

**Extract from Hansard**

[ASSEMBLY — Wednesday, 17 October 2012]

p7079d-7087a

Mr Roger Cook; Dr Kim Hames; Speaker; Mr David Templeman; Mr Colin Barnett; Dr Graham Jacobs; Mr Mark McGowan; Mr Albert Jacob

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**PEEL HEALTH CAMPUS — ADMISSIONS**

*Standing Orders Suspension — Motion*

**MR R.H. COOK (Kwinana — Deputy Leader of the Opposition)** [12.16 pm] — without notice: I move —

That so much of standing orders be suspended as is necessary to enable the following motion to be moved forthwith —

That this house —

- (a) notes the serious allegations of inappropriate admissions at the Peel Health Campus and inappropriate incentives for doctors to admit patients to the Peel Health Campus;
- (b) records the failure of the government to respond meaningfully to these allegations; and
- (c) demands an immediate explanation from the Minister for Health on —
  - (i) the actions taken by the government in response to these allegations; and
  - (ii) any further steps the government intends to take.

*Standing Orders Suspension — Amendment to Motion*

**DR K.D. HAMES (Dawesville — Leader of the House)** [12.17 pm]: We have reached agreement with the opposition. We will agree to suspend standing orders for a 20-minute period for each side. I move —

To insert after “forthwith” —

, subject to the debate being limited to 20 minutes for government members and 20 minutes for non-government members

Amendment put and passed.

*Standing Orders Suspension — Motion, as Amended*

**The SPEAKER:** Members, as this is a motion without notice to suspend standing orders, it will need an absolute majority to pass in order to succeed. If I do hear a dissentient voice, I will be required to divide the Assembly.

Question put and passed with an absolute majority.

*Motion*

**MR R.H. COOK (Kwinana — Deputy Leader of the Opposition)** [12.18 pm]: I move —

That this house —

- (a) notes the serious allegations of inappropriate admissions at the Peel Health Campus and inappropriate incentives for doctors to admit patients to the Peel Health Campus;
- (b) records the failure of the government to respond meaningfully to these allegations; and
- (c) demands an immediate explanation from the Minister for Health on —
  - (i) the actions taken by the government in response to these allegations; and
  - (ii) any further steps the government intends to take.

We have moved this motion today because it is both urgent and extremely serious. It goes to the heart of the integrity of our health system, the Peel Health Campus, the company that runs the Peel Health Campus and the Barnett government. This issue is gilded with the stench of corruption and the signs of a government that is hell-bent on protecting Liberal Party mates in order to ensure that its privatised hospital does not get any untoward attention.

They say that where there is smoke, there is fire. At the moment smoke is billowing out of the windows of the Peel Health Campus. I guess it was just a matter of time, and now is the time that we can lift the lid on all that goes on at the Peel Health Campus. Today I want to address some of the specific allegations that were raised in the Legislative Council estimates hearings the week before last. These allegations go to the issue of inappropriate admissions to the hospital to enhance or embellish the private operator payments and the issue of incentives paid to staff to increase or artificially raise the number of patients who were admitted to that hospital. There are also issues associated with conflicts of interest inside that hospital. Ultimately they come down to the issue of this hospital and its craven need to extend its contract.

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I want to provide members with some background on the contract as it works in this hospital. Before I do so, as I said, these issues were raised in the Legislative Council committee hearing, and they were raised directly with the director general and his most senior staff who were present at that meeting. They were asked whether they were aware of this practice of embellished admissions and about the incentive payments that were made to doctors working in the emergency department. To both these allegations the director general sat owl-like—wide-eyed—and pleaded ignorance. It took a full 10 minutes before one of his other senior staff belatedly admitted that yes, they were aware of over-admissions in the hospital. This goes to the issue of what the government knew about these behaviours, these activities. What did the government know? If the government did not know, as the director general seemed to be suggesting the other day, we have a case of rampant incompetence. If it does know, the question, and the heart of this motion, is: what did the government do about it upon learning of these inappropriate admissions and about learning of these practices inside the hospital?

As I said, for the benefit of members assembled, the remuneration of a private operator at the Peel Health Campus goes something like this. For presentations to the emergency department and for patients treated in that emergency department, the private operator receives a flat fee for these patients to be admitted. It is a rather modest fee of around \$600. So, it is essentially a process of get them in, get them out. They come in; they present; the hospital treats them, sends them away and gets \$600. Patients are, first of all, triaged. Of course those whose presentation and symptoms are such that it is self-evident they need to be admitted are admitted or fast-tracked; and those who clearly do not need hospitalisation are treated and sent home.

There is another group that could be interpreted as needing hospitalisation. This is where it gets interesting. The hospital set up a unit called the clinical decisions unit—CDU. This unit was essentially established to deal with patients who have waited four hours, and they are then referred to CDU. Of course, this unit was put in place to make sure the hospital accommodates the four-hour rule. The clinical decisions unit was set up by the head of clinical services, Aled Williams, and his colleague Paul Bailey, the director of the emergency department. This was during 2010, at a time when Bill Shields was CEO of the campus. So the clinical decisions unit, or CDU, is established. This is where it gets murky. If patients are admitted to CDU and they stay there for longer than 12 hours, the hospital triggers what is called a diagnosis-related group payment—a DRG payment. This is worth considerably more to the hospital than a payment for presentation under the four-hour rule. So, CDU all of a sudden becomes a rich vein of extra revenue to the hospital. If the hospital can get patients out of ED and into CDU, particularly getting them in just on the four hours, and if it can keep them in there for 12 hours, the hospital makes a significant increase in its payments.

In a memo circulated to staff about March or April 2010, the senior staff announced to doctors that they would continue to be paid the usual hourly rate by the hospital, and in addition they would be paid \$200 per patient admitted to CDU where that patient generates a DRG payment for the hospital. Let us be clear on what we are saying here, members: doctors will continue to receive their usual remuneration, but if they admit a patient into CDU and it generates this extra DRG payment, they will be given a bonus of \$200 per patient. Essentially this means that the patient must stay at least four hours and one minute from the time of their admission if their stay is entirely at Peel Health Campus—that is, destination home or PHC general wards—or 12 hours and one minute if they are transferred to another hospital. This is a significant development, because this is where we have concrete evidence that the doctors were paid a bonus or an incentive to admit patients, and this is where we see a substantial spike in the number of admissions to the hospital.

The other day when these issues were raised, the director general arrogantly declared that if there was proof of this, it needed to be produced. The managing director of Health Solutions of Western Australia said that these are outrageous allegations and that under no circumstances would it provide an incentive to its staff to admit patients beyond their clinical need. This is the proof. This puts the lie to that statement by the managing director of Health Solutions that it does not pay incentives. It is clear from this that it very deliberately intended to provide incentives to its hospital staff because it knew that it could very deliberately enhance its revenue from WA taxpayers. This is WA taxpayers' money. This is a company treating WA taxpayers as a cash cow. If it can process patients that move through the hospital quickly and enhance its payments, it can increase the value to the hospital.

The extent of the over-admissions was ultimately found by audit to be almost 400 patients between the dates of July 2010 and January 2011. In one piece of anonymous correspondence sent to my office, the correspondent alleges that emergency doctors would submit lists of all patients admitted individually and claim the bonuses to the value of tens or hundreds of thousands of dollars by individual providers. This, between July 2010 and January 2011, essentially amounts to almost 400 cost-weighted patients who were found to be admitted to the hospital when they should not have been.

Imagine that we have patients in the hospital having tests done to them, having drugs prescribed to them and being put to the inconvenience of being admitted to the hospital when they did not need to be there. We have not

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only the cost of treating those patients, but also the cost of tests and the drugs associated with them, and the inconvenience and cost associated with those patients staying at the leisure of the hospital but not needing to be in hospital. I can imagine that there were patients who were not admitted to the hospital because beds were full with patients who did not need to be there.

**Dr M.D. Nahan:** I imagine!

**Mr R.H. COOK:** Ultimately, that means that patients did not receive the care that they were due. This is a very serious development, because what we essentially have is the potentiality of a private hospital operator rorting the system to enhance its revenue by putting extra dollars into its pockets and into the pockets of its doctors for no good clinical purpose, other than to continue to enhance their incomes. As the member for Warnbro says, this is essentially corruption.

**Mr C.J. Barnett:** Is that your accusation?

**Mr R.H. COOK:** It is my accusation, Premier. It is my accusation that this hospital corruptly enhanced its income over and above the clinical needs of those patients.

**Mr C.J. Barnett:** That is a serious allegation.

**Mr R.H. COOK:** I know that the member for Riverton finds this stuff humorous because he thinks that people rorting the clinical system is somehow —

**Dr K.D. Hames:** Are you going to go outside and say that?

**Mr R.H. COOK:** No, I will not go outside and say it. Do you know why, Deputy Premier?

Several members interjected.

**Mr R.H. COOK:** Do you know why? It is because the *Mandurah Mail* —

**The SPEAKER:** I do not need to hear from anybody else but the member for Kwinana.

**Mr R.H. COOK:** The reason I make these comments in this place is that this is what Parliament is for. The *Mandurah Mail* tried to get these facts out into the public domain and what happened? An injunction was taken out against it; it was stopped from publishing this material because the hospital knew that this was a damaging accusation. *The West Australian* —

Several members interjected.

**The SPEAKER:** Once again, I repeat, members: I do not need to hear from anybody else; I want to hear from the member for Kwinana. If other members want to contribute to this debate, they will have that opportunity. They do not have the opportunity at the moment; the only person who does is the member for Kwinana.

**Mr R.H. COOK:** This is what Parliament is for—to expose these sorts of behaviours. These sorts of companies take out injunctions against the *Mandurah Mail* and they threaten to take out injunctions against *The West Australian* because they are trying to cover up these practices. That is why we are in this place and we are doing something about it, because clearly the Deputy Premier has not. These guys were busted. They were busted by whistleblowers inside the hospital and they were busted by the Department of Health. An audit was done of these patients and the hospital was forced to pay back over \$1.3 million for payments it received for patients who should not have been there.

**Dr M.D. Nahan** interjected.

**Mr R.H. COOK:** The member for Riverton does not need to scoff; these are the facts. What do we hear from the government in relation to these very serious developments? Nothing. What do we hear from the government in relation to these very serious accusations? Nothing. It takes the opposition and some very brave employees of this hospital to stand up and hold this government to account.

Something that is also interesting that goes on at this hospital is that Mr Aled Williams and Mr Paul Bailey have some other interests in the world as well. They either are or were directors or shareholders of a company called Locumforce. Locumforce is an interesting organisation. It recruits staff for hospitals that need to replace staff urgently. But, of course, what has happened at this hospital is that engaging locums has almost become the usual practice. Aled Williams and Paul Bailey appear to have used their own company to recruit staff to the hospital; that is, for the people they employ, the company in which they have a direct pecuniary interest gets a commission for those particular staff. In fact, between 1 July 2001 and 30 June 2012, Locumforce received over \$9.5 million from Peel Health Campus for those staff whom, clearly, Mr Williams and Mr Bailey had a direct interest or a direct role in employing. We have a peculiar situation in which staff appear to have a direct conflict

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of interest in relation to the staff they employ—using taxpayers’ money to channel dollars through their company, using taxpayers’ money to enhance the incentive payments to the doctors in hospitals and using taxpayers’ money to enhance payments to Peel Health Campus. As I said, it took some whistleblowers and a very vigilant member of the public service to pull them up, and this company was forced to pay back over \$1.3 million. The question remains: what did the government do about it? What did the Minister for Health—who, as a doctor himself, would find the whole concept of financial interest being more important than clinical concerns highly repugnant—do about it? Indeed, what will the government do about the situation, now that it has been asked by the same company whether it could have a 60-year extension to the company’s contract? This contract extension proposal is on the basis of a \$75 million investment to increase the number of private beds in that hospital. Some of those older beds will then be converted into public wards, so there will be an increase in the size of the hospital itself. This is an opportunity for government that it sees it needs to take in order to increase the size of the hospital. But it comes with a price, and the price is that we lock up that contract for 60 years. The original contract was for only 20 years. Why is the company now asking for 60 years? We know Ramsay Health Care did that at Joondalup hospital. It spent over \$200 million—I think the member for Ocean Reef would confirm that—and what was the extension of its contract? It was 10 years. These guys are looking for 60 years more on the basis of what is happening now. I find it extraordinary. The minister knows about this proposal; he has known about it since early August. We know this because in papers he tabled in this place, in his own handwriting, the extension of beds at Peel Health Campus has been factored in, so we know he is on board; we know he is actively considering it.

**Dr K.D. Hames** interjected.

**Mr R.H. COOK:** The minister will have an opportunity shortly.

This is an extraordinary development, and soon we will have an election in Mandurah and the people of Mandurah will decide whether they should re-elect the member for Mandurah in that role or whether they should consider the candidacy of his opponent, Mr Tony Solin, who is the Liberal Party candidate. Let us be clear; until the week before last, the candidate for the Liberal Party was in fact an employee of Health Solutions.

**Mr C.J. Barnett:** Here’s the dirt!

**Mr R.H. COOK:** No, Premier, this is not the dirt. I have only two minutes; the Premier will have to wait until later to get the dirt. There is plenty of it and it all points to his door.

**DR K.D. HAMES (Dawesville — Minister for Health)** [12.37 pm]: Mr Speaker, we have just seen —

Several members interjected.

**The SPEAKER:** I have given you the call, Minister for Health. I do not think I have given the call to anybody else. I have not given the call to the Premier and I have not given the call to the member for Warnbro. I have given the call to the Minister for Health.

**Dr K.D. HAMES:** We have just seen what this motion is all about. It is all an absolute stunt, because the Labor Party is concerned about the member for Mandurah and the effect that supporters in that region are having in supporting Tony Solin. That is what this is about. How is this urgent? This very afternoon there are three hours of private members’ time in which the opposition could have raised this issue. But, no, this was so urgent that it had to be debated now. What an absolute nonsense. These issues were raised in the other house and when was that? It was the week before last. It was not urgent yesterday; today it is urgent. A week and a half ago these issues were raised in the other house. When did the issue of repayments for patients occur? Those issues have occurred over the last three years and were investigated last year. Sure, we had more this year, but last year all this was done. The opposition knew about this issue a long time ago; it is not new. The opposition talks about conspiracy theories. It is trying to tie together two issues that do not fit. The opposition would like them to fit, because they would fit perfectly into the Labor Party’s conspiracy theory. It is trying to get more votes for the member for Mandurah by coming down on the person who is working. I have not had time to check, but I seem to recall that Tony Solin previously worked in the area of raising money for the children’s hospital. I think he then left and I think more recently he has been working in the area of public relations or community funding or something of that order. It has nothing to do with admissions, nothing to do with the management of a hospital, and nothing to do with any of the issues that the opposition raises today. The opposition is trying to paint him with the same bit of tar it tries to paint the hospital with, because the opposition wants to denigrate him to try to take votes off him. It is an absolute disgrace.

There have been issues with payment at the hospital. Early last year —

Several members interjected.

**The SPEAKER:** I direct my comments to everybody in this place, both to my right and to my left. I want to hear from the Minister for Health. I think the member for Kwinana is entitled to hear from the Minister for Health.

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**Dr K.D. HAMES:** Early last year there was a request by the hospital for additional funding based on increased demand and increased admissions. The member asked what I did. I asked for that to be investigated to see what that demand was and why it had increased. If there was a genuine need for increased payments to those hospitals, we needed to know absolutely for sure that all of those admissions were correct and genuine, because it was above the expected need within the hospital. The hospitals themselves then did an internal investigation and identified that across their system some patients were billed incorrectly. The hospital was of the view that some of these patients that needed admission did not meet the criteria for that hospital for payments we make. That does not mean that the hospital is entitled to admit them. Some of them were for incorrect payments for times that they stayed. It was not in any one particular area. It was not in any one particular part of the hospital, and this was not anything that was directed by management.

We had PricewaterhouseCoopers go through and do a complete and detailed investigation. Again, the member asked what I have had done. I have had PricewaterhouseCoopers do an investigation from the 2008–09 financial year through to the present. We have gone back over the last three years of admissions and found some minor problems to do with the categorisation of billing for those patients. PricewaterhouseCoopers said that there was no direct area in which these occurred. There were no direct people who were responsible. The member tries to create this conspiracy theory that because they employ the staff and they have their people go out and recruit the staff, somehow they are recruiting an individual or individuals who are corruptly billing the health department to try to benefit the company. There is no one individual area where these payments occurred that stands out above any other. They were minor areas of definition.

Peel Health Campus disputed some of those areas where we said they should not be paid. In fact for 16 of them, we agreed that they should have been paid those amounts that were disputed. Some of it was about definitions. In response to that they have made changes within their system such as better education processes about how those systems work for the staff who do that billing and changes in the management structure responsible for admission of patients.

The member talks about this \$200 for doctors admitting patients. The people responsible for the patients being incorrectly billed have nothing to do with these doctors that the member says have been paid \$200 extra. It has to do with the staff within the hospital system either misunderstanding —

**Mr R.H. Cook:** They are the staff!

**Dr K.D. HAMES:** The doctors do not do the billing; the staff do the billing—the ordinary administration staff within the hospitals. These over-admissions were, in terms of their categorisation, to do with their time of stay within the wards when they got their treatment.

This is an absolute nonsense; this is just a stunt by the Labor Party to try to denigrate in some way the candidate for us in the seat of Mandurah. I think it is an absolute disgrace that this has happened to an honourable, hardworking man who has been in that community for a long time. He worked for the hospital; he does not work there anymore because of all the allegations being thrown against him about the influence that the Labor Party said he was having through the hospital. He resigned his position from the hospital so he could not be seen to have that conflict. But what is the Labor Party doing? It is trying to denigrate the hospital in any possible way it can and tie that in to him so that it can try to reduce the votes in his area. What the member is doing is an absolute disgrace. I bet he is dancing to the tune of United Voice and the candidate for the election in Bassendean and bringing forward something where he has had issues with this hospital. The member works in concert with him to try to improve the vote of his member for Mandurah. That is what this is all about. The member talks —

**Mr R.H. Cook** interjected.

**Dr K.D. HAMES:** Go for it. You have not even got a candidate yet.

The action by the opposition today is a disgrace. I do not propose to spend any more time answering these issues. The director general was asked questions in the upper house. Because the director of South Metropolitan Health Service was ill that day and unable to answer all the detailed questions, he committed to provide those back in writing to the committee of the other house, as is appropriate. They were participating in an estimates hearing. Questions were asked of them, as they are entitled to be. If the answer is not available, they are going to provide that back to the committee. That is the proper process. What the opposition is doing here today is not the proper process. It is an absolute stunt and I think it is a disgrace.

**MR D.A. TEMPLEMAN (Mandurah)** [12.46 pm]: Peel Health Campus is my hospital; it is my family's hospital; it is my community's hospital. Two of my four children were born at the Peel Health Campus. I have had a procedure there and so have members of my family. With all due respect to the member for Dawesville, the Minister for Health, if my family gets crook, they go to the Peel Health Campus. If my constituents get crook, they go to the Peel Health Campus. If the minister or any member of his family gets crook at home, they

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do not go to the Peel Health Campus; they go to a hospital in Perth, because that is where they live. I refute the minister's saying that this is an attack on my hospital by me. I have lived in Mandurah for 25 years and I am proudly supportive of the staff of the Peel Health Campus—the nurses, the ancillary staff—because I know they work hard. But, as I said in this place before, the people of Mandurah and the people of Peel region deserve to know that they have confidence in the hospital and the health services that they expect and deserve. They deserve that. If there are issues and concerns, they need to be answered transparently. The minister, above all as another member for the region, should be standing up and making sure that this is transparent, that issues of concern that have been raised over a long period are dealt with, including why so many CEOs have been dispensed with in the history of this hospital—five or six in the last two years alone. All of those issues should be transparently analysed and reasons given for why that is the case.

**MR C.J. BARNETT (Cottesloe — Premier)** [12.49 pm]: The Minister for Health has answered the issues about the management of the contract between Peel Health Campus and the Department of Health. If there are any anomalies or any errors, the department is doing that work. The Labor Party and the member for Kwinana accused Peel Health Campus of corruption. I will give the member an opportunity to withdraw that, if he wishes to, but that is what he did: he accused the hospital of corruption in this house. Does the member want to withdraw it?

**Mr R.H. Cook:** I accused the private operator.

**Mr C.J. BARNETT:** Yes. That is the first point. The member for Mandurah then got up and criticised the hospital. I have never heard —

**Mr D.A. Templeman:** That is absolute rubbish! You were not even listening, you fool! You were not even listening to what I said. What a ridiculous statement!

**The SPEAKER:** Member for Mandurah, I formally call you to order for the first time today. I am being very lenient in doing that, member for Mandurah.

*Withdrawal of Remark*

**Dr G.G. JACOBS:** That terminology that the member for Mandurah used against the Premier was unparliamentary and I ask him to withdraw it.

**Mr M. McGOWAN:** The word “fool” has been used many times in this place without anyone needing to withdraw it.

**The SPEAKER:** Leader of the Opposition, thank you for your interjection. I simply give the call back to the Premier.

*Debate Resumed*

**Mr C.J. BARNETT:** As I said, the Deputy Leader of the Opposition accused the hospital of corruption. The member for Mandurah was critical of the hospital.

**Mr D.A. Templeman:** What did I say? You repeat what I said. I said I support 100 per cent the staff there. They work hard. Read the *Hansard*!

**The SPEAKER:** Member for Mandurah, I understand your engagement with this. I do not want to hear anymore outbursts.

[Interruption.]

**The SPEAKER:** Member for Warnbro, how unfortunate; I formally call you to order for the first time today. Member for Mandurah, I hope that you understood what I said.

**Mr C.J. BARNETT:** There can always be issues within contracts and they need to be dealt with in a proper way. I do not believe that there is any evidence that Peel Health Campus or its management in any way tried to exploit that contract. It was required to repay some funds, but that was dealt with in a professional and contractual way.

I am quite often in Mandurah and I have not heard people criticise the Peel Health Campus other than to say that growth is needed. Since that health campus was established in 1997, the population of the greater Mandurah area has essentially doubled, yet nothing was done during the eight years of the Labor government to expand the Peel Health Campus. It is clearly too small to deal with the population. That is the issue and it is an important issue.

Once again we have seen today an attempt by the Labor Party to discredit our public health system and to promote the issue of privatisation and the like, which is what it is all about. I will not talk about the details of the

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contract because I do not know the details of the Peel Health Campus, but I want to read members a letter and members should listen. I will not divulge who it is from. It is addressed to the member for Swan Hills. I will read parts of this letter from a mother. Everyone on both sides of the house should listen to this. The letter states —

Traditionally I am a Liberal voter. I was raised on a farm. I was always taught work hard and you will succeed, unions were bad news, not to expect hand outs, make your own luck, build your own future and good fortune will follow.

Sadly, it hasn't quite turned out that way for me and my family. We have twin, 3 year old sons who have been diagnosed with a rare condition called Langerhan's Cell Histiocytosis. They are currently receiving chemotherapy at PMH. My husband has worked for 20 years in the mining industry. We have paid our taxes. We have worked hard. We have done the right thing.

Now we need support and to know that our children's health and wellbeing is not going to be compromised by decisions made by the government.

I am writing to you to express my strong opposition to the decision of the State Government privatising the new Fiona Stanley and Midland Hospital.

...

The fact that the first I heard of this was a pamphlet ... from a lady at the Perth Royal Show is of deep concern to me.

Where do you stand on this issue?

Will the New Children's Hospital be next?

Where can I get more information?

Where can I express my concerns and have my questions answered?

This issue warrants open and accountable public discussion. As a mother already living a parent's worst nightmare I want reassurances that my children will be in safe hands. So far it is not looking good. I just CANNOT believe that privatisation of our hospitals is a good thing.

What is this woman, this mother of two very sick young children, referring to? She is referring to a Labor Party and union campaign on privatisation. Mr Speaker, I want to show you a brochure distributed by United Voice, no doubt in conjunction with the Labor Party, at the Perth Royal Show. The people of Western Australia should look at this.

Several members interjected.

**Mr C.J. BARNETT:** This brochure, which I will —

**Mr W.J. Johnston** interjected.

**Mr C.J. BARNETT:** Mr Speaker—Mr Speaker, I wish to address the Chair.

**Mr W.J. Johnston** interjected.

**Mr C.J. BARNETT:** Mr Speaker, I am addressing the Chair.

**The SPEAKER:** Member for Cannington, I formally call you to order for the first time today.

**Mr C.J. BARNETT:** On the front of this brochure is a photo of a nurse attending a child, clearly, I suggest, in Princess Margaret Hospital for Children. On the second part of the brochure, it states —

Fiona Stanley Hospital

...

PRIVATISED

New hospital—cannot sell anything —

Midland Health Campus

...

PRIVATISED

What really offends me and what has scared the living daylights out of this mother with two extremely ill children is this United Voice brochure, which states —

The new Children's Hospital

...

PRIVATISED

I want to read out and place on the record what this crowd has done. I want to place it on the public record.

Several members interjected.

**Mr C.J. BARNETT:** You are afraid to hear the truth, aren't you? You are going to hear it and you are going to hear it now!

**Mr A.J. Waddell** interjected.

**The SPEAKER:** Member for Forrestfield, I formally call you to order for the first time today.

**Mr C.J. BARNETT:** Under the heading "The new Children's Hospital", the brochure states —

The new children's hospital at the Queen Elizabeth II Medical Centre in Nedlands will be privatised by the Barnett Government.

That is a blatant lie. That is a lie by your union friends that has been distributed by people at the Royal Show to parents of young children. That is disgraceful behaviour by United Voice with the support of the Labor Party! Why would that young mother with those two young children not be terrified at what your people are handing out at the Royal Show? It is one of the worst and most disgraceful things seen in public policy in this state. You should be ashamed and you should reject United Voice and this campaign right now. Right now—reject it!

Several members interjected.

**The SPEAKER:** Members!

**Mr W.J. Johnston** interjected.

**The SPEAKER:** Member for Cannington! Member for Cannington, I formally call you to order for the second time today. We have some work ahead of us today, members. I think some of you probably want to stay in this place for that work we have ahead.

**Mr C.J. BARNETT:** I conclude, Mr Speaker. That brochure is a disgrace. It is not a disgrace because it is a bit of politics —

Several members interjected.

**Mr C.J. BARNETT:** Mr Speaker, I am addressing the Chair; I am trying to.

That brochure is a disgrace not because it is a lie and not because it is about politics; it is a disgrace because it is distressing parents of children with severe illness. That is why it is a disgrace. You, Leader of the Opposition, should stand up right now and reject United Voice and reject that brochure. You should do it right now, but you won't.

I conclude my comments —

Several members interjected.

**The SPEAKER:** Leader of the Opposition. Member for Nollamara.

**Mr C.J. BARNETT:** Princess Margaret Hospital with all its staffing arrangements —

**Ms M.M. Quirk** interjected.

**The SPEAKER:** Member for Girrawheen. I formally call you to order for the first time today.

**Mr C.J. BARNETT:** Princess Margaret Hospital, with all its staff and existing arrangements, will simply transfer to the \$1.2 billion new hospital. There is no change in any operational aspects whatsoever. So, United Voice stands disgraced. The Leader of the Opposition stands compromised, unless he rejects that brochure, as every member on this side of the house does. What Peel and Mandurah need is an expanded hospital and that is what this government is going to work to achieve, whoever might be the operator.

**MR A.P. JACOB (Ocean Reef — Parliamentary Secretary)** [12.59 pm]: The quality of health care that has been provided at Peel Health Campus is not for one second what is being questioned; in fact, the complete opposite is happening. Rather bizarrely, this whole debate has been around medical staff apparently being accused of "corruptly giving too much health care to their patients". I never thought I would participate in a debate in which the opposition has accused health nurses, doctors and staff of corruption because they did not do the bare minimum! Is this the opposition's policy now, that in all public health care, providers, when in doubt, should absolutely go to the bare minimum?

**Dr A.D. Buti** interjected.

Mr Roger Cook; Dr Kim Hames; Speaker; Mr David Templeman; Mr Colin Barnett; Dr Graham Jacobs; Mr Mark McGowan; Mr Albert Jacob

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**The SPEAKER:** Member for Armadale!

**Mr F.M. Logan:** Have you been down there?

**Mr A.P. JACOB:** Is this the opposition's new policy—bare minimum public health care?

Several members interjected.

**The SPEAKER:** Member for Armadale! Member for Cockburn! Member for Cannington, I would suggest that I do not hear you while you are standing on your feet, and not in your seat. It is a suggestion.

**Mr A.P. JACOB:** As I asked, is it the opposition's new policy that when in doubt, in public health care, doctors, nurses and staff should give the absolute bare minimum care to their patients coming through?

I think, and the Premier and the minister have both outlined, that the key element is that if there is anything that needs to be questioned, it will be investigated properly. The health minister got up and made that commitment right at the outset. In fact, he has already been doing that work for more than 12 months and he outlined that very clearly. This whole debate, however, really is just following on from a continual theme —

**Mr F.M. Logan:** You should go there and look at it yourself.

**The SPEAKER:** Member for Cockburn!

**Mr A.P. JACOB:** It is a model that I am very familiar with, member. This is a continuation of United Voice's theme that any private investment in health care is somehow evil. I will use the example of Joondalup Health Campus, which members opposite referred to. How else does the state get a \$393 million redevelopment for only \$230 million of taxpayers' money?

Several members interjected.

**Mr A.P. JACOB:** It is very simple. Under this model, the number of public beds in Joondalup Health Campus —

**Ms R. Saffioti** interjected.

**The SPEAKER:** Member for West Swan!

**Mr A.P. JACOB:** — has gone from 280 to 498. I believe public patients go through it for 15 per cent less than it would cost us through the public health system!

**Ms R. Saffioti:** Do you think seriously that taxpayers don't pay for it?

**Mr A.P. JACOB:** Does the member seriously think that in providing a public contract they should do the bare minimum? Under this model, as I said, we have gone from 280 to 498 public beds.

Question put and a division taken with the following result —

Ayes (25)

Ms L.L. Baker  
Dr A.D. Buti  
Mr R.H. Cook  
Ms J.M. Freeman  
Mr J.N. Hyde  
Mr W.J. Johnston  
Mr J.C. Kobelke

Mr F.M. Logan  
Mrs C.A. Martin  
Mr M. McGowan  
Mr M.P. Murray  
Mr A.P. O'Gorman  
Mr P. Papalia  
Mr J.R. Quigley

Ms M.M. Quirk  
Mr E.S. Ripper  
Mrs M.H. Roberts  
Ms R. Saffioti  
Mr T.G. Stephens  
Mr C.J. Tallentire  
Mr P.C. Tinley

Mr A.J. Waddell  
Mr M.P. Whitely  
Mr B.S. Wyatt  
Mr D.A. Templeman (*Teller*)

Noes (30)

Mr P. Abetz  
Mr F.A. Alban  
Mr C.J. Barnett  
Mr I.C. Blayney  
Mr J.J.M. Bowler  
Mr I.M. Britza  
Mr T.R. Buswell  
Mr G.M. Castrilli

Mr V.A. Catania  
Dr E. Constable  
Mr M.J. Cowper  
Mr J.H.D. Day  
Mr J.M. Francis  
Mr B.J. Grylls  
Dr K.D. Hames  
Mrs L.M. Harvey

Mr A.P. Jacob  
Dr G.G. Jacobs  
Mr R.F. Johnson  
Mr A. Krsticevic  
Mr W.R. Marmion  
Mr J.E. McGrath  
Mr P.T. Miles  
Ms A.R. Mitchell

Dr M.D. Nahan  
Mr D.T. Redman  
Mr M.W. Sutherland  
Mr T.K. Waldron  
Dr J.M. Woollard  
Mr A.J. Simpson (*Teller*)

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Pair

Mr P.B. Watson

Mr C.C. Porter

Question thus negated.