ARMADALE–KELMSCOTT MEMORIAL HOSPITAL — BICKLEY BIRTHING WARD CLOSURE

Motion

DR A.D. BUTI (Armadale) [6.27 pm]: I move —

> That this house —
>
> (a) condemns the Minister for Health and the Barnett government for their decision to close the Bickley birthing ward at Armadale–Kelmscott Memorial Hospital; and
>
> (b) calls on the Minister for Health and the Premier to immediately reverse this retrograde and harsh decision and ensure the long-term future of the Bickley birthing ward at Armadale–Kelmscott Memorial Hospital.

I intended to speak for a long time, but I cannot at the moment and I would like the minister to respond; therefore, I will try to keep my comments brief and hopefully allow the minister at least some time to respond before we conclude for the evening. This decision is harsh and it is the wrong decision. It is not only the wrong decision for the constituents of the electorate of Armadale; it is also wrong for the constituents of the electorates of Darling Range, Southern River, Cannington and Victoria Park. Many people in the south eastern corridor and beyond have utilised the Bickley birthing ward at the Armadale–Kelmscott Memorial Hospital. I will briefly—this is a bit like *Groundhog Day*—go over the chronology of events. As members would be aware, in 2004 the Labor state government purchased Galliers Private Hospital and incorporated it into Armadale–Kelmscott Memorial Hospital. From February 2005, all staff were employed by that hospital. In respect to that, two maternity wards remained: one is in the public hospital, which is the Maud Bellas ward and the other is the private unit, which is the Bickley ward. Then in 2009 the minister made a decision to close the ward. I think it was around 5 October 2009.

The ACTING SPEAKER (Mr J.M. Francis): Members! There are about 10 conversations going on in here; I want to hear only one person speaking at a time.

Dr A.D. BUTI: Then on 5 October 2009 the minister made a decision to close the Bickley ward. However, through the intervention of the Premier, on 30 September that decision was reversed. The Premier said that the Bickley ward would remain open indefinitely. That was the right decision by the Premier. We urge the minister or the Premier to reverse the minister's harsh decision to close the Bickley ward from 24 October this year. As I said, time is short. Not only is it a terrible decision, but the problem is also the way in which the decision was made. It is a repeat of what happened in 2009. In 2009, the ABC reported —

> The Health Minister, Kim Hames, says the closure was justified because of a lack of staff, but says it could have been handled better.
>
> "And I accept one hundred per cent it being said that this hasn't been well-managed in terms of communication," he said.
>
> "The women should have been told. They should have been sat down together."

That has not happened this time either. Some women were expecting to give birth in the Bickley ward in the next few weeks and they were told only last week or the week before. Some have not received any official correspondence from the Department of Health. Some were told when they went to an antenatal class. I met a woman who was expecting to give birth next month in the Bickley ward, but she still has not received any correspondence from the department or the hospital.

I refer members to the *Comment News* report of 11 October 2011. It refers to Langford mother Katrina Williams, who came to see me in my office. As members probably realise, there was a story about her on ABC television last week. I want to briefly read out what is stated in *Comment News* —

> Langford mother Katrina Williams, who is 28 weeks pregnant, had planned to give birth to her second child in Bickley Ward and said the sudden change was stressful.

She was told only the week before —

> "In the antenatal classes they tell us about the different reasons for postnatal depression," she said.
>
> "One of them is when a birth does not go according to the birth plan."
>
> Ms Williams said she did not expect the same level of care that she would get in the separate private ward.
>
> "I'm afraid it will all change," she said.
>
> "It's a stressful time for us and this is making it worse."

Interestingly, in the *Comment News* is a photograph of Katrina Williams and her sister-in-law, who went through the same experience in 2009. However, nothing seems to have been learned from that experience. Armadale Health Services sent out this two-page information sheet titled "Frequently asked questions for women and family members". It refers to the Bickley birthing centre closing on 24 October and states —

> … all births at Armadale–Kelmscott Memorial Hospital will take place in the Maud Bellas Ward birthing suites ... In addition, some outpatient —

Et cetera —

> will also happen on Maud Bellas Ward.
>
> ...
>
> If you are in labour, you will need to go to Maud Bellas Ward for assessment.
>
> ...
>
> All births will occur in the Maud Bellas Ward birthing suites.

One of the questions on the information sheet is —

> Will midwives I have come to know still care for me during my labour?
>
> The intention —

It is only the intention; there is no guarantee —

> is for the midwife from Bickley Ward to be present on the labour ward on all shifts as this provides continuity of care for patients under a GP obstetrician.

We received correspondence and communication from midwives who work at the Bickley ward and they have stated that they were threatened not to talk out because there will be retribution if they do. I would like the minister to assure us in his response that no retribution will be taken against staff who may talk out, as this has a major effect on their careers and also their philosophies. As the minister would know, the philosophy at the Bickley birthing centre in many respects is quite unique; it is a low-intervention philosophy. Women will have the care of a midwife of their choice, and an obstetrician. That will change.

It is all right to say that a pregnant woman can go to the Bickley ward prior to the birth and can even go there after the birth, but the most important phase of many women's lives is the actual birth process. This will disrupt their birthing plan because the birth cannot take place in the Bickley ward. That is incredibly stressful, as Katrina Williams stated. Many women and their partners planned to have their children at the Bickley birthing ward for a number of reasons, including the philosophy and care that they would receive. That has been thrown into complete disarray. What is even worse is that the minister made the decision only a few weeks ago and the closure will take place on 24 October.

Dr K.D. Hames: I told you, I did not make any decision.

Dr A.D. BUTI: The minister's department did.

Dr K.D. Hames: That is right.

Dr A.D. BUTI: The Minister for Health is the minister responsible.

Dr K.D. Hames: It is my responsibility, but just to let you know I made no decision —

Dr A.D. BUTI: Granted that the minister may not have personally made the decision, but he has the authority to reverse that decision. I am hoping that from the minister's experience as a general practitioner, he will understand the concerns of the women who have now had their whole birthing plan put into disarray. They have been told that either they will have their children in the public ward at Armadale–Kelmscott Memorial Hospital or they will need to find another private facility. The problem is that if someone lives in Armadale, Byford, Roleystone, Gosnells or anywhere in the south east corridor, there is nowhere else. The nearest maternity ward is probably St John of God Hospital in Murdoch. These women are being told that it is too late for them to go there now. They cannot go there. These women are incredibly stressed. I am sure that the minister would concede, from a medical point of view, that this has been handled terribly. It is the wrong decision.

The population of Armadale and surrounding areas is increasing, but what are we doing? Rather than increasing services, we are closing services. In 2010, there were 1 700 births in total at the Armadale Health Service. From January to December 2010 in the Bickley ward, there were 139 public-patient births—because the Bickley ward also acts as a possible alternative when the public ward is filled up and beyond capacity—and there were 228 private-patient births. From January to September this year, there have been 110 public-patient births and 180 private-patient births at the Bickley ward.

There are some questions that I really need the minister to answer. Does the minister know or can he confirm that many staff members in the Bickley ward and at Armadale–Kelmscott Memorial Hospital are scared to voice their concerns about this decision; or, if he does not know, will he look into the matter? Secondly, is it true that the Bentley maternity ward will close in five weeks and that those patients —

Dr K.D. Hames: Bentley?

Dr A.D. BUTI: That is what we have been told. Is it true that the Bentley Hospital maternity ward will close in five weeks and that most of those patients will be transferred or have the option of going to Armadale? Also, is it true that other country—I think it was Narrogin —

Dr K.D. Hames: There are about three country towns, including Narrogin, from which patients are coming to Armadale.

Dr A.D. BUTI: So patients from Narrogin are also coming to Armadale. Country patients are coming to Armadale and we have been told, but I cannot verify, that the Bentley Hospital birthing ward will also close. Those patients will be sent to Armadale, but what is happening at Armadale? There is a decrease in services. This cannot possibly be considered a rational, sensible, workable decision. As the minister said, it may not have been his decision, but of course he has the authority and the jurisdictional power to reverse this decision. If this decision is not reversed, it will be impossible for the Armadale–Kelmscott Memorial Hospital to cope with the number of births that it needs to deal with. It is incredibly unfair for people who have selected to have their baby at the Bickley ward to now not be able to do that. It is unfair for future mothers, but it is incredibly harsh and unfair for mothers who are expecting a child in the next couple of months. A university that takes on a student makes a contract with that student that they will do a course of study that will lead to a degree. The student cannot be two years into that course and the university then say, "That's the end of it. Go and find another university." That would not happen. But that is what we have here; that is the analogy. But it is worse in this case because we are dealing with a matter of prime importance; that is, the birthing process. There can be probably no more important health issue for a potential mother than having the choice, if she so selects and has the means to pay for it, to have her child in the ward in which she wishes to have it. It is even worse when that decision has been put in process and at the last moment it is terminated by this government.

There is much, much more that I would love to mention to the minister, but I really wish the minister to respond, so I will sit down now.

MR R.H. COOK (Kwinana — Deputy Leader of the Opposition) [6.41 pm]: My comments will be of the briefest nature in order to allow the minister to respond to the member for Armadale. This would have to be one of the cruellest decisions made. As the member for Armadale said, it is very sad when these decisions are made—they are made from time to time—for mothers who are looking to have their babies in this facility at some time in the future.

It is particularly cruel for mothers who already have a birth plan in place. That is the case with Katrina Williams, whom I met with earlier in the month. She is 28 weeks pregnant. I believe she is due to give birth in December. As a result of this decision, she now has to scramble to find some new aspect for her birthing plan. She is a very capable woman, and I am sure she will manage to do that. However, the fact of the matter is that we are constantly telling mothers that having a strong and deliberate birth plan is very important for a stress-free delivery. We are also telling women that it is a question of choice and that we should provide women with an opportunity to have a deliberate say about the way they have their birth. What we are saying to this cohort of women is, "Despite all your plans and despite everything you have put in place to ensure you have a stress-free, successful birth, we are now going to trash those plans on your behalf and you have to make other arrangements." This is a particularly sad and cruel decision to have made. It is particularly sad also for the women in this community who have already been through one battle in 2009 to maintain this facility. The Premier is to be credited for stepping in at the last minute and ensuring that the facility stayed open. However, once again, this community in Armadale and the surrounding districts is faced with the closure of this facility.

It is unfortunate and, I think, a very negative outcome for a community in which the demand for these sorts of birthing facilities is on the rise. The demand for them is increasing. In 2008, 2009 and, I think, 2010, the number was sitting at about 1 500 births a year. In 2011 that is expected to go up to 2 000 births a year. This is not a nursing station; this is not a medical centre. This is a general hospital in a major part of the Perth metropolitan area that should be able to provide these sorts of facilities. We expect governments to be able to provide such facilities. However, this government is throwing up the white flag, saying, "It's all too hard and we're not going to do it."

It is not surprising that the minister is making a meal of this hospital issue. It is part of the triumvirate of hospitals that demonstrates the debacle that is Liberal government health policies in action. In the 1990s the Court government developed three hospitals, all of which were driven by the then government's ideological

commitment to the privatisation of public health services. They were the Joondalup Health Campus, the Peel Health Campus and, of course, the Armadale–Kelmscott Memorial Hospital. At Joondalup and Peel, the then government installed a private operator, and we have seen the very sad histories associated with those campuses. Joondalup, which is now in the ownership of its third proprietor, is starting to pull itself out of the abyss of its reputation through the hard work of Kempton Cowan and his team, and that hospital is at last starting to turn and reverse some of the very damaging reputational issues that hung around that campus for many years.

As the minister would be aware as the local member for the area, the Peel Health Campus has always struggled under the privatised model to gain traction and to provide a service of high repute for that area. We have described it from time to time as a basket case. I see the member for Mandurah constantly engaging with the minister about his disappointments with that campus, and it is all because of a Liberal government which was incapable of developing a strong public health facility and which wanted to jam a private operator in that space. Those two campuses continue to struggle as a result of those decisions in the 1990s.

Armadale–Kelmscott Memorial Hospital is no different. There the government, particularly with the encouragement of a member for the East Metropolitan Region, Hon Helen Morton, MLC, was trying to make sure that that too was another icon of the government's privatisation agenda. In the mid-2000s, the Labor government had to come to the rescue of that campus to make sure that it continued to operate in a manner that would serve the expectations of the community. It has the unusual situation that a private wing of the hospital is run by the public sector, because that is the only way that we could make it happen. This issue was revisited under the current Liberal government, and once again the privatisation agenda is being pushed forward, and once again the health system is continuing to struggle. This minister tried to sell the private wing again to a private operator, but there were no takers this time. Therefore, this hospital, with its chequered history of intervention by Liberal governments determined to try to wedge the private sector into that space, continues to struggle with business models that are, quite frankly, unsustainable. Thank goodness that we have a Labor government from time to time that is able to put that hospital on a sure footing.

Once again the minister is wading into this campus to try to plug the holes. Once again we have a Liberal minister who is failing the people of Armadale. Once again the Liberal health policies are failing the people of Armadale. The government will say that it is too hard and that it cannot get midwives. This is a big hospital. It has an average of about 30 full-time equivalent midwives operating in that hospital. This is not a small facility. There is no reason in the world that the people of Armadale should not enjoy high-quality facilities, and there is every reason in the world why the women who already had birthing plans in place should be able to see those birthing plans carried out.

DR K.D. HAMES (Dawesville — Minister for Health) [6.48 pm]: Sadly, the member has done two things. The first is that he has not quite left me enough time to say all those things that I wanted to say, but, secondly, he has raised an issue that I was not going to concentrate on at all. I was going to talk solely about the issues of the ward. However, I cannot let that load of diatribe that he just put out about the Liberal actions that affected Armadale hospital go unchallenged. What happened at that hospital was that, as part of the contract, there was a provision for a private wing. It was funded by a private operator and $12 million was paid to build that private section of the hospital, which then became the property of the government. In return, the private operator was to get a lease to enable it to run the private section. Part of the agreement was that the hospital had to have a high dependency unit, and the private operator would have access to operating theatres and the use of the hospital. It was to run the private section of the hospital on a long-term lease. The Liberal Party then lost government and Jim McGinty, as the new Minister for Health, refused to include the high dependency units and refused to sign the lease, even though the private operator had paid $12 million. He refused to pay the lease because he was sticking up for the Fremantle Hospital people, who did not want a high dependency unit in the electorate of Armadale, and as a result the private operator took the Minister for Health to court, and won. The Labor government had to pay $15 million in compensation to the company that was running the private section of the hospital. Contrary to the member for Kwinana's comment that this was a Liberal Party privatisation scheme gone wrong, it was the Labor Party's interference that resulted in the private sector suing the government, winning and then taking off. The private operator tried to run the section for two or three years, but it could not get the specialists to stay because the high dependency unit was no longer there, so it left. The government then continued to run it; it is the only private hospital in Australia that is run by the public sector!

I will now address the issues that the member has raised, and I have to admit that I do so with some nervousness. The reason for my nervousness is that I put forward an argument last time, particularly about the employment of midwives, and I found that the process of employing midwives had gone wrong; there was access to get some midwives to go and work there. At that time it was done without my tick, and this time it is being done again without my tick; hence my nervousness. What has been said to me in my briefing note, and in the information that I got earlier this afternoon to make sure my briefing note was correct, is that it is different from last time in two ways.

Ms J.M. Freeman interjected.

Dr K.D. HAMES: Hence my nervousness.

Ms J.M. Freeman interjected.

Dr K.D. HAMES: Mr Acting Speaker (Mr J.M. Francis), I have seven minutes left.

The difference is that last time, the proposal was that Bickley birthing ward be shut. That is not what is being done this time. Patients who are not in labour will still be able to be in the Bickley ward, both pre-labour, if they are not in active labour, and post-labour. The only difference is that this time the delivery suite will be in the public section of the ward; that is the difference. The decision was made again by hospital staff, and my briefing note says that all the staff on the ward were in agreement with this. The opposition tells me that they were not, and if the staff tell me they were not, I will be more than pleased to hear from them—off the record, so there is no comeback on them—but my briefing note says that the staff were all in agreement because they are short 10 full-time equivalents.

There are a lot of deliveries at that hospital; there are a lot of midwives. There are 1 800 deliveries a year, going up to 2 000. Patients come from Kaleeya Hospital and Bentley Hospital—which has not been shut, by the way—and also from Narrogin Hospital when they are in labour and there is no doctor cover in those areas for whatever reason. That is a lot of births, but the hospital is 10 midwives short. They are saying that they cannot man both delivery suites; they can man both wards, but they do not have the staff to man both delivery suites. It is all about the safety of the patients. The opposition is saying that people have to make changes and do things differently; they do not have to do anything differently. They have their own private obstetrician who manages and delivers just the same. The delivery suite —

Dr A.D. Buti interjected.

Dr K.D. HAMES: It is the same midwives working across both wards. If they want a midwife-led delivery, they can still have that.

Dr A.D. Buti interjected.

Dr K.D. HAMES: I will bet they are. If they have their own midwife, they have their own midwife, and they deliver wherever they are. The group is working together. A delivery suite is a delivery suite; it does not matter if it is in the private or public part of the hospital. My daughter went to King Edward Memorial Hospital, with private insurance, and delivered in a birthing suite in the hospital. It is no different.

Dr A.D. Buti: I have been told that the midwife in the public ward will have to look after three public patients. If a private patient comes over, they have been told they can also look after the private patient, but they are saying that they cannot leave those three public patients to go to the private patient, so they are not going to have the same midwife.

Dr K.D. HAMES: That just does not sound right to me. There are midwives who work in the system—there are a lot of them—and who look after whoever comes in. A midwife is allocated to a patient. They have to pool their resources as midwives; there are just not enough for them to manage in the two separate units. But if a patient is private, they will still be in their own room, and if they have a GP obstetrician, they will still have their GP obstetrician, as it was when I was doing deliveries. If they have a midwife, that midwife will be there, and if they deliver during their shift, that midwife will manage them.

Dr A.D. Buti interjected.

Dr K.D. HAMES: That normally would be the case if we had a private–private facility, but this is a publicly run private facility. Those midwives are employed by the government just the same. They are the midwives working in that section of the hospital, rotating through. A midwife does not become of lesser quality because she is working for the government. The quality of the midwife is the quality of the midwife, and they are very good. They will provide the best possible service for the patient.

Dr A.D. Buti interjected.

Dr K.D. HAMES: No, because they will still have their private ward and private care in the private end of the facility, other than when they are actually in labour. When they are in labour, instead of being in the labour ward in one section, they will be in another section. I do not think it is satisfactory that we do not have enough midwives in a hospital that provides so many deliveries. I am told that there has been an intensive international, national and local campaign to attract more midwives to Western Australia, and we cannot get them. I do not know why—there is no downside to where the member lives—but we have trouble getting other medical staff and specialists to go out to that area, perhaps because it is a bit of a drive. I guess we have the same problem down in Mandurah to some degree. The reality is that we have to do what is safe. I cannot come in as minister

and just say, "No, you're going to keep that other labour ward operating", if it is not safe. I cannot do that in good conscience, because if something happened to someone in that private labour delivery suite because I insisted that it stay open when there was not the staff to properly care for the patients, that would rest on me, and I am not prepared to do that. I am prepared to go back to our staff and say, "This should not be the case". There is no other private hospital in the eastern corridor. Women need to have somewhere to deliver if they have private insurance. I am strongly supportive of that. I will go back and look at the systems. Maybe the staff the member has been talking to can give me a different backroom view, and if they do that through the member, that will save them being identified. They can read *Hansard* and see what I have said, and if they do not believe that that is true and there is the capacity to run two wards and they know of midwives, they can let me know. Last time, people knew of midwives who tried to get a job and did not get one. If that is the case, I want to hear about that as well, but I am not going to force them to open the suite if it is not safe for the patients. We will continue to run those two wards, but we will do the deliveries where it is safe for patients to have deliveries. At the same time, I commit to going out there.

I presume there will be a vote, and I can sit down if the opposition wants to vote. I will just say that the government is strongly of the view that, if there are midwives to be employed, we will employ them; we have the money there. We are 10 FTE short, and we will employ those staff, get them into that ward, and get it back to what it was, where possible, but I will not put the safety of women and children at risk.

Question put and a division taken with the following result —

Ayes (21)

Ms L.L. Baker	Mr F.M. Logan	Mr J.R. Quigley	Mr M.P. Whitely
Dr A.D. Buti	Mr M. McGowan	Ms M.M. Quirk	Mr B.S. Wyatt
Mr R.H. Cook	Mrs C.A. Martin	Mr E.S. Ripper	Mr D.A. Templeman *(Teller)*
Ms J.M. Freeman	Mr M.P. Murray	Mr T.G. Stephens	
Mr W.J. Johnston	Mr A.P. O'Gorman	Mr C.J. Tallentire	
Mr J.C. Kobelke	Mr P. Papalia	Mr P.B. Watson	

Noes (26)

Mr P. Abetz	Mr G.M. Castrilli	Dr K.D. Hames	Ms A.R. Mitchell
Mr F.A. Alban	Mr V.A. Catania	Mr A.P. Jacob	Mr D.T. Redman
Mr C.J. Barnett	Dr E. Constable	Dr G.G. Jacobs	Mr M.W. Sutherland
Mr I.C. Blayney	Mr M.J. Cowper	Mr R.F. Johnson	Dr J.M. Woollard
Mr J.J.M. Bowler	Mr J.H.D. Day	Mr A. Krsticevic	Mr A.J. Simpson *(Teller)*
Mr I.M. Britza	Mr J.M. Francis	Mr J.E. McGrath	
Mr T.R. Buswell	Mr B.J. Grylls	Mr P.T. Miles	

Pairs

Mr P.C. Tinley	Mrs L.M. Harvey
Mrs M.H. Roberts	Mr T.K. Waldron
Mr J.N. Hyde	Dr M.D. Nahan
Mr A.J. Waddell	Mr W.R. Marmion

Question thus negatived.

House adjourned at 7.03 pm