Legislative Council

Thursday, 24 June 1993

THE DEPUTY PRESIDENT (Hon Barry House) took the Chair at 2.30 pm, and read prayers.

PETITION - PERTH WALDORF SCHOOL AND KINDERGARTEN

Planning Decisions, Passed by Cockburn Council Concern

The following petition bearing the signatures of 332 persons was presented by Hon John Halden -

To the Honourable the President and members of the Legislative Council in Parliament assembled.

We the undersigned, being extremely concerned at several planning decisions passed by the Cockburn Council which are extremely detrimental to the 220 children and their families at the Perth Waldorf Primary School and Kindergarten, urge the Government to take immediate action to:

1. Not approve City of Cockburn scheme amendment 88 that contravenes existing restricted use: land zoning and which allows for proliferation of unrestricted commercial developments next to the school.

2. To instigate an immediate enquiry as to why the City of Cockburn continues to discriminate against the school by approving totally unsuitable and unrestricted commercial activities including the bungee jumping tower and fast food outlets next to the school.

[See paper No 391.]

PETITION - DUCK SHOOTING, RECREATIONAL

Reintroduction Legislation Rejection

Hon Reg Davies presented a petition signed by 5 115 citizens of Western Australia urging Parliament to reject legislation which would allow the reintroduction of recreational duck shooting in Western Australia.

[See paper No 392.]

MOTION - URGENCY

Northampton District Hospital, Restructuring

THE DEPUTY PRESIDENT (Hon Barry House): I have a letter from Hon Kim Chance addressed to Hon Clive Griffiths, MLC, President of the Legislative Council, which reads as follows -

Dear Mr President,

At today's sitting I intend to move in accordance with Standing Order No 72 "that at its rising, the House adjourn until 11.00 am on December 25th 1993", in order that the House may express its concern over:-

(1) The announcement by the Minister for Health that he proposes major restructuring of the Northampton District Hospital which will entail a substantial reduction in services to patients seeking medical treatment at that hospital.

(2) The statement in the Geraldton Guardian of Friday 18th June 1993 attributed to the Commissioner of the Western Australian Health Department, Dr Peter Brennan, that there is no possibility of the Northampton District Hospital maintaining its current status in spite of strong community opposition.

(3) The apparent lack of any adjustment to the budget of Geraldton Regional Hospital or any other hospital which could accommodate an increase in patient numbers resulting from the reduction in services to medical patients at Northampton District Hospital.

(4) An apparent bias in some of the information made available by the Health Department of Western Australia to the Community Consultative Committee and possibly to the Minister himself.

(5) The possibility that the restructuring proposed at the Northampton District Hospital may at some later time form the basis for similar restructuring of other small country hospitals and lead to a reduction in the accessibility to quality health care for country people.

Yours sincerely
KIM CHANCE MLC
MEMBER FOR AGRICULTURAL REGION.

The mover of this motion will require the support of four members.

[At least four members rose in their places.]

HON KIM CHANCE (Agricultural) [2.36 pm]: I move -

That at its rising the House adjourn until 11.00 am on 25 December 1993.

I thank you, Mr Deputy President, for accepting this motion as a matter of urgency. I also thank my colleagues for their support in what I regard as a vital matter for all rural Western Australians.

On Tuesday this week I had the opportunity to outline some of my concerns in respect of the proposals made by the Minister for Health and the Health Department of Western Australia for the restructuring of the Northampton District Hospital. In summing up that view, I held that this decision was wrong morally, ethically and logistically. My reference in this debate will be principally the information supplied to the Northampton community and its organisation which is forming the consultative basis with the Health Department titled the community consultative committee. The information is titled "Northampton District Hospital: Background Briefing" although I will be drawing on some other information.

Firstly, I should outline what the effect of this proposal will be. The Northampton District Hospital currently runs what is termed the standard eight bed model; that is, it is funded, established and maintained at a level which maintains eight acute beds. I will speak about the eight bed model at some length later, but it seemed to me when I first saw this model working that we had at last found a reasonable solution to the problems of small country hospitals. Certainly I would never deny that we have difficulties and that the Minister will have difficulties in facing those problems.

The Health Department and the Minister have developed a separate model - not an alternative to the eight bed model - for providing medical facilities in country areas which is titled the multipurpose health centre. I have no objection to the nature of the multipurpose health centre. If one considers it in the nature of a super nursing post it is probably as good a facility as one could get at that level because one of the problems with country hospitals - and I am sure the Minister will be pleased to address this point - is that once anything is taken away from the eight bed model we will not save any money. We provide less service but it is still very nearly as expensive. To be more precise: If the decision is to have a hospital established on the eight bed model and run it only as a five bed hospital the saving would not be all that great because legally the requirement is to run a two by two shift. The eight bed model is the critical mass for a small hospital.

The Health Department and the Minister have decided that the multipurpose health centre is a stage somewhere between what we understand is the average nursing post and the eight bed model. In many circumstances it is entirely appropriate. My difficulty though is applying the principle of the multipurpose health centre to a town like Northampton and a hospital the size of Northampton's given the hospital's current use. My further concern is that if what is proposed at Northampton is to be expanded throughout rural Western Australia, using the same logic for the replacement of the Northampton District Hospital with a multipurpose health centre, very few country hospitals will remain, at least as we know them.

In the dynamics of the change from a hospital to a multipurpose health centre, to try to find a way to give members a figure to grasp, I start with the staff. They are the most important people. I do not start there because I am developing an argument purely on the economic value of a hospital to a town. That is important, but from the staff's point of view if staff

lose a job at one hospital, the patients still need a service, and the staff will go to another hospital and presumably find a job there. I do not argue from that point of view. Northampton District Hospital currently employs 21 full time equivalents, according to the 1991-92 annual report of the Health Department of Western Australia. If it moves to the concept of multipurpose health centres that figure will fall to 8.5 FTEs.

The other changes are of a more physical nature. I refer now to the information contained in the background briefing explaining that the accident emergency services currently carried out in an eight bed model, and specifically at Northampton, are ongoing because of the staffing arrangement. Someone who comes in at 3.00 am requiring emergency treatment can receive that treatment. The proposal listed in the discussion paper for accident emergency services is that the multipurpose health centre will be staffed on site for 5.5 days a week - not for 24 hours - but an after hour on call facility will be provided. Whether that facility will answer the problems that might arise quicker than someone going to the next hospital is another matter, but I take this information from the discussion paper. It is proposed that the multipurpose health centre will contain a birthing suite. Obstetric patients will be admitted but only in the case of "non-complicated" deliveries.

Hon Peter Foss: That is currently the situation.

Hon KIM CHANCE: I understand that is the case although a change was proposed which would widen that situation.

Hon Peter Foss: A doctor has been pulled up for doing things he should not have done but there will be no change there.

Hon KIM CHANCE: I understood changes would be made that would widen the scope of that facility.

Hon Peter Foss: There will be better facilities.

Hon KIM CHANCE: The number of deliveries at the Northampton District Hospital are relatively low. Some people would argue that the number is dangerously low to maintain staff skills, because a level is attached below which the skills should not go. I accept that. The way around that is to keep staff skills up by having staff attend births at other hospitals to obtain the required level.

The birth suite will continue for non-complicated deliveries. The definition of a non-complicated delivery is fairly broad. I understand that women coming in to deliver their first baby would not be permitted to have that baby at the centre. However, women coming in beyond the delivery of the fifth child -

Hon Peter Foss: The facilities are changing.

Hon KIM CHANCE: The current capacity for the hospital to hold medical patients will change. This affects the acute medical service beds. Northampton hospital carries out no surgery. When it was rebuilt in 1976 a theatre was not included.

One change is that the multipurpose health centre will only be able to hold and observe patients for 48 hours. Clearly, that will not be enforced to the hour but when the hospital makes a decision whether it shall or shall not admit a patient it must decide whether the patient requires serious attention and whether the patient requires admittance for more than 48 hours. If so, the patient would not be admitted.

One of the new services that the multipurpose health centre would provide under this proposal falls into three parts: Physiotherapy, speech therapy and occupational therapy services. The new services represent the lolly being held out to the people of Northampton because they do not have those services now. I am informed that all the services - or at least two of the three - at an earlier time were available in Northampton and were terminated due to lack of demand; so while it is encouraging that these services may be available, history tends to suggest that in time the services would probably be withdrawn, for all the right reasons. I am not saying that the Minister is offering something but intends to take it away; yet if a service is not to be used it is pointless offering it.

Another service which has been said is a new service is domiciliary care helpers - home help, respite care and transport. Already a level of that service is operating out of the Northampton District Hospital.

Hon Peter Foss: Are you suggesting you could not do with more?

Hon KIM CHANCE: It has not been suggested to me that that is necessary.

Hon Peter Foss: In other words, would it be better for people who are presently treated in hospital to be treated in the same way?

Hon KIM CHANCE: If that is the case. However, I believe the case now is, to the extent that it can happen, it is already happening. One of the reasons that there are not a lot of geriatric patients in the Northampton hospital is because of the high quality of their extended care relative to that given by other hospitals in the region. I have no reason to expect that that principle does not exist.

Coming to the part of the hospital where we expect it to provide services we normally associate with these institutions, the current staffing of nurses is now 12.34. That would fall under the proposal to a staffing level of 4.9 to provide those three therapeutic services that I have already mentioned.

I have already made the point that Northampton hospital is an efficient operation. In fact of the 87 public hospitals in Western Australia, only five can deliver cheaper service on the basis of the cost per patient admitted. The Minister has made a point publicly, and also I think last night here, that this is not the only way to judge a hospital. I would certainly accept any view that the Minister might express that a teaching hospital, or any group of figures which included teaching hospitals, would need to be quite a bit more expensive than a hospital like that at Northampton which provides only primary and secondary care.

Hon Peter Foss: Not only that, the level of activity and the seriousness of the case makes a difference, whether it is primary or secondary care or whatever. It might just indicate low activity.

Hon KIM CHANCE: I will get to that. My concern is that this restructuring will not stop with the Northampton hospital. If there seems to be a proposition which saves the Government money, it will be very attractive for the Government to continue to use it as a blueprint across country hospitals. Will we see accident and emergency services restricted in the manner which is proposed in this discussion paper in all country hospitals, or at half of them or a third of them? Will we see obstetric services restricted? I acknowledge that Northampton will see no change, but in those hospitals which currently offer a wider range of obstetric services, will we see those services reduced on the basis that they will be able to take only the less complicated deliveries?

Hon Peter Foss: Are you aware that I have announced an expansion of obstetrics services in country hospitals as opposed to restrictions?

Hon KIM CHANCE: I am not aware of that.

The DEPUTY PRESIDENT (Hon Barry House): Order! There is opportunity for the Minister to respond in those terms in a few minutes.

Hon KIM CHANCE: Will we see in the country hospitals, as we know them, the ability to admit patients restricted to short term observation only facilities, rather than to hospitals as we know them? On a logical extension of the argument we have seen presented in support of the downgrading of the Northampton District Hospital, I cannot see that this could fail to be extended to a greater number of hospitals in the country.

I return to the Health Department document *Background Briefing*. I am concerned not so much about the figures I have found in this document, but about the way in which they have been calculated and used. I am concerned about a slant that I found in those figures. I might be entirely wrong. I am also concerned about the conclusions that have been drawn from the extension of those figures. The figures I saw about the calculation of the primary area seemed to suggest to me that they had been manipulated to develop figures which prove, in hypothesis if you like, that Northampton hospital overservices its region. In fact, I found a theme running through that document which seemed to hold to that point of view. The document states -

> Only 53 per cent of total local admissions -

That is not to Perth-based hospitals -

> - from Northampton and Chapman Valley Shires were to the Northampton District Hospital while 47 per cent went to the Geraldton Regional Hospital.

On the face of it that is a pretty clear statement and there is substantial leakage from the hospital's primary catchment area to the Geraldton Regional Hospital. The document continues -

> Relatively few people residing outside the immediate Northampton township area actually use Northampton District Hospital while perhaps a disproportionately large share of Northampton township area uses the facilities.

That statement says to me that it is not a well used facility except by the town residents and it looks as though there is some danger that they are over-using the facilities. Is this the case? How was that data put together? Did anybody wonder whether there was something wrong with the data? It has been used directly as justification. It is my view that the statistical practices that have been used in the preparation of those numbers are irregular. I will illustrate why. The document states that it broke up the primary catchment into three geographic sections, those being the areas of northern Northampton Shire and Chapman Valley, Kalbarri and the Northampton and Horrocks-Port Gregory area.

It calculated these figures on the basis of the postcode numbers. In many areas it is quite acceptable to use postcode numbers; we do that quite frequently. In terms of calculating the number of people in a catchment area it can be dangerous when that catchment area's boundaries are not the same as shire boundaries or the same as a postcode area's influence. That is why I believe the Health Department has got it seriously wrong. It said that only 17 per cent of admissions from the northern Northampton Shire Council area, which includes the towns of Binnu, Ajana, Hutt and Chapman Valley went to the Northampton District Hospital; 83 per cent went to the Geraldton Regional Hospital.

From the figures in front of me, that was based on patients who listed their address under the postcode 6532. Most residents in the northern Northampton area - the most outlying places - use either postcode 6535, which is the code for the town of Northampton, or they use postcode 6530 which is the postcode for Geraldton. That postcode was used rather than the 6532 postcode, which is essentially a Chapman Valley area postcode, because post office box numbers are covered in Northampton and roadside mail boxes come under the Geraldton postcode. Eighty five per cent of mail from that area went to Geraldton. The assumption drawn from that is that they are not in the Northampton District Hospital catchment area and do not use that hospital, but use the Geraldton Regional Hospital. The Chapman Valley Shire, which covers all the 6532 postcode area, particularly the southern half of that shire, which is the most heavily populated area, extends virtually into the metropolitan streets of Geraldton. In fact Hackett Road extends to a few kilometres of Geraldton city. Those people are in the natural catchment area of the Geraldton Regional Hospital, yet the Health Department argues in this report about high leakage from the 6532 postcode area. The most densely populated part of that shire is of course in the natural catchment area of another hospital, yet figures on the first page of this paper are blatantly being used as a primary example of a problem with the Northampton District Hospital.

Hon Peter Foss: The report is not referring to what is wrong with it. It is not suggesting that something is wrong with the Northampton hospital.

Hon KIM CHANCE: I think it is. I can see nothing but a theme throughout this paper for anyone who reads it that Northampton hospital is not running properly. It implies that its high leakage is a matter of serious concern. The Health Department even contradicts the figures it supplied to the Select Committee on Country Hospitals and Nursing Posts. It was reported that the leakage rate from the Northampton District Hospital for medical patients was 30 per cent; now it is referring to a figure of 53 per cent of the population. The figures do not make sense, unless of course that figure is being cross-matched with the number of surgical patients when there are no surgical patients in Northampton. As I quoted earlier -

> Relatively few people residing outside the immediate Northampton township area actually use the Northampton District Hospital, while perhaps a disproportionately large share of Northampton area township residents use the facility.

It is alleged that a disproportionately high number of people use the Northampton township. Indicated in the first section of table 1 of the paper in the area designated Northampton and

Horrocks-Port Gregory, from where the largest number of admittances to the hospital came, approximately 70 per cent of total admissions from the postcode area 6535 are to the Northampton District Hospital. That is presumably the evidence used by the Health Department to establish overuse of the hospital. The assumption seems to be that all the people under the 6535 postcode are from either Northampton or the very small towns of Horrocks and Port Gregory. That is not true either. The outlying areas use the 6535 postcode for their post office boxes. Not all the people who use that postcode are town residents. In fact, an analysis of Australia Post numbers indicates that of the 636 postal users of postcode 6535, 236 of those - 30 per cent - live in outlying areas.

Hon Tom Helm: That is almost half.

Hon KIM CHANCE: It is a substantial number. The figures in this report slant the situation so badly that it concerns me. I established those facts because when I saw the figures in this report I thought there was something wrong; they just did not ring true. I took about half a day to ascertain those facts. I cannot believe that the Health Department's regional office in Geraldton had less access to those figures than I did. I wonder whether that has not been a deliberate attempt to slant the situation. I am not directly accusing anybody. However, figures provided to a community consultative committee by the Health Department appear to slant the situation. Therefore, would it not be reasonable to assume that those same figures may have been supplied to the Minister, causing him to be misled when he examined the information in order to justify his decision, as would any responsible Minister.

Hon Peter Foss: Those were not the facts which determined the decision. They are relative to the consultative committee's decision.

Hon KIM CHANCE: I am pleased to hear that, but the Minister also takes advice from ministerial staff. If they were not a key determinant in the Minister's decision why are they featured on the first page of this paper?

Hon Peter Foss: They are relative to what was being done by the consultative committee.

Hon KIM CHANCE: I can make any judgment I like on the matter and I believe that, at the beginning of the report, they are trying to convince an outside reader that nobody is using the hospital and that it does not get the support from where it should.

Hon Peter Foss interjected.

Hon KIM CHANCE: I examined the report carefully because, on an economic basis, there is no justification for the proposed changes to the Northampton District Hospital. I therefore thought there must be some other reason these figures leapt out at me

Hon Peter Foss: It is not the reason.

Hon KIM CHANCE: The statistics also create another couple of slants. The very first comments in this paper are -

> Northampton District Hospital primarily serves the population of Northampton township and adjacent areas (about 1 400 people). It does not serve the whole of Northampton and Chapman Valley shires as frequently as has been claimed.

We have now reached the question of how big is Northampton's primary catchment area. At the bottom of page 9 of the 1991 annual report of the Northampton District Hospital is a fairly good definition of its catchment area, the area in which 85 per cent of hospital administrations originate -

> The Regional Office of the Health Department of Western Australia established the area for this hospital as the entire Northampton Shire and 35% of the Chapman Valley Shire. The total population as per 1991 census being 3 746. It is recognised that in the Northampton Shire alone, 27% of the population are aged 55 years or over. This highlights the need for forward planning in respect of care for the aged.

The most interesting aspect of that is the figure of 3 746. The briefing paper refers to the fact that the primary catchment area numbers 1 400.

Hon Peter Foss: Kalbarri will have a new facility. That is where the major population in the area exists.

Hon KIM CHANCE: According to this discussion paper, Kalbarri's population is only 1 200. There is still a substantial difference.

Hon Peter Foss: That is its base population. It still has a fluctuating one.

Hon KIM CHANCE: I can only work from the information that I have.

Hon Peter Foss: Isn't Kalbarri the single most significant place in the shire?

Hon KIM CHANCE: Yes, on a seasonal basis.

Hon Peter Foss: No, the base level is 1 200.

Hon KIM CHANCE: No, the Minister is quite wrong.

Hon Peter Foss: Ron Allen told me that and he ought to know. If anybody knows, he does.

Hon KIM CHANCE: No. There are two other areas which have a larger base population within that primary catchment area. They are the Northampton group with Horrocks and Port Gregory, with an estimated population of 1 400, 200 bigger than Kalbarri, and the group of the northern Northampton Shire and the Chapman Valley Shire with an estimated population of 1 400 also.

Hon Peter Foss: You are aggregating. If you take a single base, Kalbarri is the biggest.

Hon KIM CHANCE: I am not aggregating anything. I am reading from the Health Department's discussion paper.

Hon Peter Foss: I said Kalbarri is the single largest place. That is Ron Allen's figure. It fluctuates upwards to many thousands more during the holidays.

Hon Graham Edwards: Don't be diverted, Kim.

Hon KIM CHANCE: No, I am working my way through it.

The DEPUTY PRESIDENT (Hon Barry House): Order! The member will address the Chair.

Hon KIM CHANCE: The discussion paper lists the total primary catchment area population as 4 000 and we have been through the numbers that make up that figure so I do not need to go through them again. However, in the publication "District Hospitals Review", Fenwick and Kelsey 1991, the primary catchment of the Northampton District Hospital was listed as 3 398. The difference between 3 398 and the 4 000 figure used in the discussion paper is 17.8 per cent. It follows that all of the per capita calculations which have been used in the decision making process will be in error by 17.8 per cent.

There is other anomalous data. In table 2 on page 3 of the discussion paper it is claimed that 44 per cent of primary catchment area admissions are to the Geraldton Regional Hospital. That figure is included in the Health Department's submission to the Select Committee on Country Hospitals and Nursing Posts. The total leakage figure - that is, leakage to all other hospitals for 1989 - was 44 per cent. However, the leakage figure for medical cases was 30 per cent because no surgery is performed at the Northampton District Hospital. The nominal figure which is being quoted as the leakage figure has really been cobbled together. The leakage for acute medical patients is about 30 per cent on the figures that we are able to establish. That has been put in one column. There is another column which includes figures for leakage for surgical cases which is set at 100 per cent because when the hospital was built in 1976 a theatre was not built and, therefore, it does not do any surgical cases. The two figures have been put together to come up with a leakage rate of 44 per cent. I find that quite incredible.

In relation to the example that the Minister gave last night, if the Goomalling Hospital decides to close its theatre - I am also aware that Morawa made that decision a couple of years ago - it will be a sound decision. However, if it makes that decision, does the nominal calculation of its leakage rate fall because all of a sudden the leakage rate for surgical cases becomes factored in at 100 per cent? That seems to be ludicrous. It may be that every surgical case is now leaving the area. However, if we make a conscious decision to provide surgery for this primary catchment area, not in these two hospitals but in one hospital, do we then attribute all of the surgical cases to the hospital that gets the theatre as leakage from the other?

Hon Peter Foss: You are missing the point.

Hon KIM CHANCE: I do not think I am. I think I am actually seeing the point. In fact, I am sure that this discussion paper is intended to make people miss the point.

Hon Peter Foss: You must ask what is the hospital doing and does it need the things that it has.

Hon KIM CHANCE: I have said already that there is nothing wrong with that. I said that if it does not make sense to have two hospitals practising surgery and it is better to practise in one, we should close the theatre in one and practise surgery in the other.

Hon Peter Foss: You should also ask what else you can sustain once you do that.

Hon KIM CHANCE: The Minister asked what else can be sustained when that is done. I think that is an excellent question. In fact, I think the Northampton District Hospital is an excellent example of how well a hospital can function once it has shed itself of the need to do surgery. The decision to leave the theatre out of the hospital was made in 1976 during the time of an earlier Court Government. It was an extremely good decision because I do not think it makes much sense to conduct surgery at Northampton either, particularly as it is reasonably close to the Geraldton Regional Hospital. It was a sound decision. However, having done that, what are we left with at Northampton? We are left with a hospital which, by anybody's figures, has worked extremely well. Therefore, the decision to take the resources away and make that saving in cost has actually made Northampton a better hospital, as I am sure it will the Goomalling Hospital and as it has done in Morawa where the same decision was made, although belatedly, because in each case they had theatres before. There is nothing wrong with that; it is how well what is left works. I am submitting that, in Northampton's case, it has worked extremely well.

I will deal now with activity patterns. In the Health Department's discussion paper - I found it again getting back to the theme of "Let's get rid of Northampton" - under the heading "Hospital Activity Patterns" on page 5, the paper states -

> activity patterns for Northampton District Hospital tend toward the low side of the average range for small district hospitals in the Midwest & Gascoyne Health Region.

That is wrong but I cannot argue with that. Activity levels are published in the Health Department's annual report and, apart from the Geraldton Regional Hospital and the Carnarvon Hospital, Northampton had the highest rate of activity.

Hon Peter Foss: You had better define that.

Hon KIM CHANCE: I would be pleased to define that.

Hon Peter Foss: You are talking about admissions.

Hon KIM CHANCE: I am quoting now from statements A and B, the appendix to the Health Department's annual report 1991-92. It does not have a page number, but the heading is "Statement of In-patient and Non-inpatient Statistics for Hospitals, Nursing Homes and Nursing Posts for the year ended 30 June 1992". Under that heading "Medical: Bed average dissection" Northampton District Hospital's bed average is shown as 5.45. That column includes only two hospitals which have a higher bed average. They are Carnarvon Hospital and Geraldton Regional Hospital.

Hon Peter Foss: Are you referring to putting people in beds?

Hon KIM CHANCE: That is what hospitals do! Sick people are taken to hospital and put in beds! When the doctor says they are no longer sick they are let out!

Hon Peter Foss: Okay, as long as I understand it.

Hon KIM CHANCE: It is medical activity as defined by the Health Department in its report. I cannot find any other way of defining this activity in a hospital. Why does not the annual report of the department - perhaps it will in future - define it in another way?

Hon Peter Foss: It does mean something. When you look at those figures you must look at what the people are in the bed for.

Hon KIM CHANCE: Can we define that statistically?

Hon Peter Foss: Yes, we can.

Hon KIM CHANCE: If it is to be defined statistically, I hope this is done with a damn sight less bias than this is.

Hon Peter Foss: It will be recorded by the hospital. If there is any bias, it will come from the hospital itself.

Hon KIM CHANCE: I have used one figure from the report of the hospital but nonetheless it is a report submitted to the department, tabled in Parliament, and open to the Auditor General.

Hon Peter Foss: I do not doubt that it is correct but you must look at what it means.

Hon KIM CHANCE: Let us go to the subject of average bed occupancy, which is not changing as much as the Minister might expect. I have said that the Northampton hospital has a high bed occupancy rate of 86.13 per cent. The figure I was unable to quote at the time, but which I now have, related to the teaching hospitals. The average bed occupancy rate of metropolitan teaching hospitals is 87.9 per cent, which is 1.8 per cent higher than that at Northampton.

Hon Peter Foss: You realise that the main reason the figures are down in metropolitan hospitals is that they have closed wards because of lack of money?

Hon KIM CHANCE: That raises another question. How are occupancy rates calculated?

Hon Peter Foss: On the number of beds they are allowed to have rather than those they have open.

Hon KIM CHANCE: I had always assumed they were calculated on the number of beds established and funded applied to the occupancy of those beds to obtain a ratio.

Hon Peter Foss: The hospitals may be established and funded for more beds but not use them.

Hon KIM CHANCE: If they are established and funded, they are not closed.

Hon Peter Foss: Exactly, they are not closed in terms of staff but the hospitals are not putting patients in them. Some country hospitals might have 40 beds, for example, but use a smaller number for patients.

Hon KIM CHANCE: The Northampton hospital has 14 beds and I believe the Morawa District Hospital has 15 or 16. Sometimes it holds up to 15 or 16 patients, although it is funded for only eight beds.

Hon Peter Foss: It does not determine how many beds there are in the hospital.

Hon KIM CHANCE: I thought we had agreed that the ratio is obtained by comparing the number of beds occupied on average with the number of beds which are funded.

Hon Peter Foss: In the city, for instance, the hospitals through budgetary exigencies may close beds by not putting people in them, notwithstanding the fact that they may be funded for those beds. We do not close them by saying the hospitals are no longer funded for those beds, but the hospitals are not using them.

Hon KIM CHANCE: Nonetheless -

The PRESIDENT: Order! Hon Kim Chance knows he is not allowed to interject on the Minister when he speaks!

Hon KIM CHANCE: It is my contention, even though there is some disagreement with the Minister's point of view, that once beds are funded, they are funded and the occupancy ratio will depend upon the number of funded beds which are filled. In any case, the figures I am using are all calculated comparing oranges with oranges. They are drawn from a column of figures drafted by the Health Department and all calculated in the same way. The ratio for the Northampton hospital is slightly below the busy level of the metropolitan teaching hospitals of 87.9 per cent. The ratio in the non-teaching hospitals in the metropolitan area is 76.25 per cent, almost 10 per cent lower than that at Northampton. If one compares the figures with the Statewide figures, that takes out some of the problems of statistical warps. The Statewide figure is an average of 83.05 per cent, which is three per cent lower than at Northampton.

In the discussion paper - this is one of the things that concerns me - as far as I know the advice of the Health Department to the Minister is that the average bed occupancy for the Northampton hospital is 49 per cent and not 86.13 per cent. I know precisely how that happened, and it is because of some of the figures heard in the exchange between me and the Minister. The hospital has 14 beds but it is established and funded as an eight bed hospital. If the average bed occupancy rate of those eight beds is six, that provides a ratio of 75 per

cent. However, if the average occupancy rate of six is applied to the 14 beds in the hospital, a much lower ratio results. Page four of the report states that the average bed occupancy rate in 1988-89 was 44 per cent; in 1989-90 it was 45 per cent; in 1990-91 it was 44 per cent; and in 1991-92 it was 49 per cent. Anybody looking at those figures could reasonably say that this hospital is not sufficiently isolated - it must be acknowledged that it is only 52 kilometres from Geraldton - and because of the levels of bed occupancy it is not worth keeping open. The figure quoted is 500 admissions a year with a 49 per cent occupancy rate. That is not correct.

The Health Department personnel responsible for putting that figure in the discussion paper and, more worryingly, responsible for providing the Minister with information, know how bed occupancy rates are supposed to be calculated. The consistent theme in that Health Department document is that occupancy rates will be calculated on the basis that the Minister and I argued about. Whether one takes the Minister's definition or mine, there will not be a huge difference. Those calculations will always be made on the ratio of beds used on average compared with the number of beds established and funded. The selection of figures by the Health Department is wrong and inconsistent with everything else the Health Department does in that area. The Minister has said that some eight bed hospitals in fact have 40 beds. If those hospitals, operating very efficiently, have an average of eight patients their occupancy rate is 100 per cent. However, if their occupancy rates were calculated on the basis of the 40 beds in existence in those hospitals their occupancy rates would be calculated as 20 per cent. On that basis, one would say, "Shut the thing; it is not worth it; no-one wants to use the hospital." I know how it happens but I want to know why that form of expression was used.

Hon Peter Foss: You are talking just about the bed average, are you not?

Hon KIM CHANCE: I am referring to page four of the background briefing from the Health Department of Western Australia, which uses the words "average bed occupancy" in exactly the same manner.

[Resolved, that the motion be continued.]

Hon KIM CHANCE: That terminology is used consistently in all Health Department of Western Australia documents. I have no reason - and certainly this document does not note and does not warn me that there is any reason - to treat this paper in a different way. I should feel confident to go from that paper and from that column of figures to a column of figures in the annual report or in any other report published by the Health Department. If the Health Department is not using consistent figures, again I must ask why is it not using consistent figures; and if it is not using consistent figures, what is its purpose? Does it have an agenda? Is there a theme in the discussion document?

Hon Tom Helm: What do you think it might be?

Hon KIM CHANCE: Frankly, I am too concerned to give an opinion.

Hon Tom Helm: Surely it is not slash and burn?

Hon KIM CHANCE: I hope not. I see my role only to make the facts known to members, and they can make their own judgment, but I am particularly concerned that there could be a possibility that the Minister has been misled in this matter.

Hon Tom Helm: You do not mean that he just wants to close it anyway?

Hon KIM CHANCE: I am sure the Minister does not want to take services away from anyone.

Hon Peter Foss: You are dead right.

Hon KIM CHANCE: The Minister has no reason to do that. However, perhaps there are other people who do, and I want to ensure that when the Minister makes his judgment he makes a judgment based upon proper and accurate information.

Hon Tom Helm: He may be like Hon Eric Charlton, who makes a decision and gives us the information afterwards.

The PRESIDENT: Order! The House knows the deep concern of Hon Tom Helm about this matter, but please wait for this member to finish saying what he wants to say and then you can share your concern with us.

Hon KIM CHANCE: Thank you, Mr President. If there is no agenda and no theme running through this document, why make the statement that "Surgical activity declined from a low 38 minor operations in 1988-89 to none in 1991-92 in line with the departmental regional policy on the conduct of surgery in small regional hospitals"? That is another downer, just as the leakage rate is too high, and the hospital is being overused in one place and not being used at all in another. Why say that? Why feature that fact? Everyone knows that the hospital does not have a theatre. Everyone knows that no operational procedures go on there. Why even bother to mention that 38 minor operations were performed there? A few people had an ingrown toenail taken out! Why mention the fact that the hospital is in decline, unless there is a theme of trying to present a hospital that is in decline?

Hon Peter Foss: It said it was in line with policy. It did not say anything had happened.

Hon KIM CHANCE: Why does it rate a mention that three or four years ago it performed 38 minor operations and last year it did not perform any? Unless they are trying to sell a point, why waste the ink? It is part of the theme.

Hon Peter Foss: It is correct, is it not?

Hon KIM CHANCE: I am sure it is correct, but why is it there?

Hon Peter Foss: Because it is correct information.

Hon KIM CHANCE: It is also correct that the hospital has a silver roof. Why does it not say here that it has a silver roof? This is a highly concentrated piece of information. Why put in something that is so irrelevant?

Hon Peter Foss: Why is it irrelevant?

Hon KIM CHANCE: What does it mean to the Minister? I am sorry, Mr President. I will start to wind down. I am deeply concerned. I have stated that some 28 per cent of the primary catchment area population exceeds 55 years of age, and I stated on Tuesday why that is occurring. I believe that trend will continue to increase as people come down from the Pilbara in particular but also from the local wheatbelt area and other places to retire in Northampton. It seems to me that the Health Department has decided that if it extends home care and does a bit here and a bit there, it can promote that as something that it will be giving that it is not giving now. Somewhere in this paper - I will not waste my time looking for it now - it notes in a more or less derogatory fashion that "Only one nursing home-type patient was admitted to the Northampton District Hospital during 1991-92. This is despite palpable community concern about the local availability of geriatric care services and the hospital's low occupancy rate" - we again have another mention of the low occupancy rate; I had not seen it before - "which should make it possible to readily accommodate several NHT patients". We are running at 86.13 per cent occupancy, and here we are being told that we can take several more. I appreciate that taking on one nursing home-type patient is not counted as one bed, obviously, because those numbers are worked out on acute beds, so perhaps it could fit in one or two more patients, but how about giving the hospital some credit for the extended service it has done? There are two principal reasons that geriatric patients are not in Northampton District Hospital. One reason is that the care that is provided in their homes is so advanced and so good. I cannot prove it objectively, but I have been told that Northampton District Hospital does it better than anyone else.

Hon Peter Foss: It is far better.

Hon KIM CHANCE: I thank the Minister. The other reason that there are not many NHT patients in Northampton District Hospital is that Northampton is close to Geraldton and there is -

Hon Peter Foss: It is my intention to get them out of hospitals. They should not be there.

Hon KIM CHANCE: That is wonderful. It is just a shame that, for some reason, this paper mentions that in a more or less derogatory fashion. I am not saying it is the Minister's point of view, but there is a theme running through this paper. This is not an attack on the Minister because perhaps I am educating the Minister.

In respect of efficiency - and perhaps I have concentrated on other factors too much - Northampton District Hospital's average cost per occupied bed day is $352.84. The average cost for the region is $473.68, and for the State is $580.80. However one looks at those

figures, it is not an expensive hospital to run. I repeat that only five of the 87 public hospitals in Western Australia are less expensive to run in respect of cost per admission, and that is the balance of the cost per day multiplied by the average number of days. Northampton District Hospital runs mean and lean without the additional cost and inconvenience of attempting to run a theatre or catering for surgical patients. The appropriate decision was made years ago to transfer surgical patients to Geraldton Regional Hospital. Northampton District Hospital is doing what it does best, and it is doing it well with a very high average occupancy rate.

I ask, as I did on Tuesday, why has the Northampton hospital been chosen when it is doing relatively well? Why was it decided that we do not need this hospital any more?

Hon Peter Foss: We are not saying that.

Hon KIM CHANCE: All right. Why is the Minister saying that we do not need this hospital as we know it any more? The Government wants to make a different entity of it, which, coincidentally, will cost many thousand dollars a year less to operate. The new entity will employ 8.5 FTEs instead of the 21 people currently employed. The new entity will not serve the retirees who are attracted to Northampton, which is a growing town.

Members should not forget that this is not a dying wheatbelt town. Statistics can be checked which indicate it is growing; if members do not like statistics, they can drive to Northampton to see houses under construction throughout the town. If I were arguing about population trends in some other wheatbelt towns in my electorate, I would quickly skirt the issue. However, that is not necessary with Northampton, which is one of the few places in my electorate which I can comfortably say is growing. If the town currently has a demand of X beds, in a few years' time that demand will increase.

Hon Peter Foss interjected.

Hon KIM CHANCE: That is what concerns me. If the Health Department and the Minister made a sound decision on a logistic - leaving aside the morality for a moment - economic and medical basis, the decision made for Northampton would have to apply to a great many other hospitals. I will name a few. Northampton has a bed average of 6.89 per cent, and the average for the region, including the Geraldton Regional Hospital, is 10.49 per cent. Therefore, the Northampton bed average is lower than the regional average, although it is still relatively low. Throughout the State 19 hospitals have a lower bed average than Northampton. These are Morawa, Exmouth, Onslow, Wooroloo, Pemberton, Norseman, Southern Cross, Laverton, Dumbleyung, Gnowangerup, Kondinin, Denmark, Corrigin, Quairading, Halls Creek, Tom Price, Wickham -

Hon Tom Stephens: Steady on!

Hon Peter Foss: You are not reading from the 1991 Labor Party hit list, are you?

Hon KIM CHANCE: I am reading again from the department's 1991 report.

Hon Peter Foss: You could have been though.

Hon KIM CHANCE: I am not familiar with any hit list of any kind, and I doubt whether there was one.

Hon Graham Edwards: No such thing.

Hon Peter Foss: Really?

Hon KIM CHANCE: Any member in this Chamber representing any of the towns I have mentioned could have a hospital at severe risk. One factor could be chosen by the Minister or the department and they could say, "If the decision made sense in Northampton with low bed averages, why not do this to another hospital?" A decision may be based on high running costs, which Northampton does not have, or long term hospital stays, which Northampton also does not have. It will come down to a single factor which justifies the downgrading of the hospital. If the factor is the bed average, 19 hospitals in this State have a lower average than Northampton. Will members defend hospitals in their electorates? Will they say that the Minister claimed it was a logical decision - despite economic and medical factors - to close Northampton and on that basis other hospitals face a similar fate?

Sitting suspended from 3.45 to 4.00 pm

[Questions without notice taken.]

Hon KIM CHANCE: I would like members to note that, in moving this urgency motion and speaking to it, I have avoided a personal attack on the Minister for Health because I do not think that is appropriate. My interest in this matter is simply to bring about some reason in what has been a very poor proposal - one I would like to see reformed, brought back, the numbers done again, and some thought given to the logical extension of what may happen if this decision were applied across the State. Hon Tom Helm has expressed to me deep concerns about what may happen in his electorate with some of the small hospitals in isolated areas. My concern has been almost exclusively with wheatbelt hospitals because of the nature of the debate, centring as it does on Northampton.

I will make one derogatory comment of the Minister - one I have resisted making all afternoon.

Hon Peter Foss: You have done well!

Hon KIM CHANCE: It is a reference I made in the adjournment debate last night concerning the Minister's attitude to the people of Northampton when he said that we are spending too much of their money on services that they may want but that they do not really need. I have reread this once or twice and have even considered the interjection made by Hon Derrick Tomlinson at the time about my not knowing the difference between wants and needs. I very much recognise the difference, and the difficulties the Minister and the Health Department face in spreading a finite number of dollars across the many needs. However, I am offended by the level of paternalism inherent in that statement by the Minister: "We know better than you."

Hon Peter Foss: No.

Hon KIM CHANCE: I would not have been so offended by it had the Minister said that after a period of consultation with the people of Northampton. There was no consultation with the people of Northampton.

Hon Peter Foss: It is being carried on now.

Hon KIM CHANCE: The Minister says that the consultation is being carried on now and that is quite true, but the Commissioner of Health said as recently as last Friday, as reported in the *Geraldton Guardian* - and it was not in that part of the *Geraldton Guardian* which was recanted on Monday - that, regardless of what the community consultative committee says, the decision stands. To me, consultation means a parcel of ideas and propositions is put on the table and it is decided which of those items will be picked up. We should not say, "This is the parcel, we will negotiate, but whatever the results of the negotiations you will pick it up."

Hon Peter Foss: We will remove one item from it and all the rest is open to them. They know that.

Hon KIM CHANCE: The one item on which the Minister will not negotiate is whether or not those people will have a hospital.

HON PETER FOSS (East Metropolitan - Minister for Health) [4.36 pm]: I relish the opportunity to deal with this matter because some very important considerations for health care in Western Australia have been raised by Hon Kim Chance. However, he missed a very important point about health care in Australia and Western Australia, and in country areas in particular.

One of my first and only speeches on health was made some time before I had even the slightest inkling that I may at some stage be a Minister for Health. On that occasion I spoke about the rather "Yes, Minister" situation we had with health funding in Australia. I pointed out that the usual way in which hospitals are allocated money is based on something called bed days, which is very much input based. If there is a funding cut - as we always seem to be having in the health area, and I admit health has had major cuts in recent years - an institution such as a hospital must respond to that cut. One would hope that the response would be for the hospitals to become more efficient, but the extraordinary thing is that the way in which we fund hospitals means that usually the only option they have is to become more inefficient. The reason for this I can give by way of example. It has become a matter of change of policy in the health care services as to the amount of time people spend in

hospital for surgery. There are a number of reasons for this. There has been a change of policy as to how long people must remain in hospital after surgery before returning home for domiciliary care, partly because we have changed to techniques such as endoscopic surgery whereby people can go home the same day they have surgery. From the point of view of the health care of Australia this is a very good development. It is good for the patients, particularly those who have endoscopic surgery, because they have less pain and postoperative trauma, can return home and to work much faster, and have far fewer post operative complications.

It is also a good thing for the total health care system because we will have people in hospital for less time. Therefore the cost of having people in hospital is reduced. Standing back, as a health care policy provider the answer is plainly that short care surgery is cheaper. However, if one were a manager of a hospital with a fixed budget and the budget was cut, would one become more efficient and have more short stay surgery in order to save the health care system money? The answer is no, because short stay surgery accelerates costs. It might be cheaper, standing back as a health care policy maker, and better as a health care policy objective, but a health care operator is aware of the situation. Take endoscopic surgery. The technical requirement cost is much higher so one needs to expend a large amount of money in order to carry out the operation, especially if most of the equipment is throw-away. Further, the most expensive time of having someone in hospital is the first day or so. More nurses, bed linen, and consumables are needed. It is expensive. The cost of having someone in hospital drops off over time. Therefore, with limited funds, with an incapacity to react to the needs of the health care system, and the fact that the manager is funded purely to be there, with an historical budget which is either raised or lowered depending on what is happening, all one can do is not be efficient but try to keep people in bed longer. Indeed, the most effective way of making a hospital look good financially and meeting the budget is to have people in the hospital who are not sick. If one really wanted to be a top class hospital administrator, to get the figures right, to have one's hands on the lever - to use the words of the Prime Minister - one should have people who are not sick in the hospital. Preferably they should be well enough to cook their own meals.

Hon Kim Chance: And they should not stay very long.

Hon PETER FOSS: No, it does not really matter. If one wants to make the figures look good -

Hon Kim Chance: You said a short stay is more expensive than a long stay.

Hon PETER FOSS: The longer a patient stays the cheaper it is. Therefore, one wants patients to stay longer or alternatively not to be sick. It does not matter if they stay a short time as long as they are not sick. That is important.

Hon Derrick Tomlinson: That sounds like a Sir Humphrey's argument.

Hon PETER FOSS: At the time I made that speech I said exactly that.

Hon Kim Chance interjected.

Hon PETER FOSS: The member should wait and see. It is an important point that we must follow.

Hon Tom Helm: Is it part of the Government's policy to have no sick people in the State?

Hon PETER FOSS: That was apparently the policy of the previous Government. I was speaking about what happened under the previous Government. Later I will deal with the situation under this Government. The result of keeping not so sick people in hospital is that many sick people are not in hospital, with the further result that we have longer waiting lists.

Several members interjected.

Hon PETER FOSS: Members should listen. I appreciate the serious manner in which Hon Kim Chance dealt with this matter. It is an important one and requires an answer.

Hon Sam Piantadosi: He has genuine concern.

Hon PETER FOSS: And I am addressing that concern. He wanted to know where I came from in making the decision. It is only fair. This Chamber is where this sort of issue is dealt with properly because we have the capacity to raise matters in the way Hon Kim Chance has

raised this issue. It is important that all Western Australians, particularly the legislators, understand the situation we face.

Hon Sam Piantadosi: Have you spoken to your leader?

Hon PETER FOSS: I am speaking to the members of this House. I am telling them something which I hope they wish to hear.

Often one can look as though one is doing well just by having people in hospital who are not sick. There is a direct correlation between how sick people are and how much it costs to have them in hospital. Members can work that out. If it is cheap to have people in hospital it is for two reasons: First, the hospital may be very efficient. I accept that the Northampton hospital's board has been very efficient. I go further: I do not believe it could be more efficient. I make that clear. We are not getting at Northampton District Hospital; we are not punishing it for something. There are other reasons for the decision.

One of the reasons that the cost of keeping patients in hospital is low is that they are not very sick. That is not a criticism of Northampton hospital, but one of the reasons is that the people in Northampton are not terribly sick. There are some good reasons for that as well. If they are very sick they tend to go to the Geraldton Regional Hospital. Again, this is no criticism. It is appropriate and part of the whole health system. If people need more serious intervention we have a system of graded hospitals whereby a person goes to the local hospital for certain types of things, while the regional hospital handles more complicated matters. For some problems people need to go to Royal Perth Hospital, and for some other problems they travel to other States. That is the situation nationally. It is a little simple merely to say that the cost per patient is low, because that may be telling us something about the patient rather than the hospital. All I say to the member is that we could just as easily draw the conclusion from the statement that it does not cost all that much that the people in Northampton District Hospital are less sick than some patients in other hospitals. We have an underlying funding difficulty in our health system when that is the situation. I have tried to address that situation in a discussion paper I issued recently. I hope all members have read it, because I sent it to them all. No doubt they have.

Hon Sam Piantadosi: We take a keen interest in health matters.

Hon PETER FOSS: I am very pleased that members do. The member will see that I am suggesting changes to allow people to address that point. There are some other important aspects of health care funding.

I readily accept that the provision of health care in country areas is difficult. I have been making the same point to the Federal Government. Generally speaking, it is more expensive to provide health care on a per capita basis to people in country areas. Across the demographic spread one can work out, to some degree, the sort of costs involved with a particular type of person. An old person obviously requires special care because old people tend to get sick more often and tend to need more expensive attention and frequently more careful care just for their everyday needs. Aborigines tend to need more because of their historically bad health. It is historical in that part of it is due to hygiene and the depressed socioeconomic status they have experienced over the years in the community. Also the lifestyle Aborigines have developed over the years is a western lifestyle of the worst possible kind. That has caused the cost of dealing with Aborigines to be higher. We accept that is the case. It is higher not only because we must treat the illnesses they have but also because we must put money into public health to ensure the situation that is causing the ill health is remedied. It is not only enough to treat them when they are ill; we must do something to stop them from getting ill in the first place.

Many areas also have difficulties because of distance and the density of population. Western Australia is familiar with the extra costs of everything in the country simply because the population is further spread out than it is in New South Wales. An example would be that the region covered by the Northampton hospital is bigger than an area covered by a hospital in New South Wales. In New South Wales several regions cover the same sort of area. Those areas in New South Wales may have more people, therefore, it is more economical to treat people because they happen to be closer together and in larger aggregations. It is more expensive to treat people in Western Australia because we have fewer people who are more widely spread apart.

Another thing that affects the cost of providing health services is how we provide those services in a greater fashion. We accept that some things have to be done on a national basis, and there is a scheme for doing that. We accept that we will provide some services only in Perth and some services will be provided only in regional hospitals. We also have varying degrees of facilities in our country hospitals and some towns have only nursing posts. We realise that one of the determining factors is how far people have to travel to that service. That is, do we duplicate a service in a particular area? How many copies of a service do we have in an area? Should we have a more ordered hierarchy below that of the regional hospital? Should we have some hospitals that have acute care beds? What should we be doing in order to make certain that everybody in Western Australia has adequate access to proper health care and that we are not wasting money by spending it on duplication when we need not do so or where we are wasting money by not providing a service that is more needed by a community?

I make no apology for using the word "needed". Health care is about needs. We are not selling lollies. It is not a matter of people coming along and saying, "I want a lolly", and we say, "We can sell a lot of lollies so that is what we will spend the money on." We are providing health care, which is a fundamental necessity of life. We could spend almost limitless amounts of money on health care. We could provide the entire range of everything that people want. Obviously we will not give them everything they want because the doctors would say that there are people who would want operations irrespective of whether they are needed. Let us not take that pathological stage; let us assume that there is a low level need. Do we provide everything on a wants basis or do we, by way of a responsible health policy, decide what are the priorities and the needs that have to be addressed?

When we put it that way, we must accept that we must take a responsible attitude to the needs of all people in Western Australia. We must address those needs and make certain that we are doing so. One example relates to our waiting lists. Over time we have tried to analyse the waiting lists: Who goes on them and who comes off them. We have found that the people who have come off the waiting lists tend to have been on them for a short time and the people who remain on the waiting lists tend to be on them for a long time. In dealing with people on waiting lists there appears to have been a two pool basis used by doctors: They admit people to hospital on medical need, not on how long people have been on the lists.

Some of the people who are down for plastic surgery on breasts have been on the lists for ages. Some people are dealt with immediately. The difference between the two is that if one person wants plastic surgery to enlarge her breasts for cosmetic purposes and another person has just lost a breast because of cancer and needs a replacement, who should be admitted to the hospital? There is no doubt, no matter how much the person may want to be admitted for the implant for cosmetic purposes, the person who will be taken from the waiting lists and dealt with in the hospital will be the person who has had a breast removed because of cancer. That is perfectly proper. That is the difference between wants and needs.

I have addressed the Country Hospitals Board and have indicated that we will have cuts in the budget for health. I make no apology for that. I think we have made it quite clear that we cannot continue spending at the current rate. We will have to make cuts. I do not know the degree of those cuts. However, I have indicated that the cuts may be quite severe. Unfortunately, the hospital system has had a number of cuts to its funding over past years. For instance, in 1989 - although this does not show up so much in the Estimates - the real cut to the hospital system in Western Australia was $100 000m. As Hon Kim Chance has clearly pointed out a hospital such as that at Northampton is the minimum unit for acute care beds.

It is not a matter of saying that we will have four beds or three beds and therefore we have made the requisite cuts. The fact remains that we cannot do it. The eight bed hospital, as Hon Kim Chance has quite rightly pointed out, is the limit. We either have an eight bed hospital or we have one that does not have any long term acute beds. It is not a matter of saying, "Let us have a small one; let us economise." I cannot say to the Northampton hospital, "We want you to make some cuts and we want you to get the number of beds down to six." The result would be practically nil to the overall cost.

This situation may very well be repeated throughout the State. It was recognised by the Select Committee on Country Hospitals and Nursing Posts that a number of hospitals would

have to close, certainly in the wheatbelt. I have said that I would not close any hospitals, and that is my intention. To do that I have to involve the people in the country hospitals in trying to see how we can rationalise the services that are provided to make certain that all country people have the adequate services that they need and that the services are not being provided for the wrong reasons - because people happen to want them.

I am very pleased to say that many hospitals have taken a very positive attitude to this. There are many ways in which we can allow hospitals either to continue or to provide the basic services and at the same time to save money. For example, it has been suggested that one way in which we can make it more economical is, if I may use the word, to co-locate hospitals and nursing homes for elderly people. The reason is that if they are in the same place, we can use the same nurses to maintain the hospital as we need to maintain the nursing home; whereas, if we have two separate locations - a nursing home and a hospital - we duplicate a number of staff. A bit of a problem surrounds the staff and I intend to address that also. Hon Kim Chance referred to the fact that under the nursing award the manning of a 24-hour acute service involves two nurses on duty 24 hours a day; that is, three shifts of eight hours a day. Often all they can do is play cards because nothing happens. It must be crushingly dull for them, especially when the hospital has no-one in it. That is particularly likely to happen in country hospitals. I have indicated to the Australian Nursing Federation that this matter must be addressed and I expect discussions will be held and a satisfactory solution arrived at. We must ensure our health care dollar is spent on health care, not on nurses standing around doing nothing or sitting around playing cards. In saying that I am in no way being critical of the nurses; it is a fact of life. They are required to be present, but obviously something more flexible must be put in place.

It is possible to provide a nursing home with adequate and proper accommodation for elderly people staffed by the correct number of nurses - at this stage I am not saying how many that should be - with some on-call, but asleep, and some looking after patients. Both the hospital and the nursing home could be economic. This rethinking is directed at part of the multipurpose service centre. I do not want people to think that such a centre would be without acute beds; that would not be the case. The idea is that one location would provide a number of services for a number of reasons. The first would be in relation to economies of scale such as the use of nurses in both areas. Another would be based on the economy of equipment; for example, it may be possible to share kitchens. Another is the ability for the staff in the multipurpose service centre to assess the health needs of the community.

Traditionally, hospital boards looked inwards at the hospital and ran only the hospital. Sick people came to the door and were looked at and that was the end of it. Hospital nurses were "hospital nurses". That attitude still prevails. I am pleased to say there has been a remarkably good response to the idea of multipurpose centres from country hospital boards. There is no doubt that country people are able to get on with the job. The suggestion has been made to the hospital boards to look outwards at the total health needs of their communities. That will allow them to identify duplication of services, of which there are many. In one area mental health may be being addressed by one group, drugs by another and elderly people being cared for under the home and community care program. Duplication can arise in some areas and complete omission in others. As a result, the community is not being provided with the health care service it needs. I have asked all hospitals, especially regional hospitals, to co-ordinate all the health care needs of the regions, to ensure they identify the needs of the areas and to cooperate with the health care facilitators to ensure that neither gaps nor duplication occurs. A multipurpose service centre will provide just that. The response from the hospitals has been good.

It may very well be that part of the community's need is to have long term acute care, while in some places that may not be the case. In many cases the maintaining of acute beds will be undesirable because of the cost of employing nursing staff whose principal occupation is to stand around with not a lot to do. That is not satisfactory for nurses and certainly not for the provision of health care in Western Australia.

The hospital has always been very important in country towns, not only for the provision of health care but also for its prestige element. A hospital is regarded as an important feature in a town.

Hon E.J. Charlton: Like a school.

Hon PETER FOSS: More like a cathedral which, historically, turns a town into a city. Both a church and a cathedral are places in which one goes to pray, but a cathedral once turned the town into a city. A town must have a hospital. One can tell what is a hospital; it has lawn at the front, a rose garden, kitchens, laundries, nurses and long term beds. People are used to seeing that as a hospital. One of the reasons I do not want to see hospitals close is the morale and general status they give to a town. The closing of a hospital creates a blow to a town's morale. However, it is important to look inside the hospital rather than just at the nurses, the garden and the uniforms, although they do not always wear them these days. We must consider what is happening in a hospital.

The most important need of a hospital is its capacity to respond to accidents and emergencies. Quite reasonably, people want to know that if they become ill, have a stroke or a heart attack or are knocked over by a car, high quality medical service and equipment is available to save their lives. Saving lives in an emergency is a need in a community and I want to make sure that all the communities in Western Australia have that need met. I also believe that bearing children in a local community is very important. I do not see that as merely a want. The building of a community is very important. I have said that I will encourage women to have their babies in their own towns. I also intend to see that the birthing facilities in local hospitals are upgraded. Interestingly, part of the proposition we have put to the Northampton District Hospital is to improve the birthing facilities. As Hon Kim Chance mentioned, not many births occur in Northampton at the moment. I think that is partly due to the demographics of the area. Nonetheless, in this day and age a certain standard of birth care is required. The days when a birthing suite was a sterile room without any decoration and with just a table in the middle that looked like some ghastly contraption with a few things sticking up at the end have gone.

People want to give birth in circumstances which are as close as possible to their own homes. I accept that it is reasonable and appropriate for our community to provide that facility. One of the things I have been trying to do generally is to make sure that it is available to all of those communities. Let us take the Northampton area as an example. I have also announced that the Kalbarri Nursing Post will be upgraded to an MPS. It will have improved accident and emergency facilities and a birthing suite which it does not have currently. Dongara will also have an MPS. It is very important for that community because people will be able to have their children in surroundings that are familiar to them. Dongara will also have a proper accident and emergency area. How can I, as Minister for Health, provide that when I am saying to people, "I am sorry, more health cuts will have to come. I will have less money next year and you will have to look at your operations"? How can I, in those circumstances give more money to Kalbarri and to Dongara? How can I address their needs? I address their needs by balancing all of the requirements of the region. I recognise that if I merely cut the budget for the Northampton hospital next year, that hospital would be put into a very critical situation. However, I also recognise that the major health needs of Northampton are capable of being addressed by the facility that we are suggesting go there.

One of the things we must look at is why people are in hospital. Currently in Perth, it is hard to get into a hospital. A patient wanting admission to hospital in Perth would have to be pretty sick because if he is not sick he would not get in. Although we talk about occupancy rates which are lower than that at Northampton, the fact remains that there are queues of people waiting to get into hospitals in Perth and if the occupancy rates are down it is because beds have been closed because of a lack of funds. I do not like it, members opposite do not like it, nobody likes it. However, that situation has been going on for some years. I intend to address that and there are ways I can address it. One of the most important ways of addressing it is to make sure that money is being spent on health needs.

If I turned up at the Northampton hospital to be admitted, I would not be put on a waiting list. In Perth, a decision must be made sometimes between the sickest of two people waiting to be admitted. The decision is based on whose need is greatest. However, that problem does not exist in Northampton. As I said, if I turned up at the Northampton hospital, I would get in. Based on perfectly proper reasons for deciding that people in Northampton should be put in hospital they will get into that hospital with a far less need than people in Perth. I do not say this with too much criticism but people are admitted to hospital in Northampton when it is somewhat dubious whether they should be there. Decisions have been made to admit people to the Northampton hospital on the basis that there is a bed there and it will not cost too much extra.

The Northampton District Hospital's annual report of 1990-91 states that the average bed occupancy rate was 45 per cent in 1989-90 and 44.5 per cent in 1990-91. I do not necessarily regard that as important. I raised it purely to indicate to Hon Kim Chance that, if there is an 80 per cent occupancy rate, it is related to a somewhat radical change. In 1991-92, the hospital said that the average bed occupancy rate was 49.3 per cent. However, that was not the determining factor; it is why people are in hospital that is important and whether the dollars spent on keeping people in hospital in Northampton for the sicknesses they have really justifies its existence. I am not suggesting that it is improper for these people to be in hospital. However, the decision making is such that if the bed is there, people are put in it whether or not they are terribly ill. If the money is being spent, why not? However, as a health policy person, I have to decide whether I close hospitals or whether I say to hospitals, "Please really examine things and decide whether you should have that acute bed." If the alternative is that that hospital becomes totally uneconomical, its continued existence cannot be justified.

I have admitted to the Northampton hospital that the way in which I explained this to its management in the first place was not good. I put that on the record and I make no bones about it. I plead inexperience in the early days of my time in the Ministry. I have done better since. However, I have told every single country hospital in Western Australia to think about these things. I have told them that they have to examine what they spend their money on. I will not close a hospital, but I have said to them that they must examine very closely their acute bed situation. I have asked them what they are spending their money on. The assessment I have made - I believe it is a correct assessment - is that it is no longer sensible to maintain those acute beds on a long term basis at that hospital because we will be paying for two nurses day and night whether there are people there or not.

Hon Derrick Tomlinson: Two nurses per shift.

Hon PETER FOSS: Yes, two nurses per eight hour shift, three shifts a day.

As I think Hon Kim Chance pointed out, the difference between having it and not having it is enormous; it is a critical point. We cannot go less than that - we either have it or we do not have it. Part of it is caused by industrial rules. As the member pointed out, I said there is a 48 hour limit. Obviously, that figure is flexible. However, the idea is that we should get away from having two nurses there all of the time. If there is a need and we want to get them back to assessing need, we can respond to it. If people are so ill that they must stay in the Northampton District Hospital for more than two days, they should probably be in the Geraldton Regional Hospital. A lot of the use of the Northampton hospital has been by people who are discharged from the Geraldton Regional Hospital and recuperate in the Northampton District Hospital. My advice on a medical basis is that that is not sensible. A person who is well enough to be discharged should go home; a person who is not well enough to go home should stay in the original hospital. Northampton District Hospital has done a very good job with domiciliary care, but that does not mean we could not do better. It has done a very good job with aged people, but I have indicated that I would like to ensure that it has a nursing home-type development - not in the hospital but associated with it - and I shall be working to attract funding for it.

This relationship with the Commonwealth is an aggravated problem but we can no longer maintain acute beds in every single country hospital. I have dealt with the situation in Northampton in a different way. I started by explaining the logic of the situation. In other areas I have told people the decision I have made and explained why I was doing it. I arrived at the answer I think is right, but people often need the opportunity to come to the right answer themselves. It is important that people have the information I have given to the House today. There is a bigger picture, but there is also a local concern, pride and all those sorts of things which are perfectly valid and must be taken into account

Another hospital to be affected is the Goomalling Hospital. Incidentally, it was on the hit list of hospitals approved by the previous Labor Government, although it was not carried through.

Hon Graham Edwards: There was no hit list whatsoever.

Hon PETER FOSS: We are keeping this debate non-contentious, but certainly Goomalling Hospital was on that list. The board of the Goomalling Hospital has put a huge amount of

work into efficiency. Some very brilliant work is being done by some country hospital boards. Last night the board decided to close the hospital's acute beds - except for the 48 hour provision - and we shall put another change into effect for its nursing home-type patients. This is another point that really worries me. I have been to many country hospitals, and it is unfortunate that many people who require nursing home-type support have nowhere to get it in the local community. This is due in part to a Commonwealth attitude, in that it refuses to support what it sees as uneconomical units; that is, units with fewer than 30 or 40 beds. On the other hand, it refuses to allow the association of nursing home-type accommodation with hospitals. The Commonwealth says that it wants people to remain in their communities. I agree; elderly people must remain in their communities. However, the unfortunate effect of the Commonwealth Government's policy is that the elderly people must either go to a large nursing home and leave the community altogether or be admitted to hospital as a nursing home-type patient. They are totally institutionalised, and not in their community. The problem with the policy is that they are forced into the very situation the Commonwealth policy is supposed to prevent. I raised this matter with Senator Graham Richardson, the Federal Minister for Health, when discussing the Medicare agreements. I said we must address this and that the Commonwealth cannot ignore its responsibilities. I have gone further and said I will not wait for the Commonwealth. The previous policy was that if the Commonwealth did not put up its money, the State Government would not contribute funds because aged care is primarily the responsibility of the Commonwealth Government. I said that it was not acceptable, and that I would argue with the Commonwealth and make it meet its responsibilities. In the meantime elderly people are living in four bed wards in conditions which are unacceptable in Western Australia. Elderly people who spent their lives working in the community are living in ordinary acute bed wards in our country hospitals.

Hon John Halden: Are they more expensive to run than nursing homes?

Hon PETER FOSS: Arguably, yes they are. They are more expensive for the State because we pay for them and not the Commonwealth, even though some funds are returned.

Hon John Halden: How many beds are needed to establish a nursing home?

Hon PETER FOSS: The Commonwealth has said about 30 units are needed to make a nursing home economical. That requirement might work in New South Wales but it does not work in the wheatbelt and other parts of Western Australia. Our elderly people are either forced into hospitals or they must go to large towns. I have said that is unacceptable and that I will not wait for the Commonwealth to take action. To the extent I have money - not a lot - I will address it as a priority health care need in Western Australia, irrespective of waiting for the Commonwealth. I have taken up the matter with Graham Richardson and I understand that Brian Howe is also of a different view from the previous Minister for Health. Senator Richardson is coming specifically to Western Australia at my request to visit some of these hospitals.

Hon Graham Edwards: On what day?

Hon PETER FOSS: It is varying a little at the moment but will be about 28 July.

Hon Graham Edwards: I think you will find he is coming for some other reason.

Hon PETER FOSS: He is coming for other reasons but I specifically asked him to visit WA and he suggested that date. I believe he intends to spend a day looking at the situation, and that he is as concerned as I am about the plight of our elderly people in Western Australia.

It has been suggested that it is possible to convert some of the wards of our country hospitals into nursing home units; that is, by knocking out some walls and building others, a hospital with four bed wards could be converted to nursing home bed-sits with en suite facilities. The nursing home would have a separate entrance, but would be associated with the hospital because it would be constructed in a wing of the hospital. There are advantages to that. The quality of life of the elderly people in our community would be immeasurably increased. It is an important move which I have supported. I have indicated to the Goomalling Hospital board that I am prepared to support such a move in its case. The board has made the decision that to fulfil the needs of its community it should address the real problems of its elderly people, and it is not as important to have long term acute beds. I applaud the board. It will not have an easy time persuading the community because the hospital is a symbol. People

are inclined to think that if a hospital does not have long term beds, it is not a hospital. However, it is doing everything one requires of a country hospital. Already, 95 per cent of what is required is being provided. If the member achieved the long term bed number, the hospital would receive 95.5 per cent of its requirements at a cost of an extra half a million dollars. If the half a per cent of services was supplied throughout, some hospitals would not be provided at all. We simply cannot afford half a million dollars for half a per cent of services.

This is a correct decision for Northampton, and it is part of the decision making that will occupy the minds of various hospital boards. Hon Kim Chance is saying that I am telling everybody that something will happen. I confess that I indicated to the hospitals what some of the problems are. However, I have no doubt that some boards will make the decision in a manner similar to Goomalling's - a decision I applaud. The Dalwallinu Hospital always has had acute beds. This is an MPS model hospital board, although it works slightly differently from others such as Kalbarri, Dongara and Northampton. Under the scheme agreed to with the Commonwealth, all the money from the Commonwealth, the State and local government is given to the Dalwallinu Hospital board. It then takes the money and spends it to suit the best needs of the local area. This board has done brilliant things.

Hon Kim Chance: It is very sound.

Hon PETER FOSS: The chairman of that board is a visionary person and has done tremendous work for that hospital; she also happens to chair the Country Hospital Boards Association. The local doctor has taken a lead in serving community health, and a wealth of services are provided at Dalwallinu. In many ways we in the metropolitan area are spoilt in health care - admittedly we have a problem with hospitals - as we have people looking after our health needs in many areas. In the country the hospital serves those needs, along with the provision of other services from time to time. However, the situation has changed at Dalwallinu. Despite a lot of resistance from the community, the board thought the matter through and produced a plan to meet community needs. To some extent it was easy at Dalwallinu because of the situation with acute beds. A number of country hospitals below the regional level must have acute beds; however, not all. I have asked the hospitals to work between themselves to determine which hospitals should have this facility. It is not easy though. Some country towns tend to be somewhat inward looking, and not many towns will say, "We will give up our acute beds. You can have them." That will happen neither often nor with rapidity. That will be the case even if the decision is logical and is dictated by health care and financing considerations. This process will not happen easily.

I applaud the Goomalling Hospital board for its strength of character and the foresight of the community. The Northampton District Hospital is adopting the same attitude. My concern is that it is not an easy process for the consultative committee or the Health Department to say to the communities, "These are the needs we must address." I recognise totally that it is proper for Hon Kim Chance to question everything I have done. I admit I could have done things better - I believe since then I have done it better. However, it is important for the community to recognise that the decision I made is proper for the community. It is a correct decision, and I stand by it. The situation with acute beds must change. The community now has the role of determining the local situation.

This matter has two important aspects: We need, first, objective assessment by the boards and the consultative committee and, second, an educational process in the community. I admit that I have not helped the education process in the way I went about this matter - no bones about it; I will not do things that way again. However, it is done. We now need to make it work for the good of the people of Northampton. I want to maintain the goodwill of the people of Northampton, and I have indicated that I will travel there when the board deems it appropriate for me to do so. The board is still working the matter through, and we must let it get on with its work. If a criticism can be made, it may be that I did not give the board an opportunity to sell the idea to the community. That could have been done. Nevertheless, it now must be done. The health care needs of Australia and Western Australia require it to be done.

I will not mention town names, but I visited a comparable town with a nursing post which was staffed by a full time nurse who never left the post. She waited for people to come to her. Every now and again a person would come in to the post for a bandaid, yet the people of

that town were determined to have no downgrading of the emergency service. Another town I visited had 0.6 FTEs, a nurse, allocating 0.2 - if members understand the terminology - of her time at that town's nursing post, and 0.2 of her time doing other things in the community. That town was very positive. Certainly, some people wanted a full time nurse back again, but the majority were pleased with the service because the nurse worked out in the community. The nurse said that she had in the past worked full time in a nursing post and that it had sent her balmy; she could not stand doing nothing all day apart from putting on bandaids. She is now doing all kinds of useful work. I said that I would arrange for a two-way radio for when she was travelling in the car so she could always be in touch with the shire. This is an example of the capacity to deal with difficulties.

I do not know how the nurse at Kalbarri functioned for the time she did! One Silver Chain nurse served a town with a population of 1 200 people, and during the holidays I understand the population can reach 10 000 people. This nurse was almost at her wit's end when I visited Kalbarri. It was only through sheer dedication and her capacities that she had kept the service going. Also, she ran a 24 hour emergency service. One nurse! According to the requirements of the local people, we will be putting in an MPS at Kalbarri. We have raised the number of FTEs at Kalbarri to six. I added an extra person immediately upon visiting the place.

Hon E.J. Charlton: We have been pushing for that for years.

Hon PETER FOSS: The town has it now. This happened at the same time as my trip to Northampton. Also, another four FTEs, not all nurses, will be allocated. Kalbarri will have a health care service appropriate to its needs. These matters will be worked out objectively by the board. I made it clear that it would not be based on "wants". It is not a lolly shop. I made it clear to them that they must assess the needs of their community. They must learn to distinguish between needs and wants, and I make no apology for that. It is not easy to say to people, "You will have this" when they want that. We must come back to the fundamental question of addressing the health care needs of our community. It is important that we adopt a responsible attitude. From the beginning - I have made no bones about it - it could have been done better. That was one of the first steps I took when I met with the board, and I put it in writing. There is no point in not learning from an error, and I have done better since then. I am very positive about what they are doing.

I hope I have the support of members. I may not have dealt with all the matters raised in the motion, but I have given a clear indication of the reasons for my decision. If concerns are held about some facts or the way something has been done, I would be happy to discuss the matter further with Hon Kim Chance. I am concerned that he is concerned. I need to have the member's support and the support of the community and the board. The consultative committee needs his support. In order for this to be successful I will make sure he is satisfied on that. I will be doing my best to make certain that the people of Northampton are satisfied.

HON KIM CHANCE (Agricultural) [5.41 pm]: Having heard what Hon Peter Foss has said in addressing this debate I do not wish to comment on any of his comments until I have had time to carefully consider the written record. We are a long way apart on the issue and we need to know how objective we are in determining which hospitals are admitting people who should not be in hospital. In the final analysis the Minister's argument -

Hon Peter Foss: Not necessarily "should not".

Hon KIM CHANCE: We both know what the other means. Our differences hang at least partly on the determination of whether small country hospitals are admitting patients who should not be admitted.

Hon Peter Foss: Patients who "need not" be admitted.

Hon KIM CHANCE: All right, "need not" be admitted because they do not require hospitalisation. By what objective means will we determine that? I want to know how expensive that factor is - assuming it exists. If it does exist, does the benefit outweigh the cost? I am aware of patients who, had they been in a metropolitan area, would not have been admitted to hospital because there would not have been room for them. In my district during a heatwave when the temperatures were exceeding 40 degrees I know of terminal cancer patients who were admitted to hospital for a week to give them some relief. That would probably not be possible in Perth.

Hon Derrick Tomlinson: Admittance is on the basis of need, not want.

Hon KIM CHANCE: That is the measure of objective testing. How are we going to determine which patient is being overserviced?

Hon Peter Foss: I am not saying there is overservicing but that there are other ways to address health needs better.

Hon KIM CHANCE: I will leave that because I did promise not to debate the question. As a health funding matter generally we must ask ourselves whether we rely too much on cost. It is true that health care is one of those matters for which we will always pay more. We are getting more for our dollar but are we getting much more? It is time we determined in our own way how that funding should be distributed. The problem is not in determining whether one patient should or should not be in hospital, but whether we are providing adequate funding. I need to be convinced in the long haul whether real cost savings exist and whether they are justified in terms of the human cost.

Motion, by leave, withdrawn.

CITY OF PERTH PARKING FACILITIES AMENDMENT BILL

Introduction and First Reading

Bill introduced, on motion by Hon John Halden, and read a first time.

Second Reading

HON JOHN HALDEN (South Metropolitan) [5.45 pm]: I move -

That the Bill be now read a second time.

The City of Perth Facilities Act 1956 requires that all revenue derived under the Act be paid into a parking fund to be maintained by the City of Perth. Currently, this money must be used for the provision of further parking facilities. Money is also used for the administration, enforcement, research and enhancement of movement between parking facilities and final destinations - financing City Clipper services, pedestrian facilities, etc. This fund has almost $18m in it. Perth currently has an oversupply of car parking bays and it is highly questionable whether the Perth City Council should be spending more money in this area. That is particularly so as Perth has the dubious record of having the world's second highest ratio of carparking spaces per thousand city workers, and mainland Australia's highest car usage and atmospheric lead levels well above those recommended by the World Health Organisation.

The purpose of this Bill is to amend section 7(i) of the Act which governs the expenditure of money in the parking fund. The proposed amendment would allow the money to also be spent on the maintenance, beautification and development of any public facility other than a parking station or parking facility. For example, this would allow the council to spend money on public facilities such as the upgrading of Beatty Park, Perry Lakes and the Perth Concert Hall and would allow for the beautification of the capital city. The term "public facility" is defined by an amendment to section 4 of the Act. It means any land, building or open space that is located within the boundaries of the City of Perth and that is owned or controlled or managed by the council or its agent. The facility must be used by the public, with or without payment of a fee or charge, for recreational or leisure purposes. This excludes any land, buildings or open space which is restricted wholly or primarily to ratepayers or residents of the City of Perth.

In order to ensure that the money is properly spent, it is proposed that section 11 also be amended. Under this amendment, the Minister for Transport and both Houses of Parliament would have to give consent before the expenditure could go ahead. I commend the Bill to the House.

Debate adjourned, on motion by Hon Muriel Patterson.

ACTS AMENDMENT (ANNUAL VALUATIONS AND LAND TAX) BILL

Introduction and First Reading

Bill introduced, on motion by Hon Max Evans (Minister for Finance), and read a first time.

Second Reading

HON MAX EVANS (North Metropolitan - Minister for Finance) [5.50 pm]: I move -

That the Bill be now read a second time.

The purpose of the Bill is twofold: Firstly, to ensure that all unimproved valuations in the State used for land tax and other rating and taxing purposes are determined at a common date, and, wherever possible, once each year; and secondly, to enable regulations to be made to facilitate the payment of land tax by instalments, at the option of the taxpayer.

Over the period of the previous Government a substantial growth has occurred in land tax revenue, notwithstanding a number of ad hoc measures to contain this increase. Indeed, in 1991 the then Government rushed legislation through the Parliament to quash all revaluations for land tax purposes, cancel all assessments which had been issued for 1991-92 and reissue them on the basis of previous valuations. In 1992-93 the land tax position was still no better and, despite the recession's causing a huge downturn in market values, land tax assessments were still rising steeply owing to the phasing in provisions. For 1992-93 legislation was again enacted to freeze valuations at the 1991-92 level.

The phasing in provisions of the Land Tax Assessment Act had obviously not overcome the shortcomings of the present land tax regime. Clearly, the land tax scheme was in need of a major overhaul. To give credit where it is due I am happy to acknowledge that the previous Government introduced a Bill in the final stages of the last parliamentary sitting which contained the same measures as the Bill now before the House. Under the current scheme the Valuer General has until recently been able to value only a portion of the State each year. Taxpayers have therefore been paying land tax based on unimproved valuations made in different years with as much as six years between valuations.

Any attempt to adjust only the rates scale to smooth out increases would produce unacceptable anomalies with many taxpayers still faced with big increases and others whose properties had not been revalued receiving correspondingly large reductions in their assessments. The current scheme provides no way of satisfactorily adjusting the level of revenue or the effect on taxpayers. In discussions with interested industry groups it has been acknowledged that the solution to the deficiencies and inequities in the current land tax scheme is for all unimproved valuations to be determined at a common date and for the land tax rates scale to be revised to take account of the consequential change in the valuation base.

The Bill removes the phasing in of the valuation increases and requires a general unimproved valuation of land throughout the State to be undertaken at a common date for all rating and taxing purposes. The Bill requires the Valuer General as far as possible to undertake a comprehensive unimproved valuation annually. If the whole of the State cannot be completed in a particular year, a general valuation cannot be adopted. Special provisions have been included to allow the introduction of a Statewide general unimproved valuation for 1993-94. The Valuer General has already completed this general unimproved valuation and, in accordance with the requirements of the Valuation of Land Act as it presently stands, has promulgated all new values for each of the valuation districts into which the State is presently divided. The Bill expressly provides for those unimproved valuations to be used for 1993-94 land tax purposes. In future years the Valuer General will promulgate new unimproved values for the whole of the State, with the separate valuation districts being relevant only for gross rental values.

The Bill also provides for minor consequential amendments to the Land Tax Act, Local Government Act, Metropolitan Region Improvement Tax Act and the Water Authority Act. These Acts make reference to unimproved valuations determined by the Valuer General for the purpose of rating and taxing. A Bill to amend the Land Tax Act will follow soon to introduce a new land tax rates scale to complement the valuation measures contained in this Bill.

As I have indicated, the second major purpose of the Bill is to provide the power for regulations to be made to give those liable for land tax the option of paying their assessments in a number of instalments. The instalment scheme for land tax will operate along similar lines to the Western Australian Water Authority instalment payment scheme. The Bill provides for regulations to be made to specify a discount where the assessment is paid in full by the usual due date and for an additional charge in the nature of a flat interest rate to be

made where the assessment is paid over a longer period in a number of instalments. These instalment options provide the flexibility for people to determine the payment option which best suits their circumstances.

I commend the Bill to the House.

Debate adjourned, on motion by Hon Tom Helm.

ADJOURNMENT OF THE HOUSE - ORDINARY

HON GEORGE CASH (North Metropolitan - Leader of the House) [5.55 pm]: I move -

That the House do now adjourn.

Adjournment Debate - Midland Workshops - Former Minister, Accusations Against

HON JOHN HALDEN (South Metropolitan) [5.55 pm]: I thought it would be appropriate to speak before we adjourn for the weekend to comment on a speech made by Hon Derrick Tomlinson last night in which he made a series of outrageous accusations which today I have had checked. I inform the House of the true picture about this matter which seemingly does not correlate whatsoever to the accusations that were made. Hon Derrick Tomlinson told the House that the previous Minister for Transport, Mrs Beggs, was advised that the predicted loss for the Midland Workshops in 1992 was $20 million. I am advised that that was never mentioned.

Hon George Cash: Who advised you of that?

Hon JOHN HALDEN: The previous Minister.

Hon George Cash: Do you believe her?

Hon JOHN HALDEN: Absolutely, a lot more than the accusations last night.

Hon Kim Chance: From a nameless source.

Hon JOHN HALDEN: Yes, the accusations came from a nameless source. The accusation was made last night that the Minister was not prepared to act on this matter because the Labor Government was in power, unemployment was high and the election was imminent. That accusation is likewise denied.

Hon George Cash: By whom; the Minister?

Hon JOHN HALDEN: It is denied by the former Minister.

Hon George Cash: Was that by Mrs Beggs again, well known for losing her seat?

Hon JOHN HALDEN: It was also alleged last night that the former Minister indicated she was not prepared to deal with the matter before the election, and that she told those advising her to go away and continue to formulate a plan which was to be treated in the strictest of confidence. That accusation is also denied. It was also alleged that the former Minister was advised that the Midland Workshops had to be closed. That accusation is denied. I am advised that a meeting occurred between Mr Henshaw, Dr Gill, Mr Sutton, the former Minister and her adviser. At that meeting Mr Henshaw did not suggest that the workshops should be closed, but that they should be further downsized. The reaction from the former Minister was one of anger. She said clearly at that meeting to Mr Henshaw -

Hon George Cash: There is an election coming up.

Hon JOHN HALDEN: - "You have come to me repeatedly and told me that you will make these workshops a viable entity and you have not done that. Every time you have come back you have come back only on the basis of further reducing the staff level." The Minister wanted to know when that was going to stop and when there would be a turnaround in the viability of the workshops as Mr Henshaw had first promised.

Hon Derrick Tomlinson: Perhaps the proper question was when it was going to start.

Hon JOHN HALDEN: Hon Derrick Tomlinson did not even ask that last night. He just made a series of completely outrageous accusations against a person who is no longer a member of this Parliament, and of course who cannot defend herself in this place.

Hon Kim Chance: That is shameful.

Hon JOHN HALDEN: Hon Derrick Tomlinson went on, as he has a propensity to do, to criticise the former Government for its efforts in labour relations. He criticised the basis of a consensus approach and criticised the former Government because it was involved in an extensive process of consultation.

Hon Derrick Tomlinson: That is absolute power of veto.

Hon JOHN HALDEN: That is in stark contrast to the attitude and behaviour of the current Minister who, in the most high handed way imaginable, did not discuss the closure of the Midland Workshops. He called in the unions, told them of the decision and that was it. Nowhere is there a clearer example of the difference between the attitude of the former Government and the attitude of this Government than in the handling of this matter. One is the bull at the gate and the other is prepared to be conciliatory and to discuss and reform in an appropriate and reasonable manner.

Hon P.R. Lightfoot: Are you saying the former Minister is a bull at a gate?

Hon JOHN HALDEN: No, I was not saying that. There is only one bull at a gate in this place; he is sitting just in front and to the right of Hon Ross Lightfoot. People can suggest to me that the former Minister was not correct. However, I challenge the member who made the accusations last night to prove them in this place next Tuesday. At that point we will discuss the matter in light of that information. It is incumbent on Hon Derrick Tomlinson to substantiate the comments made about the former Minister and about other members of this House. If he has the facts, I challenge him to present them.

HON T.G. BUTLER (East Metropolitan) [6.00 pm]: My comments are based on allegations made by Hon Derrick Tomlinson last night against the former Minister for Transport. Like Hon John Halden, I completely reject the suggestions and accusations made by Hon Derrick Tomlinson. That member did not act in a very honourable fashion in making those comments.

Hon Tom Helm: *Scurrilous, unsubstantiated, deceitful.*

Withdrawal of Remark

The PRESIDENT: Order! That comment must be withdrawn.

Hon Tom Helm: I withdraw my remark.

Debate Resumed

Hon T.G. BUTLER: What surprised me about the accusations made by Mr Tomlinson was how, if his advice had any authenticity, he kept it a secret. The present Minister could not have been aware of them, otherwise he would no doubt have used that information. The member for Swan Hills was not aware of it when she was thrown to the wolves by the present Minister for Transport at the Midland Town Hall rally, where she had to front for the Government on her own, which she did very bravely. Had she known about that information, she would have used it. Mr Tomlinson was present at that meeting and, despite the fact that he said last night he was not invited to speak, he certainly had the opportunity to present that information to the meeting and would no doubt have received a hearing. Certainly the member for Darling Range, who was also at the meeting, did not have that information when he went to the assistance of the member for Swan Hills. It was pretty secret stuff.

Hon E.J. Charlton: It was.

Hon T.G. BUTLER: The Minister for Transport did not know about it. It was secret because he could not repeat it outside the privilege of this Parliament. He knew very well that it had no foundation. This is part of the Liberal Party's tactic of using attack as the best method of defence, irrespective of whether the information used is the truth. Mr Tomlinson referred last night to training. I agree wholeheartedly with him that one should not train in only one profession. As a matter of fact I attempted to ask whether that was the policy of his party. In response, his face became contorted, he screamed at me and accused me of making an inane interjection. How could one possibly believe anything from a person who acted like that? The East Metropolitan Region has five members, two of whom are Government members; one does not know the difference between an interjection and a question and the other does not know in which region is the Royal Perth Hospital. It is just as well the other three of us

have our feet firmly on the ground. I was on the Caucus committee and never at any time was that information available. It was not true. Hon Derrick Tomlinson obtained it from the same person who provided the phantom cost analysis and the phantom report that no longer exists. We have finally found out from the Minister for Transport that that cost analysis was never made; the report was never written.

Hon George Cash interjected.

The PRESIDENT: Order!

Hon T.G. BUTLER: The decision to close the Midland Workshops was not made on any economic basis, but purely on ideological grounds.

Hon E.J. Charlton interjected.

Hon T.G. BUTLER: Of course he does not.

The PRESIDENT: Order! Please refrain from interjecting on the member while he is speaking. I have said before that members do not have to like what is being said, or believe it, but they must listen to it.

Hon E.J. Charlton: I am trying to help him.

The PRESIDENT: He does not need any help.

Hon T.G. BUTLER: I do not care whether members like it; however I am concerned they may not believe it. They may be capable of telling the odd furphy, but that does not mean everyone else does.

Hon Kim Chance: They are bare faced untruths.

Hon T.G. BUTLER: The fact of the matter is that members know as well as I do that Hon Derrick Tomlinson received his information from a very strange source - someone who has set out to deliberately sabotage the Midland Workshops. His giving support to that does him little or no credit.

Question put and passed.

House adjourned at 6.07 pm

QUESTIONS ON NOTICE

FISHING INDUSTRY - CHARTER BOAT-FISHING BOAT
One Operation Regulation

6. Hon GRAHAM EDWARDS to the Minister for Transport representing the Minister for Fisheries:

(1) Is it correct that a charter boat, that is also a fishing boat, can only operate as one or the other at any one time?

(2) Is there evidence to suggest there is widespread abuse of the regulation?

(3) What steps has the Minister taken to respond to complaints alleging breaches of the regulations?

Hon E.J. CHARLTON replied:

The Minister for Fisheries has provided the following response -

(1) This policy was recommended to and accepted by my predecessor as a management measure for charter boats operating south of North West Cape. Its implementation will await an appropriate legislative framework under a new Fisheries Act.

(2)-(3)
Not applicable.

FISHING INDUSTRY - PILCHARD FISHERY, ALBANY-BREMER BAY-ESPERANCE
Working Group Nominations

8. Hon GRAHAM EDWARDS to the Minister for Transport representing the Minister for Fisheries:

(1) Have nominations closed for the working group that will advise on the Albany/Bremer Bay/Esperance pilchard fishery?

(2) If yes, will the Minister indicate who has been appointed to the group and who will chair the group?

Hon E.J. CHARLTON replied:

The Minister for Fisheries has provided the following response -

(1) No.

(2) When decisions are finalised the Minister will advise the member on the membership.

FISHING INDUSTRY - FISHING RULES PROMOTION
Volunteers: Numbers Selected, Resources Allocated, Powers

9. Hon GRAHAM EDWARDS to the Minister for Transport representing the Minister for Fisheries:

(1) How many volunteers have been selected to help promote the awareness of fishing rules?

(2) What resources have been allocated to the volunteers to assist them in their task?

(3) Does the Minister intend to furnish the volunteers with any powers or duties currently carried out by fisheries officers?

Hon E.J. CHARLTON replied:

The Minister for Fisheries has provided the following response -

(1) Approximately 30 are to be selected from a field of about 50 applications received.

(2) Resources of $6 000 have been directly allocated towards training and identification of voluntary fisheries liaison officers.

(3) Initially no; however, this will be reviewed depending on an individual's abilities and interests. Their prime role will be in community education on fisheries.

FISHING INDUSTRY - COMMERCIAL CRAB FISHING, SHARK BAY
Management Arrangements; Review

10. Hon GRAHAM EDWARDS to the Minister for Transport representing the Minister for Fisheries:

(1) Have management arrangements for commercial crab fishing in Shark Bay been finalised?

(2) If not, when will they be finalised?

(3) What fishing interest groups have been, or will be, consulted in the process of the review?

Hon E.J. CHARLTON replied:

The Minister for Fisheries has provided the following response -

(1) Yes.

(2) Not applicable.

(3) The Denham Professional Fishermen's Association.

FISHERIES DEPARTMENT - BAIT CONTAINERS FOR COMMERCIAL FISHING, DEVELOPMENT SUPPORT

11. Hon GRAHAM EDWARDS to the Minister for Transport representing the Minister for Fisheries:

(1) Is the Fisheries Department providing any support to assist the commercial fishing sector to develop cost effective biodegradable strapless bait containers?

(2) If yes, in what form is the support given?

Hon E.J. CHARLTON replied:

The Minister for Fisheries has provided the following response -

(1) No.

(2) Not applicable.

AIRLINES - CHARTER AIRLINE COMPANIES, USED BY GOVERNMENT DEPARTMENTS AND MINISTERS' OFFICES
Minister for Services' Instructions

69. Hon JOHN HALDEN to the Minister for Health representing the Minister for Services:

(1) Has the Minister given any instructions as to which charter airline companies Government departments or Ministers' offices can use?

(2) If yes, which companies can be used?

Hon PETER FOSS replied:

(1)-(2)
No.

PRISONS - WYNDHAM
Closure Intention

107. Hon P.H. LOCKYER to the Minister for Health representing the Attorney General:

(1) Is it the intention of the Government to close the Wyndham Prison?

(2) If not, will the present prison be upgraded?

(3) Has a community committee, appointed to report on the Wyndham Prison, reported yet?

(4) If so, what were its recommendations?

Hon PETER FOSS replied:

The Attorney General has provided the following reply -

(1)-(4)

The Government has established a consultative committee consisting of representatives of the local community to examine the future of Wyndham Prison. The committee has been requested to provide a report to the Government.

REGIONAL DEVELOPMENT COMMISSIONS - LEGISLATION
Introduction Date

110. Hon P.H. LOCKYER to the Minister for Education representing the Minister for Commerce and Trade:

(1) Is it the intention of the Government to introduce legislation to cover regional development commissions?

(2) If so, when is it anticipated that this legislation will be introduced to the Parliament?

Hon N.F. MOORE replied:

The Minister for Commerce and Trade has provided the following reply -

(1) Yes. The legislation will cover the existing five regional development commissions and four regional development authorities.

(2) In the current session of Parliament.

QUESTIONS WITHOUT NOTICE

HOSPITALS - BUNBURY REGIONAL HOSPITAL
Immediate Development, Coalition's Policy

52. Hon DOUG WENN to the Minister for Health:

(1) Is the Minister aware that the coalition's policy for the south west prior to the State election stated that a coalition Government would immediately proceed with the development of the new Bunbury Regional Hospital?

(2) On whose advice did the Minister stop work that was already under way on the regional hospital?

(3) On whose advise did the Minister start talks with the St John of God Hospital administration?

(4) Was the Minister aware that the previous Government had held similar discussions with this administration and had rejected the course proposed and, on the advice of the Health Department, decided to proceed with the construction of a new regional hospital?

(5) Has the Minister taken the opportunity to allow discussion on this issue with the local community?

Hon PETER FOSS replied:

(1)-(5)

I am glad the honourable member raised this matter. I am aware that the coalition said it would proceed immediately with the development of the Bunbury Regional Hospital. It intends to do so, and I will be shortly visiting Bunbury to indicate some favourable news to the region about that hospital. I did receive advice from my department to the effect that there were substantial benefits to be gained by the Bunbury community from co-location of the St John of God Hospital with the Bunbury Regional Hospital.

At the moment, anyone wanting a computerised tomography scan must visit the St John of God Hospital. The town cannot justify two CT scanners. If a

patient needs a CT scan - often these patients are quite ill and moving them is not very good for their health - he or she is taken in an ambulance accompanied by a nurse to the St John of God Hospital where the procedure is then carried out and he or she is subsequently brought back to the Bunbury Regional Hospital. This is not optimum treatment for those patients, but is branded necessary by the logic and economics of the Bunbury region. Co-location would provide advantages in that a number of pieces of equipment such as a CT scanner, equipment that is being duplicated, and equipment that cannot presently be afforded, could be located in a common service building in Bunbury. This would make the health care dollar in Bunbury go further and could enhance the quality of health care provided in Bunbury. As well as that, having one administration but with a private and a public hospital, co-location would mean savings in administration, so that the money which is currently being duplicated in administration could be spent on health care services for Bunbury.

A further advantage is that not all Bunbury residents use the Bunbury Regional Hospital, because once they are on the road they may as well go to Perth and get the full services. If the Government is able to improve the quality of the equipment and the hospital in Bunbury people would receive health care in their district and the hospital could attract more specialists. It was because of these advantages that the Health Department requested that I consider the question of co-location.

It is correct that the previous Government considered a number of options on co-location, some of them practical and some impractical. One of the most practical suggestions on co-location related to administration, but that was rejected out of hand by a former Minister, David Smith. There was no consultation with the Bunbury community and the Health Department was not allowed to consider the matter because the Labor Government saw it as likely to cause union trouble. Notwithstanding that there were clear health advantages, the former Government disregarded the health needs, health benefits and advantages to the people of Bunbury and refused to look at this option. Not only did the Government refuse to look at it, but also it did not tell the people of Western Australia, in particular of Bunbury, that was the basis upon which that decision had been made.

Frankly, to put the consideration of upsetting one's supporters in the union ahead of the health care needs of the people of Western Australia is disgraceful. It is an attitude I would not adopt. This Government governs for the benefit of all people in Western Australia without fear or favour and will do what it considers is the correct thing. I hope the Opposition learns something from that.

HOSPITALS - NORTHAMPTON DISTRICT HOSPITAL
No Accident and Emergency Services, Birthing Suite, Domiciliary Care

53. Hon KIM CHANCE to the Minister for Health:

(1) Can the Minister confirm that the Northampton District Hospital does not at present provide accident and emergency services, a birthing suite for low risk deliveries or domiciliary care?

(2) Can the Minister confirm that these services will be provided if the hospital is transformed into a multipurpose health centre?

Hon PETER FOSS replied:

(1)-(2)

The Northampton District Hospital has facilities for each of those services, and the Government intends to upgrade those facilities. The accident and emergency centre will have all the appropriate equipment that it requires to carry out its responsibilities. There were already plans on the part of the hospital to upgrade the birthing suite, and the Government intends to increase the domiciliary care services.

HOSPITALS - NORTHAMPTON DISTRICT HOSPITAL
No Accident and Emergency Services, Birthing Suite, Domiciliary Care

54. Hon KIM CHANCE to the Minister for Health:

Can the Minister explain why he wrote to Northampton residents and told them that these services were not supplied by their hospital, but would be supplied under the proposed changes? Did he mislead the people of Northampton or was he misled by his department?

Hon PETER FOSS replied:

I do not know whether I have written indicating that. I have written to certain people indicating that those services will be provided afterwards in response to a mischievous statement by a number of people that the hospital would be closed. I have indicated that the hospital will not be closed and that these are the services that will be provided after the Government has made the changes.

The important matter I have been trying to indicate to people is that much misrepresentation is circulating in the district, including, for instance, statements by the Opposition spokesman for health who has even placed on notice in another place a list of questions regarding the closure of the hospital. I have written to those people indicating that no intention exists to close those services and that these are the services that will be provided. I have also indicated that the Government will be adding other services as well.

EXMOUTH - MINISTERIAL VISIT
Date; Public Meeting

55. Hon P.H. LOCKYER to the Minister for Mines:

Has the Minister ascertained a date on which he will visit Exmouth? If so, when is that date and will he be holding a public meeting.

Hon GEORGE CASH replied:

I intend to visit Exmouth on 9 July and I will be attending a public meeting.

BILLS - NO PRIOR INFORMATION IF NOT BEFORE THE HOUSE

56. Hon T.G. BUTLER to the Minister representing the Minister for Labour Relations:

This question may be slightly outside the Minister's portfolio. Yesterday I sought from the Minister for Labour Relations, through the Minister for Health, information on when details on minimum conditions envisaged in certain legislation would be available. I was told that I would have to wait until the Bill's second reading. Is it correct to expect that no prior information will be available to the Opposition and/or other interested parties on important Bills before they come before Parliament?

Hon PETER FOSS replied:

As the member well knows, I am answering questions in a representative capacity in those areas. My only response in this area directly as a Minister is for Bills which I am handling before the House. The Bill to which the member refers is not before the House; therefore, I will not be giving any explanation on it.

Hon T.G. Butler: What about if it were an explanation of Government policy?

Hon PETER FOSS: All I am passing on to the member is the answer which has been provided to me. I take responsibility for that answer, and that is the answer the member will receive. I do not believe there is any policy; that happens to be the response I have been asked to give by the Minister in another place. I adopt that as my answer. I do not necessarily say that there will be policy, but it is certainly the answer to that question, and the answer the member will continue to get to that question.

MAMMOGRAPHY SCREENING PROGRAM - NO ESTABLISHED ASSESSMENT CENTRES

57. Hon CHERYL DAVENPORT to the Minister for Health:

(1) Why is Western Australia the only State not to have established assessment centres to provide ongoing and appropriate treatment for women screened through the Government Statewide mammography screening program?

(2) Can the Minister indicate what occurs in other Australian States and Territories?

(3) Is any data available that women diagnosed with breast cancer have not been treated appropriately?

(4) If so, what proportion of women so diagnosed have not been treated appropriately?

(5) What is the consequence for those women?

Hon PETER FOSS replied:

(1)-(5)

I will take that question on notice.

FITZGERALD RIVER NATIONAL PARK - FALX PTY LTD
Mineral Exploration Proposal, Rejection

58. Hon B.K. DONALDSON to the Minister for Mines:

Some notice has been given of this question. Has the Minister rejected a proposal from FALX Pty Ltd to explore for minerals in the Fitzgerald River National Park?

Hon GEORGE CASH replied:

I thank the member for some notice of the question. I have decided to reject proposals by FALX Pty Ltd, a South Australian exploration company, to explore for minerals in the Fitzgerald River National Park.

Members will no doubt be aware that under the Mining Act any exploration and/or mining in national parks must have the concurrence of the Minister for the Environment. In this case, after gaining comprehensive scientific evidence from the Department of Conservation and Land Management, the Minister for the Environment, Hon Kevin Minson, recommended against exploration in the area the subject of the proposal because of its high conservation values. It is worth noting that it is the Government's responsibility to achieve a balance between protecting the environment and maximising the benefits of the development. In this case, protection of the environment outweighs any potential economic gains from mineral developments.

HOSPITALS - ST JOHN OF GOD HOSPITAL, BUNBURY
Co-location, Previous Government Negotiations

59. Hon BOB THOMAS to the Minister for Health:

Will the Minister advise the House whether the previous Government was negotiating with St John of God Hospital in Bunbury for co-location last year or the year before, and whether St John of God terminated those negotiations?

Hon PETER FOSS replied:

I do not know to what extent the negotiations were taken or when they ceased. However, I do know that the principle reason the negotiations did not proceed was due to the intransigent attitude of the Government and its refusal to consider any possibility that it was ever going to work. I do not for one minute think that people will ever get anywhere in negotiations if they are not prepared to look at all the options that might work.

AUSTRALIAN MEDICAL ENTERPRISES (MARKALINGA) - NATIONAL MEDICAL ENTERPRISES
Involvement; United States Investigation

60. Hon SAM PIANTADOSI to the Minister for Health:

(1) Can the Minister confirm whether the Markalinga Consortium, now Australian Medical Enterprises, is involved with the American health chain National Medical Enterprises?

(2) If so, how many hospitals are currently registered with that organisation?

(3) Can the Minister give confirmation to the people of Western Australia that his Government will continue to scrutinise the Australian Medical Enterprise to ensure that it maintains a high standard of health, equal to Medicare, and maintains a proper business, in accordance with the Australian Securities Commission?

(4) Is the Minister aware that NME is currently under investigation relating to its business dealings in the United States?

(5) Is the Hospital Benefit Fund of Western Australia involved in any way with the NME or the AME?

(6) Does the Minister agree that the AME should be listed on the Australian Stock Exchange?

Hon PETER FOSS replied:

(1)-(6)

I thank the member for some notice of this question. It is my understanding that Markalinga - I am not sure whether it is the consortium or not - is associated with the American health chain NME. I understand that NME is currently under investigation in the United States. I believe the investigation relates to human rights violations. The suggestion is that it has been guilty of them although it has never been convicted of them.

The responsibility of the Health Department in Western Australia is to ensure the quality of health care which is provided. I can assure the member that the Government will be ensuring that it does provide a high standard of health in accordance with the Hospitals Act. There is no question about the standard of health which is being provided by AME. The question is whether any association exists with the business ethics of the parent company and what those business ethics are.

This matter has been taken up by the New South Wales Government, which is presently challenging the right of NME to be registered in Australia. The only power we have in Western Australia is to decide whether the people who are associated with the company are fit and proper persons. The Government recently wrote to the group regarding a director who appeared on the list of the directors of the company and asked where that person had come from because we did not believe that person had been on the list of the company at the time he was declared to be a fit and proper person. I understand, although I will have to check, that that person has now been withdrawn as a director of that company.

I do not know anything about the Hospital Benefit Fund's being involved with the NME or AME, but that does not necessarily mean anything because I have not directed my mind to that point. I have no opinion on whether it should be listed on the Australian Stock Exchange. I do not think that is my function as the Minister for Health. As for the total number of hospitals currently listed with the Health Department, I do not have that with me at the moment. If that is important I will find out and provide the names for the member.

FITZGERALD RIVER NATIONAL PARK - FALX PTY LTD
Mineral Exploration Proposal, Rejection

61. Hon MARK NEVILL to the Minister for Mines :

Does the Minister agree with the decision of the Minister for the Environment not to give his consent to mining in the Fitzgerald River National Park?

Hon GEORGE CASH replied:

I thought it would have been obvious from my answer in rejecting the proposal that had been put before me that I must have had some inclination to accept -

Hon Mark Nevill: You have to.

Hon GEORGE CASH: The member answers his own question.

Hon Mark Nevill: You may have a different view, but you cannot do anything.

Hon GEORGE CASH: The member is well aware of the Statute under which the Minister for the Environment and I operate. If he cares to read the appropriate section he will find I have a statutory obligation in that matter.

HIGH TEMPERATURE INCINERATORS - NUMBERS

62. Hon J.A. SCOTT to the Minister representing the Minister for the Environment:

(1) How many high temperature incinerators are there in Western Australia?

(2) Where is each located?

(3) What is the temperature range at which each burns?

The PRESIDENT: Order! I take it the Minister for Education has been notified of the question.

Hon N.F. Moore: I have not been given notice of the question.

The PRESIDENT: I will explain the situation because the member who asked the question obviously missed it at the seminar. If a member wants to ask a question of a Minister in this place, in his capacity of representing a Minister in another place, he must give the Minister prior notice of the question. I direct that the member's question be placed on the Notice Paper; he will not need take any further action.

GAMING MACHINES - HOTELS AND SPORTING CLUBS
Introduction, Government Negotiations

63. Hon GRAHAM EDWARDS to the Minister for Racing and Gaming:

What steps is the Government taking to honour its pre-election undertaking that gaming machines will be introduced in Western Australian hotels and sporting clubs?

Hon MAX EVANS replied:

A number of discussions have been held with representatives from the liquor industry, including hotels and clubs. A review of the liquor industry will be undertaken and it will include the possibility of gaming machines being introduced into hotels and sporting clubs. We must first consider the State agreement with the Burswood Casino - it was renegotiated several years ago when a few hundred electronic gaming machines were installed in the casino. This resulted in $1.4m revenue for the Government. We have to renegotiate the agreement at an appropriate time to ensure that we do not give away too much. Agreements between the Government and, for example, mining companies are not taken lightly and they cannot be renegotiated willy-nilly. I debated this subject with an Opposition member on a radio talk back show and there is a mixed opinion in the community about the introduction of gaming machines into hotels and clubs. The hotels and clubs want them but many people are not keen to have them there. We will consider all the facts before we decide our position.

ROAD TRAUMA TRUST FUND - FUNDING

64. Hon GRAHAM EDWARDS to the Leader of the House representing the Minister for Police:

(1) What amount of revenue has been paid into the road trauma trust fund to date this financial year?

(2) Of that revenue how much has been -

(a) spent;

(b) committed but not spent; and

(c) unallocated.

Hon GEORGE CASH replied:

I thank the member for notice of the question. The Minister for Police has provided the following reply -

(1) $1 926 581.73.

(2) Money credited to the road trauma trust fund carries over from year to year and as such the response to this question includes the balance of funds carried over as at 30 June 1992.

(a) $1 108 580.10;

(b) $371 179.33; and

(c) $1 746 098.15.

RAILWAYS - DERAILMENT, SOUTH WEST

65. Hon MURIEL PATTERSON to the Minister for Transport:

Will the Minister confirm whether a derailment occurred in the south west today?

Hon E.J. CHARLTON replied:

I thank the member for some notice of the question. I have been advised by the Commissioner for Railways that early this morning two locomotives and the leading wagon of an empty woodchip train were derailed at Lambert, 12 km from Manjimup. It appears from initial investigations that points and the signalling system at the Lambert siding were tampered with. The locomotives remained upright with all wheels off the track, while the wheels on the lead bogey were derailed. Neither the driver nor his assistant was hurt in the incident. The incident occurred at 3.45 am as the train, with 21 wagons, was heading slowly into the Lambert siding to load with woodchips. The Bunbury CIB and Westrail are investigating.

TREASURER'S ANNUAL STATEMENTS - ACCURACY, MINISTER'S CONCERNS

66. Hon MARK NEVILL to the Minister for Finance:

Has the Minister any reservations or serious concerns about the accuracy and fairness of the accounts in the Treasurer's Annual Statements 1991-92 and the supporting publication - analytical information in support of those accounts - which were tabled in this House in December 1992?

Hon MAX EVANS replied:

If I had a copy of the documents I could point out to the member the areas about which I am concerned. I have no reservations about the information in the documents; it highlights various problems. It amazes me that we do not have a register of assets. I inquired about this some time back and was told that a register of State Government assets would be compiled. Sixteen months later I find that nothing has been done. We have no idea what land is owned by the Government. That is one reservation I have.

Hon Mark Nevill: Valuations have not been done for Government departments and you know that.

Hon MAX EVANS: I know, but they should have been done.

Hon Mark Nevill: Mr Foss knows that the Health Department is already doing it.

Several members interjected.

The PRESIDENT: Order! We should proceed with questions without notice. I do not want to interrupt anyone.

Hon MAX EVANS: Some departments have a printout of their properties and are going back to the main computer register to identify the certificates of title and the valuations. Not all departments have done this and that is a reservation I have.

BUDGET (STATE) - BLOW OUT $50M
Consolidated Revenue Fund, Expenduture Restraint

67. Hon MARK NEVILL to the Minister for Finance:

Considering the $50m blowout in monthly cash payments since the election, will the Minister demonstrate fiscal discipline and take immediate steps to rein in consolidated revenue fund expenditure to below last year's levels as occurred under the previous Government?

Hon MAX EVANS replied:

Now that the member opposite has asked this question there will not be a need for a dorothy dixer. I have the relevant information in front of me.

The Opposition's assertion that this Government has gone on a spending spree which has resulted in a deficit of $50m is surprising, given that Treasury's Budget review, which was forwarded to the former Premier on 22 December 1992, showed an estimated deficit of $46.5m. The latest review of transactions on the consolidated revenue fund indicates that State source revenues are expected to be down by approximately $30m on budget. This morning on a radio talk back show the member and I were discussing this matter and I told him that to balance the books we must have revenue and we must have expenditure. State funded expenditures are in large part being held to budget as a result of savings flowing from the Government's March 1993 directive to Ministers to exercise expenditure restraint across all agencies. As I explained to the member this morning when he commented about the rise in expenditure for April -

Hon Mark Nevill: They have been madly spending money because it is the end of the year.

Hon MAX EVANS: The accounts paid in April were for goods ordered by the previous Government earlier this year. We do not have control over what the previous Government did.

Hon Mark Nevill: We were not in Government in February.

Hon MAX EVANS: Working on the cash basis of accounting, goods ordered and delivered in January and February were paid for in March and April, as the member will notice from the figures. The May payments were much lower, and reflected the purchases made during this Government's operation. At that stage there were no redundancies and no decrease in the work force; the only expenditure was for goods and services purchased.

On this basis we are now confident of finishing the 1992-93 financial year with a deficit below the $46.5m predicted prior to our winning Government. Claims by the Opposition financial spokesman Mark Nevill that the previous Labor Government kept outlays to more than $180m below the corresponding period last year is completely erroneous. In this regard the Opposition financial spokesman appears to ignore the changed accounting arrangements in relation to financial transactions of Westrail. When this single factor is

taken into account, $206.2m spending for the eight months to the end of February 1993 is up by $23.6m.

It is also relevant that although monthly cashflows provide a general indicator of spending, these figures must be adjusted for timing differences, changed accounting arrangements, and varying budget parameter shifts; for example, unavoidable higher salary and wage costs, the additional impact of debt servicing costs of 1991-92 borrowings, and general cost increases.

As indicated, it is apparent from the latest Treasury review of expected revenue and expenditure outturns that, in spite of the downturn in State source revenues, the restraint imposed on expenditures by Government on taking up office will now result in a substantial improvement in the potential $46.5m deficit previously forecast by Treasury.

Hon GEORGE CASH: Mr President, I ask that the business of the House be resumed.

Hon Graham Edwards: At least Hon Joe Berinson used to give us a bit more time after you had asked dorothy dixers. What are you hiding from? Why are you running away? It is disgraceful!

The PRESIDENT: Order! If members do not come to order, apart from not having questions without notice we will not be able to complete the urgency motion moved by Hon Kim Chance.

Hon GEORGE CASH: We are concerned we might have to come back tonight.

The PRESIDENT: Let us see how we go.