

Speaker; Mr Mike Board; Mr Terry Waldron; Mr Bob Kucera; Deputy Speaker; Mr Colin Barnett; Dr Geoff Gallop; Mr Tony McRae; Mr Rob Johnson; Mr Paul Omodei; Acting Speaker; Mr John Bowler; Dr Janet Woollard

HEALTH SYSTEM

Matter of Public Interest

THE SPEAKER (Mr F. Riebeling:): Today I received a letter from the member for Murdoch seeking to debate as a matter of public interest the following motion -

That this House calls on the Government to take immediate and decisive steps to provide an efficient, equitable health system and to avoid the escalating crisis in public health in 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 M.F. BOARD (Murdoch) [3.02 pm]: I move the motion.

This is the last full week of sitting for the Assembly this year. It marks the end of the second year of the Government's parliamentary performance and it just about marks the midway point of Labor's term in government. It is fair to say that the difference between the Western Australian community's expectations of health services in the lead-up to the last state election and the reality of those services today could not be greater. The Western Australian community is very disappointed in the Labor Government. That is clear from the latest opinion polls that indicate which issues are of major importance to the community. I am referring not to political opinion polls about popularity, but to what is important to the community and the issues it wants to be resolved. The community considers health issues to be the most important issues, and it believes that they are the issues on which the current Labor Government has most betrayed the community. The promises the Government made have not met the public's expectations.

Today we stand on the brink of a parliamentary recess but there is certainly no recess for the delivery of health services in Western Australia, particularly in the public health system. That need continues for 365 days of the year. Today, as possibly the last opportunity this year to debate a matter of public interest, we raise in this Parliament the importance of this issue and the actions that need to be taken to address it if we are not to see a repeat of what happened during the winter months. We urge the Government to consider making substantial reforms that will alleviate the problems in the public health system in particular. Where are the reforms that were promised? What decisions have been made to improve the way in which people access emergency services in tertiary and secondary public hospitals? What decisions has the Government made to improve the way in which people move through the system and access primary health care, particularly after-hours and at weekends? What real reforms have been implemented to expedite treatment for people seeking assistance through the health system? They have not occurred. In two years the Government has made only some administrative changes. Its reforms include additional appointments to the Department of Health, the centralisation of the health system and changes to the budget so that the allocation of health funding is citycentric. There have been no real reforms for those who receive public health care. That can be seen in emergency departments on a daily basis and in the crisis of the shortage of beds in the tertiary hospital system. There has been no reform of the procedures for moving people through the system; for example, patients waiting for elective surgery. Elective surgery in certain categories has been cancelled, and it is happening as we speak. The frequency of ambulance bypasses means that it is no longer a temporary management tool, but is a daily occurrence. Staff morale has continued to deteriorate not only in the metropolitan area, but also in regional areas.

During this MPI I will concentrate not just on the negatives. I will talk about some of the positive things that the Minister for Health and the Government can do to achieve some real and substantial outcomes. The Government should not just blame the federal Government and federal funding for the current problems. The minister has stood in this House nearly every week and talked about the responsibility of the federal Government. The federal Government has a responsibility for health care and it puts a large amount of resources into every State of Australia. The minister has not mentioned that the proportion of funding between the Commonwealth and the State has shifted. There is a higher proportion of federal funding in the State's health system than there ever has been, yet the proportion of funding that the State provides has diminished in real terms. The State is playing a lesser role than ever before in the provision of overall health funding by the Commonwealth and the State. That is the truth of the matter, and the minister knows it. The minister should read all the health reports and speak to the independent bodies that are concerned with state by state public health funding in Australia. They clearly indicate - I can produce the evidence to this House - that the proportion of funding provided by the State is less today than ever before. That is the reality of the situation.

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The report of the Health Administrative Review Committee was much-heralded and was some time in the making. It was going to be bigger than *Ben Hur*; it was going to reform the public health system; it was going to deliver to the community the promises of the Labor Government; it was going to make it easier for people to access emergency departments; it was going to make public health care more equitable between city and country people; and we were going to see major reform. We have seen very little reform following the HARC report, particularly for sick people in the community.

Let us go through some of the Government's additional promises. The minister issued a statement on the establishment of HealthWatch. He is big on press releases; in fact, in the past two years he has issued hundreds of press releases on health issues. The press release on HealthWatch said that we would have a health watchdog. Where is it? Where is that independent body that was supposed to be appointed by the minister to raise issues about the major changes in health care that are required from a consumer's point of view? Where is the clinical senate that was promised? Where are the general practitioners who were supposed to play a major role in advising the Government on the direction of health care? They were going to deal with the issue of clinical reform and where it would be applied between tertiary and secondary hospitals. They were going to assist the Government to make these difficult decisions to provide services closer to home. Where is the senate? There is not a word about those reforms.

Where are the reforms in relation to the number of people on waiting lists and the speed with which they are seen in emergency departments? We have seen some press releases about the physical make-up on the outside of the public health system but very little reform in emergency departments, which flows to hospital beds and how the people in those beds move through the system. Why does there continue to be a backlog in the system? Why are people, particularly the elderly, who should be elsewhere, occupying acute-care beds in tertiary hospitals? Why have the reforms to the system not been organised to move those people through the system and to provide additional services, either in secondary hospitals, by buying them from the private health system or, more importantly, by providing home-care packages? Those reforms are being made in other States at a faster rate than they are being made in Western Australia. Our health system continues to have a backlog in available beds and, as a result, a build-up of emergencies. Why do people access emergency departments? We know from the minister's own words that between 40 per cent and 50 per cent of people who go to emergency departments should not be there; they should be serviced by GPs in their own areas. Where are these GPs after-hours? Where are they on weekends?

Ms M.M. Quirk: Ask your federal colleagues.

Mr M.F. BOARD: Blame the Commonwealth again. When will this Government take some responsibility for the health care system? When will it provide some incentives through the State to do something about the health system? When will it work with the providers of education and give even greater incentive packages for people to work in outer metropolitan and country areas? That is what a state minister and a Government should do. They should take some responsibility for the State. They should seek out the pressure points and ask what they can do from where they sit within their legislative framework to assist these areas.

What incentives can the Government provide? The minister will say that the Government cannot provide incentives because it must be done with the permission of the Commonwealth Government. Why was it achieved under the previous Government? Why was it achieved through negotiation at Armadale-Kelmscott Memorial Hospital? Why were GPs able to bulk-bill from Armadale hospital when this Government said they could not? Why are other States able to negotiate with the federal Government to make sure they are running their clinics night and day for the benefit of the community? Why does this Government continue to say, two years after coming to government and two years after promising the people of Western Australia decent reform: "I am sorry, it is the Commonwealth's fault. We have no control over the health care system. The Commonwealth runs it. It provides all the incentives for doctors and all the training. It runs the system and we cannot do anything about it." The people are starting to see through that, which is why the Premier sits there and knows that at the next election he will be judged on the public health system. That is why the members in his party, who are sitting on fairly narrow margins and are concerned about becoming one-term members of Parliament, will be judged by their electorates on real reform. Those reforms are not just about who gets a job in the Department of Health, the centralisation of health care, how many jobs go around in Royal Street or the opportunities through the HARC report for a different structure. The people in those electorates will be looking at how they are treated, how quickly they are treated, their access to the public health system and the way in which they can move through that system.

Let us consider some other issues that should have been treated with urgency by this Government. What did the Government promise on elective surgery - a critical area for people awaiting surgery, particularly the elderly? We all know that there are various categories of elective surgery. We all know that delays in that elective

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surgery, although not considered life threatening, have indeed left people in great pain. The lifestyles of some people have suffered greatly while they have waited for surgery, particularly those awaiting hip replacements, leg surgery and other surgery that affects their mobility. For some people it is the first time in a major way that they have come in contact with the public health system. How are they treated? They are denied operations for 12 to 18 months and when they do get to the top of a waiting list they are often superseded by more urgent cases. Budgetary constraints have also affected those people, in that elective surgery has been cancelled as a result of pressure on beds because there is nowhere for people to go; hence they go further down the list. It is not surprising that studies in Western Australia indicate that people are coming off public waiting lists and electing to be treated under private health insurance. The greatest numbers of people ever in Western Australia - 52 per cent - are having elective surgery through the private health system. They are doing that because they are sick of waiting.

I encourage people to take on private health insurance and to use the private health system. However, in reality many people cannot afford it or have left it too late, or people on fixed incomes find themselves incredibly disadvantaged within the system. No priority is given to those people. We, as a Government, put in place the Central Wait List Bureau and funded it independently to achieve a balance in elective surgery so that it could be placed around the State. For instance, someone from Rockingham who could not have elective surgery at Rockingham-Kwinana District Hospital because of a waiting list, numbers or funding, could purchase that service in Geraldton. What happened to that money in the Central Wait List Bureau? It has gone. It was sucked up into tertiary hospitals. I understand the need for tertiary hospitals to have additional funds, but that directly impacted on Western Australians requiring elective surgery.

Why could we not use the private health system and work with it in a far more cooperative way to achieve a result for people on waiting lists? If it is because of the number of people on the lists and the lack of specialists, why could we not work more cooperatively and try to move those people through a purchasing process with the private sector? Does the Government think that Mrs Smith of Rockingham who needs a hip replacement will worry whether she has it in a not-for-profit hospital? I do not think so. On the subject of cooperation, this minister said, "At last we will have a single unified health system in Western Australia." How is it single and unified? The minister has said that the Peel and Joondalup hospitals are private hospitals, not public hospitals. However, 85 per cent of the services they deliver are in the public system. Therefore, are they not public hospitals that are delivering a first-class service? How is it unified when over 50 per cent of the treatment episodes in this State are performed by either the not-for-profit system or the private system, yet those systems are not involved in a cooperative sense in a total unified health system in this State?

Mr R.C. Kucera: That is rubbish and you know it.

Mr M.F. BOARD: It is not. When does the minister seek their advice? On what boards do they sit? In what cooperative way is their intellectual property utilised? When do we use their equipment if required? When do we use their staff if required? When is there cooperation across the public and private sectors? That is what is important. Why can the State not have dual tenders for equipment to achieve a saving by bulk purchasing? Why does the State need to run a totally independent system? Does it really matter how many X-ray machines are bought at the same time? Can those machines not be bought in a cooperative way? Can we not have cooperation in catering, cleaning and a range of other areas for the benefit of the taxpayers, because the end result is that we will get a better service at a lower cost? A lot can be gained from cooperation, particularly with regard to specialists and emergency situations. St John of God Health Care Murdoch offers emergency treatment at virtually no cost to the State. It costs St John of God Health Care \$2 million a year to subsidise that emergency service. However, because St John of God Murdoch is the only hospital between Armadale and Fremantle, it believes it needs to continue to provide that service. I admire it for that. However, it will never get any thanks from this Government for providing that sort of support.

Today the minister condemned the federal Government for introducing the 30 per cent private health system rebate. Figures around Australia have shown that because of the number of people who have taken up private health insurance as a result of that rebate, particularly among the elderly and the most vulnerable, the pressure on the public health system has been alleviated to a great degree.

Mr R.C. Kucera: Rubbish! It is less than one per cent in this State, and you know it.

Mr M.F. BOARD: No. The minister is misleading.

Mr R.C. Kucera: You are the one who is misleading the people of this State.

Mr M.F. BOARD: No, I am not. The minister should look at the independent reviews and reports that have been done throughout this country. As a result of that 30 per cent rebate, the pressure has been alleviated to a

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great degree. I agree there is now greater pressure on the public health system. However, had it not been for that rebate-

Mr R.C. Kucera: Greater, is it? Why is it greater?

Mr M.F. BOARD: Because we have an ageing population. The minister would be in enormous trouble were it not for that 30 per cent rebate, because if the minister thought he had problems this winter, he should see what would have happened had that rebate not applied, particularly, as the minister knows, with regard to elective surgery. The minister should support any proposal that will alleviate or take off the pressure on the public health system. The minister should sit down with the other health sectors on a regular basis; that is, with the private system, and particularly the not-for-profit system. I think that, politically, that would be acceptable to the Western Australian community. I agree that, politically, the for-profit system is difficult for the community to understand and accept. However, I believe the community does accept the not-for-profit system. The minister should support that and look at it cooperatively throughout the country.

Several members interjected.

Mr M.F. BOARD: What was the interjection?

Mr R.C. Kucera: The member for Warren-Blackwood wanted to know why I did not attend the opening of the hospital in his area. The reason was that we had to alter the date because he wanted to go to the grand final instead of being with the patients in his own hospital.

Mr P.D. Omodei: The local football grand final!

Mr M.F. BOARD: I assure the minister that I back the reputation of the member for Warren-Blackwood in his community.

Let us talk about the most critical issues. We have talked about the Government's betrayal and hype. Where is the real action? We have talked about budgets and funding and about how the Government wants to blame the Commonwealth. This year we have had the lowest percentage increase in real terms in the state health budget. Where are the real reforms? Where are our general practitioners in both the city and the country? The minister will say he has no control over that and cannot do anything about it. The minister can do things about it, and he knows it. He can put in place incentive programs that are even stronger than the ones the federal Government has put in place. The federal Government has put in place some reasonable incentive programs. The minister can back them up if he needs to. The minister can work with the University of Western Australia to see how we can get medical students to go to the bush. Where is the support for allied health professionals in country areas? Where is the support for dental services? The minister had an inquiry this year and promised greater support for dental services in Western Australia. The minister should ask the Oral Health Centre of Western Australia what it thinks. I guarantee that it will tell the minister that the dental hospital waiting lists are higher than they have ever been. We support many of the reforms for dental clinics, because we put them in train, but much of the additional support for dental clinics has yet to come on stream.

This minister wants to talk about nurses. He talks about them every day. He hangs his hat on the fact that he produced an enterprise bargaining agreement. However, at the end of the day that EBA was exactly the same as the EBA that was produced by the former Minister for Health, Hon John Day, except that there was a larger amount of money in the nursing package. That money was for the recruitment of 500 additional nurses. However, that recruitment has not happened. The minister can promise anything he likes if he will not actually go out and spend the money. The reality is that the minister's talk about additional support was just a load of hocus-pocus. The reason that nurses are in crisis today, particularly in the prison system, is that they feel -

[Interruption from the gallery.]

Mr M.F. BOARD: The prison nurses feel betrayed, because this minister and the Attorney General wrote to them and told them that they would be part of the public health package and it would be backdated to May 2001. Regardless of whether the minister intended to do that, that is what he did. However, the minister is now backtracking on that, and he has been caught out. I say in this Parliament that we do not support the nurses' strike action. However, we understand the nurses' point of view that, having received correspondence and support all the way through that they would receive a package backdated to May 2001, they have been betrayed.

[Interruption from the gallery.]

The DEPUTY SPEAKER: Order! The people in the public gallery are welcome to be in this place, but they are not permitted to participate in the debate or comment in that manner. I ask the people in the gallery to be mindful of that so that we can hear the speaker who has the call.

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Mr M.F. BOARD: Thank you, Madam Deputy Speaker. If that were not bad enough, where is the legislation? This place is about legislation. If we are not dealing with legislation, why are we here? Where are the changes to the Medical Act, the Physiotherapists Act, the Dental Act and the Mental Health Act? After two years, we now have the nurse practitioner legislation. We support that legislation, because we wrote it. We went through the whole process, yet what have we seen in two years? We have seen a bit of tinkering around the edges of the nurse practitioner legislation. That is the best we have seen from this minister in progressing legislative reform. I can hardly call that good enough. Unfortunately, there is much to say about what should be happening. There are solutions to these issues. The minister must take some responsibility. He cannot keep looking across the border. He must say, "This is our community, these are the people we promised reform to, and these are the people we want to care about in Western Australia." The minister should get on and do something that gives those people a better health system in Western Australia.

MR T.K. WALDRON (Wagin) [3.30 pm]: The National Party and all people living in the country would dearly love equitable health services in Western Australia. However, it is not the case now. Since the Government came to power, there has been a decline in funding for country health, a decline in services and a crisis in nursing staffing rates in the country.

Mr R.C. Kucera: This is unbelievable!

Mr T.K. WALDRON: I have only a minute. The abolition of the country boards was a major step backwards for country health. The abolition of those boards put an end to community input and the accountability of health spending, and it can be seen all around country Western Australia at the moment. The minister said that the reason for that was that those people should not have the onus of managing the finances of those boards. Their record is outstanding. It is a slight on country people, because the minister is virtually saying that they do not have the ability to manage those services. They have proved that they can do that. Many country people are qualified and capable, run large businesses and have the attributes to run these services very well. The proposed advisory councils are only a method of covering up for the loss of the boards and will not deliver anything. It is appalling that there is no support for a large regional town such as Merredin that has the responsibility of providing health services to a wider region in the eastern wheatbelt through the district hospital. Wagin and Katanning also have a looming crisis.

MR R.C. KUCERA (Yokine - Minister for Health) [3.32 pm]: It is interesting that members of the Opposition currently are following the same path as their colleagues in Victoria. For the member for Murdoch to stand in this Chamber and deliberately mislead the people of this State about health issues and about what has happened in the past two years of this Government shows how desperate they have become.

First, I will refer to a statement released by Hon Mike Board, the member for Murdoch, in which he said that there had been a \$150 million blow-out in health. That is absolute fantasy.

Mr C.J. Barnett: What is it? Tell us.

Mr R.C. KUCERA: I will be quite delighted when the midyear review comes out to show the people of Western Australia how this type of mischief and these misleading statements start to denigrate the managers and the very fine people of this State who work in our health system.

Several members interjected.

The DEPUTY SPEAKER: Order!

Mr R.C. KUCERA: The second comment the member made in his statement was that bed closures over the busy Christmas period had been mooted. For the past I do not know how long, the Christmas period has been the quietest time for hospitals in this State, and in virtually all States of Australia. We said very clearly before the onset of the winter peak this year that we would open additional beds and that when the winter peak and the illnesses subsided, those beds would be taken out of action, as they are every year. The member for Murdoch is making too much noise, so perhaps he needs to walk outside and have a look at the sky. I remind him that it is summer; the winter peak has passed. There is a waxing and waning each year. Our hardworking nurses and doctors deserve a holiday, as does everyone else, and hospitals must be structured accordingly. The member has released this sort of nonsense in the newspaper, which denigrates our health system.

His statement also referred to hospitals being in crisis. We had a real crisis in this State about six weeks ago when many young Western Australians were killed or badly injured. In a real crisis the hospitals in Western Australia showed what the workers in our health system can do. It is not the sort of niggardly, denigrating motion that the member has raised in this House today, in which he simply talks down the health system of this State and says that we blame the federal Government. Is it any wonder that we saw the recent election result in Victoria?

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When we start doing the job and getting things done, all members opposite can do is knock, knock, knock. I recall standing in this House six weeks ago during a minute's silence. People in my office thanked me for the wonderful work that the health workers had done in our hospitals. We can talk about a crisis, but members opposite do not know the meaning of the word "crisis". The only crisis in the health system in this State is the crisis that members opposite create by talking down our system, nurses, doctors and hospitals.

The final comment the member made in his statement was that hospitals were struggling to afford to upgrade equipment. This year we have spent \$20 million upgrading the equipment that this mob totally ignored for eight years. Last week we put online one of the best computerised tomography scanners in the world - there are only three of them - in the Shenton Park annexe of Sir Charles Gairdner Hospital. Members opposite did not even have a procurement plan. Recently we have found that there is a \$70 million exposure in imaging equipment, which members opposite totally ignored for the eight years they were in government. What are we doing? We are getting on with the job.

This is the type of grubby little statement that the member puts out. What does it remind members of? It reminds me of another grubby little deal that somebody tried to do with a magnetic resonance imaging machine for the kids of our State. We have ordered three brand new MRI machines for our major hospitals. However, one of them is not licensed, and we will have to pay for the operation of that machine. The other week somebody tried to do a little backroom deal to prevent the people of the southern suburbs from getting a road. The member is starting to show a *modus operandi* for this sort of thing. We used to call it an MO in my other job. It is the way the crooks used to do things; they would do it the same way every week.

The member also said that nothing had been done in the past two years. We have done more in two years than this mob did the whole time it was in government. More than that, we value the people in the health system in this State. The State's biggest nurse recruitment campaign -

Mr C.J. Barnett: I do not think the prison nurses see it that way.

Mr R.C. KUCERA: I am talking about nurses who work in the public hospital system.

Mr C.J. Barnett: They are not feeling valued by the minister at all.

Mr R.C. KUCERA: Where was the Leader of the Opposition, with his wonderful economic brain, when he offered the nurses of this State a miserable one-third less than this Government offered?

The DEPUTY SPEAKER: The level of interjection in the Chamber is totally unacceptable. I ask that members desist and that we listen to the minister, who has the call.

Mr R.C. KUCERA: The support our nurses receive in percentage terms is almost three times the support that the member receives for his position in this Parliament! He should not talk to me about what we do for nurses. I am proud to have introduced into this House the nurses practitioner legislation - which will be debated later today - not only for the far-flung reaches of our State, the outposts in the middle of the deserts and in the communities, but also across the entire health system. Today the member for Murdoch misled the people in this House when he referred to the time it took to introduce this legislation. He knows darned well that we had to go back on a consultation process because those on the other side did only a third of the job. It annoys and angers me a great deal when members mislead the House. I have already referred to a \$20 million investment in medical equipment. Next week we will open the most advanced cancer-detecting machine in this State when we start up the new positron imaging tomography scanner. What did we have to do there? Those on the other side wanted me to negotiate a deal with the federal Government that was essentially illegal - a tender that would not even comply. We were told to put the tender in anyway; we may get it. We did not put in a tender that would not comply.

Mr C.J. Barnett: That is not illegal.

Mr R.C. KUCERA: It is, when we are told to put it in anyway. In my book that is fraud. I have already mentioned the magnetic resonance imaging scanners. The member for Murdoch talked about tinkering around the edges. What is a \$17 million rebuild of our emergency departments? The member spoke about the flow-through of people. Do members know why we have such a major bed-block in our hospitals? It is because this Opposition got rid of 342 beds from our major tertiary hospitals.

Mr M.F. Board: No, we did not.

Mr R.C. KUCERA: I will give the member for Murdoch the figures and show him the reports. That is why we have a bed loss

The DEPUTY SPEAKER (Mrs D.J. Guise): Members of the gallery, the Speaker has a ruling about signs that can be displayed in the Chamber, and it also applies to the public gallery. I ask people not to do that.

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Mr R.C. KUCERA: I was referring to the flow-through of beds in our major hospitals. The member for Murdoch knows very well -

Mr P.D. Omodei: Tell us about the Belmont Police Station.

Mr R.C. KUCERA: Go and hug a tree!

The member for Murdoch knows very well that the reason for the bed-block in our hospitals is very complex. Firstly, he knows about the removal of the 342 beds from the system. Those beds were put into peripheral hospitals where major trauma surgery is not done; and the member for Murdoch knows that only three hospitals in this State do major trauma surgery. During the whole time those opposite were in government - it is a shame the member for Darling Range is not here - when they went through five or six health ministers, they had a philosophy of day surgery that was not supported in our major hospitals. It is as simple as that. The member referred to elective waiting lists. It might interest not only members in this House but also the community of Western Australia to hear that our waiting lists this year are down by more than 2 500 compared with this time last year - from 15 808 in February 2001 to 13 130 in October 2002. They did not go into the private system. The private system did nothing for us in this State. The 30 per cent rebate did absolutely nothing for the people who use the public hospital system in Western Australia. I did not see anybody who came home from Bali helped by the private system. Royal Perth Hospital was on permanent bypass when the people from Bali were being treated, because we needed to deal with the people coming off those aircraft. The other hospitals rose to the occasion magnificently. Of course we have bypass in this State; the coalition created it as a management tool. There was absolutely no point in putting something like that in place if it also took out of the system almost 350 beds; that is a nonsense. We must use this system whether we like it or not until we rebuild, renew and reinvigorate the health system in this State.

I now refer to some notes on bypass surgery that were recently given to *The West Australian*. There has been a decline in general practitioner availability. The member for Murdoch referred to GPs and he well knows that the primary health system in this State is supported by Medicare. I do not pay the doctors' Medicare money. A good deal was done with the doctors in Merredin, and we now have a private doctor operating there. We were asked to put salaried doctors into that hospital and deny doctors there the opportunity to run a private practice.

Mr M.F. Board interjected.

Mr R.C. KUCERA: Exactly the same? They may be looking for the Health Insurance Commission pretty soon; the same as the rest of the deals organised by those opposite. I have already referred to the 342 beds. The federal Minister for Health and Aged Care has admitted that we have over 600 -

Mr M.F. Board interjected.

The DEPUTY SPEAKER: Order! Member for Murdoch.

Mr R.C. KUCERA: The member for Murdoch cannot get it through his brain that emergency hospitals do emergency treatment. Patients moved out of the emergency department are moved into another bed in the hospital. The unfortunate part about that is if 342 beds are taken out of that hospital, patients could not be moved from the emergency department. Does the member for Murdoch expect us to put them in a taxi and send them to Armadale or Bunbury? It is a nonsense. In the next few years we will maintain and rebuild the beds within that hospital.

Mr M.F. Board interjected.

Mr R.C. KUCERA: The member was booming that up. This was given to *The West Australian* as a set of notes. The communicable control branch of the Department of Health, on the basis of data collected by the Princess Margaret Hospital for Children, for instance, which is probably the best and most sensitive indicator we have of the level of influenza for this year - do not forget, we had Bali on top of this - indicated that we had the highest level of influenza A and B activity since 1996, when data was collected in its current form. We should take our hats off to the people in our hospitals for coping with that kind of pressure. Nobody denies they are under pressure. Nobody denies that we have problems within the system. I have never denied that. We are working towards fixing those problems. The hospitals cope. This member constantly denigrates the people who work within the system.

Mr M.F. Board: We are saying to get on with some reforms to improve the system.

Mr R.C. KUCERA: Let me talk about reform generally. The Health Administrative Review Committee system - regardless of the fact that this member wants to knock a system that has been recognised as being one of the leaders in Australia - is in place, but we cannot change the RMS *Titanic* overnight. Opposition members should know that; they have not even changed their leader yet. We cannot turn back eight years of neglect; eight years

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of constant denigration of a system, eight years of privatisation, and eight years of ripping the guts out of the hospitals and giving them off to contractors - we cannot change those things overnight.

A member interjected.

Mr R.C. KUCERA: Madam Deputy Speaker, I am not sure whether you heard that comment, but I suggest that it was very unparliamentary. I am glad that your sensitive ears did not hear that comment, Madam Deputy Speaker. It is obviously getting towards the end of the parliamentary year. The Leader of the Opposition has obviously realised that he will not be getting very much in his Christmas stocking this year - maybe an empty bottle of red or something.

The Health Administrative Review Committee processes are in place, whether the member for Murdoch likes it or not. The health ministers of this country talk about a single, unified system. We will achieve it.

Mr R.F. Johnson: When?

Mr R.C. KUCERA: We do not have to say when, because we work towards bettering things. The health system is evolutionary. We are reinvigorating it; we are not allowing it to go down the gurgler, as it did under the previous Government. We have signed off this year on 99 of the 237 recommendations of the King Edward Memorial Hospital for Women inquiry. The Government has commenced a \$25 million rebuilding program for that magnificent hospital. What was the Opposition going to do to King Edward Memorial Hospital when it was in government? It was going to close it and knock it down.

Mr R.F. Johnson: Who said that, apart from you?

Mr R.C. KUCERA: Did the previous Government not have a health minister who represented Darling Range?

Mr M.F. Board: He never said that.

Mr R.C. KUCERA: He didn't? I will look at the estimates, but I recall that he said he would close that hospital. It is as simple as that.

People talk about the budget. The State Government has, to date, allocated an additional \$754 million to health. It has allocated \$375 million for capital works projects over the next four years. The member for Wagin spoke on capital works projects. I have opened at least three new health services, including a hospital, in his electorate. We did the member for Warren-Blackwood a favour and said that we would put a brass plaque on the new hospital in his electorate and that he could attend the opening with me because the building program was commenced under his Government. That is exactly what the Premier graciously did for the previous Premier, Hon Richard Court. However, we had to spend \$350 to change a plaque at the hospital because the member for Warren-Blackwood wanted to go to the grand final game. It is ridiculous, yet he stands up and denigrates me.

Several members interjected.

The DEPUTY SPEAKER: Order! Members are making it very difficult for Hansard. Apart from anyone else, members should at least show courtesy to members of the staff who have a job to do in this place. I remind members that that level of interjection is unparliamentary.

Mr R.C. KUCERA: I quickly put these new works on the record: new dental clinics in Joondalup and the south metropolitan area; acquiring land for new health facilities in Mirrabooka and Cannington; and the development of a sobering-up centre. The member for Murdoch should listen to this - the development of a sobering-up centre - and he should probably talk to his boss about that, too.

Withdrawal of Remark

Mr C.J. BARNETT: I should not have to make this point of order. That is clearly impugning my reputation. I ask that the minister withdraw immediately.

The DEPUTY SPEAKER: I did not hear the comment.

Mr R.C. KUCERA: In any case, I withdraw it. I know that people are getting a little touchy, as it is getting towards the end of the year.

Debate Resumed

Mr R.C. KUCERA: New works also include the planning of a facility at Denmark and the upgrading of the existing hospital. Key existing capital works projects to be further progressed in 2002-03 include \$9.4 million for east metropolitan health service developments.

Several members interjected.

Speaker; Mr Mike Board; Mr Terry Waldron; Mr Bob Kucera; Deputy Speaker; Mr Colin Barnett; Dr Geoff Gallop; Mr Tony McRae; Mr Rob Johnson; Mr Paul Omodei; Acting Speaker; Mr John Bowler; Dr Janet Woollard

The DEPUTY SPEAKER: Order! Those types of interjections are unacceptable, not only to me but also to the Speaker of this House. I ask that members respect the position and that we listen to the member who has the call.

Mr R.C. KUCERA: The \$9.4 million for east metropolitan health service developments includes projects at Royal Perth, Shenton Park, Kalamunda District Community, Swan District and Bentley Hospitals as part of a \$34 million five-year program. This week I released the outline for the development process for the new firewalls to make sure that Kalamunda District Community Hospital is protected this year. There are developments at Derby, Halls Creek and Fitzroy Crossing. Some \$1.9 million will be allocated to the Kimberley Health Service. A further \$10 million has been set aside for aged care service development in the Kimberley, which is really the responsibility of the federal Government, but we are doing it anyway because the federal Government has essentially refused to capitalise it.

The total commitment for the North Metropolitan Health Service developments is \$10.9 million and includes projects at Sir Charles Gairdner Hospital, Graylands Selby-Lemnors and Special Care Services and Osborne Park Hospital. Some \$7.6 million will be allocated to the south metropolitan health service for developments at Fremantle Hospital, Peel Health Campus and Rockingham-Kwinana District Hospital. We have spoken of developments at Peel Health Campus. Rockingham-Kwinana District Hospital has the worst campus of any of the other hospitals, but this year a brand new emergency department was commenced there.

A total of \$31.5 million will be allocated to women's and children's health services. Some \$17 million will be allocated to improving emergency departments. Geraldton Regional Hospital has been allocated \$2.5 million for hospital redevelopment, as part of the \$35 million regional hospital redevelopment. The Kimberley has been allocated \$34.1 million for extensive capital works. Port Hedland health service has been allocated \$11 million. Rural staff accommodation has been allocated \$5 million. During my first trip around this State as minister, I saw the atrocious accommodation that the previous Government left us. Brand new houses for staff have been constructed at Kalgoorlie and 10 new houses for staff have been built in Karratha. The member for Murdoch wants to know what we have done. I could go on and on.

The member for Murdoch's comments on hospital bypasses were quite surprising. He talked about the great job that hospitals do. Yes, they do a great job. He talked about St John of God Health Care Murdoch. It has the highest level of hospital bypasses of any hospital in this State. The hospital with the bypass period closest to that of St John of God Health Care had an average bypass period of about 25 hours, and I am advised that the bypass period for St John of God Health Care Murdoch was 109.6 hours. That hospital does a wonderful job, but it shuts its doors. The member for Murdoch does not realise that people who go to private hospitals -

Several members interjected.

The DEPUTY SPEAKER: Member for Murdoch!

Mr R.C. KUCERA: People who go to private hospitals and find the doors shut then go to public hospitals. The people who go to public hospitals cannot vote with their feet; they are there.

[Interruption from the gallery.]

The DEPUTY SPEAKER: I would ask people in the gallery one more time to show respect for this place, otherwise I will ask officials to take note of the comments and who is making them.

Mr R.C. KUCERA: Members in the other place and the member for Murdoch have asked for figures. The longest bypass period for Royal Perth Hospital this year was 15.45 hours. St John of God Health Care Murdoch had a period of 109.6 hours. The point I make is that people cannot vote with their feet at a public hospital because it is the only place to which they can go. It is rather a sad indictment.

[Interruption from the gallery.]

Points of Order

Mr J.J.M. BOWLER: I call on you, Madam Deputy Speaker, to do something about people in the gallery, who are obviously getting out of hand.

Mr C.J. BARNETT: I appeal to members of the gallery to remain quiet, but I make the observation that if members of the public wish to attend this Parliament and express their points of view, they should be allowed to do so. It was regrettable that prison nurses were barred from this Parliament for one week - I understand their anger. It is unacceptable. However, I appeal to people in the gallery to remain quiet and listen to the debate. Would they please do that?

Speaker; Mr Mike Board; Mr Terry Waldron; Mr Bob Kucera; Deputy Speaker; Mr Colin Barnett; Dr Geoff Gallop; Mr Tony McRae; Mr Rob Johnson; Mr Paul Omodei; Acting Speaker; Mr John Bowler; Dr Janet Woollard

The DEPUTY SPEAKER: I ask members to be cognisant of the fact that the decision made last week was made by the Speaker and, therefore, that decision should be respected by the House.

Dr G.I. GALLOP: I regret to inform you, Madam Deputy Speaker, that the Leader of the Opposition reflected on the Chair again, and I ask that he be called to order.

The DEPUTY SPEAKER: I did not hear the comment of the Leader of the Opposition, but if he did reflect on the Chair, he should withdraw his comment.

Mr C.J. BARNETT: I said that I regretted that the nurses were barred from this Parliament for a week, and I do.

Mr A.D. McRAE: The Leader of the Opposition said that it was unfortunate that the Speaker had made that decision. That clearly calls into question the decision that the Speaker made in this Chamber a week ago. If he had a problem with it then he should have had the gumption to stand up and put his view, but he did not. He is opportunistic and he should withdraw his remark.

Mr R.F. JOHNSON: I wish to bring sanity to this point of order. The Leader of the Opposition did not reflect adversely on the Chair; he would not do that. He simply said that he regretted that members of the nurses union who work in the prisons were excluded from the Parliament. That does not reflect on the Chair.

Dr G.I. Gallop: You are rewriting the English language.

Mr R.F. JOHNSON: No; that was not a reflection on the Chair. We must bear in mind that when the Gallop Labor Government was on this side of the House, the Construction, Forestry, Mining and Energy Union and other militant unions were allowed to run riot in this place and in the other Chamber. We must adopt some sensibility here.

The DEPUTY SPEAKER: The point of order sought to bring to order the public gallery. I remind all members that it is unparliamentary to reflect on the decision of the Chair.

Debate Resumed

Mr R.C. KUCERA: I will conclude now because my country colleague, the member for Eyre, wants to speak for a few minutes. Much has been made by the member for Murdoch of the state and commonwealth relationship. I refer him to the words he used in this House. I quote from the uncorrected *Hansard* -

We need a total rethink on a commonwealth and state basis of how we can achieve equitable health delivery -

Points of Order

Mr P.D. OMODEI: The minister is obviously quoting from the uncorrected *Hansard*.

Mr R.C. KUCERA: It is dated Wednesday, 27 November 2002.

The DEPUTY SPEAKER: Can the minister advise whether it is the corrected *Hansard*?

Mr R.C. KUCERA: I am not sure. I think it is uncorrected.

Mr R.F. Johnson: It says on the cover of the daily *Hansard* in plain English "Uncorrected Proof - Not to Be Quoted or Distributed".

Mr R.C. KUCERA: It does not say anything on the bottom of this page.

Mr R.F. Johnson: Is there not something on the bottom of the page?

Mr R.C. KUCERA: No; there is not.

Several members interjected.

Mr R.C. KUCERA: I can only assume it is the uncorrected proof because this is a photocopy.

The DEPUTY SPEAKER: Will the minister confirm that he is reading from the uncorrected proof?

Mr R.C. KUCERA: I cannot confirm that because it is a photocopy. The member for Murdoch spoke clearly last week -

Mr P.D. OMODEI: The minister clearly said that he was quoting from the uncorrected *Hansard* and that is against standing orders.

Mr R.C. KUCERA: My apologies; it has been pointed out to me that it is a corrected copy of *Hansard*.

Debate Resumed

Speaker; Mr Mike Board; Mr Terry Waldron; Mr Bob Kucera; Deputy Speaker; Mr Colin Barnett; Dr Geoff Gallop; Mr Tony McRae; Mr Rob Johnson; Mr Paul Omodei; Acting Speaker; Mr John Bowler; Dr Janet Woollard

Mr R.C. KUCERA: The member for Murdoch continued -

in our remote and regional areas. I say that unashamedly. With the best interests in the world, the Commonwealth is trying to do things throughout Australia, and Western Australia does its best notwithstanding the politics and the difficulties faced in this State.

The situation is exactly as the member for Murdoch indicated in this speech. The only way we can deal with reforms in this country -

Mr M.F. Board interjected.

Mr R.C. KUCERA: I agree. I have the reforms and we are moving to implement them. The member for Murdoch is misleading the people in this State if he does not acknowledge that the Commonwealth should be involved in reforms. The only way that there will be major health service reforms in this State is by working cooperatively with the Commonwealth.

Mr M.F. Board: Take a leading role.

Mr R.C. KUCERA: As chair of the commonwealth conference last week, I took a very leading role. What did the member for Murdoch's commonwealth colleagues do? As usual, they ignored our representation. In the 22 months I have been a member of this Parliament, I have -

Mr P.D. Omodei: Another Labor Party stunt.

Mr R.C. KUCERA: I will not refer to stunts; it is not Thursday! The reality is that in the 22 months I have been a member of this House I have not heard one member opposite defend the fine people working in the public health system in this State. I have not heard them thank the nurses for the great work they do. I have heard them continually -

[Interruption from the gallery.]

The ACTING SPEAKER (Mr P.W. Andrews): The gentleman who spoke from the gallery wants me to throw him out, but I will not do that. He is very welcome to be in the gallery. The debate is very important for everyone in the gallery and I ask that gentleman to listen.

Mr R.C. KUCERA: I have never once heard members opposite defend the public hospital system; all they do is denigrate it. However, they defend their commonwealth colleagues when they deny the children of this State a magnetic resonance imaging machine and deny the people of this State an assurance that we will at least get the money we need to run our system properly. Members opposite want to defend their commonwealth colleagues rather than support the people and the children of this State.

MR J.J.M. BOWLER (Eyre) [4.06 pm]: I take up the theme from where the Minister for Health left off with regard to perception versus reality. I will not refer to the entire State but to the goldfields, which are in my electorate of Eyre - not the electorate of Kalgoorlie. Just after being elected, when I was a new chum in the game, I faced 300 angry mothers at the Kalgoorlie Town Hall along with Matt Birney, the member for Kalgoorlie. It was a daunting task because the town's only gynaecologist-obstetrician, Barney McCallum, had withdrawn his services. Many expectant mothers and many who had just delivered babies were very angry, and rightly so. Several front-page stories in the *Kalgoorlie Miner* were about the withdrawal of the service. It was obviously a big negative for our Government and a good, easy kick for the Opposition.

I began the speech prepared for me by the Department of Health but after about 10 seconds I realised I was getting nowhere and threw the speech away. I said the reality was that we must forget the platitudes and get Barney McCallum back to work. We eventually got him back to work, which rated about three paragraphs on page 5 of the newspaper. When he was not at work - the Opposition can probably help me out here - the *Kalgoorlie Miner* carried eight or nine front pages saying so. After three or four months he went back to work and the town had its specialist service. However, the average mother in the goldfields was still feeling negative about the level of services in the goldfields. As a former journalist I know that negative news is big news that makes the front page. When something is fixed or something good is done, it does not rate a story.

Mr M.F. Board: Did you read *The West Australian*?

Mr J.J.M. BOWLER: I would normally take the member for Murdoch's interjection, but I have only a minute left. If something good does rate a story, it takes up only one or two paragraphs.

DR J.M. WOOLLARD (Alfred Cove) [4.08 pm]: I support the motion, which calls on the Government to take immediate and decisive steps to provide an efficient and equitable health system and to avoid the escalating crisis in the public health system in Western Australia. One of the main reasons for this crisis is that -

Speaker; Mr Mike Board; Mr Terry Waldron; Mr Bob Kucera; Deputy Speaker; Mr Colin Barnett; Dr Geoff Gallop; Mr Tony McRae; Mr Rob Johnson; Mr Paul Omodei; Acting Speaker; Mr John Bowler; Dr Janet Woollard

Mr R.C. Kucera: There is no crisis and you know it.

Dr J.M. WOOLLARD: There is a crisis in the public hospital system.

[Interruption from the gallery.]

The ACTING SPEAKER: I advise the gentleman in the gallery that this is his last chance. If he interjects again, he will be removed from the gallery.

[Interruption from the gallery.]

The ACTING SPEAKER: The gentleman in the gallery will now leave.

[Interruption from the gallery.]

The ACTING SPEAKER: The member for Alfred Cove has the call.

Dr J.M. WOOLLARD: . The minister said there is not a crisis. If so, why is he increasingly using carers in the public hospital system rather than registered nurses?

[Interruption from the gallery.]

Dr J.M. WOOLLARD: Why has the minister not answered the question I asked in this House about how much money is being spent on agency nurses, and what they are paid? We see, once again, the prison sector nurses replaced by the agency prison nurses because the Government is not addressing health care problems.

Mr R.C. Kucera: Do you believe in the 30 per cent rebate to private industry?

Dr J.M. WOOLLARD: I believe in a fair and equitable health care system, which this Government is not providing. More carers are provided to replace registered and enrolled nurses. What about workload orders, minister, which were ordered in January of this year? What has the minister done about it? Nothing. He has sat on his hands while more nurses have been lost to the public hospital system.

Mr R.C. Kucera: You're misleading.

Dr J.M. WOOLLARD: No. The minister is misleading the community by stating that he is doing things for health care, when he is not doing so. He could improve the situation by introducing workload orders in the public hospital system and stopping registered and enrolled nurses being replaced with carers. How much is the Government spending on agency nurses in the public hospital system? I asked that question a couple of weeks ago, and the minister said he would get back to me on that matter in the following week. The member for Riverton recently spoke in support of arbitration for the prison nurses who were just thrown out of this Chamber. Why has the prison nurses dispute not gone to arbitration? Why does the Government refuse to recognise where the problems reside? Opposition members were correct in stating that the dispute was not recognised by the Government because it involves the Australian Nursing Federation, not the Miscellaneous Workers Union, of which the Attorney General was once the state secretary.

The minister outlined where he has allocated funds in the public hospital system. What happened to the magnetic resonance imaging scanner at Fremantle Hospital? Was it equitable to take away that MRI scanner? In the first Labor budget in the previous year, funds were reduced at Fremantle for research purposes; however, the minister says the Government is fair and equitable. Funds have not been allocated on a fair and equitable basis. The Government has allocated funds indiscriminately.

I support the motion. The Government has not alleviated the crisis. I am told out in the community that currently the health care system is in more of a crisis than it was a year ago. The minister could resolve the problems by working with the ANF and the nurses, rather than pushing them aside and not listening to them.

Mr R.C. Kucera: They need to sit down and talk. Everybody else does so in the health system these days - even the AMA.

Dr J.M. WOOLLARD: The minister is not listening. Why has the minister not implemented the workload order?

Mr R.C. Kucera: The order is being implemented and introduced in accordance with the order. Even the member for Murdoch said in the House that he supported us. It is a ridiculous situation. Do you want me to throw people onto the street from Royal Perth? You have no idea.

Dr J.M. WOOLLARD: The minister is happy for people in Western Australia to receive second-level care. The minister is not worried about the health care system, and its quality of care.

Speaker; Mr Mike Board; Mr Terry Waldron; Mr Bob Kucera; Deputy Speaker; Mr Colin Barnett; Dr Geoff Gallop; Mr Tony McRae; Mr Rob Johnson; Mr Paul Omodei; Acting Speaker; Mr John Bowler; Dr Janet Woollard

MR C.J. BARNETT (Cottesloe - Leader of the Opposition) [4.15 pm]: Let us go back to the election campaign, as we have done previously and will do so again in the future. I quote what the now Premier said in his pre-election announcement -

When doctors and nurses are forced into public revolt over the management of our hospitals, that is a crisis.

...

When ambulances are forced to drive the streets of Perth to find an emergency ward that can accept patients, that is a crisis.

We just saw nurses in revolt in this Chamber. They were not happy. Although their behaviour was not appropriate in this House, they clearly represented the views of many people in our health system. The do-nothing minister, who tries to bully and intimidate and who waffles on, has done little in health. His predisposition is to try to divide public and private health care, when the public and private systems need to work together. The minister can only criticise private health provision. General practitioners are private providers - that is what they do. However, the minister constantly criticises.

When we were in government, following 12 years of Labor in office, the biggest problem was a lack of capacity and facilities in health care. That is why the Liberal Government built hospitals at Joondalup, Peel, Bunbury and Armadale, and provided major upgrades at other facilities. Our Government raised the capacity and the quality of equipment, services and accessibility of the health system. The provision of assistance cannot stop there. Further progress is needed to provide for the efficient operation of our health system.

This foolish, poorly performing minister has failed to achieve a single thing. He talked about the health budget, which he cut - no wonder we have problems. In the second year of this Government, the budget received a 0.8 per cent real increase. No wonder the minister has failed to make any significant achievements in health in two years. The minister should behave in this Chamber.

Question put and a division taken with the following result -

Ayes (20)

Mr C.J. Barnett	Mr J.H.D. Day	Mr R.F. Johnson	Mr P.G. Pental
Mr D.F. Barron-Sullivan	Mrs C.L. Edwardes	Mr W.J. McNee	Mr R.N. Sweetman
Mr M.J. Birney	Mr J.P.D. Edwards	Mr A.D. Marshall	Mr T.K. Waldron
Mr M.F. Board	Ms K. Hodson-Thomas	Mr B.K. Masters	Dr J.M. Woollard
Dr E. Constable	Mr M.G. House	Mr P.D. Omodei	Mr J.L. Bradshaw (<i>Teller</i>)

Noes (26)

Mr J.J.M. Bowler	Mr S.R. Hill	Mr M. McGowan	Mr E.S. Ripper
Mr A.J. Carpenter	Mr J.N. Hyde	Mr A.D. McRae	Mrs M.H. Roberts
Mr A.J. Dean	Mr J.C. Kobelke	Mr N.R. Marlborough	Mr D.A. Templeman
Mr J.B. D'Orazio	Mr R.C. Kucera	Mrs C.A. Martin	Mr P.B. Watson
Dr J.M. Edwards	Mr F.M. Logan	Mr M.P. Murray	Ms M.M. Quirk (<i>Teller</i>)
Dr G.I. Gallop	Ms A.J. MacTiernan	Mr A.P. O'Gorman	
Mrs D.J. Guise	Mr J.A. McGinty	Mr J.R. Quigley	

Pairs

Mr M.W. Trenorden	Mr C.M. Brown
Ms S.E. Walker	Ms S.M. McHale
Mr R.A. Ainsworth	Mr M.P. Whitely

Question thus negatived.