

HEALTH, SPECIALIST SERVICES IN RURAL AND REGIONAL AREAS

Motion

MR AINSWORTH (Roe) [5.08 pm]: I move -

That this House notes with concern the disparity in availability of specialist medical services between city and country and the Minister for Health's failure to explain how specialist services will be provided to people not living in major provincial cities.

Probably of all the subjects that this Parliament has dealt with this year, the most frequently discussed would be the health system in its many forms. Not the least of which has been the rural health situation in which concern has been expressed about the claim of budget cuts to be made. These claims have come not from opposition members stirring up trouble, but from the health services responding to what they have heard through the system. We have gone from that level to the Minister for Health saying that the specialist medical services put in place by the rural surgical service will also be cut. The fly in, fly out rural surgical service has served the rural community well over the past four years. The Department of Health's figures, I think, and certainly a recent independent survey, showed that the service was saving the department money and saving individual patients significant personal cost in not having to travel from where they live, be it Paraburdoo or Lake Grace, to the nearest specialist, which, in many cases, was Perth. It is of concern to us that this service is to be cut.

The minister has said that by 31 January 2001, there will be specialist medical service in place to compensate for the scrapping of the rural surgical service. In question time today I asked the Minister for Health again why this service is being cut. The minister may have good intentions of providing alternative services in all regional areas of the State, and I hope he succeeds. However, with all due respect, I do not believe he is capable of providing the services that would otherwise be provided by the rural surgical service, by 31 January next year, or any other time next year. The minister wants surgeons to work in country areas on a more permanent basis to provide surgical services to the regions, rather than use travelling or visiting specialists, whether they be part of the rural surgical service or doctors who hop on an aeroplane and go to Mr Speaker's electorate or mine, and visit the major regional centres in those areas. I wish the minister well in his aim of getting more surgeons to live in country areas because it is desperately required, along with more general practitioners and a range of other medical specialists.

The alternative to the specialist medical service that the rural surgical service provides, has raised more questions than the minister has answered. Today, I took the opportunity to talk to people at the Lake Grace District Hospital to find out the range of services provided to Lake Grace, since it was one of the two towns mentioned in my earlier question. I wanted to find out what additional procedures the rural surgical service had been providing in moderately sized country towns with a doctor and a hospital. The list was short but enlightening, and the services included gastroscopy; colonoscopy; varicose vein ligation; vasectomy; removal of skin lesions from difficult anatomical positions, for example, the eye; and consultation with clients to decide whether surgery is necessary. That last service is important, particularly for elderly patients who live a long way from Perth. If their local general practitioner is uncertain about a diagnosis, they must travel to the metropolitan area for assessment by a surgeon to ascertain whether they need the surgical procedure queried by the local doctor. For some people that can be a stressful and costly exercise, and when they get to Perth they may find that the trip, in one sense, has been a waste of time because there was no need for any surgical procedure. However, the trip is not a waste from the point of view of their relief at knowing that the procedure is not required. If that service can be offered at a local level, in conjunction with other activities the visiting specialist team undertakes, that is the preferable option. I am sure that you, Mr Speaker, understand that from living where you do. The procedures I have listed are by no means all the procedures provided by the rural surgical service. They happen to be those provided to Lake Grace in recent times. Usually, on each visit the surgical team sees between six and eight clients. The range of procedures required by people in Lake Grace in the future could be much wider than the four or five procedures I have mentioned.

In response to my supplementary question, the minister said the Department of Health had advised that when the fly-in service ceases on 31 January 2002, the general practitioner in the town will be able to provide a similar service at a local level. Bearing in mind the wide range of services provided at various times over the years by the fly-in surgical service, I suggest to the minister that a major gap will develop in the surgical services available if Lake Grace does not attract a specialist who will live in the area. I commend the minister for his attempts to attract specialists to regional areas, but it is not practical in many smaller country towns, or even some of the remote bigger towns, as you, Mr Speaker, again will understand. A major gap will develop in the surgical services provided in regional Western Australia for a long time. There is no easy answer to this problem. It is unfortunate that this facility will no longer be available, when it has not only been providing a good service, but also has been cost-effective. That is the key. We are not just crying shame on the Government for a cost-cutting exercise; we are saying that it is cutting a service that saves the Department of Health money

and also saves the patients money. The Government is planning to remove that service and not replace it with an equivalent service. Although it is trying to replace the service with regionally based specialists, which is fine, there will still be the cost of getting the patients from the smaller towns to the regional centres to see the specialists, and the service will not cover the range of specialist treatments required. The Government will provide that service as an alternative, and yet a service that is saving money and reducing waiting lists will be cut.

Country clients are adding to the number of people on the waiting lists of various metropolitan hospitals. The Government will increase the number of people on those lists, the cost to the State per patient visit, and the personal cost of each patients who must travel to Perth, or a major centre, for specialist surgical treatment. That will cost everybody extra money and somehow it will be a better service! I find that exceptionally hard to accept. I am sure the Government will not find anyone in the regions who will accept it. We are talking not about a theoretical service that someone is promoting and suggesting, but about a service that has been tested and proven. It has been highly successful and well patronised, and has been demonstrated to reduce costs for all concerned, including state departments and individuals. However, the Government proposes to remove it.

Mr Kucera: You are missing one important point; the real reason for setting up the service.

Mr House: What was it?

Mr Kucera: Its main purpose was training. It was training people in the bush to be able to do these kinds of procedures.

Mr House: That is not right.

Mr Kucera: I am only going by the papers I have.

Mr House: I do not care what notes you have got. That is absolutely and totally incorrect. It was set up to provide a service that was needed.

Mr AINSWORTH: My colleague is disagreeing with the minister. I am not in a position to argue one way or the other on this, because I do not have direct advice in front of me. However, let us take the hypothetical case that the minister's advice is correct. I am not saying that the minister is correct or incorrect, but he is only going by his advice and I am going by mine. The minister's advice is that this service was put in place for training purposes. For the sake of argument, I will accept that on face value for the moment. If that is the case, then it is even more reason not to cut the service because it has provided -

Mr Kucera: We have already had this debate member for Roe.

Mr AINSWORTH: I was not in the Chamber for that debate. The minister's answer today was a telling response because it told me more than he said. Firstly, it told me that his department will not provide the services to regional Western Australia that the minister has planned to provide, although he might believe that will happen. Secondly, contrary to the minister's claim in this House a couple of weeks ago when I was not here, there is no instant replacement in towns that will never be big enough to attract a live-in specialist. A specialist who is close to retirement might suddenly take a liking to Lake Grace, Paraburdoo or some other remote town. For some extraordinary reason, he might decide to retire in one of those tiny settlements and see out his working years providing gynaecological services. That is a highly unlikely scenario. Apart from aberrant, once-in-a-lifetime opportunities, specialists will not want or be able to service those regional areas for both personal and economic reasons. They might be prepared to go to centres such as Bunbury, Geraldton, Albany, Kalgoorlie-Boulder and, hopefully, Esperance. That would be the extent of it and it would be no help to patients living 300 kilometres or more from one of those centres or the metropolitan area. Their nearest specialist service would still be several hours travelling time away and they would not be able to access services in their local doctor's surgery or hospital.

With all due respect to the Minister for Health, his advice is fatally flawed. If I were in his position, I would be asking hard questions of the senior bureaucrats in my department. This minister has been led up the garden path about what the department is capable of providing on his behalf to honour the commitments he has made to the House and to the people of Western Australia. I do not believe that he will be able to honour those commitments. That is no reflection on him, because he does not provide those surgical services personally. His departmental officers have told him that those services can be provided.

On 31 January, rural patients who have previously been treated by the rural surgical service will find themselves unable to access even a fly-in visit. It will be revealed that the minister's commitment to this House and to the people of Western Australia was based on flawed advice. The minister will have a real problem honouring those commitments. I do not doubt that he believes he can do what he said he would do, but I am sure he will not, because it is not possible.

We already have a group providing on-the-spot surgical services to many regional people at a saving to the State and the people concerned. For the life of me, I cannot understand why the minister will not retain that service. His grand plan to get specialists to move out to regional centres and this service could work hand in hand. The fact that the existing service is already saving money means that it will not take anything from the Government's health budget. It will provide services that would otherwise be provided in a regional centre or Perth. The cost of the patient assisted travel scheme is considerable and the cost of providing those surgical services in teaching hospitals is greater than it is in non-teaching hospitals in the country. Those departmental statistics are readily available to the minister. On this occasion, I choose to believe the department's figures. If they are wrong, that is the department's fault.

We have a cost-effective service that could be supplemented by specialists moving to major regional centres, which might reduce the frequency of visits by the rural surgical service. I do not believe that that will happen, because fly in, fly out services are provided only when no other surgical service is available or is likely to be available.

I am most concerned, as are many of my constituents and others throughout regional Western Australia, that this successful coalition government initiated service is being scrapped. The reasons are beyond comprehension.

The minister interjected that the main aim of the rural surgical service was to provide training. If that and all the other things I have said about the service are true - which they are - it successfully provides face-to-face contact with specialists in country areas. Those specialists meet general practitioners and country patients and, in the process, get a better understanding of procedures and how they can be supplied in the country. They come to appreciate the pressures placed on general practitioners and the medical needs of country Western Australia. That information gathering enhances the health sector's ability to provide surgical services to the metropolitan area and the regions.

If it is true, as the minister has suggested, that the service was established to facilitate training, that is not a reason to scrap it. The benefits I have outlined support its retention. Any training and hands-on experience gained in the real world of country medicine is a huge bonus at no cost. It is free because it is provided over and above the savings already achieved by the service.

Mr Kucera: Nothing is free in this world, particularly in the health sector.

Mr AINSWORTH: The minister has not worked out that experience of that nature is a cost-free bonus. Unlike the surgical procedures, that experience is free. If the minister has not worked that out, I am concerned for him. Some things are priceless. The experience gained through exposure to a range of surgical problems in areas that do not have a major tertiary hospital is extraordinarily valuable and it costs nothing.

MR KUCERA (Yokine - Minister for Health) [5.28 pm]: It is unfortunate that the member was not here for the previous debate. I went through some of the key issues.

Mr Ainsworth: I read it.

Mr KUCERA: I am pleased, because the member said earlier that he did not know the background to the issue.

This service was set up under the auspices of the Western Australian Surgical Research, Training and Development Foundation. One of its key roles is to train people in the community generally and also in rural communities. It also trains them to carry out the procedures the member mentioned. The member referred to the procedures carried out by the rural surgical service. I will not dwell on that service; I will talk about rural surgical services generally. This is one of 295 visiting specialist programs run across this State, but the member seems intent on focusing on it.

As a result of the previous debate, I have clarified the Department of Health's advice about this issue. Unlike former ministers, I am prepared to take advice on board. If the department were to advise me that this program should be retained, I would not be too proud to follow that advice.

I have spoken at length to Professor Tony House, who has been running the service and doing an excellent job. He retires this year, so we must address the future of the service when that happens. I understand that he is meeting the new director general of the Department of Health this week to clarify the advice provided by the former director general - who was also the chief medical officer. He is a peer of Tony House and the people running this service. The former director general advised that the procedures provided by the rural surgical service were being covered by a range of agencies around the State. I am quite prepared to revisit that program and, if it needs to be funded, the Government will look at that.

Let me return to the kinds of criticism that have been thrown at me about surgical services in this State. When it first started, the program visited up to 100 towns. It now visits only 22 towns. The program did a good job in training and upskilling general practitioners to carry out the minor procedures that we are talking about. They

are not major surgical procedures. I have a list of them but I will not read them all out. The vast majority are exploratory procedures such as endoscopies that seek to establish whether a person has a problem. Properly trained general practitioners can do them very easily; it is part of normal procedure. The problem in delivering health services in the State is that there is a culture of resistance to change. I recall my father going to hospital 10 years ago for a cataract operation. He spent 10 days on his back in Fremantle Hospital with sandbags on either side of his head. He was unable to move for 10 days as a result of the removal of the cataracts. I visited the eye clinic in West Perth last week and watched procedures. People walked in off the street, sat in a chair, were treated with a local anaesthetic and talked to the surgeon while he removed their cataracts. Within two hours patients were back on the street. In one instance, a patient went back to work. There has been a total change in procedure. We must not get locked into the idea that all the types of services we are talking about do not change. The member talks about putting people into the country and attracting specialists to the country. Corporate medical groups are looking at the viability of practices in the country. I return to the premise I raised in the previous debate. Unless we start to build groups of hospitals and services and put them together in such a way that it encourages people to move to the country and build up a client base in group areas, we will never get the types of services into rural areas that people demand.

I heard the member for Merredin speak today. There is a downturn in activity and numbers in the wheatbelt. There is a conglomeration of farming and people are leaving the wheatbelt. There has been much criticism of the amalgamation of boards. I noted parts of the member's speech with great interest. I need to touch on the misinformation in the community. I want to clarify some points about the so-called closure or downgrading of hospitals. The member for Merredin spoke of many hospitals, particularly in the wheatbelt and other small country towns, that are running at maximum staff levels but have virtually no patients - they are classic *Yes, Minister* hospitals. The member for Murray-Wellington is not here. He has been travelling with the Public Accounts Committee and listening to such complaints. One small hospital has 10 or 12 beds but has 25 permanent staff and only one patient. The average rate of occupancy is 1.4 patients. If I closed that hospital there would be pandemonium. The town would lose 25 jobs. I do not intend to do that. The loss of 25 jobs would decimate the town. We have to look at other ways. We must look at the configuration of such hospitals and boards and the sorts of services put into towns. We must ensure that towns have complete groups of practitioners.

I have received a lot of criticism about the move to start amalgamating boards in the south west. I will quote from a press release dated 6 October 1998 -

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

I touched on that in the House the other day after I received criticism from the member for Murdoch and the member for Darling Range. It continues -

At the board's inaugural meeting in Narrogin today, Health Minister John Day said that the new entity was well placed to be strong, competitive and ready for the challenges of the 21st century.

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

“In order to remain competitive and provide the best possible health care for the people we represent, we must be willing to change with the times.”

“And an integral part of this change is the willingness to join forces and work together for a common goal.”

The media statement describes the nine health services: Dumbleyung, Kondinin, Kukerin, Lake Grace, Narrogin, Pingelly, Wagin, Williams and Wickepin.

Mr Board: That is different.

Mr KUCERA: It is not different at all, member for Murdoch. I continue -

Referring to the benefits of a Health Service District Board, the Minister said it was essential that every effort was made to ensure the maximum available funds were directed to patient care. . .

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

“It also allows for the sharing of costs associated with annual reporting, arrangement of finance and other administrative duties.”

Mr Day said the new district board would be asked to consider adopting a plan that could involve the relocation of some services.

The Government has essentially followed that plan in the great southern and in Bunbury and the south west. Nothing has changed.

Mr Trenorden: It is a flawed model.

Mr KUCERA: The member for Avon was a member of the coalition before he was dumped. I continue -

Western Australia leads the rest of the country in implementing this initiative, with the program now covering 28 shires with another nine sites soon to become involved and an additional 20 sites showing interest.

The member for Merredin talked about the so-called closure of hospitals. A lot of scaremongering went on during the Merredin by-election. People talked about which hospitals would close and which would be downgraded. There was a lot of talk about hospitals being downgraded to nursing posts. I remind members that the Government will introduce nurse practitioner legislation next year. It is long overdue. It will allow some of the finest nurses in the State to work in hospitals and assist with triage and other things. Unlike members on the other side of the House, I do not go around naming hospitals and running them down. I will give the House an example of something that happened in the city this week. While the Opposition keeps running hospitals down and threatening closure and downgrading, what is it doing to the morale of staff?

Mr Trenorden: That is what the minister is doing.

Mr KUCERA: On the contrary. I am not talking about closing hospitals. The member for Moore and I looked at the services in Moora earlier this year. The hospital in Moora will be developed. We need to attract people to hub hospitals in order to provide proper services. Specialists will go to a town if it has proper services that they can use and if they attract the types of people they need. Services need to be upgraded to attract the right people. We must start to reconfigure some of the smaller hospitals - not close them or downgrade them. The real needs and pressures in country areas, particularly in smaller hospitals, relate to aged care. In most instances in small country towns we cannot afford to buy and build a hospital, and then run a health and community care program alongside it. The HACC program must be funded out of the normal budget, and needs kitchens and everything else to supply home care.

Mr Trenorden interjected.

Mr KUCERA: If the member for Avon would listen, he might learn something.

It is absolute idiocy to build an aged care home alongside a 12 or 24-bed hospital that sits empty. A great deal of renewal is going on within the programs. The process of developing multi-purpose sites in this State has been going on for many years. One of the few positive things I received when I met with Bronwyn Bishop was a very clear indication that the federal Government wanted to see development of HACC programs within the home, particularly in rural areas. Additional funding, as I understand, could become available through the federal Government, and I will be meeting with Senator Patterson to make sure that occurs. The Government can no longer fund and support three or four separate programs in a small country town. A degree of amalgamation must take place, not only of aged care facilities, but also of boards and hospitals generally.

I return to the services we were talking about, and what I meant by the running down of hospitals. We cannot attract and keep good staff in hospitals while this constant denigration goes on. Constant suggestions that a hospital might close, when those suggestions are entirely false and aimed at cheap political point scoring, are damaging to the community. A lot of criticism has been levelled at me about what might or might not have gone on during the election campaign, or during the time of the previous Government. I do not set out to criticise what happened in the past. I am talking about what is happening now.

Mr Day: Will you defend the actions of the Opposition at the time?

Mr KUCERA: I will certainly not defend the actions of the member for Darling Range last Sunday, when he did a disservice to the community of Armadale.

Several members interjected.

The SPEAKER: Members, interjections at that level are unacceptable. Members who wish to make a contribution to the debate should rise to their feet after the minister has finished and correct every statement they consider incorrect.

Mr KUCERA: People going around, for whatever reason, and saying a hospital is to be closed or downgraded when that is absolutely not true is irresponsible in the extreme. I cannot believe the attitude of the National Party to the \$35 million development of the Geraldton Hospital and the services that will accompany it. It does not matter who planned it; it has been approved as a \$35 million development, and the only person who applauded it was the member for Greenough, because he could see the benefits it would bring for his electorate. Everyone

else wants to run it down and turn it into a cost-cutting exercise, when the Government is trying desperately to get specialists and medical and nursing staff into the country areas. If the member for Riverton were a doctor, and he were told that the hospital he was going to in a country town was in danger of being closed, it would be difficult for him to take up a position there?

Mr McRae: If I were taking the advice of the local National Party member, I would have so many doubts about the accuracy of the information, I would think they were about to run the system down.

Mr KUCERA: Exactly. Yesterday criticism was even levelled at the number of overseas-trained doctors working in this area. At the moment we cannot get doctors for the suburban areas, and yet a local member, in spite of a \$5.5 million redevelopment of the hospital in his area, is telling everyone the hospital is about to close. How can the health system attract and retain staff at these hospitals when that kind of nonsense is going on. I can recall coming -

Several members interjected.

The SPEAKER: Members! The member for Riverton will allow the minister to complete his speech.

Mr KUCERA: Most of the issues referred to by the member for Roe centre around the program being conducted by Professor Tony House. The Government has committed an additional \$6 million, over the next four years, for a comprehensive support program to improve rural specialist services. I was asked a very fair question today by the member for Roe about how that \$6 million would be spent. I cannot tell him that, nor could I answer another question about the procedures that would be carried out. I am not a medical person. That kind of money should be targeted at specific need. I am advised that many of the areas that the service was visiting have chosen to take on board their own specialist programs. That is excellent, because it means that Professor House's program has been successful. Not only has it improved the skills of the local doctors, but it has also encouraged other specialist groups. A total of 295 specialist practitioners provide services in rural Western Australia. About 200 of these travel from Perth. Of the specialists residing in rural areas, 30 visit towns in outlying areas. Four surgeons with the university rural surgery work for one or two days a month in rural areas. A wide variety of arrangements have now been put in place for the 295 specialists who visit the rural areas. The Government is putting \$6 million into these programs. One program is under review. The advice I was given by the former chief medical officer was that there was no longer a need for that program, and there was a better way of providing the services. The previous Government put \$1.8 million into rural services, which the present Government increased to \$6 million, and when an additional \$4 million over four years for the patient assisted travel scheme is added to that, a total of over \$10 million is available for patients in rural areas to access specialist services. That is being depicted as a bad news story.

If I were living in the country, I would be celebrating the fact that the Government is starting to turn its sights towards making sure that country people are properly serviced. The member for Roe is right in saying that the Government can never give country people all the services they want. I was pleased this week to see that a new computerised tomography scanner is being put into the Geraldton hospital, and further pathology services have been put into the south west. I could cite all the programs that the Government has completed in the last six months that were begun by the previous Minister for Health, for which I have applauded him. Last week I was roundly criticised by the member for Warren-Blackwood, because I had the temerity to say that we were happy for him to assist with the opening of the medical services in his area. He was a little bit mean-spirited on that one. The Government was happy for him to be part of the opening, because he had done so much to be part of those programs. It is about time the Government and the Opposition started to get a bit closer together about what is happening here. While opposition members run their local services down, it is extremely difficult for me, as a minister, to attract people to those towns. The Government at the moment is constantly in contact. There was some criticism the other day of the use of overseas medical specialists and doctors here. We have a very large contingent; in fact, one of the largest contingents in Australia works in Western Australia for a number of reasons. We are prepared to accept them. We also see a real need to have clinicians out in country areas, particularly good general practitioners. The GPs of this country are the unsung heroes in this matter. There has been criticism of the visiting medical practitioner program, and in some situations that may be justified; however, in many cases it is not. In many cases those doctors do a darn good job and some get paid a lot of money to do it. However, by and large, the average GP is battling, like every other small business person, but he is doing a good job. GPs are supporting the people and they are prepared to go out into the country. If GPs are constantly being battered and told that their services will be cut back, closed or downgraded, when the opposite is the case, we are simply doing a disservice to our own communities. I would much prefer the member, as the representative of his local area, come to me as minister and get the absolute truth. Members have three years before the next election. They should stop trying to score cheap political points and start looking at the bigger picture of the health service in this State. It is about time we started to move forward. It concerns me when those kinds of things go on.

The other week I received a series of letters. I thought part of the member's debate today would deal with the distressing letters that were received by parents of young children who were taking part in diabetes and other linked programs across the State. Those letters, which indicated that the doctors were withdrawing their services, were sent by doctors without consultation with the department, the minister and even their own hospitals. I know the member for Albany got some letters, and I think the members for Geraldton and Roe sent me some as well. That is the sort of thing I am talking about. There was a heap of frightened parents because somebody said that the services for their kids would be withdrawn.

Mr Waldron: I got the letters from the doctors.

Mr KUCERA: Exactly. This is the kind of thing that is happening. A certain culture in health has grown. We are all to blame, because of our political grandstanding and wanting to score cheap political points. It is time to move on.

Several members interjected.

The SPEAKER: Members! There were two lots of interjections from the members for Darling Range and Murdoch at such levels that I could not understand what either of them was saying. They were both very loud. The end result was that I could not hear what the minister was saying. When their chance comes to put their point of view, they will get the call.

Mr KUCERA: It is time to move on. It is time we stopped knocking the health system in this State. Yesterday morning I met with an international peer group that is in Western Australia to examine the child and adolescent institute that is run by Professor Fiona Stanley. It is also examining other programs at King Edward Memorial Hospital. It is a very eminent group of specialists. We were talking about research funding issues, so I threw out a challenge to the group. The challenge I threw out is the same challenge I throw out to members today: they should stop denigrating the health system, stop looking at things through their own keyholes of personal agendas and start looking at the much bigger picture of health in this State. It is an enormous portfolio that uses one-quarter of the State's budget. It is very easy to score cheap political points.

I ask members opposite, including the member for Murdoch as the spokesperson for health, to quietly talk to the staff at Swan District Hospital and places like that and ask them about the effect doctors withdrawing their services, as they said, for safety reasons and cutting back emergency services has on the hospital overall. The devastating impact that had on the rest of the hospital cannot be described. I delivered its three-year accreditation about two weeks later. It is not easy for a hospital to get a three-year accreditation.

Mr Board: That was not our fault.

Mr KUCERA: I am not blaming the Opposition. The member should listen to what I am saying. I am talking about the overall culture of health in this State.

Mr Board: You are saying that we are affecting the staff.

Mr KUCERA: It is constantly being denigrated. We will never move forward in this State if we keep trying to do things the same way. Having found that press release from the previous Minister for Health -

Mr Day: I am supportive of that model.

Mr KUCERA: I am pleased that the member is supportive of what we are doing with the country boards. They are the kinds of things we need to work towards in this State. Simply doing things in the same way is insanity. We have a finite purse to work with.

Mr House: When a health professional in charge of a country hospital comes to us as members of Parliament and tells us clearly that his budget has been reduced, what do you think we should say to him?

Mr KUCERA: That is entirely up to the member. I cannot judge him on that. I form my own views on that. The culture in health in this State has been developed as a squeaky-wheel syndrome right across the board, from the person who works at the front door of the hospital right through to the most eminent surgeons in this State. If we ever try to change anything in health, a cacophony erupts about the whole culture -

Mr Day: There is some truth in that.

Mr KUCERA: There is a lot of truth in it.

Mr Day: Your side promised them everything.

Mr KUCERA: I promised nothing, other than to sort out the problems in this State. I have promised to put in place the twin pillars of medical and fiscal accountability. It will be a damn hard job, and, of all people, the member should know that.

Mr Day: And we will support that.

Mr KUCERA: It is time to move on and stop this constant bashing. This is the second time we have debated this issue in the House, and the same answer has emerged. After the first debate, I spoke to the new Director General of the Department of Health and asked him to find the reports of Professor D'Arcy Holman which were referred to in the previous debate. I do not take absolutely the advice of any group of bureaucrats, whether it be in health or in any other area. I do not have that view of the world. I understand that Professor House is meeting with the director general and the executive director of country services next week, and I hope that once and for all we will get a satisfactory conclusion to this issue. A range of other programs are in place, so the fact that one particular program is moved one way and not another should not be cause for alarm. I will not set out to deliberately reduce services to anywhere in this State, let alone to the country.

Mr House: You already have.

Mr KUCERA: Here we go again! These people are saying, "That is what we are getting and that is what we want; therefore it is a cut." If members run their business or home that way, they had better get themselves another credit card or at least give their partner another credit card. That is not the way to run a business in this State. There is a finite pot within the health system. We could tip the whole state budget into the health system and it would not matter; we would not see where it went. We as a Government do not manage that way. The Gallop Government has said that it will be fiscally responsible and will revisit this program and look at what must be done. If changes need to be made to the health system in this State, I am determined to help make them. I am not talking about cheap political point scoring. There are no political points in this for me as a minister or as a member. However, I am prepared to make changes to ensure that members' constituents get a decent deal. I remember the first day I stood in this Chamber as a member of this ministry. There were wonderful references to a bipartisan approach to the problems. Some bipartisan approach!

Several members interjected.

Mr KUCERA: Members opposite would not know the meaning of the word. They cannot even retain a coalition with those people who showed them loyalty for about 30 years. They were dumped for a cheap political point to support a party that did not even get a couple of percentage points. It makes me wonder why we do it.

Debate interrupted, pursuant to standing orders.

Sitting suspended from 6.00 to 7.00 pm