

WOMEN'S AND BABIES' HOSPITAL — RELOCATION

264. Ms L. METTAM to the Minister for Health:

I refer to the strong opposition expressed by the Helping Little Hands premature and sick babies charity on 1 May in response to the government's decision to abandon the women's and babies' hospital at Queen Elizabeth II Medical Centre, stating that relocation to Murdoch will result in premature and sick babies being cared for in the neonatal intensive care unit having to be transported for over 20 minutes up one of Perth's busiest stretches of road to Perth Children's Hospital in order to receive life-saving surgery and specialist treatment, and by the previous head of King Edward Memorial Hospital for Women's neonatal unit, Professor Karen Simmer, who has described this move as dangerous.

- (1) What does the minister say to this level of concern expressed amongst clinical professionals and other advocates?
- (2) Former Minister for Health Roger Cook identified parking and congestion issues for staff and patients when the site was first announced, so what are the real reasons the government has abandoned the QEII plan?

Ms A. SANDERSON replied:

- (1)–(2) I am happy to answer this question, because although this was a very difficult decision that the government had to make, it is absolutely the right decision. It is the right decision for the whole of Western Australia and for women and babies across the state who need the support of our very specialised maternity, neonatal and gynaecological supports and services. Although maternity and neonatal is part of what the women's hospital does, gynaecology and oncology are also a significant part of what it does. It is quite right to identify that there were some existing challenges on the site that were well known and ventilated, as we saw through the build of Perth Children's Hospital and some of the challenges around that site. As we went through the due diligence of government, the business case and the project definition plan, those challenges became more acute and insurmountable in my view. Frankly, it would have been irresponsible of the government to barrel down a road with unending risk to time frame delivery and disruption on the site. In a perfect world, of course a women's and newborns' hospital would be co-located with an adult tertiary hospital so that women would have access to ICU. That is very important. It is very dangerous for women who need access to ICU and who have had adverse events, and there have been incidents in which women have not made it in time to ICU. Having that tertiary ICU is critically important. Of course, ideally, it would be next to a children's hospital as well. That is why QEII was identified. It was also part of the Reid review and it makes sense.

I will make the point that when the Reid review was developed, Fiona Stanley Hospital did not exist. When we saw the business case and the project definition plan and, on top of that, started to work through the logistics of what it would mean to work at the Perth Children's Hospital and Sir Charles Gairdner Hospital site for 10 years of construction, we saw that ambulances would potentially get caught up in construction traffic trying to access the emergency department. We also have a single commercial parking operator on that site, with a contract that was signed by the former government that is incredibly restrictive—I mean ridiculously restrictive. That has put us in a very difficult position.

The government had to make a decision based on the broader interests of the community and the system as a whole. Our job is to understand system risks. It would have been far too much of a risk to the broader system—a key tertiary hospital and Perth Children's Hospital—to maintain that kind of disruption over 10 years. Essentially, if we are to maintain one of those principles, which is to give women access to an ICU and a tertiary hospital, there is only one place in which we can do that. I do not need a business case to tell us that it should not be located at Royal Perth Hospital. We know that will not work. There is only one place, and that is Murdoch. Murdoch already does 3 500 births a year. It also has neonatal specialists. That will also be better for regional women who have to make the arduous journey to Perth and then battle the traffic. I will make the point that 58 per cent of the patients at King Edward Memorial Hospital for Women already come from the southern and eastern suburbs of Perth, and 65 per cent of the patients who receive care from King Edward are not in the catchment.

An important part of this announcement was also the significant expansion of Osborne Park Hospital to provide a brand new family birthing centre. That will obviously also provide hospital-based birthing options for medium and high-risk women. We will be putting into the northern suburbs a whole suite of maternity options that do not exist now. This will be better for women and their babies, and better for families.

I make the point that I have met with some of the specialists in this area. I will say that not all of them are concerned about this decision. A number of them are very happy with this decision. However, I acknowledge the concerns of a small number of clinicians, particularly those who are working at King Edward and those who are working through the Child and Adolescent Health Service. In terms of numbers, about 45 babies

a year need surgery within about an hour of birth. Those births are almost always elective caesareans, so they are almost always planned. We will work with those women on a model of care that will enable us to deal with those babies and those mothers in the safest and most compassionate way and deliver the best possible care for Western Australians. This is the right decision, it is a good decision and it is broadly backed by the community.