ROYAL PERTH HOSPITAL PROTECTION BILL 2008

Consideration in Detail

Resumed from 13 September.

Clause 3: Term used: Royal Perth Hospital —

Debate was adjourned after the clause had been amended.

Clause, as amended, put and passed.

Clause 4: Operation of Act —

Mr R.H. COOK: I want to seek guidance from the minister on how this proposed act operates in relation to the Hospitals and Health Services Act. In particular, I want to draw the minister's attention to section 34 of the Hospitals and Health Services Act, which is a part of the act that refers to the operations of Medicare and agreements with the commonwealth, specifically in relation to a number of operating principles and, in particular, an operating principle described as "efficiency and quality in service provision". The Hospitals and Health Services Act also describes how the minister may enter into agreements with the commonwealth in relation to the provision of health services. As a result of that, it may be that some of the agreements with the commonwealth that the state is looking to engage in may be contrary to the way in which the proposed Royal Perth Hospital Protection Act would then read. For instance, the minister would be aware that we are moving to a national regime, based upon a nationally decided efficient price under the activities-based funding model for hospital services. For example, we are in this process with the commonwealth, and perhaps the minister can envisage a situation in which the commonwealth may say, under that regime—this is hypothetical, so bear with me—that all tertiary hospitals, for the purposes of the national healthcare agreement, must be 450 beds in size, or that no tertiary hospital can be within 10 kilometres of another tertiary hospital because that is an inefficient way to use the nation's health resources. In that situation, that would be, one assumes, executed under the Hospitals and Health Services Act 1927, but it would be directly opposed to the principles associated with the Royal Perth Hospital Protection Bill.

Members will read that the effect of this proposed act is that it overrides the provisions of the Hospitals and Health Services Act, so I want the minister to clarify whether this places us in a position of conflict between the Hospitals and Health Services Act and what might be achieved, particularly in relation to commonwealth agreements, and what might be the principles of the proposed Royal Perth Hospital Protection Act.

Dr K.D. HAMES: The Hospitals and Health Services Act is a Western Australian act, and no direction from, or arrangement or agreement with, the federal government can force the state government to make any changes whatsoever to the provisions of that act. To use the member's example, if the federal government said that every hospital had to be more than 500 beds, we would frankly tell it to get stuffed. There is no way that we would bring anything of that sort into our own Hospitals and Health Services Act. The only areas in which the Hospitals and Health Services Act can be overridden in this legislation are through those specific things that are in the legislation. As the member knows, in his next amendment he wants to move that it be a 400-bed hospital. Clearly, we will oppose that. To be fair to the member, I think these things were written four years ago, so I can understand that things may have changed.

Mr R.H. Cook: I notice that my copy of the amendments has actually gone a bit yellow.

Dr K.D. HAMES: I am hoping that the member will withdraw some of these amendments because, clearly, in the context of today, they no longer make sense.

Ms J.M. Freeman interjected.

Dr K.D. HAMES: Yes, I know, but I refer to some of the ones that are soon to come.

It is only those things within this legislation that may be contrary to the Hospitals and Health Services Act that are overruled. If per chance we reached agreement with the commonwealth on changes to our health system that warranted us having to change the Hospitals and Health Services Act, we would have to bring that act to Parliament and change it; and, if that was contrary to anything within this legislation, clearly we would have to amend components of this legislation also. But that is for a future Parliament to deal with and I can envisage no circumstance in which an agreement outside that legislation would warrant change by this government.

Ms J.M. FREEMAN: I refer to the operation of this proposed act and the proposed act having effect despite any provisions of the Hospitals and Health Services Act 1927. I could go through and ask whether it complies with part II, "Administration", section 5A, "Minister's duties"; or part II, "Administration", section 7A, "Minister's

general powers"—go through it on a point-by-point basis, which I am more than happy to do to ensure that we have complete clarity about how this act operates. Can the minister outline which particular provisions are affected by the statement that the legislation will have effect despite the provisions of the Hospitals and Health Services Act? Which particular provisions of the Hospitals and Health Services Act are contrary to this proposed act—that is what the minister has just outlined—which this proposed act will then override? Which particular provisions will they be? I am happy to go through the Hospitals and Health Services Act 1927 section by section so that we can establish that without fail, but I should think that the minister would be able to give me that with great clarity. For example, under the Hospitals and Health Services Act 1927, part II, "Administration", section 8, "Closing public hospital, abolishing board, varying trusts", states —

> The Governor may close any public hospital or abolish any board, and may, by leave of the Supreme Court or any judge thereof, make any necessary variation of any trusts affecting any property used or applicable for any of the purposes of any such public hospital.

I am assuming that the operation of this proposed act has effect despite that section. However, it would be good to have clarification of that. There are a couple of others, and I am interested in asking whether they have any aspect in overriding the Hospitals and Health Services Act. Recently we had a discussion in this place about the power to apply fees under the Hospitals and Health Services Act, in particular fees for the purpose of parking. I want to know whether the provisions of the proposed Royal Perth Hospital Protection Act will have effect and override that provision of the Hospitals and Health Services Act.

To summarise, my question is: which particular provisions of the Hospitals and Health Services Act is the minister talking about when he says that the proposed Royal Perth Hospital Protection Act will operate despite those provisions? In particular, does that mean that section 8 will no longer operate? What other provisions, in particular, are there in that act?

Dr K.D. HAMES: It is in fact that section that the member read out that is the key section whereby there is a difference. It was very kind of the member to do that because I do not have it here with me, but I was advised of that. It has nothing to do with fees. What is contrary to the act is only what is in the legislation before this house. The key component of that is, as the member read out in that section, that the Governor has the power to stop the operation of a hospital. He does not have that power with this legislation, if and when this act is passed, because this hospital can be changed—it must be remembered that it is the building that we are talking about, operating as a tertiary hospital—only by the will of both houses of Parliament. That is the key section that it affects.

Ms J.M. Freeman: What a shame I gave you the answer!

Dr K.D. HAMES: That was an excellent move on the member's part. I congratulate her for it.

Mr R.H. COOK: I draw the minister's attention to section 34A of the Hospital and Health Services Act, which states that a board may set apart hospitals for the treatment of infectious diseases. I do not know what the disaster management plan is for Perth, but one can envisage a situation in which the hospital may or may not need to be, in the words of the Hospital and Health Services Act, set apart for the treatment of infectious diseases. In the case of severe acute respiratory syndrome or other pandemics that people visualise in the future, we may wish to set aside a whole wing of Royal Perth Hospital to be the receival point for infectious patients and to manage in that way.

Dr K.D. Hames: That is not unreasonable.

Mr R.H. COOK: It is certainly not an unreasonable prospect, but it would be contrary to the provisions of the Royal Perth Hospital protection legislation, which specifically sets out those services that must be provided from that hospital. Again, there is conflict. The Hospital and Health Services Act is, for the benefit of the chamber, a general act of Parliament that provides for the management of our health system. Quite rightly, it envisages a situation in which some services will need to be sacrificed to respond to specific situations. Because of that, section 34A provides the very level of flexibility that the minister may need to draw on in the event of a pandemic. Perish the thought that someone says that the Royal Perth Hospital legislation it is to provide tertiary hospital services, that under the regulations there is a list of services that are to be provided from the hospital and that section 36A of the Hospital and Health Services Act cannot be enforced because the Royal Perth Hospital protection legislation overrides those provisions. I seek clarification as to how that would work. I envisage a situation in which there is quite a level of dysfunction while people sit down to reconcile the relative strengths and merits of one act versus the other.

Dr K.D. HAMES: There are two components in answer to the member's question. The first is that when the member referred to the board, I am the board. That provision was put in place by the former Labor Minister for Health, so I make those determinations about the hospital. Secondly, we had a discussion earlier about a tertiary hospital and what a tertiary hospital is. There is no good definition of a "tertiary hospital" so it is defined by the

list of services that it will provide that will be done by way of regulations. There is nothing to stop changes to add on services to that hospital. The requirement is that it remain a tertiary hospital. There are two things. First, the government of the day could say that in addition to those services that constitute those of a tertiary hospital, there is an empty wing at Royal Perth that we will use for some other purpose. There is nothing to stop that whatsoever. Secondly, if changes were required to the legislation, such changes would have to go through the two houses of Parliament, which would be a simple act if there were significant change to warrant it. I do not think there is anything in the bill to stop the flexibility. There would be if the member's 400 beds were provided for. In fact, it will not even be 400 beds.

Mr R.H. Cook: Yeah, yeah, yeah, all right! You can punish me for another two clauses.

Dr K.D. HAMES: It is all right! The point is the same. If the number of beds is fixed, that would make it difficult to be as flexible as we need to be. If the Labor Party were in government in 20 years' time and the demand in health services and demand for beds across the system had grown to such an extent, the government might look at what in Royal Perth Hospital was not in use—the space that was not being used—and decide that it needs to be developed. It might be the case that there is a new tertiary hospital at Joondalup, a new hospital up towards Yanchep, a big hospital at Armadale and a new hospital in Peel. All those hospitals might be in place in the metropolitan area, but we have reached the stage at which demand is outstripping supply and there is a building that would largely have a wing dedicated to administration. A future government may well to decide to change that. If it did, the process to change it would not be that complicated.

Ms J.M. FREEMAN: I seek confirmation of my understanding of the answer to my last question. Clause 4 states —

> This Act has effect despite any provision of the *Hospitals and Health Services Act 1927*.

Is it correct that the only provision that the bill overrides is section 8 of part II, "Administration", of the Hospitals and Health Services Act?

Dr K.D. HAMES: I do not have the details. I have not been through all that. The act stands as it is and what the bill overrides is what it overrides. I would be happy to have my staff go through it in detail to provide the member with a list of any component of the act that will be overridden by this bill.

Ms J.M. FREEMAN: I have just been told by my colleagues that after four years, I should stand tall on this one! I understand that given that this is the consideration in detail stage, the minister should have that list. The minister stood up in answer to a question I asked about what provisions and whether he could outline them. He told me that I had a hole in one, because I had provided an example of the only one that it overrides. Can the minister confirm that the only section that will be overridden by the provisions is section 8?

Dr K.D. Hames: The advice I have is that that is correct. I will follow up to be absolutely certain.

Ms J.M. FREEMAN: Can you stand up and say that, minister? It is your job to stand up.

Dr K.D. HAMES: What I said has been recorded by Hansard. When I interject and the member listens, it is recorded by Hansard.

My advice is that that is correct. Our staff will go through in detail —

Mr W.J. Johnston: Do you want to adjourn?

Dr K.D. HAMES: No, thank you! Tonight we will sit until we finish debating this bill. I hope members do not want to spend all night on clause 4.

Mr R.H. Cook: I do not have any evening appointments!

Dr K.D. HAMES: Nor do I!

Mr R.H. COOK: I refer to the minister's last answer—I am sorry we are cutting across each other, member for Nollamara—in which he essentially said that the services provided at the Royal Perth Hospital site are governed only by the regulations that the minister may choose from time to time to amend. As far as that is concerned, does that not make a nonsense of the bill altogether, because what the minister is saying is that the government holds sacrosanct those services over here, which it calls "tertiary", although we cannot define that so we will define it by another exercise called "regulations", but those regulations exist really at the whim of the minister of the day?

Dr K.D. HAMES: We have not reached clauses 5 and 6. Clause 5 states that Royal Perth Hospital has to operate as a public hospital. That is interesting in light of the debates we have had in front of Parliament House today. Clause 6 states that it has to be a tertiary hospital. The services that are provided under a tertiary hospital are

those that are provided under a tertiary hospital. We modify that, as the member knows, through our clinical services framework. Major trauma is dealt with at Royal Perth Hospital, and heart and lung transplants and burns are dealt with at Fiona Stanley Hospital. There is still a definitional package of what is done in a tertiary hospital that can be varied, but we cannot take out services to such an extent that we stop it from being a tertiary hospital.

Ms J.M. FREEMAN: In fact —

Dr K.D. Hames: This is like a seesaw! All I need is a fulcrum in between.

Mr R.H. Cook: There is the member for Cannington!

Ms J.M. FREEMAN: I want to ask the minister about his previous comments. The clause reads —

> This Act has effect despite any provision of the *Hospitals and Health Services Act 1927*.

I wonder how that will impact on section 26B of the Hospitals and Health Services Act, "Licence to conduct private hospital". In particular this is my question: how does that section go with the minister's penchant for privatising hospitals, and does clause 4 mean that privatisation will not apply in that the operation of this bill is about keeping the operation of Royal Perth Hospital in public hands?

Dr K.D. Hames: That is in the next clause, and we will deal with that when we get there. The other section the member read out does not have that effect.

Ms J.M. FREEMAN: We have looked at section 34A of the Hospitals and Health Services Act. Section 35A reads —

> **Protection from personal liability**
>
> No liability shall attach to the Minister, the CEO, any officer of the Department, a member of a board of a public hospital or an agency or any person authorised by the Executive Director for any act or omission by him or her in good faith and in the exercise or purported exercise of his or her powers or functions or in the discharge or purported discharge, of his or her duties under this Act.

How does that section of the act, in terms of this bill having effect despite any provision of the Hospitals and Health Services Act, operate with protection from personal liability attaching to the minister?

Dr K.D. HAMES: That too does not have an effect. As I said to the member, my advice is that it is just the one clause. She can read out every clause in the whole pamphlet but I do not think that would achieve anything for the purpose of debate.

Ms J.M. Freeman: But it achieves what you should have done, which is being able to sit here and have this debate.

Dr K.D. HAMES: My advice again is that that has no effect. The member can read out every clause and I can stand up every time and say no, no, no. I think we are far better served in the business of this house for me to provide the advice that I committed to provide to the member.

Ms J.M. FREEMAN: The minister can be a bit tetchy with me about that but I am the one who stood up and drew to his attention section 8 of the Hospitals and Health Services Act. I stood up and said that that is the section that seems not to apply. Given that I obviously have the capacity to pick up a piece of legislation in a short period and ask whether this is not the bit that applies, the minister might want to give me a bit of respect and say that I can look at a few other sections to check that they do not apply as well. I thank the minister very much for pointing out that I might not want to waste the house's time, but I should have the respect and regard to be able to go through the act and pick out some of those things and ask whether they apply. One of those aspects is the by-laws for public hospitals. The minister has already said that this clause will have no impact on the by-laws for regulating parking and fees. I want to ask about section 22 of the Hospitals and Health Services Act. That section on by-laws for hospitals goes from subsection (1)(a) to (da), then from (da) through a number of Roman numerals to subsection 1(i). In terms of by-laws, how will this bill impact on any of the provisions of the Hospitals and Health Services Act? Will all those by-laws apply to this bill? Will a by-law on the operation of a certain part of the building of Royal Perth Hospital apply to this bill, despite the minister saying that he will not close any of it down? Will it have the capacity to close one section of it down? Really what I want is clarification that no by-law will be used to close any part of Royal Perth Hospital.

Dr K.D. HAMES: My advice is no.

Clause put and passed.

Clause 5: Continuation of Royal Perth Hospital —

Mr R.H. COOK: The minister, I am sure, anticipated that at some point we would rise to speak on this clause. I must confess to the house that after hearing the minister and several members on the other side speak on a private member's motion in this place last week, I am completely flummoxed about what the minister actually means by a "public" hospital. Indeed, what we saw in this place over the course of the last week or so was one of the most extraordinary misappropriations of language I have ever seen in that the Liberal Party sought to redefine the word "privatisation" for the sake of political outcomes.

Dr K.D. Hames: We read out your own former leader's definition; not ours.

Mr R.H. COOK: Clearly the other side is as acquainted as we on this side are with how unpopular its policies on privatisation are. What I would like the minister to do is define what he means by a "public" hospital under this clause of the bill. I have other questions but perhaps we can deal with that first.

Dr K.D. HAMES: I thank the member for giving me the opportunity to do two things. One is the opportunity to refer to the definition that we use of "public", which is the former Leader of the Opposition's definition; that is, not private—so, not privatised, which means not sold off to the private sector. That is the opposition's former leader's definition of "private". Secondly, it gives me a great opportunity to refer to a brief chat I had with the Premier before we started question time. We have said on numerous occasions and I said outside today that if there was any move by our government to contract-out services at what will remain of Fremantle Hospital, Royal Perth Hospital and Sir Charles Gairdner Hospital, that we would announce that before the election. The Premier has agreed with my view, and that is that there will be no announcement by our government that that is the case. So, contracting-out of those services will not be a policy of this government for the four years if it is re-elected.

Mr A.P. O'GORMAN: Can the minister explain that Royal Perth Hospital is to continue to operate as a public hospital unless a resolution approving the closure of the hospital has been passed by each house of Parliament? Does that also include that requirement that we will maintain it as a public hospital, but it will operate under a private administrator, such as the situation at Joondalup Health Campus? So, to put a private operator into Royal Perth Hospital to operate it a public hospital will require approval from both houses of Parliament; is that my understanding of this clause?

Dr K.D. HAMES: No, it is not. Midland hospital and Joondalup hospital are public hospitals contracted out to the private sector. I cannot commit that a future government will not contract-out the services of a public hospital to be managed by the private sector. What I have said is that our government commits that if we are re-elected, we will not do that.

Dr A.D. BUTI: The minister and his government have made a constant play on the fact that they respect and see the necessity for the continuation of Royal Perth Hospital. As the clause states, their aim is for the continuation of the hospital, and that closure of the hospital can be done only by a resolution passing each house of Parliament. If the minister and his government are so committed to the future standing of Royal Perth Hospital, and this is not purely political grandstanding, why did they not put a manner and form provision in the bill like they did with the Western Australian Future Fund Bill?

Dr K.D. HAMES: A manner and form provision commits the government of the day to not change legislation, even if it so wishes, and that is the purpose of our future fund. We do not want at any stage the opposition getting into government and deciding that it will raid the piggy bank. This bill is different. The previous Labor government planned to close down a tertiary hospital in the state. The houses of Parliament had no say in that. It could do that without any reference to those representing the people of the member's electorate or the people of my electorate. We made a commitment to the people who were opposing that happening, and I presented to this Parliament petitions to the Minister for Health of the day. I think 41 000 signatures were collected by a small core group, largely of nurses, working day in, day out, week in, week out and year in, year out to collect those petitions for me to present in this house. I gave them the commitment that I would bring this legislation to the house and I am fulfilling that commitment. They want to make sure that if that significant change is made in the future and it is again proposed that Royal Perth as a tertiary hospital be closed, both houses of this Parliament would have the opportunity to vote on it.

Dr A.D. BUTI: The minister's commitment to the hospital was only to respond to the so-called commitment that he made to these petitioners or whoever he may be talking about. Does the minister see the continuation of the hospital being of incredible public policy importance; and, if so, why would he not have tried to entrench the future of the hospital?

Dr K.D. HAMES: The opposition cannot have it both ways. The opposition has attacked me at length although not so much lately. Lately the opposition has accepted that Royal Perth has to stay. In the early days, for the first two years after our decision, we were castigated for keeping Royal Perth. Now the opposition is saying that I should go miles further —

Dr A.D. Buti: No, I am trying to work out your level of commitment.

Dr K.D. HAMES: My level of commitment is that I am 100 per cent committed to Royal Perth remaining as a tertiary hospital. This legislation will mean that if a future government wants to change it, a resolution will have to pass both houses of this Parliament.

Dr A.D. BUTI: I just want to place on *Hansard* that a manner and form provision would not have been binding and it will not be binding for the future fund either.

The ACTING SPEAKER: Member for Forrestfield.

Dr K.D. Hames: Your shadow minister wants to get a word in.

Mr A.J. WADDELL: The shadow minister should stand up at the appropriate time. Clause 5 provides —

> Royal Perth Hospital is to continue to operate as a public hospital unless a resolution approving the closure of the hospital has been passed by each House of Parliament.

It seems to me that clause 5 of this bill is an attempt to forbid executive government from carrying out an administrative function when, obviously, it currently has the power. Given that the protection here is to stop executive government—the minister is part of performing that—and the minister's full acknowledgement that a future Parliament could at its own will change it, is the only purpose of this bill not to stop the Minister for Health personally from getting rid of Royal Perth Hospital? Any future government is quite clearly capable of getting rid of it by simply amending this bill.

Dr K.D. HAMES: Only if it has the numbers in both houses of Parliament.

Mr R.H. COOK: I want to pick up on some points that the minister made earlier. He was quite right in saying that Royal Perth Hospital will continue to operate as a public hospital, but he then went on to make a couple of points that we really need to clarify and speak on in this place. The first goes to the issue of a public hospital. Of late the other side is often keen to portray in the public debate that "privatisation" is the same as "private", and it is not. Let us take a lengthy opportunity now to clarify this point, because once again the minister has sought to misrepresent this debate. The people in the community understand this debate, but the minister does not. We on this side oppose the privatisation of health services. The government tries to characterise privatisation as the prospect that it will entirely sell off a public asset and a public service for the purposes of having a user-pays system. That is not privatisation. Privatisation is the taking of a public service and placing that public service in the hands of a private operator. That is the way it is understood to exist right around the world.

The minister has clung to this former policy document like a drowning man, because the government is drowning in some polling that is clearly showing that its privatisation policies are on the nose. The minister has sought to say that we are talking about the complete sale of a public asset and a public service. That is not what we are talking about when we talk about privatisation. We have never said that. Now the minister has come into this place today, and has done so on previous occasions, to say that is what we are talking about. For the complete clarity of this house and those on the other side, I say that when we say we oppose privatisation, we are using "privatisation" in the same way that everyone else in the community uses it and not how the government uses it. We oppose the sale of these sorts of services to a private operator. These are core public services. They should be in the hands of the public. That is the policy and the principle that we hold dear.

The minister went on and talked further about some fireside chat that he had had with the Premier this afternoon. He said that we should all gain some comfort from whatever the minister and the Premier said about privatisation.

Mr A.P. O'Gorman: Would you trust this man?

Mr R.H. COOK: As the member for Joondalup interjected, the minister said that we should trust the government on this. I will come to that in just a second.

On the point that the minister makes on privatisation, if he has no intention of either now before the next election or in the four years following the next election—if we are so unfortunate to see the return of the Barnett government—of privatising these services, the minister should have no objection to the current request from one of the health unions that a no-privatisation provision for workers' jobs and conditions be included in their enterprise bargaining agreement as it is currently. If the minister expects us to trust him, why is his government so hell-bent on removing that aspect of the agreement? It would say, "Not only will we have an agreement with the public, but we will have an agreement through the EBA process with every single health worker in this state. Such is our commitment to no privatisation that through the EBA process, we will give every single health worker in this state a solid commitment that we will not privatise their jobs in the life of that agreement." That of itself is what the minister really seeks to do here. If he is seeking to assure employees that that is the intention of

the government, surely it is not too much to ask for this government to agree to that very modest and reasonable request.

Dr K.D. HAMES: The member uses the term as he likes and he promotes it as he will.

Mr R.H. Cook: No, you use it as you like because you know that it stinks and that you are getting a pounding in the polling.

Dr K.D. HAMES: I do use it as I like, because I prefer the definition of the Labor Party's former leader, someone for whom I have a great deal of respect.

Mr R.H. Cook: Rubbish.

Dr K.D. HAMES: I do. The member should ask him.

Mr R.H. Cook: You hunted around for a document that you could cling to.

Dr K.D. HAMES: No, I just like his definition. The Deputy Leader of the Opposition needs to sit down with him and talk to him about why he wrote those things. Sit down and talk to him.

Mr R.H. Cook: You are a joke in this policy area because you are incapable of sleeping straight in bed.

Dr K.D. HAMES: Mr Acting Speaker, I think I need some protection.

The ACTING SPEAKER: Member!

Mr P. Papalia interjected.

The ACTING SPEAKER: Member for Warnbro, you have just come in. I prefer you to be silent while you are here.

Dr K.D. HAMES: I have a great deal of respect for the former leader, and always have. I have worked very well with him at times in the past and I am sure he will tell members the same. In fact, we have almost never had any major disagreement on any particular area. It is pedantic to some degree that we argue the point. The opposition tries to make privatisation sound like a dirty word. For the opposition's crass political purposes, it now says this is the agenda of the government. It has never been the agenda of the member's previous governments in this place; it has not been the agenda of Labor parties around the world or all over Australia. All such governments have contracted out hospital services. They have not called it privatisation; they have called it contracting-out of services. The member for Riverton outlined the list of hospitals that have been contracted out. I said earlier that I had forgotten one; I remember it now, it was Austin Hospital. There was a major redevelopment of a component of that hospital but the decision was made to totally contract-out the maternity section to the private sector, which managed that hospital. Labor has done it. Just because members opposite are puppets to United Voice, they have decided to make this a political issue. I do not object to that; that is their method of operation and that is what they are trying to get out to the public. They say they have all this evidence of it resonating within the community, but I cannot see a great deal of resonation in recent polls. People understand what contracting-out is about. People understand the quality of —

Mr P. Papalia interjected.

Dr K.D. HAMES: Mr Acting Speaker, it is really difficult having others —

The ACTING SPEAKER (Mr P.B. Watson): If you keep having a crack at them on the other side, minister, they will continue to come back at you, and I cannot protect you all the time.

Dr K.D. HAMES: I understand that, Mr Acting Speaker, but I am directly responding to the words spoken by the shadow minister. It is difficult not to respond because he has made a political point of the use of the word "privatisation" and Labor's opposition to it—and we do not share that view.

Mr A.P. O'Gorman interjected.

Dr K.D. HAMES: We are of the view that the contracting-out of services to the private sector can create a very good hospital, as the member for Joondalup knows. However, this does not relate to the clause before the house, which I intend to return to.

The ACTING SPEAKER: Thank you for your advice, minister.

Mr R.H. COOK: We are very much addressing the clause in the context of the minister's comments. In his last contribution to this place, the minister said that he promised the people of Western Australia that the government would not privatise any further health services. It is appropriate therefore that we clarify that, and I draw to his attention the fact that he did not answer my last question.

Dr K.D. HAMES: The commitment I give today is that with Sir Charles Gairdner Hospital and Princess Margaret Hospital for Children, and what will be left of the Fremantle Hospital and Royal Perth Hospital, in the next term of government we will not only not privatise, but also not contract-out to the private sector further than what is already in place. Remember that some things are already in place. We will not, for example, do what is happening with Midland or with Fiona Stanley and go out to the private sector to run large components of those hospitals. There are smaller components that have already been contracted out, and I see no change to those. That is what the union and the opposition have been asking us to do. There has been uncertainty because we have not said before that that is the case. I have consistently said that if we are going to do it, we will announce it before the election. Now I am announcing, before the election, that we will not do it.

Mr A.P. O'Gorman: The minister did not mention King Edward in his list.

Dr K.D. HAMES: Please add King Edward Memorial Hospital to the list.

Mr R.H. COOK: Well done, member for Joondalup! Further to this point, why will the minister, if he is making this solemn commitment, not include that commitment, as the unions have requested, in their EBA negotiations?

Dr K.D. HAMES: That is one of the problems with bargaining: if a person does not sit at the table and properly bargain and not reach a resolution, he does not know what the government may or may not do. There are existing clauses within the contract that apply and have been tested in court. The union opposed through the courts some of the things that we were doing for Fiona Stanley and Midland, and it lost—but that remains the case for existing hospitals. There is the capacity within negotiations for us to continue with that clause, even though it was totally inappropriate for the Labor Party to put it there in the first place, because issues of that nature should not be part of negotiations about the rise and fall of wages. Nevertheless, the Labor Party has done it, and we accept it. As part of the bargaining process, it may be that we are willing to accept it staying there. However, to do that, people have to bargain; they have to sit down at the table. We have advised that we have reached the end of that stage and now we will seek to go to arbitration to let an independent umpire resolve the matter.

Mr R.H. COOK: This is an important point so I want to ensure that the minister is absolutely clear on this. Before the last election, members opposite never mentioned anything about their policies around the privatisation of Midland hospital or hospital services at Fiona Stanley. They talked at length about the building of a railway line out to Ellenbrook, all of which was repudiated on the other side of the election once they came to power. I am sure that the minister will forgive us for being somewhat cynical when he says that he is making this solemn undertaking. I acknowledge what he says in relation to leaving the privatisation clauses in the provisions of the EBA. I want to encourage him to pursue that because I am sure that will assist significantly in his current round of negotiations. I also want the minister to do that for one very important reason; that is, it will provide us with further assurances that the minister and the Premier will not get up 48 hours prior to the election and say, "Oh, by the way; we forgot to mention earlier in the campaign that we are going to privatise the Armadale hospital" or "Rockingham looks like it is good for the picking." In that way they would not provide people with a proper opportunity to analyse their policies. The minister has a great opportunity. He has a damaged reputation for honesty. The entire Liberal Party has a damaged reputation for honesty, particularly in relation to commitments made prior to elections. We want to provide it with some assistance in how members opposite might go about reassuring the public that this time they actually mean what they say. We suggest that the request from the unions regarding that non-privatisation clause and the current round of EBA discussions represents a golden opportunity for members opposite to put their money where their mouth is. The EBA lasts about two or three years, so it will not interfere in terms of the long-term work done with the health unions. It will fit quite nicely in the envelope described as the next term of office. We on this side of the house are very comfortable with the minister making that commitment to the health unions. Therefore, he can go forward now without fear of any criticism from us for leaving that provision in the EBA, despite his misgivings about its original insertion. That will prove that this government is dinkum about what it says about the privatisation of hospital services.

Firstly, I want the minister to clarify that point; namely, that the government will not be privatising any further hospital services in this state; and, secondly, I want to know that he is willing to sit down with the unions and, in negotiations, include that clause in the EBA.

Dr K.D. HAMES: I have already made the commitment, and it is recorded in *Hansard*, about the hospitals. The issue of the deletion of the existing clause is part of what is being bargained. Our people have been saying no, but I am willing for them, as part of the bargaining process, to not oppose leaving that clause in for the period of the contract. I cannot give that commitment; I am not the one doing it. I have made it clear that I as the government representative will accept the retention of that clause.

Mr R.H. COOK: I wonder whether the minister can clarify why this clause is in the bill. Surely, if we wanted to do something contrary to the objects of the act—that is, something other than protect Royal Perth Hospital as a tertiary hospital—we would simply seek to repeal the act. That is self-evident in the way this place works. I am seeking instruction from the minister and/or counsel on why we need a clause in here that refers to a resolution of Parliament. Surely a resolution of Parliament would be the repeal of the act. I want to understand why this clause is in here in the first place.

Dr K.D. HAMES: This clause is the whole point of the bill. The Labor government was going to close the hospital as a tertiary hospital.

Mr R.H. Cook: More Liberal Party lies. Actually, no; I withdraw that.

Dr K.D. HAMES: I will go through the iteration of what the Labor government was going to do with that hospital. The first iteration was that it did not know. It was not going to be a hospital anymore; it was going to close down.

Mr A.P. O'Gorman interjected.

Dr K.D. HAMES: No; I am talking about the first iteration. It was not going to be a hospital. The building would remain; the beds would be gone and reallocated to Fiona Stanley Hospital, but initially to Sir Charles Gairdner Hospital. Sir Charles Gairdner Hospital was going to go from its current 600-odd beds to a 1 000 bed hospital until the minister realised he could not fit them on the site with the children's hospital. We put on a lot of pressure over that. Then the minister said maybe there would be a general practitioner clinic there so that people who needed treatment within the hospital would have treatment at an emergency department and it could be used for other things, but it would not be a hospital anymore in the sense that there would be no beds there. The next iteration came in the weeks leading up to the election. I was on Geoff Hutchison's program on ABC radio having a debate with the minister. The member can find the transcript and read it if he likes. In that iteration the then minister committed to using it as a surgery centre. Remember, at one stage the children's hospital was to be relocated to that site. That was mentioned today in relation to $200 million. That $200 million was the quote for moving PMH to Royal Perth Hospital. The member for Cannington is shaking his head. The records are all there. He should talk to the former minister and ask him; he will tell him.

Mr W.J. Johnston interjected.

Dr K.D. HAMES: I was right there with him when he made that commitment. It was going to be a surgicentre, probably with a GP clinic or something bigger than that in the end—some sort of medical centre at the front, other than a hospital. If we were going to move all the tertiary beds out of Royal Perth Hospital, it would not be a bad suggestion. Surgeons would come in to see patients at that hospital and do orthopaedics or whatever to tidy up the list. That was the progression of commitments. I know it was said. The trouble during elections is that we do not always have control of the pamphlets that go out. My words at any stage said, "You were closing it as a tertiary hospital." I am aware that one of our pamphlets said it would close as a hospital. In the early stages that was the case—there was not going to be a hospital.

Mr W.J. Johnston interjected.

Dr K.D. HAMES: I am saying that was the case even eight months before the election. I am sure I can find some documents to prove it, but I would like the member for Cannington to save me the trouble and find documents that disprove what I have just said.

Mr W.J. JOHNSTON: The minister says this clause is the guts of the bill but I do not understand that. If we are here to protect Royal Perth Hospital, this provision does not do that. It has nothing to do with protecting Royal Perth Hospital; it is about how to close Royal Perth Hospital. If we are intending to have it protected, we should just have an act to do so, which is what the minister promised. This undermines the promise the minister made. He said he would have an act of Parliament to protect Royal Perth Hospital. Now he is saying that, regardless of the act of Parliament, we can have something else to eliminate it. My view is that this bill does not provide any protection to the hospital at all unless the minister agrees to the Labor Party's amendments. But this undermines the whole purpose. Surely, all we need is a provision that says, "Unless this bill is repealed, Royal Perth Hospital will stay." Then we would have a protection bill. This says that even though the bill will remain, there is another procedure to get it to close. The minister is saying that it is not the executive that does it; it is the Liberal Party. The history in Western Australia is that at no time in the entire period of self-government of this state has the Labor Party had a majority in the upper house. The only party that has had a majority in both houses is the Liberal Party. This says that the Liberal Party —

Dr K.D. Hames: Is that true?

Mr W.J. JOHNSTON: Yes, of course it is true. The Labor Party has never had a majority.

Dr K.D. Hames: With the Greens you have, haven't you?

Mr W.J. JOHNSTON: As I say, we are not a coalition; we are not partied with them.

Dr K.D. Hames: Please!

Mr W.J. JOHNSTON: Give me a break.

Mr R.H. Cook: Coming from you!

Dr K.D. Hames: Comrades. You are as close to them as we are to the Nats. Comrades in arms!

Mr W.J. JOHNSTON: No; that is not true. We have never been in coalition with the Greens; we are not in an alliance with them now, nor have we been ever.

The ACTING SPEAKER (**Mr P.B. Watson**): Can we get back to the bill, please?

Several members interjected.

Dr K.D. Hames: How many times have the Greens voted with the Liberal Party in the upper house?

The ACTING SPEAKER: Minister, can we get back to the bill, please.

Mr W.J. JOHNSTON: If I can take that last interjection —

Several members interjected.

The ACTING SPEAKER: Members!

Mr W.J. JOHNSTON: Anyone who reads *Hansard* from the Legislative Council between 2001 and 2008 will see the dozens and dozens of occasions on which the Greens and the Liberal Party combined to defeat Labor government legislation and policies. The two parties and the National Party combining to defeat the Labor Party was the most regular occurrence in the Parliament. Almost every piece of legislation introduced into the other chamber by the government was amended either because the Greens and the Liberals amended it or because the Greens used the Liberal Party to force the government to amend it. The idea that somehow the Labor Party has ever had control of both houses of Parliament is rubbish. As I say, this provision is either dishonest or unnecessary. If the Liberal Party is being honest, it is not needed, or it is a deliberate trick on the people of Western Australia so that the Liberal Party can say it has done something it has not done. It is of no value.

It is very important to understand why, particularly on behalf of the member for Nollamara, it says "unless a resolution approving the closure of the hospital" is required. Why not say the bill has to be repealed? Why is it the government's position that it does not need to repeal the bill to close the hospital?

Dr K.D. Hames: I have argued the case long enough.

Mr R.H. COOK: Perhaps I can assist the minister. Clause 5 should really be part of the long title or in the objects of the bill because, as the minister says, those three lines in clause 5 are the purpose of the bill. Perhaps it is inappropriate that it sit in that fashion and it should either form part of the long title or be a new clause under "Objects" to make it perfectly clear. Otherwise it looks like a peculiar piece of drafting that, as the minister says, is more about marketing than drafting. What we have here is a curiosity in the legislation that refers to the way a government would go about repealing the legislation, but in a manner that essentially does not repeal it because it uses the term "resolution" rather than "the repeal of the act".

Dr K.D. Hames: I'm not the drafter, and my advice is that those words are fine.

Mr R.H. COOK: But the minister said that this is really the politics of the bill, not the drafting of it, that is in play here. Surely, the minister is saying that if this is the objective of the bill, that is ultimately how it should fit in relation to its drafting. For instance, instead of "An Act to provide for the continued operation of Royal Perth Hospital", it should be "an act to provide for the continued operation of Royal Perth Hospital subject to a resolution approving the closure of the hospital being passed by each house of Parliament".

Mr A.J. WADDELL: Can the minister advise what form that resolution would need to take?

Dr K.D. Hames: The motion before the —

The ACTING SPEAKER (Mr P.B. Watson): On your feet, please, minister.

Dr K.D. Hames: I am interjecting on him.

The ACTING SPEAKER: I thought he sat down.

Dr K.D. Hames: It would be just the standard procedure for a motion before both houses of this Parliament.

Mr A.J. WADDELL: So, essentially, walk in here, suspend standing orders, simply pass a simple motion —

Dr K.D. Hames: You've got to pass it as you do any legislation that comes before this house; it is resolved as a motion by the government.

Mr A.J. WADDELL: That is true, but it is a resolution. When we pass a resolution to suspend standing orders, that is not legislation; that is a resolution. So, would not merely a motion —

Dr K.D. Hames: You're talking about the drafting. I'm telling you the advice I have is that the drafting is adequate the way it is.

Mr A.J. WADDELL: I am not questioning that, minister; I am simply saying that inasmuch as we have a resolution when we have a matter of public interest motion that condemns the Barnett government for blah, blah, blah —

Dr K.D. Hames: That is one use of the word, but if you have a resolution that this house agrees to, you cannot send a resolution like suspending standing orders to the other place.

Mr A.J. WADDELL: That is true, but surely —

Dr K.D. Hames: That resolution has to be in the form of a bill that would do those things that I said.

Mr A.J. WADDELL: But this bill does not say that. Surely, if this house simply passed a resolution that we agree to the closure of Royal Perth Hospital and a similar resolution was passed in the other place, that would satisfy this bill. But then the act would still be on the paper. Can the minister explain how the mechanics of that may work?

Dr K.D. HAMES: If we have a resolution before this Parliament that states, "That is not what we are going to do", and it does not amend the act, acts have primacy because they are passed as acts by this government. Therefore, the use of the word "resolution" in this form is adequate. As I have said, my advice from the drafter is that to overturn an act, we would need an act. Sure, we could have put in the word "act"; however, I am advised that this use of the word is adequate and I do not intend to further continue my defence of it.

Mr A.J. WADDELL: I beg to disagree. The passing of the resolution will merely trigger a section in the legislation. This bill basically states that something will happen until another event occurs. Once that other event has occurred, that thing stops happening. The event simply can be the passing of a resolution in this house and in the other place. It does not require this legislation to be repealed and it does not require a further bill; it simply states "a resolution". I am very curious about why that particular form of words was chosen, because that essentially sets out the parameters of what has to occur in the future. This bill does nothing whatsoever other than say what needs to occur in the event for something else to occur. That thing that needs to occur is a resolution of this house and of the other place. In that event, this legislation does not stop the executive from closing Royal Perth Hospital and until such time the minister is forbidden to do that. But, clearly, a resolution is a resolution. I think we need to be very clear on that point, that that is the intent of this house as we pass this bill.

Clause put and passed.

Clause 6: Services to be provided —

Mr R.H. COOK: My amendment states —

Page 2, line 26 — To insert before "tertiary" —

400 bed

I put this amendment on the notice paper in some other lifetime many, many years ago. I looked at my notes, which, as I observed before, are now yellowing and to a certain extent are worse for wear. I think at that time what I was trying to achieve was to make the minister put his money where his mouth was and make sure that he did not in some way or form of trickery try to create a 200-bed facility. I wanted to make sure that the minister was true to his word on the commitment he made to the WA public.

The minister also told the WA public at that time that the government would redevelop the hospital. That is a matter on which he has been breathtakingly quiet since the last election. Therefore, we on this side are curious. I might just use this amendment, if I may, to seek the minister's indulgence to tell us about his plans for that election commitment. We know that —

Dr K.D. Hames: I don't intend to do that because, of course, I made it clear in the budget speech and during estimates exactly what money has been committed and exactly what those plans are. I think I have said them to the house as well.

Mr R.H. COOK: What the minister has firmly created is the view that the hospital will extend from the current configuration of 400 beds after Fiona Stanley Hospital grows. What the minister has already said, through the clinical services framework and so forth, is that it will stay at that level of about 400 beds. From that perspective,

I think we are entitled to ask what the minister means when he says that he will redevelop this hospital, because clearly he does not mean to add extra beds to the 400 that he speaks of.

Dr K.D. Hames: The last clinical services framework is 450, but I will explain it.

Mr R.H. COOK: Just on that point, in the document that the minister tabled in this place in August, the number of beds was 410. However, that is neither here nor there. Clearly, the minister does not intend for the hospital to grow beyond what it currently is, so it is a rather small 400-bed tertiary hospital. How does the word "redevelopment" participate in that equation?

Dr K.D. HAMES: I am happy to give just a quick answer and it is the only time I will speak on this. It was proposed to be 410 beds. When we did the reconfigurations around where major trauma and cardiothoracic services would be, in keeping major trauma where it is and because of the huge demand that is still expected to come through the emergency department, there was concern. The beds in major trauma are very unpredictable; there is huge variation around the number that it would need. The view was that if we did not have more elective surgery beds, particularly for orthopaedics, the hospital would have trouble coping with those surges and fallbacks. In consultation, particularly with the orthopaedic surgeons, we agreed that we would increase it, I think, to 450 beds to allow an additional 40 elective surgery beds to allow for those variations in flow.

We have committed to the redevelopment—just off the top of my head, I have to remember numbers—I think $22 million in the current forward estimates. We have committed verbally that an additional $168 million will be reflected in the next budget to bring the total amount for the redevelopment at Royal Perth Hospital to $180 million. As the member knows, I wish to build a new west wing and it will cost $657 million to do that. As to the ability of government finances to do that, we still have to move King Edward Memorial Hospital and need to expand Armadale hospital and, down the track, expand Peel hospital, and then also cater for the northern suburbs development. So, the decision was made that there would be a major internal refurbishment in some of the northern side of the hospital, and in particular the A block, that H-shaped block. The plan is that once patients have all moved out to Fiona Stanley, creating additional capacity within the hospital, we will have most of the patients from the Wellington Street side housed on the church side, and we will then totally refurbish the Wellington Street side of that H-shaped block. We will move the patients back in to that site and there will the additional capacity on the outside. I remember that the previous Labor government was going to demolish that building, and we thought that was not a bad idea at the time when we were going to build the new west wing, but now we will keep it. We will do a lesser degree of refurbishment of blocks for administration, and some of the services that are currently being provided in all of those other buildings that go along to Bennett Street will be relocated into that administration side. That is what it is proposed the $180 million will be used for.

Mr W.J. Johnston: When would that start, the moving out?

Dr K.D. HAMES: I think it is listed to start in 2016. Remember the hospitals are moving out in 2014, with all the planning to be done before then. My personal preference is that it should be done sooner and that we should do all the planning leading up to the moving out and get started with work as soon as they finish, but I was not able to get that in the budget because the capacity was not there. It may be that in the future I will never be able to change it, and that is where it will stay, in which case the major work will start in 2016, with all the preparatory work being done before that. I hope that the opposition commits and we commit down the track. What I would in fact like is some commonwealth funding to assist that.

Mr W.J. Johnston: You said $22 million. When does that start?

Dr K.D. HAMES: There is $22 million already in there, and it is for the outer two years of the forward estimates. What are they? What are we now? Our current last budget was —

Mr W.J. Johnston: So, 2014–15 and 2015–16.

Dr K.D. HAMES: Yes, that is right. So, that is when all the planning starts and then the serious work starts in the two years out from that. Remember, though, that the hospital has had a lot of work done on it. The Labor government spent a lot of money on it. It spent money on the major trauma unit and on the burns unit—a lot of work has already been done. The hospital is adequate the way it is and it could keep going like that forever, but I think "adequate" is probably the only word we could use. We could have a first-class hospital there by totally gutting that side of the building and totally rebuilding the internal area in a modern way. That is what the $180 million is predicated on—that sort of work needing to be done.

Mr A.P. O'GORMAN: Clause 6 mentions services to be provided for the purpose of maintaining Royal Perth Hospital as a tertiary hospital. Why is it so important to maintain Royal Perth as a tertiary hospital aside from the government election commitment? What services will actually be provided there to make it a tertiary hospital? What is the general population or area that Royal Perth Hospital is expected to serve?

Dr K.D. HAMES: We have been through all this before in earlier parts of the debate, and I apologise if the member was not in this place when we discussed all those things. We went through definitions of "tertiary" and outlined where the hospital would service. The reality, in my view, is that Royal Perth Hospital should be the hub of the spoke that goes out to the eastern corridor of this city, so it feeds that area—with Swan districts, probably Bentley and even perhaps Armadale feeding patients. In fact, most of the Aboriginal patients that come to Royal Perth come from Armadale via the train line. It would be the centre and the tertiary hospital representing the eastern corridor region. I think that is the area that the Labor government would have disenfranchised by taking away Royal Perth as a tertiary hospital, and that is in fact why we got so much support during the election from that eastern corridor wedge. That area will continue to be serviced. The reality is that if Royal Perth had been shut down—the member may know the exact number of patients going through the emergency department better than I, because I have not seen them lately, but I think about 78 000 people go through the ED at present—the question is: where would they have gone? Once Royal Perth Hospital had been shut down, where would those 78 000 patients a year have gone? They could not go to Sir Charles Gairdner Hospital; it already sees 60 000 to 70 000 patients a year. If those patients went out to Joondalup Health Campus, it already sees 85 000-plus patients there—that is massive. Where else would those patients have gone? They would have to feed into other hospitals. The theory was that they would all go to Fiona Stanley Hospital, but I do not think that is the case because Fremantle Hospital's ED would close down under the Labor government's plan, and ours, and it sees 60 000-odd patients. So, where would those 78 000 patients have gone? A lot of patients from the eastern corridor will still go to Royal Perth Hospital, and even patients from the close surrounds. For people from areas such as Dianella, Morley and Beechboro, the natural feed hospital is Royal Perth. Sure, when we build the new Midland hospital, some may go there, but I can say that patients seldom go out from the city; they tend to come in.

Mr R.H. Cook: If I may, minister, on previous occasions in a previous lifetime when we were debating this bill, the minister provided a list, which was essentially at that point what we might regard as a draft form of regulations for services.

Dr K.D. HAMES: We discussed that list last time we were in there. It was not that long ago; it was only a few weeks ago. Remember, I said it was —

Mr R.H. Cook: No; I mean when you actually gave us the list. It was the first time that the bill got up and you said, "By the way, here is the list of services we envisage." So clearly the policy process has travelled pretty far and wide since then. Would the minister be able to provide an updated version of that list?

Dr K.D. HAMES: That list is in the clinical services framework, so the list of services provided out of the hospital is in our latest release clinical services framework. It has the full range of most of the tertiary hospitals services that we would expect at a tertiary hospital. What is not in the list are the things I mentioned before—the burns unit has moved out, cardiothoracic and heart-lung services have moved out, and major trauma will remain. They are the key changes to that original document that should still be on the table of the house.

Mr R.H. Cook: On that point, if we wanted to understand what the regulations would look like, in the event that this bill is passed, as it is under clause 6, we could look at the clinical services framework and be pretty assured that that is exactly what the regulations would look like.

Dr K.D. HAMES: That is exactly right.

Mr A.P. O'GORMAN: Again, for a tertiary hospital, with most of the funding that goes to hospitals and health facilities, and certainly with the Joondalup Health Campus, there goes a formula. What is the particular formula for Royal Perth Hospital as a tertiary hospital under which funding will be allocated to the hospital as a tertiary facility? And, again, the minister outlined an area that he thought patients would come from.

Dr K.D. Hames: Couldn't we have this debate when we get to the Joondalup amendment that you're moving?

Mr A.P. O'GORMAN: I can do it again then, if the minister likes! I am asking the minister the question now, because this is the point at which I thought it should be asked. This clause actually makes mention of Royal Perth Hospital as a tertiary hospital and I ask: what is the general formula for funding a bed or a service, for example, at Royal Perth Hospital? I am not sure how the formula is worked out, but can the minister explain it to me? Also, in response to my previous question, the minister outlined a whole range of areas. Does the minister have any idea of the capture of the population of that area?

Dr K.D. HAMES: I do not have the answer to either of those questions or on the population of the area. I can assure the member that when the clinical services framework is done, all the predicted demand and construction program, including that of Midland Health Campus, is predicated on what that population growth will be. Similarly, I cannot tell the member what the amount of money is for those services because it varies and depends

on the service provider. We have an agreement on activity-based funding with the federal government, so that hospital gets funded according to the services it provides. Then, there are weighted averages for the lengths of time that patients stay in the hospital, and there are costings associated with what the actual procedure is, whether it is a hip replacement or heart bypass surgery. Those things vary enormously, but that information is publicly available. If the member wants a briefing on how a hospital is funded, if he thinks that would help his argument for Joondalup, I am happy to get him that briefing. However, I do not think it helps the member's argument, because the argument around Joondalup is a different argument in terms of when it will become a tertiary hospital and what difference it makes with it being a tertiary hospital, private. That depends on the services allocated to it to provide. Currently, that hospital virtually provides the services that one would expect a tertiary hospital to provide in a range of areas. It must be remembered that not every hospital provides every service. For example, Royal Perth Hospital will not provide cardiothoracic surgery services. The member's hospital will; Joondalup hospital will. Those services will be put in there by the private sector; the private sector will provide those services. However, we will contract it to do public patients, and I have said that before. The major difference—I have said this in the house before—between the member's hospital and Royal Perth is that Royal Perth has to take patients from all over the state; the member's hospital just gets to look after those in the region around the hospital.

Mr A.P. O'GORMAN: I do not agree with that, minister, because they come from far and wide; they come from all over the state to Joondalup, and the minister knows that as well. Maybe I should rephrase the question and ask the minister: what is the difference in funding for a service at a tertiary hospital compared with a service provided at a secondary hospital?

Dr K.D. Hames: It depends. The funding for a secondary hospital can be exactly the same as that for a tertiary hospital for individual patients. It depends on the level of service provided. If you go through the clinical services framework, you will see that there are level 6 services, level 5 services and level 4 services, and they set out what each hospital provides. Joondalup is in that document, so the member will be able to see it. If it says level 5 orthopaedics at Joondalup, that will get funded exactly the same amount as level 5 at Royal Perth Hospital—at a tertiary hospital. It makes no difference; the funding is the same. It depends on the level. What you tend to see is that lower-level hospitals such as Midland do not do that level of service; they might do orthopaedics only to a level 4, for example.

Mr A.P. O'GORMAN: Okay. I suppose that brings me back to my original question: why is it so important to maintain Royal Perth as a tertiary hospital? What are the extra services and what are the extra facilities? Why is it so important to say that RPH is a tertiary hospital, because that is what the minister has promised to do? He has promised to maintain it as a tertiary hospital.

Dr K.D. Hames: Sure. That's our argument. Major trauma there is a simple example for you. Major trauma is not at Joondalup. Major trauma from all over the state is dealt with at Royal Perth Hospital.

Mr A.P. O'GORMAN: Essentially, that is what we are being told: because we say it is a tertiary hospital, it is a tertiary hospital. There is no additional funding. The level of service is the differentiation, from what I can see. Really, what is the problem with Joondalup Health Campus being upgraded to a tertiary hospital, because that is what was in the Reid report when it came out; that is what the minister said he supported? He has gone back on what the Reid report said. He has now brought Royal Perth back into the game, and there is no issue with that. I understand all the arguments about that; that is fine if the minister wants to do that. However, I still have in my area over 300 000 people feeding into the Joondalup Health Campus, and it cannot be recognised as a tertiary hospital, giving the services that a tertiary hospital should provide. The minister has said that the only difference between Royal Perth and Joondalup Health Campus is that Royal Perth will not be providing cardiothoracic services but Joondalup will, because that is provided by the private provider. Therefore, that service is privatised, and the government will buy it from the private provider on a service basis, but the government can buy only what it is not using. If private patients are there, they will get preference. So, what the minister is telling me is that people in the northern suburbs—people like me—who have the privilege of being able to afford and to purchase private health care, can have a cardiothoracic service as a first choice. As I go in the door of the emergency department, the medical staff say, "He's a private patient. Flick him up there. He can have cardiothoracic services. If he needs a catheter, we can do it." However, a public patient is told, "Oh, sorry; we haven't got enough time because the government doesn't have a public cardiothoracic service in Joondalup." So, two levels of health care are being offered to the people of the northern suburbs—those who can afford it and those who have to go public. Why should the people in the northern suburbs have a lesser service than the people in the centre of Perth or the people in the southern suburbs?

Dr K.D. HAMES: There are two parts to this. One is that the standards of service provided at Fiona Stanley Hospital are equal to anything provided in a tertiary hospital in a range of areas. That hospital and the people of that area get a magnificent service at the very top level. What happens is that a tertiary hospital gets specific

extra things, and it tends to be a state service—not one that is replicated in other hospitals. The thing that will make Fiona Stanley different as a tertiary hospital is that it will have the state burns unit—such a unit is not in every hospital; Sir Charles Gairdner Hospital does not have one—and it will take patients from all over the state. It will have the state heart–lung transplant service—one state service for people all over the state. We do not want to put another one of those at Joondalup because the demand from patients in the whole state is not sufficient to justify that expense. In the same way, Sir Charles Gairdner Hospital is the specialist in cancer services. It is far better for patients. As the member knows, we had three cardiothoracic services, and the one thing that all the specialists made clear to me was that it was not good management in the state. Its spread out the services and made it very hard for the specialists to provide the very top level of care that was required for those patients; I needed to locate it at one site. The plan was for some of those services—not all of those services—to be provided in the future at Joondalup hospital, which would make it a tertiary hospital. That would mean that Joondalup would be the centre for taking those patients from all over the state. However, let us look at when the previous government was going to do that. Its clinical services framework promised Fiona Stanley in 2010, it promised Joondalup hospital in 2009, and I think it promised a tertiary hospital in something like 2015–16, was it not?

Mr A.P. O'Gorman: It was 2015.

Dr K.D. HAMES: It was 2015. When we came to government, Fiona Stanley was then due for completion in 2014—four years out. Fiona Stanley was not finished until 2011–12—it is still being finished now—so it is at least three years out. Not a single dollar was identified in the budget that would have allowed the former government to develop the tertiary hospital there. The member says that his government would have done it. His government would not have done it. If his government was sitting on this side of the house today, it would probably, as we are, be just finishing Fiona Stanley, because that was the course of events; it would be just finishing Joondalup hospital; and it would still need to find money for building a new King Edward Memorial Hospital. If the Labor Party was in government now and it had to find those additional funds to make Joondalup a tertiary hospital, it would, one would think—I should not guess because I have no idea—cost hundreds of millions of dollars. To suddenly be able to provide that for an additional service at Joondalup just so that it could be called a tertiary hospital is a nonsense. There is no way that the member's government would have done that; there is no way that it would have the capacity to do that, nor is there the necessity to do it, because the standard of services being provided across the state now, with a very good distribution that helps cover areas north and south of the river, is at a very high level. I know that does not suit the member's political argument, but that is the reality. If the member was on this side and if the Deputy Leader of the Opposition was the Minister for Health, he would be telling the member exactly the same thing that I have just told him.

Mr A.P. O'GORMAN: I thank the minister for that explanation. I understand about the burns unit and the heart and lung transplant service. I have no disagreement with that. I always believed that those should be compacted into one unit to deliver that service, and I think we will have a much better service. We have an excellent heart–lung service in this state, and we will have a better service when they are combined. There is no question whatsoever that the burns unit is one of the best in Australia; I think it is probably one of the best in the world, and we have some of the best people in the world working there with Fiona Wood. The issue I am arguing about is that, regardless of anything else, the Reid review said that tertiary services should be moved to the suburbs where the people live. In the Joondalup–Wanneroo area, the population is currently sitting at around 320 000. As the minister said, Joondalup Health Campus has the busiest emergency room in the state—and it is coping. But we anticipate and expect to have a tertiary-level hospital at Joondalup in 2015. The reason it has been put back is a lack of money. That is what the minister just said to us.

Dr K.D. Hames: And necessity.

Mr A.P. O'GORMAN: The necessity is there. I see the necessity there right now. When I go out and talk to the stroke support group of people, they tell me that they are greatly concerned that if another person in their family were to have a stroke requiring the long-term needs of hospital services, they would not be able to get them into Joondalup Health Campus and would have to be transferred to Sir Charles Gairdner Hospital.

Dr K.D. Hames: That has nothing to do with secondary versus tertiary. We provide that service at Swan District Hospital.

Mr A.P. O'GORMAN: As part of tertiary services we should be getting a stroke support unit; that is what we were told.

Dr K.D. Hames: Secondary hospitals have that.

Mr A.P. O'GORMAN: Okay, but Joondalup does not have it.

Dr K.D. Hames: But that is a different argument.

Mr A.P. O'GORMAN: For a population of 320 000 it is imperative to have a stroke support unit there.

Dr K.D. Hames: I don't disagree with you.

Mr A.P. O'GORMAN: Okay, but it is not being provided. It comes down to the basic fact of money; that is what the minister said. When we were in government, we did not get the Fiona —

Dr K.D. Hames: The money relates to additional construction that would provide tertiary services.

Mr A.P. O'GORMAN: Let me just finish. Fiona Stanley Hospital did not get completed under our government, and it is now just being completed under the minister's government.

Mr J.M. Francis: It didn't get started.

Mr A.P. O'GORMAN: The money was put there. The difference is that the money was put there. The reason it was not started, as all government members know, is that it was not the then government's fault. The prices of construction that we were quoted at the time were extraordinary. It was not the appropriate time to go out to market and try to bring in a hospital of the standard that we in this state wanted and of the standard that the people of the southern suburbs should have. The cost was just prohibitive.

Dr K.D. Hames: But you needed it. You desperately needed it in 2010.

Mr A.P. O'GORMAN: Now we are down the track four years. We have had $18 billion worth of a deficit put into our budget for building things such as the Perth Waterfront project that not too many people in this state agree with. That waterfront project will continue to bring more people into the city to work and to live, which is fine, but there is a demand for services out in the northern suburbs, and those people out there in the northern suburbs expect a tertiary-level hospital. They cannot understand why Royal Perth Hospital, in the centre of Perth, needs to be upgraded; why, as the minister said, Sir Charles Gairdner Hospital serves the eastern suburbs—I have no argument with that; and why people in the southern suburbs will be served by Fiona Stanley Hospital but the 320 000-plus people in the northern suburbs are not entitled to the services of a tertiary-level hospital. They need it so that they do not have to belt down Mitchell Freeway if they have to, like I had to with my wife when she needed some cardio stuff at the time, because there is no cardiac catheterisation laboratory in Joondalup. We should not have to put up with that in the northern suburbs. We are the fastest growing area. It is simply a case of wanting a tertiary hospital so that we can have our health services delivered where we live.

Mr W.J. JOHNSTON: I move —

Page 3, after line 2 — To insert —

(2) For the purposes of maintaining Royal Perth Hospital, future annual appropriations shall not be reduced to levels below the allocations to the hospital as at 6 September 2008.

Dr K.D. Hames: I have to say that I thought you, like the shadow minister, would withdraw that amendment. It clearly goes against what the member sitting next to you is proposing.

Mr W.J. JOHNSTON: No, it does is not.

Dr K.D. Hames: All right; I will let you put your argument then.

Mr W.J. JOHNSTON: The minister is the person who says that retaining Royal Perth Hospital does not need to be at the expense of providing adequate health care to others. The minister is the person who says that he can protect Royal Perth Hospital, and we take him at his word. We think that he is being genuine. This amendment will be opposed only if the minister is not serious. If the minister is not being honest with the people of Western Australia, he will oppose this amendment. If the minister sitting at the table is actually trying to be truthful and the Liberal Party is trying to deliver the promise it has made —

Dr K.D. Hames: So you want us to fund a hospital that had 670 beds at the same level of funding as it would need if there were 400 beds.

Mr W.J. JOHNSTON: I am not seeking an interjection from the minister. He has his opportunity to speak in this debate.

Dr K.D. Hames: I accept interjections from you!

Mr W.J. JOHNSTON: If there is one skerrick of honesty, the Liberal Party will vote in favour of this amendment, because it has gone to the people of the eastern suburbs and the north eastern suburbs and said that

they can keep the services they have. That is the clear promise that the Liberal Party allowed to be understood by the people of those suburbs. The Liberal Party made the presentation that the Labor Party's plan for change at Royal Perth Hospital would not be allowed because it would reduce the services available. This proposed amendment states that this government will be honest and that it will hold itself to its own word. The Royal Perth Hospital Protection Bill is not the policy of the Labor Party; it is the policy of the Liberal Party. It was the Liberal Party that promised to protect the services provided at Royal Perth Hospital. If the government is now saying, "That was our pre-election commitment, not our post-election commitment", that shows what it was really doing in the lead-up to the last election. The challenge for the minister at the table is this: is he prepared to be truthful with the people of Perth, the people of the inner city and the people of the eastern suburbs or will he just continue the con job that is the Royal Perth Hospital Protection Bill? There is nothing in this bill that protects the services for people in those suburbs, like the services for the people in the seat of Cannington, which the members of this government promised would be protected at the time of the election. Liberal Party members are the ones who made it an issue. They are the ones who dishonestly presented what the Labor Party's plans were for hospitals in the inner city. So now let us hold them to the truth. Let us hold the Liberal Party to account for the promises it made before the election.

The Liberal Party does not like being held to account. An example of that is the Premier running away from the promise to build a train in the member for Swan Hills' electorate. He went on radio and said, "That was just the member for Swan Hills electioneering. Don't believe that." What is it? Is it the Liberal Party just electioneering or does it actually believe that it wanted to protect the resources available to the hospital?

I have to make a point about the minister's commitment to the redevelopment of the hospital. In 2009, I made a point about the fact that the budget, as it was then, had $11 million or $12 million—I do not remember the exact figure—for redevelopment of Royal Perth Hospital. The minister interjected and said, "No, no; that's not right." He was sort of arguing that there was actually money in the budget for the redevelopment of the hospital. Here we are four years later and the minister says that the redevelopment of Royal Perth Hospital will start only at the end of another term of a Liberal government. That is what he is saying. It is therefore time for the Liberal Party to be honest with the people of this state; that is a thing it has trouble with. This amendment protects the promise that the Liberal Party made to the people of Perth.

Amendment put and negatived.

Clause put and passed.

Clause 7: Development of Royal Perth Hospital —

Mr R.H. COOK: I stand to speak on this amendment. It is one of several amendments in a similar vein that we will be moving. That is, we understand that the Liberal Party tapped a rich vein of political sentiment when it announced its policy around Royal Perth Hospital at the time of the election. As we are often reminded in this place, politics is about choices and decisions. Whatever we do with resources in one area, inevitably something cannot be done in another. There is an opportunity cost associated with every decision for which we allocate resources or make policy decisions. One of my main concerns as this policy is being promoted and ultimately executed through the introduction of this bill is what it actually means for Fiona Stanley Hospital. The Reid review made a very important contribution to health services in Western Australia by observing that we have an obscene concentration of high-level tertiary health services in Perth and the western suburbs. People in my electorate, for example, must travel vast distances to make regular specialist appointments at either Sir Charles Gairdner Hospital or Royal Perth Hospital. They are very cruelly disadvantaged by the fact that they live in the southern suburbs. For reasons best known to historians, we have a ridiculous concentration of health services in the Perth CBD and the Reid review exploded that situation. The Reid review recommended building a big tertiary hospital south of the river and a big tertiary hospital north of the river. We know the configurations around that and the role that Royal Perth Hospital was or was not to play.

The Liberal Party and the Minister for Health put together this policy and we find ourselves in this situation today. Ultimately, if we are to retain services and staff at Royal Perth Hospital, those services and staff cannot be reconfigured at Fiona Stanley Hospital. We cannot take important human resources and place them at Fiona Stanley Hospital to get the true reconfiguration of tertiary hospital services that the Reid review was aiming for. Since the member for Dawesville became the Minister for Health there have been ongoing debates in the health system in which people are trying to retain their workforce, units and departments at Royal Perth Hospital, which is constraining the development of Fiona Stanley Hospital. I will share with members an anecdote that a colleague of mine in the upper house shared. Her daughter is looking at where she will train to become a nurse, having completed her studies. The daughter wants to train at either Royal Perth Hospital or Sir Charles Gairdner Hospital because that is traditionally where the opportunities have been in health services and that is where many senior clinicians are choosing to stay because there has not been a flow of resources to the new tertiary hospital.

That is really worrying because the minister is struggling to get workers out of Royal Perth Hospital and into Fiona Stanley Hospital. We have seen the minister contorted across a range of options.

Mr W.J. JOHNSTON: I was interested in the member for Kwinana's argument and would like to hear more from him.

Mr R.H. COOK: We have seen the debate around whether cardiothoracic services will relocate in full from Fremantle Hospital and the anxieties that has caused. We have seen the contortions and policy iterations that the minister has had to do to get some specialists to move out of Royal Perth Hospital so that we can have a critical mass of cardiothoracic services at Fiona Stanley Hospital. Let us not forget that Fiona Stanley Hospital was always going to be the centre for major trauma in Western Australia. The minister has had to walk away from that commitment as well and instead we have a ramping of trauma services at Fiona Stanley Hospital. There is a victim associated with the decision to maintain Royal Perth Hospital, and that is the services that will be provided at Fiona Stanley Hospital and the communities who depend on that hospital for those services.

This amendment is very important because it will institutionalise the attitude of this Parliament and, I think, ultimately of this minister, that we do not want the retention of Royal Perth Hospital detracting from the services at Fiona Stanley Hospital. We do not want the decision to retain Royal Perth Hospital disadvantaging the people who will depend upon the services at Fiona Stanley Hospital. What will constrain the rollout of services at Fiona Stanley Hospital is the resources that are not made available because they continue to be tied up in Royal Perth Hospital and the workforce that goes with those resources. I am sure that the minister will not have a problem with this amendment because he has said on a number of occasions that he is committed to the full development of Fiona Stanley Hospital. Indeed, the motion goes no further than to say that the development of Royal Perth Hospital will not impact upon the proposed services, resources and scope of services at Fiona Stanley Hospital. We want to see the full realisation of the vision of the Reid report, which is to have a flagship tertiary hospital in the suburbs that is not disadvantaged by the decision to retain Royal Perth Hospital and that the people of the southern suburbs so richly deserve and will depend upon. We do not want the government's decision to maintain Royal Perth Hospital to have a negative effect on the services provided at Fiona Stanley Hospital and on the communities that will depend on that hospital for its services.

Ms J.M. FREEMAN: I am seeking clarification on clause 7. I have an amendment on the notice paper and am interested to know how to proceed because there are a number of other amendments prior to my amendment. Do I just speak on my amendment?

Mr R.H. Cook: I have not moved my amendment yet. With your indulgence, I will formally move that amendment and we can get on with it.

The SPEAKER: For clarification, there are several amendments on the same clause on the notice paper. There is no order for doing this. Any member can move his or her amendment. I had given the call to the member for Nollamara. If she wants to move the amendment in her name, that is entirely up to her.

Dr K.D. Hames: I think she sat down to let the Leader of the Opposition move his amendment.

The SPEAKER: I will give the member for Kwinana the call but we have not heard him move his amendment.

Mr R.H. COOK: So I gather. I am sorry, Mr Speaker, I thought I had. I can assure the minister that even if we had moved to clause 8 there are several other pages of amendments that we could have spent some time on.

Dr K.D. Hames: No, because all of clause 7 would be gone, including all those amendments.

Mr R.H. COOK: Although, minister —

Dr K.D. Hames interjected.

Mr R.H. COOK: I assure the minister that we could also spend some time on clauses 8 and 9. I move —

Page 3, after line 8 — To insert —

(2) No development is to take place at Royal Perth Hospital to the extent that development will impact on proposed services, resources and scope of services at the Fiona Stanley Hospital.

Amendment put and negatived.

Mr A.P. O'GORMAN: Clause 7 goes to the development of Royal Perth Hospital and states —

(1) To the extent that, because of development on the site of Royal Perth Hospital, it is not practicable for a part of the hospital to operate or to provide a service referred to in section 6, sections 5 and 6 have no effect while the development is carried out.

Then it outlines the developments. I move —

Page 3, after line 8 — To insert —

(2) Development that takes place at Royal Perth Hospital will not impact on services, resources and scope of services at the Joondalup Health Campus.

My job here is to make sure that the people in my electorate get the best service possible from government, whether it is Liberal or Labor, and I intend to do that. I move this amendment because I cannot for the life of me see how we can have developments in Royal Perth without impinging on the rest of the health budget, which will therefore impinge on the Joondalup Health Campus. Even before we go to the budget, if we just think of the skill sets that are needed to operate hospitals in this state, we realise that by maintaining Royal Perth Hospital, developing Fiona Stanley Hospital, and taking Joondalup Health Campus to tertiary status at some point in the future, it is difficult just to have the workforce out there. We need the nurses and the doctors. We have a shortage of labour in this state, so it could even come down as far as the orderlies and the cleaners in our hospitals. They are all very valuable people. The only way we can make our hospitals work is by having good people doing their jobs to the utmost of their abilities. By moving this amendment, I seek to make sure that Joondalup Health Campus has access to the experts, the professionals, the specialists, the surgeons and all those sorts of people who we need in the northern suburbs to deliver our healthcare services to the best standard possible. I am not saying better than Sir Charles Gairdner Hospital, Royal Perth and Fiona Stanley Hospital, but equal to; I am not asking for anything more than anyone else is entitled to.

The northern suburbs are the fastest growing area in the state with the Cities of Wanneroo and Joondalup. As the only Labor representative in the City of Joondalup, I strongly believe that we have to make sure that this government is held to account and continues to deliver service to the northern suburbs. We have seen a complete failure from this government to deliver services in the northern suburbs. Yes, it has completed the Joondalup Health Campus. Everything was in place before the Liberal Party got into government. I know that the minister will say that we were $100 million short. We all know that. It was being negotiated. Whether the Liberal Party or the Labor Party was in government, it was going to be delivered. That $100 million was going to be delivered. In my time in this place, the Labor government has been committed to the suburbs. We built the freeway. Originally we built the railway line north. We are the only ones who built the railway line south. The Labor Party is committed to the suburbs. The Liberal Party is only committed to the central city area. It will be shameful for members in this place —

A member interjected.

Mr A.P. O'GORMAN: The member for Wanneroo is not in his seat. If he wishes to be called to order, I will ask for that.

The only people in this place who look after the suburbs are the Labor Party. It is shameful. It is shameful that since this government came to power, we have not had an increase in public transport in the northern line except for —

Several members interjected.

Mr A.P. O'GORMAN: Wait for it. I am qualifying it. We have not had an increase except for the six or nine extra cars that were already purchased and sitting out there at Nowergup. Except for that, we have had no increase in infrastructure in the northern suburbs. When we push this amendment to a vote, we will see every Liberal member on that side of the house who represents the northern suburbs vote with the government and not support their local communities. The people out there will know that the member for Kingsley, the member for Ocean Reef, the member for Wanneroo and the member for Hillarys do not support people in the northern suburbs. They will stand up and vote with the government because the government wants to push this through.

Mr R.H. COOK: I will make a couple of observations, particularly because our colleagues on the other side of the chamber were so keen to interject on the member for Joondalup. The member for Joondalup, I must say, has always stood up for people in the northern suburbs, particularly in his electorate. He has been tireless in pursuing resources at the Joondalup Health Campus. He makes a fair point. The minister often refers us to the clinical services framework as the indication of his true intentions for the configuration of hospital services. Therefore, I will refer to the framework to provide a direct illustration of what we are talking about in the context of this. Under the "WA Health Clinical Services Framework 2005–2015", the government had a very clear intention to extend and enhance the services at Joondalup Health Campus and develop Joondalup as a tertiary hospital. Ears, nose and throat, opthalmology, orthopaedics, urology, cardiothoracic and vascular surgery were all areas of that hospital that were due to be enhanced and improved, not only increasing the size of the service as we had been doing with the developments that were underway, as the member for Joondalup observed, but also expanding the scope of services. Having Joondalup Health Campus as a tertiary hospital was a very important part of the

clinical services framework rollout. Since then, we have seen the election of the Barnett government and the implementation of this policy to retain Royal Perth Hospital.

We have to look and ask: what has changed? Firstly, we have had the policy to retain Royal Perth Hospital and, secondly, we have seen the new "WA Health Clinical Services Framework 2010–2020". In the new clinical services framework, the government has a very different rollout of services at Joondalup hospital. All those services that we would have seen go to a level 6 scope of service have all rather conspicuously been held back to level 5. The minister is very good at getting up and providing us with explanations for that, and he can provide a good explanation for that. Let us be clear that in the previous clinical services framework the government was committed to developing Joondalup hospital as a tertiary campus. The Barnett government is elected and all of a sudden we see a mysterious reinvention of the population projections for the northern suburbs. The new clinical services framework admits that it takes the lowest possible estimation of population growth in the northern suburbs for the hospital services in that area. It is a complete mystery to everyone in the hospital system why the government would do that, because it is patently obvious that there is huge growth in the northern suburbs. The framework also points to retaining those services at Joondalup Health Campus that were envisaged to go to level 6 at only level 5. Clearly, what has changed is that the government has decided to retain Royal Perth Hospital and the government has made a decision to keep a lid on the scope and level of services at Joondalup Health Campus. The minister may have lots of good reasons for that, and I am sure he will get up shortly and provide us with those reasons, but let us not be under any illusion as to what is going on here. The decision by the government to retain Royal Perth Hospital results in a continuation of this concentration of tertiary hospital services in the inner northern suburbs, and people at Joondalup Health Campus now missing out on having the expansion and growth of those of services. It is easy to see where that has occurred, and it is very easy to see why the people of Joondalup feel dudded by this government; that is, they had reason to believe that their hospital would continue on and carry on with that ramp of expansion of scope of services, and, clearly, under the clinical services framework, that is not the case.

Dr K.D. HAMES: I was going to let this go to a vote but quite a few of our members want to counter some of the nonsensical statements made by the member for Joondalup, so I will move that we —

Several members interjected.

Dr K.D. HAMES: I am assured that we do have the numbers, but some of our members have other functions to attend and it is 5.40 pm. I am happy to continue this debate at another stage.

Adjournment of Debate

Dr K.D. HAMES: I move —

That the debate be adjourned.

Question put and a division taken with the following result —

Ayes (23)

Mr P. Abetz	Mr M.J. Cowper	Dr G.G. Jacobs	Dr M.D. Nahan
Mr F.A. Alban	Mr J.H.D. Day	Mr A. Krsticevic	Mr C.C. Porter
Mr I.C. Blayney	Mr J.M. Francis	Mr W.R. Marmion	Mr D.T. Redman
Mr I.M. Britza	Mr B.J. Grylls	Mr J.E. McGrath	Mr T.K. Waldron
Mr T.R. Buswell	Dr K.D. Hames	Mr P.T. Miles	Mr A.J. Simpson *(Teller)*
Mr G.M. Castrilli	Mrs L.M. Harvey	Ms A.R. Mitchell	

Noes (17)

Ms L.L. Baker	Mr F.M. Logan	Mr T.G. Stephens	Mr B.S. Wyatt
Mr R.H. Cook	Mr A.P. O'Gorman	Mr C.J. Tallentire	Ms R. Saffioti *(Teller)*
Ms J.M. Freeman	Mr J.R. Quigley	Mr P.C. Tinley	
Mr W.J. Johnston	Ms M.M. Quirk	Mr A.J. Waddell	
Mr J.C. Kobelke	Mr E.S. Ripper	Mr P.B. Watson	

Pairs

Mr C.J. Barnett	Mr M.P. Whitely
Mr J.J.M. Bowler	Mr M. McGowan
Mr A.P. Jacob	Mrs M.H. Roberts
Mr V.A. Catania	Dr A.D. Buti
Mr R.F. Johnson	Mr D.A. Templeman

Question put and passed; debate thus adjourned.