

Speaker; Mr Max Trenorden; Mr Tony Dean; Mr Terry Waldron; Mr Mike Board; Mr Brendon Grylls; Mr Larry Graham; Mr Bernie Masters; Mr Kucera; Acting Speaker; Mr Peter Watson

HEALTH SERVICE BOARDS, ABOLITION

Matter of Public Interest

THE SPEAKER (Mr Riebeling): Today I received a letter from the Leader of the National Party seeking to debate as a matter of public interest the following motion -

That this House calls on the Government as a matter of urgency to reverse its decision to abolish health service boards and retain community input and accountability in the provision of health services in country Western Australia.

If sufficient members agree to this motion, I will allow it.

[At least five members rose in their places.]

The SPEAKER: The matter shall proceed on the usual basis.

MR TRENORDEN (Avon - Leader of the National Party) [2.55 pm]: I move the motion.

I start this debate by making two points: firstly, when the National Party is back in Government it will reinstate country health service boards; and, secondly, it will establish those boards in areas that have not traditionally had health service boards, such as in the north west of the State. Health boards exist where they are at the moment because of National Party policy. Under this Government, there have been massive changes to the state of country health, and they have not been changes for the better. The Minister for Health recently announced that country health service boards would be abolished, putting an end to community input and the accountability of health spending in rural areas. Without health service boards there will be a lack of community input into the way country health services are determined and delivered. This is important, because there are a range of different needs in country areas, with one rural area differing greatly from another. The needs of a community such as Denmark will differ greatly from those of another community such as Geraldton. In the past it has been the job of the health service boards to determine the health priorities for each community and deliver services accordingly. The volunteers who sit on the health service boards are ideally placed to make such decisions, as they are the representatives of the clientele of the health service areas. It has been their job to determine and prioritise the diverse needs of their communities and ensure that services were delivered. The city differs in the determination of health services. If one health service or hospital in the metropolitan area does not offer a particular service, another, not far away, will. In country areas there is no bypass, there is no other health service providing different services. Resources are spread over large distances which is why it is so important that the most appropriate services are delivered. Health service boards have also provided a way for the community to access the Minister for Health. The boards have had access to the minister and in that way have been able to express community concerns. With the invention of health advisory councils, communities will now be in the dark about their health service's funding, and will have to stand at the end of a very long queue to get access to the minister. It will be like a game of Chinese whispers. The concerns of health advisory councils will now be passed on to the regional directors of health, who will pass them on to the director of country services, who will pass them on to the Director General of Health, who will pass them on to the minister. That is a very long chain. The advantage of having health service boards is that they are responsible to their communities. The above people are all responsible to the department.

Mr Watson interjected.

Mr TRENORDEN: I only have a few minutes, so I will not take interjections. I will not get through the debate. The Minister for Health has said that it is an unfair burden on volunteers to take the fiscal responsibility for the running of their local health service. I put it to the minister that, despite the fact that the Department of Health does not employ volunteer board members, they have proved themselves to be more than capable of running their health services within a budget. At the end of the 2000-01 financial year, the country health service boards were on budget. With a budget blow-out in health, more than 70 country health boards collectively overspent by just \$5 million. This was in stark contrast to five metropolitan health boards that blew in excess of \$100 million!

The minister is crucifying the wrong people; he has gone after country people when he should have gone after city people.

Health boards provide a guaranteed structure that allows country health funding information to be made publicly available. They allow people to check on the Government's provision of health services. The removal of the boards represents a total loss of government accountability to local communities. Decisions will be made by a centralised group hundreds of kilometres away. A good example of that is the lack of information available about health services in the north west. The north west has not traditionally had health service boards, and people who have attempted to access information about north west health services have had to use freedom of

Speaker; Mr Max Trenorden; Mr Tony Dean; Mr Terry Waldron; Mr Mike Board; Mr Brendon Grylls; Mr Larry Graham; Mr Bernie Masters; Mr Kucera; Acting Speaker; Mr Peter Watson

information procedures. The National Party is concerned that that will become a reality for all health service areas. Information will be stifled and transparency will be drastically reduced. The real concern is that the abolition of health service boards will lead to a reduction in funds allocated to country health, and no-one will know anything about it because transparency will no longer exist. I hope that will not be the case; it is a great concern.

The Bunbury health task force, chaired by the member for Bunbury, recommended that the south west should become an area authority and that the Bunbury, Harvey-Yarloop, Vasse-Leeuwin, Warren-Blackwood and Wellington health service boards should be disbanded. In response to those recommendations, the minister handed over the boards' power by delegation to the Commissioner of Health. A chief executive officer was appointed to take over the day-to-day management that was previously the responsibility of those boards. The National Party has been advised that those boards were disbanded without warning and that two of the five task force members did not know that the announcement was imminent. After the boards had been disbanded, another level of management was inserted above the -

Mr Dean: Lies!

Withdrawal of Remark

The SPEAKER: The member for Bunbury knows the rules. I ask him to withdraw.

Mr DEAN: I withdraw.

Debate Resumed

Mr TRENORDEN: There was no community consultation. Many former board members are not interested in serving on the minister's health advisory councils because they do not want to participate in a consultative group that has no clout.

People are having great difficulty getting specific information about the management of health services in the south west. That was always the minister's intention, and it will soon be happening throughout Western Australia. We will not be able to find out what is happening in rural health.

The lack of consultation about health service boards has angered many people in country communities. The country health service review might be under way, but it will not consider the issue of health service boards, despite the recommendations in the Health Administrative Review Committee. The HARC report recommended -

Recognising the complex nature of non-metropolitan (country) health services and the disparate arrangements currently in place:

- i) A review be carried out over a six month period to develop the optimal approach to administration and co-ordination of non-metropolitan Boards and services.
- ii) The needs and concerns of non-metropolitan residents, local government and other relevant parties should be sought through an extensive consultation process.

There has been no consultation about the abolition of health service boards. Instead, we have simply been told that they are gone and have been replaced by health advisory councils.

Health advisory councils are not the answer for country health services. They will have no say whatsoever about how health services will be run. They will have no power, authority or access to financial information. The councils are toothless tigers that have been concocted to satisfy the communities that are unhappy about the way health service boards have been removed. Health advisory councils representing new health regions will not be able to accommodate representatives from each of the existing services. The loss of one representative is the loss of a voice for any community. That is just not good enough! The minister cannot say that there will be enough representation in those areas. The health service needs of one town will always be different from those of another town. The large geographic areas that National Party members service will differ. That is a fact.

How will health advisory council members be appointed? What will be the membership of each council? What role will the councils have? Will they be able to direct the regional manager? These are all critical points that remain unanswered. Members of health service boards are volunteers who have been doing the job for many years. Who will take over financial management and service prioritisation, and at what cost? Has the minister inserted another layer of management to do the work of these voluntary boards? How many new positions have been established in the Department of Health to service this new arrangement? I have heard that 30 new positions have been created in the metropolitan area, which will be an additional cost for country health services.

Speaker; Mr Max Trenorden; Mr Tony Dean; Mr Terry Waldron; Mr Mike Board; Mr Brendon Grylls; Mr Larry Graham; Mr Bernie Masters; Mr Kucera; Acting Speaker; Mr Peter Watson

Other domino effects will follow in country communities. The Boddington branch of the National Bank will lose a \$1.5 million account. That account will be moved somewhere else and the branch will be under threat. Volunteers will no longer be interested in working in health services. Why will people, such as the Kununoppin and Districts Hospital Auxiliary volunteers, bother to raise funds when they have been told that they are not wanted and that they will have no idea where the proceeds of their fundraising will be spent? If they raised \$5 000 in Kununoppin, the money could be spent on the Mandurah to Perth railway - not even on health! The minister is removing any incentive to be involved. A price will be paid.

MR WALDRON (Wagin) [3.09 pm]: I endorse the Leader of the National Party's comments. This is a big issue in country Western Australia and the people affected feel very strongly about it. There will be repercussions down the line.

These changes are not in the spirit of the current legislation. Health service boards are dealt with in the Hospitals and Health Services Act 1927. That Act gives the Governor the power to abolish a board and to allow the minister to take its place. The abolition of health service boards and the establishment of health advisory councils is contrary to the spirit of the legislation. The minister will not be acting in the place of the board, as the legislation requires. The minister might argue that he can delegate his responsibility under the legislation. However, the intent of the legislation and of this Parliament is not that boards be abolished and permanently replaced by a Perth-based bureaucracy.

The National Party is also concerned about the role of the Director General of the Department of Health. Section 7 of the Hospitals and Health Services Act provides that the minister is to act in the place of boards following their abolition. The minister is then able to delegate that authority to the Director General of Health. That is a conflict of interest for the director general, who must act in the best interests of country health services, as country health boards have been doing and should be able to continue to do. The director general must also represent the interests of the overall health budget. I stress that health boards were established to represent the interests of their local communities. The director general will have a conflict of interest because he will have two feet firmly planted in Perth and a little finger wriggling around in the country. Some country services have been described as uneconomic, despite the fact that they are extremely important to the people they serve and that must be taken into account.

That is the crux of this debate. It is crucial that health boards continue to be accountable to the minister in the way they always have been. The minister proposes that under the legislation he relinquish his responsibility for country health to a Perth-based bureaucrat. That is revealed in the minister's response to a question asked of him yesterday by the Leader of the National Party. When the minister was asked whether he would implement the recommendation of the Bunbury Health Task Force to include the chief executive officer of South West Health on the proposed state health management team, he said, "This is a matter for the Director General of Health." We are alarmed that the Minister for Health does not consider it his responsibility to decide whether country health chief executive officers should be on the state management team. We are alarmed that Perth bureaucrats will decide whether country-based health services will have a voice in the overall management of the state health system. That is a dilemma with which we are faced. History has shown what generally happens in those situations. The minor party in this case, country Western Australia, will once again miss out on services it should have because country areas will not be directly represented by people who have the local knowledge that enables them to target funds appropriately.

I refer now to the new health area boundaries, especially in my electorate where the Upper Great Southern Health Service has traditionally provided services such as mental health services to the central great southern region. It is proposed that the Great Southern Health Service be incorporated in the Albany region, based in the southern region. At the same time, the Upper Great Southern Health Service will be incorporated in the wheatbelt region. The question is: who will provide mental health services to the Katanning-Kojonup area. They will probably come from the Albany end of the scale. However, people there will seriously question what sort of service they will receive. The service has been the best that could be provided.

Mr Watson interjected.

Mr WALDRON: The member for Albany does not understand that the service has been directed from Narrogin. That is only one area of which I have some knowledge.

The minister said that he would abolish health service boards because he did not want them to shoulder the financial responsibility for country health services. The people in the country take that to mean that the minister does not think the people who have run those health services can shoulder that responsibility. I am sure he will acknowledge that the Upper Great Southern and Central Great Southern Health Services have been financially

Speaker; Mr Max Trenorden; Mr Tony Dean; Mr Terry Waldron; Mr Mike Board; Mr Brendon Grylls; Mr Larry Graham; Mr Bernie Masters; Mr Kucera; Acting Speaker; Mr Peter Watson

responsible and have run their services well, so much so that in the last financial year due moneys were not allocated.

Mr Kucera interjected.

Mr WALDRON: They have a proven record. I met with the minister this morning, which I appreciated. We are talking about making better use of the funding, but it will be difficult to beat that record. Removal of the country health boards will ensure lack of transparency and accountability and, most important, no community input.

There must be a point to having these new health advisory councils. To realistically determine the health priorities for the region, the councils must be given access to the financial details of the health services. If that does not happen, they will become an anachronism and they will serve no purpose. This issue concerns me greatly. During his remarks in this debate, the Leader of the National Party spoke about the right of these advisory councils to direct the new manager for the region. I would like the minister to tell me what role they will play. At this stage they appear to have been established to prove that consultation is occurring. I do not think the good people who have proved themselves on the boards would accept an invitation to serve on a council if they were asked. We met one of those people this morning. They will have no direct input, financial responsibility or control. We are talking about leading members of the communities, not just anyone from the bush. They have proven community and business records and we are telling them that we will take away their responsibility because we do not think they can handle it. It is probably not intended, but it is seen as a slight on them. I know how they feel and I feel for them.

As the member for Merredin said, we are disfranchising people by saying that they are not capable of serving on the health boards. It will take away their involvement and their sense of community and deny them the satisfaction that they were doing something for not only the local community but also the state health system. They therefore will choose to do something else and we will lose their expertise. We may get people on the advisory councils to give advice, but people get sick of giving advice of which no-one takes any notice.

In government, the National Party will oversee the return of health service boards. It will go a step further and ensure that all areas have the opportunity to have direct community input and be accountable. It is only when the boards have been reinstated that we will see the benefit of local community input, appropriate prioritisation of funding for health services and a transparent system of accountability.

I feel strongly about this. In the week since this announcement was made I have made a point of talking to people not only in the health system or on the board but also in the community. They see this, along with other moves by this Government, such as one vote, one value and cuts in the recent budget, as more services being taken away. We are all human and the man from Jingalup where I come from is no different.

Mr Kucera: There have not been cuts in this budget; that was misinformation.

Several members interjected.

Mr WALDRON: I was referring to the overall budget, not just health. I am talking about roads, agriculture etc.

Mr Kucera: I am sorry, I thought you were talking about health.

Mr WALDRON: People in the country are reeling over these issues.

Mr Watson: That's not right.

Mr WALDRON: The member for Albany might say that that is not right, but Albany is a different place; it is a city. I can understand why he sees it differently. What I am saying reflects the views of country people. I would not make these remarks if I did not believe them and the minister should take notice of them.

MR BOARD (Murdoch) [3.18 pm]: I support the National Party in this matter of public interest. Although I understand why the minister is trying to achieve rationalisation of health in country areas, I now understand that he could have achieved this without sacking the boards. He could have achieved his aim of greater cooperation between hospitals, greater resourcing and sharing of specialisations and of cost by effectively using country services without disfranchising the boards as we know them. He could have left the boards in place and changed how they deal with hospital financial matters. He could have arranged a different set of reporting mechanisms without disfranchising all the people who serve on the health boards in country towns.

Mr Kucera: As you did in the upper great southern.

Mr BOARD: We learnt from that.

Mr Kucera: We learnt that it was the right model.

Speaker; Mr Max Trenorden; Mr Tony Dean; Mr Terry Waldron; Mr Mike Board; Mr Brendon Grylls; Mr Larry Graham; Mr Bernie Masters; Mr Kucera; Acting Speaker; Mr Peter Watson

Mr BOARD: We have done things in the past that were not right. The minister knows as well as I do that country towns are struggling. He knows that the hospitals play a greater role than just the delivery of health. The Government must look at the hospitals with a far more holistic view than the one held by the bean counters in the bureaucracy of the Department of Health. This is not only about the delivery of health, for which the minister has responsibility, but also the survival of those towns. On the one hand, the minister's colleagues go into those towns and try to prop them up with funding and subsidies to attract business and employees and to find ways to keep towns operating. On the other hand, hospitals play a fundamental role in attracting professionals to a town. The only reason hospital boards will be sacked is that decisions will be made outside those towns about rationalisation - or sharing and cooperation as the minister calls it - and cost effectiveness in the delivery of health services. That may be the result, but it will not be in the interests of those towns overall. I do not believe that disfranchising the people who have raised money through community input to provide clinics and to build houses for doctors and nurses will -

Mr Kucera: Who is suggesting that we would expect those people not to stay involved with the hospital?

Mr BOARD: They will not have ownership of the hospital.

Mr Kucera: I heard a scurrilous piece of information the other day that we wanted the hospital auxiliaries to be disbanded. Whoever put that around needs to be told a thing or two.

Mr BOARD: I did not say that.

The people on those hospital boards are committed to their towns; some are shire presidents, and many of them are movers and shakers in the towns and have long histories in the towns. They see their role on the hospital board not only in the delivery of health services but also in how they can attract people to their towns by their commitment to the hospital. They raise funds to attract general practitioners and nurses; they put incentives in place to do that. I visited a \$500 000 clinic recently. The minister has seen it. The minister takes those things away, but he still wants the results. The minister will find a lack of momentum in that regard because he will cut these people off and devalue their input. He will now have one person's input on a regional board that has no say in the delivery of services. The minister could have achieved what the Government wanted to do in a far better way by including the community and keeping the boards going with some changes in the legislation.

MR GRYLLES (Merredin) [3.23 pm]: I want to put a human face to this. We talk about the abolition of hospital boards, but it is the board members who are affected by this. They are the people who are talking to the National Party and are vigorously opposing the plan to abolish their boards.

I attended a country health service review in Narembeen a few weeks ago. I can give the minister an example of why board members are opposing the Government's plan. For three hours we explained to the bureaucrats who came out from Perth exactly what had happened in Narembeen, how we have embraced the multipurpose service concept, how we had converted half the hospital to aged care to fill some of its beds, and that people were passionate about saving their hospital to save their town, as the member for Murdoch said. We spent three hours saying how Narembeen provided a health service and was not only a hospital. We have a 94-year-old man still living at home in Narembeen because of the facilities that the health service provides to him, with meals on wheels and the nurses who call around to his house in the afternoon.

Mr Kucera: What is going to change?

Mr GRYLLES: At the end of that day the country health service review told us that what we had done was fantastic, but the problem was that Narembeen did not have enough beds in beds, which is the criterion they will use to judge our hospital. That is the problem the boards face, because as soon as that criterion is used the decision making is taken out of their hands and given to a regional manager. That is why they are scared to death.

MR GRAHAM (Pilbara) [3.24 pm]: I will make a short contribution to this debate. In every parliamentary term I have a habit of setting some goals for what I want to achieve over that four-year period. Curiously enough, for this four years I put health in the north west at the top of the agenda, along with royalties and matters of law and order in South Hedland and matters civil in South Hedland as well as a few other goals that will remain firmly locked away in my mind. If ever I achieve them, I will probably let members know what they were.

The previous Government implemented a health plan called Norhealth 2020. It was commissioned by the then member for Albany, Hon Kevin Prince, who was the Minister for Health, but was delivered when the member for Darling Range was the Minister for Health. I said at the time that it was an absolutely outstanding health plan and arguably the best that I had ever seen. I admitted then to being bitterly disappointed that its quest for \$45 million worth of state government funding fell \$45 million short. However, various initiatives were

Speaker; Mr Max Trenorden; Mr Tony Dean; Mr Terry Waldron; Mr Mike Board; Mr Brendon Grylls; Mr Larry Graham; Mr Bernie Masters; Mr Kucera; Acting Speaker; Mr Peter Watson

undertaken; they were rebadged and called Norhealth initiatives and put in place. The glaring exception to that was the introduction of dialysis operations throughout the north west. The rest of it was a simple rebadging job. Norhealth 2020 came after about six years of total destruction of the health services in the north west of Western Australia by two Governments.

In 1992, the then Labor Government had what the Pilbara 21 study found was closest to the ideal structure and organisation for a regional health service in Western Australia; that is, there were defined areas of health - the Kimberley and the Pilbara - that matched exactly the geographical and cultural interests in the north west. The directors of those regions sat on the then health board, so they had a seat at the very top table in the Health Department of Western Australia. Curiously, that meant they were able to get access to cash and resources to deliver services into the north west. They lost that over the past five restructures - not one of which delivered an additional dollar to the north west health system - and the Norhealth 2020 plan has delivered the worst health outcomes in the State.

Mr Kucera: Exactly, and that is why we need change - or haven't you noticed?

Mr GRAHAM: If that is the argument for change, it was addressed by Norhealth 2020, which the minister did not implement. The current restructure breaks the north west of the State into regions that represent nothing; they are artificial lines on the map. There are fewer of them than under the previous system, but they are artificial and do not represent any community of interest. It injects another level of bureaucracy between the top of the Department of Health and the operator in the field, who is the director of country health services. That is what the Labor Government abolished in 1988. That is exactly the structure that the Labor Party dismantled when it was in government in 1988-89, and for exactly the reasons that the minister has given to put it back! The minister has difficulties from time to time talking about these things because he is interested in the politics of them. I am not.

Mr Kucera: You must be joking!

Mr GRAHAM: No. I am interested in the health outcomes.

Mr Kucera: You are the person who goes out and says that your community hospital is closing, and you have no interest in politics!

Mr GRAHAM: Why would I not say that we were about to lose our regional hospital, when the minister tells me today that there is no such thing as a regional hospital any more?

Mr Kucera: You said that your hospital was closing. That is a dreadful thing to say to the community.

Mr GRAHAM: I have seen the concept drawings in the Department of Health for the hospital's replacement - not its upgrading.

Mr Kucera: It will be a new hospital.

Mr GRAHAM: It will be a replacement in another town.

MR MASTERS (Vasse) [3.30 pm]: I wish to remind the minister of the name of John Edwards, the former chairman of the Vasse Leeuwin Health Board. When the Government handed down its first budget last year, John Edwards wrote to the minister on numerous occasions, asking if the minister would confirm that there had been either a cut or an increase in the board's funding. On every occasion that the minister replied to him, John Edwards was not satisfied with the answer because he knew that a real cut had been built into the board's budget figures for 2001-02.

In frustration, he wrote to the minister and asked whether, if the board were to be given less money, it could at least be given the ability to make financial decisions so that it could spend money in the areas that it knew required money. In other words, the Vasse Leeuwin Health Board knew its area, needs and requirements. John Edwards and the board were simply asking for the opportunity to spend the money in the areas where they knew it should be spent. The minister refused that request.

John Edwards, being a very proper gentleman, had said nothing in public until that stage. He then resigned and went public. He accused the minister of hamstringing his and the Vasse Leeuwin Health Board's desire to do a good job. The minister then sacked the board to make sure no-one was left who could adopt an official position. The bottom line is that, had the minister given the Vasse Leeuwin Health Board and other country health boards a chance, they would have done a wonderful job. However, that is not what Labor and this socialist Government is all about; it is all about the centralisation of power, putting fewer services into the country and more services into the city.

Speaker; Mr Max Trenorden; Mr Tony Dean; Mr Terry Waldron; Mr Mike Board; Mr Brendon Grylls; Mr Larry Graham; Mr Bernie Masters; Mr Kucera; Acting Speaker; Mr Peter Watson

MR KUCERA (Yokine - Minister for Health) [3.32 pm]: I will refer to the announcement that the Government made in the past week. From the time the Labor Party came to government and started to work on the restructure and renewal of health services in this State it has made no secret of the fact that it would be looking at the structure of country health services. The first pilot program in the upper great southern area was based essentially on the model that was put together by the previous Minister for Health, the member for Darling Range. The program brought together individual hospital boards and authorities right across the State. When I took over as Minister for Health, 71 different boards and authorities were reporting to me. The State still has 35 country health boards and authorities, all of which report individually to the minister in some way or another. In many instances they employ their own general manager, staff, specialists, nurses, cleaners, gardeners and so on. The status of the employees will not change. However, as of 1 July, for the first time the State will have a single, unified health system, not a group of hospital boards that are concerned about their hospitals.

Mr McNee: Why shouldn't they be?

Mr KUCERA: If the member for Moore were to listen, he might learn something.

Mr McNee: I know more about them than you do.

Mr KUCERA: It is probably getting a bit late in the day for the member for Moore to learn anything. There is more in Moore than simply hospitals. A modern health service consists of everything from the single primary health provider, who is called a general practitioner, right through -

Mr McNee: I have brought doctors into this country. You know nothing about it.

Mr KUCERA: I thank the member for Moore.

It goes right through to the tertiary hospitals that support the country services and those people who must travel to the city. Instead of having an aggregation of single, small hospitals, all struggling to survive and provide staffing, specialists and allied health services, community health services, Aboriginal health services, royal flying doctor services, home and community care services, individual nursing services and a whole range of services that comprise a health service, each of the seven regions will bring all those services together into a single, unified system. It is as simple as that. That is a very clear model.

Last week I went to the south west, to the great southern region and to Esperance, where I met up with the member for Roe. I talked at length to hospital boards in Albany, Bunbury, Mt Barker and right across the south west. I talked about the needs of their hospital systems. I also talked to the community and asked what people wanted from health services, not just hospitals. Before that, I went to Carnarvon. The local member there was making a lot of noise and saying that the Government would downgrade and close the hospital. That is a very common cry at the moment across country areas. However, the reality is that the Carnarvon facility was built in the 1950s as a 60-bed hospital and it has not had an occupancy rate above 16, perhaps 18 including aged care, in the past 10 years. An enormous amount of money that should have been spent on the community of Carnarvon has been keeping open essentially an empty hospital. The board in Carnarvon made some very sensible decisions. It said that Carnarvon did not need a huge hospital, but it did need a modern health service and it desperately needed 40 aged care beds, which is exactly the configuration the hospital should have. The board tried to work in that way, but immediately the local member raised a hue and cry, saying that the hospital would be downgraded. That was the first issue. This is the difficulty that boards have and the pressure that we put those great people under.

Mr Trenorden: You said they were incompetent.

Mr KUCERA: I did not say that; the member said that. They are tremendous people.

Mr Trenorden: You said they were incompetent when running their finances. You said that publicly.

Mr KUCERA: The member should not run down his constituents. He should not run down those great people in his constituency.

Mr Trenorden: You said it, not us.

Mr KUCERA: There was a hue and cry. The attitude of other members in the community and their phone calls about the board members were quite extraordinary.

When I was in Esperance, I met with Dr Graham Jacobs, the President of the Rural Doctors Association of Western Australia, who is a fine man. Exactly the same thing was happening in Esperance. A press release put out on 7 June by the RDAWA reads -

The re-organisation in the Rural Health Services made by the Health Department is a positive step according to RDAWA President Dr Graham Jacobs.

Speaker; Mr Max Trenorden; Mr Tony Dean; Mr Terry Waldron; Mr Mike Board; Mr Brendon Grylls; Mr Larry Graham; Mr Bernie Masters; Mr Kucera; Acting Speaker; Mr Peter Watson

“A Hospital Board concept did not work for us in my town of practice”

He is right at the centre of what happens in that town. This is the sad part about it -

“The board were in the invidious rock and a hard place”

“Expected to run the health of the region like a corporation with all the demands, stress and responsibility as well as represent the community”

Times have changed and demands are greater and to expect a voluntary body to take this on was onerous and unreasonable.

The head of the RDAWA, which wrote this release five days ago, is vitally involved with these people. I continue -

The new district advisory committee would be better; reporting to a regional director and to let the financial management of our hospital be the responsibility and function of those professionals paid to do the job!

I take issue with the member about this. He implied that I said they were incompetent.

Mr Trenorden interjected.

Mr KUCERA: The member should listen because this is about the people in his towns. Health is faced with two issues. The first is fiscal accountability. Whether we like it or not, the health budget needs to be managed very tightly. This is not about taking things away from the country and giving them to the city. It is about financial responsibility, and that has to be managed through a proper, structured management process that allows the Director General of Health to start making some decisions on behalf of the people of this State. It is not good that the boards are able to go behind the director general or others in that structure to the minister to challenge issues relating to the management arrangements of organisations. No modern organisation or government department works that way. However, we are faced with a more insidious problem. If the member for Avon listens to nothing else today, he should listen to this: the spectre of medical liability is heading at us at 4 000 miles an hour. Everyone involved in health is constantly concerned about the spectre of public liability. No smart lawyer has yet challenged the role of the boards and the position of board members in relation to medical liability. I do not think that the member for Avon will be very popular with his constituents when they find out that he wants to leave those volunteers who want to place themselves in the same role as company directors at risk of things like medical liability. That exposure should not be there. We are simply taking the demand for financial accountability and legal liability and parking it fairly and squarely where it should be - on the shoulders of the professional people paid to do this.

The member for Albany may touch on the comments of Hope Sharp, a board member in his area, and I am sure the member for Bunbury will touch on the issues relating to the south west board. The member for Pilbara talked about regional hospitals. There has not been such a thing as a regional hospital in this State for many years. The Pilbara and Gascoyne form one of the regions that have been set up, and that region has two hub-and-spoke models. There is a hub hospital, at which 80 per cent of major services will be located. The remainder of the services, like a hand or a foot or something at the end of a spoke of a wheel, will be further out and operated by that hospital.

The Pilbara-Gascoyne area has three hub hospitals. We need to settle the Port Hedland issue once and for all. There will be a redevelopment of the Port Hedland Regional Hospital. I have told the member that, both in the House and in private. Where that hospital is located is a decision for the member's community; it can argue that. The member's hospital is not closing, and for him to say that it is closing is misinformation.

Mr Graham interjected.

Mr KUCERA: That is the end of it. I will not take any other interjections.

Mr Graham interjected.

Mr KUCERA: There are hub-and-spoke hospitals throughout the Kimberley, Pilbara, Gascoyne, mid west, Murchison and -

The ACTING SPEAKER (Mr McRae): The member for Pilbara has attempted to make his point heard by the minister. The minister is clearly not taking the interjection, and it is impossible for anyone else to hear what the minister is saying. If the minister has not taken the interjection, he will not take it.

Speaker; Mr Max Trenorden; Mr Tony Dean; Mr Terry Waldron; Mr Mike Board; Mr Brendon Grylls; Mr Larry Graham; Mr Bernie Masters; Mr Kucera; Acting Speaker; Mr Peter Watson

Mr Graham: He never does.

The ACTING SPEAKER: I have given the member for Pilbara the advice; I ask him to accept it.

Mr KUCERA: There will be hub-and-spoke hospitals throughout the seven state regions we have established. I have spoken to many of the boards, and I will speak to many more. I will attend a rural meeting on Friday afternoon. The team from the Department of Health will meet with the Western Australian Local Government Association. That association is starting to realise that local government has a role in the delivery of health services in this State. That is important.

There is a range of services in Carnarvon. They involve the people who run primary health care - the individual doctors, who are the unsung heroes - through to those who operate the Aboriginal medical services and the hospitals. All those people need to work together in one single, positive direction. I have gone around the State, and I have heard the noise from the National Party members and the opposition spokesperson on health. I keep asking myself: who is unhappy? The doctors are not unhappy, and they supply the services. The nurses are not unhappy, and they supply the services. The cleaners are not unhappy. The people who manage the hospitals are not unhappy. The patients who go into the hospitals and access all the services that we now provide in the country are not unhappy. Of course, those people who have an emotional attachment to those boards - there are some fantastic people involved - feel unhappy. However, at the end of the day, the community must be considered.

Mr Waldron: You are saying that the doctors are happy with the situation. In my electorate, it is rumoured that services will go from the satellite hospital in Narrogin. The town will lose its doctor because he will go somewhere else.

Mr KUCERA: All we have done at this stage is establish seven regions. Each of those will have hub-and-spoke hospitals. This is evolutionary; it is not revolutionary. There needs to be a change. We are talking about boundaries. I am not sure how the mental health issues come into it. Boundaries are lines on a map. If part of that must be supplied as part of the overall service configuration, that is fine. That is the idea of the review. The member should not simply say that everything is set in stone. We have talked this through with the boards we have visited. They do not have a problem with this. Of course there will be changes. This morning I met with the Australian Medical Association, which supplies the majority of doctors to the country. It does not have a problem with the changes. It has agreed that this is the way we need to go. It is up to the national board if it wants to reinstate country health boards.

The member for Avon last year spent almost the entire year telling the State that the country health services were in crisis. He is now saying that I should do nothing and leave the system as it is. He is suggesting that if I throw a bit of money at it, it will fix itself. The minute we try to change anything in this State to make sure that there are better services for the member's people, he wants to actively work against those changes. He has done that all year. The member for Avon last year went out of his way to run down and denigrate virtually every country health service, and as a result we could not get doctors and nurses to go to the country. He went around the State telling people in all the country towns that we were going to close hospitals; that those towns would lose their hospitals. How on earth can I get a doctor to go to a town when the local member is telling the hospital it will close? That is the kind of behaviour we have witnessed. It has gone on right the way through. Seven health authority areas with hub-and-spoke hospitals will be established, which, for the very first time, will result in a single, unified health system in this State that will give the best service possible to the people of Western Australia.

MR DEAN (Bunbury) [3.49 pm]: This debate is marked by the gross hypocrisy of the National Party. With the aid of a few documents, I hope to point out why National Party members are acting in a hypocritical manner. I like to think that the inquiry into the Bunbury Health Service, and the consequent interim and final reports of that inquiry, had something to do with the reorganisation of country services. However, I would not be silly enough to claim all that for that inquiry. I will point to several things that preceded it. I will give examples from the central wheatbelt and the Warren-Blackwood area before I focus on the south west health services.

First of all, I have a beautiful ministerial media statement dated 6 October 1998 from Mr John Day, the Minister for Health in the previous Government, which states -

Nine health services in the Upper Great Southern Region of Western Australia have been commended for amalgamating their boards to form the Upper Great Southern Health Service District Board.

...

“The Upper Great Southern can now fight for better health care for the people of this region as a unified front and present a more powerful presence at the bargaining table,” the Minister said.

Speaker; Mr Max Trenorden; Mr Tony Dean; Mr Terry Waldron; Mr Mike Board; Mr Brendon Grylls; Mr Larry Graham; Mr Bernie Masters; Mr Kucera; Acting Speaker; Mr Peter Watson

...

The nine health services involved are:

- . Dumbleyung District Memorial Hospital Board;
- . Kondinin District Hospital Board;
- . Kukerin Nursing Post Board;
- . Lake Grace and Districts Health Service;
- . Narrogin Regional Hospital Board; -

One of my sons was born at that hospital. Narrogin is a great town -

- . Pingelly District Hospital Board;
- . Wagin Health Service;
- . Williams Medical Centre Board; and
- . Wickepin Health Service.

It is good to see Mr Day in the Chamber so that he can reminisce over his media statement.

Mr Day: The difference is that it was done in consultation.

Mr DEAN: As was ours. Stop misleading the House. The media statement continues -

“The newly-formed board encourages the integration and networking of services and personnel that is so essential in health,” Mr Day said.

...

“I applaud everyone who has been involved in the amalgamation process for their foresight and collaborative spirit.

“The choice to form the Upper Great Southern Health Service District Board is of great significance to the people you represent.”

That is the first bit of gross hypocrisy on the part of the National and Liberal Parties. They started it. The Minister for Health said a while ago that what the Government is doing is an evolutionary process. If those opposite had been in the same situation that the Government is in now, they would have reached this position four years later.

I will deal with the second bit of hypocrisy of the National and Liberal Parties. The Warren Blackwood Health Service was formed about three years ago - I am not sure of the date - out of the Northcliffe Nursing Post, the Pemberton District Hospital, the Manjimup hospital, the Boyup Brook Hospital, the Bridgetown Hospital, and the Nannup District Hospital. The boards of those five or six hospitals were dissolved; they disappeared. The member for Warren-Blackwood is not in the Chamber today, but he will attest to that. There were many anomalies in that system. Northcliffe had a health services board of three people who were administering 1.3 full-time equivalents. What ridiculous overkill in administration that was. Those people saw the writing on the wall when those opposite were in government, as did the people in the upper great southern. They formed a microcosm, similar to what the Government is now doing. They dissolved their boards and formed a medical advisory council in each town. I know a couple of these people, because I live in the area. I was born and raised in the bush and have lived there all my life. I have lived in Narrogin and Cunderdin. I have lived in the wheatbelt territory for most of my life and I know it well.

Mr Grylls: Come out to Cunderdin and tell that story.

Mr DEAN: I will. I have been there.

Mr Trenorden: You are welcome. We will take you there. We will even give you police protection.

Mr DEAN: In the Warren-Blackwood area, each town has an advisory council. The Nannup District Hospital has an advisory council. The chairman, Dave Boulter, is a good friend of mine. He is a farmer and ex-shire clerk. He now sits as chairman of the Nannup District Hospital health advisory council. In Bridgetown, he sits once a month on the Warren-Blackwood health council. Those opposite seem to be missing something familiar. That was a good structure. A lot of small boards were dissolved and a more efficient mechanism was formed. There is one employer, one human resource manager, one set of accounts and so on. Those people saw the writing on the wall. That is the second bit of gross hypocrisy on the part of those opposite. Things happened

Speaker; Mr Max Trenorden; Mr Tony Dean; Mr Terry Waldron; Mr Mike Board; Mr Brendon Grylls; Mr Larry Graham; Mr Bernie Masters; Mr Kucera; Acting Speaker; Mr Peter Watson

under the previous Administration about which it does not want to tell people. The previous Government was moving in that direction, but it did not want people to know about it.

The third bit of hypocrisy is the report on health services in the south west, 1998-2006, with which the member for Vasse may be familiar. This report was written by the South West Health Forum, which is a collection of Department of Health people and nominees from each of the health service boards in the south west. I will read a few parts of it.

Incidentally, when the interim report was released on 15 November last year, do members know who was the first person to ring me? It was Dr Steve Thomas. He was the chairman of the South West Health Forum. He was the Liberal candidate for Collie at the last election - Mick Murray will probably tell me otherwise, but that is the case. I think at the election before that he contested another seat in the south west for the National Party. Therefore, he has conservative credentials. I have met him, and he is a nice, pleasant fellow. He is a clear thinker. He knows where he is going and knows about health in the south west. The day after the minister announced in Parliament the release of the report, Dr Thomas rang me and said, "Beauty bottler, mate. That should have been done years ago. It is what we were trying to achieve in the south west."

Mr Trenorden: He is a vet.

Mr DEAN: Yes, he is. Is the Leader of the National Party denigrating vets?

Mr Trenorden: He is a nice bloke - a good bloke.

Mr DEAN: The South West Health Forum produced its strategic plan, which is a thick booklet. I have the executive summary here. I suggest members go to the library to read the whole report.

Mr Kucera: They don't read reports.

Mr DEAN: No. They said yesterday they need pictures.

This report was endorsed by the previous Government - probably by Mr Day or one of the many revolving-door ministers that the previous Government had. It states -

- . Under the Strategic Plan, the SWHF would work on a whole of Region basis with the HDWA to achieve a redirection of funding to the Region based on increasing the level of retention of patients within South West health services.
- . In conjunction with the HDWA as the Purchaser, the SWHF would ensure the distribution of purchasing revenue to the district health services to enable contracted activity to be performed in the most efficient and effective manner.
- . . .
- . Greater efficiencies would be continually sought in the delivery of health services, including a critical assessment of the district-based approach and the essential regional coordination of some support services . . .

Evolution is the word. There were changes in the upper great southern and Warren-Blackwood regions, and there was this report.

I have cited three aspects of hypocrisy on the part of the National Party. What has been done in the south west? I think of my teaching days. I shudder to think that school councils, as they are now set up, would have any interference in the day-to-day running of schools. The same analogy can be drawn with hospitals. Hospital boards should not interfere in the day-to-day running of hospitals. There are numerous examples throughout the State of that happening.

This afternoon I pointed out the gross hypocrisy of the National Party. The previous Government was moving towards regional boards and councils. Under our proposed structure - I believe advertisements will be published in July - regional and district boards can be set up to make sure that local input still plays a vital part in the policy directions of hospitals, but not in their day-to-day running.

MR WATSON (Albany) [4.00 pm]: I am not against volunteers contributing to country areas; they play a vital role. The country health boards have done a tremendous job.

Mr McNee: You will be gone next time.

Mr WATSON: I am glad that the member for Moora woke up. Last weekend I was in Geraldton. I was told that the member had been in that electorate once in the past six months.

Speaker; Mr Max Trenorden; Mr Tony Dean; Mr Terry Waldron; Mr Mike Board; Mr Brendon Grylls; Mr Larry Graham; Mr Bernie Masters; Mr Kucera; Acting Speaker; Mr Peter Watson

Mr McNee: That is not my electorate.

Mr WATSON: I said the member for Moora - is the member's hearing going too?

Mr McNee interjected.

Mr WATSON: I am talking about representatives who live in the city and whose offices are in the city. The member is talking about taking services away from the country -

Mr Trenorden: What about Jon Ford? Where does he live?

Mr WATSON: I am glad that the Leader of the National Party spoke up. I get feedback from my electorate asking when the National Party will be positive when good things happen? It spent eight years in Government and the health system remained a problem. When I was involved in athletics I had many opportunities to meet people like the member for Avon. I would go to functions and listen to people say that they could have been good runners if they had not eaten too much food and drunk beer. They told me that they were going to do this or that. The Leader of the National Party talks about what he was going to do. What did he do when he was in power?

Mr Waldron interjected.

Mr WATSON: I am not talking to the member for Wagin; at least he has some good ideas. The National Party went downhill the day Hendy Cowan left.

One of the other main concerns is the issue of indemnity. I have spoken to some members of the health service boards. Volunteers are worried about the indemnity problems. People off the street are doing a tremendous job, but the way the world is changing at the moment is causing them many problems. Are the members on the health boards representatives of the community? When people are appointed to the boards, do we get a good representation of the community, or is it just cronyism by certain Liberal and National Party members in the country areas? Do the boards represent the people? If the Leader of the National Party went to Albany and asked people who the members of the Albany board were, I would guess that 99 per cent of people would not know who they were. Some members on that board are not even from Albany; one of its members is from Mt Barker.

One of the biggest problems in health is the duplication of services. Anybody who has dealt with the Department of Health knows that there are many different layers to get through. How many different boards are there?

Mr Kucera: There are 71 different boards, including 35 country boards.

Mr WATSON: Our proposal will reduce the number of country boards from 35 to 6 and it will reduce duplication.

Mr Trenorden interjected.

Mr WATSON: The proposed board for the great southern would include Albany, Cranbrook, Denmark, Mt Barker and Plantagenet. They are all part of the Albany community and the hinterland. They want to be involved with Albany. The acting director will be Mr Keith Symes. He is a tremendous administrator of the Albany Regional Hospital, and I am sure that he will do a great job as the administrator of the Albany region.

Question put and a division taken with the following result -

Extract from *Hansard*
[ASSEMBLY - Thursday, 13 June 2002]
p11408b-11419a

Speaker; Mr Max Trenorden; Mr Tony Dean; Mr Terry Waldron; Mr Mike Board; Mr Brendon Grylls; Mr Larry Graham; Mr Bernie Masters; Mr Kucera; Acting Speaker; Mr Peter Watson

Ayes (20)

| | | | |
|--------------|------------------|--------------------|-------------------------------|
| Mr Ainsworth | Mr Day | Mr McNee | Mr Trenorden |
| Mr Barnett | Mr Edwards | Mr Marshall | Mr Waldron |
| Mr Birney | Mr Grylls | Mr Masters | Ms Sue Walker |
| Mr Board | Ms Hodson-Thomas | Mr Pendal | Dr Woollard |
| Dr Constable | Mr Johnson | Mr Barron-Sullivan | Mr Bradshaw (<i>Teller</i>) |

Noes (28)

| | | | |
|--------------|------------|----------------|----------------------------|
| Mr Andrews | Dr Gallop | Mr McGinty | Ms Radisich |
| Mr Bowler | Ms Guise | Mr McGowan | Mr Ripper |
| Mr Brown | Mr Hill | Ms McHale | Mrs Roberts |
| Mr Carpenter | Mr Hyde | Mr Marlborough | Mr Templeman |
| Mr Dean | Mr Kobelke | Mr Murray | Mr Watson |
| Mr D'Orazio | Mr Kucera | Mr O'Gorman | Mr Whitely |
| Dr Edwards | Mr Logan | Mr Quigley | Ms Quirk (<i>Teller</i>) |

Pairs

| | |
|--------------|---------------|
| Mr House | Mrs Martin |
| Mrs Edwardes | Ms MacTiernan |

Question thus negatived.