



WESTERN AUSTRALIA

Parliamentary Debatest

(HANSARD)

THIRTY-FIFTH PARLIAMENT
SECOND SESSION
1999

LEGISLATIVE ASSEMBLY

Thursday, 11 March 1999

Legislative Assembly

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THE SPEAKER (Mr Strickland) took the Chair at 10.00 am, and read prayers.

MEMBER FOR CARINE - APPOINTMENT AS DEPUTY CHAIRMAN OF COMMITTEES

Statement by Speaker

THE SPEAKER (Mr Strickland): I advise members that I have appointed the member for Carine, Mrs Hodson-Thomas, as a Deputy Chairman of Committees for the remainder of this session.

E-COMMERCE AND THE BUNBURY TRIAL

Statement by Minister for Services

MR BOARD (Murdoch - Minister for Services) [10.05 am]: I wish to inform the House of the current developments in electronic commerce and the implications for Western Australian business, in particular the commencement of the Bunbury electronic marketplace trial. These developments will revolutionise the supply chain and totally change the way in which government procurement currently operates. This has the potential to save the Government millions of dollars which can be put to better use in other areas.

On Tuesday, 2 March, I launched in Bunbury the government electronic marketplace trial, which will evaluate response from buyers and suppliers to an electronic solution for government purchasing. Fifteen suppliers are participating in the trial, including four whole of government contractors. However, the majority of these are local suppliers of goods such as fruit and vegetables, groceries and general office supplies. The individual agencies that have been linked into this system include the Department of Contract and Management Services regional office, Ministry of Justice at Bunbury Prison, and the District Education Office.

A feature of this trial is the development and linking of electronic catalogues which allow government buyers to select, order, receive and initiate payment electronically, thus replacing paper-based systems used currently. This is a "leading edge" project. It is one of the first of its kind to be trialled in Australia. The Government is moving towards full value procurement, which will look at everything from the relationship with the supplier, to a fully automated buying process. The advantages identified in the trial are enormous. Both suppliers and government agency purchasers are happy to use the system, and it will create obvious efficiency and economy in transactions. This trial underlines claims that Western Australia is at the forefront of e-commerce in Australia and that companies in this State are extremely proactive electronically. The information gathered at the Bunbury trial will be used to frame a tender for a complete electronic solution across all state government agencies.

While I was in Bunbury I was able to demonstrate the Government's contracting information bulletin board, which received overwhelming support from the Bunbury business community. This is a cost effective central source of contracting information for suppliers. It has been developed as a clear response to community concern for an open and accountable government.

I am also pleased to advise that in response to suppliers' requests, we have launched the early tender advice initiative, an e-commerce solution that will bring huge benefits to small and medium-size business. This initiative provides up to three months early advice on upcoming CAMS contracting opportunities. All of these electronic commerce initiatives fit in with a national plan for e-commerce.

In 1998, the Australian Procurement and Construction Ministerial Council, which I chair, agreed to pursue a standardised approach to electronic commerce. This standardisation is unique in the world; not even the United States has a standardised approach across its many States.

The Government is committed to ensuring that Western Australian industry remains competitive in the electronic marketplace. All of these initiatives have been developed by government to assist suppliers to do business. The enormous potential of electronic commerce is being actively pursued by the Western Australian Government.

FAMILY AND CHILDREN'S SERVICES AND NATIONAL EXCHANGE OF POLICE INFORMATION - MEMORANDUM OF UNDERSTANDING

Statement by Minister for Family and Children's Services

MRS PARKER (Ballajura - Minister for Family and Children's Services) [10.09 am]: This week, together with Commissioner Peter Ryan, Chairman of the Board of Control of the National Exchange of Police Information, I signed a memorandum of understanding between Family and Children's Services and NEPI. The protection of children from harm

is paramount for the Government, and we have implemented a range of initiatives in recent years to enhance child protection in this State. These initiatives include the introduction of "New Directions in Child Protection and Family Support", the child victim witness service, reciprocal child protection procedures, joint interviewing of victims of child abuse by police and FCS, the establishment of the Western Australian Child Protection Council, and the child protection services register on a pilot basis.

To ensure that those who pose a risk to children are not employed in a paid or voluntary capacity in positions where children might be placed at risk, community services ministers from Australian States and Territories and New Zealand have agreed to safety screening being undertaken for all employees, volunteers and carers. Over the past two years, Western Australia has been chairing a national working party to implement that decision. Since January 1998, all staff, foster parents and volunteers of Family and Children's Service have undergone criminal record checks through the WA Police Service and Interpol.

To facilitate the introduction of safety screening into departmentally funded non-government services, the Western Australian Council of Social Services has been contracted for a three-month period to undertake a survey of all these services to determine -

- how many agencies use safety screening procedures;
- the nature of these procedures; and
- possible impediments to the introduction of safety screening.

In addition, after consultation with representatives of the child care industry, the child care regulations will be amended to enable criminal record checks to be carried out, covering employees of child care centres as well as family members, persons residing in family day care residences and all other relevant persons who have contact with children in that context, and anticipated regulations under the Community Services Act to regulate outside school hours care and related services. This latest initiative will improve the quality of safety screening in that necessary information will be available more quickly and at a higher quality. The memorandum of understanding will ensure the highest standard of probity. It will provide Family and Children's Services the status of accredited agency for the purpose of undertaking criminal records checks.

NEPI coordinates the electronic exchange of information held by each police jurisdiction in Australia. Information released by NEPI conforms to the highest accepted principles and standards for the protection of personal privacy and confidentiality. This service will ensure that criminal record checks carried out on staff and volunteers of Family and Children's Services cover every State and Territory in Australia. Family and Children's Services is the first state child welfare agency in Australia to have access to NEPI. I congratulate all the officers involved for their dedicated work in achieving the outcome I am announcing today. This agreement with NEPI clearly demonstrates this Government's commitment and leadership in making sure where possible that people who have contact with children are subject to the most diligent checks available.

LEGISLATIVE ASSEMBLY SITTING TIMES

Motion

MR BARNETT (Cottesloe - Leader of the House) [10.14 am]: I move -

- (1) That the House -
 - (a) will meet on Tuesdays at 2.00 p.m., on Wednesdays at 12 noon and on Thursdays at 9.00 a.m., with no meal break to be taken on Wednesdays, and
 - (b) will take private members' business from 4.00 p.m. to 7.00 p.m. on Wednesdays.
- (2) That so much of Standing Order No 224 is suspended as is necessary to enable the Speaker to call for grievances on Thursdays.

Under this motion it is intended that the House meet on Tuesdays from 2.00 pm to 6.00 pm with a one hour dinner break and then from 7.00 pm to 10.00 pm. On Wednesdays it is intended that the House meet from 12 noon to 7.00 pm with no meal breaks. On Thursdays it is intended that the House meet from 9.00 am to 1.00 pm with a one hour lunch break and then from 2.00 pm until 5.00 pm. These proposed sitting hours are a compromise between what had been the practice in the House and the two trials of alternate sitting hours that were held late last year. It is intended under this proposal that private members' business be held between 4.00 pm and 7.00 pm on Wednesdays. Members will also note that Standing Order No 224 is suspended so as to enable grievances to be conducted on Thursday mornings at 9.00 am. Private members' statements will still be taken at 12.50 pm on Thursdays, as is the current practice. Question time will remain at approximately 2.00 pm each sitting day. These changes are overdue. Mr Speaker, they have broad support from members of the Parliament, from you as Speaker, and the Clerk and administration.

A number of issues may arise with the proposed changes in sitting hours. With the taking of grievances on Thursday

mornings at 9.00 am, it will be necessary for members wishing to grieve to a minister to be able to advise that minister by at least 1.00 pm the previous day, so that preparation can be undertaken. There is no proposal to have an agreement that standing orders not be suspended on Thursday mornings at 9.00 am. I know there has been discussion about that, but there is no formal arrangement. An informal arrangement to try to avoid divisions in that first hour may evolve. Certainly there may have to be some scope for increased flexibility on pairing arrangements at 9.00 am on Thursdays. I do not think that 9.00 am is too early to start work. We should be able to cope with that. The advantages will be fairly obvious to all members. The times provide a more suitable balance between members' parliamentary time and their other business and personal commitments. They certainly reduce late night sittings; in fact, over the past two years we have effectively got rid of late night sittings, especially very late night sittings. In a normal parliamentary week now we would expect to have only one night of sitting and for that to conclude at 10.00 pm. It will free up time during the sitting week when parliamentary committees can meet. That has been a constant irritation to many members and it has been difficult for the Clerk to manage. It will be possible obviously for parliamentary committees to use the time on Wednesday mornings up to 12 noon or indeed to sit on Wednesday evenings if they choose to do so. For ministers and opposition spokesmen, it allows more time during the parliamentary week to organise appointments and the like.

It is also intended that legislation committees, which were established last year and are still probably in a fairly embryonic state, would be able to meet on Tuesdays between 4.00 pm and 6.00 pm and 7.00 pm and 9.00 pm. While these changes will reduce overall sitting hours by around two hours, it is proposed that we concurrently have sessions in this Chamber and the legislation committee meeting during those hours. Indeed, later today I intend to propose that the court security Bills, which have been under quite lengthy committee stage debate, be referred to a legislation committee which can meet in the newly created committee room while this Parliament proceeds with other matters. I realise with that that there will need to be an agreement across the House that we do not have issues that are in conflict in a sense that the same people will be involved in matters before the House and the Legislation Committee at the same time. Generally what would be referred to committees are Bills of a less contentious nature or those that perhaps occupy the interest of a very small number of members, while the House can go on with second reading speeches or some unrelated piece of legislation.

These changes bring private members' time forward in the day. I suspect that the Opposition will welcome that and perhaps some of my colleagues on this side may not welcome that but it is not unreasonable. As I said before, there is a reduction of about two to three hours in sitting times. I do not rule out that in times of pressure on legislation, occasional extra sitting hours will be scheduled. That is understood, but I think we can avoid that. With these changes it is also intended that we will continue with time management. I know that the Opposition has some sort of philosophical objection to that. However, it is a system which works well.

Mr Graham: It works well for the Government.

Mr BARNETT: We will have that debate on Tuesday. This motion is about making Parliament work in a more businesslike way with some allocation of time. I think I demonstrated last year that the Government has not been inflexible. When legitimate issues have arisen in debate we have extended time. Very little legislation was passed last year on the guillotine motion.

Several members interjected.

Mr BARNETT: I am talking about the past year or so. Those members may continue to object but the Government is putting the Parliament into a more businesslike framework, making accommodations for members, recognising that we will have concurrent legislation committees and recognising that we will again have an agenda and be managing the time of the House. I think the community expects that. Where unexpected issues arise, again the flexibility is there to take something off the guillotine motion and to allow extra time. We can do that.

I note also, Mr Speaker, that during recent years and particularly during your time as Speaker, there have been a number of reforms to the procedures of this House. I compliment you as Speaker, and also the Clerk and, indeed, all members for the way in which this has occurred. I remind members of some of the changes that have happened. Supplementary questions have been introduced, which have now become a permanent feature of this Parliament. Private members' statements are effective and well-supported. Grievances have been moved so that they are held every week instead of every second week. That has given more access to members, and the shorter time for grievances has helped. It has also made one week the same as another.

Although legislation committees are still in the early stages, they will prove to be important. The inclusion of capital works expenditure in the budget estimates and more time for the consideration of budget estimates are also important changes. Amendments have been made to time limits for speeches in the committee stage. Matters of public interest have been expanded to include specific time allocations for Independent members and, although members opposite will not agree, I claim that time management is an improvement. I do not deny that it can be improved. It is a little silly to have the same 20-minute debate every Tuesday; nevertheless that is still there.

These changes are important in a modern Parliament. There have been more sitting days under this Government - the

equivalent of an extra two to three weeks of sitting time a year. The Parliament is progressively moving forward. These changes to sitting times are part of a Parliament working harder and smarter. It is also part of a modern Parliament recognising that the composition of its members is different. More members, both male and female, tend to have family responsibilities. We are recognising that the community sees very little merit in its elected representatives sitting late into the night, and that it is very sceptical of the productivity of this place in that environment.

Ms Anwyl: It doesn't help the country members with family members much. Just be aware of that; that's all I ask?

Mr BARNETT: I am conscious of that. Those country members who drive or fly back to their electorates will be given a little more flexibility as a result of the Parliament finishing at 5.00 pm on Thursdays.

Ms Anwyl: One hour?

Mr BARNETT: We all choose, of our own volition, to become members of Parliament. These changes are important. I hope members support them. They reflect a more modern and more businesslike like Parliament.

MRS ROBERTS (Midland) [10.21 am]: The word "alleluia" comes to mind when one looks at these proposed -

Mr Day: When you hear the Leader of the House speak.

Mrs ROBERTS: Generally other words come to mind when I hear the member for Cottesloe speak. I congratulate the Leader of the House for bringing forward this motion. I presume it has been much more difficult to accommodate those on the government side of the House, possibly because he has had to deal with country members, but basically because the nature of conservative politicians is not to be so much in favour of change. Many people on our team have been pushing for these kinds of reforms for years. Some on this side feel these reforms do not go far enough; nevertheless we are grateful that at least some progress has been made.

In my time in this place, we have operated in this House under what I consider to be some of the most archaic sitting hours of the Australian Parliaments. As members will be aware, the Federal Parliament reformed its sitting hours some years ago and it operates in a far more businesslike and sensible manner. As one moves about the community and talks about one's role as a politician and so forth, the almost universal response from people is to ask how we sit up here for all these hours, and how it can be productive sitting in the Chamber for extended hours. People who sit in the gallery frequently see either very few members here or those who are here asleep, or close to that, in their seats. They think members of Parliament are stupid.

Mr Barnett: The eyes are closed, but the mind is like a steel trap.

Mrs ROBERTS: I am pleased the Leader of the House is putting a favourable light on it, but I do not think he fools anybody. It seems that at long last this House is being drawn painfully, slowly into the twenty-first century. At least we will sit here on only one evening a week. The Opposition members will do our utmost to cooperate with these hours. We realise it means a couple of hours less of sitting time each week. We are unsure of how the legislation committees will work out. With fewer members, it will make it difficult to divide our number between being present at a legislation committee and in this House if those committees are sitting at the same time as the House. We will seek the cooperation of Government in those matters so we can progress on those occasions, as the Leader of the House has suggested, with perhaps less contentious legislation in which only one or two members are principally involved. We will attempt to make sure the business of the House is occupied with Bills and matters that are not of particular concern to the members who must be absent at legislation committees.

As the Leader of the House said, these are more family-friendly sitting hours. In my view they are still not family friendly enough. In fact, they are not just family friendly, but people friendly. Members with families are not the only ones who want to have a life outside of this place, to do other things, whether they occur in their electorates or involve personal issues in the evening. It is far more effective to sit business hours and to work smarter. When we look at the history of the sitting hours in this House, we find they evolved for reasons that are no longer relevant as we approach the new millennium. Many years ago members of the Parliament had other occupations. Many may have been farmers or had other pursuits they wanted to follow during business hours. In a sense the job of a member of Parliament was a little like that of members of local government - an extra job one did. That is where the evolution of these sitting hours began. Gentleman - usually only gentlemen were involved - could be present at Parliament, having attended to their other business affairs.

The community's expectations and the job of members of Parliament have changed vastly. I believe members of the community expect their elected representatives to be full-time members of Parliament, not engrossed in another occupation, who should devote their full energy to attending to parliamentary and electorate matters. It will reflect well on this Parliament that, at last, we are progressing to these hours. In a very small way it will make the career choice for people to offer themselves for Parliament more palatable and increase that availability to a greater cross-section of the community. A lot of women are not interested in participating in Parliament or putting themselves forward for Parliament because of their family responsibilities and because they are unable to sit here during all hours of the night. Their family arrangements are

unlikely to permit them to sit here late into the evenings for the kind of mad hours we have sat. Perhaps because of their choice of lifestyle or commitment to their family or partners or, in some cases, their parents or extended family commitments, they are not able to contemplate entering this Parliament. I hope these changes will make the option of becoming a member of Parliament attractive and available to many more people. Only when a greater cross-section of the community can put itself forward for election to Parliament can it operate democratically and only when the community can choose from a wider selection of people will the best possible candidates be elected to this House to represent the people of Western Australia. I again commend the Leader of the House for at last convincing his party room.

Mr Barnett: Thank you. The Speaker also deserves credit.

Mrs ROBERTS: I also commend the Speaker, who has been progressive in this matter. I do not need to go through the number of reforms that have been initiated over the term of the current Speaker, as the Leader of the House has done that more than adequately. I also point out that many former members and some current members on our side of politics, like the member for Belmont, have been pushing for similar changes for many years. It is pleasing to see that at last we have made some progress. I am mindful of the concerns of country members and I note the interjection of the Labor member for Kalgoorlie that the proposed changes will be difficult for country members because of the vast distances between many of their electorates and Perth. However, from speaking to some of our federal colleagues who travel to Canberra, which involves even greater distances and travelling times, I have been told that they have found their more progressive sitting hours to their advantage. I believe that country members in this House will be similarly advantaged by more sensible sitting hours and more sensible and productive use of our time.

MS McHALE (Thornlie) [10.31 am]: As a relatively new member of Parliament, I would like to make some observations on the proposals to change the hours. I welcome the changes. It is interesting to reflect on how members of Parliament behave. Perhaps we behave the worst very late at night, or worse still very early in the morning. I have also observed that we lose a certain sense of reality in this place, in part because of the hours that we sit. When we are here at nine o'clock, 10 o'clock or 11 o'clock at night, we lose sight of the world outside.

The change of hours is welcome, though I doubt it will give us more time to spend with our families. That sounds attractive. However, what it will do - certainly for me and many other members - is allow us to spend more time in our electorates visiting those people whom we can meet only at night. There will be a spinoff to our community.

Mrs van de Klashorst: Only for metropolitan electorates and not country or outer metropolitan electorates.

Ms McHALE: I have reflected on the comments made by the member for Kalgoorlie. If we use the time, which has been set aside, for committee work, we might obviate the need for members to come in on Monday or Friday. That may not be the case, but there is that possibility.

Mr Prince: Perhaps committees can meet on Wednesday evenings after seven.

Ms McHALE: Yes, other times will be available for meetings. I want to reflect on the notion that we may work fewer hours. It is interesting to note that in this decade, the Western Australian Parliament has sat more hours than it has ever sat. It is important to not see the proposed change as resulting in our working fewer hours in Parliament for two reasons. The first is that we have sat for more hours than in previous decades, and the hours we have sat have increased from the 1900s to now, when we are sitting currently 24 hours a week. In the 1910s and 1920s members spent only 15 hours a week in this Chamber. Over the decades the number of hours members have spent here has increased. It is also interesting to look at the starting times of Parliament. The House began to sit earlier than 4.30 in the afternoon only since 1983. Until 1982, Parliament started at 4.30 pm on Tuesdays and Wednesdays, and earlier on Thursdays. Up until the 1980s it did not start until 4.30 in the afternoon, except on Thursdays. That reflects a bygone era and I am glad that we are now starting earlier in the morning. Nine o'clock is not early for many people but, given all our other activities, it is welcome to see that we will start earlier.

Mr Board: Are you suggesting that we adopt the old starting hours and the new finishing hours?

Ms McHALE: That is an interesting perspective, but I am not suggesting that. I am saying that we are sitting for more hours than our predecessors.

The other point to remember is that we will be working concurrently with the legislation committees. In fact, when one considers the collective number of hours that the House will sit, we will be sitting more hours - that is, person hours - because there will be a continuous block of hours on Tuesdays. I do not think we should talk down the fact that we will work fewer hours; we should talk up the fact that we are working much more rational hours, which should lead to more rational debate because we will not be so intolerant and irrational late at night. Whether we work smarter will depend on the individuals in this House, and I will leave that to the individuals to assess whether they will work smarter. As a new member, I see these changes as being long overdue. I look forward to spending different hours in my electorate and to using the time much more productively. Like the member for Midland, I thank the Leader of the House and the Speaker for introducing the changes we have talked about for years. I welcome the change.

MR GRAHAM (Pilbara) [10.37 am]: It is extraordinarily interesting to listen to the Government paint itself as a progressive parliamentary reformist. I will not dwell on that, because I will probably speak on it next week. However, the key parliamentary reform instituted by this Government since it got into office six years ago has been to institutionalise the guillotine to restrict democratic debate in the people's House. I make no bones about the fact that the remainder of the changes the Government has made have been no more nor less than playing at the fringes.

To some extent the member for Thornlie stole one of the points I wanted to make about sitting hours. That will teach me to be quicker on my feet. Until the Burke Government was elected in 1983, this place operated as an exclusive gentlemen's club. People played billiards of an evening. They met outside their business hours because it inconvenienced their businesses. They got on with running the affairs of state in the evening over a cup of tea or a gin and tonic, or during leisurely strolls in Kings Park. My uncle was a member here for 34 of those years, so I have some knowledge of how the place operated. That was how it used to operate.

Mr Osborne: I cannot imagine your uncle having a gin and tonic.

Mr GRAHAM: No, he was not a gin and tonic man; he was a Swan lager man. That was how it used to operate until the advent of the Burke Government in the early 1980s. That Government changed the sitting hours and dragged the Liberal and National Parties kicking and screaming into this century. The Burke Government was opposed at every step by the then Opposition. However, let us not dwell in the past and revisit the conservatives back in those days, because the Leader of the House informs us that the members of this Government are now enlightened parliamentary reformers and the proposed new sitting hours are at the vanguard of their progressive thinking.

The sitting hours that this progressive Government has introduced are not dissimilar to the sitting hours they abolished six years ago. Let us be serious about this matter. This is not an innovative reform by the Government; it will go close to the sitting hours introduced by the Lawrence Government in May 1990. Those sitting hours were not without controversy. I must admit between the period that it opposed any change at all to the sitting hours in the early 1980s and the period in the 1990s when a Labor Government changed the sitting hours in this House, the Liberal Party changed its view considerably; it agreed with us. The then leader of opposition business in the House, Mr Clarko, the member for Marmion - and God knows we have never accused him of being over-weighted with intelligence and foresight - described it thus -

A government member interjected.

Mr GRAHAM: I used to say it to him when he was here and if members would like to wheel him in I will say it to him again. Not even members opposite accused him of being intellectually gifted.

Mr Board: This is the spirit of glasnost.

Mr GRAHAM: Let us look at how the Liberal Party spokesman addressed the Labor Party reforms in 1990. He said -

I compliment the Leader of the House and those who made this decision. It is one of the wisest decisions in regard to the procedures of this House that I have experienced in the 16 years I have been here.

They were changes to the sitting hours that almost reflected what is in place now. However, those sitting hours were opposed by the National Party. The official and legitimate Opposition in Western Australia was the National Party of Western Australia. They opposed the sitting hours not on philosophical grounds but for practical reasons. Those reasons were: How do country members benefit from the changes to the sitting hours? How do outer metropolitan members benefit from the changes to the sitting hours of Parliament? The answer is that despite some of the hyperbole and rhetoric about the wonderful things that people will do on Wednesday evenings, what they most likely will not do is hang around Parliament House for committee meetings. The non-metropolitan and country members of this place who have nowhere else to go will make themselves available for committee meetings and I bet London to a brick that we cannot raise quorums because people will be in other places. Without a shadow of a doubt, that will reduce the work of this place. There are other travelling difficulties confronting country members, and it was that key point that the National Party suggested to the Labor Party in 1990 that changed the position of the Labor Party. When we were in Government, we used to listen to legitimate concerns and acted on them.

The sitting hours proposed by the Government of the day will mean we will sit on Tuesdays from 2.00 pm until 10.00 pm, commencing on Wednesdays at 12 noon and Thursdays at 9.00 am. The sitting hours that were in place under the previous Labor Government were slightly different to these hours. The point that the National Party made to the Labor Government in 1990 was that the sitting hours on Tuesdays were no problem. We all accept the sitting hours on Tuesdays. We have our party meetings in the morning and we sit through Tuesday evenings. We all accept that, ignoring the fact that requires most country members to travel on the Monday. Therefore, although city members, Cabinet and leaders of political parties have Mondays to conduct their business, non-metropolitan and outer metropolitan members lose that day for travel purposes. It does not matter whether members drive up from Albany or fly down from Port Hedland, they lose Monday as it is a dead day for them.

Mr House interjected.

Mr GRAHAM: The minister makes that choice. If he does not want to be a cabinet minister, he should pop out and I bet there is someone prepared to do it.

Mr House: And it won't be you.

Mr GRAHAM: I am in a faction of one and I think the leader is a bit of a dork so I am having some numbers trouble at the moment. I mean the leader of my faction, not the party.

Mr House: Can we debate that?

Mr Trenorden: Aren't you the leader of the faction?

Mr GRAHAM: Members should not misinterpret that. The proposed sitting time on Wednesdays is 12 noon to 7.00 pm. Under the previous Labor Government it was 10.00 am to 6.00 pm. I spoke to the Leader of the House at the time, Bob Pearce, who said that would leave Wednesday evenings available for committee meetings. That is why I said what I did earlier about committee meetings: There will not be any unless country members have a majority because members will all be out doing other things. The proposed sitting time on Thursdays under the previous Labor Government was 10.00 am to 4.30 pm. We decided on 4.30 pm because the National Party made representations to us outlining flight and travel details indicating how long it took them to get back to their electorates. It then enabled them to be at reasonably-timed functions in their electorates on a Thursday evening, whether they were what could be called the closer-to-town country representatives or the representatives from Northam and places one to three hours' drive away. It allowed time for members from further away to board scheduled aircraft to fly back to their electorates to be there in time for functions. As I said, that concession was granted at the request of remote area members from the Labor and National Parties in 1990, not 1999. Therefore, what is proposed in 1999 by the so-called progressive reformers in this Parliament is a system that is close to but not as good as a system that they abolished when they came into government nine years ago.

MR OSBORNE (Bunbury) [10.48 am]: As one who spends probably as much time in this Chamber as anyone else, I would like to make a few comments. All of us are aware of the phenomenon called the hostage syndrome where people are taken prisoner by aircraft hijackers and they then come to identify with the hijackers and not with their former point of view. Sometimes I think it is a pity that we will be here less because I love the place and there is nothing I like better than getting here at 10 o'clock in the morning and still being here at two o'clock or three o'clock the following morning.

Mr Trenorden: But Parliament does not have to sit for you to do that.

Mr OSBORNE: I could still do that, yes. In fact, I am half thinking of coming up to Parliament House with a thermos and sandwiches and sitting here by myself.

Seriously, Mr Speaker, in common with most other members, I generally applaud the proposed changes. As the members for Midland and the Pilbara just said, some minor qualifications at the margins need to be made. However, in general we are moving now to a much more businesslike and much more acceptable arrangement as far as sitting hours in this Chamber are concerned.

I especially applaud the change that will mean we will not have late night sittings. As has been said by previous speakers, it is mindless for us to be sitting here after midnight and into the early hours of the morning. The member for Midland said that some members fall asleep. I do not know how she can tell the difference between those who are asleep and those who are awake. I am sure some members become very tired on those occasions.

I am also taken by the point of view that if we set targets for our work we will be much more efficient. When my children are studying I always advise them, as I was advised, to set a finishing time, work well towards that time and then take a break. It is also a business truism that work expands to fill the time available. When we had unlimited sitting hours members subconsciously knew that we did not have to finish at a specified time and the business of the House dragged on. That is also why I support time management. If we set ourselves targets for the amount of work we want to get through - good, short time frames - all of us will work more efficiently.

As has also been observed, it is timely on the eve of the new century for us to introduce business practices that have been around for the past 50 years. Let us hope that future changes will not take so long. It has been stated that the times we have been sitting are something of a hangover from a previous era, when gentlemen on the Terrace would start sitting in this place in the afternoon, do a couple of hours' work, have dinner and then go home. Of course, those times are well and truly over and it is opportune for us to recognise that.

I acknowledge the role of the Speaker, the Leader of the House and the Chairman of Committees - the three wise steersmen - in promoting the effective use of the Legislation Committee. I especially welcome this move. The Leader of the House said that the total time we will sit will be reduced by two hours. However, because the Legislation Committee will sit for four hours on Tuesdays, the total sitting hours will be increased. Good use of that committee will make the work of this Chamber

much more efficient. The painstaking, detailed work that the committee stage of a Bill requires will be done by that committee, and that will be of benefit to the Chamber and the committee. Speaking as the Government Whip, it also gives me a wonderful opportunity to press-gang three backbenchers into action, which does not always happen.

Several members interjected.

Mr OSBORNE: I will talk to the Leader of the House about having a cappuccino machine, jarrah tables and umbrellas in the committee room so that our backbenchers feel entirely comfortable. It will then not be so difficult to get them into the committee room.

Grievances at 9.00 am on Thursdays is another opportunity for members and the Chamber to manage time more effectively. I realise that we will not have a formal arrangement for there to be no divisions during that time, but I will liaise with my opposition colleague the member for Marangaroo to explore as fully as possible a gentlemen's arrangement. That will be beneficial, but it must be noted that that will not change the requirement that a quorum be present. If members get the idea that they need not arrive until 10.00 am, they will be sadly mistaken because we still need the Chamber to operate under the terms of the standing orders.

Mr Graham: As soon as we find they are not here we will move a motion of no confidence in the Government, with or without a gentlemen's agreement.

Mr OSBORNE: We will be wary of that.

As a country member I had some initial reservations about not sitting on Wednesday evenings. Of course, I recognise that a majority of members are city members and it is a great opportunity for them to pursue other aspects of their lives, not the least their family responsibilities. I had the feeling that it left country members at a loss; we would be in Perth with no opportunity to return to our electorates or to see our families. However, it is a positive and we can find useful things to do on Wednesday evenings. On balance I believe that it is a useful change.

Having Wednesday mornings free is a great initiative. It will be a very valuable opportunity for committees to have a dedicated period available that cannot be impinged upon by other calls on their time. The work of those standing and select committees will be enhanced as a result. I support the motion.

MR RIPPER (Belmont - Deputy Leader of the Opposition) [10.55 am]: I support the motion as moved by the Leader of the House. However, the member for Pilbara made a very valid point. He reminded us of something I had almost forgotten: We are returning substantially to the sitting hours pattern introduced by the Lawrence Government in the last years of Labor's rule. On coming to office, this Government reverted to the unsatisfactory sitting hours pattern that the Leader of the House is now proposing to reform.

Mr Barnett: There were many late nights during the term of the Lawrence Government, when I became a member.

Mr RIPPER: The then Opposition, of which the Leader of the House was a member, on one occasion forced this Chamber to redebate a piece of legislation which had already been passed and which had been returned by the upper House because of some technicality. Rather than allowing the Government of the day to put the Bill through quickly because it had already been debated, the Opposition put us through the entire process again. We were dealing with a difficult Opposition that wanted to exploit every procedural technicality available.

I will return to the main theme of my remarks. I support the leader's proposals for reform and modernisation of the Parliament. The leader ran through a list of changes that have been adopted in recent years. I support almost all of those changes, but I do not support the imposition of a weekly guillotine. I also draw attention to the source of most of those changes: They have flowed from reports of the Select Committee on Procedure and the Standing Orders and Procedure Committee.

Mr Barnett: I meant to acknowledge that.

Mr RIPPER: The leader acknowledges that. I have been pleased to have been a member of both committees and to have participated in the formulation of recommendations, some of which have been adopted by this House.

However, we must take parliamentary reform further than the changes we are making to the sitting hours today and the other changes that have come from recommendations of those committees. In particular, we must make advances on two matters that have been under consideration for far too long without resolution. Those two matters are the establishment of a comprehensive standing committee system in the Legislative Assembly and the televising of all parliamentary proceedings.

I refer first to the standing committee system. We are not getting value for money out of our current ad hoc select committee system. It is not giving members the information that they could get from a proper system of portfolio-based standing committees and it is not developing the expertise in members that could be developed. It does not prepare members as well as a standing committee system would for proper scrutiny of the Government. Recommendations have been made by three different bodies for reform of our committee system. In 1995, the Commission on Government recommended we have a

system of standing committees. In 1996, the Select Committee on Procedure recommended that we should have a system of standing committees and last year the Standing Orders and Procedure Committee recommended that we should have a system of standing committees. All three bodies recommended that we move away from an ad hoc system to a system of standing committees. We are awaiting a government response to those recommendations.

Mr Barnett: Next reform.

Mr RIPPER: I hope the Leader of the House will come to the Chamber urgently with a recommendation for a system of standing committees. The details of the COG recommendations were slightly different from the details of the recommendations of the Select Committee on Procedure and the Standing Orders and Procedure Committee. However, the details do not matter as much as the principle. Irrespective of the final form, this House needs a system of standing committees. That system would improve the information flow to members, develop their expertise and allow members to more effectively scrutinise the actions of the Government.

Members should realise that they are not the only players in the policy-making system. Many other people among the policy making elite are trying to supplant the influence of members of Parliament. Ministerial advisers, senior public servants and representatives of lobby groups would like to shape policy without the inconvenience of having to consult people, win preselection, campaign and win elections. We have been democratically elected and, by the nature of our role, we must consult with the people. We should not allow our influence on policy to be taken away by unelected or appointed people. That happens because we do not have the information we really need and because we do not have the opportunities to develop the specialist expertise we need. Those things will come to us more effectively if we establish a standing committee system in this House.

The other area in which there has been lack of progress is in televising all the proceedings of Parliament. Three years ago we spent \$800 000 to provide facilities for televising Parliament. We allowed the television stations to take extracts from question time and from other special events beginning in March 1996. I understood that was a trial and that after we saw how it worked for question time we might extend it to other proceedings of the Parliament. It is now three years later. That three-year trial has shown that televising the proceedings can work well. I can see no problem with the way the stations have been occasionally using extracts from question time. We should be getting the best result from our \$800 000 investment. At present television stations have access effectively to three hours of parliamentary proceedings; that is, to question time in this House and the other place each week, plus a little extra during a special event such as the budget presentation. That is not an effective use of an \$800 000 investment. In a modern democracy, people will not front up to the public gallery to listen to what is happening here. They will want access to the Parliament via media reports. Which forum will we reinforce? Will we reinforce the institution of Parliament or the press conference in the car park? If we want to reinforce the institution of Parliament, we should allow television stations to have full access to all our proceedings.

Mr House: Will it be part of ALP policy to implement this if a Labor Government comes to office at the next election?

Mr RIPPER: Absolutely; it is part of our approach that television stations should have access to all the parliamentary proceedings for televising. I hope the Parliament will move to that before the next election. There is considerable support on both sides of the Parliament for extending access to parliamentary proceedings for television stations. At the moment it is too limited. It is a waste of the \$800 000 investment we made. After a three-year trial we should be able to move on. At present we are undervaluing the institution of Parliament by giving television stations only limited access while they have full access to politicians in other forums such as the press conferences or door stops that they organise.

I am sure that we will not all be on television frequently or for long periods because the television stations will have to make judgments about what they think is newsworthy. Much of that which happens in this Parliament would not be regarded as newsworthy; nonetheless they should be given access to it. Such a procedure would reinforce Parliament as the proper forum, rather than the door stop, the press conference or the television interview conducted in the car park.

Mr Barnett: It will be a toss-up between us and the test pattern.

Mr RIPPER: It may well be. We should not over-sell the news worthiness of parliamentary proceedings. However, we must make the most of that investment and conduct the necessary reform. The Leader of the House has initiated a reform, albeit one that he should have instituted many years ago, and he has indicated a desire to further reform and modernise Parliament. We should not be tardy on these two overdue reforms, one of which was recommended by three committees, the other of which has been the subject of a three-year trial.

MR WIESE (Wagin) [11.06 am]: I promise I will be as quick as I can. It was a pleasure to hear the member for Pilbara holding forth on the commonsense of the National Party seven or eight years ago. I assure him that nothing has changed in any of that area. I also assure him that many of the arguments that were valid then are equally valid today. Although the House is generally pleased with the changes we are implementing through the acceptance of this motion, some of these new hours will not be of any benefit to members from the country or more remote areas of this State.

I do not think any of us has any problems with the proposed times for Tuesdays. Although the concept of giving us an extra

hour for committees on Wednesday mornings is fine, I am not sure the reality will be as good. The Standing Committee on Delegated Legislation, which meets on Thursday mornings, will not now be able to meet on Thursday mornings. Unfortunately, these new hours do not take account of the timetable for the upper House. The reality is that Delegated Legislation and other joint committees will not be able to benefit from these new hours because Wednesday mornings are already fully committed to committees of the upper House. It will therefore not be possible for a committee such as Delegated Legislation to change its meeting time from Thursday back to Wednesday.

Mr Graham interjected.

Mr WIESE: That is the pity. In making changes, we must be aware of the practice of the upper House. I am afraid that in this case that has not occurred. The comments made by the member for Pilbara about Wednesday nights are spot on. I do not believe that we will be able to get committees to meet on Wednesday nights. Country members will be sitting around twiddling their thumbs on those nights because they cannot attend functions in their electorates. We will not be able to arrange meetings with people from our electorates because they will not want to come to a meeting after 7.00 pm and then travel back home. I suspect that Wednesday nights will largely be wasted. I will miss greatly the ability to sit late on Wednesday nights. We now have only Tuesday nights. Some of us night people are happier to work at night than in the morning.

Although we are now to start at 9.00 am on Thursdays, the majority of members will now travel to Parliament in the middle of the peak-hour traffic. They will probably leave their homes much earlier than they did previously. If we arrived here at 10 o'clock we would avoid the need to travel in peak-hour traffic. Exactly the same applies to the evenings. Although knocking off at five o'clock will be terrific, and it is appreciated, I and most other members from the country who drive back to the country will leave the city in the middle of the peak-hour traffic. That will add at least half an hour to the journey from here to Armadale, and we will not be able to get back to our electorates to attend functions much earlier than we previously did. We will still need to talk to our Whips to see whether we can get away just a little bit earlier. I appreciate the changes and why they have been made, but I am sure that you, Mr Speaker, would have been very disappointed if a member from a country electorate did not make those comments.

MR RIEBELING (Burrup) [11.11 am]: I too have concerns with the new hours. I appreciate that the changes will improve the situation. I agree with the member for Pilbara with regard to the hours that we dispensed with when the Government came to office. Of course, the new hours will benefit every metropolitan member of Parliament, but there are 21 members of Parliament from the country who will not benefit to the same extent.

Mrs Roberts: That is why we need one vote, one value.

Mr RIEBELING: I agree with the member for Midland. Instead of benefiting two-thirds of members and benefiting virtually no country members, we might consider sitting later on Wednesdays. I know that that is one reform that is being put in place, but if we could sit for perhaps three hours extra on Wednesdays we could knock off at midday on Thursdays. Members would be able to get back to their electorates and metropolitan members would benefit just as much as country members. I welcome the changes and I am sure that metropolitan members will benefit greatly.

The Leader of the House spoke highly of the reforms. However, I hope that at the turn of the century, when 2000 cranks over - some say that that is the start of the new millennium, but I think it is probably the year after - your headgear, Mr Speaker, will be ceremoniously handed to the museum so that electors will be able to associate with us rather than with the symbols of the distant past. That would signal real reform.

MR CUNNINGHAM (Girrawheen) [11.14 am]: I congratulate you, Mr Speaker, and the Leader of the House on such a progressive reform. Not only are we moving to become civilised but also we may become civil to each other. There were many stressful times in my early days in this place some 11 years ago when we used to sit until 3.00 or 4.00 am. I am glad that those days will never be repeated. I agree with the member for Wagin that there was a problem, but that was only because of our then long working hours. The member for Kalgoorlie may have had a small problem with the idea, but I assure her publicly that she will have the same success with her applications for pairs as she has had over the past two years, and that is about a 99 per cent success rate. That is not a bad success rate.

It might be worthwhile for the Leader of the House to consider Wednesday sittings from 11.00 am until 7.00 pm and letting us and our country cousins go at 4.00 pm on Thursdays. Your approach, Mr Speaker, and that of the Leader of the House is a most modern one. Like my counterpart, the Government Whip, I welcome the new work ethic.

Question put and passed.

GRIEVANCES, MEMBERS' STATEMENTS, MEAL BREAKS AND QUESTIONS ON NOTICE

Statement by Speaker

THE SPEAKER (Mr Strickland): Following the agreement of the House to the previous motion, I advise the House that under Standing Order No 224 I will call for grievances after brief ministerial statements on each Thursday. Under Standing

Order No 225, I will call for statements by members, commonly known as 90-second statements, at 12.50 pm on each Thursday. In pursuance of the understanding reached by the House, I will normally leave the Chair for meal breaks from 6.00 pm to 7.00 pm on Tuesdays and from 1.00 pm until 2.00 pm on Thursdays. The closing time for questions on notice will now be 12 noon on Thursdays, as is the case on Tuesdays and Wednesdays. In addition, to aid members I will ask attendants to distribute a colour-coded document entitled "Proposed Order for Business from 16 March 1999". The colour coding spells out when dinner breaks, government business, question time and so on are to be undertaken.

I take the opportunity to indicate that the Presiding Officers have decided to reconvene the Presiding Officers Television Advisory Committee to examine matters that were raised during the debate. I thank all members for their comments and their positive support for the new proposals.

RESTRAINING ORDERS AMENDMENT BILL 1999

Introduction and First Reading

Bill introduced, on motion by Mr Barnett (Leader of the House), and read a first time.

MARKETING OF MEAT AMENDMENT BILL 1999

Second Reading

MR HOUSE (Stirling - Minister for Primary Industry) [11.20 am]: I move -

That the Bill be now read a second time.

On 13 October 1998 I advised the Legislative Assembly of a framework for the State's export lamb industry which would allow the Western Australian Meat Marketing Corporation to continue as a grower-owned and controlled organisation, and allow lamb acquisition to be phased out. The new framework is aimed at providing direct benefits for Western Australian producers, and to introduce more competition and increased opportunities into the meat processing sector. In December 1997 the corporation advised me that it was experiencing problems regarding trading conditions and processing arrangements. The corporation has posted successive financial losses of \$1.368m in 1996-97 and \$2.49m in 1997-98. This financial position is untenable to maintain.

The corporation subsequently recommended two future possible options: A joint venture arrangement with an existing meat processor, or the wind-up of the corporation. Having approved the corporation undertaking due diligence and feasibility studies with a potential joint venture partner, I then supported the corporation's proposal for the establishment of an organisation which is farmer-owned. This will enable farmers to manage and control the direction of their own industry. Subsequently I appointed a transition advisory group to plan and guide the transformation of the corporation to a new entity. The group included representatives of key farming organisations and the business community. It liaised with private consultants with experience in commercial restructuring, including financial and taxation matters. It also consulted extensively with officers of the Crown Solicitor's Office and Treasury.

The Bill before the House is the culmination of an extensive process of investigation, examination, review and assessment of the proposed new industry framework. Of critical importance is the agreement that has been reached between the industry's peak bodies, the Western Australian Farmers Federation and the Pastoralists and Graziers Association, and the Western Australian Meat Marketing Corporation as to the creation of a formal cooperative organisation.

I now turn to the essential philosophies behind the new framework. The Bill proposes to amend the principal Act to enable the transfer of the corporation's net assets by way of sale to a new cooperative company to be called the Western Australian Meat Marketing Co-Operative Ltd. It also confers on the new cooperative the corporation's "single desk" export lamb marketing arrangements until no later than 31 December 1999.

As the Bill extends the current monopoly that arises from the single desk status for a defined and limited time, it does not contravene national competition policy principles with respect to new or amending legislation. The Bill does not preserve existing powers of, or obligations on, the corporation that relate to matters than can reasonably be dealt with without statutory support. For example, the cooperative will trade openly in the marketplace in competition to purchase and sell lambs on the domestic market with other traders. As the principal purpose of this legislation is to put in place the new framework for the State's export lamb industry without the need for further government intervention, the Bill provides that all outstanding liabilities and tasks of the corporation will be met by the cooperative.

In summary, the steps that will be taken to give effect to the proposed new framework for the State's export lamb industry include -

the formation and registration of the co-operative by the inaugural board members;

the formation of a discretionary trust, with the trust deed providing that the beneficiaries will be the lamb producers of Western Australia; the sole function of the trust will be to hold shares in the cooperative for the benefit of Western Australian lamb producers and distribute those shares among lamb producers;

the trustees will be the board members of the cooperative;

on proclamation of the Act, the transfer of the assets, liabilities and rights of the corporation to the cooperative by way of sale and without the need for any conveyance or assignment;

the determination by the minister, after consultation with the cooperative, of the net value of the business of the corporation on proclamation of the Act;

the allotment and issue by the cooperative to the trustees of fully paid shares in the cooperative, equal to the value of the net assets of the corporation, and;

the statutory process to be enacted will give the trustees an ability to distribute the shares to lamb producers, without any government involvement.

A range of safeguards has been built into the proposed legislation. These include requirements that before the transfers and allotments can occur the minister must be satisfied that -

the cooperative and the trust arrangements are in existence;

the provisions of the memorandum and articles of association of the cooperative and of the trust deed are appropriate;

the shareholding in the cooperative is appropriate;

suitable trustees have been appointed;

the cooperative has agreed to the proposed transfer arrangements; and

the future employment of the staff of the corporation has been considered and arrangements have been made to ensure that all persons are either carried forward into the new organisation, or are offered appropriate alternative employment.

In addition, the corporation is required to issue and publish a statement in the *Government Gazette*, for public information, which describes and values the assets and liabilities transferred to the cooperative on proclamation of the Act. The Bill also provides a mechanism whereby the principal Act is repealed no later than 31 December 1999 when the temporary single desk export lamb sales arrangement terminates. In house-keeping mode, the Bill provides for the continuation of the corporation insofar as this is required to perform necessary transitional functions and to report on its activities for that part of the financial year from the preceding 1 July to its wind-up. It also deletes reference to the corporation in four other pieces of legislation -

the Constitution Acts Amendment Act 1899;

the Financial Administration and Audit Act 1985;

the Government Employees Superannuation Act 1897: and

the Statutory Corporations (Liability of Directors) Act 1996.

I commend the Bill to the House.

Debate adjourned, on motion by Mr Cunningham.

HOSPITALS AND HEALTH SERVICES AMENDMENT BILL

Second Reading

Resumed from 12 November.

MS WARNOCK (Perth) [11.26 am]: I am not the lead speaker on this Bill. I understand the member for Fremantle is the lead speaker, and he will return to the House about 12 noon.

I am taking the occasion of this debate on the Hospital and Health Services Amendment Bill, which arises out of the establishment of the Metropolitan Health Service Board, to comment about mental health. The board was formed in July 1997 and has management responsibility for a number of major and minor public hospitals in the State including the metropolitan teaching and non-teaching hospitals. It includes Graylands Hospital and Graylands Selby-Lemnos and Special Care Hospital, two of the several public organisations concerned with mental health in Western Australia.

I have often spoken in this place about the need for greater funding for mental health services, particularly those in the community since that welcome move several years ago to de-institutionalise and to try to treat more of the mentally ill in their own community. I, like everybody else in this House, applaud that move as I have applauded the changes in the Mental Health Act, but of course de-institutionalisation works only if the services that are in the community now to replace those that were once available only through institutions are properly resourced and the mentally ill are not left to their own devices with none of the necessary assistance, care, and even supervision if that is what is required. Institutions will probably always be necessary. Although most of them have improved a great deal since the bad old days, they can still be dreadfully depressing places to be in, as I know from having visited several people in them from time to time.

That brings me to a community service that I want to talk about today, the mental health community outreach project based in Northbridge in my electorate. I will read part of a letter that I received recently from the people who run this very small but excellent service on behalf of their clients. The letter states -

I am writing to you on behalf of service users at the Women's Health Care House Mental Health Community Outreach Project, to express our collective concern about the mental health reform process. Although mental health service provision is no longer in a state of crisis, with recent improvements in the quantity and quality of mental health services in certain areas, some significant shortfalls and gaps in services are evident.

The Mental Health Community Outreach Project is a community based support service for women who have a psychosis or depressive illness, and have dependent children and who live in the inner city or lower northern metropolitan region. These service users frequently identify a range of benefits and positive experiences that they can directly attribute to services provided by this project. It is apparent, however, that the needs of these women are still not being adequately met in many areas. Examples include difficulty in accessing employment specialist services, appropriate domestic supports/home help, and specialised services for those who have experienced past sexual abuse.

At the end of the letter she urged me to do what I could to ensure that the \$15m in growth funding is included in the 1999-2000 mental health budget. She asked me to call into the Women's Health Care House to talk about this, which I did. A few days ago I visited the service in Northbridge to talk to both the carers and the women who use this service regularly. I was both impressed with the care offered and concerned to see that it should continue. It is a necessary service which fits in very well with the new thrust in mental health treatment in our community. The modern view we have is that institutions are necessary for people who are seriously ill and cannot look after themselves, but it is a much better option if people can be treated in the community.

This is the only facility in the State which serves the particular purpose of looking after women who have been diagnosed with a psychosis or depressive illness, who have dependent children and who live in the inner city areas or somewhere in the near northern suburbs. The idea is to strengthen the women's support networks in the community to enhance women's personal abilities to cope with life's ordinary difficulties, to develop strategies to support their families, to minimise the sort of stress that arises out of a serious ongoing illness and to reduce the risk of a relapse that would send them back to hospital. As anyone who knows anything about mental illness can verify, these supports disappear rapidly if a person has a mental illness.

I was provided with some material about the Women's Health Care House. The service provides individual counselling and support; practical assistance, either directly or by brokering to community resources; advocacy on behalf of the women, their families and the target group; psycho-educational groups and activities; and training and support in issues concerning women and mental health to other relevant agencies. It has quite a wide brief. When speaking to the women who were at the service on that day, I found that they were very enthusiastic about it. They were sure that it made a big difference to their welfare and, as a corollary of that, they were deeply concerned that its funding should be continued and, indeed, should be increased to provide more of the necessary services that it already provides.

The service was set up in 1996 and was federally funded initially. I understand that the State Health Department has now assumed responsibility for it. It was supposed to assist women in just the inner city areas and in the north metropolitan region, but clients now come from all over the metropolitan area. The service is unable to do the outreach work, which it is supposed to do, because it does not have the resources. It is fully occupied with providing the service at the centre in Northbridge and taking the women to various places as part of the help and care they receive. As always with much-needed community services, demand greatly exceeds the resources provided. The women who use the service suffer from a variety of psychoses; for example, schizophrenia, bipolar disorder as it is now called - it used to be called manic depression - and depression itself. I asked the women about this and they told me they were all taking medication as part of being treated in the community. The main aim of the project in Northbridge is to keep these women out of hospital and keep them at home looking after their families. The service is very popular and has helped many people, but it needs more staff so the outreach work can be done; for example, so staff can visit people if they have a relapse and must return to hospital, or they can do home visits because that is proving to be necessary as well. It is part of their brief and must be done. As it is, the service is flat out running the groups at the Women's Health Care House and being available to its clients wherever they are.

The women told me that they needed a community centre because of the nature of their illness. Sufferers very quickly lose touch with their friends and family who generally find this type of illness difficult to deal with. These women needed to feel that they were not alone in dealing with this problem, particularly as this service is for women who have children. All members would know that looking after children can be stressful at any time, but if a woman is ill and happens to live alone with her children, it can be extremely difficult. If a woman has no friends or family around her, as is quite common these days because we are such a mobile country - people come to Western Australia from other States and they have no relatives or others who can take over the care of the children as might have been the case in the past - and feels ill again, she needs something like this service to help her look after her children and deal with the day-to-day problems while she receives the treatment she needs. It is a very difficult problem and one that is not well recognised by the community because mental illness is not as visible as a physical disability. This is a good service. It deserves support and it certainly deserves better resources.

The women who were there also explained to me that it was hard to get access to private accommodation in the community. A single parent with a mental illness is not regarded as the perfect tenant. Although that is an extremely unfair view, it may be common. Single parents often need support like temporary child care, home care or domestic help of the type that is provided by the Silver Chain Nursing Association. Although these services are available to people with physical disabilities, it is more difficult for people with mental illnesses to access these services. Sometimes they need respite care or they need a service like Silver Chain to look after the children for a while. They would be better off doing this before they have a relapse and become ill again. It seems to be not only sensible as far as they are concerned to relieve their distress, but also sensible as far as the community and the cost to the community is concerned.

Another service which is offered is a phone-in service which is very helpful. Sometimes a private psychiatric counselling service can have a long waiting list and most of these people would not be able to afford those services anyway. This small service which is available in Northbridge can take people at any time when it is open, as well as provide the counselling service over the telephone. For most of the women who use it, this is their only real support service after they leave hospital. That is why it is an extraordinarily important service.

People with such an illness need support and nurturing. As I say, quite often no family and close friends are available. They sometimes drift away pretty quickly when someone has an illness like this. Such people become isolated and if they have not been abandoned by their families, sometimes they find that their families are unable to deal with the illness. Indeed it may be, as one of the women told me, they come from an abusive family background, in which case the last people on earth they would seek out if they had a problem would be members of their own family. They need this excellent, non-judgmental support service which at present assists 40 clients with two part-time staff. It is a very good service for the women who need it. Of course, it costs a great deal less than having people in a hospital for a very long period. I urge the Government to increase support to mental health services in Western Australia.

MR MCGOWAN (Rockingham) [11.41 am]: I will relate my remarks to a number of matters in my electorate. Mr Acting Speaking, I seek your indulgence in that regard, particularly in light of the fact that my area has received a great deal of public attention in recent weeks in *The West Australian* as a result of a number of health-related incidents that have taken place there. When I was first elected to this place, a senior colleague of mine, the member for Eyre, gave me a very good piece of advice: "Whatever you do and how ever high you go, never ever forget the people who elected you. If you do, they will know and will rapidly lose their respect and trust in you." It is incumbent upon me in the light of that advice - probably the best I have had - to raise a number of the issues that have taken place in my constituency and the wider Rockingham area, which I share with the member for Peel. He has the southern part of Rockingham, including the greater Warnbro, Port Kennedy, Secret Harbour and Singleton areas. It is important that I raise a number of these health issues to put on the record my views and what should take place in my area in relation to them.

In the past 10 days or so two very tragic deaths in the Rockingham area have obviously caused a great deal of distress to the families and friends of those people. I pass on my sympathy to them. The deaths have also caused a great deal of soul searching by me, members of the Rockingham City Council and the wider Rockingham community. It should also have brought about a degree of soul searching on the part of the Government. In the light of that, I have thought about the entire issue of drugs. Over the past two years I have changed my position on various issues surrounding drugs. Two years ago I was probably as hard on these issues as the next person, considering my background. However, I now think that we need to adopt a much more considered and multi-pronged approach.

A little while ago I visited the naltrexone clinic of Dr George O'Neil in Subiaco. I spent a number of hours in that clinic observing what takes place in it and the degree of suffering endured by the people who are using that service. I sat down with Dr O'Neil and a number of his colleagues and went over the sort of program that he has put in place. His requirement was for a greater degree of funding for this program to ensure that it was able to be accessed by a wider range of people. Of course, there is already the methadone program in this State, which has been accessed by a large number of heroin addicts. That has had a degree of success for some addicts; the naltrexone program has had a degree of success for others. Naltrexone has been around since the 1960s. It is a blocker drug, which means that it blocks the effect of heroin if people were to take it. In effect it means that people cannot get high if they have a shot of heroin. Naltrexone will sort out a range

of people. Dr O'Neil was firmly of the view that his program was the only answer to this problem. I am not so sure about that, but it is a major answer for many heroin addicts.

When I was in the clinic I met a range of heroin addicts, both males and females. The basic thrust was that to support their habit the males commit crimes. People will be aware of that but it was really brought home to me in that clinic. I will go so far as to suggest that 80 per cent of non-family, violent crime, such as armed robberies, burglaries and home invasions, take place because of the demands that some men have to meet their habit. It easily explains the increases in crime that all western countries have been suffering for the past 30 or 40 years. To put money into programs such as the naltrexone program seems to be a good part of the solution to solving the crime problems that we face. Another aspect which was just as tragic was that the women who were involved in this program, some of whom were very young, basically finance their heroin addiction through prostitution. I do not think they are necessarily as much involved in crime as the young men. Prostitution is lucrative and they make enough money to finance their habits through that. I can assure members that none of them appeared to be very happy about the fact that they were heroin addicts. They all wanted to get out of the vicious cycle that they were in.

This program sorts out some people but, as I said, there should be a multi-pronged approach. As for the issue of a heroin trial that is abounding at the moment in the federal sphere, I was very disappointed that the trial proposed by the Australian Capital Territory, to be held in Canberra, was vetoed by the Commonwealth Government. The trial was a very lateral piece of thinking on the part of the ACT Government. It may have gone some way to help solve the problem. I cannot say for sure that it would have worked - I do not know. However, we in this State should have supported that trial because I cannot see how it could have impacted on us or harmed us one iota. It might have pointed out, for good or bad, the direction we might take. It might have shown that it would not work or that it might work. My reading of the statistics of the Swiss trials is that these programs of the medically supervised, regulated provision of heroin to addicts who have failed every other attempted solution, reduce the crime rate.

As I said earlier, the heroin addicts I have met use crime to support their habits. As a family man it worries me that we must spend long hours away from our homes and, because the majority of members are male, our families are left at home without the male in the family being at home. It worries me that the increasing crime rate is a response to drug problems in the community and my family may be a victim of that. Overseas statistics show a massive reduction in the Swiss crime rate following the provision of heroin to addicts. In Switzerland the addicts who were provided with heroin had failed every other program. A multi-pronged approach in which we use lateral thinking is a good step. I am amazed that the State Government would not support a program involving 40 addicts in the Australian Capital Territory, which is 4 000km away. I would not support a trial in Western Australia, but if the ACT wants to test it out, that is a good idea. Our Prime Minister should stop sticking to the old measures which have been shown not to work and try something else. If the trial did not work and there was an increase in drug usage in the community Western Australia would not go ahead with the trial. That would be the end of the story; we would stick with the old methods.

In recent days there has been a lot of speculation by the Prime Minister and the Premier about the armed forces playing a greater role in drug detection. I was involved in similar projects when I was a member of the armed forces. I will not say anything that would betray confidences, but the problem was not with the armed forces; the armed forces were keen to participate. The problem was the coordination with organisations like the Australian Customs Service which were difficult to deal with and reluctant to give the armed forces the protections that they wanted in relation to their participation in these programs. The Navy, Army and Air Force are governed by defence instructions. A "Defence Instruction Navy" sets out defence assistance to the civil community. DACC is available generally on a cost-recovery basis. It is certainly available to civil authorities in these sorts of criminal matters. Naval patrol boats up north regularly intercept vessels. The Royal Australian Air Force makes aerial sweeps, as does Coastwatch. The armed forces are available; the provision to use the armed forces already exists. The issue is a red herring, because the armed forces are available to be used if the Government wanted to use them. For some reason we see a lack of coordination with the States, the Australian Customs Service, and possibly the Federal Police. The AFP may not be fully cognisant that these services are available. Every day in harbours like Fremantle, Sydney, Melbourne, Brisbane and Darwin container ships deliver thousands and thousands of containers. A great many of those ships come from South East Asia - China, Burma, Thailand, Malaysia and places that are known to be heavily involved in the manufacture of illicit drugs. It does not matter how many frigates, fighters, jets or divisions we put out in the field to search the northern end of Australia it will be impossible to search every container that comes into the ports of this nation.

Mr Osborne: Can't the dogs smell it?

Mr McGOWAN: The Australian Customs Service operates the sniffer dogs program, but that is not defence. Sniffer dogs are a good answer but we need a large number of dogs, because they can easily be thrown off the scent. People use various methods to do that. The dogs also get tired and lose their sense of smell after an hour. We need more of those resources. To throw in the Army, Navy and Air Force and say that the armed forces will stop drug trafficking if they are stationed off Bonaparte Gulf is not realistic.

Mr Johnson: Do you think they could help?

Mr McGOWAN: The facility is already available if the States want to use it.

Mr Johnson: Should it be used?

Mr McGOWAN: I participated in such a program. It will not solve the problem, and it is already available. If the Government wanted to utilise the armed forces it could. I will send the member a copy of the program. For the Government to throw in the armed forces as a panacea is disingenuous. It is a strange thing to do, because they are already available. We need to use the armed forces, and they will stop some of the trafficking. However, thousands of container ships come into our harbours every day and that is where we need to put more resources.

Mr Johnson: We are told that only three ships out of every hundred are inspected; that is deplorable.

Mr McGOWAN: It is disingenuous for the Government to throw around the armed forces as the panacea.

Mr Day: Is the member for Rockingham aware that the Bill is about hospital administration?

Mr McGOWAN: I brought up matters concerning health in my electorate, and I was given some latitude in view of what has happened recently.

I would like to see greater emphasis placed on drug education in primary schools. I understand that drug education is compulsory at some high schools. The problem has gone beyond that, and we need to start a drug awareness program in years 6 and 7. We have heard about the drug starter kits that are being peddled to our young people; we need to do something about that. We need to go into the schools and tell young kids about the dangers of using drugs. I also believe that we must be much more proactive in pointing out to parents, whether they live in Peppermint Grove or areas much less affluent, that these dangers are out there. It does not matter how good one's child is at school, how stable, loyal and devoted they are, they need to make only one mistake and they can end up as another statistic.

In my electorate we have a parenting information centre. I would like to see that organisation much more proactive around schools, talking to parents and filling them in on the warning signs. Sometimes there are none, and there is not much we can do about that. I would like the parenting centre informing parents about warning signs, because all parents need to be worried about this issue. Perhaps we can do something more effective about it. The central point in solving this problem is addressing it in childhood.

About 18 months ago in my electorate we had an incident involving chroming. I wrote to the then Minister for Health saying that young people under the age of 18 are able to purchase solvents, paints, petrol and so on, which they can inhale and which gives them a high along with brain damage. That is permitted under the law at the moment. I said that I think that is somewhat inconsistent because we do not permit people under that age to buy cigarettes and alcohol, which are much less damaging to their health than glue, petrol, solvents and paint. He wrote back saying that nothing could be done; the Government cannot outlaw the sale of these products to minors for a range of reasons. Although I have said that I support a heroin trial in the Australian Capital Territory, I do not think that that will involve people under the age of 18.

Mr Osborne interjected.

Mr McGOWAN: I am sure the member for Bunbury agrees; he is a sensible person.

I do not understand why they are able to go into a paint shop and buy something that will give them brain damage but they are outlawed from buying alcohol. I do not support their buying cigarettes and alcohol, but it seems very strange that they cannot buy those products but can buy something that will damage their mental capacity. That issue must be closely examined. As I said, I wrote to the minister 18 months ago and his response was that nothing could be done.

It is often stated that there is a great deal of boredom among younger people, and that has been said in particular about my electorate. I would like to see more entertainment opportunities. I recently spoke to the Minister for Youth about entertainment opportunities for that age group. Young people seem to be graduating from staying at home every night with mum and dad and perhaps going to the movies or playing sport after schools and at weekends at about 14 years of age. Between 14 and 17 is a real danger period. Some of these young people start thinking about being bored; I hear many complaints about boredom. We have a new skating park in Rockingham and hopefully that will assist. I want to see more emphasis placed on entertainment for these young people.

I heard the Premier of New South Wales talking about an initiative that reduced crime by 80 per cent in the New South Wales town of Moree. I have been to that town many times. It has particular social problems. Latest release free movies are screened at an outdoor venue and the crime rate on the free movie nights has dropped by 60 per cent to 80 per cent.

Mr Riebeling interjected.

Mr McGOWAN: It stayed that way all night. People seemed to be happy with their night's entertainment and went home.

That seems to be an easy solution. Obviously we cannot provide movies everywhere, but I would like to see greater emphasis placed on the provision of concerts, particularly in my electorate, perhaps one a fortnight. They cannot be provided every night, but a non-alcohol event on a regular basis might make a difference. We have blue light discos, but they are for younger people.

Page 4 of today's *The West Australian* refers to Rockingham's crime problem. It sets out the areas that have the highest crime rates in Perth, and indicates that Rockingham has a significant problem. I do not deny that. The crime rate is too high and I would like to see some solutions put in place. Our situation is thus: Rockingham has 43 police officers serving a city of 70 000 people. Some of those officers are in the courts, some are in schools and some are in administration. Our police station closes on many evenings. I see that as a major problem and I will keep bringing it to the Government's attention until it does something about it.

It is pleasing that Rockingham will get a new police station shortly. However, it is disappointing that, according to the response to a question I asked on notice a short while ago, that police station will have a complement of 41 police officers. There is no intention to increase the number of officers in that area, although increasing those numbers would make a difference to the crime problem. We need a dramatic increase of at least 25 officers. The member for Geraldton is sitting opposite me. The police station in his electorate has 97 police officers, the Kalgoorlie police station has over 100, and the Mandurah police station has 74 serving a population of 50 000. I am not complaining; those areas probably deserve that number of officers.

Mr Day interjected.

Mr McGOWAN: The provision of more police officers will do something to solve these problems.

The ACTING SPEAKER (Ms McHale): I remind members that we are dealing with the Hospitals and Health Services Amendment Bill.

MR RIEBELING (Burrup) [12.10 pm]: This Bill is about the appropriate allocation of resources within the health system. The minister intends to comment on the statements of the member for Rockingham about the appropriateness of the heroin trial in the eastern States. I am not a prohibitionist with drugs. The trials proposed by the New South Wales Government are a step in the right direction. It is unfortunate that one conservative Chief Minister and a conservative Premier are also leading the way with drug reform. I applaud their approach. I hope that one day the leader of this State may follow that example - although I will not hold my breath waiting.

This reallocation of resources relates to a change in the make up of the Metropolitan Health Service Board. I understand that its membership will reduce from 20 to 11 members. I am concerned that we increasingly see the removal of community input and greater control assumed by bureaucrats of our health system. I hope the minister listens carefully as it is in his interest to take control of what is happening in his ministry, and to ensure that he stamps his authority on any changes, such as with this legislation.

Resources should be reallocated from these changes into a vital service, especially for the north of the State; namely, the patient assisted travel scheme. The minister recently wrote to me about the provision of orthodontic services. The minister may recall the letter he sent to me on 23 February of this year in which he outlined yet another change driven by bureaucrats, and certainly not by a political movement or public support. Does the minister recall the letter?

Mr Day: In general terms, yes.

Mr RIEBELING: I pass over a copy of the letter to the minister.

The minister said that orthodontic services do not fall within the schedule of authorised treatment under PATS. A new and worrying aspect to people in my electorate is outlined in the second paragraph of the letter as follows -

. . . resources for schemes such as PATS are limited and are allocated to persons who require urgent defined specialist care . . .

The new definition, which has sprung from nowhere, is of great concern to me and members of the Western Australian regional communities. Never before has "urgent" been a PATS qualification definition. I am convinced that a bureaucrat in the minister's department has decided that this is a neat way to package PATS for the member for Burrup. However, "urgent" and "defined" are of great concern. The scheme should not be only for urgent specialist treatment. It has never been the case in the past, and nor should it be now. More services should be provided and "urgent" should not apply in defining access to the scheme. If the State, under the minister's control, does not provide a service, PATS takes people to the service. That has always been the premise of the system. Progressively, we find that the minister's department is applying more rules to restrict access to the scheme. This new terminology massively restricts people's access to PATS. I would be happy if the minister responds that this was an error, and that the "urgent" requirement does not apply; that is, that it is still a transport system to take people to specialist care when specialist care is not available in the regions. I will be happy to make that correct in the local Press so people know that this apparent new structure does not apply.

The third last paragraph of the letter from the minister also causes concern as he suggests that the extension of the service to orthodontic care has merit; however, it will not be extended. If the minister has control over PATS - which he has - he is stating to me, "You're dead right. Orthodontic services should have this cover. However, we don't have enough money and cannot do it." That does not solve the problem. I am not an orthodontic specialist; no doubt, nor is the minister. The minister gives his reasons in the letter for not including orthodontic services under PATS. First, he said this treatment is not urgent. That aspect was irrelevant in the past, although urgent cases occasionally received a ministerial prod. Second, the minister stated that it will not hurt the patient if he or she waits until later in life to receive that orthodontic care. Is that the message the minister wishes to deliver to parents in the Pilbara? Is he saying that a child with a major orthodontic problem requiring a service - despite admitting it should be part of PATS - should wait until later in life when that person happens to be in the metropolitan area for a year or so as an adult?

If the minister believes the content the letter is acceptable to anyone apart from the bureaucrat who assisted in its writing, I am afraid he has lost touch with what is happening in the bush. People think that PATS should be like the old isolated patients travel and accommodation assistance scheme, which was much freer; that is, if a service is not available, the service should be provided. This further restriction of PATS follows the removal of \$1.5m from the scheme when the member for Riverton was the Minister for Health. We were promised that the \$1.5m would be directed to new specialist services, but that never happened. The \$1.5m was taken from the system by changing the rules by which people can access PATS. In country areas of Western Australia this system is not abused, as the previous minister stated; it is appreciated. If the minister changes the content of this letter, I will make sure he gets credit for that. However, the contents of this letter are unacceptable to people in regional Western Australia. I hope the minister has sufficient time in this debate to answer this query regarding allocation of resources for the delivery of our health service.

Mr Day: Is the member suggesting that anybody in the Pilbara region who needs orthodontic treatment should be given patient assisted travel scheme funding to receive that?

Mr RIEBELING: Yes.

Mr Day: Will you give me your plan for funding?

Mr RIEBELING: Hon John Day is the minister.

Mr Day: I want you to tell me how it should be funded.

Mr RIEBELING: I take up that point and ask the minister how he will decide which children will not receive orthodontic services. The minister should tell me why the Health Department should not fund it. The Minister for Health's job is to provide, as far as possible, an equal standard of service to every Western Australian. Is that not his charter?

Mr Day: Obviously judgments need to be made. There is always huge pressure on the amount of funds available, and treatment is provided in more urgent cases.

Mr RIEBELING: And in remote communities; we all agree with that.

Mr Day: Including remote communities, I agree. That is why the Government is putting resources into those services to ensure that they are provided in remote communities, including the Pilbara region.

Mr RIEBELING: If there were orthodontic services in the Pilbara, we would not be having this argument. The Government has failed to provide that service in the Pilbara.

Mr Day: An orthodontist used to visit Karratha. Is that still the case?

Mr RIEBELING: People involved in orthodontic services, as well as a number of other services, visit Karratha. That does not necessarily mean that treatment is provided during those consultations, because the equipment is not available.

Mr Day: Does an orthodontist visit Karratha now?

Mr RIEBELING: I think so, as does a hearing specialist.

Mr Day: Therefore, is orthodontic treatment available in Karratha?

Mr RIEBELING: No.

Mr Day: You are telling me that an orthodontist goes to Karratha, looks at a patient, but does not provide any treatment.

Mr RIEBELING: No. He suggests what treatment is available. A journey to Perth is then required for the fitting of braces or whatever is required.

Mr Day: I have some knowledge of dentistry. I cannot see any reason that orthodontic treatment could not be provided in Karratha.

Mr RIEBELING: That will be good news to the many people who approach my office and tell me the same story; that is, that orthodontic services are not available. I will be able to write to them and say that the Minister for Health said that the service is available. They can write to him, and he can tell them who provides it. That would be a great solution to the problem. However, that is not the case.

Mr Day: I will obtain specific information.

Mr RIEBELING: I inform the minister that that is not the case. Another service that should be provided is the fitting of hearing aids for young children. I have raised this matter previously. I do not know if Hon John Day was the minister at the time. Under this system, young children are identified as having hearing deficiencies, but they cannot gain access to PATS to have the hearing aids fitted because the bureaucrats have written a rule that it must be done by a medical specialist. Apparently the people who fit the hearing aids are specialists, but they are not medical specialists. Therefore, the parents who want their children to be able to hear on day one of school are unable to achieve this. The children are tested in the Pilbara and the parents are told that their child has hearing difficulties. However, when it comes to the Government putting its hand into its pocket to enable a small child to be fitted with a hearing aid, that cannot be done because it is not serious enough and the person is not a medical specialist. If that is fair and reasonable, the minister and I are on different planets.

Last year, a young child from Tom Price and another child from Paraburdoo were required to travel to Perth to have a large number of teeth extracted. Their conditions could have been life threatening if the problems had not been rectified. In that case, those children were refused access to PATS. When the children returned, the doctor informed the parents that it was a life-threatening situation and it was fortunate the surgery was carried out at that time. The PATS clerk was told about that. He said that if their conditions had deteriorated, they would have received PATS. Running the PATS system in that way would not be accepted in the metropolitan area.

Mr Day: Was it referred to the general manager of the health service?

Mr RIEBELING: Yes. After we received that information, I tried to obtain a refund for these people. I do not know whether Hon John Day was the minister at the time. How long has he been the Minister for Health?

Mr Day: Since 28 July 1998.

Mr RIEBELING: It might have been before then, but it was around that time. I could not get this through the minister's office. I was amazed that a five-year-old child could not gain access to urgent dental surgery because his condition was not serious enough. This is what country people are facing on a day-to-day basis. People are leaving Tom Price, Paraburdoo and Pannawonica of their own volition because of health matters. Education is apparently the major reason, followed by health, including the poor PATS. PATS works efficiently when it responds to the needs of the individual. However, when country people are ill and they think that the only specialist who can help is in Perth, they are told that the list does not include that.

In the next week or so the minister will receive a letter from me on an educational matter which has a health side to it. I do not know whether the Health Department or the Education Department will provide the solution. A number of children have been identified as suffering from some syndrome whereby different coloured lenses enable them to read. I had never heard about that. I now have booklets on the subject. Apparently the lenses work. A dispute has arisen with the Education Department. It says that because it concerns eyesight it is a health matter, not an education matter. In the metropolitan area, if a child had that problem, it would take only a 10-minute drive to the surgery and it would be rectified. In the country, people are 1 000 miles from the centre that assesses the children and rectifies the problem. The children stay for about three days in the centre. I am aware that it costs money. However, a great deal of money comes from the Pilbara to the metropolitan area. Without the input of that massive amount of money that flows to the metropolitan area, changes such as those with which we are dealing in this legislation would not be considered. I hope the minister has enough resources here to answer the queries I have raised on behalf of the people of my area.

DR TURNBULL (Collie) [12.28 pm]: I commend the minister on producing the Bill. It is important to the Metropolitan Health Service Board. It also contains some issues which are of importance to other hospital and district boards throughout Western Australia. One of the most important matters that this Bill addresses is the liability of hospital board members. Currently this liability is open-ended, and many people in country areas particularly are concerned about the liability they could be subject to when they agree to be voluntary members of the local hospital board.

This Bill addresses the issue of protection for people who are members of boards and it is a step in the right direction. Volunteers will know of their potential liability when they take a position on a hospital board. The people in country areas of Western Australia who volunteer to be members of hospital boards are providing an enormous service to their local area and to the State. They carry out their work in a voluntary capacity. Because in the past only certain places in country areas had hospital boards - the concept of hospital boards has now spread to almost all areas in the country - most people did not realise what an enormous service the board members provided. They had been in a position in which, theoretically, they were liable individually for the decisions made by the hospital boards. This Bill is very important, in that it is developing

a system in which people who volunteer to serve on these boards have more assurance that they are supported and that they will not be individually responsible for the liabilities that may accrue to these hospital boards.

My second point is about the concept of hospital boards. The Metropolitan Health Service Board is a very large organisation, but it was not created by a parliamentary Act. However, each of the country hospital boards comes under the Health Act. A problem has developed - I have spoken about it many times in this Parliament - with regard to the attempt to improve the economies of scale for hospital boards in country areas by a number of boards getting together to form a district board. In some areas those places that did not originally have hospital boards joined together to form district boards. There are a number of examples; one is at Albany and others are in the north west of the State. They have all the statutory responsibility and legal support that the Act provides. However, in other areas a different arrangement has evolved whereby a number of local boards together form a district council. Ever since this Government came to office and started to institute this small district-wide administrative and management structure, a problem has arisen with the legality of district councils.

Previous Ministers for Health have tried to deal with this, and the current minister has received a report from the country hospital boards working group. The working group set out two ways in which to operate; that is, either as a district board or as a district council. The minister circulated information to all areas and said they must make a decision about whether they would be part of a district board or a district council. A number of areas have elected to be part of district councils which cover a number of local boards. The Wellington health district - the area in which I interact with many hospitals and which I represent - has elected to be part of a district council.

I must advise the minister and the House that there are still legal problems with district councils. The Wellington district council is still negotiating with the legal section of the Health Department on these issues. I do not think this problem with the management of district councils will be sorted out until some legal backing is provided for them. I will not go into the details at this point, but I am flagging to the Parliament that district councils still need a legal framework and that issue must be worked through. I am sure the Health Department and the Minister for Health will give those districts that elect to form councils some backing, because that was indicated in the minister's letter. However, I feel the legalities must be sorted out at some stage. It is difficult for a district council to carry on working on the goodwill of people presently in the system to ensure that it functions. Many councils function very well, and often the law is needed only when things go wrong. The problem is that occasionally things go wrong and when this happens there will be a problem because the district councils do not have any legal backing. I could speak for much longer on this issue, but I feel I have covered the basic points I wanted to make to the Parliament.

MR GRAHAM (Pilbara) [12.37 pm]: I am generally of the view that centralist measures should be opposed by Parliament when they are introduced, and this is one of them. It centralises power in the health services in a very unhealthy way. The concentration of health services in the metropolitan area of Western Australia is quite alarming. As one who represents a remote area electorate - I am sure most of my colleagues from non-metropolitan and outer metropolitan seats will agree - I have observed that the closer one gets to the centre of Perth, the better the health services. That is true in the provision of almost every level of health service. It is frightening and it must be arrested and turned around.

In the federal arena the following approximate figures are available: North west residents in the State of Western Australia receive \$67 a head from federal Medicare funding, and residents of other places, particularly the metropolitan area, receive \$283 a head of federal Medicare funding. That level far exceeds the State's commitment in those regions. I will explain a number of reasons that I have great difficulty with what is and has been happening for many years in the Health area. The problem generally is that the health of non-metropolitan residents is significantly worse than that of their city counterparts. In nearly every measurable health outcome, country residents are worse off than their city counterparts. That was never made clearer -

Mr Bloffwitch: It relates to the lifestyle.

Mr GRAHAM: The member for Geraldton is wrong. After he has heard the statistics, he can stand and make an argument. There is no evidence to support his point of view, other than the fact that he is a very wealthy resident of Geraldton so his lifestyle is not the norm.

I turn now to the 1998-99 Australian Institute of Health and Welfare report on rural and remote health, which is a recent federal report, not a government report, about the health industry. That document states -

As well as the differences in the models of care, there are clear differences in the health status of people living in rural and remote Australia. These are demonstrated by the consistently higher levels of mortality, disease incidence and hospitalisation, and health risk factors experienced in rural and remote areas.

Therefore, it is not open to people to say that poor health care is compensated for by things such as lifestyle. I will outline some of the rates mentioned in that report, bearing in mind that it is a national study. The rate of homicide and injury purposefully inflicted by other people in 1995-96 was 1.4 per 1 000 population in capital cities, and in rural areas was 2.1 per 1 000 population in large centres and 2.0 per 1 000 population in small centres. In the remote areas of Australia, that

rate increased to 6.3 per 1 000 population in the major centres and to 7.6 per 1 000 population in the other centres and communities. I suspect that homicide and injury is the type of issue that the member for Geraldton would put under lifestyle. The rate of homicide and injury in a large country centre such as Geraldton is roughly double the rate in the metropolitan area.

The death rate for stroke for males per 100 000 population is 67.9 in capital cities and 77.4 in remote centres. The death rate per 100 000 population for coronary heart disease, which has been a point of some discussion between the Minister for Aboriginal Affairs and me, in capital cities is 205 for males and 113 for females, and in remote areas is 237 for males and 135.6 for females. That would also be one of the lifestyle factors that the member for Geraldton said country people enjoy: They die at a rate significantly higher than that of their city counterparts. These are not statistics that I have randomly selected to prove a case but are statistics that appear in this national report, to which I am happy to refer the minister.

The death rate for asthma per 100 000 population age between 5-64 in capital cities is 1.4 for males and 1.5 for females, and in remote areas is 2.4 for males and 3.4 for females - double the city rate. The death rate for diabetes for males per 100 000 population is 16.8 in capital cities and 30.4 in remote centres - just under double the city rate. The death rate for diabetes for females per 100 000 population is 11.5 in capital cities and 24 in remote centres - just over double the city rate. The death rate per 100,000 population for all types of cancers for males is 233 in capital cities and 260 in remote centres; and for females is 139.4 in capital cities and 155.8 in remote centres. The report makes it clear that the cancer rate is lower in remote centres than in capital cities, but that people in remote centres who are diagnosed with cancer are more likely to die from it than are their city colleagues.

Those are the national figures. The minister could well say to me that Western Australia does not conform with the national figures and trends, and I would agree with him, because our rates are worse than the national figures. A state government position paper entitled "Norhealth 2020" cites the death rates for selected conditions in the north west of the State. The death rate in the north west of the State for renal failure is over four times the state rate, for respiratory diseases is 2.5 times the state rate, for pregnancy and newborn babies is 1.75 times the state rate, for injury and poisoning is just under two times the state rate, for cardiovascular disease is 1.5 times the state rate, and for mental health is over two times the state rate. The death rate for diabetes is a frightening over five times the state rate. I say pointedly to the member for Geraldton that any person who can say that health matters in remote and rural areas of Western Australia are compensated for by lifestyle is talking garbage. There is absolutely no evidence to support that throwaway line; and I hope that is what it was.

It is easy for members to say there is a problem; and the Government could legitimately say that to me. My job as a local member of Parliament is to try to convince the Government that a problem exists and to find a solution to it. I do not need to convince the Government that a problem exists in non-metropolitan Western Australia, because I am sure the minister is aware of the official state government submission to the federal Grants Commission, which contains a chapter that accurately defines the health problems in remote and rural Western Australia. In that submission, the Pilbara, the Kimberley and the goldfields are numbers 1, 2 or 3 in nearly every category of disease that can be prevented by the State's applying some money and good preventive procedures to these diseases. People in the Pilbara, the Kimberley and the goldfields drink and smoke more than do people in any other identifiable area of the nation. For the best part of a decade the Health Department has identified that those in the Pilbara, the Kimberley and the goldfields eat less fruit and vegetables than that required to provide people with a balanced diet. In terms of fat intake - I am a glowing example of that - those three areas are well over the averages for the State and the nation. It is quite extraordinary that in 1990 the Health Department accurately defined those as the key and leading actions that could be taken to reduce the cost of health in the north west. At the same time as innovative funded programs have been put in place around the State and the nation to reduce those problems in the metropolitan areas, funding has fallen in the areas of most need.

[Leave granted for speech to be continued at a later stage.]

Debate thus adjourned.

[Continued on page 6419.]

POLICE OFFICERS - GERALDTON

Statement by Member for Geraldton

MR BLOFFWITCH (Geraldton) [12.51 pm]: I urge the Government in its budget reviews to find an extra \$5m or \$6m for the Police Force of the mid-west. I would like the industrial relations practice in this area to be changed from a 38-hour working week to a 44-hour working week. Members on the other side may say that that is far too many; however, all the northern parts of Australia operate on 44-hour working weeks. If we went to this manning level, the normal shift would comprise an extra six people. The available 100 officers working 44 hours a week would make an enormous difference to the workload. In Geraldton, the police service is undermanned, although that is not reflected in its establishment of 130. To accommodate the commitments for sick leave and annual leave, a shift comprising 10 officers can end up being reduced to only four. Many of the problems associated with appropriate staff levels, having regard to the commitments for leave,

can be overcome by officers working a 44-hour week. It will cost the Government more money, but it is a positive step in the right direction. I have spoken to the relevant union, which has advised me that it is in favour of this change. I urge the Government to implement this change.

ACTION ON BREAST CANCER

Statement by Member for Perth

MS WARNOCK (Perth) [12.53 pm]: This morning a small group of women calling itself "Action on Breast Cancer" demonstrated outside a building in Hill Street in Perth to make the point that there is a valuable psychological service for breast cancer patients and their families, which this group believes should be better funded and supported by the Government. This vital service for the hundreds of women affected by breast cancer has only short-term funding and the Government must ensure that the contract position for the full-time counsellor attached to the clinical psychology service is extended to 12 months. It is completely unacceptable to have someone, who is a vital link for women suffering from stress and trauma because of breast cancer, funded in that position for only three months, clinging on by the fingernails, as it were.

This has been a very successful and useful psychological safety net for the women badly affected by this all-too-common cancer. I would hate to see this service disappear because of funding uncertainty. It is essential that the 700 to 800 Western Australian women diagnosed with breast cancer every year are, at least, offered support at this very vulnerable time in their lives. This counselling position must continue. It must have funding certainty. Women with breast cancer must know they will not be left in the lurch by the Government at this very difficult time.

BUNBURY AIRPORT

Statement by Member for Mitchell

MR BARRON-SULLIVAN (Mitchell) [12.55 pm]: I regret to inform this Parliament that an extraordinary sequence of events is unfolding in Bunbury following the announcement that Bunbury airport has been chosen as the venue for a pilot grading service for the Singaporean air force.

A local city councillor, suspecting there was more to this matter than the public had been told, obtained and distributed internal council documents to his council colleagues. Incredibly, his actions have been referred by council's most senior officer to an independent investigative body. Interestingly, I have received copies of documents which clearly are from an internal council file. These confirm that for several months the chief executive officer and the chairman of the council's airport management committee have been involved in another proposal which would have devastating effects on residents in Gelorup and Bunbury, especially those in College Grove. It is high time residents were given all the facts, and the cloak of secrecy surrounding this matter lifted. This has been a monumental cover-up and those responsible have a lot of explaining to do. As the local member of Parliament, I will support any decision by the families living in the areas affected by the proposals; however, all I want is to ensure that residents are given the facts of the matter so they can make up their minds on this very important issue.

KALGOORLIE PRIMARY SCHOOL PLAYING AREA

Statement by Member for Kalgoorlie

MS ANWYL (Kalgoorlie) [12.56 pm]: I am pleased to advise that a matter I have raised several times has now been fixed by the actions of a group of interested parents; that is, the grassing of the playing area at the oldest primary school in Kalgoorlie-Boulder. After years of lobbying this Government, no money was forthcoming. To provide a grassed playing area for children at the Kalgoorlie Primary School, residents, parents, teachers, children and many other interested community groups have banded together and, with the help of about 40 sponsors, some grass has finally been planted on this primary school oval. Although that is a very positive initiative, once again I extend an invitation to the Minister for Education to travel to my electorate to look at the condition of a variety of schools in Kalgoorlie-Boulder, many of which have substandard facilities and are suffering from overcrowding. Although two primary schools have been built under the initiatives of the previous Labor Government, it is clear that with the increasing number of primary school children more forward planning, more infrastructure, more classrooms and more recreation facilities must be made available to the children of Kalgoorlie-Boulder. I applaud members of the community of Kalgoorlie Primary School for having taken it upon themselves to provide this grassed area.

CORRINNE ROGERS

Statement by Member for Carine

MRS HODSON-THOMAS (Carine) [12.57 pm]: I wish to acknowledge a very special young person today, particularly given that we recently celebrated the centenary of women's suffrage. This young person embodies and typifies the abilities all young people have if they believe in themselves and seize their opportunities. This young person is a fine, upstanding citizen, a credit to her peers and a leader for young women to aspire to. Her name is Corrinne Rogers.

Corrinne enlisted in the Carine cadet unit in August 1995 at the age of 14 years. She has gone about all her training with vigour, discipline and dedication. She is deeply committed to the cadet unit, so much so, that she undertook courses to prepare her for future promotion. Her capacity and motivation has, indeed, seen her role change from being in charge of nine cadets, to becoming platoon sergeant, to company sergeant major, to cadet regimental sergeant major. Corrinne has not only shown commitment to the cadet unit, but has also given time to the Red Cross doorknock appeal and has supported Telethon. In January 1999, Corrinne attended the cadet under-officer promotional courses at Leeuwin barracks. During this course she was interviewed and promoted to the rank of regimental sergeant major - the only rank of its kind within the corps in Western Australia. At age 17 years, Corrinne is indeed a great role model and a young person to be admired.

HILTON POLICE STATION

Statement by Member for Willagee

MR CARPENTER (Willagee) [12.58 pm]: Last year, the only police station in my electorate, the Hilton Police Station, was closed, despite personal assurances given to me by the police senior hierarchy and the Minister for Police in this House that there were no such plans. The closure was justified on the basis that the Murdoch Police Station would provide better policing for the district. It soon became obvious that would not be the case. Murdoch Police Station had about 22 officers covering 21 suburbs, the crime rates in the area which I represent went up and the response times went down dramatically. Local people in the area complained bitterly about it, and petitions have been presented to this Parliament.

Now it has been revealed that the Murdoch Police Station is considered by the police operational people to be unable to cover the operational district because it is too big, and a reorganisation has taken place. Coolbellup, previously covered by the Hilton Police Station and then the Murdoch Police Station, is now covered by the Palmyra Police Station, and the suburb of Hilton is covered from Fremantle. Apart from the blatant dishonesty perpetrated on the people in the area, the net result is that the police capacity to control the area has diminished considerably, crime rates have gone up and the citizens I represent have been betrayed by both the Government and the police hierarchy. It is a great shame that this has been allowed to happen in an area such as mine, which desperately requires increased services.

Sitting suspended from 1.00 to 2.00 pm

[Questions without notice taken.]

HOSPITAL AND HEALTH SERVICES AMENDMENT BILL

Second Reading

Resumed from an earlier stage of the sitting.

MR GRAHAM (Pilbara) [2.42 pm]: Earlier I put what I thought was a convincing and authoritative case to demonstrate to the Government that the health of non-metropolitan Western Australians is not only starting from a lower base than their city counterparts, but also it is deteriorating quicker. In the key areas of quality nutrition, alcohol intake and smoking rates, the Pilbara, Kimberley and the goldfields were either one, two or three in nearly every associated health issue within those three major areas. Ironically, in the 10 years since that phenomenon had been accurately identified by the Health Department, the amount of funding on preventive measures by a range of authorities, not only the Health Department, has plummeted. I make this point about smoking: The Pilbara region of the State is but 3 per cent of the State's population yet receives only 0.03 per cent of Healthway funding. That is notwithstanding that the smoking problem in that area is out of proportion in terms of the population base in the region. More people smoke in the Pilbara, more women smoke in the Pilbara, and they start smoking younger and smoke longer, yet the body that is charged with running the preventive message in that region spends less of its money in that region than it does in any other identifiable region in the State. It also has no presence outside the capital city. Even if people have by some mechanism become aware that Healthway funds measures, there is nowhere for them to go and talk, no-one for them to see, and no-one for them to sit down with and discuss how to put in a submission. I raise that as a relatively minor point in the overall scheme of things with matters of health.

The Government to some degree shares my concern over the health issues in the north west. I am aware of that concern, because the previous Minister for Health informed me of that in a discussion we had some time ago when he became Minister for Health. He commissioned an organisation called Norhealth 2020 to establish a plan for the north west region and to accurately identify the health problems in the region. To some extent I drew on its statistics and put in place a plan that would deliver some desirable health outcomes into the region. The Government will announce in the not too distant future that it will release the plan and the details and hopefully allocate the budget to it.

The Norhealth plan confirmed the view that I put in here previously that the north west is experiencing major difficulties in health. It established nine issues that it considered caused 60 per cent of the health problems in the north west. Those nine key issues in the north west of the State are maternal, foetal and child health; diabetes and renal disease; respiratory disease; cardiovascular disease; oral health; injury, poisons, and mental health; alcohol, tobacco and drug abuse;

communicable diseases and aged care. It also said that those nine issues caused 60 per cent of the preventable diseases. Without going over it all again - I do not intend to do that - there can be no doubt that the general health of the remote regions of Western Australia is worse than its city counterparts by any measure. I say by any measure because I have now drawn on federal government figures, state government figures, a non-government state organisation and a non-government federal organisation to establish the problem.

In 1990-91, the previous Labor Government put together a health plan for the Pilbara. I am not being ungenerous to the Norhealth 2020 people because they have done a good job, but it is an indictment of the Health Department of Western Australia that when Norhealth 2020 started, it was unaware that a regional plan had ever been done in the Pilbara. It is an indictment on a billion dollar department that one of the major regions in this State had conducted planning and carried out competent planning yet the Health Department was not aware of it. I can say that with great confidence that it was not aware of it because I provided it with a copy in the middle of last year and it was the first time that the principals in the Health Department had seen it. There is a point in issue in that about corporate knowledge; about how one moves corporate knowledge on and loses the collective knowledge of an organisation.

It is curious that the 1990-91 strategic health plan for the region was jettisoned by the incoming Court Government and the then Minister for Health, Hon Peter Foss, who members will recall introduced a health plan into the north west which became known as the purchaser-provider model. In my nearly one-quarter of a century in the north west, I cannot think of any other initiative that contributed nearly single-handedly to the destruction of what was a very under-resourced but adequate Health Department, with the possible exception of the subsequent changes made by the member for Riverton when Minister for Health.

I believe that all of the things that I have said to date about health are indisputable and that it is not open to people to say that I have interpreted the facts wrongly. I have quoted from four competent sources, and the Government has agreed with the view that I have put forward on health in the north west, because it has put the same view in its submissions to the Federal Government and has sought additional funding based on the problems that exist in the north west. The problem that I have put has been predominantly the white community's problem. Every authority that has ever looked at health in outback Australia has arrived at the view that while the general picture for the remote areas of the nation is bad, the picture in remote Aboriginal communities is infinitely worse. I will not go through all the statistics, but they are available, and they demonstrate clearly that the health problems in remote Aboriginal communities are infinitely worse than those experienced in the major centres in remote areas, and those remote area major centres are the worst identifiable areas in the nation. They start at or below third world conditions.

The question is: What can we do about it? I do not intend to steal the Government's thunder on the Norhealth plan; I am sure it will announce that in time, and there will be arguments about how well it has done it, how it will fund it and how it will prioritise it. However, I have a major concern about that plan. It has a flaw and an impediment. I have spoken in this House on numerous occasions about the application of technology in the field of medicine by way of video-conferencing, telehealth and telemedicine initiatives. Western Australia is the State in the nation that has the most to benefit from the application of those technologies. Unfortunately, the people and the organisations who are challenged by the application of those technologies are currently the people and organisations whose job it is to plan and implement those technologies. The Health Department had in its midst a very good organisation that was headed by Dr Jan Marshall and had a chap by the name of Jumbo Jordan and some other people. It did some wonderful planning on telehealth, albeit again starting from a very low base. It put forward a plan internally in the Health Department and sought some funding from the Commonwealth Government's regional telecommunications infrastructure fund. I wrote a letter to the Federal Minister to support that organisation's request for funding, and I am happy to say that it was successful in receiving that funding.

The technology that people are seeking to introduce may be new to Western Australia, but it is not new to the world. The things that two years ago the Health Department people were telling me could not work I have seen work in waiting rooms in Canada, with medical practitioners, nurse practitioners and Aboriginal people. I have watched while the nurse practitioner treated a patient with the aid of a competent, qualified doctor who was 1 000 miles away in Edmonton or Toronto, yet the Health Department of Western Australia is still telling me no such thing is possible. We currently have no such application in Western Australia. It is quite ironic that one of Telstra's advertisements on television is of a live ultrasound examination where the patient is miles away from the doctor, yet to the best of my knowledge the Health Department of West Australia is saying it cannot work in Western Australia. It will work in Western Australia, the same as it works in almost every country in the world.

There are a lot of vested interests in ensuring that it does not work. I was about to be unfair and say that most of the opponents to telehealth and to improving communications reside in the Health Department. That is no longer correct. They now reside in the Office of Information and Communications.

Mr Day: I am pleased you did not say they are residing in the Health Department, because it is putting a lot of work into that sort of program.

Mr GRAHAM: I am happy the minister has made that interjection. Work is being done, but the work is not in applications

but in reinventing the wheel. The technology that is available can be bought off the shelf. Ten years ago a little component to deal with it used to cost \$2.5m. It now costs \$85 000. The previous Minister for Health said we cannot do it because we do not have optic fibre cable. That is a nonsense. The Canadians do it over the telephone lines, and even over outback unreliable telephone lines. The chap in the south west to whom the Health Department said it would not work is now transmitting X-rays over a mobile phone via a laptop computer. When I saw him 18 months ago, the Health Department was still saying that system could not work. It now contracts to him!

The Health Department is a large organisation, and it needs to pull its finger out and get on with implementing this technology, not planning it. In my view, the move by the Government to take the communications unit headed by Jan Marshall and its funding out of the Health Department and put it into the Office of Information and Communications is a retrograde step that has, if it has done nothing else, put a year's delay into the process while those people get up to speed with what the Health Department was doing a year ago. I am sure the minister in responding will tell me all the good things that the Health Department has been doing, because that is what ministers do, and I will accept everything that the minister says because I am a caring person and do not want to see him get stressed, but I must say to the minister, as I said to the minister's predecessor: If the minister does not understand telehealth and telemedicine and the implications for outback Western Australia and if he does not personally drive it, we will still be sitting here in 10 years talking about pilot studies. Either the current minister or the former minister received a load of submissions about starting pilot studies. The Federal Government, which is not the most progressive Government in the western world, has already met and said there is no need for any more pilot studies; it works; stop the pilot studies and implement it. The minister also needs to take on this task personally. The worldwide experience is that unless someone in the minister's position takes it on and drives it, it will not work. It should not be in the Office of Information and Communications; it should be back in the Health Department where it belongs. The minister should have a brawl in Cabinet and take it back, and take personal responsibility for implementing it. He may well go down in history as the bloke who did something about turning around the health services in the remote areas of the State. If the minister does not do that and that technology is not implemented, we will have this debate for the rest of our lives. More of the same will produce more of the same.

MR MARSHALL (Dawesville - Parliamentary Secretary) [3.00 pm]: The member for Pilbara is probably correct when he says that the Minister for Health will tell us about all the good things that have happened in health services. It is the job of the members of the other side to do just the opposite - to oppose. It is also their job to endeavour to negate. A philosophy of sports science says that the rehabilitation of an athlete's performance is based on praise. If athletes are told how well they are doing, they will perform well. The same applies in the health services area. If people hear only negatives - of which some of them are inventive - they will forget the absolutely magnificent professional service done by the health services of Western Australia. At the moment, our health services are acclaimed as the best in the whole of the continent.

I have listened to the negatives that have been put forward and had enough, so here is a good story. I will tell members of an incident in which I was involved two weeks ago. My wife and I were out on a launch in the Peel Inlet in my electorate, swimming with the dolphins. It was a magnificent afternoon. Unfortunately, during the latter part of day my wife was descending into the water on the ladder, loaded up with flippers and a snorkel, to swim with the dolphins. Her finger was caught where the steps join the launch and part of her finger was severed. She passed out in the water. Those on the launch did not know what was happening. We dived in and brought her back on board. Half of her ring finger was gone; it was not a very nice sight. My wife was very brave and I suppose in a state of shock. Thank goodness for mobile phones.

We were 20 minutes from shore and rang the emergency hospital in Mandurah and were immediately told what to do. I know some members in this House are doctors who will know that the right thing to do in these cases is to keep the injured hand raised, pack ice around the injury and bind it in a towel, and to keep the patient warm. We asked whether a doctor would be waiting for my wife when we got ashore, and were told there would be. As a caring and loving husband I got a bit emotional, too. In the car on the way to the hospital I realised our family doctor's surgery had moved to a part of the health campus. I wondered why I was going to the emergency hospital when our doctor could see my wife. I then rang the doctor, who sprang to the ready. I also rang the hospital to thank it for the service that had been offered and to say that as we were only 20 minutes from home, we would go to our own doctor, which we did. Medication and pain-preventive needles were administered to my wife, and the wound was cleaned. The doctor went off to telephone to make the appropriate arrangements for my wife to be admitted to hospital. He told me that he would be back in a moment and that I should go home and get some clothes for my wife's overnight stay in hospital. He said that when I returned, he would be able to tell us to which hospital she could be admitted at which a hand surgeon was on duty. It took 15 minutes at the surgery and a further 10 minutes before we were under way to the Murdoch hospital.

There are so many good stories about these sorts of things in the community, which most of us do not hear. I am relating to the House first-hand information. My wife and I arrived at Murdoch hospital 40 minutes later. While filling in the admittance form, a call came over the public address system calling for Mrs Marshall to go to the operating theatre urgently because the surgeon was waiting. The admitting nurse - God bless her - said, "To heck will all this paperwork; go straight down to the operating theatre." I wheeled my wife to the theatre where the surgeon looked at the wound. He told me that he could not save the finger because, unfortunately, the severed tip was still in the Peel Inlet. The anaesthetist came along

to ask what my wife had eaten during that day. These health professionals were wonderful people. They told me to go upstairs and that in an hour and a half my wife would be recovering after the operation. I have nothing but praise for the professionalism of those involved in the health services. First, I praise the emergency hospital in Mandurah, and then the way everything was linked up by telephone. There was no hesitation - no waiting. The next day my wife was on her way home to recuperate - minus part of her finger.

I have listened to the debate and have not heard many good things coming out of it; however, there are plenty of good news stories in this area. One day one opposition member might say something complimentary about the health services, which I believe are good. Those opposite may have to stutter, stammer and choke to do it; however, I know some very honourable people on the other side know the difference between good and bad and that a lot of good things are happening in our health services. We have some of the most professional and caring people in the hospital services. Members in this place are in an age bracket where it is most unlikely that they will become sick; but some may become pregnant! People tend to forget the services the hospitals provide unless they have children or elderly parents.

There is an old cliché that people who spend any time in hospital fall in love with their nurse; however, that is just another way of saying how wonderfully the nurses treat the patients. On most occasions when patients leave the hospital, they say they will do wonderful things for the nurses who took care of them. Sometimes they send them flowers to thank them; however, it is not uncommon that a short time later, the patients do not even remember the names of those nurses. People have taken the health service for granted. When people utter negative comments all the time, they become very negative in their thoughts. It is very easy to take the good things in life for granted.

As the member for Dawesville, I am proud of the fact that for eight years - the member for Mandurah joined me in the endeavour - I fought to get a hospital in Mandurah. While we were getting the new hospital on the agenda, a gentleman chaired an action group which fought tooth and nail to oppose the hospital. Admittedly, it was only a little 30-bed hospital and there were only 42 000 people in the electorate. The wisdom of the former Government said that would be suitable for this community as we approached the next millennium. It was wrong; it was negative; it did not see the big picture. When we advertised that we would have a 130-bed hospital, those opposite said that could not be done and asked where the money would come from, how it would be serviced, and whether there would be a need for a larger hospital. I will tell members of the need for the 110-public bed and 20-private bed hospital at the Peel Health Campus. It has been open for only four months. Last week one of my friends took a parent to that hospital for an overnight stay, and found that it was booked out. This is the 130-bed, cannot-do hospital in the electorate for which the previous Government said a 30-bed hospital would be enough. That showed no imagination and no foresight. Members opposite will be pleased to know there are four vacant beds at the moment; however, tomorrow, after the scheduled surgery, the hospital will be full again.

I am extremely proud of the current services in Mandurah thanks to this Minister for Health and his three predecessors, who had the vision to ensure it became a fait accompli. We all know about the waiting lists for orthopaedic surgery for elderly people. Six orthopaedic procedures are now being performed each week and it is anticipated that 150 operations a week will be performed by the end of the year at the Mandurah Hospital. That is important given that a large proportion of the local population is elderly. That is a five-star performance.

The hospital has five dialysis machines to treat 20 people three times a week. Those involved previously had to travel to Perth for that treatment. This new service will save them an enormous amount of time.

Members might respond to my recitation of the new services provided in the past three months by saying, "So what?" However, those people who are suffering now have a rehabilitation service, more ophthalmic surgery, more paediatric ear, nose and throat services, reorganised inpatient paediatric services, a new general surgeon will commence operating next week, and the board is constantly reviewing the antenatal and postnatal services. Next Monday, a new admissions centre will open to streamline paperwork.

All I can say to the people who knock the hospital service of Western Australia is that they do it from habit, because they have never been sick or known anyone who has been sick, or because they have not studied the good performance of this Government. This Government has the vision to improve the service and because of that I fully support the minister and this Bill.

DR EDWARDS (Maylands) [3.12 pm]: It is with great pleasure that I follow the Dale Carnegie of Dawesville.

The minister described the function of the Bill in some detail in the second reading speech, so I will not go over it. However, a couple of points need to be made to set the context of the Bill. Firstly, the major impetus for its introduction was the establishment of the Metropolitan Health Service Board in June or July 1997, which we all know was an amalgamation of various teaching and non-teaching hospitals in the metropolitan area. Secondly, this board's budget is huge; I gather it is about one-sixth of the State's consolidated budget. Therefore, it is a very important board and it is dealing with a lot of money.

I note the Minister's comments and those in the board's annual report referring to the creation of a statutory corporation

whose members are paid commercial rates of fees and with direct control of a significant amount of the budget which, as the minister goes on to say -

... necessitates the application of a rigorous, but fair, accountability regime ...

To some extent we are reinventing the wheel, but I came to that conclusion only recently. Last weekend I read a book entitled *The Progress of Public Health in Western Australia*. I was very surprised to find that we had a central board of health from 1886 until 1911.

Mr Prince: It is a pity we moved away from that.

Dr EDWARDS: Obviously the central board had jurisdiction over the whole colony. However, it was starved of funds and attracted nasty and adverse political comment. Politicians of various persuasions indicated that they had no confidence in it over a long period. I gather that it was raised frequently in budget Estimates Committees and often could not get the vote of money that it needed. At one stage, the whole board resigned in protest. There were also arguments about what its members were paid. At least we are paying the current board members adequately. In fact, the Government kept trying to reconstitute the board but could not get its amendments through the House.

It is interesting to make the contrast. A major argument about money at one stage related to £100. The board wanted that sum appropriated to it and Parliament, being Parliament, did not like that and gave it £5 instead. The current Health Department should not complain too much about its budget!

Ultimately, the legislation overseeing the central board was amended about four times and finally, in 1911, Western Australia had a new Health Act that abolished the board once and for all. The comments of that time indicate that people were grateful that it had ceased to exist. One point of contention was that the person in charge of the Central Board of Health was also the chief inspector of nuisances. The politicians of the day appeared to think that that was a more important position than that held by the colonial surgeon or similar officers. Many rude comments were made about the chief inspector of nuisances.

We have moved on and we are now debating a board that will perhaps take us into the next century. I will comment first about some problems that my constituents are experiencing with the health system to draw these to the minister's attention and to show that all is not well, particularly with those who are the "customers", "clients" or "patients". The annual report of the Metropolitan Health Service Board uses all those terms depending on which health service is being referred to. That is interesting. Presumably at some stage that will all be pulled together.

The first case I will raise involves a man who telephoned me a number of times and then visited my office. He had severe abdominal pain. He understands the difficulties of the health and hospital system, but he is elderly. He was telephoned at home and told that his operation had been cancelled. A combination of many factors - his infirmity, age and perhaps his life experience - may explain why he did not ask the right questions. When he came to me, he knew that his operation had been cancelled at short notice, that he was in a lot of pain and that he was taking a lot of medication, which I believe was interfering with his thinking. However, he had no further instructions. The person who cancelled his operation did not tell him he had another hospital outpatient appointment or that the operation would be rescheduled and he would be informed. In fact, he was not even told to go to his general practitioner. I told him to go back to his GP because his pain was severe.

I hope the minister will ensure that when people's operations are cancelled - as will happen - an effort is made to recognise that the person on the end of the telephone will be feeling distressed and vulnerable, and probably will not be behaving normally because he or she needs surgery. Perhaps the person making the call should have a checklist to ensure that the patient is informed of his or her options and knows what to do.

I am pleased to say that today I have received a letter from the minister informing me of the date of this man's rescheduled operation. I thank the minister for that assistance.

I will raise another problem relating to hospital waiting lists. It is not entirely the minister's problem, but anything that could be done to sort it out would be useful. I have another constituent who has complained to me of headaches and blackouts. I have not asked him any medical questions because that is not my role. However, if someone walks through my door and says that he or she is suffering headaches and blackouts, I feel worried; it sounds serious. This man has been referred to a hospital outpatients department, but he cannot get an appointment until November. He naturally thinks he has a brain tumour - I am sure he does not - and that he could be dead by then. However, these are the tensions and stresses facing some people. The best advice I could give him was to go back to his GP and ask whether he can be referred to a neurologist who bulk bills or who does not charge too much. He should see someone outside the system sooner so that at least his anxiety is relieved for eight months. Initiatives could be taken to relieve the stresses faced by people who walk through our doors to see members of Parliament. No doubt, members opposite would receive such complaints.

I now revert to member-for-Dawesville-mode, and try to be positive! I was at a party on Saturday night at the house of a doctor. People often gossip and tell stories at parties. I report to Parliament some things people told me were happening in our hospitals. One irate doctor works in a major teaching hospital which went to great trouble to reduce its expenses.

He told me a cute story, with all the associated hand actions, about how in an effort to cut costs in his department they changed the dots placed on people's chests when performing an electrocardiograph. The technicians had considered the matter; it had been done properly. They negotiated a deal whereby the cost of the dots was half the cost of the old dots. Therefore, every time an ECG was carried out, the cost of the dots was reduced by half. However, when they went to central purchasing - as is pushed by this report - they were told to go back to the old dots. They complained saying that they wanted the new dots which were half the price of the old ones. They outlined that they had made a \$10 000 to \$15 000 saving in that hospital, and that a bigger saving could be made throughout the metropolitan area. I was told that they could not get the message through to central purchasing.

Another awful story was relayed to me. I am unclear of the time frame involved. A person who works in an emergency department in a hospital told me that for a short period they ran out of endotracheal tubes; namely, those tubes put down into people's lungs if they need to be ventilated for an anaesthetic or a severe medical problem. If one does not have enough endotracheal tubes for anaesthetic purposes, one does not start the process. However, if someone comes in in a critical condition, and needs to be ventilated, one needs to be sure one has a supply of tubes to hand.

These incidents, although reported at a party and isolated, are worrying as they may represent the tip of the iceberg with similar incidents taking place elsewhere. I hope that centralised purchasing can bring not only a demonstrated economy of scale, but also a proper service so people have the instruments they need, particularly in emergency situations.

I was also told a rather bizarre story at this party. The operating theatres will be closed at Sir Charles Gairdner Hospital over Easter for three weeks, and this happens to coincide with the school holidays. My reaction was that this is bad - what about the poor people on the waiting lists? This report outlines information on waiting times. I was told that the theatres will be closed for the three-weeks break, yet at the same time the same doctors, anaesthetists and nurses will come in, as part of the new deal with all that money involved, and operate on people from the waiting list. What will happen during the three weeks? The waiting list will blow out from the other end! It is bizarre logic. On one hand, theatres will be closed for cost-cutting measures, yet the waiting list reduction program will move in to use the closed theatres. Who is running the show? It is more like a circus than a health department. I hope the minister can reassure me that it is not happening.

I hear stories from other people that other hospital theatres will be closed at the same time. I hope that it is not the case with Princess Margaret Hospital for Children. Parents of schoolchildren who need elective surgery want it performed in the school holidays if possible and it would be disappointing if surgery were not being performed in that hospital during that time.

It was a long party as another story was related to me. A surgeon in another hospital could not carry out his surgery in two or three sessions because the hospital was full of people - presumably, it was a weekend. Therefore, his patients could not be admitted the day before, or on the morning of, the procedure. He turned up to the hospital for his session but he had no patients and he was paid to sit around. I would like the minister to negotiate a deal with the Australian Medical Association in which doctors did something else in that circumstance, but I wish him luck!

Mr Day: I hope you have a few positive comments as well!

Dr EDWARDS: I might have made them already.

I now refer to the Metropolitan Health Service Board and its annual report, which makes interesting reading. The report contains more than one column of key achievements for the Armadale Health Service. However, these were all completed prior to the privatisation process. Can the minister provide information on the amount of money spent, which items were desperately needed at the time and which items were thrown in to make a good package?

Another area in the report deals with Fremantle Hospital and Health Service. That section of the report makes a big deal - as it should - of the opening of the \$8m trauma and emergency service, which was a positive initiative opened by the minister some time ago. However, the outcomes do not mention anything about bed days. There is a blank line at that point. Perhaps the minister could comment on whether emergency service data is available in the summary of key financial and performance indicators for Fremantle, as information appears to be provided on emergency department data and short-term bed days for other hospitals. Despite the new facility, the report contains a blank line on Fremantle.

I now refer to the report of the activities of King Edward Memorial Hospital for Women and Princess Margaret Hospital in the annual report. As the minister has said on a number of occasions in this House, Health is a very complex portfolio involving no magic wand or panacea. The report indicates that King Edward's obstetric clinical care unit has had a busy year. It states that compared with last year, more babies were delivered but the average length of stay decreased. I wonder whether it is doing a higher proportion of more normal deliveries, rather than the more difficult deliveries? This reflects King Edward's dilemma: To what extent does one put normal deliveries out into secondary hospitals, like the excellent work carried out at Swan District Hospital; and how can one predict that apparently difficult deliveries will be straightforward? The reports will have value when they compare services over the entire metropolitan area.

I was terribly amused when reading about King Edward's renovation of the delivery suites. Comment is made that the first

refurbished suite will be used as a model to attract corporate sponsorship to upgrade the rest of the suites. The mind boggles! At least the Education Bill provided guidelines on sponsorship, and the Minister for Education assured the House that the golden arches would not be erected over every school in the State. Can members imagine a poor woman lying in pain in labour, and in between being told to breathe, push or whatever, she is shown a slide show saying, "The refurbishment of this suite was brought to you by . . ." - who would we have?

Ms Warnock: Napisan.

Dr EDWARDS: Indeed. Presumably, one would not stoop so low as to have Lactogen or something with an inappropriate health message.

Mr Day: It might be the distraction she needs!

Mr Osborne: What about the Wide World of Sports?

Dr EDWARDS: That is a very male perspective!

Maybe the slide projected on the wall would read "Your pain relief is brought to you today by Pethidine", or its manufacturer! Competition could be introduced into the medical sector with a slide saying, "These doctors provide cheap epidurals - phone them now on their mobiles."

Mr Day: "This is brought to you by your friendly State Government."

Dr EDWARDS: That would be misleading advertising! Can the minister assure us that King Edward has some tight guidelines in mind with this sponsorship? With foetal alcohol syndrome, Heaven forbid that the Swan Brewery Co Pty Ltd refurbishes a room. Where will the ethics come in? It raises serious questions about the huge amount of money that the Metropolitan Health Service Board already receives, which is approximately one-sixth of the State's budget, when it cannot refurbish these labour suites. People who have had children in the King Edward Memorial Hospital have told me that some of those suites are in an awful condition and that some of the equipment that is being used, even when babies are resuscitated, is old. It certainly could not be called state of the art. Obviously, it is working, but that may not be the issue.

I raise another question on this report. In the same section of the report, under the Princess Margaret Hospital for Children section, it refers to a frequent flyer program for long-term patients. It says that it streamlines administration for patients who are regular visitors. This alarms me. Some nurses refer to patients who come to hospital on many occasions as frequent flyers. I assume it is not referring to that. How does a frequent flyer points system operate? If it is similar to other frequent flyer points schemes, how are privacy expectations managed? Is any consumer information given out about these people, and what benefits do they receive? On the face of it, one must be worried because young children who are frequent visitors to the hospital obviously have something seriously wrong with them. How appropriate is a frequent flyers program? How far will sponsorship be taken?

At the back of the Metropolitan Health Service Board annual report it comments that the previous Minister for Health gave a directive to the board to waive hospital fees for treatment of competitors and accredited personnel participating in the World Swimming Championships in January 1998. This directive was for just over one month. Why was this done? Was it part of a sponsorship deal that the Government had brokered? What was the cost to the hospital? Is this usual? Will this be done for the Olympics in New South Wales? These questions need to be answered.

The health system is facing a large number of issues. There are many concerns in our electorates. Given the legislation and what is contained in this report, at the moment the answers are not apparent.

MR MCGINTY (Fremantle) [3.33 pm]: This Hospital and Health Services Amendment Bill 1998 arises substantially out of the formation of the Metropolitan Health Service Board about 18 months or two years ago and the consequential abolition of hospital boards in the greater metropolitan area in July 1997. This legislation seeks to do four things: Firstly, to clarify the role of the Commissioner for Health, including his role in the employment of the chief executive officers of the hospitals; secondly, to enact accountability provisions for the Metropolitan Health Service Board and its members based on other corporatisation legislation; thirdly, to amend the Queen Elizabeth II Medical Centre Act 1966 regarding board memberships and appointments; and, fourthly, to strengthen the minister's power to obtain information from hospital boards.

The Labor Party opposes this legislation and will vote against it for some simple reasons. For many years a system has operated in this State whereby individual hospital boards were composed of members of the relevant community. This Bill seeks to entrench the notion of no community input whatsoever into the delivery of health services in Western Australia. The Opposition finds that objectionable in principle. In the middle of 1997 when the individual hospital board members, who were not paid for the service that they provided to the community by sitting on the boards, were asked to resign to facilitate the establishment of the Metropolitan Health Service Board, the Opposition gave cautious support to the proposal for the establishment of one board to administer the health services in the metropolitan area. It did that because it was aware of a history over many years of wasteful duplication of services. Money that should have been used for people who were waiting for surgery or treatment in our health system - in many cases people who had no option but to rely on the public

health system - was being wasted. The Opposition hoped that the health system would be streamlined and that the Metropolitan Health Service Board would dispense with that waste and duplication. No evidence exists that that objective has been successful over the past 20-odd months. That is the other reason that the Opposition opposes this legislation. If the evidence from almost two years of operation was that great initiatives had been undertaken and great successes had been achieved by the Metropolitan Health Service Board, and the lack of community involvement could be overcome, the Opposition would have contemplated supporting this legislation.

Last year, during the estimates debates associated with the delivery of the current budget, the Minister for Health and his advisers were asked to list the successes that had been chalked up by the Metropolitan Health Service Board. They could point only to the establishment of a central purchasing mechanism. Given the amount of money, time and power that has been invested in the Metropolitan Health Service Board, it is a record of dismal failure. It has also been attended by far too much secrecy. The minister and the Health Department have been proven to be accountable. The Metropolitan Health Service Board has operated with a veil of secrecy which I find anathema in the late 1990s. It is often a way for various hospitals and the minister to divest themselves of responsibility for making important decisions.

This has also been a diversion of resources away from hospital wards in promoting yet another bureaucracy. That is the other reason that this Bill is opposed by the Labor Party. The budget for the Metropolitan Health Service Board is currently about \$1.5m a year. With the appointment of a super bureaucrat to head it, one would expect that budget to blow out above its current level. They are precious health dollars that should be spent in the hospitals, not in building up a bureaucracy to rival that of the Health Department. This is an inappropriate way to manage health care. If we had a strong Health minister and a proper functioning Health Department, this board would be unnecessary. It is time to go back to basics. We have tried it for almost two years; it has not delivered the goods. Consequently, the Labor Party will not support this legislation, although it was prepared to give it a go when the Metropolitan Health Service Board was created.

Mr Day: Would you say the same about all the rural health boards?

Mr McGINTY: The important thing about them is that they are community oriented. I refer, for instance, to the position of doctors in Beverley in recent times. Quite often the boards become advocates for their local communities in the delivery of health care. Sometimes country health boards overstep the bounds. Harvey and Yarloop are a magnificent recent example of that. They went off on a frolic and ended up wasting taxpayers' money. It was irresponsible of them to do that. However, the notion of community input is vital, and I would fight to retain it.

In my view country hospitals are in a different position from those in the metropolitan area. I accept that Fremantle, Royal Perth and Sir Charles Gairdner Hospitals are in place to service the metropolitan area with their varying specialties, but that cannot be said of local community hospitals in country towns. They are there to service that community more than to share the hospital with others. The notion of community input is even more important to the country hospitals than it is in the city. Fremantle Hospital in a range of issues over the past decade has been an advocate for the provision of health care in the Fremantle or south of the river region. We do not have that any more because the Government has taken the community out of the delivery of health care. Fremantle Hospital does not stand up for the local community in the way it once did when a community-based board was running the show. That has been lost. If demonstrable achievements and efficiencies flowed from the establishment of the Metropolitan Health Service Board, that loss of community input in the metropolitan area might be justifiable. However, I do not see these. During the time of the Metropolitan Health Service Board it has presided over the biggest crisis our health system has known and the worst delivery, in terms of the number of people on the waiting list for elective surgery and so on. It cannot be said that it has managed to achieve great results for the people of Western Australia and neither has the Government. Those are the reasons the Labor Party will oppose this Bill.

Much of the debate has been taken up with a more general consideration of the health system in Western Australia. The Parliament does not deal with much legislation which affects the administration of health care. Sometimes specific legislation affects a discrete issue, but this Bill has presented Parliament with a relatively rare opportunity to look in some detail at the delivery of health care and the role of the Government, minister and Health Department in the delivery of health care. It is at the heart of government and it is close to the concerns of everyone in the community. For that reason I am pleased with the way the debate has taken place. A number of issues have been raised with the minister. I will pose a number of questions that I hope the minister can answer in similar vein.

Yesterday *The West Australian* newspaper contained a description of the blow-out in the state budget. I went back to the *Western Australian Government Gazette* of 2 March, which contains the Treasurer's quarterly statements for the three months and six months ending on 31 December 1998. Many of the questions I hope the minister will address - I have given written advice of these questions so I hope he will be able to respond in the second reading debate today, to avoid the need to go into committee on this Bill - relate to the broad question of the delivery of health care, substantially under the auspices of the Metropolitan Health Service Board. In the *Government Gazette* of 2 March the half-yearly budget performance was presented. At the page headed "Health" it can be seen that 63 per cent of the total allocation for expenditure on Health was spent in the first six months of the financial year. It should have been only 50 per cent. The appropriation approved by this Parliament late last year and the 1998-99 budget statements indicate an allocation to Health of \$1.64b. With an allocation

of \$1.64b, it is a significant matter to overspend by that degree in the first six months. The biggest single budgetary allocation is made to Health and it is time to worry when such figures are presented. I trust that the figures presented are correct. In the first six months of the year the Health Department managed to spend \$1.03b. That is a dramatic overexpenditure in the first six months of the financial year. If one presumes that 50 per cent of the budget should be spent in 50 per cent of the year for which it is allocated, the overexpenditure in the first six months amounted to \$210m. If that rate of expenditure continues for the remainder of the financial year, expenditure on Health will be \$420m more than had been budgeted for. That is a massive amount of overexpenditure by the Health Department.

We were all aware late last year - through the Treasurer's quarterly statements, sometimes known as the Niemeyer accounts - that the Health Department had drawn down 37.5 per cent of its total allocation for the year in the first quarter. We knew then that the draw-downs for the Health Department were dramatically higher than had previously been the case. In fact, the Treasurer drew attention to that. The Treasurer's quarterly statement for 31 December now indicates that 63 per cent of the full-year allocation has been spent in the first six months and, if that rate continues, overexpenditure for the year will be \$420m.

We are aware that the Health Department has received two top-ups this year. The first was the additional Medicare funding of \$35m. That will do nothing to address the underlying budget position in the Health Department, because the Minister for Health and the Premier dedicated 100 per cent of that money to additional activity to reduce the number of patients on the waiting list. The money was used to buy additional activity and it can have no effect on the bottom line position of the hospitals' budgets, because they will do more than had been budgeted and planned for. That must be regarded as a thoroughly worthwhile initiative, but offside in terms of the underlying budgetary position.

A week or so ago the Premier announced that a further \$70m would be put into the Health budget this year. If that is applied to the projected overspending of \$420m, the total overspending in the Health Department this year will be \$350m. It is an enormous blow-out which has not been explained to the Parliament. It is appropriate during debate on this Bill, which will provide new administrative arrangements to be incorporated into the Health Act, to explain that financial position - I suggest mismanagement - to the House. A range of questions need to be addressed by the Minister for Health in this debate. I have asked the minister to provide the House with details of the breakdown of the figures to which I have referred. There has been a blow-out in expenditure in the first six months of the Health budget - equivalent to a full-year figure of \$420m - which is about a quarter of the total Health budget. The Health budget for the year was \$1.6b and if the expenditure is \$0.42b more than that, it represents overspending of approximately 25 per cent for the year. I have asked the minister to provide details of the financial performance of each teaching hospital, metropolitan non-teaching hospital and health service and global figures for the Health Department for the first six months of the financial year. The actual figures were published in the *Government Gazette* on 2 March. The Parliament should be made aware of that detail, and I anticipate that it will indicate that metropolitan teaching hospitals and a significant number of country hospitals have overspent their budgets to a significant degree. It cannot be otherwise when the overspending is to the extent of \$400m in a full year.

Secondly, I have asked the minister to identify those hospitals and services that have exceeded by 50 per cent their annual allocation as at 31 December 1998. I am also asking the minister to tell us which health services and metropolitan teaching hospitals have blown their budgets, and by how much. That information should be in the public arena, because the only information that we have at the moment is the global figures, and we need to know which hospitals have been overspending their budgets, and by how much. Thirdly, I have asked the minister to advise the House what action will be taken to contain health expenditure for those hospitals that have blown their budgets so far this year. That is a matter about which the community needs to be assured. We are all aware, particularly you, Mr Deputy Speaker, of a range of country hospitals, including Geraldton Regional Hospital, which have experienced financial difficulties in recent times. I was appalled, as I am sure were you, Mr Deputy Speaker, when during the course of last year, 30 per cent of the beds at that hospital were closed in order to rein in expenditure. The surgeons at Geraldton hospital expressed widespread concern about the lack of operating funds to continue to provide a service to people in the mid west region. The minister should give us a detailed breakdown of the hospitals where problems exist, such as those at Geraldton, Esperance, Manjimup and Bunbury, and details of what action will be taken to either provide supplementary funding or cut services, because they are the only two options that are available to the minister. That information has not been forthcoming to date.

Fourthly, I have asked the minister to advise what will be done during the forthcoming Easter period to reduce activity at metropolitan teaching hospitals by either closing operating theatres or reconfiguring the way in which those theatres are used. I have heard that Fremantle Hospital intends to shut down the operating theatres for far longer than usual and to not perform elective surgery, which will cause a blow-out in the waiting lists and waiting times at that hospital. I have heard also that it is proposed to shut down the outpatient clinics associated with those operating theatres and to reduce the delivery of service to patients, and that nurses having been either asked or told to take annual leave during this period so that those activities at that hospital can be scaled back as a money saving measure.

I understand also that Sir Charles Gairdner Hospital is proposing not to perform routine operations in its operating theatres during the Easter period and to use the additional funding that has been provided under the Government's waiting list reduction program to perform operations on people who are on the waiting list. That information has come to me indirectly,

and we need from the minister today a clear statement about what will happen during the Easter period, because on the basis of my information about those two hospitals, I am very concerned that there will be a significant scaling back of activity at those hospitals for several weeks around Easter, not just on Good Friday and Easter Monday, because the one way to save money in hospitals is to not do anything. The more activity a hospital undertakes, the more it costs, so what is clearly being promoted here is a more dramatic scaling back of activity in our hospitals over the Easter break than has occurred traditionally.

Schools are on holidays during this period, and it is a time, particularly at Princess Margaret Hospital for Children, when parents try to arrange for their children to have the operations that they need. We are all aware of the extent to which the waiting lists and times for children have blown out recently. The latest set of waiting list figures produced by the Health Department indicates an increasingly severe problem with surgery at Princess Margaret Hospital for Children. Any shutdown of theatres at this time at Princess Margaret Hospital in order to save money would jeopardise the position of those children who are on the waiting list and who in many cases have been on the waiting list for far longer than is clinically desirable. I ask the minister to outline what activities are proposed to be reduced and what effect that will have on waiting lists and on the performance of hospitals in both budgetary and service delivery terms.

I turn now to another matter that has been shrouded in some secrecy, because we have never been able to obtain the details. The minister and the Premier said late last year that every cent of the \$35m of extra Medicare funding that would be made available this financial year would be used to perform additional operations for people on the elective surgery waiting list. We are seeking a detailed breakdown of where that money has been spent, and where it is proposed to be spent for the remainder of this financial year. The orthopaedic surgeons have criticised the Government for not allocating all of that \$35m to be spent this financial year. The two areas that the Government indicated it would be targeting were eye surgery, particularly cataract surgery, for which the waiting list was far too long, and hip and knee replacement surgery. Those areas are of particular concern, and all members of this House will know of people who are on the waiting list, because they will have come into our electorate offices to complain about the length of time for which they have been waiting for that surgery. This House should be told where that money is being spent and to which hospitals it is being allocated. We need to be able to scrutinise those figures to ensure that those moneys are not being used to prop up an ailing health system which has overspent its budget dramatically. We need to know that that \$35m is being spent to reduce the number of people on the waiting list and is not simply going into the general expenditure of the Health Department. I hope that the minister, who has been given some notice of this question, which is one he could reasonably have expected to be asked today, will answer that question during the course of this debate.

My final question is how will the additional \$70m in supplementary funding that was announced a week and a half ago be spent. I will be interested in lining that up with the first question I posed about the breakdown for each of the metropolitan hospitals which have blown their budgets. If Royal Perth Hospital has significantly blown its budget, as I suspect it has, how much of that \$70m will be given to Royal Perth Hospital, and by how much will it still be in the red? I hope that at the end of this debate we will have a good idea of where the Health Department is going, because on the basis of the figures that are currently in the public arena, I am worried, and every member of this House should be worried. The minister now has an opportunity to allay our fears, or at least to tell us the facts so that we can reach an informed opinion. I am interested to know where that \$70m in supplementary funding will be spent.

I would also appreciate a response from the minister about a matter that we have raised in the Legislative Council in the first two days of this sitting week and to which we have received unacceptable responses. That matter is the provision of breast screening services. For several years now, there has been great uncertainty about this service. Many women, particularly middle-age women, require certainty, value this service, and want to see it continue. That breast screening service provides regular mammograms to women, particularly those over 50 years of age. The threat of breast cancer is of great concern to everyone in the community; they want to know that the breast screening service is operating properly. They cannot believe that that is the case at the moment. I say that for a reason: The Government has not filled the position of medical director of the breast screening service since it became vacant in 1996. The position of medical director, arguably one of the most important of those involved with BreastScreen WA, has been vacant for that period. I shall pose a question directly to the Minister for Health. We were told when the Government went out to tender to privatise BreastScreen WA that it did not receive a single tender. That was the purpose of the questions that were asked by Hon Cheryl Davenport in the Legislative Council on Tuesday and Wednesday this week. The response she received stated, "As final approval for the tender has not been given, no further comment can be made at this stage". That is not acceptable. The minister is in a position to tell the House today how many tenders, if any, were received for the privatisation of BreastScreen WA. If there were none, he can tell us that. He should not try to hide behind the notion that "as final approval for the tender has not been given, no further comment can be made". I am not asking the minister to tell us who is the successful tenderer, but he owes it to the House to give more detail than he has been prepared to give to date. I have deliberately kept my comments brief. I hope that we can conclude this debate in a short period to enable the minister to respond so that we can deal with the final stages of the Bill today.

MR THOMAS (Cockburn) [4.03 pm]: I shall contribute to this debate by raising a matter I mentioned in this House some

years ago, but which is still a significant problem and warrants attention. I refer to the provision of gynaecological and obstetric services, in particular maternity facilities, in the south west corridor, especially in the Cockburn electorate which I represent. When I raised the grievance on 26 March 1997, I was referring to the Fremantle Hospital and health services structure as it then existed which had the responsibility for the provision of services in the south west corner of the metropolitan area and other parts of the south east corridor. The principal obstetric facility within the jurisdiction of that authority was Woodside Maternity Hospital in East Fremantle. That is still the principal maternity hospital in the south west corridor and, in fact, in the southern suburbs. The point I made then, which I repeat today, is that it is an inappropriate location for a maternity hospital. East Fremantle is an old area. When the maternity hospital was built, it was probably a younger area and the people who lived there were probably having babies. In any event, the settled areas of that part of the metropolitan region did not extend much further south. Since then the suburbs have extended a long way south and the location of the catchment area of the Woodside Maternity Hospital is distorted.

The proposition which I wish to put is this: Fremantle Hospital, under whatever management structure, will be the principal hospital in the south west corner for the foreseeable future. The population of the suburbs in the catchment area of that hospital is expanding and within the next 30 years it is expected to double. However we define the catchment area, there will be a substantial increase in its population. Presumably it will be necessary to increase hospital facilities, such as beds and the like. In Fremantle there is opposition to the continued expansion of Fremantle Hospital on that site. Obviously there must be some limitation on the number of facilities that can be located on that site. For example, let us take a ballpark figure and say the facilities need to be doubled over the next 20, 30 or 40 years. Obviously it would not be possible to double the number of facilities on that site. One presumes another facility will need to be built somewhere in the suburbs of the south west corridor. Members who have been around this part of the world long enough will remember that when Fremantle Hospital was redeveloped in the late 1970s, there was substantial opposition to it occurring in Fremantle. Suggestions were made that it should be located on what was then the lakes hospital site, adjacent to Murdoch University where the Rangeview Remand Centre, Murdoch police station and a number of other public facilities are now located; the catchment area of Fremantle Hospital ultimately would be centred on that area and it would have been a better place to build the hospital.

In terms of the development of Fremantle, it was better that that lobby was not acceded to because Fremantle Hospital is the biggest employer in the City of Fremantle. It brings hundreds, possibly thousands, of people into Fremantle every day. It is possibly the centre of Fremantle as many people from surrounding suburbs travel to Fremantle to visit people in the hospital. It is one of the major civic institutions in the area and is very much appreciated by the people there. That leads me to suggest that it will be necessary to develop a southern campus of Fremantle Hospital at some stage. Some of the facilities that are currently located at Fremantle Hospital and which will need to be expanded should be relocated to a southern campus. That is making a virtue of necessity because at present it is on the north western edge of its catchment area. It makes good sense if some of the facilities can be relocated further south for ease of access and convenience for the people who wish to access those facilities. For the future planning of health facilities in the south west corridor, I suggest that a site be identified and planning commence in the near future for the location of a southern campus of Fremantle Hospital in the suburbs to the south.

As members are aware, I represent the district of Cockburn in this Parliament. New suburbs and civic centres, and what will become in time the focus of those suburbs, are developing along the freeway in Cockburn. We should be looking at those places to locate a southern campus of Fremantle Hospital. We have an opportunity to start now by building the most obvious facility that could be relocated to a southern campus of Fremantle Hospital; that is, a maternity hospital. The maternity facility of Fremantle Hospital is Woodside Maternity Hospital, a very popular and much loved institution. I look on Woodside with a great degree of fondness. My children were born at Woodside. It has a soft spot in the affections of many people who live in the area. It was not developed in the first place as a maternity hospital, but it has been used for that purpose as far back as I can remember and for some time before that. It is an old building situated in East Fremantle and is not located in the most suitable part of its catchment area.

On 12 March 1997 I asked a question in this House about the location of the clients of Woodside Maternity Hospital. I asked where they came from, their postcodes and their local government areas. My recollection, which is confirmed by the figures which appear in *Hansard* on 12 March at page 216, is that more than 50 per cent of women who give birth at Woodside Maternity Hospital reside in the City of Cockburn. A negligible proportion, I think less than 4 per cent, reside in the town of East Fremantle where the hospital is located. I am suggesting a win-win situation in which a new maternity hospital should be located in Cockburn. That would free up the wonderful heritage Woodside Maternity Hospital building to be developed for other facilities which Fremantle Hospital will have to provide. Fremantle Hospital will expand and will need new facilities, wards and beds. Some of those facilities might conveniently be located in what is already a part of Fremantle Hospital at Woodside Maternity Hospital. The maternity function could then be moved south. I do not have any particular site in mind but I suggest it should be in one of the newer suburbs near the freeway in the city of Cockburn and the electoral district which I represent. Those newer suburbs have a higher proportion of younger people who are having babies. It is there and not in East Fremantle that it is most convenient to build a maternity hospital.

To summarise, I suggest that in years to come health facilities may be developed in the southern corridor. A southern

campus of Fremantle Hospital should be built over time. The site of that campus should be identified and planning should commence. The first plan should be the relocation of the Woodside Maternity Hospital from the East Fremantle site to Cockburn. When by way of grievance I put this proposition to the then Minister for Health, the member for Albany, he indicated that he was not particularly hostile to the proposal. As I recall, and *Hansard* reveals, he made the point that some of the people who live within the catchment area of Fremantle Hospital drive past Woodside Maternity Hospital and on to King Edward Memorial Hospital to access obstetric facilities. That makes even less sense than going to Woodside Maternity Hospital. I am not suggesting that the Woodside Maternity Hospital building should be lost to the hospital system. Far from it. It is a beautiful building in a beautiful location. I have no doubt that something could be done there for the services which Fremantle Hospital offers the community of the south west corridor. Appropriate facilities could be located there. It has the advantage that it is in a quiet, predominantly residential area where parking is easy. It has all sorts of advantages in comparison to Fremantle Hospital, which is effectively in the central business district of Fremantle. I am not suggesting in any sense that it should be disposed of or lost to the community as part of the health facilities required to service the area, but it is not the appropriate place to have a maternity hospital. The appropriate place for a maternity hospital is in Cockburn where the need exists. I would like to see the facilities currently at Woodside Maternity Hospital relocated to Cockburn.

MS MacTIERNAN (Armadale) [4.15 pm]: I too share the concerns that have been raised by a number of my colleagues about the disappearance of local boards. I am sure that if we still had a local board at the Armadale-Kelmscott Memorial Hospital or the Armadale-Kelmscott Health Service, we would have had much better protection than we have had to date against the Government's privatisation plans for that hospital. I believe the board would have been a staunch defender of the public against the ill-conceived plans to privatise. We thought for some time that we had won victory over privatisation and the Government had decided that a health facility in Armadale was worth investing in. However, no sooner was the ink dry on the press release than we found that the Government had some unannounced plans to set up within the Armadale-Kelmscott Health Service a private wing at the Armadale-Kelmscott Memorial Hospital. In Parliament yesterday the minister said, "I understand that local community groups would like to see additional private beds provided on the Armadale-Kelmscott hospital site." I would be interested if the minister could tell us who were the local groups who wished to see a private wing on the Armadale-Kelmscott Memorial Hospital site. I would certainly like to know when the minister began consultation with those local groups because not one of the groups I have spoken to was aware until last week when we discussed this plan that this was the Government's intention.

I note that elsewhere the Minister for Health is saying that the Government has no definite plans and that all these possibilities are in the melting pot. I would be grateful if the minister could explain why, 10 days to two weeks ago, Futuris Corporation Ltd, which is one of the two remaining tenders on the Armadale health request for proposal tender, actually thought it appropriate to call a meeting with all the doctors who currently use the Armadale-Kelmscott Memorial Hospital and to say to them that it had been negotiating with the Government, that the Government did indeed have plans to build a private wing and that it was virtually assured of being the successful tender. After all, the design of the hospital that featured in the Government's public announcement, which the Government was planning to use, was substantially the plan that had been developed by Futuris in its submission. Futuris apparently acknowledged that it would have to go through the motions of a tender process, but indicated that really it was a nod and a wink and it was almost certainly guaranteed to be the one which would get the agreement to proceed with this private hospital. We also understand that Futuris runs the Gosnells Family Hospital and that it is proving not necessarily a terribly viable operation. Of course, it would be far better for Futuris to be at the Armadale-Kelmscott Memorial Hospital where it would have a captive market, be in a position to attract some of the public patients and possibly share the facilities of the public hospital. Rather than having to invest in building intensive care units etc, the company could use the facilities provided by the public health system. The minister is well aware of our concerns that under such a system private patients take first rank before public patients in publicly funded facilities, and that is not acceptable.

How does the minister square away the conduct of Futuris Corporation Ltd in calling a meeting with local doctors and his claim that there had been no finality to negotiations and it was still all very much up in the air? That was not the impression under which Futuris was labouring. Will the minister table the correspondence between the minister and his department and Futuris since tenders closed, so that we can see the status of those negotiations? The minister has created a lot of suspicion and concern in the community because this did not form part of the plans that were released publicly on Australia Day.

I note also that within a fortnight of that announcement the Government had plans to privatise pathology and radiology services at the Armadale-Kelmscott Health Service. That is a shortsighted move that at the end of the day will cost the taxpayer more. There may be some minor advantage to the State Government, but there will a massive disadvantage to the Federal Government in the payments that will be made to those pathologists and radiologists. Even blind Freddie would accept that pathologists and radiologists have been the two big winners out of Medicare and receive incomes that are completely unjustified. That should be the subject of a detailed study, and I am surprised that has not been taken on by the public health system.

I endorse the comments of my colleagues that it was a retrograde step to disband local hospital boards, not only in country areas but in areas such as Armadale. I ask the minister to provide us with information about the local community groups

that are telling him they want a private wing at the hospital, and what sort of arrangements have been made with Futuris that have led Futuris to take that unusual step of calling a meeting with local doctors to tell them what it would do.

MR DAY (Darling Range - Minister for Health) [4.23 pm]: I thank members of both sides of Parliament for their contributions in this debate, which has covered a wide range of health and other matters, in particular the treatment of drug addiction and the interception of drugs coming into the country. The member for Rockingham even referred to the number of police at the Rockingham police station versus those at the Geraldton police station. That takes me back to a previous portfolio.

I will respond to the substance of the comments made by members. The member for Perth raised the issue of mental health, and indicated that she was a strong supporter of the concept of de-institutionalisation in the provision of mental health services. She also commented on the need for adequate community support. I agree with both of those notions, which have underpinned the development of mental health services over the past two or three years in this State under this Government. There has been a debate in the past four to six weeks about whether we have gone too far in providing for de-institutionalisation and locating people in the community. It has been argued by some that patients would be better located and treated through inpatient facilities in the metropolitan area, mainly Graylands hospital.

Reference was made to a recent debate in Britain, which has gone down a similar path. My understanding is that Britain has gone a lot further down that path and it did not provide the same number of services on an inpatient basis as occurred in Western Australia. The reality is that we need to provide both services. We need a strong level of inpatient service and also a further development and expansion of the services that are available in the community. That has been the approach in Western Australia over the past two to three years. Substantially increased funding has been made available for the provision of mental health services. From recollection, \$160m a year is spent out of our Health budget to provide those sort of services and there has been an increase of \$20m a year over the past two to three years. That is a substantial increase.

The member for Perth referred to a specific community outreach project in the Northbridge area in her electorate and the need for continued funding for the valuable service that is provided by that centre. I understand that project is funded under the national mental health strategy and the funding is held by the Health Department for forwarding to that service. I am also advised that the project has not made any submission for increased funding to the Health Department. If it is seeking extra funds, it would be well advised to put in a submission. That does not guarantee an increase in the funding provided, given the competition for the available dollars in this area and in the whole Health budget. Certainly if it is providing a valuable service - as I understand it is - and if funds are available to provide for a recognised increased level of need, that will be carefully considered. I am also advised that this is one of about 70 non-government organisation programs which are funded by the mental health strategy.

The member for Rockingham mainly spoke about the problem of the use of drugs in our society, in particular illicit drugs. He made the point that we need a multi-faceted approach if we are to be successful in dealing with the problems which exist. I entirely agree and the policy of the Government generally is to ensure we have a three-pronged approach, namely adequate law enforcement measures, the provision of adequate health services for people who are addicted and the provision of public health education campaigns, so that the community generally and individuals are warned about the dangers of the use of illicit drugs and how they can get assistance if they do face a problem. There has been an expansion in the services which are available over the past three to four years. For example, the community methadone program is now provided on a much more widespread basis than in the past. There is no waiting list for admissions to the methadone program and methadone is available on prescription through about 60 general practitioners throughout the State and also community pharmacies as well as the Central Drug Unit. That brings to mind the funding that has been provided for the construction of a major new facility on the site of the Central Drug Unit in East Perth, which will enable the existing methadone clinic in William Street Perth to be relocated.

The member for Rockingham also referred to the value of naltrexone in the treatment of heroin addiction in particular. It is now well recognised that naltrexone has an important role to play in the treatment of heroin addicts. It should be recognised that it is not a panacea. It is a drug that must be carefully handled and monitored by skilled and well-trained medical practitioners when it is prescribed to a heroin addict. When it is appropriately monitored and supervised, it is seen to be of significant value. The Therapeutic Goods Administration, an agency of the Commonwealth Government, has given approval for it to be used on a more general basis in Australia. I also understand that at least one of the companies involved in marketing the drug will be seeking approval for it to be listed as a drug for which users receive benefits through the Pharmaceutical Benefits Scheme, and that is a significant recent development as far as the provision of naltrexone is concerned.

The member for Rockingham also referred to the need for more drug education to be made available in schools. The Government has recognised that need. Much effort and extensive resources have been devoted to revamping and expanding the school drug education program. Extensive resources have also been devoted to public health advertising about drug problems. That has involved the production of brochures for people with an interest in the area or the dissemination of information through, for example, newspaper advertisements.

In addition, I am also aware that funding has been made available for assistance to local drug action groups so that they can play a role in local communities in educating people and providing assistance where it is needed. Much has been done in that area. More can always be done, but we are now in a much better position in respect of school education programs than we have been in the past.

The member for Burrup referred to the patient assisted travel scheme and quoted a letter sent by me to him earlier this year. He raised concerns about a change, as he saw it, to the criteria that must be applied before someone can access benefits. In particular, he was concerned that it applied only to urgent defined cases where medical treatment was needed. I am not aware of any change to the criteria in recent times. He may be reading a little more into the comments in that letter than was intended. It is not as though someone must be in need of emergency treatment before being eligible for assistance under the PAT scheme. There are always limitations on the amount of funding available under any schemes that Governments operate, and the line must be drawn somewhere. The scheme was never intended to be available to those requiring, for example, general dental treatment.

Mr Riebeling interjected.

Mr DAY: Orthodontic treatment is general treatment. I cannot see anything urgent about it, even using a broader definition of the word. Where someone is in need of orthodontic treatment authorised under the Medicare benefit schedule - if there is a particular problem such as a cleft pallet - he or she will be eligible for funding under the scheme.

Mr Riebeling: You are saying that you are happy that ordinary orthodontic treatment is not covered for people in the Pilbara who have malformed teeth.

Mr DAY: I am not saying that. I am in no way happy that some people in rural areas do not have the same level of service as those in the metropolitan area. That is one of the major challenges we have in the provision of services across Western Australia.

Mr Riebeling: The answer is in the letter you sent me. You said that only those needing urgent specialist treatment can access PATS.

Mr DAY: I referred to "urgent defined treatment".

Mr Riebeling: That is even worse.

Mr DAY: The member is reading too much into that letter. There has not been any change in the criteria for access to PATS funding in recent times.

Mr Riebeling: Urgency is not mentioned in the guidelines.

Mr DAY: I would have to check them; I am not sure about that. The PAT scheme is operating in the same way that it has operated over the past two or three years. There has not been any change in the criteria used to determine funding access. The member should not read too much into that letter. Funding was never intended to be made available through the PAT scheme for the provision of general dental services or orthodontic treatment where a level of need has not been established that would qualify someone for treatment under the Medicare benefit schedule, which applies to people with cleft pallets.

Mr Riebeling: So what I just said is correct. What about a person whose child needs that surgery? Even if it is cosmetic, it can still be confidence-sapping. What do I tell that person?

Mr DAY: It can be important, and an orthodontist visits Karratha. I am surprised to learn that full treatment is not available in Karratha and that patients must travel to Perth for a range of services.

Mr Riebeling: That is also true for the inland towns.

Mr DAY: The reality is that we have an isolated State and people in some areas do not have the same access to services as do those in the metropolitan area.

Mr Riebeling: This system was designed to correct that.

Mr DAY: Yes, but it is not intended to provide for non-urgent or cosmetic cases. It is designed for the treatment of more urgent medical cases.

Mr Riebeling: I will get them all to write to you and you can answer them.

Mr DAY: I am happy to do that.

Mr Riebeling: You will not be by the end of the day.

Mr DAY: To be fair, I do not think everyone outside the metropolitan area would expect the Government to provide PATS funding for such treatment. Most people in rural areas are realistic about the level of services that can be provided by the

Government. We put a lot of effort and funding into providing services. On a per capita basis, far more funding is provided in rural Western Australia than in the metropolitan area.

Mr Riebeling: I would not go so far as to say that resources provided to country people are in excess of those provided in the city.

Mr DAY: I said that on a per capita basis the cost of providing services in rural areas is much greater than the cost of providing those same services in the metropolitan area. I am not complaining about that; it is a fact of life in a State with such a population distribution. It is not all bad in rural areas. In some cases those in regional areas have better access to treatment than those in the metropolitan area. While people in the metropolitan area must sometimes wait a significant time for elective surgery, in some regional centres in which a service is provided the wait is far shorter. Some pluses result from living in rural areas.

Mr Riebeling: Someone waiting for orthodontic services in rural Western Australia would be 110 before he was treated.

Mr DAY: Although orthodontic services can be important, they are not the same as the need for an appendix to be removed, for example.

Mr Riebeling: That service could be just as vital to that parent and child as the urgent treatment to which the minister has referred. They are the people with whom I am dealing and the minister should think about them when he and his bureaucrats decide whether to extend funding to that service. These people are entitled to that service.

Mr DAY: It would be nice to be able to expand further the very significant range of programs already provided. However, making these decisions in government is difficult. When members opposite were in government they faced the same questions. It is difficult to balance the demands with the available funding. This Government is continually expanding the Health budget by a significant amount - about \$70m to \$100m every year.

Mr Riebeling: Your Government cut the allocation to PATS.

Mr DAY: That was well before my time as Health Minister. As I recall, a change was made to the structure of the PAT scheme, but additional specialist medical services were provided in regional areas of Western Australia. It is always far better to provide the service closer to where people live.

Mr Riebeling: The proof of that would be a reduction in demand for PATS because the procedures are effectively carried out. No reduction in demand has taken place, but you have rewritten the rules so people cannot access the service.

Mr DAY: If provision is made for more services on a local basis, as well as increased PATS funding for the past two or three years, people are winning overall. An increase has occurred in both areas. It is not all bad news by any means. The member should recognise increased PATS funding over the past two years.

Mr Riebeling: Whenever you increase access to PATS, I will pat you on the back. If you do not, and people in my area demand it, I will tell you about it.

Mr DAY: I do not have figures with me, but I understand funding has increased in the past couple of years.

Mr Riebeling: That is after you cut \$1.5m from the scheme.

Mr DAY: Yes, but we put money into locating specialists in regional areas.

The member for Collie referred to the responsibilities of members of health service boards. An aspect of this legislation is that responsibilities and obligations will apply to members of designated health service boards. It refers in effect to the Metropolitan Health Service Board, which is a very large operation which consumes about \$1b a year from consolidated revenue, which is more than any other single government entity. Members of that board need to make some difficult and well-thought-out decisions. They face the same obligations as apply to members of boards of entities such as Western Power and the Water Corporation. The obligations are not particularly onerous - they are common sense - and it is good to have them established in legislation.

The member for Collie also referred to the administration and governance of rural health services, particularly the formation of district councils and district boards in rural Western Australia. That issue has received consideration in recent times. The Government has stated its preference for the model of five or six local health services being covered by one district board with local advisory committees feeding into it. The Government will not impose that district board structure on rural health services. If local boards wish to form themselves into a district council, they will have that opportunity. However, the formation of district councils is complex from a legal and industrial point of view, and is not the preferred or recommended outcome for the Government.

The member for Pilbara referred to the centralisation of health services in Western Australia, and claimed that the process is enhanced further through such legislation and the establishment of the Metropolitan Health Service Board. In reality, we

seek to decentralise the services which have grown up over the last century or so in the metropolitan area. Given the growth of Perth, major teaching hospitals are providing a tertiary level of service at Royal Perth Hospital in the CBD, and at Sir Charles Gairdner Hospital on the Queen Elizabeth II Medical Centre site a few kilometres away. In addition, Fremantle Hospital, King Edward Memorial Hospital for Women and Princess Margaret Hospital for Children provide tertiary services. Undoubtedly, if we were starting from scratch today, we would not provide tertiary services in that way. A main purpose of establishing the Metropolitan Health Service Board was to relocate those services as much as possible. Firstly, the relocation will be to more peripheral parts of the metropolitan area in the secondary, non-teaching hospitals of Joondalup, Swan District, Armadale-Kelmscott, Rockingham-Kwinana and so on.

Secondly, as has occurred already in practice, some of the services provided in more central parts of the metropolitan area are to be relocated to regional Western Australia. It will occur further with the opening of the South West Health Campus in Bunbury, which will receive its first patients at 7.00 am on Monday of next week. With the completion of the magnificent new facility in Bunbury with the collocated public and St John of God Hospital, a much broader range of services will be provided in Bunbury than was the case in the past. For example, I understand that joint replacement surgery in the orthopaedic area will be provided in Bunbury for the first time. That treatment has been available only in the metropolitan area. It is good news for the people of the south west region. It is an example of the changes put in place by the Government over the past three or four years. Contrary to the argument of the member for Pilbara, the Government is not centralising services through the establishment of the Metropolitan Health Service Board. It is decentralising the range of services provided. Also, in establishing an organisation like the MHSB, a more coordinated approach to the management of the complex health system in the metropolitan area will be adopted. To some extent in the past, major organisations like Royal Perth and Sir Charles Gairdner hospitals had boards competing against each other. This did not produce the most effective outcomes with taxpayers' money. Contrary to the argument of the member for Pilbara, a better management system is being put in place.

The member for Pilbara also referred to a greater level of Medicare spending per head in the metropolitan area than in rural parts of Western Australia, particularly the north west region. That is recognised as a real issue, and is taken up regularly with the Federal Government. However, it must be recognised that the provision of medical services in the Kimberley and, to a large extent, in the Pilbara region is through the employment of salaried doctors by the Health Department from the Health budget. This does not appear in the calculation of Medicare funding on a per capita basis, and gives a distorted view of health spending in those areas. When considering the services and funding provided, one must acknowledge the whole picture, not just part of it, as was done by the member for Pilbara.

The member also referred to the high level of morbidity and mortality in the north west of the State. Undoubtedly, that is a real issue. The north west health plan, which is being put together at the moment, and to which the member referred, addresses many of those issues. Isolation and distance from medical services can play a role in both morbidity and mortality levels. However, lifestyle issues also play an important role. From my recollection, the consumption of both alcohol and tobacco in the north west part of the State is higher on a per capita basis than in any other part of the State. It cannot be overlooked that the consumption of those drugs has an important role to play in the health outcomes in the north west of Western Australia. The Government agrees that a problem exists. The issues are complex and it is seeking to address them through the north west health plan which is being put together at the moment.

The member for Pilbara also referred to the need to provide telehelp and the exciting possibilities which exist as a result of the development of that technology. He argued that it should be provided straightaway and that not enough work has been done to implement what is currently available. A great deal of work has been done by the Health Department to examine what is available and to put in place plans to implement much of what has been recommended. A great deal of the work is now being carried out by the Office of Information and Communications. There are concerns about the need to provide for an adequate band width so that the quality of the visual and electronic information which is transmitted through the electronic means is high enough for medical practitioners and health staff to interpret fine detail. If a system does not provide information of a sufficiently high quality, it should not be introduced in the first place. Therefore, it is important to ensure that adequate band width is provided. That costs a significant amount of money. That is being considered by the Government at the moment. A fairly significant amount of money is being made available for this project by the Federal Government. I think it is on a dollar-for-dollar basis with the State Government. I am optimistic that a great deal of progress will be made in that area in the near future.

In the area of telepsychiatry, a system is already in place. I saw one of the terminals when I visited Derby last year. That telepsychiatry system is being used on a fairly extensive basis for assistance in providing consultations on a distance basis in the area of mental health services. Therefore, some good work has been done in that area.

The member for Dawesville made some positive comments about our health system, both public and private. Those comments are appreciated. They bear out that whatever complaints various people in our community may have, the health system in this State is of an extremely high standard. It needs only a brief visit to other parts of Australia in some cases or overseas to appreciate the high quality and standard of services which are provided in this State, notwithstanding the significant challenges which exist.

The member for Maylands referred to some interesting history about the provision of health services in this State and raised some specific concerns about cancelled operations on the part of one or two patients. I take her comments on board and I will seek further information on that. She also raised the need for centralised purchasing of supplies, for example, to obtain the best value for taxpayers' money when purchasing the expensive goods which are needed in the provision of health services. I agree with that of course. In recent times the metropolitan health services have done a great deal of work in that area. There are now only two purchasing sites. More coordination now takes place, and that is producing efficiencies in the use of taxpayers' money, more so than in the past.

Specific questions were raised by the member for Maylands on the Armadale-Kelmscott Hospital, Fremantle Hospital and King Edward Memorial Hospital. I will seek further information about the points that she raised, particularly the plans for sponsorship in the birthing suites at King Edward Memorial Hospital, as well as the frequent flyers program at Princess Margaret Hospital for Children. I suspect that the frequent flyers program is simply a catchy name to promote something for children and has no relationship to the more commercial operation of a frequent flyers program.

The member also sought information about the directive which was issued by a previous Minister for Health to the Metropolitan Health Service Board to waive fees for the World Swimming Championships which were held in Perth at the beginning of last year. I am advised that the federal Minister for Health and Aged Care can declare certain persons or groups of persons eligible for health treatment in Australia. Therefore, they would be entitled to receive treatment as public patients through our public hospital system and not be required to pay for the service. However, the federal minister declined to do that in respect of the World Swimming Championships. Therefore, my predecessor, the previous Minister for Health, in consultation with the Metropolitan Health Service Board, and obviously as an act of goodwill for that significant international sporting competition which was held in this State, declared the competitors and visitors eligible for treatment in our public hospital system.

The decision by the federal minister was in contrast to a decision which was made with respect to the World Scout Jamboree which was held here a few years ago. The federal minister declared visitors to that event eligible for treatment in Western Australia. It is somewhat surprising that the Federal Government did not treat the World Swimming Championships on the same basis.

The member for Fremantle indicated that the Labor Party is opposing this legislation. That is somewhat surprising because, firstly, the whole purpose of this legislation is to produce a greater degree of accountability on the part of our health services, particularly the Metropolitan Health Service Board; secondly, it is intended to provide for the more effective use of the funding which is available to our metropolitan hospital and health system. With the substantial pressures as a result of the increased demands for public hospital treatment, it is important to ensure that whatever funds are available are spent in the most effective and efficient way so that the maximum number and level of services are provided in treating patients as opposed to administering the system. One of the main purposes of establishing the MHSB was to provide more coordinated management than in the past. My direct observations are that more coordination is occurring at the moment. A great deal has been achieved since the MHSB was established about 21 months ago. More work needs to be done. It is a complex and large organisation and not everything can be achieved in two years. However, as I said, progress has been made and efficiencies in the system have been achieved so that more funding can be put towards treating patients, which is the purpose of the organisation.

The member for Fremantle also expressed concerns about the establishment of a bureaucracy in the Metropolitan Health Service Board. I can understand the argument from a superficial point of view. However, the reality is that the purpose of establishing the board and its administration is to achieve a greater degree of accountability and coordination than has been the case in the past. Simply because we are putting a number of staff into the Metropolitan Health Service Board office does not mean that the overall number of staff at an administrative level in the metropolitan health system is increasing. In conjunction with the establishment of a staffing structure in the Metropolitan Health Service Board, there has also been, on the other hand, a change to the staffing structure and the numbers of staff in the administrative areas of the hospitals which make up the MHSB. No doubt further changes in that area will take place as additional staff are employed and a chief executive officer of the organisation is appointed. The essential point is that the maximum amount of resources is put into providing treatment for patients as opposed to administering the whole system, important though that is. The Opposition cannot have it both ways. The member for Fremantle said that we would be better off without having any board at all and that if we had a strong minister a board would not be required. The issue of whether a board is required can be debated, but it achieves a greater level of input and enables us to obtain advice which would not otherwise be available.

The member for Fremantle also complained that by establishing such a structure as the Metropolitan Health Service Board, the level of community input has reduced significantly. I do not accept that argument. Firstly, the membership of the Metropolitan Health Service Board includes people such as Michele Kosky who is a member of the board in an individual capacity, but who also happens to be the executive director of the Health Consumers' Council. If the member for Fremantle is suggesting that Michele Kosky receives her orders from the Government in respect of what she says or does, I assure him that that is underestimating the role or the integrity of a person such as Michele Kosky and I think she would be offended by that comment. I am simply giving her as an example of somebody who I think is reasonably in touch with the community.

Mr McGinty: Give me another example; anyone from the community.

Mr DAY: Yes, I certainly will.

Mr McGinty: She is the only one whom you protect and who relies on her existence by your paying her.

Mr DAY: I will give other examples: David Vaughan does not represent any section of the health sector. He happens to be the chief executive officer of the Shire of Kalamunda and he is known to me in that capacity, but he was not appointed in any sense because of that connection. He was appointed well before I became Minister for Health and he is somebody who lives in and is in touch with the community. I also look at some of the other people.

Mr McGinty: Is he employed by the Health Department?

Mr DAY: He is not employed by the Health Department.

Mr McGinty: By whom is he employed?

Mr DAY: By the Shire of Kalamunda as the chief executive officer.

Mr McGinty: You have one person in your own electorate.

Mr DAY: It is coincidental that he is from my own electorate. He was appointed well before I became Minister for Health. There are also other people who live and work in the community; for example, people such as Erich Fraunschiel who is the finance director of Wesfarmers Limited; the chairman Ian McCall who does not come from a health background at all and who lives and has worked in the community in the past in a completely different area to the provision of health services; and Graham McEachran who is a partner in Ernst and Young. Therefore, we have a very wide base of input into the Metropolitan Health Service Board. Having said that, it does not mean that changes cannot be made in the future or changes should not be made in the future. I reject the argument that the community does not have a degree of input into the Metropolitan Health Service Board. Many of the hospitals which were previously operating as separate entities within the metropolitan area did not have any boards at all, so that argument does not hold water.

The member for Fremantle also raised issues about a number of matters which I will seek to answer in the time available to me. Firstly, he asked about the financial performance in the first six months of the financial year for each non-metropolitan teaching hospital, health service and the Health Department. That is very detailed information which I do not have with me. I refer to his second question in which he is seeking information about the hospitals and services that have exceeded 50 per cent of their annual allocation at the end of December 1998 -

Mr McGinty: Surely you know what the position was as at 31 December for the non-metropolitan teaching hospitals.

Mr DAY: No, I do not currently have that information, but I will seek that information and make it available when it is made available to me.

Mr McGinty: I could ring them and have that information in five minutes. I do not think you want us to know it.

Mr DAY: Maybe the member could. I was referring to the second matter raised by the member for Fremantle wherein he expressed concern that more than 50 per cent of the health service budgets had been spent in the first six months of the financial year. It must be borne in mind that the amount of funds which were allocated by Treasury to the Health Department and therefore forwarded on to the Metropolitan Health Service is not the same as the actual amount of money spent by those health services in the six months. They are forwarded money in advance and it is not all necessarily spent at that time, so it is not possible to make a direct comparison between what has been provided by Treasury and what has been spent. I am advised that there is certainly not a blow-out, as has been claimed by the Opposition, and that the system is expected to come in on budget at the end of the financial year. It is possible to incur expenditures in the first half of a financial year which are greater than those which will apply in the second half; for example, in the workers' compensation area in providing maintenance and paying for a range of other services. One cannot deduce or extrapolate what will happen at the end of the financial year based on the first six months. It is sensationalistic to claim that the Health budget will be facing a blow-out of something in the order of \$400m at the end of the financial year based on information and deductions which are made in the first six months of the financial year; it is a very simplistic approach.

Some other questions raised by the member for Fremantle relate to details of -

Mr Thomas: We want to hear your answers. Why do you not seek an extension of time?

Mr DAY: I am not sure whether I can seek an extension.

Mr McGinty: If you do not, we will go into Committee, so take your pick.

[Leave granted for the member's time to be extended.]

Mr DAY: I thank the House for the extension of time.

Ms MacTiernan interjected.

Mr DAY: I am answering the questions and I will even come to those of the member for Armadale if time is left - even though she is simply raking over old ground - which have been well and truly addressed.

The third question put by the member for Fremantle was about the action which would be taken to contain health expenditure at various hospitals. Of course, the management of those hospitals together with the management of the metropolitan health service have a responsibility to monitor their cash flow situation and to ensure that they operate within the budgets provided to them. They are paid to do that. Normal business mechanisms are put in place to do that and I have no doubt that they will be doing that between now and the end of the financial year. There is an expectation by the Government and the management of the MHSB that the health services and hospitals will operate within the budgets allocated to them.

Question four refers to the details of proposed activity reductions at the hospitals in the metropolitan health service, and in particular operating theatre closures, during the Easter period of 1999. It must be remembered that quiet times are always scheduled in our public hospitals, both at Christmas and Easter times, because it is the time of the year when medical, nursing and other staff seek to take leave. There is also a reduction in the number of patients who are seeking elective surgery at that time. People are hardly likely to come in the day before Easter to have a joint replaced, for example. There will be a certain reduction in activity at that time. That is always budgeted for in the planning for the whole financial year. A lot of planning is being put in place to ensure no gaps in service delivery are provided through the public hospital system. I can give an example of the reductions in the number of beds to be open over the Easter period which I have received from Sir Charles Gairdner Hospital. It shows a fairly modest reduction in the beds to be used over that time, for the reasons I have already given, and which occurs every year. In ward G71 there will be a reduction of six out of a total of 20 beds; in ward G74, 10 out of 30 beds will not be used; in G72, 10 beds out of the approximately 19 will not be used; in ward G54, five out of 20 will not be used; and in ward G64, five out of 24 will not be used. A total of 36 beds will not be used at that hospital over Easter. That is a fairly modest reduction and is not unprecedented. It simply reflects the reduction in activity that occurs every year at Easter in the public hospitals.

The member for Fremantle asked for details of the waiting list expenditure that has already been used. A significant program is under way to provide for an increased number of cataract and joint replacement operations in the public hospital system. Good progress is being made in both areas, particularly the cataract removal area. From my recollection, a month or so ago the program was halfway through the number of patients waiting for cataract removal operations as at August last year. We are making very good progress in ensuring all those patients will be provided with treatment within 12 months of August last year, in line with the commitment of the Premier at that time.

As to the funding that has been consumed out of that which is available, I am advised \$5.828m has been spent on case payments; in other words, in providing for the actual treatment costs for the increase in the patients dealt with under the elective surgery program. In addition, about \$1.248m has been spent on acquiring new equipment in public hospitals, including those at Armadale-Kelmscott, Fremantle, Kalamunda, Rockingham, Bentley, Northam and the Swan Districts Hospital, Royal Perth Hospital, Sir Charles Gairdner Hospital and, although it is not on the list I have here, also the Esperance hospital, to assist with the cataract operations. The total amount is slightly in excess of \$7.077m. Further funds are available to be spent in this financial year. There is no doubt we will see a lot of activity between now and the end of June.

Mr McGinty: Of the \$35m, \$7m has been spent so far.

Mr DAY: That is what I have been advised. The member for Fremantle asked about the \$70m of supplementary funds announced last week and where that will be spent. It is to be used across the whole public hospital system. Given that the majority of patients live in the metropolitan area, the bulk of it will be used there; however, about 20 per cent of the activity in the metropolitan area occurs on patients who are from rural parts of Western Australia. It is not as if it is being used only on people who live in the metropolitan area. Additional funds will be used to provide for the provision of services where those funds have already been allocated to an increased level in some rural parts of Western Australia. One which comes to mind is the Geraldton hospital where, towards the end of last year, a need was recognised for more funds to be made available to the extent of \$1.3m. Some of that \$70m will be used in places like Geraldton.

That money is being used and is much needed in the public hospital system. It is no secret that it is a major challenge for the Government to keep up the level of funding needed to cater for the ever-increasing demands on our public hospital system. Having said that, we have a system of an extremely high standard and high quality, which is very difficult to better in any part of the world, despite some complaints raised by the Opposition from time to time in a somewhat sensational way.

In response to the comments of the member for Pilbara, there has also been a substantial increase in the budgets for some rural health services in the past couple of years. In his electorate over the past two years there has been an increase in funding of 7.6 per cent in the East Pilbara Health Service; a total of 7.1 per cent over two years for the Kimberley Health Service; about 20.1 per cent for the Murchison Health Service; and an increase over two years of 8.4 per cent for the West Pilbara Health Service. The member for Armadale raised the question of the redevelopment of the Armadale-Kelmscott

Memorial Hospital and the possibility of private beds being provided in addition to the 120 public beds being supplied directly by the Government. No decision has been made about that. I have not been involved in consultation with anyone in the community on that matter.

Ms MacTiernan: What about the CEO of the Armadale Health Service?

Mr DAY: The chief executive officer of the Armadale Health Service would not be doing her job if she was not looking at all the options available to provide the best possible services to the member's electorate and those in the south eastern corridor generally.

Ms MacTiernan: You say the local community groups are supporting private beds. Obviously there has been some discussion with the local community groups.

Mr DAY: I have not had any direct discussion with local community groups about this matter at this stage. The advice given to me is that there is a desire within the local community for private beds to be made available, if possible. As I explained in question time yesterday, if there is a greater number of beds, and therefore a greater level of activity at the Armadale-Kelmscott hospital, we are more likely to attract a greater range of services and a greater number of specialists. That can only be good for the people in the member's electorate and the surrounding electorates.

Ms MacTiernan: Can you give some idea of what local people are involved?

Mr DAY: That is the advice I have received. It is up to the local community groups to comment publicly, should they wish to do so. The member for Cockburn raised important questions about the provision of health services in his electorate. He made some sensible suggestions about the need for maternity services to be provided closer to where the growth in population has occurred in his electorate. That is a valid comment. I cannot give a specific response, except to say that a lot of work is being done in the preparation of the Health 2020 plan.

There are plans to provide so-called integrated clinical services at new sites around the metropolitan area closer to where the services are needed. I am hopeful that some of that work can be done in the southern part of the metropolitan area. As I said earlier, we have too much of a concentration in the health services close to the central business district in Perth at the moment. Anything that can be done to locate more services in the area the member for Cockburn suggests would be a very good thing and the sort of thing being considered at the moment.

Question put and a division taken with the following result -

Ayes (27)

Mr Barnett	Mr Cowan	Mr Marshall	Mr Shave
Mr Barron-Sullivan	Mr Day	Mr McNee	Mr Sweetman
Mr Bloffwitch	Mrs Edwardes	Mr Nicholls	Mr Tubby
Mr Board	Mr House	Mr Omodei	Mrs van de Klashorst
Mr Bradshaw	Mr Johnson	Mrs Parker	Mr Wiese
Dr Constable	Mr Kierath	Mr Pental	Mr Osborne (<i>Teller</i>)
Mr Court	Mr MacLean	Mr Prince	

Noes (16)

Mr Brown	Mr Graham	Mr McGowan	Mrs Roberts
Mr Carpenter	Ms MacTiernan	Ms McHale	Mr Thomas
Dr Edwards	Mr Marlborough	Mr Riebeling	Ms Warnock
Dr Gallop	Mr McGinty	Mr Ripper	Mr Cunningham (<i>Teller</i>)

Pairs

Mrs Holmes	Mr Kobelke
Mr Trenorden	Ms Anwyl
Mr Masters	Mr Grill

Question thus passed.

Bill read a second time.

Committee

The Deputy Chairman of Committees (Mr Baker) in the Chair; Mr Day (Minister for Health) in charge of the Bill.

Clause 1: Short title -

Mr McGINTY: Earlier today I arranged for the minister to be given a list of questions about the budgets of particularly

hospitals under the auspices of the Metropolitan Health Service Board in order to obtain information for this debate. During the course of debate the minister provided the answer to one of the six questions that I posed - that was the issue of the \$35m allocation for additional work to be done to reduce waiting lists in metropolitan hospitals. I thank the minister for that. However, in light of what has been published this week in relation to the budget, substantial information remains outstanding.

We have two options on how we progress this matter further. I would be happy if the minister were to arrange a briefing for the Opposition at the earliest possible date in order to address those questions of which we gave notice in writing. I do not want to delay people on Thursday afternoon. If that information is in the minister's possession, with his office or the Metropolitan Health Service Board and can be presented to me, I am happy to conclude on that basis. If not, the Opposition has no option except to use the committee stage to ask the minister question after question to elicit that information, which would be better obtained from a briefing by the finance officers in the minister's department. The choice is with the minister. I would prefer a briefing on the matter. The Opposition has given the minister notice of what it is interested in, and I am disappointed in the lack of detail in the minister's response today. When the Opposition provides a written list of issues that it wants to address, the broad generalisations that we have heard today are not an adequate response.

Mr DAY: It is an interesting way to seek a briefing, and one could almost call it a form of blackmail. However, I have no difficulty in providing a briefing for the member for Fremantle on some of the aspects about which he has sought information. The information was provided last year when he sought a similar briefing. I make it clear that I will not hand over the management of the Health Department or the health system to the Opposition; the Government, and I as Minister for Health, have responsibility for that. I am happy to organise a briefing for the Opposition.

Clause put and passed.

Clauses 2 to 15 put and passed.

Title put and passed.

Report

Bill reported, without amendment, and the report adopted.

Third Reading

Bill read a third time, on motion by Mr Day (Minister for Health), and transmitted to the Council.

TRANSFER OF LAND AMENDMENT BILL

Returned

Bill returned from the Legislative Council without amendment.

COURT SECURITY AND CUSTODIAL SERVICES (CONSEQUENTIAL PROVISIONS) BILL

Second Reading

Resumed from 9 March.

Question put and passed.

Bill read a second time.

COURT SECURITY AND CUSTODIAL SERVICES BILL

COURT SECURITY AND CUSTODIAL SERVICES (CONSEQUENTIAL PROVISIONS) BILL

Referral to Legislation Committee

MR BARNETT (Cottesloe - Leader of the House) [5.31 pm]: I move -

That the Court Security and Custodial Services Bill and the Court Security and Custodial Services (Consequential Provisions) Bill be referred to a Legislation Committee for report to the House by 20 April 1999.

MR BROWN (Bassendean) [5.32 pm]: I do not have any objection to this matter being dealt with by a committee. However, the committee will be meeting while the House is sitting. Some of the members involved will need to be in the House and in the committee. Therefore, I would like some indication from the Leader of the House that if members are not available to attend a committee meeting, particularly the three members on this side of the House who have been dealing with this Bill - the members for Burrup, Kalgoorlie and me - or insufficient members are available to examine this matter properly, that that will be accommodated.

The Minister for Police representing the Attorney General has been kind enough to provide us with a box of information.

I use the word "box" appropriately, because we have been given thousands of pages of documents that we will happily read over the weekend in order to deal with some of the matters that are not immediately apparent. However, I took a punt on the legislative program next week and made certain arrangements, as did other members. I am happy to facilitate the business of the House in ensuring that the committee stage of these Bills does not take up time in the Chamber, on the understanding that there will be some agreement behind the Chair in respect of when that committee will meet. For example, I understand that the committee was looking at meeting on Tuesday evening. I have a difficulty with that. If that is acceptable, I am happy with the matters of detail being dealt with in the committee.

MR PRINCE (Albany - Minister for Police) [5.33 pm]: I appreciate that one or two committees of this nature have been established on an individual basis to deal with pieces of legislation in the past three or four years. This is the first time that we will be using this committee in a structural sense. I appreciate that there will be some difficulty in nominating particular members to be on the committee when those members may wish to be involved in other debates. It may be desirable to nominate a certain number of members of the Opposition and the Government and then allow members to come and go, but that is also fraught with difficulty. I gather that the standing order used to establish this committee states that members must be nominated by name.

Mr Barnett: We can have proxies.

Mr PRINCE: From a procedural point of view, we must see how this runs for a week or two. At the end of that time, irrespective of the result with regard to the Bill, perhaps those members involved could report back to the House on how the structure worked. We could then make refinements.

Mr Barnett: There will be proxies and agreements behind the Chair to ensure it does not conflict with debates on other legislation or the interests of members. We must manage it and that will be done in good faith.

Question put and passed.

Appointment of Members to Legislation Committee

The member for Midland nominated the members for Bassendean and Burrup as members of the Legislation Committee and the Leader of the House nominated the members for Wagin and Dawesville and the Minister for Police as members of the Legislation Committee.

House adjourned at 5.36 pm

QUESTIONS ON NOTICE

Answers to questions are as supplied by the relevant Minister's office.

ALINTAGAS, PRIVATISATION

1957. Mr BROWN to the Minister for Energy:

- (1) Is the Minister aware that the Longford Royal Commission has been urged by Esso Australia to investigate the actions of the Victorian Government in failing to provide alternative gas supplies in Victoria, claiming its responsibility for the reliability of gas ended at the tailgate of its facility?
- (2) With the privatisation of AlintaGas, does the Government intend to retain responsibility for the provision of gas to the community or transfer that responsibility to the new owner of AlintaGas?

Mr BARNETT replied:

- (1) Yes, it is understood that Esso Australia as a gas producer in Victoria and a seller of gas under contract to gas distributors/retailers, sees those downstream businesses as responsible to their customers for the reliability of gas services.
- (2) The Government intends to introduce in this session of the Parliament certain amendments to the Energy Coordination Amendment Bill 1997 currently before the Legislative Council, to provide effective licensing and appropriate powers to all private gas distributors and retailers in this State servicing customers taking less than 1 terajoule per annum. Further, the AlintaGas Sale Steering Committee which I announced at the end of 1998, is to report to the Government by the end of June 1999 recommending options to effect an optimal sale of AlintaGas. These recommendations are expected to include advice on sale legislation and any complementary regulations to apply to AlintaGas in its market areas once AlintaGas is sold. From 1 July 2002 all gas users in these areas will be free to seek supply of gas from the supplier of their choice, and all suppliers including AlintaGas will be required to meet licence conditions in relation to safety and security of supply to residential and small business users.

DISABLED PERSONS GUIDE TO TOURISM IN WA

1966. Mr BROWN to the Minister for Disability Services:

- (1) Has a special Disabled Persons Guide to Tourism in Western Australia been developed?
- (2) If so, when?
- (3) If not, what action is being taken to develop such a guide?

Mr OMODEI replied:

- (1) No.
- (2) Not applicable.
- (3) The Western Australian Government is committed to ensuring that tourism information made available to the general public also includes details of relevance to people with disabilities. It is preferable that people with disabilities are not singled out from the rest of the community. Their need for information on accessible tourist facilities and services should be addressed, and is being addressed, in information provided to tourists in general. The inclusion of access information in the databases of both the Western Australian Tourism Commission and the Festival of Perth are examples of integrating the requirements of people with disabilities with other customer information.

POLICE, CHARGE AGAINST MR DANIEL PATRICK KING

1987. Mr BROWN to the Minister for Police:

- (1) Is the Minister aware of an article that appeared in *The West Australian* on 13 January 1999 under the heading of "Rogue tooter honks at his court success"?
- (2) Was a charge laid against the person named in the article, Daniel Patrick King?
- (3) Why was the charge laid?
- (4) Is it true the charge laid against Mr King was in part due to junior police officers being encouraged to lay charges for minor breaches of the law against people who were seen to be supporting the Maritime Union of Australia?

- (5) If not, how does the Minister explain the charge being laid one day and not the next?

Mr PRINCE replied:

- (1) Yes.
- (2) Daniel Patrick King was initially issued with an Infringement Notice for \$50.00 on 24 April 1998 for the offence of Unnecessary Use of a Warning Device. The offence is created under Regulation 1614 of the Road Traffic Code which states -

A person shall not sound the horn or any other warning instrument on a vehicle, except in a case of emergency or for the purpose of preventing injury to a person or property.

Mr King failed to pay the infringement which followed due process and was referred to the Court of Petty Sessions.

- (3) The charge was laid because Mr King had repeatedly committed the offence. In explanation Mr King said "a kid ran across the road, you know the real reason".
- (4) No. In keeping with precedent, all police are instructed to remain impartial when attending to disputes. Further it was not known at the time whether Mr King was for or against the protest movement. The police member who issued the Infringement Notice was a senior officer attached to the Traffic Operations Group, Perth.
- (5) The charge was laid by an experienced officer attached to the Traffic Operations Group who was riding a police motor cycle and following directly behind Mr King at the time of the initial offence. It is not known who the officers were and what duties they were then performing, or what the prevailing circumstances were when Mr King allegedly committed the offence the following day.

CRIME, CHILDREN INVOLVED IN ROBBERIES

2093. Mr BROWN to the Minister for Police:

- (1) Is the Minister aware of a number of incidents where children have been used by adults to rob shops?
- (2) Does the Government intend to introduce any legislative amendments to deal with this type of crime?
- (3) When will such legislative amendments be introduced?
- (4) Are any legislative amendments under consideration which provide substantial terms of imprisonment for adults who encourage/force children to participate in this type of illegal activity?
- (5) Does the Government intend to introduce legislative changes this calendar year to deal with this crime?

Mr PRINCE replied:

- (1) Yes, I am aware of incidents where adults have used children to rob shops. In August of 1998 Police from the Cannington Police District conducted a task force operation to deal with adults using children to steal from business premises. This police operation related to the activities of one extended family living in the Maddington area. The result of the Police operation was that some 15 arrests were made and a total of 36 charges laid for a variety of offences these being stealing, robbery, stealing of motor vehicles and burglary. Two adults were amongst those charged and the rest were juveniles.
- (2)-(5) No. The Government does not intend to introduce any legislative amendments to deal with this type of crime as there is adequate legislation provided within the Criminal Code and the Child Welfare Act.

LOCAL GOVERNMENT, FREE PARKING IN CAR PARKS

2113. Ms McHALE to the Minister for Local Government:

- (1) How many Local Government Councils/Shires offer free car parking in car parks where fees must be paid?
- (2) Which Councils are they?
- (3) Does the Department of Local Government have a policy on free parking for people with disabilities?

Mr OMODEI replied:

- (1)-(2) This question should be directed to each local government.
- (3) The Department of Local Government is responsible for administering the Building Code of Australia, which regulates the provision of accessible car bays for new building developments. The Department does not have any policies regarding fees charged for parking.

DOMESTIC VIOLENCE, NUMBER CHARGED

2120. Ms WARNOCK to the Minister for Police:

- (1) How many men have been charged with domestic violence offences in 1997-98?
- (2) How many have been convicted?
- (3) How does this compare with figures in 1996-97?
- (4) How many men involved with domestic violence have been asked to undergo counselling?
- (5) Is counselling mandatory when someone has been convicted of a domestic violence offence?

Mr PRINCE replied:

- (1) Due to the lack of a specific definition of domestic violence and the fact that the Western Australia Police Service data does not differentiate between domestic violence-related offences and other violent offences, this information is not able to be provided. Assaults resulting from domestic violence are recorded under one of the various definitions of assault, ie, aggravated, common and other related offences. Furthermore, offence reports do not distinguish between male and female offenders.
- (2)-(3) The Western Australia Police Service does not collect this information.
- (4)-(5) This information is not collected by the Western Australia Police Service. Please refer to Ministry of Justice for response.

POLICE, SEXUAL ASSAULT UNIT

2122. Ms WARNOCK to the Minister for Police:

- (1) Is it true that the Sexual Assault Unit in the Police Service has been broken up or discontinued as a unit?
- (2) If so, why?
- (3) How will investigations into sexual assaults be handled in the future?
- (4) What strategy does the Government have for retaining or replacing the expertise of the personnel of that unit?
- (5) What has happened to the Special Asian Squad in the Police Service?
- (6) If it has been retained, how many staff does it have?
- (7) Where are they working from?

Mr PRINCE replied:

- (1) Yes.
- (2)-(3) The Sexual Assault Squad is one of many squads who have been affected by the restructure of the Police Service Crime Support Portfolio. This restructure has occurred as the result of an extensive review of investigative practices employed by the Police Service in Western Australia. In line with the Police Service's "Delta" ethos, which identified the need for continuous improvement, openness and accountability, the Commissioner of Police tasked the Management Audit Unit to review the investigative practices adopted by the Police Service. This wide ranging review examined issues that affected the manner in which police conducted investigations to enable the Police Service to develop an "optimal investigation" capability. The aim of the review was to develop "best practice" models for investigations that would position the Police Service at the forefront of Australasian policing.

The *Investigative Practices Review* (the Review) recognised global trends in investigative policing and recommended changes to the way in which the Police Service approaches and investigates crime. Traditional reactive policing methods are to make way for progressive, pro-active, intelligence-led policing by targeting both active criminals and criminal activity.

The Review made 114 recommendations encompassing changes to the style and standards of service delivery to the community, structure, information technology systems, supervisory and management practices, criminal targeting and crime tasking, training, resourcing and identified mechanisms for improved investigation accountability.

In furtherance of the concept that local problems are more effectively and efficiently addressed by the implementation of local solutions, the review determined that police Districts were to be the building blocks for local service delivery, thus requiring the Districts to take ownership of crime within their local community.

A number of key recommendations of the Review focus on the traditional role and structure of the specialist Crime Support Portfolio (nee: Crime Operations Portfolio). To support the Districts in becoming the building blocks for local service delivery, the Crime Support Portfolio has been restructured. This initiative has seen the placement of a number of highly skilled, experienced investigators, including officers from the Sexual Assault Squad, into the Districts and regions enabling them to more effectively and efficiently investigate crime within their jurisdiction.

To ensure the continuance of specialist investigative support to the Regions and Districts, a core group of experienced investigators, including investigators previously attached to the Sexual Assault Squad, have remained within Crime Support and absorbed into the new structure. This has allowed the Crime Support Portfolio to shift their investigative emphasis from what was essentially a re-active specialist approach, to an effective proactive intelligence-led style.

The result has been the coming together of many of the traditional squads within Crime Support to form a strong divisional structure and from which two new divisions have emerged - organised Crime Operations and the Major Crime Division. The divisions are staffed with experienced investigators, formed into teams, which are capable of dealing with any issue across a wide range of serious (ie: serial, protracted and/or organised) crimes.

The adoption of this approach will not compromise the current ability of the Police Service to effectively respond to and investigate crime within the community. On the contrary, it will provide Crime Support Portfolio with the flexibility to proactively target criminals and conduct operations to target organised and serial crimes, including serial or protracted sexual assault offences.

While the investigation of opportunistic crimes will be owned by the District or Region in which it has occurred, should a protracted, serial or organised crime be identified, the jurisdiction will be supported by Crime Support Portfolio who will target and investigate the matter in cooperation with that jurisdiction.

- (4) The Police Service has not lost any "expertise of personnel" through the dissolution of the Sexual Assault Squad. A portion of experienced personnel have been devolved into the Districts, providing each district with the necessary skills and experience to investigate sexual assault offence occurring within their jurisdiction, while a portion of experienced personnel have been retained by Crime Support to proactively target serial sexual assault offences or assist the Districts with protracted investigations.
- (5)-(7) In line with the recommendations of the Investigative Practices Review (IPR) and subsequent restructure of the Crime Support Portfolio, the Asian Squad is no longer operating as an independent Unit. Detective personnel attached to the Unit have been devolved to the Districts who now have ownership of all crime occurring within their jurisdiction. The three Intelligence Officers previously attached to the Team are working in co-operation with the National Crime Authority (NCA), targeting Asian organised crime.

BURGLARIES, PROTECTION FOR SMALL BUSINESSES

2133. Mr BROWN to the Minister for Police:

- (1) Is the Minister aware that on 20 January 1999 Radio 6PR and 6IX broadcast a news item concerning a Fish and Chip Shop owner being forced to abandon his business after a recent spate of burglaries, and following him being charged for owning a pepper spray?
- (2) What steps does the Government intend to take to protect small business retailers from this sort of criminal attack?

Mr PRINCE replied:

- (1) Yes, I am aware of the publicity surrounding the Smith family. I am advised by the Western Australia Police Service that records indicate only one "Burglary" on the Hooley Road Fish and Chip Shop was reported between 1 January 1998 and 1 March 1999. This offence occurred on 12 December 1998. During this same period Gregory and Jocelyn Smith made 7 reports to Midland Police, as individuals, which related to their business. These consisted of Assaults (2), Threatening Behaviour (3), Stealing (1) and Breach of a Restraint Order (1). In all but 2 of these instances, the offenders were arrested and charged by police. I can also confirm that Gregory Smith was charged with Possession of a Weapon, in conjunction with another matter, occurring four months before 20 January 1999.
- (2) On a local level, Midland Police District has implemented several initiatives to reduce criminal activities and anti social behaviour. One such initiative is the "Substance Abuse Program" which has resulted in a partnership between the Midland Police and the Business Community. The results have been extremely positive in relation to the conduct of persons frequenting the area of the Fish & Chip Shop. Additionally, Midland Police has also made sweeping changes to their policing style, having encompassed recommendations of the Investigative Practices Review. As a result they now maintain up to 8 vehicles operating out of Midland Station, not including traffic

vehicles and others from surrounding suburbs. On a broader scale, numerous steps are being taken to provide adequate protection to small business retailers. Please refer to tabled paper No 785 *The Western Australia Police Service Strategic Action Statement* which sets policing priorities for 1998/99 and provides a clear statement of the Police Service's priorities in regard to safety and security issues for that period.

POLICE COMPLEX, SOUTH PERTH-VICTORIA PARK

2186. Mr PENDAL to the Minister for Police:

- (1) I refer to the Minister's advice in October 1998 in respect to a new South Perth - Victoria Park Police Complex to replace the outdated and antiquated turn-of-the-Century station in Mends Street and ask if it is still intended that the Government is seeking to include the new police complex in the program for the 1999-2000 financial year?
- (2) If the answer to (1) above is no, why not?
- (3) Has the concept developed since the Minister announced it in October 1998 and, if so, what is the cost expected to be?
- (4) Are there any complications associated with the ownership of the George Street land in the vicinity of the fire station and the St John Ambulance centre?
- (5) If so, what are these complications?

Mr PRINCE replied:

- (1)-(2) The construction of a new Police Complex servicing the South Perth-Victoria Park area in 1999/2000 is under consideration within the current budget process.
- (3) No.
- (4)-(5) A consultant has been engaged through the Department of Contract and Management Services to investigate the availability of land for the project. The consultant's report is not yet available.

QUESTIONS WITHOUT NOTICE

ALINTAGAS, SALE

597. Dr GALLOP to the Minister for Energy:

- (1) When was the decision made to use the proceeds of the planned sale of AlintaGas to fund the rail link to Mandurah?
- (2) Was this a Cabinet decision and, if not, was the Minister for Energy, as the minister responsible for AlintaGas, consulted?

Mr BARNETT replied:

- (1)-(2) I remind the Leader of the Opposition that the Government's decision prior to Christmas to privatise AlintaGas was made on its own merits. At the time I said that the proceeds of the sale were a matter for Cabinet and the Government but they could be used in areas like education, health and public transport or to retire debt. Therefore, there is nothing new about that decision. The Government has now made a decision, and it is not my portfolio -

Dr Gallop: When? Was it a cabinet decision?

Mr BARNETT: The Government has made a decision now to proceed with the south west railway, something that the Leader of the Opposition should be supporting, particularly on public transport and environmental grounds. Clearly, although those two decisions are separate and independent decisions, there is a relationship between them; that is, if AlintaGas is sold and the proceeds are available and can be used for the railway, I imagine the railway can be built sooner and with less debt. Bear in mind that when that is concluded, what will the community have? It will have a railway in the south west and still have AlintaGas, a publicly listed company, selling gas to them.

Dr Gallop: When was the decision made to link the two?

Mr BARNETT: There is no formal decision to link the two.

Dr Gallop: There isn't any? What a Government. What a pathetic performance.

Mr BARNETT: Clearly, Cabinets do not make decisions like that. There is no cabinet decision like that, nor should there be.

Dr Gallop: The financing arrangements of a major project have no cabinet decision? You are pathetic. Get your act together.

Mr BARNETT: Clearly, the Leader of the Opposition does not understand even the most rudimentary aspects. I think members of the community clearly understand that if an asset like AlintaGas is sold and there is perhaps \$1b available, a railway can be built more quickly and with less debt.

ALINTAGAS, SALE

598. Dr GALLOP to the Minister for Energy:

How much of the sale proceeds will be allocated to retire the AlintaGas debt and other liabilities?

Mr BARNETT replied:

The first call on any proceeds from AlintaGas will be to retire its debt.

Dr Gallop: What are its liabilities?

Mr BARNETT: I cannot remember the exact figure off the top of my head. I think it is in the order of \$265m.

Dr Gallop: What about other liabilities such as superannuation?

Mr BARNETT: Unlike when the Leader of the Opposition was a minister, when this Government has disposed of assets -

Dr Gallop: You are very touchy. You have not done your homework. The Premier came out yesterday and you have not done any of your homework.

Mr BARNETT: The Leader of the Opposition is a fool. When AlintaGas is sold, as with the Dampier to Bunbury pipeline and any other asset, all of its liabilities and debts will be dealt with first.

PERTH TO MANDURAH RAIL LINK

599. Mr NICHOLLS to the Premier:

The Opposition's Transport spokesperson has now revealed that it would borrow money to fund a Perth to Mandurah rail link. What are the possible ramifications for the State's finances of such a loan?

Mr COURT replied:

It is like trying to extract wisdom teeth - the Labor Party has now said that it will fund a railway to Mandurah using debt.

Ms MacTiernan interjected.

The SPEAKER: During question time yesterday, there were far too many interjections from members on both my right and my left. It got to the stage where, when ministers were giving answers, interjections that had nothing to do with the question solicited different answers, ministers were soliciting questions and question time went off the rails. Having had that experience, perhaps members can reflect on how the first day's question time went which was reasonable. I remind members that I will allow members, particularly those who have asked a question, to make interjections to follow things up and scrutinise the minister; that is fine. However, it is unacceptable for other members to try to enter the act.

Mr COURT: If a billion dollar project were to be funded by debt, which is the proposal by members opposite, it would cost an additional \$68m every year to service that debt. That means we could build 35 new police stations or 17 new high-tech primary schools every year with that debt servicing. Then the Opposition says, "We can service the debt by the dividend we get from AlintaGas."

Ms MacTiernan: That is one of the possibilities.

Mr COURT: How much dividend do we get from AlintaGas?

Ms MacTiernan: Thirty-three million dollars.

Mr COURT: Thirty-three million dollars? AlintaGas makes about \$20m profit in a year.

Ms MacTiernan: Plus tax.

Mr COURT: About \$10m a year comes into the budget from AlintaGas. There is a big difference between \$68m and \$10m. The member for Armadale is again taking the easy option: Just borrow the money. It is obvious that the Labor Party is

operating in a policy vacuum. Yesterday the Opposition tried to say that a railway could be built down south for about \$330m.

Dr Gallop: That is right. That was our proposal at the election, and you know it.

Mr COURT: To build a railway to Mandurah for \$330m?

Dr Gallop: No, to Rockingham.

Mr COURT: We cannot even build one to Rockingham.

Dr Gallop interjected.

The SPEAKER: Order!

Dr Gallop: I withdraw that, Mr Speaker.

Mr COURT: As I said yesterday, the rolling stock alone will cost that much money. Now the Opposition says today, "Borrow the money, it is easy to do. Pay \$68m every year." I believe it is commonsense to take the opportunity to use the proceeds from an asset sale to fund the project.

Ms MacTiernan interjected.

The SPEAKER: The member for Armadale will come to order.

Mr COURT: I went to Rockingham today and I asked people, whom I assumed would be strong Labor voters, "If we were able to sell AlintaGas and, after the debt had been paid, we were able to use the proceeds to build the infrastructure down to Rockingham and Mandurah, what do you think of it?" There was overwhelming support saying, "It is a commonsense proposal." If we have to borrow the money it will be a long time before we can build that railroad.

Mr Barnett: They will miss the train.

Mr COURT: Yes. Surely the ability to build that infrastructure without incurring debt is a good way to go. The member for Rockingham wants to play a constructive role in this because a coalition Government is preparing to put a lot of money into transport and other infrastructure in his area.

In addition, the bus transit way between Kwinana and Rockingham will be completed this year and then built to Fremantle. Towards the end of this year there will be a 10-minute service to Fremantle. We have started the circle route between the suburbs and the New Living strategy of upgrading Homeswest houses in that area. We are mighty proud of what we are doing in that neck of the woods. I did not like the tenor of the articles in the paper this week. I hope that in a couple of years articles will be written about the turnaround taking place as a result of this infrastructure. Those areas will become marginal Liberal seats.

REGIONAL FOREST AGREEMENT, TEMPORARY LOGGING LEVELS

600. Dr EDWARDS to the Minister for the Environment:

I refer to National Party claims that the minister has made concessions in order to gain its support for the non-disclosure of the Regional Forest Agreement prior to its signing.

Given her acknowledgment that the inclusion of the temporary logging levels in the RFA was the result of the Codd report, what were the so-called concessions to the National Party?

Mrs EDWARDES replied:

It would have been very clear on Tuesday as a result of the amendment to the matter of public importance that the Government supported what it sees as positive outcomes from the RFA.

FAMILY AND CHILDREN'S SERVICES AND THE NATIONAL EXCHANGE OF POLICE INFORMATION, MEMORANDUM OF UNDERSTANDING

601. Mrs HODSON-THOMAS to the Minister for Family and Children's Services:

This morning the minister announced that she had signed a memorandum of understanding between Family and Children's Services and the National Exchange of Police Information. I understand this is one of a range of issues implemented by the Government to improve child protection in this State as well as establish the child protection services register. What is the Government's intention in relation to the Child Welfare Amendment Bill 1998 before this House?

Mrs PARKER replied:

The NEPI system coordinates the electronic exchange of information held by each police jurisdiction in Australia. The initiative announced this morning will improve the quality of safety screening of necessary information. It will be available

more quickly and will be of better quality. The member for Carine is right. This latest development must be seen against the background of a range of initiatives implemented by the Government in recent years to enhance child protection in this State. The establishment of the child protection services register on a pilot basis was one of those initiatives. Legislation is before this House to formalise the register under the Child Welfare Act and to enhance its operations. Once the legislation is passed by the Parliament, the register will improve coordination of service delivery across government and increase accountability in the delivery of those services.

The register received some negative media attention in September last year. The data stored on the child protection services register is among the most securely kept government records in the country. The data is stored on a stand-alone computer housed in a locked room. Only three people have access to the system, each of whom has been subject to the most stringent security test by Police and Family and Children's Services. The register is protected by an advanced encryption system and it is impossible to access it without a series of passwords. It is important to note that the register is a compilation of information already stored by other agencies involved in child protection and no new information is created for the register.

Last year concern was raised about a list of abused children. Let me make it absolutely clear: There is no list. Authorised officials requesting information from the register will be given details of the case on which they are working and nothing else. In fact, with the software that is being used it is not possible to print a list of the children's names from the register. Some of the worst examples of mistakes have occurred in the past because of the failure of government services to work together. I look forward to this legislation being progressed in the House next week so that we can further improve the services we deliver to the children who need it the most.

Ms Anwyl interjected

The SPEAKER: Order! I am waiting to give the member for Maylands the call. However, I remind ministers that brief ministerial statements are ideal for certain opportunities and we should reflect carefully on questions that could be ministerial statements.

REGIONAL FOREST AGREEMENT, NATIONAL PARTY CONCESSIONS

602. Dr EDWARDS to the Deputy Premier:

Can the Deputy Premier clarify the concessions the National Party has received from the Government concerning the Regional Forest Agreement and its outcomes?

Mr COWAN replied:

As was outlined by the Minister for the Environment -

Mr Court: Clearly outlined.

Mr COWAN: As was clearly outlined, the amended motion that was agreed to by the Parliament last Tuesday night - I did not see too many Opposition members disagreeing all that violently with the amended motion - said, to paraphrase, that accompanying the RFA, would be information provided to the public, particularly on those areas to be reserved that are not already reserved. It indicated there would be a provisional level of sustainable cut. It identified some principles that the National Party has always advocated: That there should be a clear identification of areas of high conservation value, an indication of the sustainable yield, and the RFA should go out to the public as soon as possible. I acknowledge that every now and again someone in politics -

Dr Gallop: In this book "concession" means "sellout".

Mr COWAN: Unlike some of my colleagues in this place, if the Leader of the Opposition does not have the courtesy to let me answer a question asked by one of his colleagues I will sit down and answer nothing.

Dr Gallop: You haven't answered it yet.

KING HUSSEIN OF JORDAN, CONDOLENCES

603. Mr BAKER to the Minister for Citizenship:

I refer to the recent tragic death of the late King Hussein of Jordan and to subsequent criticisms in the media regarding the lack of any appropriate condolences expressed to the people of the Kingdom of Jordan from Australian politicians. Will the minister please advise of the steps taken by the Government to ensure that appropriate condolences were offered to people living in Western Australia with a Jordanian heritage, and the nature of those condolences?

Mr BOARD replied:

It was unfortunate that those articles caused distress for people of Jordanian descent not only in Western Australia but also around Australia. The death of King Hussein on 7 February was a loss not only to the Jordanian people but also to people all around the world, because King Hussein was regarded as a significant king, leader, builder of a country and a person of

compassion and peace. His contribution as a politician and a statesman has been recognised in all forums around the world. Following his death, condolences were issued by the Premier, myself as Minister for Citizenship and Multicultural Interests, and other ministers and members of Parliament. In fact, our condolences were sent to the President of the Australian-Jordanian Friendship Association, Mr Jasser Samardali, for him to forward to the Jordanian ambassador in Canberra.

We will hold a function for the Australian-Jordanian Friendship Association on Sunday, 21 March at which appropriate further condolences will be given. There will also be the commemoration of the passing of their king who was seen as the leader of their country. Sunday, 21 March is Harmony Day - a new national day on which all States recognise the strength of their cultural diversity. There will be a full program for our ethnic communities on Sunday, 21 March.

EDUCATION DEPARTMENT, SALARY PAYMENTS

604. Mr RIPPER to the Minister for Education:

I refer to the minister's confirmation that 40 Education Department employees have still received no pay at all and to widespread complaints by employees of the department about late or incorrect salary payments.

- (1) Does the minister accept responsibility for that debacle?
- (2) If so, what has he done to rectify the situation?
- (3) Will the minister guarantee that teachers and other employees of the Education Department will be correctly paid on the next pay day and, if not, why not?

Mr BARNETT replied:

- (1)-(3) I thank the member for the question. As to the first part of the question about whether I accept responsibility, yes, ministers should always accept responsibility, and I accept responsibility for everything that happens within the department and in every school. As to rectifying the situation, as I said yesterday in response to a grievance, there is no doubt that it has been a serious problem within our schools. The PeopleSoft software system has cost \$23m. It has been highly customised to fit the needs of the Education Department. I apologise to teachers and other staff who have not been paid. I do not think that is acceptable, and the department certainly is aware of that. However, it is a daunting task, and I do not say that by way of excuse. The department processes 35 000 pay transactions every fortnight - a figure that surprised me. At the start of a year 15 000 new employment contracts of various forms are entered into. By any standard it is a large and extremely complicated system. The problems have occurred through the customising, not the software itself. The director general has moved 20 to 30 additional staff into the area to rectify the problems.

Last week a census was done of all schools to identify staff or teachers who had not been paid or who had been underpaid. Sixty staff were identified, and the department has rectified the problem. Where instances arose, the director general made a commitment to ensure that payment is made within 48 hours. Some teachers have also suffered interest costs or penalties from their banks, and in some cases, following representations from the department, banks have graciously waived those amounts. It has been a problem - I concede that readily - but it is being dealt with.

Mr Ripper: Will it be fixed by next pay day?

Mr BARNETT: I cannot give such a guarantee with 35 000 pay transactions - it would be silly to do so - but the department is putting in an enormous effort. Because of the failings within the computerised process, much of the work has had to be done manually. Employees within the department are working literally day and night and through weekends to try to deal with a difficult situation.

AQUACULTURE, CAPE SEA FARMS

605. Mr SWEETMAN to the Minister for Primary Industry:

I refer to the application by Cape Sea Farms to develop an aquaculture industry in Exmouth Gulf. Will the minister inform the House of the current status of the proposal, the timetable for development and expected benefits to the region?

Mr HOUSE replied:

I am pleased to tell the House and the people of Western Australia that Cape Sea Farms' Exmouth Gulf prawn aquaculture application has been approved. Yesterday I was able to present it with its licences and certificates. It has now met all the environmental conditions that were put on it. Bronwyn Harries, who is the managing director of Cape Sea Farms, is to be congratulated on the energy and effort that she put into getting the project going. It is a \$9m investment which will employ about 50 people - 25 onsite and 25 offsite. The project will start almost immediately. It is a good example of where aquaculture can be successful. The project will produce about as many prawns - approximately 1 000 tonnes a year - as we

harvest from the wild in Western Australia in existing conditions. It is a large investment and a large operation, and the vast majority of the prawns will be exported.

COUNTRY HIGH SCHOOLS, GYMNASIUMS

606. Mr RIEBELING to the Minister for Education:

How many senior high schools in country Western Australia do not have a gymnasium? I would appreciate the names of those schools.

Mr BARNETT replied:

I thank the member for some notice of this question.

There are 87 senior high schools within Western Australia and there are 30 senior high schools in country areas. Only two schools in the State do not have a covered gymnasium. One is Margaret River Senior High School, but an arrangement exists with the local council to use the nearby council facility, and that is satisfactory. The other school - I gather it is the point of the question - is Tom Price Senior High School. Discussions are taking place between the school and the local government about developing a community facility as a combined performing arts venue-gymnasium. No proposal has come to me about that but I recognise the need to have a covered facility within a town like Tom Price. One school still needs such a facility.

JUNIOR WAGE RATES

607. Mr OSBORNE to the Minister for Employment and Training:

Is the minister aware of the provision in the federal industrial relations law which was introduced by the federal Labor Government which allowed for junior wage rates? Is he aware also of the result of the vote in the Senate on Monday which effectively killed the employment aspirations of thousands of young Australians?

Mr KIERATH replied:

I thank -

Points of Order

Dr GALLOP: I thought that the point of question time was that ministers answer according to their portfolios. As I understand it, industrial relations is not the responsibility of the Minister for Employment and Training.

Mr BROWN: The question concerns junior rates of pay and whether the junior rates of pay legislation before Federal Parliament should be debated before the Industrial Relations Commission has conducted an inquiry into junior rates of pay. That was the essence of the question. It is an industrial relations question. If the question is allowed, perhaps the Premier can do a bit of a re-shuffle and give back the minister his pet portfolio.

The SPEAKER: Members have not made a point of order, of course.

Mr Brown: I thought it was a good point.

The SPEAKER: It was a reasonable point, but it was not reasonable enough, because there are aspects which relate to employment, so I will allow the question.

Questions without Notice Resumed

Mr KIERATH:

I thank the member for some notice of this question which referred to the employment aspirations of our young people. We on this side of the House have made that a very important issue during our time in government. The employment of young people is critically important. We expect the Opposition to show some support for that. If it does not, we can understand why its share of the youth vote is declining. I am aware of Labor's initiative, when in government, for a system of youth wages which would encourage employers to give young, inexperienced Australians their first jobs, which should be the wish of every member of this Parliament. We know how important it is for young people to either find work when they leave school or go into training that will provide them with productive employment. We all agree that is very sensible. The Labor Party introduced a system of youth wages for this country and I congratulate it for that. Federally, its voting has betrayed some of the people whom its members claim to represent; that is, the battlers, the young people and the workers of Australia and particularly of this State. I was very disappointed on 8 March when it voted against a government Bill to continue to encourage employers to give youth employment. When I looked at some of the policies of the Labor Party, I found that the disgraceful position of the federal Labor Party was quite astounding. The reverberations will be felt around the country. The Labor Party did it for no other reason than for cheap political point scoring. I am disappointed in its members for doing that because every young person who would have been able to find a job under those initiatives can thank the federal leader of the Labor Party and his colleagues for not being able to find that job now. When I looked through some old newspaper

reports, the great irony I discovered was that in 1994 the federal Labor Government introduced a youth wage and the Federal Government was planning to allow employers to hire on below award wages 450 000 young Australians who had been jobless for more than a year. When it was in government it was prepared to seriously entertain the plan to put into employment some 500 000 young workers who had been out of work for a long time in Australia, even if it meant going to below award wages. However, when it is in opposition, it reverts to opposing something just for the sake of opposing it, not because of the policy soundness of that decision. A number of members opposite have approached me over employment-related issues; I know some of them care about employment. I ask them to lobby their federal colleagues and support any initiative that will guarantee our young people in this country more work and more productive work.

POLICE COMMISSIONER, SELECTION PANEL

608. Mrs ROBERTS to the Minister for Police:

- (1) Who had input into the selection of the four persons who will comprise the selection panel for the next Commissioner of Police?
- (2) Who made the decision on the selection of the four persons?
- (3) Does Professor Timothy Rohl have a conflict of interest, given that he is the Director of the Australian Institute of Police Management at Manly and is reliant on police commissioners throughout Australia for funds to maintain his job and the college?
- (4) Does Dr Irene Froyland have a conflict of interest given that her unit at Edith Cowan University is a beneficiary of police service funds to undertake research?
- (5) If the minister wants to take the politics out of policing, why does he not offer the Opposition some input into the selection of the next police commissioner?

Mr PRINCE replied:

- (1)-(5) With regard to the last question, I looked for input from people who had some sensible interest and competence in the area; that is why I did not ask the member for Midland. I and people from the Ministry of the Premier and Cabinet had input into the selection of the four persons on the panel. I also looked at who was on the panel last time and I thought that the Australian Federal Police Commissioner, Mr Palmer, would be an excellent choice. He is a commissioner of a service that is similar to the one in Western Australia. Because he operates across Australia, he would have an overview and would be a very good person to have on the selection panel. Mr Langoulant, the Under Treasurer, is a Western Australian influence who is directly related to government treasury matters. He also has an extremely good handle on modern management techniques. I understand the point that the member has made about Professor Rohl; however, the Australian Institute of Police Management at Manly is very well regarded, not only in Australia but also in our near neighbourhood, South East Asia. I am one of the few Ministers for Police to have visited South East Asia. When I was there, there were officers from Hong Kong, Singapore and Malaysia. It has an international recognition in our area. Notwithstanding what the member has said about the funding coming from commissioners of police, Professor Rohl would defend strongly - so would I - his independence and his extreme expertise in the area. Edith Cowan University is the only tertiary training education institution in this State that offers these types of police courses. Dr Froyland has not only an academic interest, but also a practical interest.

Mrs Roberts: There is a financial interest.

Mr PRINCE: Yes, to some extent there is a financial interest. She has an expertise in policing matters as well as being a Western Australian, without being a person who is actually within the service.

Mrs Roberts: I am not questioning that.

Mr PRINCE: Good. The panel of four is well balanced and will be able to come up with an excellent successor to Mr Bob Falconer, who has been an outstanding Commissioner of Police. He is an absolutely brilliant man. It is with a great deal of regret that he has put his family first and is leaving the job. I happily would have had him as commissioner for many years to come.

HILLARYS MARINA, EMERGENCY PROCEDURES

609. Mr JOHNSON to the Minister for Emergency Services:

- (1) Can the minister advise whether any contingency plans are in place to deal with potential emergency situations within the busy and often traffic-congested Hillarys Marina, particularly with reference to access by emergency service vehicles and personnel?
- (2) If so, can he provide a brief outline of the measures in place to manage hazardous situations?

- (3) If not, are there any immediate plans to introduce emergency contingency plans for the Hillarys Marina in the interest of public safety?

Mr PRINCE replied:

- (1)-(3) Answering the member's question requires me to mention a number of services. Operational preparatory plans have been developed by the Fire and Rescue Service of WA for its areas of responsibility. They have been developed in consultation with the marina property managers for Sorrento Quay, Portofinos Harbour Restaurant Cafe and Vulcano's restaurant and the Hillarys Marina Lifting Services. The Fire and Rescue Service has plans in place that are of a preparatory nature. It has identified some risks within the marina and contingencies to deal with them. Plans are upgraded and revised on a continuing basis. The harbour management has engaged consultants to develop the Hillarys Boat Harbour emergency evacuation procedures to cover the whole complex. I congratulate the management for doing that. It should ensure that when the plan is completed and put into place, we have safe and orderly evacuation when it is necessary in the event of an emergency. Discussions are taking place at the moment between the Ministry for Planning, City of Joondalup and the harbour manager to address issues of traffic congestion. Some innovative solutions have been put forward and they should be implemented in the near future. As far as the Ministry for Planning is concerned, it expects the results to be good, but we will wait and see what will happen.

A local emergency management committee has been established. It exists under the State Emergency Service at a local, district and regional level. This is the first one for that area and comprises representatives from a number of stakeholder groups including the City of Joondalup and the Shire of Wanneroo. The representatives are presently preparing plans on their areas of expertise and they should be ready in July. One plan will then put into effect all of that input, and as soon as that is in place, an exercise will be conducted to test the plan which will then be refined and tested again. This is a well-established process in other areas and members from the north west would be aware of that process which is used constantly, especially in relation to cyclone alerts. It is a process that has been well tested, but it has never before been used in the Hillarys area. I hope the result in six to nine months will be a very good system of local emergency management which will be updated on a continual basis.

UNEMPLOYMENT

610. Mr BROWN to the Minister for Employment and Training:

I refer to the labour force figures released today which show a fall in full-time employment, total employment and the participation rate and a rise in the unemployment rate in Western Australia and ask -

- (1) Given the minister's willingness to stand up in this place and claim credit for the positive monthly employment figures, will he explain why Western Australia's unemployment rate is now heading in the opposite direction to that of the national rate?
- (2) Given the recent announcements of 400 BHP redundancies in the north west, 120 job losses at Beenup in the south west and now 400 redundancies from Western Power, what is his current forecast for employment conditions in the short-term in this State?

Mr KIERATH replied:

Before I answer the specifics of the question, it is important when considering national figures to not get carried away with the month-to-month variations. People must look at the-

Mr Brown: Look at the monthly figures.

Mr KIERATH: No, the long-term trend must be considered. The member for Bassendean did not mention that WA still has the second lowest unemployment rate of any State in the country. New South Wales has just inched ahead of us; however, what is its biggest employment initiative? Of course, it is the Olympics! If the Olympics were held in this State, Western Australia would be creaming every other State by at least 2 per cent. New South Wales is the only State that has edged out Western Australia from first place in the past four years - it has been done twice in the past three or four months - and it is on the basis of its Olympic initiated rejuvenation, which is really Australia-wide, but nevertheless it is reaping the benefits of the employment prospects. Since we were elected to government, employment growth in this State has been almost 160 000 jobs; that is, 160 000 Western Australians who would not have had jobs previously now have jobs. That is the highest employment growth of any State in the country bar none. Youth unemployment is still 3 per cent better than the next closest State, so again Western Australia is leading the way in youth employment. Admittedly, Western Australia is coming second in overall employment but only because it does not have the Olympics. If the Olympics factor were removed, Western Australia would lead the country in overall employment and especially youth employment, which indicates that we on this side of the House have been doing a fantastic job over the past six years.