they fall outside the determined kilometre radius from the newly opened Fiona Stanley Hospital. The reality is that most of the people living in Mandurah—as the minister highlighted in his recent answer to me—and many living in the Shire of Murray, up through to the North Yunderups and the Ravenswoods of the world and down into the minister's electorate as well, are now not eligible for PATS. It is quite likely that they will have no transport support for their treatments or operations, or to attend appointments in Perth. Automatically, members in this place will say that they can use the train. When a person is sick or getting treatment, if they are old and have no family members who can drive them around, and if they do not have access to the Country Age Pension Fuel Card—some people in Dawesville and in the Shire of Murray have it, but no-one in Mandurah has access to that card—they will have to increasingly rely on friends and family, if they live nearby, or public transport to get to their appointments. I assume the health buses will continue to operate. When the minister gets a chance to make a couple of comments—even though this matter is not covered by this bill—he might reassure us about the buses. The minister knows that every day a number of buses take patients up to Perth for oncology treatment. There is also the interesting question about the proposals by the contract holder, Ramsay Health Care. Negotiations are ongoing with regard to the contract, and there is the genuine question about the expansion needs of the hospital itself. The previous contractor committed $70 million plus to expand the hospital. Of course, a new contractor is now involved, but there is no doubt about the need to expand the hospital, particularly the private aspect of the hospital, which is very important. I assume that it will be part of the ongoing contract negotiations.

I want to place on record my appreciation of the chief executive officer, Dr Margaret Sturdy. Unfortunately, over a number of years Peel Health Campus has had a chequered history with CEOs. I will not go into the personalities and issues associated with the demise of a number of those CEOs, or indeed the high-level management there, but with Ramsay taking over from the previous contractor, there was a great sense of change at the hospital within a few weeks.

[Member's time extended.]

Mr D.A. TEMPLEMAN: The ongoing battle that the previous contractor had with sections of the workforce was well documented and very antagonistic, which did not help staff morale at the hospital. In my view, that has all turned around. One need only talk to staff at the hospital now to know that their morale and a common sense of purpose are much stronger than they have ever been. That is due, in part, to the leadership of Dr Margaret Sturdy, with whom I have a very good relationship and meet regularly. However, the future of Peel Health Campus and how that relates to the delivery of ancillary health services that link into the overall provision of services is important. I also believe that we need an audit of our health services and a revised or clarified health plan for services in the future, given that our population will continue to grow significantly and be concentrated not just in Mandurah, but also out to the east and into the Shire of Murray. The need for that plan is crucial, particularly given that we are at an interesting juncture in our development as a city and a region.

One of the big threats to the region is the dissolving of the region by stealth. By that I mean that for most, if not all, state government departments, the autonomy or centralisation of decision-making is now very much Perth-based. In health, Mandurah has been part of the South Metropolitan Health Service for decades I think, but we were once part of the Country Health Service. In policing, we are now part of the south metro hub and in education, we are now part of the south metro education district—we are responsible for 240 schools. The dissolving of Mandurah and Peel as a regional entity has happened by stealth. Unfortunately, very few people—I claim that I am one of them who has—have stood up and argued and fought against it. The electoral commissioners might be looking also at the seats of Mandurah and Dawesville, or Mandurah as an electoral entity. In the last redistribution, they focused purely on numbers, not on historical and/or identity issues. I fear in the redistribution, for example, that our status may be even further threatened because they have a problem with some southern suburbs' thresholds in the south metropolitan electoral region. They might see simply dumping Mandurah and indeed Dawesville into the metropolitan area as a short-term fix. I will fight that.

The DEPUTY SPEAKER: Member for Mandurah, I think you are straying from the bill now.

Mr D.A. TEMPLEMAN: No, this is very important because it is about how we are perceived as a population and how we are perceived to be serviced. That will be the death knell, quite frankly, because we will be absorbed into the metropolitan area by stealth, not by law. There will be no going back if the Electoral Commission makes that decision. It will be very difficult for me to stand in this place and continue the argument that we are a regional identity because every boundary will show us as being part of the metropolitan area. I keep saying that we should be asked first. I want a plan for health because the people I represent have the right to demand that the health services they need are delivered locally and that we do not just get the answer that there is this wonderful tertiary hospital 70-odd kilometres to the north and people can just jump on a train and get there. I have a very good friend who is a businessman in Mandurah who has been going back and forward from Perth for oncology treatment. Touch wood, I hope it never happens to me or my family members, but many people in our region and everywhere are affected by the scourge of cancer and their lives change overnight on diagnosis. We cannot assume that because people live within a catchment, it is easy to get to the nearest tertiary hospital; it is not. If sick people have to go back and forth from Perth every day for six or seven weeks of treatment—that is what happens with some oncology, chemotherapy or radiotherapy treatments—it is absolutely taxing. I previously raised in a letter to the minister a story of another cancer survivor, thank goodness, who is a low-income earner living in North Yunderup. She is trying to hold down a job as an education assistant whilst at the same time trying to get to radiotherapy treatment. She can get it only in Perth or in Bunbury, interestingly enough. Some people have been sent from Mandurah to Bunbury for radiotherapy treatment. It is 100 kays to Bunbury and 70-odd kays north to Perth. There is this assumption that people can get there. I know what the traffic is like. On Thursday morning I have to leave by 7.00 am to make sure I get to this place by 9.00 am because of the congestion on the freeway. That is the reality for people who are sick and have treatments. The patient assisted travel scheme will not help with accommodation or support for travel. People are on their own and they have to get there day in, day out. If they are suffering from cancer and are having chemotherapy treatment five days a week for six or seven-week stints, that is a hell of a challenge for a family. For a woman such as the lady I mentioned from Yunderup with a low-income job and she is the only breadwinner—because she is—it is a big challenge. The question then becomes: can we not, and should we not, agitate for some of these services in the region? Radiotherapy treatments are very expensive. I do not profess to be an expert in health matters. However, there has to be a time when we do not accept every single answer being that there is a country hospital 70 kays away when there are services that should be factored in to be delivered locally in the region for a growing population with the demographics that I and the member for Dawesville currently have in our electorates.

Mr J.H.D. Day: This bill is not actually about hospital services. I trust that is something that has been considered.

Mr D.A. TEMPLEMAN: No. I know, but it still is about public health and the delivery of public health to Western Australians. What I have tried to articulate today, Leader of the House, is—it says that in the title —

Mr J.H.D. Day: It is about what is otherwise known as population health; it is not about community health.

Mr D.A. TEMPLEMAN: If the minister had been here, he would know that I have been talking about population-related issues in health because my region has been dealing with exponential population growth for a number of decades. When I first moved to Mandurah in the late 1980s, the population was fewer than 20 000 people and it was not even a designated city. It was not designated a city until 1990. There are now 80 000 people living in the City of Mandurah. I take the Leader of the House's interjection in good nature, because I did guarantee that I would get his bill through by 4.00 pm, and we did do it, even though the Leader of the House gagged us all the way through. It is very important when I have an opportunity to debate bills such as this that I use the opportunity to articulate the needs and aspirations of my community. This is about population. As Perth continues to grow, the Peel region—as the Minister for Planning, the Leader of the House knows this very well—is expected to accommodate into the future a significant proportion of the current wave of population

growth that we are expecting into 2031. If we do continue to grow, the delivery of health services to a growing population with certain demographic needs is an important issue to raise before that population arrives. Members only have to look at the predicted tsunami numbers of Alzheimer's and dementia diagnoses. That is a big issue for people in my region because we have a significant number of people over the age of 60. Since the figures for the dementia and Alzheimer's diagnoses will grow exponentially, it is an issue for us to plan for locally.

Whoever is the member for Mandurah in 20 years—it could be me, and if I am still here, I would be the father of the house—should not have to come into this place and say, "Gee, had we done things better in the early part of the new century, we could have done it."

Mr J.H.D. Day: I know you have only a minute to go, but I will give you a tip in your remaining 30 seconds as something you could talk about that is relevant to your area and relevant to the bill—Ross River virus, mosquito-borne diseases and communicable diseases. That could get you on the right track.

Mr D.A. TEMPLEMAN: Absolutely. That also relates to the Minister for Planning because, as he knows, tracts of land have been proposed in the past for a significant proportion of people to live in. Keralup is one example. That is one of the main reasons that the Environmental Protection Authority and the Department of Health have recommended strongly against such developments in places where that sort of communicable and debilitating disease can spread.

With that, I hope I have spoken to the bills. It was very clear from the Minister for Health that I have not, but I hope I have made a contribution.

MS S.F. McGURK (Fremantle) [4.40 pm]: I would like to make a couple of points on the Public Health Bill 2014 and the Public Health (Consequential Provisions) Bill 2014. I find it very difficult to resist the temptation to talk about health services, because people in my electorate and the broader Fremantle area have felt quite severely the current reduction in health services now that Fiona Stanley Hospital has come online. I would like to take the opportunity to give a few examples of that this afternoon. I understand that the Public Health Bill, as the Leader of the House has pointed out, is about broader public health preventive measures; it is about preventing illness. It is the sort of legislation that is needed to protect and promote the health of the public of Western Australia.

In looking at the bill and after getting some feedback about the general tenets of the bill, I noted and was given cause to think about the effect that the state government's announcement to close a number of remote Aboriginal communities will have on the health of that section of the population. At the moment, services such as water, power, diesel supplies and rubbish removal, and services provided by visiting health officials, will be removed. I am not quite sure what beneficial impact that could have on those people. The government says that it will not force people to leave those communities, but of course, without those basic services, which every other Western Australian enjoys, whether they live in the metropolitan area or regional areas, people will be forced to move to towns. From what I can gather, the experience from other closures is that when people move to towns, there are not sufficient facilities to house them, let alone provide them with other services such as health, proper shelter, education and the like. This bill might enable the infrastructure for public health planning and preventive measures to be put in place, but it seems to me to be quite important that consideration be given to the best way that direct health services and also the general wellbeing of those people living in remote Aboriginal communities can be addressed. Simply closing services and telling those people that they are on their own for the sole reason that the federal government has decided to withdraw money for those services is a very poor outcome and reflects badly on this government.

One of the issues that I said I wanted to address is the effect that Fiona Stanley Hospital coming online has had on the number of services in the Fremantle area. As I said, the Leader of the House pointed out that this bill is not about specific health services, but my concern and the community's concern about closing the emergency department at Fremantle Hospital is not because there is another emergency department 20 or 25 minutes away. We understand that that department is there and it is, I understand, a more sophisticated and well-equipped emergency department. That is all fine and good, but what does closing the emergency facilities at Fremantle Hospital mean for those people who will find it difficult, and simply will not get to Murdoch, to access the emergency department at Fiona Stanley Hospital? I think of the number of mental health patients who access services at the Alma Street Centre at Fremantle Hospital. Fremantle is a population centre, so it has a number of homeless people who either congregate there or stay in other places and access services in Fremantle. Without some sort of 24-hour emergency facility at Fremantle, the health of those people will suffer.

Some people have criticised me and others who are concerned about and opposed the closure of Fremantle's emergency department and have said, "There's a new facility at Fiona Stanley Hospital. What are you complaining about? You cannot have everything." We know that other hospitals such as Rockingham and Armadale, which are feeder hospitals to Fiona Stanley Hospital, got to keep their emergency departments. We are not saying that it needs to be the full-blown emergency department that the hospital enjoyed previously, but

some sort of facility in Fremantle that people could attend after hours to be treated is appropriate. I think the closure will have a detrimental effect on a population that is hard to service; people who have mental health issues, people who are homeless and people who face a range of challenges will find it difficult to get to Fiona Stanley Hospital. They find it difficult to access ambulances, so they simply will not access those services. I think that is a real shame. Ambulance bypass hours have already increased significantly, which of course is a real worry considering that a brand-new tertiary hospital has opened. We have heard some pretty shocking cases of people who have been turned away from Fiona Stanley Hospital and sent to other hospitals. In a case of some constituents from my electorate, people who were expecting to go to Fiona Stanley Hospital to have a baby were turned away and told to battle peak-hour traffic to get to Bentley Hospital, which they had never been to before. It was an extraordinary story. It is incredible that Fiona Stanley Hospital could reach capacity in those areas so soon after it opened. I am concerned about the overall health outcomes for a section of the community that not only live or are centred in my electorate, but also come to Fremantle to access broader services, whether they be Centrelink, food supplies or other social services. I think they will miss out because the emergency department at Fremantle Hospital has closed. I genuinely hope that we can revisit that issue.

When I was running for election during 2012–13, the previous Barnett government closed the Fremantle Hospital GP service that sat alongside the hospital's emergency department. That was another extraordinary decision of the Barnett government. The state government said that the Reid recommendation was that Fiona Stanley Hospital should be built and other hospitals nearby such as Fremantle Hospital should be scaled down. However, one of the other recommendations in the often referred to Reid report is that emergency departments have GP services alongside them, preferably 24-hour services. My recollection is that the Reid report says there should be 24-hour GP services alongside emergency departments so that people who only need a GP that is accessible, in particular that is bulkbilled, can go to the GP service that is alongside the emergency department and not go into the ED itself. That worked very well at Fremantle Hospital for a number of years and people could not understand the logic of the Barnett government, in its first term, deciding to close that facility that at that time sat alongside Fremantle's emergency department. The facility was relocated to East Fremantle and the doctors did a fantastic job. They had a reputation of being able to deal with the clientele, some of whom I described earlier. They had good experience in that area, but to move that service away from sitting adjacent to the emergency department was a bad move. It is bad health planning.

Dr K.D. Hames: I'm sorry, member, not to be here while you were talking, but one of your members in the other place wasn't well so I was looking at him.

Ms S.F. McGURK: I hope they are well.

Dr K.D. Hames: He's okay.

Ms S.F. McGURK: I was speaking about the decision of the Barnett government in its first term to close the GP service that sat alongside the Fremantle Hospital emergency department. It was a good service.

Dr K.D. Hames: I don't think it's fair to say it was our decision to close them. They decided to close because they wanted more funding support, which we did not give.

Ms S.F. McGURK: There was quite a bit the government could have done quite easily to retain that service. They were not asking for extra money; that is not what it was about. It was about providing support and integrating services at the hospital. It had been a very successful model. I was referring to recent examples, such as Fiona Stanley Hospital and other emergency departments being stretched—even at this early stage of Fiona Stanley's operations. This indicates that decisions by previous governments to place GP services so they are accessible to people and encourage people away from emergency departments because they can just as easily see a GP is commonsense.

I spoke the other day, when we were debating the tax legislation that was before us, about the state of the budget and about this government's broken promise and how it says it will do one thing when in fact it does something quite different. I spoke about a couple of health services, whereby people were given assurances that with Fiona Stanley Hospital coming online, services would not be reduced. However, people who were accessing a series of services have come to see me and have had exactly that experience. For instance, people had a very good experience at the pain management unit, which was a multidisciplinary unit that was managing people with chronic pain and that had a range of different specialty doctors and physicians attached to it. People have said that that was working very well, but when that unit was transferred to Fiona Stanley Hospital, some of their more experienced staff were not transferred. I pre-empt the minister's saying that people could have applied for jobs and that the government tried to relocate people, because we were getting different stories.

Dr K.D. Hames: I will not be able to answer your statements because you are not talking about the bill.

Ms S.F. McGURK: It is an opportunity for me to talk about these very important health issues in my electorate, minister. People would get one story from government, but, in fact, their experience was something else—whether it was people from the pain management unit or from the inflammatory bowel diseases unit, which we spoke about this week in Parliament, or whether it was people working with the renal unit who had years of experience dealing with different physicians and speciality units. People said that those three units were working very well, but the government made the incredible and difficult-to-fathom decision to dismantle those units or had decided not to appoint some of the speciality staff. In the case of the inflammatory bowel diseases unit, we saw a tragic repercussion of that decision, with the death of one person who was a patient of that unit. I know that people in the pain management and renal units were devastated at the way the government handled transferring services between Fremantle Hospital and Fiona Stanley Hospital. It was certainly not because they minded travelling to Fiona Stanley Hospital; it was about the staff and the amount of experience that was lost in the relocation.

I would be remiss if I did not speak briefly about Kaleeya Hospital. Again, the connection between this issue and the bill before us is that numerous people—women who had children at Kaleeya or doctors and gynaecologists who worked at Kaleeya—said it was a great place to have a baby. It was pretty uncomplicated and small scale; it was a good place for an uncomplicated birth. It had the sort of scale and environment in which many people would hope to be able to deliver their baby. It has now been sold and I understand it is going to be an aged-care facility, and that facility has been lost. In the week that Fiona Stanley Hospital opened for maternity cases, for birthing services, it was at capacity for births. That is really remarkable.

[Member's time extended.]

Ms S.F. McGURK: It was at capacity the first week it opened. We were told there was a spike in births. It is really hard to fathom how a new hospital in 2015 could fail the futureproof test so thoroughly in its capacity in birthing suites and capacity to handle. I spoke earlier about a case.

Dr K.D. Hames: It was only while they were gearing up. They have a lot more capacity than they had open at the time.

Ms S.F. McGURK: It was little comfort for that couple who were sent along their way and had to deal with driving to Bentley Hospital.

Dr K.D. Hames: I understand that. They had an unprecedented spike. They were just opened and just starting. They had a long way to gear up fully and they had a huge load of patients in a few days. It is very sad for them. I understand.

Ms S.F. McGURK: That is partly an issue about the transition.

Mr R.H. Cook: You could have left beds open at Kaleeya while you were transitioning.

Dr K.D. Hames: You can't do that. You can't have them in two places.

Ms S.F. McGURK: Next time the minister is speaking, I will make sure that I chat on and interject at length.

It could be about the transition, but more importantly people are saying that Kaleeya was a good place for an uncomplicated birth—a straightforward birth.

Dr K.D. Hames: So was Woodside.

Ms S.F. McGURK: We understand that and we understand that there need to be changes, but to lose both of those options is not a step forward—the closure of Kaleeya certainly is not—and it is a waste to have the resources of Fiona Stanley Hospital, a full tertiary hospital, used for all births in the south metropolitan area. That will have public health implications if we want people to have positive birthing experiences. Good health indicators come off the back of that. After the closure of Kaleeya, the government wasted no time selling that facility. I think its sale raised just over $17 million and that money was taken out of the Fremantle area quick smart; we will not see a penny of it spent in Fremantle.

Another facility I want to speak about briefly—again, this goes to the challenge of making sure that different population centres or target groups are accessed in regard to health services—is the Fremantle Women's Health Centre and the good work that it does. It is a community health centre that has been operating in the Fremantle area for some time. I was not expecting to speak this afternoon, so I do not have the specific number of patients that the centre sees, but I spoke about the centre recently in a statement to Parliament. I understand that that centre, along with other women's health centres, does quite a bit of work targeting women who would otherwise find it difficult to access health services—be they young women, women from ethnically diverse backgrounds or Aboriginal women—and targeting specific health services such as pap smears, counselling services and some postnatal services. The Fremantle Women's Health Centre—there are a number of these centres around the metropolitan area—has built up expertise in this area over many years and is able to operate on the ground. It does not just ask people to come into its facility in South Street in Fremantle; it increasingly goes out and does

community work, whether it is in Cockburn or other areas within its catchment, and makes sure that it is present in the community.

I understand that women's health centres have been asked for the first time in a long time to competitively tender for their funding. They receive funding from a few different sources, but the lion's share comes from the state government. The Fremantle Women's Health Centre has been asked to embark on a competitive tender for its operations. Although it is very clear about the benefits of the work that it does, community centres or not-for-profit centres worry when there is open competitiveness for funding. There are times when larger organisations can work strategically to move in on those areas. I do not know whether that will happen in the case of the women's health centres, but I cannot speak highly enough about the Fremantle Women's Health Centre. As I said, it targets a demographic within women's health, does the important work on the ground and has years of experience that should be supported, and I hope will be taken into account when the funding applications are being considered for the Fremantle Women's Health Centre and the other health centres.

I mentioned the other day that Fremantle Hospital along South Street is covered in black plastic and is looking pretty poor. I hope that is a temporary state of affairs. I understand that money was allocated for the internal reconfiguration of that hospital, and that is a good thing. About 50 per cent of the functions of the hospital have been taken away overall, so there is capacity in that hospital—there is space—so it is good that money is being spent to reconfigure that hospital so that the space is used, and is used efficiently. For the 1 900 staff who have been taken away from Fremantle Hospital, I hope that the reconfiguration will include attracting new businesses, whether it is not for profits or other health facilities that could access some of the space in the hospital. I believe people would rather see that happen than that space be left empty.

Fremantle Hospital is not the best designed facility and has been built up over a number of years. I have no expertise when it comes to hospital design, but one has only to walk around the hospital to see that it is a very tired building and that its construction comprises a lot of add-ons. I hope that there is capacity to better utilise those facilities to make sure that they are not dormant and that the government does not just turn off the lights and walk away from the 50 per cent of floor space that is now no longer being used as a result of Fiona Stanley Hospital coming online.

I turn to the attitude of the government to Fremantle Hospital and to health in general. I have not touched on mental health at all—I know it is a separate portfolio altogether—but people have a real interest in this issue. Fremantle Hospital is at the centre of our community. It has been an important health facility. We understand that there is a new hospital now in Fiona Stanley Hospital and that it is great that there is a new facility at Murdoch with the capacity to grow and to meet the needs of the south metropolitan sector, but we need a more sophisticated response to old facilities than to just walk away and leave them underutilised and dormant. That is bad for the people who rely on those services and it is a poor use of health infrastructure.

I look forward to hearing other contributions in this debate. Clearly, preventive health and the legislation that provides good population health is an important area for the state government to legislate on, but so are the services that are required on the ground and that people need every day, and I will continue to advocate for those services for Fremantle.

Debate adjourned, on motion by **Mr J.H.D. Day (Leader of the House)**.