

Mr Colin Barnett; Speaker; Mr Mike Board; Mr Kucera; Mr Ross Ainsworth; Mr Kucera; Acting Speaker; Dr Geoff Gallop; Mr John Day; Mr Arthur Marshall

MINISTER FOR HEALTH, POSITRON EMISSION TOMOGRAPHY FACILITY COMMITMENT

Matter of Public Interest

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

That this House condemns the Minister for Health for failing to uphold his written promise to the Western Australian doctors that he would honour the commitment of the coalition Government to provide full funding for a much needed positron emission tomography facility for cancer diagnosis in Western Australia.

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

[At least five members rose in their places.]

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

MR BARNETT (Cottesloe - Leader of the Opposition) [2.58 pm]: I move the motion.

Positron emission tomography is an important diagnostic tool, especially in the areas of oncology, cardiology and neurology. All States, with the exception of Tasmania and Western Australia, have access to this PET technology. It is especially important for cancer patients, particularly those suffering from cancers of the chest, brain, colon or ovaries. PET is a scanning technology; to be more specific, it is a non-invasive diagnostic imaging technology. There is no doubt it is effective. PET is regarded as 95 per cent accurate in detecting colon cancer, compared with the 68 per cent success rate of alternative computer tomography technology. For ovarian cancers, the detection rate under PET is 87 per cent, compared with the 70 per cent alternative. The technology relies on radioisotopes, essentially fluorine-18, which are produced by a cyclotron.

The need for the PET technology in Western Australia is obvious. It has been in use overseas, particularly in the United States, for in excess of 20 years. It was first used in Australia - in Victoria - in 1992. There are currently four established providers of PET services within Australia. The Commonwealth Government recognised the importance of this technology and the fact that it was not as widely available in Australia as it should have been. Accordingly, it commissioned a report that was delivered in August 2000. That report recommended that there be seven PET facilities in Australia, including one in Western Australia. The Commonwealth Government duly called tenders in accordance with the medical benefits scheme. Those tenders were advertised on 4 August 2001 and closed on 7 September 2001, last Friday.

The need in Western Australia is acute. Every year 6 500 new cases of cancer are identified. It is estimated that in any given year, between 1 000 and 3 000 cancer patients in Western Australia are required to fly to one of the eastern States to have PET treatment.

I will relay the history of this over the past two years. The AlintaGas sale legislation, of which I had carriage, came before this Parliament in late 1999. I recognise that the Labor Party opposes privatisation on philosophical grounds. We differ. The legislation passed through this House. However, we required support from an Independent for it to pass through the upper House. Hon Mark Nevill indicated that he supported in principle the privatisation of AlintaGas, but he added a rider to his support. He made a submission to the Government - to the then Premier, the Minister for Health and me - that his support, while not strictly conditional, was related to a commitment, if proved to be worthwhile, to fund a PET and cyclotron facility for Western Australia.

Mr McGowan: Among other things.

Mr BARNETT: Yes, but that was the main request, for which he argued passionately. Hon Mark Nevill's submissions made publicly in this Parliament and to the Premier and me were assessed through the Minister for Health. The Government sought feedback from medical professionals in Western Australia and the Department of Health. To summarise, it was their view that there was a need for this facility but it had not been funded previously. Nuclear medicine professionals, the major teaching hospitals and the Department of Health convinced us that PET and cyclotron were needed in Western Australia. We accepted that professional and departmental advice. The Health Department estimated the full cost of the total package of a PET and cyclotron at \$7.5 million.

The AlintaGas privatisation legislation was subsequently passed and AlintaGas was privatised. Members might recall that AlintaGas was privatised for total proceeds of \$971 million. The main use for those funds was to retire debt of \$441 million, although \$310 million was allocated to the southern metropolitan railway. Members opposite should remember that the reason the southern metropolitan railway will be built is that \$310 million came from the privatisation of AlintaGas. There were two other major allocations: \$40 million to the refurbishment program for some of the older secondary schools in Western Australia, and \$40 million to the

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health portfolio to be administered by the then Minister for Health, the member for Darling Range. Within that allocation of \$40 million for health purposes, funds of \$7.5 million for the PET technology were allocated to Sir Charles Gairdner Hospital.

I stress that the PET decision was tied to the privatisation of AlintaGas. The decision to fund the positron emission tomography machine and the associated cyclotron was a decision made by this Parliament and the Cabinet, and was 100 per cent funded out of the privatisation of AlintaGas. The \$7.5 million was allocated in principle by this Parliament, formalised by Cabinet through the proper processes - the Minister for Health of the day and the Department of Health - and the various medical professionals and teaching hospitals were accordingly advised. The \$7.5 million was fully funded, just as \$310 million was put toward the southern metropolitan railway.

What has happened since the Labor Party came to power and the current Minister for Health took over that responsibility? People in the medical fraternity in our major hospitals, particularly Sir Charles Gairdner and Royal Perth Hospitals, and people working in the nuclear medicine area - a group was formed specifically to manage the introduction of PET technology into this State - had every reason to believe that it was all happening. It was fully funded by a cabinet decision and had been endorsed by Parliament. They had every reason to believe it would happen. Indeed, the minister, in correspondence on 21 May on this matter to Royal Perth Hospital's Department of Diagnostic and Interventional Radiology, said -

At the outset, I would like to assure you that the promise of the P.E.T. scanner made by the former State Government will be honoured.

As recently as 21 May, he wrote to the medical professionals and said that it would be honoured. They had every reason to believe it would be honoured. In the meantime, the federal tender process drew to a close. Tenders had been called for on 4 August and closed last Friday, 7 September.

Mrs Edwardes: Whoops, missed it!

Mr BARNETT: Yes, missed it. I believe the other States have submitted their tenders. Western Australia prepared, but did not submit, a tender. The minister wrote to the medical specialists assuring them it would happen. The Commonwealth ran a tender process making available some commonwealth funding. The minister did not even submit a tender. I have not before come across such stunning incompetence. He missed the damned tender! How could he miss the tender? It is a formal process.

What did the minister do when it emerged that the tender had been missed? He immediately tried to blame the federal Minister for Health and Aged Care by criticising the process. He complained that the federal Government would not fund the full amount and did not recognise Western Australia's special needs. This minister issued a press release under the heading "WA sold a pup with Federal Government's PET offer" in which he said that the PET machine would not be properly funded by the federal Government. He denied that it had been fully funded with \$7.5 million clearly earmarked by a formal cabinet decision. Did the minister and his Premier make a cabinet decision to overrule that formal allocation of \$7.5 million? It was not part of forward estimates or an election promise. It was a properly, documented, formal decision by this Parliament that the previous Cabinet passed on to the hospitals through the parties in the health bureaucracy.

When news of that became known, the various health professionals in that area of medicine were so distraught at having been essentially misled, if not lied to, by this minister, that they threatened to resign. A group of 10 specialists in nuclear medicine have said they will walk away from it. I hope they do not. We cannot afford to lose specialists. I then heard this minister on radio last Friday afternoon saying that we need not only a positron emission tomography facility but also a cyclotron. I heard him say we need a nuclear reactor. I heard him say that the PET facility needs to be nuclear powered. I shall tell the minister what it needs: a power point and an extension cord. It is a cyclotron. It separates subatomic particles. It produces radioisotopes. It is not Chernobyl. It is not a nuclear reactor. It is not nuclear power. The minister tried to make fun of people working in nuclear medicine by saying it was a nuclear reactor and nuclear powered. What absolutely stunning ignorance of an important area of medicine. The minister missed the tender and had no idea what he was talking about.

Where does that leave us now? Will Western Australian cancer patients have access to this technology or will they be denied it because of the incompetence of the minister? Will cancer patients in this State continue to have to go east for this treatment? The minister sits opposite smugly grinning. He has constantly grinned smugly in this Parliament at people's disquiet and discomfort. I am concerned, and he should be, for the 6 500 cancer patients identified every year.

How did this minister manage to so comprehensively bungle this matter? I have not seen such an incompetent performance by a minister in the time that I have been in this place. What does it mean in funding? He missed

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the tender, and, therefore, presumably, the State has missed out on \$3.85 million of commonwealth funding. However, he did not need it because he had \$7.5 million clearly allocated for this purpose. The commonwealth funding and tender process came under the medical benefits scheme; therefore, patients who required this diagnostic technique would have qualified for a \$450 Medicare refund. What has happened to that? Those patients have lost that. The State has lost the project. The medical fraternity has lost an important diagnostic tool. How could the minister miss a tender? That is stunningly incompetent. As a result, we have missed out on commonwealth funds and in all likelihood patients will miss out on the Medicare refund. I hope that the minister has already been on the phone and done whatever is necessary for Western Australia to have the right to submit the tender.

This Parliament is about accountability. Rarely, if ever, have I seen a minister come into this Parliament when he knows there is to be a discussion on a matter of public interest and, in a cowardly way, make a brief ministerial statement to try to stop the debate. What a wimpish, poor minister we have. The public health system, the private health system and patients, particularly cancer patients, in this State deserve better than this incompetent minister.

Order of Business

The SPEAKER: Before I give the call to the next speaker, I point out that I made an error in calling on the matter of public interest when I did. Petitions, papers and notices of motions are still to be dealt with. I apologise to the House for that. They will be taken immediately after the MPI.

Debate Resumed

MR BOARD (Murdoch) [3.12 pm]: In supporting the motion put forward by the Leader of the Opposition, I note that the minister's brief ministerial statement adds nothing to the information in press releases and the minister's statements on radio and television. One wonders why he made the statement today. It adds no certainty and does not address the concerns of the Western Australian community, and in particular patients, who are waiting for access to the vital technology of the positron emission tomography scanner. The minister cannot be proud of the situation in which we find ourselves. He is aware that every day is vital. The availability of this technology for Western Australia is well overdue. The minister should have acted long before this tender process took place. The previous Government had allocated funds for the purchase of the PET scanner. A number of the minister's statements missed the mark entirely. Apart from the fact that so many patients need and want this diagnostic treatment, the PET scanner is a fundamental tool for looking for secondary cancers and other related illnesses.

Another tragedy arises from this. Many new drugs - unfortunately very expensive - are now available to cancer patients. Some are subsidised through Medicare agreements. A condition of making those drugs available to patients is that they must first have had a PET scan; therefore, patients do not have access to subsidised drug treatment if they have not had a scan. Many people in Western Australia are currently being denied access. As every day that passes is critical, members must ask why any minister or bureaucrat would want the delay. Who gains from it? Which patients will be helped by the delay? The minister admitted today, and we are well aware, that the federal Government has offered capital funding of \$3.85 million. It has offered a subsidy of \$950 per scan for patients seeking treatment. That amount of funding and subsidy is probably more generous than that received by any other State in Australia. My knowledge as of today is that no other State in Australia has received capital funding for the establishment of this technology. Therefore, Western Australia has an advantage.

As the Leader of the Opposition has outlined, other funding was made available from the sale of AlintaGas. Therefore, why delay? Why engage in penny-pinching? The minister has indicated that one of the reasons he has delayed is that Sir Charles Gairdner Hospital and other hospitals in this State do not have adequate facilities to handle cyclotrons, and the provision of such facilities would mean that the State would incur additional costs. However, embedded in that \$3.85 million is \$2.2 million for the establishment of cyclotron facilities.

Sir Charles Gairdner Hospital has had facilities capable of handling cyclotrons since the Queen Elizabeth II Medical Centre was built, because part of that extension is a bunker that was built to handle nuclear emissions in preparation for when this technology becomes available and affordable for Western Australia. The minister has indicated that Western Australia may lack clinicians who can utilise -

Withdrawal of Remark

Mr KUCERA: I have never said that, and I ask the member to withdraw that statement.

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Mr BOARD: I thought I heard the minister say that in his statement. If the minister did not say that, I withdraw that statement.

Debate Resumed

Mr BOARD: Western Australia now has a team of clinicians that claims to be the best in Australia. That team has been seeking this equipment for years. It has been building its education and touring parts of the world and this country to get ready for this equipment to be able to assist patients in Western Australia. Western Australia is the only State in Australia that has received \$3.85 million for capital equipment, of which \$2.2 million has been earmarked for the cyclotron. The Medicare rebate is already in place.

The Leader of the Opposition has mentioned that a number of patients have had to travel interstate to receive this treatment. About 1 600 patients in Western Australia would like to avail themselves of this technology, not only for diagnosis and treatment but also to pick up any secondary problems that might be associated with their diseases. However, those Western Australians are being denied this technology as a result of this delay.

Why is the minister delaying? What purpose does it serve? I cannot understand the reason for the delay, and all the people whom I have asked have scratched their head and said they cannot understand the reason for the delay. The funding is already in place. It is not as though the Government needs to find hundreds of millions of dollars of funding. This is nothing short of bureaucratic bungling, and of the minister's covering up for the maladministration in his office. Every day that the minister delays is another cross the minister will have to bear. The people of Western Australia are not very impressed that this Government and this minister are denying them treatment that could be made available in Western Australia.

MR AINSWORTH (Roe) [3.20 pm]: I am disturbed about any delay in the acquisition of the positron emission tomography facility because when we deal with cancer of any sort - and I think members recognise this - early detection is absolutely essential. If a successful outcome is to be achieved once a person has been diagnosed with cancer, it is absolutely essential that that diagnosis take place at the earliest possible opportunity. This technology is another step forward in achieving the aim of early detection, which can help to save lives.

We have heard from other members about the history of the funding of this machine. We have also heard that the funding promise was quite public, and that it was an election promise of the Liberal Party; rather, it was a result of the sale of AlintaGas, and the work done by a former member for the Mining and Pastoral Region, Hon Mark Nevill. In agreeing to accept the previous Government's legislation, Hon Mark Nevill wanted this machinery funded, and, as we have heard, that was agreed to.

The whole matter was properly dealt with in cabinet, and the money was made available in the normal process. It was not an election promise, because it was arranged prior to that time. Therefore, it should have proceeded, particularly in the light of the offer from the Commonwealth to provide the money, for not only the machine itself but also the cyclotron that goes with it.

Mr Barnett: It was not a promise; it was a formal cabinet decision.

Mr AINSWORTH: Exactly. It was not a promise; it was a decision that was made properly, and it was all aboveboard. In those circumstances it was well and truly a decision that any normal incoming Government would have picked up and carried forward as part of its obligation to government. It was not something for which the Government had to go out rattling a tin to raise the money, because it was already provided for in the budget.

My concern is twofold. I am concerned for the people of Western Australia, but I am also concerned at a personal level. My family has a history of cancer, and that keeps me aware of the need to have these early diagnostic tools in place. I do not remember if I have previously told this House, but my mother was diagnosed with bowel cancer when she was 48 years old. The diagnosis was sufficiently early to allow her to be operated on successfully. She had two further outbreaks of bowel cancer about 10 years apart. However, she lived to 84 years, and actually died of kidney cancer. After being diagnosed with cancer at age 48, she lived until she was 84. That is a fantastic record. Two of my mother's sisters also had cancer; one suffered from breast cancer, and is still alive at the age of 89; another sister died of a brain tumour. Their father died of liver cancer. Therefore, there is every reason for someone like me to be acutely aware of the need to be vigilant in looking for any signs of cancer.

A machine such as this could save the lives of people such as those family members about whom I have talked who were diagnosed with and, in some cases, died from this disease. I believe that many people in the

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community are wondering why this Government, which campaigned on the basis, among other things, that it would be a caring Government, and that it would look after the needs of the ordinary people of this State -

Mr Johnson: Particularly health!

Mr AINSWORTH: Particularly health, as the member for Hillarys correctly stated. The money was already budgeted for; everything was in place. It was not just a promise; the funding was in place. If the Government had not changed to a Labor Government, this machine would be up and running in Western Australia. The ordinary person in the street must be wondering why, given the history of the matter, this money has not been forthcoming and why the minister missed the boat for the federal funding.

MR KUCERA (Yokine - Minister for Health) [3.25 pm]: I have listened to all the histrionics of the talk, both today and last week. I will go through this matter quietly, and positively, to let people know the Government's stand on this issue. The Commonwealth is offering up to \$3.85 million a machine in its funding of positron emission tomography facilities around Australia. Before the tender arrived at my office, the advice I had been given was that the actual cost - and this is the figure that was quoted to me - was \$8.549 million. There is a fair gap between that and the cost of the particular machine.

I will clarify some of the points made by the Leader of the Opposition. We are talking about two machines; we are talking about a PET machine, which is a very large camera that must be driven by positron-emitting tags for PET scanning. They are prepared by a cyclotron, or a linear accelerator, right before the radioactive compound is needed. Therefore, the cyclotron produces radioactive compounds. After the positrons are emitted, the compound is no longer radioactive; therefore, it has a very short half-life. The issue is that to put the machine in place, we must be able to draw the fuel from a cyclotron machine; therefore, such a machine must be positioned in this State.

Within the tender process that I received last Wednesday, the tenders for this machine were called and updated on 3 August this year - not, as the Leader of the Opposition stated, on 4 August. The Government sent somebody to Canberra three weeks ago to look at the tender process. The tender process arrived on my desk last week, and after looking at it I had some concerns, about which I spoke to the Acting Commissioner of Health.

I am happy to table the letter I sent to the federal minister, Dr Michael Wooldridge, but I will first read it.

Mr Barnett: What is the date?

Mr KUCERA: This was on the morning of 7 August, and it was faxed across -

Mr Barnett: The day the tender closed.

Mr KUCERA: That is exactly right. I read from the letter that was sent to Michael Wooldridge -

I am writing in reference to the current tender process under which Commonwealth assistance is being offered to establish a Positron Emission Tomography (PET) facility in Western Australia.

The Western Australian Government is supportive of the Commonwealth's plan to enable Western Australians to have access to PET technology in Perth. Currently as you would be aware Western Australians referred for a PET scan must travel to the eastern states.

In fact, I am advised by the Department of Health that the seven or eight people who were treated this year were treated at a cost of \$23 000.

The figures that I received from the Department of Health indicate that it would take three years before we would rise anywhere near to the 1 000 people a year who would use this machine. Therefore, the figure of 3 000 quoted by the Opposition is quite surprising.

Mr Day: The figure is between 1 500 and 2 000.

Mr KUCERA: It is 1 000; the papers are here in front of me. The letter goes on -

If Western Australia is to receive a PET facility the most appropriate location would be either Sir Charles Gairdner Hospital or the Royal Perth Hospital. Both are large public teaching hospitals.

However having received the Commonwealth's request for tender document, there are a number of concerns with the Commonwealth's offer with respect to Western Australia. Key concerns are:

Quantum of Funds

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The Commonwealth funding offer does not recognise or respond to the need for Western Australia to obtain equipment for PET services beyond that required in most other jurisdictions.

That is a fair thing to say, because that is the catch - we are talking about \$8 million, as opposed to \$3.85 million. The letter goes on -

For most States/Territories there is the potential to have a PET camera only, and import the radio active isotopes from a cyclotron in another State. There are already several cyclotrons along the east coast that could supply the isotopes for PET scans. For example, I am aware that isotopes -

I go on to describe the Government's difficulties about the half-life. I then state -

Hence, if Western Australians are to have access to PET technology, it is essential that both a cyclotron and camera are located here.

As you will appreciate, the funding the Commonwealth has offered for the PET technology is not sufficient to cover the total capital cost of establishing a PET facility. The Department of Health has estimated that the total capital cost of establishing a facility (cyclotron and camera) in Perth will be in the range of \$7.5 - \$8 million. However, the Commonwealth has indicated it will provide a total of \$3.85 million towards this cost. . . .

The proposed contract requires that the PET facility -
and this is the key issue, the point that greatly concerned me -

is operational by 1 August 2002. As you may be aware, there is a significant time between ordering a cyclotron and its effective commissioning.

Regardless of the State's efforts it is unlikely that a facility could be commissioned by 1 August as required. I am concerned about the risk that the State will commit to purchase the PET equipment, make its best efforts to establish the facility by 1 August 2002, but then the Commonwealth not be prepared to provide the required funding on the grounds that the State has not satisfied the timeframe required.

Mr Barnett interjected.

The ACTING SPEAKER (Mr Andrews): I call the Leader of the Opposition to order, because I cannot hear what the Minister for Health is saying.

Mr KUCERA: The letter refers to the ongoing commonwealth commitment to funding PET services and casts doubt on the Commonwealth's preparedness to continue to support PET services. It continues -

In fact, from clause 3 it appears it may be the case that the Commonwealth intends ceasing Medicare benefits and other funding from 31 June 2005.

I am concerned about the possibility of the State committing to a PET facility on the assumption of continuing Commonwealth support, but then the Commonwealth ceasing its support and the State being left as the funder.

To address these concerns I ask that you:

- (1) Give further consideration to the quantum of funds available to provided by the Commonwealth to enable the provision of a PET facility in Western Australia recognising that, due to distance, the State is in a unique situation of having to have its own cyclotron in order to deliver PET services.
- (2) Clarify your position regarding ongoing Commonwealth support for PET services in this State.

Your response to these issues will be vital in the State's decision whether to participate in the current tender process.

That letter was faxed on the morning of the seventh when the tenders closed. We are happy to table a copy.

[See paper No 585.]

Mr KUCERA: In addition, I spoke with the Acting Commissioner for Health on Thursday evening and we went through these difficulties. The next day he spoke to a person by the name of Keefe, who works in Dr

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Wooldridge's office, and he said that it was fine, to send the letter across and they would look favourably on the extension of the tender. I spoke by telephone with Dr Wooldridge and he indicated the same thing.

All we have done at this stage is ask for clarification of the tender process. I was advised this morning that the Commonwealth will go through the normal tender process, as we are going through it now, and it will be considered in the normal way. When clarifications arise they will be submitted.

Opposition members interjected.

Mr KUCERA: I am not prepared, without some assurances - as the previous Government was - to commit to a machine that is likely to cost us \$30 million over its lifecycle. I was advised this morning by the Acting Commissioner of Health that there is a deferred liability of almost \$60 million for radiography machinery in this State and the federal Government is asking us for about \$3.85 million. That is the advice I am given by the Acting Commissioner of Health. I was advised only last week that the Rockingham hospital needs enough equipment to take up -

Mr Barnett interjected.

The ACTING SPEAKER (Mr Andrews): Order! I call the Leader of the Opposition to order for the second time. I wish to hear the minister; I cannot hear him over the member's voice.

Mr KUCERA: There is no planned replacement for any of this machinery. When we start talking about money from AlintaGas that still resides in the budget -

Mr Day: Where has that money gone?

Mr KUCERA: Watch for Thursday. The AlintaGas money, as with all money that was taken from the sale of our assets, still resides within our state budget. We will prioritise as we go.

The doctors that were talking about this machine are a fine group of doctors; I have met them on a number of occasions and I have assured them that we will work towards getting this machine. The other point I make is that nobody has said that this machine will not be purchased. As an accountable minister, I am simply asking the federal Government to clarify the issue of a tender which we could not possibly meet.

Positron emission tomography is an emerging technology. Once a PET facility has been commissioned, it can be expected that the number of PET scans will increase. The following table estimates the operational costs of providing PET services over time.

Incidentally, I was advised this morning by the Acting Commissioner of Health that it is very difficult at this stage to obtain the kind of machinery we need to establish the cyclotron. I will quote from what one of the doctors said the other day -

You know, it's a tight deadline, the Federal Government wants us up and running by the 1st of August 2002. . . These machines are in great demand, and so it's actually...it's harder to get them because people want them from, you know, Europe the US, the rest of Australia are buying them up.

The reality is that we will not be able to meet the conditions of the tender. That is the advice I was given the other evening.

Mr Board interjected.

Mr KUCERA: I am clarifying that with the federal Government. Negotiations are continuing. As I said, as late as this morning we spoke with the relevant federal Government office about this matter, and there was no indication that we will be outside of the tender process, no indication that we will receive anything other than the proper attention, and no indication that there are any problems. We are building towards a planned approach.

This treatment is now available for our patients. Each week people are taken to Melbourne with their travel being funded by this Government, which ensures that people have access to this facility. Seven PET machines are available for the rest of Australia, all of them attended by similar processes. No-one disputes the usage, and no-one disputes that it will be a fine machine for this State. However, it is necessary for me to clarify the conditions under which we will enter into any arrangement with the federal Government. Dr Wooldridge yesterday said there would be no problems with that. We are talking about some of the issues relating to the outlay of \$7.5 million, and those playing politics are from the other side of this House, because they did not do any planning for the replacement of equipment in this State. We were left with a \$60 million bill. On 21 May, I wrote to Dr Lenzo and qualified that this machine would be built, but I also need the qualification from the federal Government.

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The member for Murdoch said I put out a statement this morning before a matter of public interest was debated in this Chamber. I remind him that that statement was put on the agenda long before he raised this MPI today. Let us get that straight!

I am well aware of the treatment of cancer patients in this State. There are no delays. I am advised that our patients receive the same accessibility to this treatment as the eastern States programs. I am also advised that in this State at the moment three magnetic resonance imaging machines are on request, for which we did not receive licences.

This is the most important issue. I heard the other side refer to the Medicare benefits schedule. It is clear that this will be in jeopardy if we are unable to meet the conditions of the tender. That is the key issue. I wanted that clarified before I committed us to another \$30 million-worth of machinery that cannot be maintained.

Several members interjected.

Mr KUCERA: I refer members to a report in *The West Australian* a few days ago in which Gavin Mooney addressed hospital planning in this State. We have a \$60 million to \$70 million problem because of the lack of planning for equipment replacement. This Government -

Several members interjected.

The ACTING SPEAKER (Mr Andrews): I realise that these matters arouse emotions in members on both sides of the House. However, the level of interjection is such that I cannot distinguish one member from another on my left, and I cannot hear the minister. I ask that members maintain a civilised level of interjection.

Mr KUCERA: I will summarise the issues. I am told that the Government is facing a deferred liability of \$60 million for equipment. The tender was received in my office last week - two days before it was due to be progressed. I had no idea what was in it until I read it. When I did, I had concerns and therefore asked for clarification. The document contained no capital works plan or whole-of-life costing. I simply asked Dr Wooldridge to provide that information. He was most accommodating in dealing with the problems facing this State because of the tender process. As I have said, this Government has money allocated for the purchase of this type of equipment. However, I will not provide budget details before Thursday.

That money must be provided. I have asked for that clarification from Dr Wooldridge. No doubt he will display the statesmanship expected of a proper politician and someone who knows how Parliaments should be used. He has always behaved impeccably in my dealings with him. He and his officers have said that they will work through the proper processes. They are concerned, as I am, that we get the kind of machine we want. This process is properly funded and run, and the people who deserve the equipment will get it.

I will address the issues raised by the member for Roe. Diagnostic equipment is available in this State; we have plenty of appropriate diagnostic tools. If any concerns arise, the patient assisted travel scheme allows us to fly people to the eastern States, and that occurs on a weekly basis. I am happy to do that, and money is in the budget to ensure that happens. No way will we deny anyone the treatment they need.

My advice from the Acting Commissioner of Health is that the tender process takes three weeks. We will work through that process. In the meantime, Dr Wooldridge's office has assured me that everything will go ahead. In any case, it is unlikely that we will be able to obtain a cyclotron before August or September next year, which puts us outside the process.

Mr Barnett: Don't be so ridiculous!

Mr KUCERA: Is the Leader of the Opposition saying that the experts in the Health Department are ridiculous? Is he saying that Bryant Stokes and the fine nuclear medicine doctors, including Dr Lenzo, are ridiculous? Dr Lenzo acknowledges that those machines are very difficult to obtain. That is the answer.

Mr Barnett: Are you telling lies to this Parliament?

Dr Gallop: Don't talk about standards in this place. You are about to get chucked out.

Mr Barnett: Are you controlling this place now?

The ACTING SPEAKER: Members might not believe this, but I control the House. I call members on both sides to order.

Mr KUCERA: I have been advised that it is unlikely that the cyclotron will be up and running before late next year. That will not allow us to comply with the tender, and that concerns me greatly. If the cyclotron is not installed, we will not be able to use the machine and we will still need to fly people to the eastern States.

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We will work through the processes and address our concerns with Dr Wooldridge's officers, and no doubt we will resolve them. When that occurs, we will have a properly planned process for the installation of a very important machine. More importantly, we will have an accountable operating budget for that machine. That aspect of the process was not taken into account by the previous minister when he agreed to this purchase.

We need this machine and I will work through the appropriate processes to ensure that it is provided. I will also ensure that we have a health system that is accountable to Parliament and the people of this State.

DR GALLOP (Victoria Park - Premier) [3.47 pm]: Mr Acting Speaker -

Mr Barnett: Sack him! He is a useless Minister for Health. Get someone competent in the job.

Dr GALLOP: I will deal with the subject of competence. A number of issues must be addressed when Governments make commitments. First, they must be convinced that any expenditure will return value to the State. Like members opposite, government members believe that the installation of a positron emission tomography machine will be of great benefit to the people of this State.

Several members interjected.

Dr GALLOP: Has the Leader of the Opposition finished?

Mr Barnett: Come on, sunshine; this is your big chance!

Dr GALLOP: Right!

Second, when undertaking such expenditure, Governments must be satisfied that they can provide the appropriate funding over the period of operation of the equipment. They must also establish that the terms and conditions under which the equipment is provided - in this case in collaboration with the Commonwealth - are satisfactory.

Let us consider the Opposition's performance in government. I remember a meeting I had with the Commissioner of Police during my first week as Premier. He told me that the Police Service was halfway through the installation of a massive communications system, but that the continuing installation program had not been incorporated in the forward estimates. He had a letter from the former Premier saying that the then Government would use its best endeavours to make it happen. The previous Government made a commitment but did not include appropriate funding in its budget. As a result, this Government has had to examine its expenditure to find the money.

The new Minister for Education told me that the previous Government promised the State School Teachers Union that laptop computers would be provided. Unfortunately, no planning had been done and no money was provided. That would have meant a repetition of the scandal involving the provision of computers in this State that was exposed by the Auditor General. Do members know who was at the heart of that scandal? It was the former Minister for Education.

I now turn to the health system. The Government was advised in December that the budget had a \$45 million black hole. Unfortunately, members opposite did not tell anyone, including the Labor Opposition, which was then trying to prepare its budget proposals for implementation when it won the election.

They did not tell the people of Western Australia how these things would operate. We have now had education, health and police -

Mr Day interjected.

Dr GALLOP: Is the Opposition saying that there was not a black hole in the health budget when we came to Government? It was one of the first things that the Commissioner of Health told us.

Mr Day: There was supplementary funding.

Dr GALLOP: What is supplementary funding? It is funding that was not put into the Government. The former Government did not have the guts to tell the people of Western Australia that the situation was out of control. Health, education and police have suffered from a complete lack of ministerial responsibility. The former Minister for Health was out of control; there were no proper controls. The former Minister for Education sat on a computer scandal. There was no proper planning to use the laptops. The former Minister for Police is no longer with us. He left the current Minister for Police an absolute disaster that was called DCAD and CADCOM - Delta communications and computer aided dispatch and communications. This Minister for Health asks questions; he dots his i's and crosses his t's.

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Mr Barnett: Is he accurate?

Dr GALLOP: He will make sure that in our deal with the Commonwealth, the State is capable of delivering its side of the deal. He will ensure that the terms and conditions are such that the funding will be there tomorrow and the day after tomorrow. The Opposition has shown us the standards it set on laptops, DCAD and CADCOM, and health expenditure. They are its standards but they are not the Government's standards. The Government's standards consist of proper financial planning. Why do we have ministers? We have ministers to examine propositions by public servants. Ministers make sure that they are capable of delivering things properly. That is the difference between this side of the House and the other side.

There are a number of features of the current Minister for Health that are very important. The Minister for Health confronts people and asks questions about the commitments of the previous Government. He will ensure that if money is committed, it will be spent properly. That is what the current Minister for Health does. When he is presented with a series of demands that cannot be met in the budget, he tells people. That is the difference between him and the other side of the House, which was fanning the demands.

Mr Board: The money was there.

Dr GALLOP: Was the money there for the increases for nurses? It was not there. The Government had to find the money for the nurses' increases.

The capital allocation is there; it is in the Government's budget under the capital works item. The money will be committed to an expenditure when the terms and conditions are satisfactory to the State of Western Australia.

Mr Barnett: Given what the Premier said, how does he explain the fact that his minister wrote to health professionals and promised them that the commitment would be honoured?

Dr GALLOP: The commitment will be honoured. The Government also honoured the commitment on laptops. In order to do that, the Government had to go through the whole process and ensure that it could be implemented properly because the previous Government had not done its homework. Do members know what the previous minister did? He sent computers to schools and they sat there. The Auditor General has exposed the previous Government as a poor financial manager. The commitment is there, the money is there, and the Government will achieve it in a financially responsible way.

I tell all members of the House that this Government has 100 per cent support for what the Minister for Health is doing in the health system in Western Australia - not 80 per cent or 60 per cent support, but 100 per cent support for the Minister for Health! He is showing responsibility and professionalism - the two things that did not exist in the previous Government.

The Minister for Police has just informed me that the shortfall for the DCAD and CADCOM systems was \$138 million - it was not in the budget. What a joke! That is how the previous Government planned. That is how it did things.

Mr Omodei: Is the Government going to fund it?

Dr GALLOP: Of course it is going to fund it. In order to do that there will be a few cutbacks in some areas of government. The previous Government said it was committed to funding, but not over the whole life of the project. The Minister for Health has my full support in being a financially responsible minister.

MR DAY (Darling Range) [3.55 pm]: I am happy to support this motion. I was incredulous last Friday when I heard that the minister and the Government were trying to wangle their way out of acquiring this equipment for Western Australia. They are now trying to backtrack a bit and pretend that they have some support for it. They have seen the public reaction.

Mr Kucera: We are doing what you did not do.

Mr DAY: I will tell the minister -

Several members interjected.

The ACTING SPEAKER (Mr Andrews): Order, members! The member for Darling Range has the call and I will not have him shouted down by members on my right.

Mr DAY: The undermining was primarily done by the then Leader of the Opposition. The Labor Party undermined all the things he is now talking about that need to be done in the health system - the accountability, better value for money and all those sorts of things. When the previous Government was trying to put these things into effect, who was at the forefront of trying to undermine them? The then Leader of the Opposition and

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all his frontbenchers and backbenchers. Talk about Nero fiddling while Rome burns! I have never seen a better example of it in this Parliament. Patients and clinicians in Western Australia quite rightly expect access to this sort of technology. All we have from the Government are a few arguments about whether it can meet the tender in time and whether the Commonwealth might change its conditions a little bit.

I could understand the arguments of the Government if this were new and experimental technology that was on a clinicians' wish list. It is not; it is technology that is well and truly proved and exists in every other mainland State of Australia. Western Australians are justified in expecting to have this technology in this State. The hard work was done by the former Government in funding the technology and the positron emission tomography scanner for Western Australians.

Mr Kobelke: That is not true.

Mr DAY: It is absolutely true. I can get a copy of the cabinet decision proving it. The cabinet decision was made in November last year. The initial decision was to spend \$40 million on health services and provide new equipment throughout Western Australia. A specific decision was made by the previous Cabinet in November to fund this equipment. I announced it on 19 November or thereabouts. The Government does not have to do anything to acquire this through finding extra money; it was all found by the former Government, just as money was found for a range of other things following the sale of AlintaGas.

The minister talks about the \$60 million backlog - it was being addressed by the former Government. Following the sale of AlintaGas, \$6.5 million was provided for a picture archive and communication system and \$3.5 million was provided for a magnetic resonance imaging machine and a new operating theatre at Fremantle Hospital. Is the Government now saying that these projects will not go ahead? Will the people of rural Western Australia, those in Fremantle and those serviced by Swan District Hospital, Rockingham-Kwinana District Hospital and Osborne Park Hospital - who expect sub-acute facilities to be built - have to go without those facilities? The minister and the Government should provide some leadership and they should get on with what the former Government started.

MR MARSHALL (Dawesville) [3.59 pm]: As a former cancer patient, and on behalf of all cancer patients, and all prospective cancer patients, I must say how disappointed I am with the Minister for Health for breaking his promise and being too proud to admit that he has erred in not bringing this cancer diagnosis facility to Western Australia.

I suffered from cancer of the kidney. When cancer is diagnosed, the first thing the sufferer says to the specialist is, "Why me?" I want the minister to remember those words, because they will haunt him. Every cancer patient, when diagnosed, will ask, "Why me? Why did not the Minister for Health keep his promise and give me that early diagnosis?"

Question put and a division taken with the following result:

Extract from *Hansard*
[ASSEMBLY - Tuesday, 11 September 2001]
p3515c-3525a

Mr Colin Barnett; Speaker; Mr Mike Board; Mr Kucera; Mr Ross Ainsworth; Mr Kucera; Acting Speaker; Dr
Geoff Gallop; Mr John Day; Mr Arthur Marshall

Ayes (21)

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

Noes (27)

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

Pairs

Mr House	Mr D’Orazio
Mr Cowan	Mr McRae

Question thus negatived.