

Mr Max Trenorden; Deputy Speaker; Mr House; Mr Mike Board; Mr Kucera; Mr John Day; Speaker; Mr Tony Dean; Mr Terry Waldron

RURAL SURGICAL SERVICES, FUNDING

Motion

MR TRENORDEN (Avon - Leader of the National Party) [4.01 pm]: I move -

That this House notes with concern the lack of a funding commitment by the Government to the rural surgical service, putting at risk the health of country Western Australians in rural and remote areas, who rely on the flying surgical service.

I will engage in an analytical process to point out the need for this service and I will outline some of its history. This motion results from the fact that the Government has decided to discontinue this service. Yesterday during question time, the minister indicated that was the case. In doing so, the Minister for Health and the Government are failing to support one of the most valuable and cost-efficient services in this State.

The rural surgical service was first trialed in 1995 by the commonwealth Department of Health and Family Services. The service was designed to fly surgeons in and out of regions on the basis of the need to perform elective-type procedures. The pilot program demonstrated the feasibility and value of the service. In 1997, the Western Australian Department of Health contracted the service. The coalition Government was committed to this service because there is an acknowledged need for surgical services throughout Western Australia, not just in the major coastal towns. We all want surgeons in Bunbury, Albany and Geraldton; and, whether under the prior Government or this Government, those towns should have surgeons.

The report on the cost analysis of itinerant rural services states that adequate numbers of resident surgeons support the Bunbury division. The review of the process indicates that there are already adequate services in Bunbury. I refer to Bunbury because the minister mentioned it yesterday. I hope that he does not tell the House that some of the \$1.5 million that is part of his program covers funding for surgeons in Albany, Bunbury, Geraldton or Kalgoorlie. This Government or any other Government should provide surgeons to those towns because they are sizeable communities and can support surgeons in their own right, as, for example, does the town of Northam. From time to time, surgeons have been attracted to that community. However, we are talking about surgeons going into different areas.

I will point out the nature of these towns. I do not believe that the minister will put visiting surgeons into Moora, Broome, Merredin, Paraburdoo, Tom Price, Bruce Rock, Lake Grace, Kojonup, Derby, Kununurra, Southern Cross, Gnowangerup, Kellerberrin, Ravensthorpe or Wongan Hills. These are the areas that the flying service visits; it does not visit Bunbury, Albany, Northam, Geraldton or Kalgoorlie. We are talking about providing a service to a group of Western Australians who, without it, would not be looked after. They would be included in the 30 000 Western Australians who come into the metropolitan area and clog up the waiting lists in the hospital system that this Government has put into a state of absolute crisis. Does the minister want those people to come into the metropolitan area? Mr Speaker, you are a metropolitan member, do you want 30 000 country people to come to Perth and use its health services inefficiently? Depending on which year one refers to, services cost between \$350 to \$500 more in the metropolitan area than the fly-in service to country areas. The fly-in service is cost effective and cheap. I will refer to that issue in a few moments.

Only eight per cent of resident surgeons provide surgical services in the isolated regions of the State even though 25 per cent of the population lives out there. That is why we are such strong supporters of this service. We cannot believe the callousness shown by the Labor Party and the minister in dropping this sensational service. The service consists of four part-time academic surgeons and a part-time medical secretary. It is a team. Over the years, six surgeons have been involved in this set of procedures. Yesterday, the minister said that part of the reason it should be shut down is that one of those people is retiring in January. So what? Two others have retired from the team in the previous five years, and we did not shut it down. Other members may refer to figures that show that Professor Tony House has not done the majority of the procedures. He has done a good slice of them, but not a majority.

Mr Kucera: I hope that was not a pun.

Mr TRENORDEN: Definitely not. The service costs a little over \$300 000 a year out of a budget of \$2.3 billion. That is not even peanuts. It is such a minute proportion of the Western Australian health budget that it is unbelievable that the Government would not support it. I am sure that members opposite have not seen these audit figures, because if they had they would not bother to oppose this motion. The audit shows that the service saves the State \$94 000 a year. The Government will shut down a service that saves money. It is far more efficient to conduct the procedures provided by the fly-in service in country areas than it is to take those people to the metropolitan area. Cutting out that service shows a remarkable lack of vision on the part of the Government. The objectives of the rural surgical service demonstrate its incredible value to the State. The

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service it provides includes improved health outcomes in rural and remote regions. An independent audit points out that this has been achieved.

Other objectives of the service include to provide equity of access to rural and remote populations for equivalent surgical need and to develop a cost-efficient model for delivery of tertiary skills to rural and remote Western Australia. The outline of the audit indicates that that has been achieved as well. I have the audit and I have read it. Unfortunately, if the minister is shaking his head, it shows that he has not read it. I will give him a copy if he wants one.

Mr Kucera: My report says that skills transferred to rural practitioners was undetermined, but likely to occur.

Mr TRENORDEN: What is the minister reading? I am quoting a University of Western Australia report on the cost analysis of rural specialist services, which is dated February 2001; so it is a current report.

One of the important issues that has been overlooked is that this service encouraged the recruitment of doctors in rural communities. As doctors flew into rural WA, undergraduates - that is, the people who would be the future doctors of Western Australia - were taken with them and were shown country procedures.

Mr Watson interjected.

Mr TRENORDEN: It has been going for only five years, so most of them are going through that process. As members know, the retention rate of doctors in rural WA is a little better than that of the eastern States. Today I was talking to the President of the Shire of Katanning, which is in the member for Wagin's seat. It should have five doctors; but it has only three, so it is down two doctors. There was a major accident in the main street of Katanning on the weekend, and all three doctors were absent. They must have a private life. We all know that there are a large number of vacancies throughout rural WA. If members compare that with the inland of the eastern States, they will find that we do not do that badly. The reason for that is that we have been well serviced by overseas doctors. As an example, Dr Lim was in Northam for many years. As members might assume, Dr Lim had a Chinese background. When he first arrived in Northam, he had difficulty getting people to see him because of the cultural differences. In the end, he was an icon in the town, because he would say to a person who would visit him, "Mr Jones, you should not be coming in saying you are sick, because you are drinking too much alcohol."

Mr House interjected.

Mr TRENORDEN: That is right. He would also say, "Mr Trenorden, you should not be coming in because you are eating too much at afternoon tea at Parliament House." He had an alternative view to health, which many doctors do not have. He used to be very direct with his patients. After spending many years in Northam, he was an icon in the town. We have been very well served by overseas doctors.

Mr D'Orazio interjected.

Mr TRENORDEN: I agree; I am a big fan of overseas doctors.

Mr D'Orazio interjected.

Mr TRENORDEN: I know all that. I do not have time to run through that, but I agree with the member.

The DEPUTY SPEAKER: Order!

Mr TRENORDEN: Madam Deputy Speaker, there is no need to pick on the member; he knows that he is in the wrong seat. I will move on.

It is great that the service involves undergraduate medical students in the provision of consultative and operative surgery. Those people are getting exposure. How many times have those types of speeches been made in this House? How many times have those types of speeches been made in places on the other side of the Nullarbor? Many times. We should be encouraging particularly rural kids to go into medicine and experience the process. This fly-in surgical group was doing that. It was helping undergraduates gain experience. Will that happen in the new, wondrous, \$1.5 million scheme that the minister will outline in a few minutes? He has already indicated that a fair slice of that will go to Bunbury, which is already serviced according to the audit. Will that happen? I think not.

Mr Watson: Are we not better off having them in rural towns?

Mr TRENORDEN: We are. I will not argue with that.

Mr Watson: Fly in, fly out will not encourage people to stay in communities; will it?

Mr TRENORDEN: Is the member for Albany telling me that he and the minister will put a surgeon into Paraburdoo? Will they put a surgeon into Kojonup?

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Mr Watson: No, but -

Mr TRENORDEN: That is the argument. That is where these people are going; they are not going to Albany, Northam, Bunbury or Geraldton. They are going to Moora, Broome, Merredin, Paraburdoo, Tom Price, Bruce Rock, Lake Grace, Kojonup, Derby, Kununurra, Southern Cross, Gnowangerup, Kellerberrin, Ravensthorpe and Wongan Hills. Will the minister say in a few minutes that specialists will be put into those towns?

Mr Kucera: We do that now; of course we will.

Mr TRENORDEN: How many are in Paraburdoo?

Mr Kucera: You are looking at only one program.

Mr TRENORDEN: How many surgeons are in Paraburdoo?

Mr D'Orazio interjected.

Mr TRENORDEN: Exactly. This fly-in system was putting surgeons into Paraburdoo. How many will the minister put into Paraburdoo?

Mr Logan interjected.

The DEPUTY SPEAKER: The member for Cockburn is not in his seat.

Mr TRENORDEN: Exactly. The minister has just ripped \$100 000 out of the Ravensthorpe District Hospital. How many surgeons will he put into Ravensthorpe?

Mr Kucera: Ravensthorpe hospital is being rebuilt; ask your colleague next to you.

Mr TRENORDEN: The colleague next to me -

Mr Kucera: Ask the one who is not here.

Mr TRENORDEN: The irony of the Government's claim that it will get specialists into the country is that the rural surgical service, which the Government will not support, was actively promoting country practice to undergraduate medical students. That is a very important point, and I hope that when the minister outlines this wonderful system that will be taken away from country people, he will talk about how undergraduates will be involved in that process. It is very important for us. That cuts pretty close to home, because one of my nieces won the nurse of the year award about four years ago. She is a delightful person who, apart from being trained in Fremantle, has always gone into country hospitals and worked in fairly trying circumstances. She loves country areas; she was born and bred in Wyalkatchem. She is out there delivering those services.

Mr D'Orazio interjected.

Mr TRENORDEN: I would not bet on that.

Another objective of the service was to utilise existing health facilities in rural and remote Western Australia. This is an important and often overlooked feature of the service. Although Perth hospitals suffer from overcrowding and huge waiting lists, some country hospitals remain underutilised, as does the hospital in Northam. Even though the Royal Flying Doctor Service does not go to Northam, a range of hospitals out there are underutilised. Ninety per cent of people have surgery in their communities and stay and recuperate in those underutilised hospitals after the procedure. The reject rate is 1.8 per cent, which, as I understand it, is standard across the system; however, I am no great expert on health. Nevertheless, the outcome, as referred to in the audit, shows that the service has been extremely effective.

The study found that savings in the patient assisted travel scheme and the difference between the cost of procedures led to a net saving of \$94 000. The figures in the past three operating years indicate that in every case the service given to rural people in country hospitals is cheaper by \$350 to \$500 per procedure.

The conclusions of the report were that the visiting surgical team provides continuity of surgical care in towns not served by resident surgical specialists; the service was audited and reported high-quality cost-effective results; and all social groups, including the elderly, have equal access to the service. This fly-in service is treating people right across the spectrum, from youths to the elderly. Another finding of the report was that patients were seen and treated promptly and spared the long waiting time of metropolitan hospitals.

The service functions by virtue of a coordinated central office and a consistent surgical team. The central office pulls it all together and makes it happen. We are amazed that the Government is considering stopping this service. Thirty thousand country people currently travel to Perth to access hospital facilities. That is 22 per cent of all admissions to hospitals in the metropolitan area. Why does the Government want that to happen? Surgeons in Bunbury or Geraldton will not pull in the people from the list that I read out. The majority of those

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people will go to Perth. Interestingly, my patch is considered to be in Perth. Statistics for rural Western Australia are gathered outside a radius of 170 kilometres from the metropolitan area, which I have never worked out. That is almost to Merredin. The evaluation of this process clearly shows that this an excellent procedure. It has been revolutionary. It has brought equity and fairness to the system. Yet, the Government is keen to knock it off. For what reason? Why would the Government knock off a system that saves it \$94 000 a year? I have not heard many answers.

I have spoken for 20 minutes, which is the allocated time, but I will repeat one point that I want made clear to the minister. This is not about Bunbury, Albany, Geraldton or Northam. I hope the minister will not say that part of the \$1.5 million the Government is talking about will put surgeons into those towns, because those towns should be serviced outside the \$1.5 million allocation. The audit said that Bunbury is adequately serviced, but goes on to talk about other centres. I know that Northam is not adequately serviced, but it is not the size of Bunbury. The minister indicated in his response to a question yesterday that this is not about Professor Tony House. Professor House is one of six people to have operated the service. He will retire in January and the funding will finish in February. He will go out of the system, like two people before him. Three people continue to perform these procedures and he would be replaced if this service were funded.

An amount of \$2.3 billion has been allocated for the health system. The total cost in outgoings of this service is \$300 000. The net result for the Government would be a saving of \$94 000. It is outrageous that the Government could consider wiping out this service.

MR HOUSE (Stirling) [4.22 pm]: I begin by offering my support to the member for Avon for moving this motion on behalf of all the people who live in rural Western Australia. I have some general degree of sympathy for the minister who must defend in this Parliament a position that is almost indefensible, but I have no doubt that he will try. The reason I feel sorry for him is that some of us on this side of the House have been in the position in which bureaucracies have snowed us with information that at best could be called inaccurate and at worst suits their purpose, for whatever reason. I listened to the minister's response to a question on this matter yesterday and quickly came to the conclusion that his department had provided him with a lot of information, which I suggest is probably inaccurate. He needs to find out from his department why it has provided advice that suits its needs. All members would agree that the health bureaucracy is probably the biggest bureaucracy to need a shake-up in this State at the moment. That may well have been the case for some time. If this minister is to make a success of what he has tackled - the health portfolio - he will have to come to terms with these issues.

This service was started to fulfil a need in rural Western Australia that was not being fulfilled in any other way. Its main objective was to provide a better quality of life for people in small country towns and to save lives. It has done both. It is almost incomprehensible that any Government would, under those circumstances, be prepared to mount an argument that it should be taken away from those people. The member for Avon has gone to some lengths to outline the cost effectiveness of the scheme. I do not intend to go over that again, except to say that those figures speak for themselves.

The independent report on this service states that the objectives of the rural surgical service were to improve health service outcomes in rural and remote regions; provide equity of access to rural and remote populations; develop a cost-effective model for the delivery of tertiary skills to rural and remote Western Australia; develop benchmarks for safe delivery of surgical services in rural and remote areas; maintain the skills of rural and remote general practitioners; involve undergraduate medical students; encourage recruitment of doctors into rural communities; and to utilise existing health facilities in rural and remote Western Australia. If any member of this Parliament had announced that as part of his or her election platform, he or she would have been applauded. Nobody could argue against it. That was the objective of this scheme. Indeed, it has fulfilled many of those needs.

Members must ask themselves how they can argue against this scheme. It is a new and innovative idea. It was thought up and put into practise by Tony House and his wife Jill, at some cost to them. They started it because they had a feeling for and an understanding of what happens in rural Western Australia. Having started it and encouraged other surgeons to join, they have been able to prove that it is a needed and worthwhile service. It utilises country beds and hospital services, which are underutilised in many parts of this State. All members admit that and desperately want to find an answer to it. I will not quote the figure, but it takes a lot of patients out of the city health system. If the system were not in place, those people would travel from the country and fill beds and use services in the city. This scheme takes services out into the country. From all those points of view, it is a positive thing.

About 30 000 people accessed the patient assisted travel scheme last year. If half those people were to use this service, it would achieve an objective. We are not talking about heart surgery or other major treatments, but about minor and elective surgical procedures. This is about turning around PATS; that is, to use the same dollars

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in a different way - to pay doctors and surgeons to go out to the country to provide those services. There are two important points.

Mr Kucera: Why did you cut the scheme when you were in Government?

Mr HOUSE: The coalition Government started the scheme.

Mr Kucera: But you also cut it back.

Mr HOUSE: That is not factual.

Mr Kobelke: It is indeed. You cut the funding to it.

Mr HOUSE: We started it.

Mr Kobelke: You are trying to reinvent the facts.

Mr HOUSE: No, I am not trying to reinvent the facts. I am trying to put forward a considered and cogent argument for the continuation of the scheme. If the coalition Government cut it, it made a mistake.

Mr Kobelke: You did, and we have put extra money back into it.

Mr HOUSE: No; the Government is about to stop it altogether.

Mr Kobelke: PATS?

Mr HOUSE: No. I am talking about the rural surgical scheme.

Mr Kobelke: You are, but you also referred to PATS. The interjection was in response to your comment about PATS.

Mr HOUSE: I misunderstood the member's interjection. I was talking about reversing the PATS money to make it more useful by putting it back into the country in the ways I enunciated - to use country beds and the skills of nurses out there, which would free up city hospital beds. That would prove to be to the advantage of the Government. I take up the argument about PATS. If the coalition Government cut it back, it made a mistake. I admit that. I was not talking about that.

Mr Trenorden: That money went into rural hospitals. An amount of \$300 000 went to Northam.

Mr HOUSE: Surely people in rural Western Australia are entitled to receive a fair share of the services. This is a cost-effective service that has many other benefits, such as the opportunity to upgrade nursing skills and to make greater use of country hospital beds. Importantly, if people have minor surgery in the country, they can have the support of their families in a familiar environment. That support is not always available in the city. If people who live in a small country town can access the PATS to come to Perth, they may need to spend three or four days here to have minor surgery. It is better to have minor procedures done in the country where family support is available.

In the same vein, it is important that people who may not come to Perth can access surgery in country areas. In other words, some people have had procedures done in small country towns who would not have bothered to travel to the city to see a doctor. Their quality of life has been improved and, in some cases, doctors have saved their lives by treating their health problem in its early stage. Had they waited to travel to Perth, it may have been too late. The people involved in this scheme have documented the fact that lives have been saved.

I acknowledge that it needs the cooperation of local doctors, local health service providers and the local population. I also acknowledge that that cooperation has not been forthcoming in a couple of country towns. People like David Mildenhall in Albany, who I am sure speaks to the member for Albany because he speaks to anyone he can, does not think the scheme is the flavour of the month because it cuts into his practice. However, that is not the issue. As the member for Avon said, we are talking about places like Gnowangerup, Wongan Hills and Paraburdoo.

We have been able to demonstrate, through an independent audit, that it is a cost-effective scheme. It saves lives. It does not cost very much in the context of the total health budget. It utilises beds in country hospitals and the skills of nursing staff in rural Western Australia that would not be used otherwise. It builds up those skills and frees up beds in the city in hospitals in which people are waiting for surgery. It creates little or no disruption to families.

How can any minister or Government not support this scheme? On behalf of country people I implore the minister to override the health bureaucracy. He will get the support of just about everybody in this Parliament if he ensures that the scheme continues and is properly funded for the benefit of the people in the bush.

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MR BOARD (Murdoch) [4.32 pm]: I support the motion. This is a bean-counting exercise. I understand the rationale behind the desire to stretch taxpayers' dollars. However, a holistic approach must be taken to the delivery of health care. I do not need to remind the minister that hospitals, particularly in our smaller country towns, do more than deliver health services. They are employers; they are a focus of pride in the community; they are places in which skills can be developed; and places in which many volunteers provide services. Hospitals reflect the very essence of the fabric of communities. We do not need to travel to many country towns to see how many communities have raised funds through Rotary and various other fundraising groups to build community facilities such as hospital clinics and to purchase machinery to assist visiting surgeons. They have built infrastructure and provided support that may not have been provided using the public dollar to support this very valuable program. To some degree, the program has caused a reversal of the perception of community hospitals and the way in which communities treat their hospitals. Many of the points made, particularly by our National Party members today, are correct. The scheme works for the hospitals, the hospital boards and the communities. It helps to develop expertise within the hospitals. Local doctors and nurses have indicated the importance they place on visiting specialists and surgeons. They can bounce off ideas and interact with visiting surgeons to help widen their knowledge. Those doctors are often isolated for long periods. This scheme has provided a valuable progression in their development. Many doctors are from overseas; for example, the doctor from the wheatbelt, which I recently visited, is from South Africa. They utilise visiting surgical teams to widen their experience and knowledge about health issues in this State. That is very important for nurses. Many nurses seek theatre experience and many country hospitals have developed excellent operating theatres for their visiting surgical teams. If this program were withdrawn, all those benefits would be put at risk.

What is at stake? How much money will the Department of Health save if it scraps the scheme and forces people to travel for surgery to the metropolitan region or other major regional centres? I suspect an analysis will show that it will not save a great deal of money.

If we adopt a holistic view when developing country hospitals, they will be places of pride and continued growth. Their very survival is important. One of the major issues in country areas is whether hospitals will continue to operate under a board and receive community support and justify ongoing funding. People have real doubts about whether they will continue.

Mr Kucera: Are you following the National Party scaremongering?

Mr BOARD: No. Communities are raising these issues. When I ask them about their concerns, they respond by saying that they want to know as a board or a hospital whether they will be operating and what services they can provide next year. They have no certainty about their survival. In cutting programs like this, the Government is reinforcing the fact that the bean counters have the minister's ear and will be running the agenda for the delivery of health in Western Australia.

This issue goes beyond the actual surgery to the very essence of the delivery of health, particularly in our remote areas, and the way our society is prepared to provide equity. Government members frequently refer to equity in their speeches, but provide it only when it suits them. The Government wants to get behind something when it suits the Government, but it does not want to offer equitable solutions. People in remote areas are entitled to receive the best care possible. They are entitled to surgery. The arguments put by the National Party about family support are important in motivating the volunteers who help to drive hospitals in country areas and to the important interaction between nurses and allied health professionals. The program is important for the development of doctors with surgical teams, particularly overseas-trained doctors undertaking their first stint in Australia. I support the motion and the continuation of the program.

MR KUCERA (Yokine - Minister for Health) [4.40 pm]: Unlike the member for Kingsley, I do not take issue with the fact that Tony House is a relation of the member for Stirling. I have the utmost respect for him and his wife, Jill. I have met them on a number of occasions. Their work on this program should be commended.

Mr House: That has nothing to do with it!

Mr KUCERA: Exactly, I say that because of the aspersions cast yesterday in this place about a relationship between a minister and someone who might visit his house. I want to make that clear. I have the utmost respect for Tony House and his wife. They have done tremendous work, including that at Bruce Rock with the surgical teams.

At least 295 specialist practitioners provide services in rural Western Australia. About 200 of them travel from Perth. Of the specialists residing in rural areas, at least 30 fly to towns in outlying areas. Four surgeons with the rural surgical service each worked one or two days a month over the past year in rural areas. That service is not operating in isolation; a broad range of schemes operate throughout the State. General surgeons already visit 26 towns regularly. That will increase as a result of the allocation of \$6 million over the next four years to continue

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this specialist service. During 2000-01, doctors with the rural surgical service visited Moora, Merredin and Esperance on a monthly basis for 10 days in total. They also assisted the Kimberley surgeon for two days a month under a short-term arrangement. About 900 patients - that is, 10 per surgeon a day - were seen by the service's doctors. Most of the consultations involved day-surgery procedures.

The service began in 1995 as a pilot outreach program with commonwealth funding under a four-year agreement valued at \$1.28 million with the then rural health development unit. It was to commence operation on 1 July 1997. However, as a result of difficulty getting surgeons, it was delayed a year. The program was extended to 31 January 2002. The visiting schedule contract involved 84 trips a year on a frequency agreed to by the local general practitioners and health service providers. As pointed out by the member for Stirling, the service was well targeted. It was originally set up as a teaching program, not a service. It was designed to take skills out to rural areas and to improve the skills of GPs and other health service providers. By its very nature, it is a service program.

The motion contains emotive language about putting people at risk. This is a minor-surgery service. Almost 50 per cent of the procedures performed were gastrointestinal scopes, and the vast majority of patients were over the age of 60. The rest of the procedures involved excisions of skin cancers, skin grafts, drainage of abscesses, vasectomies, circumcisions, hernia, varicose vein and abdominal surgery and so on. Virtually all of it is day surgery - people arrive in the morning, have the procedure and walk out again. From November 1998 to September 2000, the specialists treated 936 patients, of whom 90 per cent had treatment on the spot. A small percentage of people were referred to major hospitals in the city because the required treatment was not available in the area.

Rural and regional Western Australia has been given a high priority with its \$2.3 billion budget allocation. Members have already heard me say that \$30 million of the \$68 million in recurrent funding has gone to the country.

The member for Avon does not realise that this is a chicken-and-egg situation. He referred to Bunbury, Albany and Geraldton. Mention was made today of \$1.23 million to be spent in Geraldton. Those involved would not see the money spent on this service as meagre. Many visiting surgeons tell me that the greatest difficulty is capacity. If we continue to provide fly in, fly out services as we have in other parts of the State, how will we build up the basis for decent specialist services in country areas? The difficulty is that many of the health service providers would not access the program because they did not feel it was appropriate. That is why this Government has committed a further \$6 million - not \$1.28 million, which was offered by the previous Government - to ensure the provision of specialist services in the country.

The Government recently announced programs across the State. The member for Avon mentioned Geraldton. We would not bring people to Perth for ultrasound procedures, but we would send them to Geraldton. The member talked about Bunbury, Albany, Geraldton and Karratha, in which we have specialist services. Unless those surgeons can earn enough money and the flow of patients is maintained, they will not stay in those larger country centres. Flying in and flying out specialists denies those communities the capacity to build up a demand for the services they need.

The member for Avon also said that services in Ravensthorpe were being wound back. He is mistaken. Ravensthorpe will be rebuilt as part of the Government's development commitment in that area. The member for Roe asked me the same question recently about Ravensthorpe. I pointed out to him what was in the budget papers for the redevelopment of Ravensthorpe Hospital. The member for Avon has difficulty in finding out what is contained in the budget papers. The service will be developed. Geraldton got a 20.2 per cent increase in its budget this year. It will get a brand new \$35 million hospital. I heard today that they turned that into a bad news story. A country town is getting full services and a brand new hospital and they tell everybody it is a bad news story.

The member for Stirling made one good point about rural services. The extent of reforms and changes needed to the supply of services concerns me. I received a letter recently from the Health Consumers Council WA (Inc). It was brought to my attention as a result of today's debate about some of the services in Geraldton. I am not surprised that difficulties exist. The letter refers to the supply of health services throughout many districts, not just Geraldton. There is equally a need for reform in country services and the supply of clinical services. I have said many times in the House that one of the biggest difficulties is, if we continue to do things the same way, we will never get reform and change in the health system. The member for Stirling quite rightly pointed out that the time has come in this State - and it has never been more apparent - for us to come together on health issues. We must not have constant carping and denigration of services. It upsets me. I will table this letter later. It states, in part -

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Health consumers in Geraldton are bound to engage with health services on the terms that are set by the practitioners who set rosters, access hours, fees and clinical standards. It appears that there are informal agreements amongst the practitioners on these terms, and that variations by individual practitioners are not tolerated by the group.

It continues -

The cost of a standard GP consultation is \$47.00, and no bulk-billing is available at any practice other than the AMS.

That is why the Government has committed \$6 million to specialist services. That is why the funds being put into country services are not aimed specifically at fly in, fly out services. I have no argument with the service. I have no argument with the excellent work done by Tony House. We must move toward a broad, integrated service that is not one of pilot schemes and projects, but one that sensibly and properly provides specialist services throughout the State. As I have said, the \$6 million will make sure that the 200 or so specialist services continue to be supplied throughout the State. We are talking about services throughout country areas. I must state why we have enormous pressures in the system. Without a doubt, the greatest pressure on country hospitals is aged care. I met with people in Geraldton last week and with people from Albany last night. The week before last I met with people from Bunbury. I was at Kukerin to open a new facility, and that type of facility is what gets specialists into country areas. They go there because there are properly built and serviced medical facilities. As I said earlier today, the Government opened three services this week. They are the kinds of things that attract people to the country. If we concentrated on one service only, to the detriment of other services, opposition members would have a right to criticise me. I would expect it. The Government is not doing that. An amount of \$6 million is being spent in addition to \$4 million for the patient assisted travel scheme.

A major problem with country services is that, because of the constant denigration of some of the excellent services, people lose confidence. How many times have country members heard local people say that they will not visit their local hub hospital - they will not visit Northam or Geraldton because they believe they do not get the same service. They say they will use PATS and visit Perth.

Mr Trenorden: I have never heard it!

Mr KUCERA: I hope the member does not hear it. That culture has to be changed. Through my visits to the major country hospitals of this State I have seen that the basic underpinning of the health service is good but it needs support. Unless we support specialist services such as orthopaedic services and encourage practitioners to live in the major hub centres -

Mr Trenorden interjected.

Mr KUCERA: Just listen to me, member for Avon. The member is missing the point. If good services exist in the hub hospitals in country areas, people will not have to travel to Perth. We will attract the visiting specialists to the hub hospitals and they will, in turn, visit the peripheral hospitals. They will do so providing they have decent facilities such as those in Kukerin. The member for Avon fails to remember that I spent much of my working life in the country and I know very well how country services operate. My son was born in a hospital in Mt Barker that the Government recently extended. It is a good system and a good service. I know very well how our country services work.

During the estimates hearings the Government looked at how much money the federal Government was giving to rural health services in this State. Nationally, \$526 million was set aside. How much of that came to this great State? How much did Wilson Tuckey bring with him while he had a chopper under his other arm? A paltry \$6 million! The rural people of this great State can thank Wilson Tuckey for the pressure we are all under. They can thank Bronwyn Bishop for the fact that country people have to travel to city aged care homes nowhere near where they live. They can thank people like the member for Kalgoorlie, who is fighting to keep aged care homes open! No, he is not; it is another country member. We have not heard a peep from him when it comes to the closure of aged care homes. He knows it is his federal colleagues who have done it.

As I have said already, we are unfortunately in a catch-22 position with these kinds of services. Advice received from the department is that a broad, integrated service is needed in this State. It is needed to allow us to keep the services in the country, where they truly belong. The member for Murdoch spoke of delivering services in a holistic way. That is exactly what we are talking about.

I spent a few pleasant hours the other day at the major teaching facility in Geraldton. It is used to train people in country services and they visit small peripheral hospitals. Mr Speaker knows what it is like to get services to the north west of the State. One service does not make a total health package. That is why the Government has committed \$6 million to ensure that specialist services are provided. We must be aware that extra special

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services that cannot be supplied anywhere other than in major teaching hospitals, such as oncology and transplants, will never be established in country areas in our lifetime in this Parliament.

Members opposite know that those services will always have to be provided in the city. That is why I was pleased to announce that the Government is putting an extra \$4 million into the patient assisted travel scheme. Mr Speaker, I was speaking to you about some of the issues with PATS, and how to use the scheme to take some of the specialist services out to the country. That has to be done on a regular, properly integrated and broad-based basis. It has been decided that as good as the Rural Surgical Services may have been, it does not now fit the broad-brush model the Government wants to implement to reform the provision of health services in this State.

Mr Board: Do not take it away without providing anything in return.

Mr KUCERA: Obviously the member for Murdoch did not read the Health Administrative Review Committee report, which is a shame. The Government has provided \$103 million - this was set out in the budget papers - for capital works projects, including \$15.4 million specifically committed to rural and regional areas of the State. The current financial year's capital works program includes 38 works projects that deal with rural issues generally. Rural regions will also benefit from a range of statewide projects initiated to upgrade equipment and facilities. The capital works program includes \$46 million for the upgrading and redevelopment of two of the State's leading rural hospitals - Geraldton and Port Hedland. We need rural specialists in those areas to take their place in Geraldton and extend their services out from there. They will earn money in those small country towns. They will also teach other people while they are out there.

In addition, there have been major upgrades to many of the existing programs, and I have referred to three of those today. The Government has made a commitment over the next four years of over \$10 million to ensure that specialist services are provided in rural areas. What is the commitment from the federal Government in all of this? It is virtually nothing.

Mr Speaker has seen the catch-22 situation with the supply of specialist services in the country when regions start to rely on fly in, fly out services. We have to develop appropriate services that are within the reach of the people who are out there and those who are constantly moving through those areas. This has been done in such a way that it sets out exactly what the Government needs to do on the broad-bush issues about which I have talked. Professor Tony House and his group have provided a valuable service, and nobody denies that. However, it was a pilot project that emphasised the need to provide services in the rural areas. The contract ends in January 2002, so it was time to review it. The review concluded, and the department told us that we needed to broaden things. It was a good time to do that. In line with the Government's commitment to provide broad-based programs, it has committed the \$6 million to which I have referred, for services that are acceptable to country residents within the region. As I have said before, it is anticipated that our new service will maximise access and total services. Those services will be in place by 31 January 2002, when this contract runs out. At the end of the day this contract proved that access and equity is the issue. The Government has broadened the base of that, to ensure that all people can access these services and at the same time it is starting to build the capacity of our regions. The Government is not talking about individual country towns, but a total regional commitment to all of these issues. The Government has allocated \$6 million to get health professionals out there and \$4 million to bring people in for specialist treatment. That is a \$10 million package, which shows the commitment of this Government to rural medical services.

MR DAY (Darling Range) [5.04 pm]: I did not intend to contribute to this debate until I heard the comments on aged care particularly in rural parts of Western Australia made by the Minister for Health. The motion relates primarily to the rural surgical service. There are important issues for that valuable service and in the provision of health services generally in rural parts of Western Australia. It is always a challenge to get medical practitioners, particularly medical specialists, to practise in and visit some of the smaller rural areas of Western Australia. The rural surgical service has been successful in doing that in recent years and was funded by the former Government.

The issue I want to comment on relates to aged care. The Premier and the Minister for Health have made some comments that drew attention to a reduction in the number of aged care beds in the metropolitan area. Yes, that is correct. However, we have not heard the full story about the situation across Western Australia either from the Premier of the State, who should be acting more responsibly, or from the Minister for Health. I will take this opportunity to place the facts on the record.

Mr Kucera: There are 1 500 uncapitalised beds across Western Australia.

Mr DAY: Does the minister deny saying yesterday there had been a reduction in the number of aged care beds in the metropolitan area?

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Mr Kucera: There are 1 500 phantom beds in this State. I do not deny saying that; that is the advice I was given.

Mr DAY: The minister said there had been a reduction in the number of aged care beds in the metropolitan area, which is correct. However, the story across the whole of Western Australia, which includes the Perth metropolitan area and all the rest of the State, is that there has been an increase in the number of aged care beds. The information I have as at January this year is that while there has been a reduction in the number of high care beds in the metropolitan area, across Western Australia there has been an increase of 41 beds since 1997. That indicates not only an overall increase in the number of beds in the State, but also that beds have been moved from the metropolitan area to rural parts of Western Australia. That has occurred for very good reasons - the sorts of reasons to which the Minister for Health just referred - that include the difficulties in providing aged care in rural parts of Western Australia. We have seen a transfer of beds, in particular a transfer of beds from the old Mt Henry Nursing Home. The Premier was on the radio a couple of weeks ago decrying the fact that the former Government decided to close the former Mt Henry Nursing Home. The former Government did that for very good reasons: it was substandard, old and in need of redevelopment. The site of the old Mt Henry Nursing Home was effectively redeveloped, with Anglican Homes being given the mandate and the funding to build a magnificent, new, very high standard nursing home. That consumed some of the former beds that were at Mt Henry and the rest have been distributed to other parts of the Perth metropolitan area and to rural parts of Western Australia. I recall opening the Brightwater Care Group aged care facilities that were built in Joondalup. I am sure that is of interest to the member for Joondalup. I also opened aged care facilities in Glendalough and Warnbro towards the end of last year. As part of the roughly \$20 million allocated by the former Government, Brightwater is also developing its site in Subiaco and that is now close to completion. New facilities were built closer to where people live as a result of the hard decision that was made by the former Government to redistribute the beds from the Mt Henry Nursing Home and to provide funds to assist organisations like Anglican Homes, Brightwater and others to build new aged care facilities.

In places like Denmark and other small areas of Western Australia, the reality is that the federal Government and the former State Government took a very good cooperative approach - I hope that is continuing under this Government - and established what are known as multipurpose services. The first MPS was established at Dalwallinu. In the smaller towns like Dalwallinu, Boyup Brook and Cunderdin aged care and health service funds were pooled so that services could be provided on one site and people who needed aged care beds, as opposed to acute hospital beds, were provided for in their own towns.

Mr Murray: They are not in Collie.

Mr DAY: Collie is a larger centre with its own nursing home. There are issues about the provision of aged care in Collie, and I recall being involved in some discussions. However, I am talking about some of the smaller towns that have never had aged care beds in the past, but which do now, as a result of the cooperative approach taken by the former State Government and the current coalition federal Government.

Mr Kucera: Doug Moran has got it wrong has he?

Mr DAY: I am sure Doug Moran has it wrong in many respects. I am concerned with Western Australia's situation and I am not making any comments on the situation in other States with which I am not familiar. Mr Moran is located in New South Wales. The reality is that there has been an increase in the number of beds across Western Australia, and particularly in rural parts of Western Australia, through a conscious decision by the previous Government to move beds from places such as the former Mt Henry Hospital to the smaller rural centres of Western Australia and the more peripheral parts of the Perth metropolitan area. That fact is ignored by this Government. That information has not been passed on by either the Premier or the Minister for Health, and they are being deliberately selective and misleading the public of Western Australia about the full story.

I am interested that the Minister for Health mentioned Denmark. If the coalition Government had been re-elected, this year's budget would have funded a new hospital in Denmark.

Mr Kucera: Where was it in your forward estimates, like the member for Stirling said it was?

Mr DAY: I said that if the coalition Government had been re-elected - I accept that we were not - this year's budget would have provided funding for a new hospital and health service in Denmark. It was one of the former Government's election commitments, and it would have been carried through to this year's budget. I am very interested that the Minister for Health referred to Denmark, because we can say to the people of Denmark that if a coalition Government had been re-elected, they would have been on the path towards getting a new hospital, as would a number of other areas.

Mr Barnett: How many hospitals did the coalition build?

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Mr DAY: Six new hospitals were either built, or substantially built, during the time of the former Government. The first one was a completely new hospital in Northam. The next was the major new tertiary hospital that has been built at Joondalup. The magnificent new Peel Health Campus was funded by the former Government -

Several members interjected.

The SPEAKER: Order members!

Mr DAY: The South West Health Campus in Bunbury - I am sure the member for Bunbury would agree - is a high standard facility.

Mr Dean: It is a private facility.

Mr DAY: Is the Bunbury Regional Hospital private? Does the member for Bunbury agree that the facility is of a high standard?

Mr Dean: It is well built, yes.

Mr DAY: Does the member agree that the standard of the physical facilities and the standard of care that is provided there is of a high standard?

Mr Dean: It has design deficiencies.

Several members interjected.

Mr DAY: The best that the member for Bunbury can say about what is almost universally regarded as a high standard facility in Bunbury, is that it has design deficiencies. If the member gave credit to the standard of facilities and care provided at the Bunbury Regional Hospital, he would do himself a lot more good in his own town.

I am pleased to say that the Armadale-Kelmscott Memorial Hospital moved patients into the new \$60 million facility last Friday. That is the fifth new hospital either built, or substantially completed, during the time of the former Government. It is a magnificent new facility, and I give credit to all the management and staff of the Armadale-Kelmscott Memorial Hospital not only for a successful move into the new facility, but also for what has been done over the last two to three years to get services located closer to where people are living in the Armadale-Kelmscott area. That has been a substantial achievement. On many occasions in Parliament I have put on record many of the services that have been built up around Armadale; obstetric services, renal dialysis services, surgical services and other things. These sorts of things do not seem to be striking a chord with the current Government. It can focus only on the teaching hospitals in the centre of the metropolitan area, which is what it did in its election campaign.

Mr Kucera: We did that because we had to sort out the mess that you left behind.

Mr DAY: The Minister for Health knows better than that in reality, and people are now realising that the previous Government was doing exactly what should have been done. The minister is privately regretting and lamenting the fact that the Government got rid of the Metropolitan Health Service Board.

Several members interjected.

The SPEAKER: Order members!

Mr DAY: I am pleased that the Minister for Health referred to the opening last week of the new Pemberton Hospital. That concludes the list of completely new hospitals funded by the former Government. I agree with the Minister for Health that that hospital is also of a high standard, and it will replace an out-of-date and substandard facility in Pemberton.

I look forward to seeing whether the current Government can match, even in half measure, the records that the former Government achieved in establishing new health facilities and in funding services, which are equally important in rural parts of Western Australia. This Government has a long way to go and, on the basis of its record so far and all the information that is coming to the Opposition, it is failing dismally.

MR DEAN (Bunbury) [5.17 pm]: The member for Darling Range seems to have moved from the essence of his debate. We know that he is an honourable man - we learnt that this morning - so I am surprised that he veered so far away from the debate.

Mr Day: I was initially responding to the comment by the Minister for Health with regard to aged care and country areas.

Mr DEAN: The Minister for Health put it in perspective, and was thinking along the same lines as I was, when he said that this is an emotional subject. If the health debate is degenerating in Western Australia to this type of emotion, we really are in trouble. The minister went to the heart of this debate when he outlined the degree of

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triage, or difficulty, with each of the 900 operations conducted each year by the fly in, fly out service. The operations tended to be of a fairly minor nature. That is not true in the context of the personal hardship suffered by the person in Katanning mentioned by the member for Avon. However, in the scheme of things, the operations tended to be minor. If my memory serves me correctly, the minister said that 90 per cent of the operations are consultations that are solved on the spot. The member for Avon gave us an example of a car accident that happened in the main street of Katanning. This is an attempt to link this emotional issue to the lack of the fly in, fly out service and a car accident in Katanning, but they are not related at all.

Mr Trenorden: I was answering an interjection from one of your colleagues.

Mr DEAN: The fly in, fly out service will never accommodate those types of situations.

Mr Trenorden: I never said that.

Mr DEAN: Then why bring it up in the debate?

They are probably servicing triage levels four and five. They will never service a level one, two or three triage in this system.

I am currently chairing a task force of inquiry into the Bunbury Health Service, as a result of our Bunbury 2020 policy program. We are getting to the end of that inquiry, but part of problem we have encountered is the attraction of specialists to the country area, which is one of our terms of reference. It was ironical that the member for Avon paid out Bunbury in such a big way, by saying that it should support surgery in its own right, or words to the effect that he was ignoring Bunbury as a rural centre. In his speech he specifically excluded Bunbury as a rural or regional centre -

Mr Trenorden: Bunbury is a regional centre.

Mr DEAN: The member specifically excluded Bunbury from any benefit that might be derived from this scheme.

Mr Trenorden: How many times did the service fly into Bunbury? None.

Mr DEAN: The member is missing the point. He should calm down and I will tell him all about it.

Mr Trenorden: You want to rip services out of the country areas and put them into your community. You are as bad as the bloke who sits in front of you; he is an absolute hater of country people.

Mr DEAN: A hater of country people! I lived in Cunderdin for 10 years, and I did not hate those people. Part of the terms of reference was the attraction of specialists to Bunbury. About this time last year we had four orthopaedic surgeons. Unfortunately, one retired and one became pregnant, so we are down to two orthopaedic surgeons. However, as at 17 August we have managed to attract the attention of one other. Part of the problem of getting orthopaedic surgeons or other surgeons to rural areas - although Bunbury is not a rural area - is that most of the surgeons are city kids who are adapted to a city lifestyle and have no idea of country services. I have told members many times that in my previous life when I tried to attract itinerant teachers to Bunbury, they would ask questions along the lines of whether the town had sealed roads and real estate agents. The perceptions that city people have of rural and remote areas are entirely different from ours.

The Bunbury campus is a beautiful work of art. It has some design limitations that will be referred to in our report. The people who work at the Bunbury campus are fantastic. The members of the board are hardworking, honest people, and I have nothing but the utmost praise for them. However, we still cannot get people to work in rural areas, including Bunbury. It is hard to attract these types of specialists from teaching hospitals partly because of the kudos that goes with putting on their CVs that they were registrars or visiting surgeons at a teaching hospital. How many specialists want to come to Bunbury and then say they spent 10 years as a visiting surgeon at the Bunbury Regional Hospital? For many specialists, that does not go down well. How do we attract these people? Bunbury has been the first region to benefit from what the Western Australian Department of Health and the Minister for Health in his wisdom have done simply because it has a population base big enough to support it. It is important to remember that 30 000 people are needed to support an orthopaedic surgeon. To have more than one orthopaedic surgeon, a town would need a minimum population base of 50 000. Given that the greater Bunbury region has about 70 000 people, it has a population on which it can build.

Over four years from January 2001, rotating trainee orthopaedic surgeons will be posted to Bunbury. The trainees will learn under the tuition of the current two or three orthopaedic surgeons. That is the way to attract specialists back to the country.

Mr Trenorden: That is good for Bunbury, but what about Hyden?

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Mr DEAN: If the little problems of attracting a surgeon to Bunbury are solved, the whole problem will be solved.

Mr Trenorden: How?

Mr DEAN: It will create a culture of visitation and living -

Mr Trenorden: Where have you been?

Mr DEAN: For the past 25 years, I have lived in the country. The Government has embarked upon a great strategy that will put more surgeons back into the country where they are needed.

MR WALDRON (Wagin) [5.24 pm]: I support this motion. I feel strongly about the service because it is excellent and attracts only a minimum cost; indeed, it saves around \$90 000 a year. I cannot understand why the minister does not support the continuation of this service. I know the minister is a good man. I ask him to reconsider the decision to close the service because it is such a good service. I am not scaremongering and I am not getting emotional; this is about reality. The minister mentioned that other services were available, and I acknowledge that. However, the minister also said that he had no argument with this service and that one single service does not make a package. If there are other schemes, and I agree with that, why cannot this scheme help make up that package? There is no reason to get rid of this scheme just because there are other schemes. This scheme services the small rural towns.

The member for Bunbury mentioned regions. However, people who live in small towns are concerned about their local town, not the overall region. The member for Bunbury said that if Bunbury were looked after, the rest would fall into place. Hyden is probably as close to Perth as is Bunbury, so that is not a valid argument.

Mr Kucera: That is the problem. We must establish the hub hospitals in the regions so that people from the smaller towns like Hyden are either serviced from the hub hospitals or come into the hub hospitals. Either way, the \$6 million will build up the hub hospitals and then move out the services. The only way to do that is to give the specialists in the hub hospitals enough patients to justify their staying in those centres. If that is not done, the services will be moved back to Perth as members oppose fear, and we will be stuck with the problem that all of the services will be in Perth and few services will be provided in the rural areas.

Mr WALDRON: The reality is that the patients must travel great distances and it is hard for their families to be with them. The minister mentioned other schemes, which I acknowledged. The minister also said that a single service does not make a package, and I agree with that. Why can this service not complement the others? It will not stop the development of Bunbury or Albany as they grow and progress. The minister said he had no argument with the service. If it costs little and services people, why not keep it?

I refer to the record, benefits and objectives of this service. Knowing the benefits, one cannot argue that the service should be stopped. I will not go through all those points because other members have covered them. However, the issue is about improving health outcomes in rural and remote regions. The health service review showed that is being achieved, which is a plus for the service. The service provides equity of access to remote and rural populations. We are talking about communities, including Hyden and Kojonup, which is my home town. We must encourage the recruitment of doctors to rural communities. Under this scheme, undergraduate medical students travel with the service and experience operating and surgery conditions in country Western Australia. The minister said that we should encourage doctors to go to country Western Australia. This service does that, which must be a benefit.

I refer to the utilisation of existing facilities in the country. Members of the Government have said that the previous Government did not do this or that. When I campaigned in my electorate of Wagin - I know the Minister for Health has visited some of the new facilities - I found that we have excellent facilities. New health centres have opened in Kukerin and Katanning, a new wing was opened in Narrogin, and a new aged care centre has been built in Kojonup. Gnowangerup and Wagin have new facilities, although some of them are being under-utilised. It is about utilising some of these facilities, and that is an important point that I wanted to make.

I turn to the record of this service, because it is a true and accurate record of what has been happening. The record of the service indicates that 907 patients were consulted. That includes 810 consultations and 489 procedures, so it has been working. Many people are being seen.

Mr D'Orazio interjected.

Mr WALDRON: That is right.

The member for Stirling touched on the point that a surprisingly large number of people who use this service are male patients. A lot of males in country Western Australia are reluctant to attend these specialist services. When the services can be provided locally, they will use them. That is important, because male health has been a problem in rural WA. This service visited 14 different locations as far apart as Ravensthorpe and Kununurra,

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and other members have spoken about that. It is not about getting to the major centres - I acknowledge the services in the major centres - it is about getting to the other smaller centres. That is important for the people who live in those areas.

Mr Kucera: Kukerin has already attracted permanent residential allied health specialists into the town since the new service has been opened. If we continue this fly in, fly out style of doing things in the country, I have fears that everything will end up, as you say, back in Perth.

Mr WALDRON: I have another fear; that is, if this service were lost - I will come to the cost of getting specialists to those areas - and what the minister has said will happen does not happen, where will country WA be then? This service is operating in those areas. Maybe it will not be needed in the future. If that were the case, that would be fair enough; no-one would argue with that, minister. In what area do the specialists in Kukerin specialise?

Mr Kucera: We currently fund a total of 280 specialists. The \$6 million will get the 280 specialists out to broader Western Australia, not just four surgeons on a fly-in program.

Mr WALDRON: In the minister's interjection, he said that there were several specialist services at the new service in Kukerin. What are they? It is my area and I should know, but I do not.

Mr Kucera: I listed them during my speech, but they are allied services. They include physiotherapists, services for the elderly, speech therapists and visiting doctors and specialists. They are the sorts of things that we have been talking about.

Mr WALDRON: Where are they coming from? This is my area; I should know.

Mr Kucera: They are coming from the hub hospitals in Albany. A couple of them are now resident in Kukerin.

Mr WALDRON: I would like to know who they are.

Mr Kucera: They are allied health people. I referred to it in my speech earlier.

Mr WALDRON: I will look that up.

I turn now to the benefits, because I have listed a heap of benefits, some of which have already been covered. There is a benefit to the health system overall, not just to rural health. About 30 000 country Western Australians are admitted to hospitals in Perth each year. That is 22 per cent of the total rural admissions every year. One in four country people who live further than 170 kilometres away and who need to go to hospital come to Perth. Anything that takes a load off that must be a benefit. That is commonsense. This places extra pressure on the hospitals in Perth, which we all acknowledge are under great pressure.

Mr Kucera: That is precisely the point I am making. If we cannot develop the size of the practice within regional areas to keep the specialists out of the hub hospitals, people will always have to come to Perth; and that is not what we want to do.

Mr WALDRON: That will not be provided overnight. Health ministers of the future may be able to do that, but it will not happen overnight. An amount of \$1.5 million a year has been allocated to that. How many specialists can be provided for that amount of money? We are talking about Moora, Broome, Merredin, Paraburdoo, Tom Price, Bruce Rock, Lake Grace, Kojonup, Derby, Kununurra, Southern Cross, Gnowangerup, Kellerberrin, Ravensthorpe and Wongan Hills. I do not think it is possible. It is a great idea and we would certainly support it if it could happen. However, the reality is that I do not think enough specialists will want to go to these areas at this stage. I do not know whether there are enough specialists, and I do not think the Government can afford it at this stage.

Mr Kucera: As I said in my opening phrase, at least 295 specialist practitioners are currently providing services in rural Western Australia. Around 200 of those travel from Perth, and the other 95 are based in rural areas and visit towns in the outlying areas. Four surgeons from the University Rural Surgical Services work one or two days per month in rural areas. It is not as though there are no services. We have said that the provision of four surgeons is not a suitable service, because we have broadened it. There are 295 other specialist doctors who are currently providing services.

Mr WALDRON: The minister has misunderstood me; I am not arguing with that. That is a good service. All I am saying is, why get rid of this service? Why can it not complement -

Mr Kucera: We are getting 295 specialists into those areas for \$6 million; but, you are getting four for \$1.5 million.

Mr WALDRON: No; that is wrong. It is saving \$94 000. The whole cost is \$314 000, and the net saving is \$90 000. That is my point. I do not understand why the minister cannot do all the things to which he referred.

Extract from Hansard
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Mr Kucera: That is a net saving of \$90 000 over four years. My figure is \$12 000 annually. Of that, \$6 000 is the differential between teaching hospital costs and non-teaching hospital costs. We are saving about \$6 000 a year.

Mr WALDRON: I am speaking as a reasonable citizen. This is about having a program that works, that does not cost money, and that can fit in with the other things that the minister is saying. It is a small amount and I cannot understand why it cannot work as a package, as the minister said at the start of his speech. I find it hard to understand, and again I ask the minister to think about it after the debate is finished. If the minister kept this service going, he would win a lot of admiration and people would realise that he is listening to commonsense.

Points have already been made about the cost benefits, so I will not continue with that issue. I made the point about where the specialists are coming from and how many there will be. The service delivers diverse specialist activities. In the past five years, 41 different types of procedures have been provided. That is very important, because it is about flexibility and providing the different services that are needed at different times. Some of those services include amputations, appendix procedures, colonoscopies, excisions of skin cancers, hernia procedures and vasectomies, which is an important procedure. I have had two, and I do not know how that happened.

Several members interjected.

Mr WALDRON: Unfortunately, I was in Perth at the time; maybe that was the problem. Had this service visited my area, I might not have needed two - and I had to pay for both of them.

A very important aspect of the service is that the surgical team takes students with it. I attended the patient assisted travel scheme forum in Collie, which was a very good forum. One of the issues that was highlighted at the forum was that if a lot of requests for a certain procedure were made in an area, a specialist might be put into that area. That is a good idea and I support it. However, that will not be able to be done everywhere. That is why this service complements all of those matters. It will save money on PATS. It is commonsense.

We are getting away from the human aspect. As the member for Stirling said, this is about servicing people in their towns, so that they are near their families. It is very important for people to have their families around. It is about being able to stay in hospital longer, which helps with the recuperation process. I have listened to everything on this issue. I cannot believe that the minister will not have another look at this service and reinstate it, because it would complement the other things that are being done. I am sure he would get great support if he did so.

Question put and a division taken with the following result -

Ayes (21)

Mr Barnett	Mrs Edwardes	Mr Marshall	Ms Sue Walker
Mr Barron-Sullivan	Mr Edwards	Mr Masters	Dr Woollard
Mr Birney	Mrs Hodson-Thomas	Mr Pental	Mr Bradshaw (<i>Teller</i>)
Mr Board	Mr House	Mr Sweetman	
Dr Constable	Mr Johnson	Mr Trenorden	
Mr Day	Mr McNee	Mr Waldron	

Noes (29)

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

Pair

Mr Ainsworth

Mr Quigley

Question thus negatived.