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LEGISLATIVE ASSEMBLY ESTIMATES COMMITTEE A

Tuesday, 26 May 1998

Legislative Assembly

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ESTIMATES COMMITTEE A

The meeting commenced at 9.00 am.

THE CHAIRMAN (Mr Bloffwitch): This Estimates Committee will be reported by Hansard and a proof document will be made available to the committee clerk progressively throughout the day. The daily *Hansard* will be available the following morning. I caution members that if a Minister asks that a matter be put on notice, it is up to the member to lodge the question on notice with the Clerk's office; only supplementary information which the Minister agrees to provide will be sought within one week.

It will also greatly assist Hansard if, when referring to the Budget Statements or the consolidated fund estimates, members give the page number, item, program and amount in preface to their question.

As has been the practice of previous Estimates Committees, members should not raise matters of general concern which do not have an item of expenditure in the consolidated fund. The Estimates Committee's consideration of the consolidated fund estimates of expenditure will be restricted to discussion on those items for which a vote of money is proposed. I remind members that we are dealing with the estimates of expenditure, and that should be the prime focus of this committee.

While there is scope for members to examine many matters, they must be clearly related to matters of expenditure. For example, members are free to pursue performance indicators which are included in the Budget Statements while there remains a clear link between the question and the estimates. It will assist in the committee's examination if questions and answers can be kept brief without unnecessarily omitting material information. It is the intention of the chairman to ensure that as many questions as possible are asked and answered, and that both questions and answers are short and to the point.

The Minister may agree to provide supplementary information to the committee, rather than ask that the question be put on notice for the next sitting week. For the purpose of following up the provision of this information, I ask the Minister to clearly indicate to the committee which supplementary information he or she agrees to provide. Details in relation to supplementary information have been provided to both members and advisers and, accordingly, I ask the Minister to cooperate with those requirements.

Division 63: Health, \$1 640 249 000 -

[Mr Bloffwitch, Chairman.]

[Mr Prince, Minister for Health.]

[Mr A.J. Bansemer, Commissioner of Health.]

[Mr J. Burns, Acting Chief Executive Officer, Royal Perth Hospital.]

[Dr J.A. Cumming, Executive Director Medicine, King Edward Memorial Hospital and Princess Margaret Hospital for Children.]

[Dr N. Fong, Chief General Manager, Operations.]

[Ms P. Ford, General Manager, Public Health.]

[Dr G.J. Goodier, Chief Executive Officer, King Edward Memorial Hospital and Princess Margaret Hospital for Children.]

[Mr A. Kirkwood, Acting General Manager, Finance and Resource Management.]

[Mr J.D. Kirwan, General Manager, Health Workforce Reform Division.]

[Mr I. Haupt, General Manager, Commercial Services.]

[Mr P. Howe, Chief Executive Officer, Fremantle Hospital and Health Service.]

[Professor G. Lipton, General Manager, Mental Health Division.]

[Ms P.J. Martin, Acting Chief Executive Officer, Sir Charles Gairdner Hospital.]

[Dr D.F. McCavanagh, General Manager, Strategic Planning and Evaluation.]

[Mr M.C. Miller, Manager, State/Commonwealth Relations Unit.]

[Mrs C. O'Farrell, General Manager, Program Purchasing.]

[Dr P. Psaila-Savona, Executive Director, Public Health.]

[Mr B. Sebbes, Acting General Manager, Operational Management.]

[Mr W.G. Simpson, Executive Director, Corporate Services, King Edward Memorial Hospital and Princess Margaret Hospital for Children.]

[Associate Professor B. Stokes, Chief Medical Officer.]

Mr MacLEAN: The Western Australian branch of the Australian Medical Association said this morning that the increase in commonwealth funding is only 1 per cent instead of the 15 per cent claimed. Will the Minister comment on the impact of this on the Health budget? I refer to page 545 of the Budget Statements.

Mr PRINCE: The situation with the offer made by the Commonwealth is that on 19 December last year the federal Minister, Dr Wooldridge, put an offer on the table to the assembled Health Ministers and it was first, final and not negotiable. In the media a day or so prior to that, it was said that this offer would be an increase of more than \$3b over the current funding under Medicare; I refer to the funding into the public hospital system but not the other funding under Medicare payments to general practitioners, doctors generally and pharmacists. When the Ministers sat down with Dr Wooldridge, he said that he had never quoted a figure of \$3b and that the extra funding was \$1.6b. We considered that figure. It turned out that the money to be committed to the extension of the national mental health strategy was counted as though it were new money, as was the money committed to the palliative care plan.

The national mental health strategy was a program to run for five years by agreement, and it was coming to an end on 30 June 1998; likewise, the palliative care program. There is no doubt that both the mental health program and the palliative care program will be required after 1998. The Commonwealth Government put a spin on this at the time; because these programs would be renewed, therefore, they were totally new and it was a new commitment of funding. All the Ministers disagreed with that and said they were programs that were clearly continuing and would continue ad infinitum. The Ministers discounted that funding. By the time the Ministers looked at the escalation already built into the system in a small way for ageing and so on, the increase turned out to be \$69m. That is across Australia, and it is totally and completely impossible funding for five years. It is ridiculous.

That is broken down State by State and there are some variations. In the first few years of the Medicare agreement this State received payments in advance so there is some reduction in the payments received. There is also a problem with the Grants Commission, the size of the State's economy and so on. It has no relevance to state taxation; nevertheless, it is taken into account. The effect for Western Australia over five years under the proposed new Medicare agreement is a reduction of \$149m in funding. That is neither tenable nor possible. This State has enough difficulty at the moment with the amount it has, without looking at a real reduction in funds. The Ministers rapidly came to that conclusion on 19 December.

We said so publicly at that time, and have said so ever since. More recently in the Senate the legislative affairs committee ran an inquiry into the Medicare legislation, which came before that Chamber. That Senate committee received from the collective Health Ministers across Australia a copious written submission, which I am more than happy to provide, and also heard oral testimony from us and in the afternoon from the officers of the Commonwealth Health Department. We put the position that across the public hospitals of Australia we need \$622m more to cater for the demand that has arisen as a result of the drop in private health insurance.

That figure was calculated as at the end of last year. Since then, in the first quarter of this year we know another 71 000 Australians have dropped out of health cover; in other words, the trend down continues. We required another \$494m, which is the projection over the next five years using commonwealth equations of the increased cost of public hospitals, of technological change and the ageing of the population. We also wanted repaid to the States \$81m which the Commonwealth has paid in alleged cost shifting, all of which total \$1.1b. We have run a campaign for the past six months to explain to the people of Australia that the public hospitals need that money added to their base funding to move forward for the next five years, and without it there will be crisis. That is not peculiar to this State, but is happening across the whole of Australia now and will continue to happen in the future.

The Australian Medical Association statement that the funding offered by the Commonwealth is inadequate is correct, and I am pleased to see it has taken that line. It has said that a number of times. It has also said commented recently on the apparent increases to the general rebate to medical practitioners. Obviously that has a direct effect because the number of doctors who bulkbill is reflected by the number of people coming into the public hospital outpatient departments where they can receive much the same treatment for free. Having a low rebate level leads to fewer doctors bulkbilling. From the public hospital point of view that is not a good thing. The AMA has been vocal in its criticism of the Federal Government, most of which I support. I certainly agree with the statement about the public hospital system and health in general being under funded.

[9.10 am]

The CHAIRMAN: I request members not to ask general questions, because we get long, general answers. All those issues could have been picked up in questions relating to specific budget items and then the Minister could have provided short answers. I ask members to concentrate on doing that.

Mr MacLEAN: The Minister mentioned the impact on private health. Has a critical mass been established for when public health no longer becomes viable? Has an impact statement been worked out for this possibility in the public health system?

The CHAIRMAN: Can the member advise me to which item that question is related?

Mr MacLEAN: It is a supplementary question which relates to part of the answer given by the Minister.

Mr PRINCE: It is a relevant question. The operation of the public hospitals and the public health system is interrelated with general practitioners, pharmacies and so on. We cannot look at any one item in isolation.

The CHAIRMAN: It just makes life easier for me if members can relate questions and answers to specific budget items.

Mr PRINCE: It does relate to those items. I will ask the commissioner to give some detail so far as he can shortly. Senator Richardson, when Commonwealth Minister for Health five years ago or thereabouts, said that if the private hospital insurance rate in Australia dropped below 40 per cent, there will be a crisis. It is now; it is 31 per cent nationally, and 35 per cent in this State. A view has been expressed by my ministerial colleague in New South Wales, Dr Refshauge, which I understand is the view of the left wing of the Labor Party, that private hospital insurance should be 10 per cent to 15 per cent of the population. That view is not shared by the vast majority of people involved in health, and certainly not by any of the private providers of health services, whether they be hospital providers, either not for profit or for profit, or private practitioners of any nature. It would mean we would have a total socialisation of the health system, totally reliant on tax. One problem at the moment is that there is no direct connection between payment for a service and receiving the service, as long as it is done through tax. Whether any work has been done on critical mass and an insurance group, I am not sure. Perhaps the commissioner can assist.

Mr BANSEMER: There is no hard empirical evidence at what level it becomes critical. We have seen over the past five years health insurance funds in crisis, not the health system. They have become very much sickness funds. The people who are members are those who expect to use it, and that keeps pushing the price up and that, in turn, keeps pushing people out of health insurance. The conventional wisdom is that it will start to spiral downwards rapidly from 30 per cent to about 10 per cent or 15 per cent, rather than to zero. However, for the health system, the critical thing is that if funding is not coming through health insurance, it is coming through the government purse.

Mr McGINTY: Now that that is over, perhaps we can start the Budget Estimates.

The CHAIRMAN: Yes; we can.

Mr McGINTY: Last Wednesday I gave the Minister some notice of the issues I wanted to raise. Perhaps we might work through those. The first was about the budgetary position of each health service.

The CHAIRMAN: The budgetary position in reference to what?

Mr McGINTY: The relevant part of my speech begins on page 78 in the *Hansard* uncorrected proof blue document. I indicated I would be asking the Minister to outline the budgetary position of each health service and the expected outturn for each of those.

The CHAIRMAN: I understand. The member is talking about the effectiveness of the budget of each of them.

Mr PRINCE: This is a question about the current budget, not that before us. Nonetheless -

Mr McGINTY: The Minister will find the budget paper provides this year's outturn compared with that for next year. I am asking about this year's outturn.

Mr PRINCE: The 1997-98 budget was appropriated with an additional \$54.3m, as I have said on many occasions. That represented a 3.7 per cent increase from the amount in 1996-97. It included additional service enhancement approved by the Government, including the mental services plan, for example, and some social dividend projects and completed hospital works at Fremantle Hospital, of which the member will be aware. Nothing was spent there in the previous period.

Mr McGINTY: That is not true.

Mr PRINCE: In four years \$17m was spent there. End of financial year health service funding projections have indicated a funding shortfall. In acknowledging the budget pressure, there were discussions between the Treasury and the Government which resulted in my being able to announce a series of budget strategies, including an additional \$29.4m approved by the Treasury for the Health budget. The Metropolitan Health Services Board was allocated a revised operating budget of \$698m. In respect of the teaching hospitals, consultation with the department will resolve funding issues. Other health sector funding is also to be resolved in consultation with health providers, and that happens on a daily basis. Funding for the \$550m is to be addressed in liaison with Treasury and other central agencies. No major adjustments to service delivery should arise from those matters. The overall situation continues to be monitored while negotiations progress with the Commonwealth concerning adequacy of funding levels and of course the renewal of the Medicare agreement, if it gets renewed at all. All of that has involved very close liaison on a daily basis with health service providers, and particularly discussion between those representing the Metropolitan Health Services Board and the Health Department.

[9.20 am]

Mr McGINTY: On 7 April during a debate in Parliament you indicated metropolitan hospitals were expected to be \$55m over budget at the end of the financial year. Is that the case?

Mr PRINCE: That was estimated last November. That figure has decreased. It is being reviewed all the time, and we must wait to see what is the situation at 30 June. At present the figure is \$47m.

Mr BANSEMER: The overall Health budget is expected to be over budget by \$47m. The Metropolitan Health Services Board budget at this time is in deficit by about \$54m to \$55m.

Mr PRINCE: The operating fund of the teaching hospitals will be \$698.2m plus \$6.8m for new issues. Osborne Park Hospital will receive \$2.7m for the treatment of patients from the teaching hospital waiting lists. An allocation of \$500 000 will be made during this financial year to the central wait list bureau for cases to be purchased from metropolitan non-teaching health services, which includes Health Care of Australia at the Joondalup campus.

Mr McGINTY: To summarise, are you saying that metropolitan health services is expecting to end the financial year with a deficit of \$55m, resulting in an overall Health Department deficit of \$47m on the best current projection?

Mr PRINCE: That is as at today. Those figures move from day to day.

Mr McGINTY: From where is the \$8m - the difference between the loss in the metropolitan area and the overall departmental loss - taken?

Mr BANSEMER: No area has had its budgetary allocation reduced. However, in some areas expenditure has not occurred to the extent predicted.

Mr McGINTY: In which areas and to what extent?

Mr BANSEMER: I will take the question on notice so that I can give you the precise figure, but approximately \$4m comes from Aboriginal health.

Mr McGINTY: What other major areas have not spent their budgetary allocation?

Mr BANSEMER: Small amounts from a range of services largely within the department. I undertake to provide that by way of supplementary information.

Mr McGINTY: Can you provide that?

Mr PRINCE: The information will be provided as supplementary information.

Ms McHALE: What is the total allocation for Aboriginal health?

Mr PRINCE: In the order of \$13m.

Ms McHALE: Of which \$4m has not been spent?

Mr PRINCE: At present, yes.

Mr MINSON: I refer to the fifth dot point at page 544. What planning is being done in the Geraldton region regarding either a new hospital or collocation of a new one? If the Kingstream project goes ahead the population will increase by about 25 to 30 per cent over five years. This issue is critical.

Mr SEBBES: Planning in Geraldton is well advanced. We are looking at a number of options. No decision has been made about any option. We are holding discussions with the health board there about the detail. We have reviewed the activity requirement and the potential activity requirement and can factor either of those into any future planning. We are at the final stage of negotiating which way we may redevelop there.

Mr PRINCE: Approximately \$400 000 is in the budget for 1998-99 for planning for this purpose.

Mr MINSON: I referred last year to the design of multipurpose centres. We are grateful for the work done at Kalbarri and Dongara. However, I reiterate that we should be considering brick veneer designs; in other words, solid external walls with internal walls to afford quick and easy alteration, as design technology changes occur in health areas very rapidly as they have done over the past 15 years. I seek an assurance that not too many more double brick establishments will be built that offer no flexibility.

Perhaps a research unit comprising a couple of people within the Health Department should be examining design trends. Although we appreciate the work done at Dongara and Kalbarri, in 25 years' time the people there may regret the fact that they are double brick because they are expensive to change. I suspect the building at Dongara will be impossible to change.

Mr PRINCE: Irrespective of whether walls are built with double brick or brick veneer, the large collection of pipes, cables, wires and so on that run through them involve the biggest cost in moving walls.

Mr BANSEMER: Although it is preferable to build interior walls in materials other than brick to afford flexibility, the outer walls need to be double brick for a range of reasons, not the least of which is the temperature. A unit within the Health Department carries out the type of research to which you refer.

Mr MINSON: I hear what you say, but the St John of God Hospital in Geraldton has always made capital of the fact that it can easily change its internal wall design. The point the Minister raised about the plumbing and ducting in the walls is relevant. However, it is interesting that St John of God Hospital sees it as a great strength that for about half the cost it can alter the internal layout of its hospital. I made the point last year and I make it again this year, but I promise not to make it again next year!

[9.30 am]

Mr McGINTY: Is it possible to provide the details of the budget allocation and the projected outturn in respect of each health service?

Mr BANSEMER: Yes, it is.

Mr McGINTY: Will you undertake to do that by way of supplementary information?

Mr PRINCE: Yes.

The CHAIRMAN: The Minister agrees to supply the supplementary information as requested by the member for Fremantle.

Mr McGINTY: Can you detail what the economy measures introduced in the past few months at each of the regional and metropolitan hospitals have meant in terms of limits on elective surgery, and bed and ward closures with regard to the metropolitan hospitals and major regional hospitals?

Mr BURNS: The main area of cutback, due to the nurse work bans which have affected us since February, is in routine elective surgery. We also looked at cutting out discretionary expenditure on equipment and any other works in the hospitals. We seriously considered not replacing staff to meet the economy measures.

Mr McGINTY: In respect of routine elective surgery, do you not do that any more?

Mr BURNS: We cannot do it at the moment while the strike and work bans are operating. Work bans have been in place, as you are well aware, since the last week in February. In order to cope with the demand and the staffing, we have only undertaken emergency, urgent, and some semi urgent surgery. We have not been undertaking routine surgery.

Mr McGINTY: Have there been any ward or bed closures?

Mr BURNS: During the work bans, approximately 60 beds were closed; however, they were scattered throughout hospitals and it was not possible to consolidate those into ward areas.

Mr BANSEMER: I think the answer with respect to Royal Perth Hospital is that the bed closures have not been a part or a consequence of managing within the budget, but of the industrial action by the Australian Nursing Federation.

Mr BURNS: That is correct.

Mr McGINTY: Is it correct that on the day the nurses lifted their closure of one bed in three work ban you cut a ward at Shenton Park hospital for economy measures?

Mr BURNS: The ward was not reopened because we could not transfer suitable patients from the main site to the Shenton Park hospital. If we had suitable patients, we would have transferred them. It was not closed as an economy measure.

Ms MARTIN: No beds have been closed due to budget requirements. Beds were closed during the bans, but not to the level that the bans were supposed to take effect, because there were too many acute patients in beds. We had on average about 50 beds closed due to that. We are using fewer beds than we previously did as a planned bed management program; however, the number of cases through Sir Charles Gairdner Hospital has not decreased.

Mr HOWE: Fremantle Hospital has closed no beds at all as an economy measure. We have deferred certain discretionary expenditures in the area of equipment and the replacement of information technology. In the same vein as Royal Perth has been affected, more recently by the nurses' dispute, that has led to a complete cessation of elective surgery at Fremantle. We have not been able to resume that program.

Mr McGINTY: I presume you mean non urgent.

Mr HOWE: Non urgent elective surgery. All admissions to Fremantle since early February have been on the basis of urgency or emergency and have all come through the emergency department.

Mr SIMPSON: Princess Margaret Hospital for Children has hardly been affected and King Edward Memorial Hospital for Women has been marginally affected in respect of elective surgery. We are balancing our budget through a range of measures, such as freezing expenditure on equipment, works and discretionary expenditure, and restrictions in the filling of positions. We are trying to maximise revenue in a number of areas.

Mr McGINTY: If the metropolitan hospitals in the financial year have a deficit of \$55m, how will that be made up, are they expected to make that up, or is it carried forward to be made up out of the budgetary allocation for next year?

Mr BANSEMER: We are in negotiation with the Treasury Department on that matter.

Mr McGINTY: All public statements indicate that there is no more money. Will that be the case?

Mr BANSEMER: I can only say that we are in negotiation with the Treasury Department on that matter.

Mr McGINTY: Perhaps I can ask the Minister.

Mr BANSEMER: He is not part of the negotiation team.

Mr PRINCE: I know negotiations are taking place with the Treasury; if not on a daily basis, then very nearly.

Mr MacLEAN: I would like to go back to page 544 dot point 2; there are two statements that I would like clarified. Evidence based health system and clinical involvement will ensure that investment decisions are solidly based. I am not sure what is meant by that. Could you explain it?

Mr PRINCE: It is something which intrigues me and about which I have become moderately well informed; however, I will defer to the Chief Medical Officer Dr Bryant Stokes to give a detailed answer.

Dr STOKES: In this situation, it is recorded that the development of a process by which the treatment programs and activities are carried out by health care services is based upon good, sound clinical decisions. We know that a group called Cochrane Collaboration, which operates throughout the world and which originally commenced in Oxford, has been able to assess clinical treatment of patients and say what forms of treatment are satisfactory to produce a satisfactory outcome. We are in the process of considering purchasing several types of programs this coming financial year, and doing that by dealing with the conditions, and getting from the conditions the exact types of treatments which it is believed will be most efficacious for Western Australian health. It is looking at evidence based programs which will produce good health outcomes.

Mr McGINTY: A question was raised last week in Parliament concerning some planning that was done, or ideas that were being raised, to rationalise the hospital services in the metropolitan area. The member for Churchlands asked you about the future of King Edward Memorial Hospital, for instance. I understand a paper is being prepared for consideration by each of the hospitals. Can you tell us exactly what is the status of that paper and when it will be made public?

[9.40 am]

Mr PRINCE: It was my observation when I became Minister for Health two and a half years ago that in health there was not what I termed predictive planning. There was planning, but it was largely reactive and not predictive in the sense that we understand, for example, town planning to be predictive today. That predictive planning has arisen largely as a result of good data collection, modelling and the ability to use computers. The commissioner and I spoke about this on a number of occasions and I asked that the department develop a process for planning in a predictive sense. This would look at where health services should be in the future and then work to have them when and where they are required and not too late, which is what usually happens. It took a long time to work out how to do that. We have been able to commence a planning study in the north west - the Gascoyne, Pilbara and Kimberley - which is running at the present time; a metropolitan area planning study, which Dr McCavanagh has been handling; and a similar planning study in the south west covering mostly the west coast and Bunbury. The commissioner or Dr McCavanagh would be able to provide details, but in the metropolitan area an enormous number of consultations have been held seeking people's views and opinions. Land use modelling has also been conducted.

I understand that there is a report in draft form. I have not seen it. I would expect it to be presented to me in final form by the end of June. That was the original date, but it is relatively flexible. The report explores options. That is what I set in train. In exploring options we were looking at the metropolitan area which, in a greater sense, runs

from Two Rocks to Mandurah and in a half circle inland for about 40 kilometres. That is not all urban, but it is the catchment area of the metropolitan region. In looking at the major health services and hospitals one finds that most of them are up and the down the river, yet that is not where the people are living. Clearly there has to be some movement to take the services to the people where that is appropriate.

Mr BANSEMER: As the Minister indicated, there is a draft document in the final stages. It is a discussion paper which is based on the consultation that has taken place to this point. It puts positions for the hospitals, the professionals involved in health and the public to consider. It is intended to be the basis of a very broad debate. At the end of that debate a plan will be produced and put to the Government.

Mr McGINTY: Does the Minister intend that the discussion paper be made public?

Mr PRINCE: Yes.

Mr McGINTY: Should we look for it at the end of next month?

Mr BANSEMER: Yes. We should have it out at the end of next month. It is virtually ready now. The department is trying to judge the right time to release the report so that it is dealt with on its merits rather than controversially. We would like to see our current industrial action behind us.

Mr McGINTY: This leads into the Metropolitan Health Services Board. In your view, has the Metropolitan Health Services Board lived up to expectation in regard to the rationalising of health services throughout the metropolitan area? If it has, what has it done and what decisions has it taken?

Mr PRINCE: I do not mind answering your question, but you have moved on to another subject.

Mr McGINTY: It is about planning in the metropolitan area, which is the essential justification for the board.

Mr PRINCE: The board is not a planning instrument, it is a management exercise and there is a difference.

Mr McGINTY: Has the Metropolitan Health Services Board taken any decision in respect of cardiac surgery services?

Mr PRINCE: The answer to the first question is yes. I am happy and satisfied with what the board has done to date. I never intended or anticipated that the rationalising of health services would be something that would happen very quickly. It is, of necessity, a forum. The people who run the health services are able to make these decisions themselves in a collective sense based on reason and after talking them through. It is not somebody coming in from outside, imposing a result and telling them to go away and do it. The people running the systems are looking to eliminate unnecessary duplication and to obtain a better spread and mix of services across the whole of the metropolitan area. It is a gradual process. I anticipate it will take some time and, to date, I am quite happy with what is going on. I do not know that some of the people involved are necessarily happy because they have been challenged, and that is part and parcel of the process.

Mr BANSEMER: Dr Stokes can deal with the issue of cardiac services. In terms of things that have been achieved or are in the process of being achieved, the supply function between the hospitals is being rationalised. Mr Burns can provide details of that. There are significant economies for health services in metropolitan Perth in rationalising supply functions.

Mr PRINCE: Dr Stokes chairs the medical council that is part of the board.

Dr STOKES: In respect of cardio-thoracic surgery the board has been looking at the demographics between the north and south of the river where the population lies. The cardiac unit at Fremantle Hospital is functioning extremely well. The units at Royal Perth and Sir Charles Gairdner are considering joining the clinicians together as a cooperative group so that they are able to work together across the two sites. Whether the sites could be combined into one site is a matter requiring a lot of consideration. There is a lot of infrastructure and equipment in both institutions in addition to the important cardiology that goes with cardio-thoracic surgery. The cardio-thoracic surgeons are looking at a cooperative view at the moment and not necessarily a single unit north of the river.

Mr McGINTY: If I understood that properly, you are at least looking at some cooperative arrangement between Royal Perth and Sir Charles Gairdner in respect of the two cardio-thoracic surgery units?

Dr STOKES: For the surgical services.

Mr McGINTY: Is it likely or possible that you will end up with only one service operating between Royal Perth and Sir Charles Gairdner Hospitals?

Dr STOKES: It is likely, yes.

Mr McGINTY: Do you have any idea when that decision would be taken?

Dr STOKES: No.

Mr BANSEMER: We are looking to have one service for metropolitan Perth. The question then is how many localities does that service provide. That may well fall back to being two, but it may remain as three. The gain is that it will be dealt with as one service.

Mr McGINTY: Being a little parochial, is Fremantle Hospital secure in this process?

Mr PRINCE: We will have one service of which Fremantle will be a part. Logically there are three places to locate the service because that is where it is at present. If an economy of operation results from running one service at a number of locations then that is obviously desirable. It is for the people who are doing it to decide whether we will have more or fewer locations.

Mr McGINTY: Dr Stokes was a lot clearer in making that point.

Mr PRINCE: Good. Mr Burns will add a few remarks about the supply side.

Mr BURNS: Every hospital has its own warehouse and purchasing section. The board has looked at whether any efficiencies would be gained by consolidating those into possibly two areas. It has been decided that a warehouse and purchasing section will be located at Royal Perth Hospital and another at Fremantle Hospital. Royal Perth Hospital will supply Princess Margaret Hospital for Children and King Edward Memorial Hospital for Women and all the non teaching hospitals. The Fremantle Hospital will supply itself and Sir Charles Gairdner Hospital. That will gain efficiencies. The present estimate is that the initiative will save in the order of \$1m per annum. It would also improve service.

[9.50 am]

The CHAIRMAN: Quite a lot is being done in Albany regarding mental health. This is a very parochial question.

Mr PRINCE: There is nothing parochial about Albany.

The CHAIRMAN: New beds are opening at Bunbury Regional Hospital and things are occurring in Swan District and Armadale. We have severe problems with mental health patients in Geraldton, yet there is no budget allocation and no plans to do anything; is that because of the state of the hospital?

Mr PRINCE: Mr Chairman, you must have missed it when I opened the rooming unit at the Geraldton Regional Hospital last year. The unit at Albany Regional Hospital is under construction, the Esperance unit was opened last year and Bunbury is part of the new hospital campus that is being built.

Professor LIPTON: The Geraldton services have been improved by the living-in unit, which is quite successful. It prevents at least 50 per cent of people from transferring to Perth. I have recently commissioned a chief psychiatrist's review of the mental health services in Geraldton. I have received the draft report and will be visiting Geraldton next Tuesday to talk to the general manager and the board chairman. I am also communicating with the Aboriginal service in Geraldton at the same time. I anticipate there will be some reorganisations. Geraldton currently does not need more in-patient facilities because there is an efficient use of the relatively small, but effective, rooming in centre.

Dr TURNBULL: Moving from the generalised questions under significant issues and trends to major initiatives, under general health, and my question follows on from some of the questions asked by the member for Fremantle in relation to the reconfiguration of the location of services conducted in the metropolitan area; that is, developing the services in the large outer metropolitan hospitals. Under general health the second dot point states that you will concentrate on Osborne Park Hospital's capacity to undertake clinically appropriate cases from teaching hospital

waiting lists. How will the program for decentralising the obstetric services from King Edward Memorial Hospital for Women to these larger metropolitan areas be undertaken? I am particularly interested in the Swan District and Rockingham Hospitals -

Mr PRINCE: We must maintain the centre of excellence capacity within the tertiary services for women's health, obstetric and gynaecological matters which is located at King Edward Memorial Hospital for Women. There must be a critical mass of secondary work done to ensure that the people who deal with the tertiary work - of which there are very few - maintain their skills. Otherwise appropriate services should go to where the people are, and that is the general policy.

Dr FONG: It is part of the Government's policy to take the care closer to where people live, and that underlies the whole reconfiguration policy initiative. We are attempting to stop the leakage from the country health services to the metropolitan area and from the non-teaching peripheral hospitals to the teaching hospitals where those services can be done appropriately, where the clinical expertise is, and where the access is available for good economic reasons. At this stage all our purchasing and planning is attempting to achieve that objective.

Dr TURNBULL: Do you have figures that show an increase in delivery or a change in patient attendances at the Swan District Hospital? Swan District Hospital used to attend to more than 1 200 people. The number has dropped and one of the ideas was to bring it back. Rockingham was low on numbers and you were trying to attract more people down there.

The CHAIRMAN: The new question should always be directed to the Minister.

Dr FONG: People who attend places like Swan District Hospital are attending places like King Edward Memorial Hospital for Women in the centre of Perth where it is appropriate that they can access that, and that is what we are attempting to do. It is the same for country health services.

Mr PRINCE: It always remains a matter of choice for the patient and, to a certain extent, a matter of direction by the general practitioner as to where the patient shall go.

Dr TURNBULL: It is also a matter of the cooperation of the GPs and the specialists in those two areas and you have had problems with that sort of cooperation in those areas.

Mr PRINCE: Rockingham has had difficulties in running a full obstetric service because the necessary anaesthetic cover has not been available to do an emergency Caesarean section. That is handled at the moment by a general practitioner with anaesthetic qualifications living in the Rockingham area who is available. It would be preferable to have a specialist anaesthetist available, but at the moment there is not. Those are the limiting factors and it comes down to an individual being available who can do the anaesthetic.

Dr TURNBULL: I am very pleased that you raised that example because I feel very strongly that the capacity of general practitioners, anaesthetists and general practitioners in obstetrics is undervalued, not only by the community, but by the health system. Many of our expenses and costs in this health service would be greatly reduced if we would recognise the value of general practitioners and not allow this cartel and domination by specialists who demand extremely high prices. The Minister should treasure that general practitioner-anaesthetist at Rockingham and encourage others.

Dr FONG: We agree with the honourable member in her assertion. The Minister commissioned a rural obstetrics policy paper about 12 months ago - about which the member would know - and we are in the process of carrying that out. We encourage GP-obstetricians and have been able to assist them in terms of professional indemnity and so on.

Dr TURNBULL: That is not being done in the metropolitan area and I have great fears for Woodside Maternity Hospital because Woodside is where general practitioners with obstetric qualifications in the metropolitan area provide this very effective and cost-efficient service. Woodside is the only place left, except in Swan District Hospital - I know there has been an attempt to organise it at King Edward Memorial Hospital for Women - that general practitioners assist with the birthing centre.

It is extremely difficult for general practitioners to have access into hospitals in the metropolitan area, and the Health Department's focus should encourage general practitioners, and even midwives. Midwives have had their admission rights removed from Woodside and if the Health Department wants to provide a good service which is cost-effective and known to be safe worldwide - and the Cochrane collaborative system would emphasise that Western Australia's

results are extraordinarily good - then we should give more support to general practitioners. I am pleased to hear that the unit in the country is almost finished, but there is a huge scope in the metropolitan area which is not being tapped.

[10.00 am]

The CHAIRMAN: Members, we are here to ask questions, not to give long dissertations. Please try to keep the questions and answers short and sharp.

Ms MacTIERNAN: This is all about reducing costs of medical services, safely.

The CHAIRMAN: It might be, but we are here to ask questions, not debate the issue.

Mr PRINCE: I ask Dr Fong to comment on a factual issue concerning the shared care exercise running at King Edward Memorial Hospital, which involves one of the divisions of general practice.

Dr FONG: Mr Chairman, the Minister has reminded us that we do work with the Perth coastal division of general practice at King Edward Memorial Hospital in a shared care program in obstetrics. The antenatal care for those patients is performed by general practitioners. The trend has been turning away from that, for various reasons. However, when general practitioners are keen to continue to practice, we are keen to encourage them to take up the opportunity to do so.

Ms McHALE: The member for Armadale has a related question, Mr Chairman, so I would be happy to defer to her for continuity of debate.

Ms MacTIERNAN: The member for Collie raised the issue of specialty cartels, Minister. Given the implications that that has for the cost of medical service, are you acting to ensure that the control of admissions to specialties is not kept in the hands of those with a vested interest? As the Minister is aware, they currently operate very much as medieval guilds. Are there any moves afoot to ensure that more objective measures are established to assess new entries into these professions?

Mr PRINCE: As I understand the medieval guilds, they were free and voluntary associations which existed to impart skill and training to people who wanted to learn; and they acted extremely well. Perhaps they lost that character with the advent of the union movement. However, I will answer the question. The colleges are free and voluntary associations. They are not controlled by a government authority nor do they have any government imprimatur. They are entities that have arisen over a long period of time. They train first and then recognise competence at the specialty level in all areas. The result is recognised by the Commonwealth in the level of rebate benefit that the Commonwealth then pays to that particular medical practitioner. Therefore, the degree of control is by the Commonwealth and not by the State. The State's control is through the Medical Board, which assesses competency based on registration as a medical practitioner. Dr Stokes, for example, is one of the members of the Medical Board. However, the question is: Has this person achieved the minimum level for practice, registration and licencing as a medical practitioner? Whether they go on to become a specialist has nothing to do with the state licensing of competency. It is something that is recognised within the profession and by the Commonwealth in a monetary way. In that sense, we at the state level have no involvement in it other than to recognise specialists as such because they always have been.

Ms MacTIERNAN: However, there is a Ministerial Council, Minister, is there not?

Mr PRINCE: Yes.

Ms MacTIERNAN: Presumably, you have a very strong interest as Minister for Health in these issues.

Mr PRINCE: Yes. If I might just intervene there, the commonwealth Minister for Health from time to time raises issues concerning particular colleges or colleges in general, whether it be the College of General Practitioners or any other specialist college, and seeks comment. However, it really is his area.

Ms MacTIERNAN: So you have not made any submissions in this regard?

Mr PRINCE: The commissioner may be able to give you more information.

Mr BANSEMER: As part of the medical benefit arrangements, the Commonwealth runs two committees. One

committee is the specialist recognition committee. I cannot remember the name of the other one but the acronym is NSQACA. That committee recognises specialist medical qualifications. It also deals with overseas qualifications and the equivalents in qualification. Those two committees conduct the processes by which recognition is given to specialists to be able to access specialist benefits in the medical benefits arrangements.

In addition to that, the Health Ministers conference, through a work force committee chaired by Professor John Horvath from Sydney, looks at the number of people in each specialty and the demands for practitioners in those specialties, and negotiates with the colleges to ensure that those are the numbers that become available. All Health Ministers are involved in setting the priorities of work for the committee that Professor Horvath chairs.

Ms McHALE: In January, Minister, women who had an abnormal mammogram were given a guarantee that they would be assessed within 10 days and you allocated \$600 000 to reduce the waiting lists. What is the current state of the waiting lists and has that actually been achieved?

Mr PRINCE: I would have to ask Ms Prudence Ford, on my right, to answer that. She is the manager of that area.

Ms FORD: The waiting list varies from day to day as the number of women come through with abnormal mammograms. Last week, for example, on one day there were, I think, two appointments available within the 10 day period. However, if we had more than two women requiring assessment, the waiting time would have been 12 days. Currently, we are very close to the mark, but we are not always meeting the 10 days.

Ms McHALE: Has the closure of the Cannington breast cancer screening unit had any effect on the waiting list average time?

Mr PRINCE: Again, I would defer to Miss Ford to answer the question.

Ms FORD: No. The temporary closure of the Cannington breast cancer screening unit would not have affected the waiting time for assessment. Women from Cannington were referred to Perth or Fremantle and some went to Midland. Therefore, they were screened in one of those units. Had they had a screen showing an abnormality there, they would have been referred for assessment in the same way as they would have been previously. So, the temporary closure of Cannington had no effect on the waiting times for assessment.

Mr PRINCE: There is a difference between screening and assessment.

Ms McHALE: I understand that. Minister, I understand there will be a temporary breast cancer screening unit established in Cannington?

Mr PRINCE: Yes, there will be a temporary place; that has been organised with the local authority.

Ms McHALE: How much money has been allocated in the 1998-99 budget to administer that service?

Mr PRINCE: We have not worked out the allocations yet; therefore I cannot tell you. I am not sure if Ms Ford is able to give you any better detail at this time.

Ms FORD: Currently we do not allocate money for each individual unit because it is very difficult to predict the number of women who will be screened at any of our fixed or mobile units. This can vary depending on active doctors and GPs recruiting more women in an area at a particular time. Therefore, we tend to budget across the service in total, which gives us much more flexibility to shift the resources to where the demands are; and that is what we will continue to do pending the tender for the provision of screening services.

Ms McHALE: Minister, did you allocate or factor into the budget the provision of a temporary service in the Cannington district?

Mr PRINCE: I will ask the commissioner to answer that.

Mr BANSEMER: The establishment cost of that temporary service has been met from this year's budget.

Ms McHALE: From the 1997-98 budget?

Mr BANSEMER: That is right.

Ms McHALE: How much did you estimate that to be?

Mr BANSEMER: I think the current figure is expected to be \$30 000 to \$35 000.

Mr McGINTY: I return to the Metropolitan Health Services Board, Minister. You indicated that you are happy with its operations. Concern has been expressed about the secrecy within which it appears to operate.

Mr PRINCE: I thought you were getting leaks of everything! How can it possibly be secret?

[10.10 am]

Mr McGINTY: Not enough leaks, unfortunately!

Mr PRINCE: The member keeps keep telling me that he hears about its deliberations before I do.

Mr McGINTY: We have referred to the cardiac surgery issue. What else has it done? I am looking for an explanation of the cost benefit compared with the cost of operation.

Mr PRINCE: That is a fair question. I remind the member that it started in August last year. The last member was appointed only recently - in the last couple of months - and it spent until Christmas getting its establishment and finding its feet. It has been working productively for a short time. I do not want to hold it to account in that fashion yet, and I have said as much to the chairman. At least a year needs to elapse before we can in any fairness look at it, particularly as it is totally new. It is not just one board in place of however many were in place previously, but a board which has the function to manage and is also the forum to enable change to occur that is appropriate and that is decided upon. In that sense, it has not been running long enough to enable that sort of analysis to be done. I appreciate that some people want to see it not exist, which to a certain extent means to me that it is probably doing the job it was intended to do.

Mr McGINTY: I appreciate this has been its start-up year, but what is the estimated cost for the full year? What will it cost this year?

Mr BANSEMER: We do not know the cost for this year at this stage. A budget allocation of \$1.2m was made for the establishment and operation of the board this financial year. That included fitting out the premises, and provision for staff, some of whom are just coming on board now. I do not think it has an acquittal against that allocation at this stage, but it is within that sum.

Mr McGINTY: I am looking for more information about how the Metropolitan Health Services Board is spending its money. Is it possible, by way of supplementary information, to provide either a projection for the coming year of the breakdown of administrative costs, travel and whatever else is involved, or the actuals for this year?

Mr BANSEMER: We should be able to give you by the end of the week information about what has been spent this year. We cannot provide the projection for next year at this time, but there is no reason that it cannot be made available at a later time.

The CHAIRMAN: The actual costs to date will be provided as supplementary information.

Mr McGINTY: When will indicative allocations be made to each health service and area?

Mr PRINCE: For the first time, before the end of June. Does the member want to hear the speech on the subject?

Mr McGINTY: I appreciate that in years gone by, hospitals did not know what they would receive until the second half of the financial year.

Mr PRINCE: In the past, hospitals did not know what they would receive until about March of the financial year, which is plain lunacy if they are trying to run on a financial year budget. This has been the first time ever that they received that information early in the financial year; and this year, hopefully, they will receive it by 30 June.

Mr McGINTY: I am interested to know about some key pressure points. For example, the opening of the new Bunbury health campus will involve additional costs. What will be the additional costs for the coming year, or perhaps even for a full year's operation, for the south west health campus at Bunbury, compared with the cost of Bunbury Regional Hospital?

Mr PRINCE: Off the top of my head, there is a general allocation for the creation of the new hospital buildings and for the move from one hospital to the other.

Mr McGINTY: Will additional recurrent costing be associated with the new hospital?

Mr PRINCE: Yes.

Mr BANSEMER: We are not separating out what relates just to the new hospital and what relates to the growth of services in the Bunbury region. Therefore, the figures that Dr Fong will give you are a composite of that. We are planning for more services to be delivered locally and for fewer services to be delivered in Perth, at the same time that the new hospital is being established.

Dr FONG: The purchasing plan for the new south west health campus envisages approximately 900 episodes of care currently being undertaken in the metropolitan area that may be undertaken at the new campus once it is commissioned. We will also be endeavouring to ensure that the savings from the collocation are ploughed back into recurrent funds for the extension of services in that south west area. The 900 episodes is approximately \$1.9m in our purchasing plan, and that excludes mental health.

Mr McGINTY: How much more will it cost in a full year, or at least in the coming financial year, for the new Bunbury health campus compared with the old Bunbury Regional Hospital, including mental health?

Mr BANSEMER: We are providing an extra \$1.9m, but a comparison cannot be made with the cost of the old hospital.

Mr McGINTY: I had a briefing in Bunbury a couple of months ago, and I was given broad indicative figures at that stage. Is it possible to say that Bunbury hospital costs so much this year and it is projected to cost so much next year with the new and improved facilities, and that it will be a higher figure than it is currently? I thought it would be in excess of \$1.9m.

Dr FONG: The potential savings from the collocation need to be factored into the figures that have been discussed in the public domain.

Mr McGINTY: Is there a bottom line of how much more money you will need to put into health services in Bunbury?

Dr FONG: The 900 cases at \$1.9m will be the starting point with regard to the increase.

Mr McGINTY: I appreciate that, and I appreciate that Professor Lipton will say some words about mental health services, but that is a completely new service that has been not provided in Bunbury previously, and obviously a cost factor will be involved in providing that new and improved service.

Dr FONG: That is right. There will be an increase in mental health.

Professor LIPTON: In order that this is not confused with the other issues, we have made available to the south west region \$1.5m, which is new money to Bunbury but is cost neutral in the sense that Bunbury has fairly carefully worked out the amount of money that will be saved by not having to send patients to Graylands. There has been a small reduction in the Graylands facilities, and those patients will no longer need to be relocated to town. One of the features of making that money available is that it is not for the hospital alone but for the region, and there will be a balance between the improved community mental health services and the inpatient beds, because clearly there is an inverse ratio between the excellence of the services to the community and the need to hospitalise patients. They are currently working on a configuration, with some freedom to sort out what is best for local conditions, and they are communicating with us. It will be cost neutral overall, but an extra \$1.5m for the south west.

[10.20 am]

Mr McGINTY: That sounded like money would be taken from the metropolitan health service to treat patients in Bunbury.

Mr PRINCE: A little. Professor Lipton did say that there was new money in that as well as a chance of some old.

Professor LIPTON: It is new money to the south west. The resources will be redeployed to a considerable extent from the Graylands facility. There will be some new money but an additional allocation will be made to fill in the bits and pieces.

Mr PRINCE: We have promised additional money in mental health, and that is being spent to implement the state mental health plan.

Mr McGINTY: The Minister has confused me. Is it possible to say, taking into account all the factors referred to, how much money will be spent on the south west health campus at Bunbury either in a full year or the coming financial year compared with the allocation to the Bunbury Regional Hospital in previous years? It will cost more but I wonder how much.

Mr BANSEMER: If we were providing the same level of service to the new campus as to the old, we would spend \$800 000 less. We are providing an additional \$1.9m and \$800 000 of that is available. Therefore, \$2.7m will be available for expanded services in the new location.

Mr McGINTY: In addition to that, I presume, is the point that Professor Lipton made.

Mr BANSEMER: Mental health is in addition to that.

Mr McGINTY: Would it be easier to ask by way of supplementary information what is the cost of the Bunbury health service for years' past, or for the current year, compared with the projected cost either for a full year or for the coming financial year for the south west health campus?

Mr PRINCE: We will take that as a question on notice.

Mr BANSEMER: We cannot provide that by the end of the week because this matter is under current negotiation with the south west health campus. It has not been determined.

Mr McGINTY: I appreciate that. However, a number of components are indicative of the extra money that will be put into Bunbury and some of that might come out of other areas. Are you saying that it is not possible to quantify that?

The CHAIRMAN: We would all be interested, for example, if Bunbury received \$21m to operate its hospital and the Minister is now saying it will receive \$22.5m.

Mr McGINTY: Is the Minister saying that it cannot be quantified?

Mr BANSEMER: Beyond what I have already said, it cannot be quantified because we have not finished discussions with the south west health campus.

Mr McGINTY: Will that be finalised by the end of this financial year?

Mr PRINCE: The situation is that an additional \$2.7m is available. That comprises savings of \$800 000, the additional cases that Dr Fong explained, and additional money in mental health which will be spent in part on the campus and part in the community, but it is all part of the service. I cannot go further than that by way of supplementary information. However, if the member for Fremantle puts a question on notice it will be answered.

Mr McGINTY: I want to go through a similar exercise on those pressure points in a range of other hospitals.

The CHAIRMAN: The member for Collie has the call.

Dr TURNBULL: One of the major initiatives in general health on page 549 of budget paper No 2 is the introduction of the restructuring of the country state government nursing home sector. What will that restructuring involve and which nursing homes will be involved? I presume that will include the Hillview nursing home wing at the Collie District Hospital.

Mrs O'FARRELL: The second stage of the State Government's nursing home restructure project focuses on six state government nursing homes in the country. Those homes are owned and operated by the State at present, but have bed licences approved by the Commonwealth; that is, they are licensed nursing homes and are funded by the

Commonwealth. The restructure project began about three years ago and until fairly recently was focused in the metropolitan area. It was always intended that the second stage of that project would begin to address the transfer of ownership and operation of state government nursing homes to the non-government sector and away from the State.

The six nursing homes in the country area that we will be focusing on are Numbala Nunga Nursing Home in Derby, Yamunya in Port Hedland, Forrest Lodge at Bunbury, which is on the current campus site of the Bunbury Regional Hospital, Spencer Lodge in Albany, a nursing home in Brookton and a small nursing home facility in Augusta. The primary scope of our restructure in the country is those six state government nursing homes. However, we recognise that things in the country are different from the metropolitan area and that on several sites in the country the State, through its public hospitals, is operating fairly significant sized facilities for permanent residential care in default of the Commonwealth's meeting the needs of those people. We would like to expand the scope of the restructure project to enable us, at least, to consult with the local community and the hospital providers and other age care providers in the community on the prospects and options for the long term role of those residential care units funded by the State. The new commonwealth age care policy, for example, opens up the opportunity for the integration of nursing home facilities that were previously hostels for low band care with nursing homes for high band care. We now have the opportunity to look at integrated facilities. If we apply generally the principles of the State Government's nursing home restructure project we might be able to look at some of those facilities with a view to how rapidly and what prospect exists for the bringing in of commonwealth funded licences to take the place of the state funded facilities. That could possibly be on a rolling program basis.

Mr McGINTY: Is that a strange way of saying that you are looking at privatising them?

Mrs O'FARRELL: Yes. We are looking at transferring the ownership of the current six official state government nursing homes to the non-government sector to own and to operate. However, I would use some caution with the residential care facilities in our public hospitals that are currently funded by the State. I think that we should look at a range of options, including slow streaming the provision and funding for those beds to the Commonwealth and as beds become available to look at their integration with hostel facilities and the prospect of some of the needs being met through more innovative strategies like multipurpose services.

Dr TURNBULL: Where you are looking at the possibility of commonwealth funded nursing home type beds within a hospital and health service facility in a country town and you take, for example -

Mr McGINTY: Hillview is the best example.

Dr TURNBULL: It is one example. For example, can those beds which are in Collie or in Boyup Brook which have nursing home patients in them and which are currently being funded by the State Government be funded by the Federal Government under its nursing home allocation while they are still located in a State Government health service building? I know that calling it a multipurpose service is a way around it because the Commonwealth allows that cooperation.

[10.30 am]

Mrs O'FARRELL: The multipurpose service has been the first introduction of significant policy change and flexibility by the Commonwealth which enables funding from the Commonwealth for residential care places to stream in for the provision of care where the care is incorporated within a public hospital service which provides other services, including acute care. Other models which have been talked about but not tried include collocation. That includes the integration with hostels. The general intent of the State Government's nursing home restructure project opens up another avenue of dialogue between us in our planning work in conjunction with local communities, service providers and people in the aged care industry in local areas to approach the Commonwealth to look at possible flexible solutions to gradually replace the provision - at least the funding - from the State to the Commonwealth. If the only facility option for some time remains integrated in the local hospital facility in the country areas with MPS, there is a fairly good foundation for further thinking and agreements allowing some flexible solutions.

Dr TURNBULL: Is collocation an option?

Mr PRINCE: On a case by case basis it could be appropriate in some places; in others it may not be.

Mr McGINTY: At Collie where the aged care facility is arguably the largest part of the hospital, would you consider a private operator running wards set aside for that purpose?

Mr PRINCE: Anything is possible, but it is unlikely. Under Labor some years ago the Commonwealth took over nursing homes and has funded them. In recent times, with the accreditation system, we are looking at whether state government licensing is appropriate any longer. In the city, there is a significant number of providers of aged care of a nursing home type. They are mostly non-government organisations and mostly not for profit. Some are church based, but a few are not. It has been appropriate to get out of the direct provision of nursing homes. In country areas, they vary enormously. The nursing home at Port Hedland is an integral part of the hospital, and should be.

Mr McGINTY: Perhaps more so at Collie.

Mr PRINCE: Collie is the same. Other areas, such as the wheatbelt towns, have what used to be called aged care hostels run by a local government organisation or perhaps a collection of service clubs or others - but not as part of a hospital. That is treated in a different way. It is a matter of looking at what is on the ground and the appropriate way to deal with it in any place. In Albany, for example, Spencer Lodge is a nursing home but it is physically separated from the hospital by the main road. Perhaps that can be dealt with in one way, but not the same as in Collie, because that nursing home component at Collie is part of the hospital structure. In that sense, I am more of the view that we should have flexibility, look at what is there and deal with it appropriately.

Mr McGINTY: What is the specific time frame for the six facilities?

Dr FONG: In country hospitals, the nursing home patients are a cost to the State where conceivably it is a commonwealth responsibility. In Collie we have on average 32 nursing home-type patients in the hospital, and if there were a private or some other operator who had a nursing home the operator would receive funding from the Commonwealth. That is part of the policy in the State Government nursing home restructure phase 2 in the country health services. Where there is potential we would be keen for that to happen. It may be collocation in hostels. However, at the moment, the burden is borne by the State. We cannot get the Commonwealth to do anything about it because there is no facility other than the state hospital.

Mr McGINTY: I understand the economic imperative, and that is the reason for my question. I understand that roughly half the bed occupancy at Collie is for nursing home patients. It is an enormous part of the local hospital, and it seems to me that the economic imperative referred to by Dr Fong will probably determine policy ultimately - but the Minister seems to be retreating from that.

Mr PRINCE: Yes, but - and it is a big but - in Albany, for example, where the institution is physically separate it could be considered from the point of view of another organisation's taking over and running the facility directly as a nursing home, and receiving commonwealth funding. That cannot be the case at Collie because it is part of the hospital. Perhaps the most desirable result would be for some other organisation to build an aged care facility.

Mr McGINTY: What about the time lines?

Mrs O'FARRELL: Work has commenced on Forrest Lodge in Bunbury -

Mr McGINTY: Expressions of interest have been called.

Mrs O'FARRELL: Yes. That option has been developed in consultation with local stakeholders. Expressions of interest have been called. Two weeks ago we commenced the process in Derby with local consultation to look at a range of options and a preferred option to do some feasibility study work with the restructuring of the Numbala Nunga Nursing Home. That process is likely to take three to four months. The next facility for our attention is the Yalunya Nursing Home in the Port Hedland Regional Hospital. We will embark on a similar process there. Following that we will attend to Albany. We intend to address each site, using a workshop with a local consultation planning option development approach during 1998-99. Prior to the end of that year we plan to have mapped out a restructure plan in draft form to commence restructuring over a number of years. I imagine it will be a two to three year process to complete the job, depending on the magnitude of the capital restructuring that is necessary.

Mr McGINTY: I am missing one facility.

Mrs O'FARRELL: Collie is not part of the six. It is part of the secondary scope which is in the state-funded nursing home-type residential units in hospitals. Our first focus will be on the six commonwealth -

Mr McGINTY: Then I am missing two facilities.

Mrs O'FARRELL: I missed out Brookton and Augusta. We will focus on those two during that year as well with a view to looking at options such as multipurpose services.

Mr McGINTY: What is the time frame for Collie?

Mrs O'FARRELL: At the same time during that year we will try to address Collie and two or three other places where there are large nursing home care units in hospitals, particularly where we can engage - we have begun some work - the local operator of the health service, the general manager and the board, in preliminary planning work and consultation in the community. Where we can engage those people and get some planning work in those facilities, we are keen to do so.

[10.40 am]

Dr TURNBULL: What is the amount of money allocated per day per nursing home patient under the State Government allocation which flows from the Medicare agreement, and the cost per patient per day allocated directly from the Federal Government? I understand that in my local facility a significant difference exists between the amount provided by the State and that by the Federal Government directly.

Mr PRINCE: My understanding is that there is no direct connection between the Medicare agreement and nursing home-type patients.

Mr BANSEMER: With Medicare funding, as it operated in the past five years, no provision is made for full funding for nursing home-type patients on a case basis. I think the member is referring to a comparison between the care aggregate model-standard aggregate model funding for commonwealth nursing homes and the case payment that we make to the hospitals.

Dr TURNBULL: That is right. That is considering that it is a low activity designation.

Mr PRINCE: Does the member for Collie want to know the amounts involved?

Dr TURNBULL: Yes.

Dr FONG: The approximate cost is \$115 per day per nursing home-type patient.

Dr TURNBULL: Do you know how much CAM-SAM funding for nursing homes is directed from the Federal Government?

Dr FONG: I do not know the figure exactly. It depends on the resident classification instrument - RCI - classification of the patient. They have five different levels and five different scales; it is a complicated system of funding for nursing home beds.

Dr TURNBULL: As most people who land in our country hospital system would be in the first or second degree category of difficulty of management, do you have any estimates?

Dr FONG: We cannot assume that they are in the top of the RCI system. I would be surmising if I tried to answer that question.

Dr TURNBULL: My visits to country hospitals in my area indicate that most nursing home-type people who land in country hospitals require high nursing levels. However, I accept the fact that you cannot give an answer.

Ms McHALE: Who will be running the breast cancer screening centre in Cannington, and what will it cost for a full 12 months' service?

Mr PRINCE: Ms Ford is the general manager of the area, but I imagine that the same people will operate the service as do so at the moment.

Ms FORD: The unit in Cannington will be run by BreastScreen WA, which runs all the fixed sites in the metropolitan area and the mobile units in country and metropolitan areas. They will continue to run it until we go out to tender and select the successful tenderer. It is difficult to obtain an estimate of the cost over the next 12 months. As I explained before, we do not give individual budgets because of the flexibility and the changing demand in each of our centres. We tend to manage them as a whole in a budgetary sense.

Ms McHALE: Perhaps the Minister could estimate that cost by the number of staff to be allocated to the centre so I have some idea of the figure.

Ms FORD: The centre will initially have one mammography screening unit. Therefore, it will have a radiologist and a receptionist, as do most of our centres. A number of staff may occupy those positions on a part time basis, but that is the initial staff level.

Ms McHALE: Is it intended to start on 2 June?

Mr PRINCE: I understand that to be so.

Ms FORD: That is our best estimate at the moment. It may be 3 June if something goes wrong.

Mr PRINCE: It has been announced.

Sitting suspended from 10.46 to 11.02 am

[Mr Barron-Sullivan, Chairman.]

Mr MINSON: The Budget Statements at page 549 indicate that a post acute care strategy will be developed and progressively implemented in 1998-99. I would like that statement enlarged upon in two ways: Firstly, in a general sense because it is often said that patients who have gone through the acute phase but who still need some care could be put up in the Sheraton Hotel for half the price it costs to keep them in a hospital. Secondly, I would like the answer to focus on post acute acquired brain injury. This issue caused a certain amount of angst a few years ago in the Health and the Disability Services areas, and John Day was asked to chair a group to consider the matter and make a report. The report was widely endorsed, and I am interested to know how the implementation of those recommendations is progressing.

Mr PRINCE: The concept of step down facilities post acute care is not new and it is being considered.

Ms O'FARRELL: With regard to post acute care from a general perspective, in the planning area for purchasing it is recognised that more and more this is becoming an area of demand, for which much better procurement and service delivery strategies are needed for the future. The department is at the very early stages of consulting with hospitals and home care providers in order to understand much more clearly, to gather data and to be able to analyse the current situation so that it can consider a range of options for procuring and delivering services for people in post acute care stages.

Dr STOKES: The report from the group chaired by Mr Day, relating to acquired brain injury, contained 23 recommendations, including the development of a case manager type process for people with head injuries throughout Western Australia. The majority of those with severe head injuries come to either Sir Charles Gairdner Hospital or the Royal Perth Hospital. The other range of recommendations dealt with step down units, slow stream rehabilitation areas and respite care, together with other social activities within the community to support people with acquired brain injury.

A group from the Health Department and Disability Services Commission has been meeting regularly, and towards the end of last year a new resource proposal was put forward which recommended step down units and some other actions as a result of the Day report. Unfortunately, that new resource proposal did not eventuate. At the moment the group is looking at some of the activities that can be done, including development of the case management area, and further representation must be made for funding in order to establish the step down units.

Mr MINSON: The situation that existed a few years ago has not developed as quickly as it should have in terms of a solution. I understand it is one of the grey areas in which people wander from acute care to Disability Services, but they seem to drop through the grate and always have in this State. That issue should be focused upon.

Mr PRINCE: I take that more as a statement than a question, and I agree with it.

Ms McHALE: Last year the Minister, through supplementary information provided to the Estimates Committee, said that \$1.9m was not spent from the Aboriginal health budget. The Minister has now said that \$4m, which represents 30 per cent of the budget for Aboriginal health, will not be spent. Given the appalling health record among Aboriginal communities, what will happen this financial year to improve the overall quality of health and ensure that the money is spent and not siphoned off to pay for other areas of health?

[11.10 am]

Mr PRINCE: Since I have been Minister for Health this has been one of the most instructive areas for me, bearing in mind that I was Minister for Aboriginal Affairs for three years. I am firmly of the view, which has been put to me many times by people such as Mr Houston, that if a substantial difference is to be made to the health status of Aboriginal people, they must do it for themselves but with some assistance. It is a matter of empowerment and providing them with the resources and help. For example, last year because it took a longer time than we had anticipated to get the Aboriginal family futures program up and running, the money allocated for that program in last year's budget could not be spent before 30 June. Rather than get into the ridiculous situation of spend or perish, which used to be the way in which the Government operated - if the money is not spent, it will not be available next year - the money was used wisely elsewhere. The family futures program is up and running this financial year. I know that from personal experience because one of the pilots is in Albany.

Under that program a significant number of Aboriginal health workers, many of whom are trainees, and people from other organisations, both government and non-government, are working together as a team to educate, to influence and to have a positive effect upon people. That sort of program has the positive long term effect needed to change behaviours and lifestyles, and to bring down diabetes and smoking and alcohol related diseases. It takes time to get them up and running because, of necessity, it involves working with people and it is not in that sense a delivery of a clinical service. The Aboriginal Health Service does this extremely well, but it must do it at the pace at which people can go to it. I will ask the commissioner to add more information. That is one program which is entirely positive and a very good one.

It took longer to set up than anticipated. Consequently the money in one financial year was not spent, but it has been spent in the following year. In many respects the results will not be seen for many years, but the work in Aboriginal health must be of that nature. That, in part, is where the administrators come in, about whom the colleague sitting to the member's right, the member for Fremantle, has made some comment in recent days.

Mr BANSEMER: The member asked what will happen to this year's underspent amount. The \$1.9m was added back to the Aboriginal health budget this year. The same will happen for next year. Any underspending will be put back into the Aboriginal health budget in July.

Mr PRINCE: That is simply good management of the money in this financial year, as I said last year.

Mr MacLEAN: My question relates to the second dot point on page 548 covering accident and emergency services. What strategies will be put in place to take the inappropriate patients out of emergency wards and to get them back to their general practitioners?

Mr PRINCE: I will ask Dr Fong to outline the details of the strategy.

Dr FONG: The Health Department, along with the metropolitan hospitals, has been working as part of the metropolitan emergency services task force for the past two years, looking at many issues with respect to emergency services and their delivery. One component that task force is working on is the pattern of people's utilisation of the emergency departments in the teaching hospitals and, where it exists, in the non-teaching sector. One strategy has been to engage the general practice divisions. We have done that, both as part of the task force and by chairing a working party looking at strategies dealing with people's utilisation of those services. We have continually, in the public domain, in the media, encouraged people to think about their appropriate usage of emergency services. We have encouraged all GPs to talk to their patients every time they see them about not using these emergency services inappropriately.

We have had discussions with general practice divisions about after-hours care, which is one issue for which people do use the emergency departments of the hospitals, and improving that in some places, particularly in the northern suburbs. We are also working with the divisions of general practice in seeking commonwealth funding for the establishment of a call centre which will assist in the triage of patients away from the hospital to more appropriate settings. The department is working on a number of strategies in collaboration with GPs and the hospitals, and we are implementing them as we go along.

Mr MacLEAN: One of the biggest problems in the northern suburbs is the number of locum services out of hours. That puts a heavy demand on the emergency service at the Joondalup Health Campus. These cases tend to flow into town as well. What assistance, if any, can be provided to medical practitioners to cover this gap?

Mr PRINCE: I participated in a workshop run by the Western Australian division of the Australian Medical Association some months ago where the whole question of after-hours services was discussed, and locum services are but part of that. One of the fundamental problems is that very few general practitioners are prepared to run an after-hours service or one on weekends in the northern suburbs and elsewhere. To give credit, the AMA has begun to work on that problem, by trying to persuade its members, including those in the northern suburbs, to offer a much better total, 24 hour, seven days a week service. I have no doubt in time the efforts will be rewarded, but it is a little slow at the moment.

I have also met with at least one locum service and have become acquainted with its problems, particularly being able to recruit suitable doctors to run its radio controlled locum services at night. That relates to a number of items, including pay rates for the younger doctors who, traditionally, have provided the work force for them. It is a little difficult because the State has no direct control over, or influence on, general practitioners, other than in talking to their division. Many divisions are aware of the problem, because they are comprised of general practitioners. It is a matter of persuasion of them to follow their vocation to provide a full service. I do not know whether either Dr Fong or Dr Stokes would like to add any more to that.

Dr STOKES: That covers the situation. We have been working with the divisions, as the Minister said. A big problem in the northern corridor is that we cannot get practitioners to go beyond north of Joondalup for after-hours services. A large retirement village is giving us concern because of the inability to get practitioners there. We are addressing that critically at the moment.

Dr TURNBULL: This is a very important issue. Throughout the whole of our society we are starting to reduce the loadings people get for after-hours work. Medical practitioners are slow in recognising their responsibilities and privileges. Only 30 years ago all doctors regarded after-hours service as a responsibility in their vocation. I am glad the AMA and the divisions of general practice are trying to do something about this. I do not think giving doctors an increased bonus for working after hours is necessarily the right way of doing it. I have seen very large salaries coming out of this, and I consider that to be an abuse of the system. However, I think we could cope with this situation in a different way. I put to the managers of the hospitals which have accident and emergency services this alternative: When patients present to an accident and emergency service within a hospital, is there a categorisation system conducted by an officer of that service who is not a doctor, and is a triage assessment done at that time, with which the patients who submit themselves must abide? It is being implemented in country hospitals. Is it being implemented in city hospitals?

[11.20 am]

Mr PRINCE: There is a national triage system.

Mr HOWE: Such a system is in place at Fremantle Hospital. All persons presenting are first triaged by a very senior competent nursing staff member. If the staff member has any uncertainties he or she will call the consultant or registrar on duty in the department. Generally speaking, the triage system operates with the nurse's decision determining the category of need of the patient. Patients are then encouraged or directed to attend a general practice which operates in the Fremantle Hospital, operated by the University of Western Australia, or are referred to their general practitioner in their own location if that is appropriate. If a patient's needs are best satisfied by the hospital but do not rate a high urgency category he is told the approximate waiting time and offered the opportunity of either waiting or seeking service elsewhere.

Ms MARTIN: Much the same occurs at Sir Charles Gairdner Hospital. We do not have a GP service on site. If initial treatment is required it will be handled at the hospital, with patients being referred back to their GP. If they do not have a regular GP, attempts are made at the hospital to give them the names and telephone numbers of GPs in their locale with encouragement to attend there on a regular basis.

Mr BURNS: The same practice occurs at Royal Perth Hospital as occurs at Sir Charles Gairdner and Fremantle Hospitals.

Dr TURNBULL: With respect to performance measures for output 2 at page 554 and the quantity of non-admitted patient occasions of service, is one of the performance measures the number of people who fit into those criteria, such as those triaged as not needing medical assessment but needing redirection? Would the reduction in the number of those people who attend your hospital be a performance measure - because they were advised how to deal with minor ailments?

Mr PRINCE: To a certain extent yes, but partly no.

Dr FONG: We manage the performance of our providers on a national triage scale percentage. It is a requirement under the Medicare agreement that we report on those. We are interested in the figure but we do not manage the percentage of patients who are either kept away or encouraged to stay. That would be a very difficult thing to do.

Dr TURNBULL: Would it not be a good indicator that the education was paying off?

Dr FONG: It may well be. We are interested in seeing that people use the appropriate service in the appropriate way.

Mr PRINCE: As Mr Howe said, the general practice in Fremantle is part of the University of Western Australia. It is run largely as a teaching research exercise. Obviously it sees patients in order to teach and do some research. It is an excellent facility in that sense and has provided much useful information. We are penalised by cost shifting as a result and that is ludicrous. We have a facility from which it is not intended to cost shift state dollars to commonwealth dollars. It is there to teach young doctors and to do research; yet we wind up wearing a financial penalty. It is a nonsense.

The CHAIRMAN: I remind members on the committee to address their questions to the Minister only and avoid any direct banter with advisers.

Mr MCGINTY: Referring to the specific hospitals that are hot points in the Health budget, will the Minister provide, perhaps as supplementary information, the cost of the 32 nursing home beds at the Collie Hospital? If the nursing home were excised from the hospital what savings would be made?

Mr PRINCE: Dr Fong says that it is \$115 a day by 32. Assuming that is the answer, we can provide the rest of the details as supplementary information.

Mr MCGINTY: Is that the cost of the current service provider in Collie?

Mr BANSEMER: If we do that we will arrive at the price paid for the service. The cost of the service at Collie is a different matter.

Mr MCGINTY: That is the answer I want.

Mr BANSEMER: I have been told we are in the process of getting that information from the Collie Health Service right now, but it will not be available by Friday.

Mr PRINCE: If the member for Fremantle makes it a question on notice it will be answered.

Mr MCGINTY: Has any approach been made from the St John of God Health Care System regarding abortions conducted in the collocated theatres? If so, what is its view?

Mr PRINCE: No approach has been made in the two and a half years since I have been Health Minister.

Mr MCGINTY: I am referring more to the past month.

Mr PRINCE: No; not directly to me. The only comment I have heard from the St John of God Health Care System was from Dr Michael Quinlan.

Mr MCGINTY: Surely it is unlikely that St John of God Hospital would want to use operating theatres for that purpose.

Mr PRINCE: It has not said anything to me directly.

Mr BANSEMER: As far as I am aware the issue has not come up recently; if anything was said it was in Bunbury.

Mr MCGINTY: Joondalup Hospital will be going into the first full year of operation within this Budget. How much more money is required for Joondalup for a full year's operation above that which was provided last year?

Mr PRINCE: As the building was completed in a full year there is the availability charge of \$10.8m.

Mr McGINTY: Is that additional?

Mr PRINCE: Yes.

Mr SEBBES: I think the Minister quoted a figure which he thinks is a quarterly payment of \$2.5m. Rather it is a six monthly payment in that order for the availability charge, which is the physical capital component of the facility. In addition we estimate that the flow-on cost in the first year will be in the order of \$12m, although the figure is not yet finalised.

Mr PRINCE: I will try to give it to you as supplementary information by Friday.

Mr McGINTY: Elective surgery at Joondalup in the non-urgent category was cancelled for April, which was about two weeks after the Premier opened the facility. In the allocation to Joondalup will there be enough funding to ensure it can cope with the level of demand established there?

[11.30 am]

Mr BANSEMER: We are experiencing problems with a number of our metropolitan hospitals; certainly Royal Perth Hospital, St Charles Gairdner Hospital, Fremantle Hospital and Joondalup Health Campus. The work coming through the emergency departments has exceeded our expectations this year and is growing. We do not have a firm handle on why it is happening. For that reason, it is difficult to project the emergency department activity into next year. When pressure is applied for emergency, the emergency is dealt with first and elective work is dealt with second. Therefore, we believe the budget for Joondalup will be adequate with the caveat of growth in the emergency department beyond the level that we are currently contracting for.

Mr McGINTY: Is the availability charge of \$2.5m that you indicated for every six months - approximately \$5m a year - additional to that which was provided in the financial year currently finishing? How much more money will go into Joondalup next year compared with the year just finished, and similarly, is the operational figure of \$12m total or additional?

Mr SEBBES: The availability charge replaces what would have been previously an up-front capital payment. Instead of paying \$40m for the facility, it is paid in six monthly payments for the life of the contract.

Mr McGINTY: How much of that is paid this year?

Mr SEBBES: Although it will come out of the recurrent budget next year, it was previously funded through the capital fund.

Mr McGINTY: How much of the \$12m that you indicated is new?

Mr SEBBES: I must stress that figure is not final.

Mr McGINTY: I am taking it as a ballpark figure.

Mr SEBBES: That is for additional services at Joondalup, so to that extent, it is new at Joondalup.

Mr McGINTY: When is the Peel hospital due for completion?

Mr PRINCE: I understand the projected commissioning date is September.

Mr McGINTY: As in three months' time?

Mr PRINCE: Yes.

Mr McGINTY: What is the projected additional cost associated with the Peel campus above that provided for the Mandurah hospital?

Dr FONG: As the Minister said, it is being commissioned some time in September. The maximum payment amount in 1998-99 will be approximately \$18.2m which will be worked out in terms of our negotiations in the ensuing week.

Mr McGINTY: The funding for Peel was provided by the State Government even though it is a private hospital. Will Health Solutions, the contractor, be equipping the hospital or will that be done by the State?

Dr FONG: The equipping will be done by the State.

Mr PRINCE: I remind the member that the private component of that is a ward. In that sense, it is different from the arrangement in Bunbury, where they have shared theatres, imaging and so on. Again, it is different from the situation in Joondalup. Peel also has shared facilities. It is basically a private ward, otherwise the rest of it is a private hospital.

Mr SEBBES: The facility at Peel is Government owned. Health Solutions is required to organise the commissioning of the facility, but the payments for the equipment used on public patients will be made by the Government, and equipment used on private patients will be paid for by them.

Mr McGINTY: Does the \$18.2m which has been indicated include the capital component or is that simply the recurrent expenditure for the coming year?

Mr PRINCE: From memory that is just all the recurrent. This is where you get into what is capital and recurrent when you talk about some of the equipment, because some equipment is paid for through recurrent, and some is paid for through capital. To a certain extent, it depends on the size and complexity and cost.

Mr McGINTY: What is the total cost to the taxpayer for the coming year's operation, or a full year's operation, at Peel?

Mr PRINCE: It is \$18.2m.

Mr McGINTY: I thought that was the payment made to Health Solutions for recurrent purposes. If you have provided the capital cost for putting up the buildings, then certain interest payment or certain capital amounts need to be factored into that.

Mr BANSEMER: We would have to take that on notice if you are interested in the interest on capital, but the building and initial equipping is being provided from capital funds and that is separate from the \$18.2m which we are providing for the operation of the facility during the next financial year. We can give you the capital cost of the project. However, at the moment, I cannot give you the interest payments on that capital which would be applicable to the coming financial year.

Mr McGINTY: It may not be necessary. As part of your normal costing of new hospitals, do you take into account the capital cost once that has been expended?

Mr BANSEMER: Yes, we do.

Mr McGINTY: Can you provide the total cost of the provision of that service for the coming year or for a full financial year by way of supplementary information?

Mr PRINCE: I am advised that we cannot do it by Friday, so it will need to be made a question on notice.

Ms MacTIERNAN: A number of Auditor General's reports have been critical of the standard of emergency services at the non-teaching hospitals. What strategies have you put in place to provide a greater degree of supervision for the often young and not highly experienced doctors? I know that you are planning and I know about the accident and emergency specialists that you are developing. However, in the interim, have you taken any steps?

Mr PRINCE: Yes, we have taken steps in relation to Armadale-Kelmscott Health Service, which I think you are aware of.

Ms MacTIERNAN: I am not aware of the steps you have taken.

Mr PRINCE: Dr Paul Mark, who is at St John of God Murdoch and who is acknowledged to be one of the specialists in emergency medicine in Australia, now supervises the emergency department at Armadale-Kelmscott. There is a salary paid to the doctor now there in the emergency department.

Ms MacTIERNAN: When did that occur?

Mr PRINCE: From memory it was sometime in March. That arose from, not the experience in relation to the young

lady, but the general experience towards the end of last year with the lack of availability of visiting medical practitioners to take up positions in the emergency department at Armadale-Kelmscott, and there were no doctors there when there should have been. That led to the Government's advising publicly on New Year's Eve that the emergency department would not be staffed that night because no doctor was available. That was something that the commissioner, the chief medical officer and I were considerably concerned about. We determined that was it, and we put a salaried person in there.

[11.40 am]

Mr BANSEMER: In the case of Joondalup Sir Charles Gairdner Hospital has a consultant to provide similar supervision. Royal Perth Hospital provides that in the case of Swan District Hospital.

Ms MacTIERNAN: The Minister referred to the death of Amanda Young. The Minister has indicated on several occasions that internal reviews have been undertaken of that incident. The Opposition has been seeking some advice in relation to those reviews. The Minister has also stated that he thought a coronial inquiry would be held and that he would contact the coroner. Is there any evidence of that having happened?

Dr STOKES: Currently a clinician is conducting a review into the death of Amanda Young. I am advised that the genotype of the organism which caused her death is typical of the organism that was circulating in Sydney at the time she was there and that it does not appear to be directly related to the organism involved with the other rowing people. However, I am told the findings of the review into the circumstances of her death and the appropriateness of her treatment will be available to the Minister probably in the next two weeks.

Ms MacTIERNAN: I understood from statements the Minister made in March that a number of reviews had already taken place.

Mr PRINCE: They had.

Ms MacTIERNAN: There is now another review on top of those others. What has happened to those earlier reviews?

Mr BANSEMER: An internal review was made almost immediately into how the public health referral processes dealt with the issue.

Mr PRINCE: That is across Australia.

Mr BANSEMER: The findings and report of that review are being considered in the current review.

Ms MacTIERNAN: Prior to the latest review by the clinician, had a review been undertaken into Amanda's treatment at Armadale-Kelmscott Health Service?

Dr STOKES: I undertook a review of Amanda Young's case notes and I also discussed the situation with the emergency physician at the time. Amanda appears to have died from meningococcal septicaemia rather than meningococcal meningitis. At the time of her admission to the hospital it was apparent that steps had been taken to exclude meningococcal meningitis. A lumbar puncture was performed and the cerebrospinal fluid contained no organisms. Under those circumstances, the clinician of the time felt that observation was necessary. Due to the complex nature of this condition I felt it important that a physician investigate the case. A third review is being undertaken at the moment by a clinician.

Ms MacTIERNAN: Could Dr Stokes advise us whether the National Health and Medical Research Council guidelines which indicate that one should treat any condition of this nature immediately - and not wait some five hours for a lumbar puncture as did this doctor - are the appropriate way to deal with a patient?

Mr PRINCE: I appreciate the reason you are asking the questions and I am not trying to stop you from doing so but I do not think I or Dr Stokes should attempt to answer that until after what is happening right now is finished. You know my view on this and you have just heard what has been done. As that is still ongoing, that is as far as I can take it right now.

Mr MacLEAN: I refer to page 548 dot point 3 - comprehensive package of services to improve asthma management. Given that Western Australia has some of the highest rates of asthma in the country, is any research being sponsored to support these initiatives? What are the initiatives?

Mr PRINCE: I had the privilege two weeks ago, or last week - a week is a long time in politics - of launching the Western Australian part of the national asthma campaign in conjunction with the Asthma Foundation of Western Australia and respiratory physicians from Princess Margaret Hospital for Children and elsewhere.

Ms MacTIERNAN: Did you invite the Minister for Transport?

The CHAIRMAN: Member for Armadale, this committee does not allow that sort of interjection.

Mr PRINCE: No I did not. I invited myself, because I am asthmatic, and a stack of children. The launch was held at a child care centre. An initiative of the campaign is the education of child care workers. It has been found that, overwhelmingly, they know nothing about administering medications to children, although 90 per cent of them want to know. Part and parcel of the campaign is the education of those who have the care of children - in other words, not just the parents who tend to know or who can be educated. Children in child care, at kindergarten or school need to have someone to provide asthma care. The teacher or child care giver is the logical person to provide that sort of care but they are ill-informed or poorly informed. That is part of the national asthma campaign. It is something we are very much involved in right now and will be promoting during the rest of this year. Dr Stokes may be able to add to that.

Dr STOKES: We funded a program in the Rockingham-Kwinana area this year in which a nurse was taken on by a general practice to advise on the post-admission or post-treatment care of asthmatics. That has proved very successful in the child group. We are hoping to extend that to other areas. The Rockingham-Kwinana area has a high incidence of bronchospasm.

Dr TURNBULL: My question is about education and the teaching budget for people within the health service. When it comes to the item teaching -

Mr PRINCE: Which page?

Dr TURNBULL: I have lost the page.

Mr PRINCE: I know the member for Collie is interested in how much money the department spends on educating people working in the hospitals.

Dr TURNBULL: That is right. Do you know how much money is spent on teaching? Not in teaching students but teaching staff. This education is designed to upskill and maintain skills. If you do not have a total amount in your budget, do you have a percentage and how are your decisions made on what percentage is factored into the purchase agreements of varying hospitals specifically for the purpose of teaching and continuing education?

Mr PRINCE: I know the member has a ongoing interest in this matter and consequently the good doctor will have her question answered by Dr Fong.

Dr FONG: We do not specifically go about purchasing staff development from our hospitals and health services. That issue is funded within the budget, within the price that we set for various activities across those health services. That is a responsibility of general management. It is obviously part of the general managers' carrying out of the objectives of the health service to ensure that its staff are further developed, educated and kept up to date with latest trends and initiatives.

Dr TURNBULL: Surely in negotiating the purchase of an agreement for a service the department would have a format to which it would work even if the varying health services tried to get more out of it. What percentage would the department allocate for staff development?

[11.50 am]

Dr FONG: We are about purchasing outputs from health services; staff development is an input into a health service budget. The budgets are set by the general managers of the health services.

Dr TURNBULL: In other words, if a health service can develop a good reason for needing an extra percentage for staff development, it should include that in its proposed budget for providing that service, justify it with you, and you would fund that?

Dr FONG: I am not sure that I can further my answer.

Mr PRINCE: The sophistication of the system is to purchase outputs, not to identify a specific amount of money that is related to the sort of training you are referring to. Within the teaching hospitals - for example, there was a commonwealth training levy a few years ago - they all complied and were spending over and above that.

If I asked the chief executive officers they would not be able to tell me how much is specifically spent on this area. They would be able to quantify particular events, but not in a general sense. Perhaps at some future date we will refine the system so that we can, but at the moment we cannot.

Dr TURNBULL: The problem is that when a health service is preparing an application to present the cost of the service, the cost of skilling its staff and staff development varies enormously from district to district and depends entirely on what will be offered. In country areas, staff are extremely disadvantaged by having to take their own time out, pay their own travel costs, take their own meals, and stop over if they go to a regional area or to Perth to undertake the training. These issues must be factored in the total budget that is required for operating those services. It is an issue of equity of access for rural and remote people compared with the costs to the individuals for undertaking their staff development in the metropolitan area.

Mr PRINCE: Dr Stokes advises me that when we benchmark diagnostic related groups across Australia, it takes into account components for staff development and training - approximately 10 or 12 per cent. Assistance and support is given to people outside the metropolitan area, particularly for nurses to attend the city programs. One can argue it is not enough. People are hired for their skill levels, and then a lot is done to maintain and increase those levels. It is not possible to quantify how much money is spent doing that.

Dr TURNBULL: Staff development for rural and remote people is something for which there should be a fund over and above what is in the purchase agreement, to supplement the differences that exist in various places in Western Australia. A course could be run in Bunbury and everyone might attend, but in Narrogin that might not be appropriate because there might be only two or three people and it would cost far more to bring the training session to Narrogin than to take the people to Perth. That is placing a very large cost on the local health service.

Mr PRINCE: I understand at last the point the member is trying to make. There are country medical scholarships which, while they help young people training to be doctors, also help significant numbers of young people, and the not so young, train in nursing and other allied health professions. There are a number of different ways.

Mr BANSEMER: In specific areas where there is a need for development, the Health Department provides, particularly in country areas, funding beyond that which is in the purchase price for services. Considerable sums of money go to the Western Australian Centre for Remote and Rural Medicine for medical education and development. We offer nursing scholarships. There are a range of services that do not come out of the local health service budget. The mainstream, day-to-day staff development comes out of the operating budget of the individual health services.

Dr TURNBULL: That is the part I am concerned about, because I recognise that there are nursing scholarships, which are much appreciated; that is, the ones we have been able to access in relation to maternity. There is no point having a hospital and health service in country areas unless the staff are skilled in emergency and resuscitation procedures, which is the whole reason they are out there, and unless -

Mr McGINTY: Is that a question?

The CHAIRMAN: Members, this is the second time I have had an interjection from the member for Fremantle. I put on record that the way this Chairman is operating this committee is very simple: Each member will get an opportunity to ask questions. I will not allow any particular member to monopolise the scene. If the member for Fremantle will hold his peace, I will ensure each member of the committee is allowed approximately 10 minutes, which, as the member for Fremantle will agree, is what occurred earlier. Member for Collie, I ask you to bring your questioning to an end.

Point of Order

Ms MacTIERNAN: The previous Chairman made a distinction between questions and statements and indicated that he was keen to see more questions and fewer statements from members on this side.

The CHAIRMAN: There is a requirement that questions should be short and succinct, as should the answers. I have

given the member for Collie some latitude. The member for Armadale will recall that I have asked the member for Collie to draw her questioning to a close.

Committee Resumed

Dr TURNBULL: Continual staff development for staff in country areas, particularly in relation to accidents and emergencies, is highly needed for a lot of staff members because, unlike at a metropolitan hospital, they do not see a lot of accident and emergency patients at their hospitals; therefore, the need for this development is very high. Is there a possibility of extra funding consideration for staff development in accidents and emergencies?

Dr FONG: The Health Department has funded, over and above the purchasing agreements, the State Trauma Committee to carry out the state trauma plan, which consists of about \$500 000 per year over three years. Most of that funds an education package, which is a travelling road show that goes to country health services, specifically training and teaching in the areas of resuscitation, emergencies and trauma. That is an example of where the Health Department has, over and above the normal in specific areas, tried to do something about ongoing training.

Mr MINSON: On page 548 there is mention of a criminal records screening unit which will be established to ensure that the health industry complies with approved standards and safeguards. To what extent will that -

Mr MCGINTY: You are a disgrace. If you want to keep going like this you will ruin it.

The CHAIRMAN: Member for Fremantle, hold your silence!

Mr MCGINTY: Mr Chairman, you are allowing this to occur. If that is the way you are going to carry on, this whole show will be a farce.

The CHAIRMAN: Member for Fremantle!

Mr MCGINTY: It is about time you started to chair this in a fair way.

Mr MINSON: Do you have a problem with my question?

Mr MCGINTY: I do not have a problem with your question. He is refusing to give me the call. I am the shadow Minister for Health. I am here to ask questions.

[12 noon]

Mr MINSON: The shadow Minister for Health has no standing at all.

The CHAIRMAN: Members, can we have some quiet, please. Member for Fremantle, I have indicated previously that it is my intention to ensure everyone has the opportunity to ask questions. The member for Greenough has not asked a question for some time. You had a considerable say after his previous question. I would ask you, please, to hold your silence for a short while. It may interest you to know that you are on my list as the next member to ask a question. Member for Greenough.

Mr MINSON: My question relates to the criminal record screening unit. Will all employees entering the Health Department be screened? If not all, what is the approximate number per year? Is there a cost implication? Similar screening conducted in the disability services area became costly. It is expensive for the Police Department to provide that information. Therefore, we started to shift the costs back to the prospective employee. Could the Minister give us a thumbnail sketch of how many people will be screened, what are the costs and will those costs be transferred back to the prospective employee?

Mr PRINCE: As a result of recommendations from the Wood royal commission in New South Wales, in April 1996 Commonwealth Ministers, State Ministers and Premiers agreed to lead a forum to develop a coordinated response across all jurisdictions. There was a further meeting in October of Community Services Ministers. Decisions were made and it was agreed that criminal record checks for employees, volunteers and carers would be conducted. In May of last year, the Health Department began drafting criminal record screening policy for all prospective personnel involved in direct patient and client care. An expert reference group was convened for that purpose and the resultant policy was circulated widely across the industry for comment. Comments were received from various areas; I recall a sensible comment, for example, coming in from the Miscellaneous Workers Union. The finalised policy was

endorsed by the commissioner on 10 December last year which is consistent with the recommendations in the New South Wales report. The policy aligns the government health industry in this State with national and international contemporary practice. Following negotiations with the national exchange of police information bureau in New South Wales, the policy and supporting operational guidelines were circulated on 27 January this year. A memorandum of agreement on the appropriate course to adopt was finalised which gives the department access to Australia-wide screening for serious offences.

There have been discussions with other agencies that can provide opportunities for personnel to work in the industry, for example, university students on placement and sessional workers. A pilot study has commenced with Curtin University to screen nursing students to be enrolled there in July this year. Several country health services have already commenced screening their new employees. The Metropolitan Health Services Board is in the process of finalising its policy and it is envisaged that pilot studies will commence in June or July this year. The criminal record screening unit has been trialling a semi-manual system - for want of a better way of describing it - of entering criminal record screening requests which are then batched through the email system to the national exchange of police information bureau. The turnaround time is approximately 48 hours. Negotiations are underway with the information technology branch to develop a process through the Internet. Obviously there are security problems.

Basically, that is where we are currently. It is something that must and should be done. It is a difficult question for those who have no direct contact at all with any patient or carer. Those are some of the matters that have been quite fairly raised by the Miscellaneous Workers Union.

The CHAIRMAN: The long suffering member for Fremantle.

Mr McGINTY: I am putting up with a painful Chairman, too, I might say, who is absolutely incompetent in the way in which he is conducting himself.

The CHAIRMAN: It is very difficult -

Mr McGINTY: If you want to throw barbs like that, be prepared to cop them back again.

The CHAIRMAN: Member for Fremantle, it is very difficult in a Committee stage, as you are aware -

Mr McGINTY: I am going to ask you -

The CHAIRMAN: Member for Fremantle, before you do, I would just like to point out that if individual members continue in this vein, the ability for the Chair to take disciplinary action, as you are aware - and that is undoubtedly at the forefront of your mind at the moment - is very limited. What the Chair can do though is leave the Chair for a time.

Mr McGINTY: That would be a good one.

The CHAIRMAN: If that is what members of the Committee wish, such as the member for Fremantle, I suggest that all the member needs to do is continue interjecting in this way. Your question, please.

Mr McGINTY: During the course of last week, the Minister provided an answer in respect of Osborne Park, Armadale, Kelmscott and Bentley hospitals relating to the waiting list for the non-teaching hospitals. Does the Minister know the number of people on the waiting lists at the other metropolitan health services or metropolitan non-teaching hospitals?

Mr PRINCE: I do not. The member for Fremantle understands this; perhaps others do not: The waiting list news - which is published now on a regular basis and is a recent innovation of this Government - contains information on the teaching hospitals because they are the only hospitals which know who is on the waiting list. The smaller non-teaching hospitals did not know because that information was kept by the doctors. Under the visiting medical practitioner agreement of, I think, two years ago that information was supposed to be provided by doctors to health services and was not provided as well as it should have been. Since we got the central wait list bureau up and running on 30 March - which facilitates the clinically appropriate transfer of long-wait patients from the teaching hospital wait list to non-teaching hospitals - we have begun to find out more information. The information I gave the member for Fremantle last week came from that source.

Mr McGINTY: Have you got the other five yet?

Mr PRINCE: I do not have any more information on that. I have just been informed by Dr Fong that we do not have any more information at the present time. It is still a matter of getting it from doctors' private rooms. However, it is information that we all should have, as I am sure you would agree, not just for political purposes, but in order to know just what is the volume of work and the number of people who are waiting, for what and where.

Mr McGINTY: The capital forward estimates are not contained in the budget papers. A question has been raised in respect of Armadale hospital.

Mr PRINCE: Yes.

Mr McGINTY: This question arises out of the question pursued a few minutes ago relating to the Peel hospital capital input. Can the Minister provide to the Committee - either now or by way of supplementary information - the breakdown of the capital allocations and the forward estimates associated with them?

Mr PRINCE: Yes. Under new works capital in the budget for 1998-99 the Armadale health service redevelopment planning budget for 1998-99 is \$700 000; \$1m in 1999-2000; \$12m in 2000-01; \$25m in 2000-02; and \$4.6m in 2003-03. Those are, in part, forward estimates as well as what is contained in the budget for 1998-99. As you are aware, we are now about to call for requests for tender because we have completed the expressions of interest stage.

Mr McGINTY: My request did not relate so much to Armadale and Kelmscott but to the absence of forward estimates for capital.

Mr PRINCE: I appreciate that. That is why I have given you that information in relation to Armadale. Of course, in relation to Armadale, if the Government decides, subject to the requests for tender, evaluation and so on, to follow that path with a private provider, those forward estimates may change, depending on what the agreement is with the private provider.

Mr McGINTY: Can you, by way of supplementary information, provide a table setting out the forward estimates for capital works in the Health Department over the next three or four years? I presume you have that. It was available in previous years.

Mr PRINCE: Yes. I can provide what I have, obviously.

Mr McGINTY: Thank you. The other question is in relation to staffing matters, which has had a bit of attention over the recent past. Can the Minister tell us whether the number of doctors and nurses has increased or decreased, given that page 4 of the last Health Department annual report shows a decrease of some 200 doctors and 300 nurses, comparing last year with the year before. Can the Minister also tell us the corresponding increase in administration staff?

[12.10 pm]

Mr PRINCE: This arises from the article in the Australian Medical Association's publication *Medicus*.

Mr McGINTY: It arises more from page 4 of the Health Department's annual report, which is from where the figures were taken.

Mr PRINCE: That is on what the article in *Medicus* is based. Unfortunately it does not include any of the footnotes, as *Medicus* tends to do from time to time. I have a paper that I will seek to table that details the actual situation. The article in *Medicus* is highly misleading. It reproduces a table of data that is heavily qualified by a footnote, but it does not reproduce the footnote. As a result, the analysis presented is based on significantly flawed data. The 1995-96 and 1996-97 data from the table are not comparable. It is likely that the changes in the figures are the result of significant changes in the way data is collected rather than actual changes in staffing profiles. There are a number of reasons for this, and I will not go into them in detail. Suffice to say they are in the paper. Basically, it is due to a change in the system that is used to classify occupations from what is known as the hospital and allied services advisory committee codes to the Australian standard classification of occupations. It is likely that staff who were not classified as administration in 1995-96 were classified as administration in 1996-97 under the new coding system. There has also been a clean up of record keeping standards as part of the implementation of the new human resource information system.

The result is the changes that took place from 30 June to 1 July, if you read the data that way, which show that in

medical terms, there was an increase in doctors from 1 195.77 to 1 281.12; an increase in nursing staff from 8 452.22 to 8 453.83 - an increase of two; and an increase in administration from 4 154.93 to 4 378.72 - an increase of 224. Clearly that did not happen on the stroke of midnight but is largely the result of the change in the way occupations were classified and a change in the way the data was collated.

This document spells out exactly what I have been talking about. The number of medical FTEs has actually increased by 7.1 per cent rather than decreased; and visiting medical practitioner costs have increased by 18 per cent per annum over recent years. That must also be accounted for in assessing productivity. The total growth in administration is probably in the order of 224 FTEs, or 5.4 per cent, and not 13.4 per cent as suggested by incorrectly comparing the two sets of figures. Some of the increase in administration FTEs was due to the creation of the mental health and Aboriginal health divisions in the Health Department, which are doing work that previously was not done, and that accounts for an extra 86 FTEs. It should be noted that despite that, the total size of the department fell by 65 FTEs, with the devolution of some technical support functions that were not technically classed as administration. What has been sought to be deduced from this - and I accept that the member for Fremantle has followed the lead of *Medicus* - is wrong. I seek leave to table this paper.

The CHAIRMAN: I am advised that you cannot table documents before the Estimates Committees. I ask you either to distribute it to committee members or to provide it as supplementary information, if that is what the member for Fremantle requests.

Mr PRINCE: I will distribute it and supply it as supplementary information.

Mr McGINTY: Is the Minister saying that where in the Health Department's annual report medical staff have been reduced from 1 400 to 1 200 in round figures, people other than doctors have been included in that? How can the figures be so wrong?

Mr KIRWAN: The reduction in nursing figures is due significantly to the change from the HASAC codes to the ASCO codes. For example, medical staff were previously included as 1.1 or 1.2 FTEs, but they are now included as one FTE. Therefore, the reduction is due to the difference in counting, where we now count only the FTEs. Previously there was a calculation for the on-call relieving, or overtime, component. That is a change in reporting standards, where now all of the health services report on the minimum obligatory information requirements that the central government agency requires us to do. The reconciliation is as per the statement at the bottom of the annual report, which was not reported in the *Medicus* article, and, as the Minister has said, it also does not indicate in the non-teaching hospitals the increase in payments to visiting medical practitioners.

Mr McGINTY: They would hardly be part of the FTE component.

Mr KIRWAN: They are services. The argument in the *Medicus* article was about significant increases in doctors' productivity. If it was true that there was a reduction in the cost of providing that production and an increase in the production, there might be some element of truth in that, but there was actually an increase in the cost of production at the same time, certainly in the non-teaching sector.

Mr McGINTY: It seems bizarre to include such misleading figures in the annual report, leaving *Medicus* to one side.

Mr PRINCE: That is not an unfair comment, but for people to take them out of context knowingly, leave off the footnotes and run an analysis that is not just misleading but wrong, is not the right thing to do. The department has written to the AMA to give it the information, and, as the member for Fremantle can appreciate, it is not the sort of thing that is easily explainable in a seven second sound bite on television. However, the counter argument is very easily run. I am endeavouring to explain the detail to the member for Fremantle and anybody else who is interested in this.

Mr McGINTY: For how long have the chief executive officer positions at Royal Perth and Sir Charles Gairdner Hospitals been vacant, and when will they be filled?

Mr PRINCE: They are not vacant, because the two occupants are sitting behind me.

Mr McGINTY: Those positions have had no substantive occupants for two and a half years.

Mr PRINCE: That has been the case since November 1996. A selection process for the positions was commenced; however, unfortunately the creation of the one board truncated that process and we had to start again.

Mr McGINTY: What is the time line? I thought the Minister was about to make the appointments, given that the Metropolitan Health Services Board was created in August of last year.

Mr PRINCE: I have been corrected. They have been in those positions since 1995. The advertisements were placed in the national media recently, and the closing date is 12 June.

Mr McGINTY: When does the Minister expect to fill those positions, because it is not the way to run a hospital system to have the CEOs of the two major hospitals not in substantive positions?

Mr PRINCE: That is a purist comment, and I accept it as such, because I find the two officers who are sitting behind me to be excellent.

Mr McGINTY: Then why not appoint them?

Mr PRINCE: Because the Public Sector Management Act does not enable the Minister to have any involvement in this, and a selection process must be undergone which is independent of the Minister. The reason goes back to the former Government's Administration, which changed the process.

Mr McGINTY: You could have done it by now. It has been two and a half years. That is a scandal.

Mr PRINCE: We had to change the system because of the way the former Government rorted it.

Mr MARLBOROUGH: What does the Minister mean?

The CHAIRMAN: Member for Peel, if you wish to ask a question, you should seek the call.

Mr MacLEAN: I refer to the table at page 552 of the Budget Statements, entitled "Performance Measures for Output 1", which states that the target for the "Breastscreen small cancer detection rate for woman screened" was 11.3 for every 10 000 women, and that the target for "Interval cervical cancer rate for women screened" was one in every 100 000 women. What percentage of the total population is being screened at this stage, and what actions are being put in place to increase the level of screening?

[12.20 pm]

Ms FORD: The proportion of women being screened in Western Australia is currently 60 per cent. The national target is 70 per cent; no State has reached that. Our figure is in line with the other States. We are making considerable efforts to increase our screening coverage. We invite all women in the target age group to come for screening at regular intervals. We follow up women who have been screened once and are due for rescreens by sending invitation letters. We work with general practitioners, because we find that they are a good source of referral for women. We do a lot of work with local media and service providers to advise women when the mobile screening unit will be in their area and to encourage women to participate.

Mr McGINTY: I refer to the speech that the Minister gave last Wednesday. I refer to contracts that have been entered into for services that were previously provided by the hospitals, and in particular to hotel services but not exclusively. Can the Minister provide the committee with a list of contracts, the value of the contracts and the name of contractors in relation to services at each of the hospitals?

Dr FONG: We have contracts signed for orderly services at Sir Charles Gairdner Hospital; gardening, painting, hotel and food at Royal Perth Hospital; and cleaning and gardening at Fremantle Hospital and Graylands. Some processes were initiated at Osborne Park and Princess Margaret Hospital for Children but they are not continuing. The Swan Health Service has concluded tender negotiations for gardening, catering, cleaning and orderly services and is in the final stages of negotiating the award for engineering services. Bentley and Kalamunda Hospitals have started the process for catering, cleaning, orderly, gardening and engineering services. Tenders close on 12 June for Bentley, and Kalamunda has invited expressions of interest.

Mr McGINTY: Is it possible to provide by way of supplementary information the identity of the contractor and the value in each of those cases?

Mr PRINCE: Yes, that information will be provided as supplementary information.

I have been informed that the Metropolitan Health Service Board has spent \$1 103 044 to date and expects to spend its allocation of \$1.2m.

Mr McGINTY: The disposal of assets featured significantly in the Parliament a week ago. Will the Minister identify which Health Department or hospital assets have been sold and, as the Premier said it was so easy, trace that money through into replacement capital assets? Perhaps a document can be tabled to establish that over recent times. Have those funds been spent on recurrent expenditure?

Mr PRINCE: We sold some surplus houses for \$750 000. Those moneys run through a trust account and go back into staff accommodation statewide. The Government Property Office, which is now a subset of Treasury, is managing the disposal of the Heathcote site on behalf of the department and is providing consultancy for the proposed sale of the oval area on that site to LandCorp. That has been going on for some time. I hope it will be finished this financial year.

Mr McGINTY: Do you have a schedule setting out that information?

Mr PRINCE: I do not, but I can provide the member with one. We have agreed to sell that part of Whitby Falls which forms part of the reserve to LandCorp at market value. The native title and mining issues have been satisfactorily resolved.

Mr McGINTY: Is that the land on the western side of the highway?

Mr PRINCE: Yes. It has nothing to do with the hostel. The net proceeds should be in excess of \$800 000. I should be able to provide the member with details of other things that have occurred. The hospital laundry and linen service was sold in 1996-97; the net proceeds were \$8.75m and \$3m of that went to Treasury as revenue. The old Northam hospital was sold to a private consortium for \$302 000 and settlement occurred in February this year.

The Mt Henry Hospital was sold to LandCorp on 24 June 1997 for \$11 760 000, of which half was paid on the date, 40 per cent is payable on 20 June 1998 and 10 per cent on settlement. That relates to zonings being changed and finalised. No doubt the member for Fremantle has an interest in Alma Street in South Fremantle.

Mr McGINTY: Yes; it was recently sold.

Mr PRINCE: The Metropolitan Health Services Board and I in the corporate sense as Minister for Health have agreed that the property is to be sold to the City of Fremantle for \$1 385 000 for the development of a public car park. Three sites are already leased to the City of Fremantle for that purpose until the year 2014. In a sense that is transferring title to that which is already unavailable for use for a long time. I can give the member a list of the properties. The City of Fremantle has six weeks in which to notify ratepayers of the proposed purchase. That six weeks is running at present. I think they also have to have a loan poll. I am not sure. Perhaps the member for Fremantle would know better than I.

Mr McGINTY: Can those details be provided?

Mr PRINCE: Yes.

The CHAIRMAN: By way of clarification, the Minister has agreed to provide supplementary information on land sales.

Mr PRINCE: I will provide that information in tabulated form.

Ms McHALE: The output and appropriation summary on page 550 shows that the prevention and promotion allocation has decreased from \$121m to \$119m - a decrease of \$2m. What programs will be affected by that?

Dr FONG: The outputs recorded on page 550 are a mixture of different services in the community health sector in particular. They aggregate health promotion programs, community health service consultations and all sorts of programs that are not comparable from year to year. For example, we might have 27 health promotion programs this year and 20 next year. It is not a matter of decreasing the funding, it is just that a different number is provided. We are in the process of working on refining the output measurements for that program in the coming years. We have signalled that most of our focus will be on the diagnosis and treatment intervention level to try to identify, clarify and specify those outputs more accurately. In coming years we envisage those outputs to be better defined, but it is

difficult to compare the two years. Certainly the actual figure expended will be fairly similar, and will not be decreased at the intervention level.

[12.30 pm]

Dr TURNBULL: I can find no reference in the Budget Statements to special funds for patients who suffer extraordinary events -

Mr PRINCE: The member is referring to the exceptional episode insurance pool.

Dr TURNBULL: How is that operating?

Mr PRINCE: Extremely well.

Dr TURNBULL: What is the estimated cost? I understand that last year the average was \$300 000 per patient.

Mr PRINCE: Health services contribute certain amounts of money to the exceptional episode insurance pool, which was designed to cater for patients who have, in most respects, a chronic illness. I believe that the cost is in excess of \$75 000 for long stays. The pool is administered by hospitals. Dr Fong can provide more detailed advice.

Dr TURNBULL: How is the pool operating, what is its budget, and when that budget is set, is one of the outcomes a reduction in the number of patients who fall into that category?

Dr FONG: The exceptional episode insurance pool policy is part of our budget reform implementation which commenced this financial year. It will continue to be refined. It has gained our attention in our efforts to understand exceptional episodes which occur in hospitals and which incur a great cost. Thirty per cent of the cost is spent on about 6 per cent of inpatient episodes. The objective of the pool is to bring a focus on those costly episodes. That is not to say that hospitals will not continue to provide the service, but where there is a variation in practice in respect of admission policy or clinical protocols, the pool will allow that focus to be brought to bear.

The amount in the pool this year in the metropolitan area was approximately \$25m in teaching hospitals that comprise the pool. The pool is held in reserve, and each quarter after reconciliation is provided to the health services. That worked on the policy of 35:65; that is, 35 per cent in the pool and, on average, 65 per cent advanced. This year we will move to a 75:25 ratio; that is, 75 per cent in the pool and 25 per cent advanced for the year. That will be a major change. At the beginning of 1999-2000 it is envisaged that 100 per cent of the money will be at risk. The figures are being determined now, using actual figures based on the final two quarters of last year and the first two quarters of this financial year. I cannot say what is the actual amount in the pool.

We will also focus our energies on the clinical issues that flow from the policy. A clinical review group comprising clinicians and senior people in the industry will analyse the information in more detail this coming financial year. Last year we worked on the technical aspects of the pool, and we envisage some real gains for the health system with the implementation of the policy, which I emphasise will bring focus on trying to deal with admission policy and medical practice variations.

Dr TURNBULL: That is concentrating on the metropolitan area. At the same time, for country towns it is only a flow on from what you have learnt from the metropolitan situation.

Mr PRINCE: Not really. I understand the EEIP operates in all hospitals.

Dr FONG: The Minister is correct. Refinements must be made in the smaller country hospitals, which have been somewhat disadvantaged, in a sense, in respect of the pool. We have always said that the policy will be refined and revised, and with advice from health services that is happening.

Mr MacLEAN: I refer to mental health. Has the change in the community based service led to an increase in funds for the delivery of the service? Has there been an increase in demand from young people, and is that related to drug problems?

Mr PRINCE: I understand that one in five Australians will suffer an episode of mental illness at some time in their lives - that means that more than five people in this Chamber will suffer that illness. The percentage is much higher for children, particularly those in the teen years, and that is why particular emphasis is being placed on developing

a service to deal with adolescents, whatever the cause of the mental illness. I had the privilege of being associated with the launch of several programs - the one at Midland comes to mind. I ask Dr Lipton to respond in more detail.

Dr LIPTON: Considerable resources have been placed in the community area. For example, in Wanneroo and Mirrabooka almost \$1m has been put towards setting up community areas outside Joondalup. Funds of that order have gone to the south west metropolitan area. In the next budget there will be significant support for the south east and the east metropolitan areas.

The point made about children is very pertinent to our intentions in the coming year. Services to young people is a top priority. The recent child health study suggests that 17 per cent of young people have serious disorders, sufficient to require a service. Currently the services are not as they should be, but we have almost totally reorganised Princess Margaret Hospital for Children and the Bentley service, and have set up a service in Swan, in Armadale, in the south west metropolitan corridor, in the great southern and in the south west. Therefore, it is becoming a web of services for young people.

We have boosted the child psychiatry training program. Our production of psychiatrists and child psychiatrists has increased markedly but will take a few years to come through. We have about four trainees in the child psychiatric program, which is more than ever before. Work has been undertaken to develop a training program for child psychiatric nurses. We are establishing academic positions for child psychiatry to service and fertilise centres of excellence for mother-child psychiatry. We already have a professor of child psychiatry, and at Bentley there will be a professor of adolescent psychiatry, which is very important.

As to community services, we have a fairly powerful program of setting up rooming-in centres, particularly in rural and remote areas. We are also setting up telepsychiatric facilities throughout the State. About 20 units will be set up over the next year. That is all intended to develop a network and capacity to consult in the community, see patients where they are, and prevent admissions. For example, Broome has not sent one patient to Graylands this year, which is very different from the last couple of years. We have a long way to go but there has been a marked improvement. In 1992 about 23 per cent of resources were in the community; a year or two ago it was about 35 per cent. It is now about 38 per cent, and we expect a further increase in 12 months.

[12.40 pm]

Mr MacLEAN: Can you please expand on telepsychiatry?

Mr PRINCE: Telepsychiatry has been operating at Karratha, Hedland and some other north west centres with psychiatrists based in Broome. I can provide the detail. It has been a startling success. I am told that the professionals, particularly the mental health trained social workers, had a great deal of reticence about the program, yet clients accepted it very readily; it works very well for them. The professionals are now convinced it works very well.

Dr LIPTON: It is a very exciting and effective program. Interestingly, patients being interviewed on-screen, although not quite as satisfactory as direct person to person contact, is acceptable in rural areas, particularly with Aborigines, who find the visual element more acceptable than, say, telephone contact. Units are located at Karratha, Port Hedland, Tom Price, Broome, Kununurra and Derby. It has become a routine feature servicing the entire area. Units are being located at Carnarvon, Geraldton, Bridgetown, Meekatharra, Kalgoorlie and a variety of hospitals in the metropolitan area.

For what it is worth, at 7.30 this morning I supervised a training psychiatrist at Broome, as I do every Tuesday at that time, in the work done there as part of his training program. This involves not only patient care, but also education, training and administrative conferences. It costs \$5 000 to fly patients from Broome to Perth, and the travel disturbs them enormously at a time of already great disturbance. Also, the hospitalisation involved is longer as a result of the acclimatisation needed, and it takes a long time to settle back when they go home. Sometimes a telepsychiatric interview with the local GP, the patient and others can obviate the need for that travel. It is a very worthwhile program. By the end of this calendar year, I hope we will have finished the first phase of placing units throughout the State.

Mr McGINTY: Dealing with the difficult issue of nurses' salaries, the information I have seen indicates that the original offer of 6 per cent would have left WA nurses, at the end of the two year agreement, on lower pay than their counterparts in other States; the pay would certainly have been lower than that in South Australia, Victoria and New South Wales. Is that how the Minister saw the situation?

Mr PRINCE: No. Today, WA nurses are the second highest paid in Australia; New South Wales nurses are the highest paid.

Mr McGINTY: Does that include the 3 per cent you just paid them?

Mr PRINCE: Yes. I asked that the 3 per cent be paid with effect from 4 May, and it was in pay packets last Wednesday. The member for Fremantle might recall that we paid 5 per cent in the same way two years ago. I inherited that dispute when I came into the portfolio, and ultimately it was settled. On 1 July, the Victorian system will increase the pay of Victorian nurses to \$5 a week above that of Western Australian nurses. The Queensland nurses will be paid \$757.10.

Mr McGINTY: More than ours?

Mr PRINCE: No. I refer to a nurse on a 1.8 classification after eight years' training. New South Wales is currently paying \$788.60; Western Australia, \$741.50; Victoria, \$724.30; Queensland, \$735; South Australia, \$713.20; Northern Territory, \$737.58; and Tasmania, \$722.16. That is at today. From 1 July, New South Wales will jump to \$812.30; Western Australian will stay at \$741.50 if nothing changes from today - that is with the 3 per cent already paid; Victoria will go to \$746, which is \$5 more than Western Australia's figure; Queensland will go to \$757.10; South Australia will go to \$734.60, which will still be under Western Australia's figure; the Northern Territory will be \$759.71; and Tasmania will stay the same.

Some other changes will be made on 1 July 1999 and 2000 in relation to the other States. We have offered increases of 3 per cent this year and 3 per cent next year without any change in conditions; we are funded to do that. It is possible to pay more if discussions can be held about changes in conditions. Conditions are not uniform across Australia. For example, South Australia has no accumulated days off for part-timers. Differences are found between the States. Therefore, it is difficult to talk about equivalents across Australia when conditions are not the same and place monetary values on them. Clearly, it is in our interests to maintain a parity to attract and retain people. New South Wales, with a weekly wage of over \$800, is very difficult to get close to. If we can maintain parity with the other States, which we are at the moment, we will do so. At 1 July, we will slip back a couple of places. We are \$4 or \$5 away from Victoria anyway. The discussion on Saturday with Helen Attrill indicated that in a three year agreement, we can go to 9 per cent plus at least 1.5 per cent with some changes in the ADOs. That is where we currently stand.

Mr McGINTY: I understand your figures as at 1 July which show that we are in the ruck. However, the agreements entered into in the other States provide for continuing increases over the next two years.

Mr PRINCE: Yes - which we seek to do.

Mr McGINTY: My understanding is that if the second 3 per cent were paid following the 3 per cent this year as part of the 6 per cent offered, as a result of the increases in other States, Western Australian nurses would end up the lowest or among the lowest paid in the Commonwealth at the end of the two year period - that is, if the Minister sticks to the original 6 per cent.

Mr PRINCE: The figures as at 1 July 1999 are that New South Wales will be \$836.70; Western Australia, \$763.70; Victoria, \$768.41, only \$4 different from WA; Queensland, no change at \$757, so they will be below WA nurses - we expect these circumstances, but we do not know - South Australia will go to \$756.65, which will be \$9 less than Western Australia's pay; the Northern Territory pay will be \$759.71 if it stays the same when the agreement runs out; and Tasmania, for which the agreement has ended, will have a figure of \$722 or more. Therefore, come 1 July 1999, New South Wales will lead, Victoria will be second and we will be third by \$4. In that sense, parity will be achieved. I appreciate the information the member for Fremantle has been given, but it does not reflect the reality.

Mr McGINTY: Are further increases not to come after 1 July 1999 in most of the other States?

Mr PRINCE: In Victoria, yes. On 1 July 2000, they go to \$783.76; and South Australia will go to \$786.10. However, with the 4.5 per cent we are prepared to offer, WA would go to \$798.10 and end up in front of Victoria and South Australia. We cannot comment on New South Wales as its agreement will run out at that time. The figure will be \$836 or more, and Queensland will be \$757 or more, as its agreement runs out on 1 July next year.

Mr McGINTY: Had you remained with your initial offer of 6 per cent, by the end of the two year period, WA would be among the States with the lowest pay for nurses.

[12.50 pm]

Mr PRINCE: We would have been fourth, but by \$4. We would not have been the lowest paid.

Mr McGINTY: Who would be lower?

Mr PRINCE: Tasmania and South Australia.

Mr McGINTY: South Australia would be on \$786.

Mr PRINCE: South Australia is presently \$713. On 1 July it goes to \$734 and on 1 July next year it goes to \$756.

Mr McGINTY: At the end of the two year period we are talking about, what will a year 8 level 1 nurse earn in Western Australia if your 6 per cent offer is applied?

Mr PRINCE: An amount of \$763.70.

Mr McGINTY: That is behind New South Wales, Victoria and South Australia.

Mr PRINCE: No, it is not. South Australia will be \$756.65. South Australia jumps to \$786.10 on 1 July 2000.

Mr McGINTY: That is what I meant by the end of the two year period.

Mr PRINCE: We do not know about the New South Wales position on 1 July 2000 because its agreement runs out in July 1999. Assuming that it would be the same payment, it would be \$836.70. Western Australia's position at 3 per cent, 3 per cent and 4.5 per cent would be \$798.10.

Mr McGINTY: That is on the latest offer with the trade-offs. Other States did not involve trade-offs as I understand it.

Mr PRINCE: Yes, they did; they had condition changes. The commissioner can give you the details. If I may just finish with the figures, even if we had 3 per cent, 3 per cent and 3 per cent over three years, it would not be \$798 but it would be in the \$780s. On 1 July 2000 Victoria's position will be \$783 and South Australia's position will be \$786. They are all within a dollar or two of each other, with the exception of New South Wales.

Mr McGINTY: It seems to me that we end up fourth, albeit by a small amount. You indicated that the original 6 per cent offer was not enough and you have now increased it. The argument today seems to come to trade-offs.

Mr PRINCE: We said originally that it would be 3 per cent and 3 per cent and if they wanted more, it is possible within the global funding to have more but it requires some changes in conditions. We said on the weekend that it would be 3 per cent, 3 per cent and 3 per cent over three years, plus "If you want to change some of those ADOs, there is an extra 1.5 per cent which will take you up to 10.5 per cent". With respect, there was no negotiation at all. The commissioner can probably tell you in a little more detail about what has happened elsewhere.

Mr McGINTY: The major trade-off you are seeking is the 12 days off a year on full pay, which you are asking people to give up in return for a percentage increase. Did any of the other States' trade-offs involve anything of that magnitude, because asking people to give up 12 days off is a lot to ask.

Mr BANSEMER: In dollar terms, yes, I think they did.

Mr McGINTY: What were they?

Mr KIRWAN: The difficulty is that the previous agreements, particularly the previous Victorian agreement, had significant changes in conditions, particularly with accumulated days off in each of the health systems. Some of the conditions, like the South Australian one, never had accumulated days off for part-time workers and they have not been paying penalties on sick leave. It is a comparative difficulty with the different phasing of the timing. The 9 per cent agreement is comparable with and keeps us slightly ahead of the South Australian settlement. There have been trade-offs in a number of those areas, not necessarily in the current round. In the Victorian agreement the time before last and again at enterprise bargaining level there have been a number of changes. In some States there have been no trade-offs, but it depends on how the enterprise bargaining varies from State to State.

Mr McGINTY: I appreciate that. Obviously, a wave of increases for nurses in two year agreements is sweeping the nation. What has been traded off to get to that level, at which your latest offer would seem to put us? I appreciate that in previous years significant trade-offs may have been made.

Mr PRINCE: Which we have not done.

Mr McGINTY: My understanding of the situation in South Australia, which received a bit of media coverage, is that the Government rolled over pretty quickly with no trade-offs, to put it in the vernacular.

Mr KIRWAN: This needs to be put in context. With the two weeks' extra leave for accumulated days off, we are talking about nurses with nine weeks' leave at a number of our health service sites, including those represented by CEOs at this meeting today. Workers have already agreed to change their accumulated days off for different changes in shift patterns. That is available under the current award system. It has already occurred at sites like King Edward Memorial Hospital, Bentley Hospital and Osborne Park Hospital. In those instances the payment is for something which has already gone. It is similar to the situation in many Victorian health networks. That brings the leave entitlement from nine weeks to seven weeks, which is the normal four weeks, two weeks for shift leave and one week for on-call. That is negotiable. Interestingly enough, in our negotiations with the ANF representatives, they referred to what they call a buy-back. The option is not something they dismissed; the issue is over the quantum and whether they wish to have the purchasing back availability. It is one of those areas that has been initiated and looked at. The situation in other States varies. The South Australian deal has already built into it no accumulated days off for part-timers and no payment penalties for shift workers.

Mr McGINTY: On your first 6 per cent proposal, Minister, you have already paid the first 3 per cent. When is the next 3 per cent due?

Mr PRINCE: It will be next year.

Mr McGINTY: In the first half of the year or the next financial year?

Mr BANSEMER: It will be 1 July 1999.

Mr McGINTY: The cost for this current budget will be only 3 per cent. What do you quantify that as in the total budget? Is it about \$10m? You gave the figure of approximately \$40m for a full year for a 15 per cent claim.

Mr PRINCE: In very rough calculation it is three times \$2.6m; the calculation is slightly more sophisticated than that.

Mr McGINTY: So it is about \$8m?

Mr PRINCE: Yes, it is \$8m going to \$10m because other things happen as a result of it.

Mr McGINTY: So there will be an equivalent \$8m to \$10m the following year when the second part cuts in?

Mr PRINCE: Yes, except it is an accumulative exercise so it would be more than that.

The CHAIRMAN: I came into the Chair only two hours ago, so I missed the first couple of hours of proceedings. Were you questioned in any detail on Healthway funding? If not, and bearing in mind the time, I ask if you would be agreeable to providing by way of supplementary information a detailed breakdown of the budget arrangements for Healthway in 1998-99 and perhaps a comparison with 1997-98?

Mr PRINCE: It has been increased to \$15m, which is an increase of over \$3m against its current budgetary entitlement. It is complicated by the fact that it received a hypothecated fraction of the tobacco levy, which has now been ruled to be a tax by the High Court. Some transitional arrangements were put in place after the section 90 decision last year in order to keep Healthway going. As of 1 July 1998 the amount that Healthway receives goes up by \$3m, which is a step in the right direction. The people who are involved with Healthway, particularly people who are part and parcel of the research into the programs that it tries to run, are very appreciative of that. I cannot give a breakdown of how that money has been spent, but it is in the annual report of Healthway, which is tabled.

The CHAIRMAN: I am particularly interested to know whether that increase in funding will be derived from a continued rundown of cash reserves. In 1996-97 Healthway was able to maintain its overall expenditure by running down reserves. Is that planned for 1997-98 or are we looking at new money?

Mr PRINCE: In the latest discussions I have had with the chairman of Healthway, that is certainly not the case; it is in fact new money.

Mr McGINTY: Based on everything that has come out this morning, can you tell me whether anything is wrong with this analysis of the broad picture? You have provided an extra \$60m for recurrent spending on hospitals in this budget. The nurses, on the pay rise you have already paid them, will account for nearly \$10m. The three new hospitals at Bunbury, Joondalup and Peel will cost in the order of an additional \$38m based on the rough figures provided earlier. That means at this stage \$12m is to be shared among all the hospitals as an increase in funding. That is offset by the \$55m debt they will carry forward, if they are not bailed out by Treasury. Is that a fair description of the situation?

[1.00 pm]

Mr PRINCE: No. Nothing can be carried forward. That matter is being resolved with Treasury. The commissioner disagrees with the member's analysis.

Mr BANSEMER: The approximate figure of \$10m for the enterprise bargain is provided for in the forward estimates, so it is within the forward budget allocation. In a sense, the member is double counting.

Mr McGINTY: I do not follow that. It is an additional cost to the hospitals this year, although I appreciate provision was made for it.

Mr BANSEMER: Provision has also been made for it next year.

Mr McGINTY: Within the Health budget?

Mr BANSEMER: Yes.

Mr McGINTY: Is that \$10m factored into the additional \$60m for recurrent spending in hospitals, including salaries?

Mr BANSEMER: That is correct.

Sitting suspended from 1.02 to 2.00 pm

[Mr Bloffwitch, Chairman.]

Mr PRINCE: I can now provide an answer to a question by the member for Greenough before lunch about criminal records screening, rather than provide it by way of supplementary information. The cost of criminal records screening is \$25 for each new employee. Since 1 March, 247 staff have been screened from nine country health services. It is not known what the demand will be when others come on board; there are 700 new nursing, medical and allied health students and staff this year. It is happening for all new staff and in time it will extend throughout the whole system.

Mr MINSON: I suspect that the large bulk of employees in the Health Department will not be in contact with patients who are vulnerable. Sex offences and child molestation are not necessarily an issue. I am interested in the percentage of employees whom the department thinks it must screen.

Mr PRINCE: It is a reasonable point, and it was raised by the Miscellaneous Workers Union. It said that members of their union and other people employed in hospitals, who come from all walks of life, may have criminal records, but they should be given another chance. The department has assessed risk and, clearly, someone who comes into contact with a person who could be vulnerable is in the category of highest risk. The department is careful about the background of anyone who has clinical contact in any way with vulnerable people. There is much less risk, if any at all, with those who have no contact. An assessment of risk is made with each group.

Mr MINSON: That makes sense.

Mr MacLEAN: At page 548 of the Budget Statements, reference is made to a restructured geriatric medical service for the north metropolitan area. What restructuring will take place?

Mrs O'FARRELL: The planning work focused on the north metropolitan area for geriatric services at the moment

takes into consideration the development of a service identified as a single service, although it operates on several different sites. The purpose is to provide people who live in the catchment area with a recognisable, identifiable service they can access by way of referral to Joondalup, Osborne Park or Sir Charles Gairdner Hospitals. A feature of the service is the appropriate configuration of resources between the three sites and consistent admission policies and protocols of care, with the ability for particular sites to concentrate on expert services in some areas. Parkinson's disease is one issue that comes to mind. Also, they will be able to service the requirements of people in their respective catchment areas through a consistent service delivery strategy.

Mr MacLEAN: Will the consolidation of services include the private and non-profit organisations, such as the church run service in Marangaroo, which has a geriatric unit attached to its retirement village, and the new centre in Wanneroo that the Minister visited recently?

Mr PRINCE: Not as I understand it - not in that sense.

Mrs O'FARRELL: The focus for our purposes at present is on publicly funded geriatric medical services in public hospitals. The department is also interested in forming increased integration of home and community care services, delivered through a range of organisations in that area, and appropriate linkages with the residential care sector. Numerous organisations operating in the non-government sector provide nursing home services. The geriatric assessment teams play an essential role in connecting acute care services and their patients with home care services and residential care services, once those needs have been assessed and placement is required.

Mr MacLEAN: Are you saying that at the moment you are looking purely at state funded hospital care, but as it develops, you will start bringing in all the other providers so that there is a larger resource base?

Mrs O'FARRELL: We are looking at state funded services. Geriatric medical services are delivered in hospital settings which also reach into the community setting. The State also funds the provision of home and community care services, in conjunction with the Commonwealth, through the HACC program. The integration aims to tie those parties together. The publicly funded service can be structurally linked, but we envisage there will be alliances with general practice, home and community care service providers and residential care services, although some of those organisations, particularly nursing homes, are not funded or controlled by the State.

[2.10 pm]

Mr McGINTY: I wonder whether the Minister can tell us the strategy to reduce the waiting lists for elective surgery?

Mr PRINCE: Once the current problems with the nursing work force are behind us, which I hope will be sooner rather than later, clearly the strategy announced in November 1996 - that is, the waiting list bureau - is the way to go. As we discussed earlier, we do not know how many people across the metropolitan area are waiting and for what.

Mr McGINTY: The figures for the non-teaching hospitals have surprised me, I might say.

Mr PRINCE: There is nothing to go by from the past, because we simply have not known. Once we know who are waiting, what they are waiting for, where they are and what lists they are on - some will be on more than one list - we will be able to mobilise the whole system to deal with those elective operations in the most expeditious way. In part, it is a matter of money; but it is also a matter of organisation. I am not being critical when I say that there has not been the organisation in the past. It just was not there. There was not the ability to do it with one board, for example.

I and my colleagues across Australia discuss it, among other things, fairly often when we meet to talk about commonwealth funding. I had a number of chats with Dr Refshauge from New South Wales about the situation he inherited and what he did. That State spent \$65m to "halve" the waiting lists in 12 months. By increasing the amount of activity, but with some judicious accountancy and book work, it appeared that had been done. The result is now that the waiting lists are far bigger than they ever were, the waiting times are far longer than they ever were, yet the number of people who have operations has gone up. Although money is a very important part of the equation that leads to a solution, it is not the only one. I also have in mind, and I have been told this by a number of senior doctors who have been around for a long time, doctors who are older than Dr Stokes, who can talk to me -

Mr McGINTY: He's a young man.

Mr PRINCE: He is, indeed, a very young man. I am talking about people in their eighties -

Ms McHale: It's all relative.

Mr BANSEMER: Perhaps you had better quit while you are ahead!

Mr PRINCE: Yes. There were waiting lists at the end of the war in the 1940s. They have been a feature of life for the past 50 or 60 years. I am not trying to avoid the question. The problem is how to deal with a waiting list. One answer must be by better organisation and use of the total resource. Another is by having money to employ people to provide the service, the operation. The waiting list bureau was under way only in March this year and it has operated very slowly so far. Only a few hundred people have been dealt with. As it builds up over the next year or so, I expect to see a reduction caused by that structural change alone. Another answer is by better funding.

Mr McGINTY: In relation to the funding -

Mr PRINCE: It is not funding for waiting lists, but for the total system.

Mr McGINTY: I gave notice I would ask the Minister to produce the weighted cost of performing surgery in each of the elective surgery specialties listed in the teaching hospitals, so we could estimate what it would cost to treat every person on the waiting list.

Mr PRINCE: I have it, and it is presented in a tabular form.

Mr McGINTY: Can that be provided?

Mr PRINCE: That is fine. It varies significantly across the scale, depending on the type of surgery we are talking about.

Mr McGINTY: If that could be provided, I would appreciate it. A number of specific ideas, I guess, require money. I understand there will be a significantly increased level of activity at the Osborne Park Hospital. What has happened there?

Mr PRINCE: That is the transfer of appropriate cases from the teaching hospital waiting lists to Osborne Park Hospital.

Mr McGINTY: Does that involve a reduction in the budgetary allocation to those hospitals, or will the 36-bed surgical ward be reopened?

Mr PRINCE: I will let Dr Fong give a detailed answer.

Dr FONG: The basic answer to the question is no. It is not a reduction at the teaching hospitals to purchase those cases at Osborne Park Hospital. We are targeting the cases on the teaching hospitals' waiting lists that can be done at Osborne Park Hospital. The whole idea is that it is not just extra work done by specialists at that hospital; they are patients off the teaching hospitals' waiting lists.

Mr McGINTY: Where does that money come from?

Dr FONG: It is the current allocation for this year.

Mr McGINTY: Is it for the current financial year?

Dr FONG: That was provided for the Metropolitan Health Services Board for the metropolitan hospitals.

Mr McGINTY: How much money is being provided to Osborne Park Hospital?

Dr FONG: An amount of \$2.7m.

Mr McGINTY: Will that flow into next year?

Dr FONG: That is correct.

Mr McGINTY: Will the surgical ward there reopen as part of this proposal?

Dr FONG: The 36-bed ward that was talked about is a medical ward and it was closed at the time because of an inability to recruit staff. That reopened on 23 May, just this week.

Mr McGINTY: Were other beds shut to facilitate the opening of that ward?

Dr FONG: No.

Mr McGINTY: I understand they were.

Dr FONG: I am advised that those beds were closed. The ward was not operating to full capacity and it could not be staffed. That is why it was closed. It has now reopened.

Mr McGINTY: Do you have any other specific initiatives to undertake, apart from better organisation and, hopefully, getting more money at Osborne Park Hospital to reduce the waiting list?

Mr PRINCE: As I have said, those are the two things that can, and should, be done. Nothing else has been trialled that has had a positive result.

Dr FONG: The Minister talked about the waiting list bureau and the attempt to do something about the growing number on the list, which is recognised. As the Minister said, the central waiting list bureau is attempting to organise the use of peripheral hospitals to make sure the work they do is on the same priority level as that being done at the teaching hospitals. Currently, some people on the lists of peripheral hospitals are having their operations done more quickly than those who have been waiting for a longer time on the teaching hospitals' lists. The collection of information from the peripheral hospitals and the transfer of patients from lists at the teaching hospitals to the peripheral hospitals will, hopefully, deal with that issue. We believe we will deal with a backlog of 16 000 cases currently on list. That is a component of the strategy announced by the Minister. As the member may be aware, we have written to many patients on the teaching hospitals' waiting lists, offering them the opportunity to have their care done at another hospital. We have had a good response to that.

Mr PRINCE: Two of the chief executive officers would like to have a word.

Mr McGINTY: I will just throw in one more question that perhaps they may be able to comment on. I refer to the figures produced about the extent of the waiting lists of those three suburban hospitals for which figures are currently available. If that runs through the other half a dozen or so -

Mr PRINCE: It is hard to tell.

Mr McGINTY: Assuming it does, we are talking about 1 000 people on the waiting lists for suburban hospitals, which is a lot higher than I anticipated it would be.

Mr PRINCE: It is.

Mr McGINTY: With the capacity to divert people to the suburban hospitals, thereby reducing the waiting lists, we might achieve greater equity. The size of waiting lists at those suburban hospitals means we will not make any progress.

Mr PRINCE: It depends on the time. As I have said over and over again, it is not so much the number of people - I appreciate the number gets all the media attention - it is the length of time a person waits. If in a suburban hospital where 1 000 people are waiting the mean waiting time is, say, one-half of that of the teaching hospitals, in the teaching hospitals the number is not critical because the patients are passing through the hospitals and having their operations much quicker.

[2.20 pm]

Mr BURNS: One area in which a reduction of the waiting list has occurred is gastroenterology. Royal Perth Hospital has set up satellite units at Osborne Park, Swan District and Armadale Hospitals. The waiting time has reduced from about six months to less than one month. The teaching hospitals intend to use the facilities in the non-teaching hospitals because those facilities are not available in the teaching hospitals.

Mr HOWE: Fremantle Hospital has an arrangement with Armadale in respect of gastroenterology services, much

the same as was just described. It is intended to reduce the waiting list globally for the south east metropolitan region which should reduce the local waiting list at Armadale and take pressure off referrals to Fremantle.

Mr MINSON: Given that I drink more red wine than my heart requires, I might need a new liver one day! At page 548, dot point 5 refers to a Spanish model for an organ donation service.

Mr PRINCE: The Spanish model does not have a name. As I have said a number of times in this place for which I have received a little media coverage, this State has the worst organ donation rate in the country. It is a disgrace. Paradoxically, a great number of people say that they will give their organs. On any random sample I think considerably more than 88 per cent of people are happy to be organ donors. When the unthinkable occurs, the next of kin says no, consequently a very low rate of organ donation occurs. That is terrible considering how isolated Western Australia is compared with other capital cities such as Sydney, Melbourne, Brisbane and, to a lesser extent, Adelaide which can move organs around much more freely than we can in WA, and which have greater populations.

That has been a problem for some time. People involved in intensive care units understandably are somewhat reluctant to actively promote the donation of organs as a result of some experiences in the past few years with people objecting to this. In any event, South Australia has introduced a version of the Spanish model. That model operates in Spain where selected people in the hospitals, particularly those in intensive care units and emergency departments, are charged with the task of identifying potential donors and seeking to have the donation made, to put it bluntly.

A modified model has been introduced in South Australia which now has the highest donation rate in the country. It is of supreme benefit to those with kidney or liver failure or who need corneal transplants. We seek to translate a slightly modified version of that into Western Australia.

To that end, just before Christmas some doctors from here went to South Australia. Only a couple of months ago the doctor who runs the South Australian Organ Transplant Bureau and an assistant associate came to WA and conducted seminars and workshops with the Australian Medical Association, which was very supportive of the scheme, and spoke to the intensivists around the country.

I am very keen to see that progressed. I want to see the organ donation rate in this State significantly improved so that in that sense we are able to give life to people with a poor prognosis who are presently waiting, or on dialysis or some other form of treatment that makes them captive to a machine or hospital.

Dr STOKES: That is correct. Early identification of people who are likely to be organ donors is important, as is an approach to relatives by selected groups of trained staff in a very delicate and sensitive way. That is the key to the model.

Mr MINSON: I have always ticked the box in my driver's licence to say I am prepared to be an organ donor. Is there any way we can cover those problems by making it known to our family and having the family agree in the cold light of day to fulfil our wishes. I do not want someone to change my will. What is left to me that is any good, someone can have, which is getting increasingly unlikely!

Mr PRINCE: They can take organs from people up to the age of 70 years if they are well looked after.

Mr MINSON: I do not want anyone to obstruct my will. I would like my wife and children to sign a piece of paper indicating that they know about and agree with my decision and will not change it.

Mr PRINCE: That is part of the Spanish model concept. As I recall, under our Human Tissue and Transplant Act, if we express the desire that our organs be used, that is what should be done as a matter of law. As a matter of practice, if the next of kin creates a fuss, it does not happen. Because of the experience of the intensivists in this city over a few years with a few people who raised significant problems over the retention of organs, brains and so on, they are not prepared to override the present expressed wishes of the next of kin in favour of the legal position. That is the crux of the problem now.

This subject must be debated. As I have said here and will say again, people like us who are leaders, must say that this is the way it should happen. If we decide our organs are able to be used, we must say so and urge others to do so. We must tell our family so that they understand that is our wish. It is an uncomfortable and difficult subject, although perhaps not as difficult as the abortion issue. As members of Parliament, we have responsibilities to raise it among our electorates because that is ultimately about the only way change will occur.

We will introduce the Spanish model and, through the Department of Health, I will endeavour to encourage that view in society. However, we must also play a part in it.

Ms McHALE: What funding is provided from the Health budget to the Family Planning Association of WA in 1998-99, and what was it for 1997-98?

Mrs O'FARRELL: The Health Department provides a small amount of money to the Family Planning Association for the provision of an information line. As far as I can recall, that is in the order of \$16 600 in the current year. It will be the same in the following year. I will be pleased to provide the exact amount by supplementary information.

Ms McHALE: Given the debate on abortion in which most of us indicated the need for greater counselling and reproductive education, what provisions will be in the budget to address that?

[2.30 pm]

Mr PRINCE: None at the moment. The abortion debate commenced largely after the budget process was completed. I said publicly that it is my intention that the following should happen. I asked the department to advise me, firstly, whether we should write the regulations that will be required in the new law with regard to the content of the information that is to be available for the informed consent part of the Act; and secondly, what we needed to do about programs to provide better sex education, so that we prevent unplanned pregnancies. That is a subject that involves Health and, in my view, also Education, and I had some informal talks with the Minister for Education regarding this matter. I doubt whether the departmental officers have had the time yet to produce replies because it is only a recent request. It is my intention, and I hope I speak for all members of Parliament, that we should have programs in place of an educational nature to allow for a reduction in the number of unplanned pregnancies. That is what I intend to happen. When that work has been done, and we must rely on the health and education experts to advise us on that, I anticipate that the Minister for Education and I, and perhaps the Minister for Family and Children Services, will bring to Cabinet a special submission requesting some form of extra funding.

Ms McHALE: The second issue is immunisation. I note on page 547 that only 42 per cent in 1995 of our children were fully immunised. Your target for this year is 75 per cent for children under five years. How much has been allocated to achieve that initiative, and what initiatives will you introduce to achieve that target for 1998-99?

Mr PRINCE: It has been a matter of grave concern to me and the federal Minister for some years that we have such a low childhood immunisation rate against preventable diseases such as whooping cough and measles. One death has occurred in this State recently from whooping cough and a number of children died as a result of measles and whooping cough in the eastern States, which is appalling. Immunisation coverage has increased from 42 per cent in 1995 to 70 per cent this year according to recent data from the Australian Childhood Immunisation Register. I am pleased that the campaigns run by the Government have been to some extent successful.

Ms McHALE: Is that under the age of two years?

Mr PRINCE: I cannot tell you as I do not have the figures in front of me. In all probability the data currently underestimates the true coverage by about 10 per cent due to under-reporting of vaccinations by general practitioners. The coverage is likely to be 80 per cent or more at the moment, but I cannot tell what age group that is in; however, I can seek to find out. The regional areas such as the Kimberley or Pilbara are over 90 per cent and have been for some time due largely to the Aboriginal mothers, who are readily convinced of the desirability for immunisation, and also because of the influence of the community nurses, who are doing an excellent job in the area. Also helping are new incentives to parents; a legislative requirement for immunisation data for school enrollees; links between immunisation and status; maternity allowance; child care rebates; and the payment of \$18.50 to general practitioners for each sixth schedule childhood immunisation encounter. They are all commonwealth initiatives and are expected to become effective this year and should boost our coverage to over 90 per cent. We have managed to get a much larger coverage as a result of campaigns.

Ms McHALE: Are you saying the target that you set for 1998-99 of 75 per cent of children under five years has now been met?

Mr PRINCE: We are nearly there.

Ms McHALE: You are not really setting yourself a target.

Mr PRINCE: When we set that, we thought the coverage target was much less. The latest results show that we are nearly there.

Ms FORD: Just to clarify that, the Australian Childhood Immunisation Register is a new initiative. A few months ago we experienced considerable problems with the data coming from the register. Since we realised the rates were low in 1995, considerable effort has been put in. It has not been until the past few months that we started to obtain reliable data from the register which indicates that our rates are already well up, which is pleasing, given that we know there is under-notification of immunisation from GPs. We should be able to increase our projection of immunisation rates above 75 per cent for the 1998-99 year.

Ms McHALE: Will the Minister reinstate the vaccine that he withdrew during the last financial year - the name of which I cannot recall; it reduces side effects and was more attractive to parents? It was withdrawn because of the cost.

Mr PRINCE: I would if I could. The federal Minister announced that it would be available and we spent approximately \$900 000 buying the vaccine. It was a federal-state exercise and the Commonwealth subsidised the purchase of this vaccine. The federal Minister changed his mind and said his Government would only pay for that vaccine for the one, three and five year olds. We had already bought it and spent his whole allocation on it; however, we were not then able to receive the subsidy for the free vaccination. That is by far the best way of doing that in the sense of providing a free vaccination with that vaccine, but the Commonwealth Government changed its mind part way through.

Dr PSAILA-SAVONA: The vaccine is called DTPa and is used in the immunisation against whooping cough. The Commonwealth changed its mind halfway through the process and the intention now is to subsidise the 18 month and the four to five year immunisations. It is also very heartening to know there is the possibility of a multivalent vaccine; in other words, by combining the DTPa with two other vaccines such as hepatitis B and Hib we might be able to get an even further increase in immunisation cover.

Mr McGINTY: Will you confirm that senior citizens will not have their free vaccinations this winter?

Mr PRINCE: My understanding is that it will not happen this winter, because the federal Health Minister said in his budget statements that the money for free vaccines for seniors is available in the 1998-99 commonwealth Budget. We had been waiting for this announcement, which we understood would be made for this winter, not next winter. In the sense that it is coming, that is good. In the sense that it did not arrive soon enough for this winter, that is not good, which I think is what I said in question time.

Mr McGINTY: Your colleague, the Minister for Seniors, was a little less clear on that one.

Mr PRINCE: It is a fact that her office has been in touch with Dr Wooldridge's office and had been given to understand that there was a possibility of free vaccines this winter. I have a slightly more jaundiced view of the press secretary in that office than does my colleague.

Mr McGINTY: In relation to dental care, why have dental clinic waiting lists blown out, and why has the country patients' dental subsidy scheme exploded over the past nine months? I heard that you were trying to blame the Commonwealth for the trouble with the country patient scheme.

[2.40 pm]

Mr PRINCE: I am blaming the Commonwealth. It is not a matter of being generous about it. It is a matter of fact. The waiting times for treatment in the country patients' dental subsidy scheme have extended dramatically in the last three months. They are now approaching 12 months with about 2 000 patients in all for general dental care. Emergency care is available immediately and that distinction must be drawn. The CPDSS currently services most country areas of Western Australia and is provided by 67 dentists and 10 dental prosthetics. In 1997-1998, state funding totalled \$900 000 with a patient contribution of 25 per cent. The cost of care is a total of \$1.2m. The commonwealth dental health program, when it was fully operational, helped with the services provided by country practitioners to an amount of around \$3m a year. The cancellation of the commonwealth dental health program on 31 December 1996 took \$9.6m from the provision of publicly assisted dental care in this State. All uncommitted commonwealth dental health care program funds at that time were moved to the country patients dental subsidy scheme. Money was held that had not been committed. That delayed the effect of the full impact of the cessation of the commonwealth scheme until now. A sum of money was moved over to the country patients dental subsidy

scheme. At the time the Commonwealth did this I said this would happen. I said the department would do everything it could to minimise the impact and use the moneys available. That is what we have done. That is the situation. It cut \$9.6m but we were holding some of it that had not been spent, so we moved it to the country patients' dental subsidy scheme.

Mr McGINTY: Eligibility for state dental care has remained unaltered substantially. Whether it be under the country patients' scheme or through clinics, those people were always eligible for state care or for state funded assistance. The eligibility rules have not changed. The Commonwealth picked up people who were in receipt of a part pension, whereas the state benefit scheme was for those in receipt of a full pension. As eligibility has not changed, how can the Commonwealth be blamed for that?

Mr PRINCE: I do not follow the member's reasoning. His logic may be right but many of the people who are waiting are not eligible.

Mr McGINTY: Are you saying that because the commonwealth scheme has ended, more people are seeking treatment under the scheme?

Mr PRINCE: A line of people is waiting, some of whom are not eligible under the state criteria but who were eligible under the Commonwealth criteria and we were dealing with them. Now that the Commonwealth money has run out, we cannot deal with them.

Mr McGINTY: Do they now go onto the list?

Mr PRINCE: No, because they are not eligible.

Mr McGINTY: Should the list be blowing out on account of what the Commonwealth has done?

Mr PRINCE: The list still contains many people who are not eligible under the state scheme.

Mr McGINTY: They would have only come onto the list in the last six months or so and eligibility is assessed at the time they apply for treatment. I cannot see how that would be the case. Given that Mr Neesham is not here and it is an area that I find difficult to understand, is it possible to provide more information?

Mr PRINCE: You have phrased that in the form of a statement. I will provide an explanation by way of supplementary information.

The CHAIRMAN: Supplementary information to be supplied.

Mr McGINTY: I understand the Government has decided to locate the administration of the Alcohol and Drug Authority, a separate statutory authority, in the hospital for the criminally insane, namely Graylands Hospital. Would it be a double disadvantage for people with drug related problems to have to go to the State's major psychiatric hospital for treatment? That could perhaps be seen administratively as not the cleverest thing to do?

Mr PRINCE: What a sensationalist way you have with words! I ask Professor Lipton to respond to that.

Professor LIPTON: I thought psychiatrists have to use words but you have the gift as well. I did not like the way you phrased the question when you talked about them being lumped with the criminally insane. That is not the way it is at all. The Government made the decision, as you are aware, about the community side of the alcohol and drug services going to Rhonda Parker's portfolio and the rest coming to health. Much of the health system deals with what are known as comorbidities, different illnesses that also have alcohol and drug problems. The commissioner had to decide how this would be administered. The decision was made to administer it initially through my division as a part of the Health Department. There are certain reasons that that is desirable as it has to do with behaviour. At no time does that make alcohol and drugs a mental health issue. It is administered by the mental health division. I have set up a team in my division in the department to manage the planning policy of it and they will set up a policy group from every other division in the department. That is the policy purchasing area. One also needs a mechanism for managing the alcohol and drug services and it seemed fairly clear with the disappearance of the statutory authority, the ADA, that there needed to be a provider authority of some kind which one could contact to make sure that the services are managed. It seemed desirable that that be the metropolitan health services board and that is where the services will end up being administered and managed.

Mr McGINTY: Where was that?

Professor LIPTON: The metropolitan health services board will be responsible for what was the ADA health.

Mr McGINTY: Is that because it will be through Graylands Hospital?

Professor LIPTON: I am coming to the Graylands bit. That board consists of all the general managers of the various hospitals and it was decided that Russell McKenney, who is the general manager of Graylands, should have the portfolio for alcohol and drugs and provide the administrative support for it. There is no intention to move the alcohol and drug services to Graylands or to make any difference at all. We are currently looking at the detoxification services in East Perth and may improve those. The Graylands issue is merely administrative. They will report through Russell McKenney to the board. Administrative support can be made available through the hospital administrators but the site of the hospital has nothing to do with the services and the services will not be placed on that site. They will still remain metropolitan wide and statewide. All parts of the department will be contributed to those services. I am merely a vector for the management of the services and I report to the commissioner for them. Graylands is not in the line of service, it is purely an administrative arrangement.

Mr MARLBOROUGH: Can the Minister advise as to the budget allocation for this coming financial year for Rockingham-Kwinana District Hospital and how that compares with last year's budget?

Mr PRINCE: The budgetary allocations for the respective health services for 1998-99 have not yet been fixed. It is anticipated that for the first time ever they will be fixed by 30 June. In this current financial year, they were fixed more by the beginning of the financial year than the end, which has been the situation in the past. I cannot tell you the exact amount that the Rockingham-Kwinana District Hospital will have for 1998-99, but it will be known soon.

Mr MARLBOROUGH: Will the same level and mix of services be retained at Rockingham-Kwinana District Hospital? If not, what services are likely to disappear from Rockingham Hospital?

Mr PRINCE: As far as anybody here can tell you, there is no intention to change any of the service mix at Rockingham-Kwinana District Hospital. Having said that, you may or may not be aware that an obstetric service there has always depended upon the availability of an anaesthetist because it is necessary to have a capacity to give anaesthetic for urgent Caesarean section. There was doubt last year that that service could continue because an anaesthetist was not available. However, there is a GP in the area who gives anaesthetic and provides that coverage. In that sense an obstetric service at Rockingham-Kwinana District Hospital depends upon that individual, or someone replacing him, continuing to provide that service. We have no control over such things because doctors are private contractors and can go where they will and can choose to offer a service or not. From a planning point of view, we want better anaesthetic services across the entire metropolitan area. I add that caveat so that you are aware that even in the best laid plans there are some things over which one has no control.

[2.50 pm]

Mr MARLBOROUGH: I was advised by a number of medical professionals in the Rockingham area who provide services to the Rockingham Hospital that they are already looking at relocating their services.

Mr PRINCE: To where?

Mr MARLBOROUGH: Probably down to Mandurah, where you put all the money. Most doctors go chasing the money, do they not?

Mr PRINCE: You might say that, but I could not possibly comment.

Mr MARLBOROUGH: My understanding is that they are looking at relocating their services as they have been advised that the operations or the running of Rockingham-Kwinana District Hospital will change dramatically as a result of services provided at Mandurah. It has been stated by the Rockingham chief executive officer that Rockingham-Kwinana District Hospital is more likely to end up as a maternity hospital if it is to survive in the present health system.

Mr PRINCE: I would have thought that highly unlikely.

Mr MARLBOROUGH: Are you aware that your CEO has made those statements?

Mr PRINCE: No, and I will not accept that until I hear it from him. I think it highly unlikely that there would be that sort of massive change. The demand in Mandurah has grown enormously in the past 10 years.

Mr MARLBOROUGH: In what way?

Mr PRINCE: In the number of people; the population that has moved into that general area.

Mr MARLBOROUGH: Did you know that there is double the number of people in Rockingham as there is in Mandurah?

Mr PRINCE: I am coming to that. The Opposition built a hospital in Mandurah in 1988 that was far too small. We have rebuilt it and it is now bigger. It will deal with the population there and, I hope, stop the leakage of people going to the major hospitals in the city. These people can have their health needs dealt with much closer to where they live. The member for Peel and the member for Rockingham tell me constantly that it is the fastest growing regional area in Australia. It does not matter whether it is the fastest or the second fastest growing area; it is huge and has a significant population. Why would any doctor want to move out of the area? Not only is there a large number of young people -

Mr MARLBOROUGH: It depends on what sort of special deals you are offering in Mandurah.

Mr PRINCE: Come off it! It is the same payment wherever they are.

Mr MARLBOROUGH: I did not think we had those details yet.

Mr PRINCE: Consequently, a large population is producing children and therefore one would expect to have obstetrics. A relatively large population of retirees require a lot of health services as well. If you are correct that all that doctors are interested in is money, more than enough work is in that general area for doctors who are there to have professional satisfaction as well as a decent income. I would be surprised if any of them were considering relocating to Mandurah for those reasons. If any of them did, I would be surprised if they were not replaced by other doctors, because the number of people, as you said, will provide a good living and good work.

Mr MARLBOROUGH: The department's policy on breast cancer is based on providing screening for women aged 50 to 79.

Mr PRINCE: The target group is 50 to 69.

Mr MARLBOROUGH: I think it is 79.

Mr PRINCE: No, it is 69.

Mr MARLBOROUGH: Is the Minister or the Health Department considering altering that in the light of what is happening in other States; that is, it begins at less than the age of 50 in other States? If not, on what advice is the 50 year age bottom limit based?

Mr PRINCE: It is a technical matter that is derived from expert advice which says that the X-ray system works better on an older woman; it is related to fat content of the breast. The target group is the 50 to 69 year old age group. It is not less than that anywhere else. Women of any age can have a mammogram. Breast cancer will be detected in some women in their twenties. To have effective mass screening, one must aim at the population in which breast cancer will be detected better than in any other group; and that is the 50 to 69 year old age group.

Mr MARLBOROUGH: On page 547 of the budget papers it states -

Breast cancer screening of women aged 50-79 will be expanded to at least 66 000 . . .

Is it 66 000 to 69 years of age or is it 66 000 to 79 years of age?

Ms FORD: I need to clarify this. The breast screening program is a national program and has national guidelines which state that we target women between 50 and 69 years of age. We actively seek to recruit women between 50 and 69 years, but any woman from 40 to 49 years or 70-plus years may seek to be screened and will be screened through the program. We actively target the 50 to 69 year old age group because the medical evidence shows that

is where the best results are achieved. Any woman from 40 to 49 years of age or 70-plus years of age may telephone and make an appointment for a screening.

Mr MARLBOROUGH: Do you have figures to indicate what percentage of the age group of 40 to 50 years are now coming forward, either nationally or at a State level?

Ms FORD: Yes. The national program guidelines state that because we target women aged 50 to 69 years, we should aim for 70 per cent of that age group. We should not go above 25 per cent of the 40 to 49 year old age group or 15 per cent of the 70- plus age group. In this State we are not achieving 25 per cent in the 40 to 49 year old age group and, from memory, somewhere between 10 and 15 per cent of that 40 to 49 year old age group are screened through BreastScreen WA. Other women in that age group will have mammography screening but do not come through BreastScreen WA because they have symptoms, and their GP refers them for a formal assessment, part of which may be a mammography screening, and because they choose to go privately.

Mr RIEBELING: The Minister told me a couple of weeks ago that he would find out whether a woman from the Pilbara region seeking an abortion would be covered by the patient assisted travel scheme, as it now exists, or whether the Minister would change the system to enable that access.

Mr PRINCE: I advised the member for Burrup at the time that abortions are performed at hospitals in the Pilbara on a regular basis by a visiting specialist. If the service is available, the usual rules of PATS apply, but if there is no service available, the usual rules of PATS would apply for the person to move.

Mr RIEBELING: Even if they do not have access to specialists?

Mr PRINCE: It depends whether it is a specialist service or not.

Mr RIEBELING: That does not answer the question.

Mr PRINCE: Some terminations are performed by specialists and some are not.

Mr RIEBELING: I am concerned about the terminations that are not performed by specialists.

Mr PRINCE: Then they will not be supported by PATS.

Mr RIEBELING: You said in the debate that, because of the two doctor provision, some communities would not have access and therefore some women would need to travel. If that is the case, PATS should apply. That is what I am trying to confirm - whether someone in Tom Price or Paraburdoo can travel under the patient assisted travel scheme.

[3.00 pm]

Mr PRINCE: Yes. That is something that flows from the abortion law passed by Parliament. We were being preemptive because that discussion occurred in the course of debate in this House and what was ultimately passed had not then gone to the other place. It has now been passed in the other place. A number of things flow from the abortion law that the Health Department has to attend to and that is one of them.

Mr RIEBELING: As a Minister, can you give me a written supplementary answer as to whether they will qualify?

Mr PRINCE: I cannot.

Mr RIEBELING: If not by supplementary answer, then at a later stage.

Mr PRINCE: I cannot answer it by supplementary. If it becomes a question on notice, I will answer it.

Division 54: Justice, \$308 273 000 -

[Mr Bloffwitch, Chairman.]

[Mr Prince, Minister for Health.]

[Mr A. Piper, Acting Director General.]

[Mr R.J. Foster, Executive Director, Court Services.]

[Dr R. Fitzgerald, Executive Director, Policy and Legislation.]

[Mr C. Smith, Director of Aboriginal Policy and Services.]

[Mr P. King, Director of Financial Management.]

[Mr B.J. Rozman, Manager of Budget Management]

[Mr K. Bradley, Public Trustee.]

[Mr D. Stockins, Registrar General.]

[3.10 pm]

Mr McGINTY: The first significant issue and trend that is listed at page 590 of the Budget Statements is increased delays in the criminal jurisdiction of the District Court. What is happening there?

Mr PRINCE: I can give details of civil lodgments and so forth, if that is what the member for Fremantle is looking for. I can also talk about the Supreme Court-District Court interface.

Mr McGINTY: I essentially want to know the blow out in the times and the numbers in the criminal jurisdiction.

Mr PRINCE: The number of criminal lodgments in the District Court this quarter of 402 is 7 per cent higher than for the equivalent quarter last year, which was 374. The listing interval has increased from 44.9 weeks for the third quarter of 1996-97 to 54.7 weeks for the third quarter of 1997-98, but the listing interval has reduced considerably on that for the second quarter of 1997-98, which was 61.2 weeks.

Mr McGINTY: In the past 12 months, the time taken to get to trial in criminal matters has increased from 44 weeks to 54 weeks.

Mr PRINCE: No. The second quarter of 1997-98 was 61.2 weeks, and it has reduced from that to 54.7 weeks. In the same quarter last year, it increased from 44.9 to 54.7, but in the intervening time it has increased further and reduced again.

Mr McGINTY: I do not understand. What has happened over the past 12 months to the waiting time for criminal trials in the District Court?

Mr PRINCE: It has increased from 44.9 weeks to 61.2 weeks, and reduced to 54.7.

Mr McGINTY: At what times for each of those three figures?

Mr PRINCE: The 44.9 weeks was for the third quarter of 1996-97, the 61.2 weeks was for the second quarter of 1997-98, and the 54.7 weeks was for the third quarter of 1997-98. It has fluctuated. There is a growth in crime, and the transfer of particularly serious sexual assaults from the Supreme Court has to that extent increased the delay in the criminal jurisdiction of the District Court. A backlog of some trials is waiting to be heard. The appointment of an additional judge will certainly help to reduce that backlog, and the ability to get two more criminal courts will undoubtedly assist in reducing the delay, because the Chief Judge of the District Court will be able to allocate more judges to criminal courts in any period.

Mr McGINTY: Is the same situation occurring in the Supreme Court, or is the removal of some of those matters to the District Court reducing the waiting time in the Supreme Court?

Mr PRINCE: There is virtually no delay in the Supreme Court. In contemporary times, its criminal jurisdiction has been very limited.

Mr RIEBELING: It just about deals only with murder.

Mr PRINCE: The number of criminal indictments in the Supreme Court this quarter is 48, which is a 50 per cent

increase on the number lodged in the previous quarter of 32, which is 55 per cent more than the number received in the comparable quarter last year of 29, but the numbers are so relatively small that there is effectively no backlog.

Mr McGINTY: Was the number of indictments in the District Court 402 for the last quarter?

Mr PRINCE: The number of criminal lodgments in the District Court for this quarter is 402. That is 7.5 per cent higher than for the equivalent quarter last year of 374.

Mr McGINTY: When will the additional judge be appointed?

Mr FOSTER: That matter will go to Cabinet next month. It is proposed to build four interim criminal courts, which are expected to come on stream early next year, because we have a problem with the number of criminal courts. We have a sufficient number of civil courts but not a sufficient number of criminal courts to deal with the backlog. Therefore, this year the chief judge will provide resources to circuit courts to ensure that by the end of this year the circuits are up to date, and so that early next year he can throw all the judicial resources into dealing with the backlog, which at the moment is in excess of 700 cases awaiting trial in the District Court.

Mr RIEBELING: With regard to the change in jurisdiction, we all know that the Supreme Court criminal work has been filtered down to the District Court, and from the District Court to the Magistrates Court or the Court of Petty Sessions.

Mr PRINCE: Not entirely.

Mr RIEBELING: That is where it ends up. That is where the bulk of the criminal work of this State is performed.

Mr PRINCE: It always has been.

Mr RIEBELING: Absolutely. I am just saying that that trend is continuing, to a point where, at the end of the day, the Supreme Court deals with very few criminal matters and the Court of Petty Sessions deals with a huge volume of matters.

Mr PRINCE: Yes.

Mr RIEBELING: With regard to the time lines on page 600 of the Budget Statements, clearly the 12 month criminal waiting period in the District Court is unacceptable, but when we multiply the waiting time for criminals in the Court of Petty Sessions of six months with the number of customers that deal with that court compared with the District Court, the time periods are in a global sense more massive in the Court of Petty Sessions. I hear that a judge will be appointed shortly. What measures will be taken to alleviate the pressures on the Magistrates Court, which are much greater than on the District Court?

Mr FOSTER: During the past financial year, a commissioner has been appointed from the magistracy to the District Court Bench, and that appointment will return to the magistracy next month when the additional judge is appointed to the District Court to restore the magistracy to its FTE count. The question of workloads between the various courts is a matter for the chief magistrate. He monitors those workloads and shifts his resources accordingly. I have with me a report which is tabled in the other place on a quarterly basis, and which the Minister may wish to table, which details the delay periods in all the major courts in the city and metropolitan area.

The CHAIRMAN: Ministers are not allowed to table anything in the Committee stage.

Mr PRINCE: I will do what we did in the last session on Health with a similar matter, when the document was photocopied and handed around the Chamber. It will also be supplied by way of supplementary information.

[3.20 pm]

Mr RIEBELING: A significant issue and trend on page 590 is the growth in core business due to increased crime and civil disputes, and the Minister has confirmed that trend. Another issue is the increased need for victim support services across the State. In these easy to read budget papers I looked for the corresponding increase in funding for victims of crime. Instead, page 596 shows a reduction of \$160 000 for the administration of the victim support and counselling services. If we have had a massive increase in crime, why do we see a negative response for victim support services?

Mr KING: The cash cost to the output is largely due to the way in which corporate services overheads have been distributed in 1998-99 compared with 1997-98. The reduction largely is a result of lower corporate services overheads that followed some work done to tighten the way in which corporate overheads are allocated. The other compensating change with the corporate overhead reduction is a reduction in superannuation costs that relate to those corporate overheads.

Mr RIEBELING: Why was it not possible to alter the estimates to match? The figures to which I have referred are next to each other in the budget papers, and when one considers it is only an estimate, why were the same figures not used?

Mr KING: It relates to the way in which the 1997-98 corporate overheads are allocated and it may be useful to summarise them. They relate to the corporate services costs that one would expect to see in the agency, plus overheads such as what we term the corporate program, which is policy and legislation costs. That is run through a fairly detailed activity costing model that deals with, in particular, overhead costs at an activity level. It strikes a cost per unit of activity. It would have been difficult to try to rewash the figures through.

Mr PRINCE: The victim support service provides regional services in Bunbury, Albany, Geraldton, Kalgoorlie, Northam, Port Hedland, Broome, Rockingham and Mandurah. We want to expand that service to Esperance, Carnarvon, Karratha, Derby and Kununurra. Other things have been done and are capable of being done under victim support service.

Mr FOSTER: The funding to which the Minister has referred is contained in output 2 on page 598. The initiatives of that \$1.2m relate to a range of core services and are not contained in output 4 which relates to victim support.

Mr RIEBELING: So it is part of that \$63m? That is as clear as mud.

Mr PRINCE: Yes, actually.

Mr RIEBELING: Is that the only reference to it?

Mr PRINCE: Yes.

Mr FOSTER: A range of initiatives are allocated to that \$1.2m.

Mr JOHNSON: A significant issue listed on page 591 is the increase in demand for rehabilitation programs to address sex and drug offences and violent behaviour. How will the Government meet that increase?

Mr PRINCE: That is part of the offender management division, which we will deal with on Thursday.

Mr JOHNSON: Why is it on the same page as victim support services when it is part of division 54, which we are looking at today?

The CHAIRMAN: It is covered broadly, so the Minister can comment now or leave it to the offender management division.

Mr JOHNSON: Why are we looking at division 54 today if we cannot ask questions on it?

The CHAIRMAN: The member can ask questions.

Mr JOHNSON: I just did.

Mr RIEBELING: He will not always get an answer, though.

Mr JOHNSON: We had a very good answer on the previous item on the need for victim support service.

Mr RIEBELING: It is included in the \$63m!

Mr PIPER: Broadly speaking the member is correct to point to the success of the various proposals within the prison system, which is to what this refers. Increasingly those programs are becoming a condition of parole and they are supported within the Budget and have received broad acceptance, not just through prisoner take up but also in

program outcomes. Unfortunately, the people who are responsible for that program come on Thursday, so, although I have a general briefing on that issue, I am not sure it specifically answers the question other than the programs are now moving into place, are broadly accepted and are being used extensively through the prison system.

Mrs van de KLASHORST: On Thursday I will handle the rest of division 4, which comes under the Justice area which starts at dot point 5 on page 591. Today we are dealing with part of division 54 to dot point 4.

The CHAIRMAN: The Parliamentary Secretary is right. Although those issues are covered under trends the Minister can make only a general comment and he cannot specifically deal with budget items. The Parliamentary Secretary will address those divisions on Thursday.

[3.30 pm]

Mr PENDAL: I relate my question to the third point on page 591; that is, the increased need for victim support services across the State. I have provided the Minister with the name of a multiple rapist. I do not intend to disclose the name here, not for the protection of the rapist but for the protection of the victim who has been to see me. First, I query what I regard as a bizarre policy practised within the Ministry of Justice called the victim offender contact protection agreement system. Secondly, why, nine months after I raised the matter with the Attorney General - the woman is distressed by the matter - have we not had a reply? She and I consider it a very serious omission.

I wrote a letter to the Attorney General on 19 August. That was the second letter to do with the rapist who, incidentally, is serving an indefinite term. I understand he collected 50 years' imprisonment when sentenced in 1982. I wrote twice - last year in June and August - to the Attorney General about the possible release of that man. He responded in July, I think, but, with the greatest respect, his reply did not answer my queries. I then repeated my queries to him in August. Since then, my correspondence has been unanswered. We still do not know whether the man has been released. We still have no details of any so-called protective agreement being entered. This woman has not been given the appropriate attention.

I will give more details, if necessary, but it is unsatisfactory that I have waited and, more particularly, the woman has waited nine months for an answer. It is bizarre that the woman rape victim is being asked to enter an agreement with a rapist - the person who destroyed her life, in such a way that she should never be asked to enter an agreement.

Mr PRINCE: I suspect this is largely a matter to do with parole because a person serving an indefinite sentence cannot be paroled other than by the Parole Board and with the consent of the Governor. Such matters do not come through Cabinet. I cannot explain the delay in the response to the member. I can say that the officers have heard the member's comments. I cannot even promise to provide the information by way of supplementary information, because that is required by Friday. I ask the member to put the question on notice. I have the name which was given to me privately, and I will not make that public. I can assure the member that I and these officers will do everything we can to get a response as soon as possible.

Mr PENDAL: Can that information include whether the delay in answering me might be because the ministry is giving consideration to abandoning that policy of so-called protective agreement? If that consideration is being given, will the Minister indicate that in whatever form it comes to him?

Mr PRINCE: I will ensure that in the response there is a reply to that question - assuming it is part of the question placed on notice. I cannot give any better information at the moment other than to say that as far as we are aware, there has been no suggestion that the agreement program is to be abandoned.

Mr GRILL: I am intrigued by the appropriations and forward estimates under recurrent expenditure at page 590 in the sum of \$283.723m. Returning to the appropriation and forward estimates for 1997-98, the figure is about \$252m, and the projections forwarded on that do not bring it up to \$257m until the year 2000-01. It appears that the appropriations and expenditure are about \$30m above that estimated last year. What is the estimated outcome for this year? Why is it not appropriate to put the estimated outcome for 1997-98 in this document?

Mr PRINCE: We will not know the outcomes until 30 June when the figures are published.

Mr GRILL: I understand that, but you can provide an estimated figure.

Mr PRINCE: It can be done, but it will be close on six months out of date by the time you see it, because these papers are printed in March, and the figures are set in late February in order to bring down the budget papers in total

in early or mid April. We are then, in a sense, guessing the forward estimates when there is still four to five months of the financial year to go. I suppose there is no reason that we cannot publish the budget figures for the previous year in a column for easy comparison with the current figures; and perhaps that will be done next year. The format of the budget papers is set by Treasury, and moving for the first time to net appropriation and accrual accounting, it would present a picture that would be more than a little misleading.

With regard to the outturn, I understand that the consolidated fund appropriation for 1998-99 is \$308.3m for the Ministry of Justice. That represents an increase of \$16.5m or 2.8 per cent in real terms, and a 5.7 per cent nominal increase, compared with the estimated out turn for 1997-98 after adjusting for the new net appropriation arrangement applying for the first time.

Mr GRILL: That is the very figure that I sought. The Minister told me that he could not provide it and now he has quoted it.

Mr PRINCE: That is the estimate now.

Mr GRILL: Yes. I know that the Minister can do no better than to provide an estimate. However, he has the figure and he has quoted it to me. He went on for some time to tell me why it could not be provided, yet he quoted it to me.

Mr PRINCE: I explained that the figure does not appear in the budget papers because the figures are put to bed in February. I have answered the question with the best information available today.

Mr GRILL: A number of other departments have provided that figure.

[3.40 pm]

Mr PRINCE: The member will find the estimated actuals for 1997-98 at page 596. The recurrent outlays for 1998-99 are up by \$12.8m or 2.2 per cent in real terms. Capital funding is up \$3.7m or 7.2 per cent in real terms. In 1997-98 there is an estimated out turn of \$302.1m and 1998-99 an estimate of \$311.9; net appropriations for 1997-98 were \$20.4m and for 1998-99, \$44m. The recurrent appropriation for 1997-98 is \$281.7m and for 1998-99, \$267.9m. Capital expenditure is \$36.6m and \$40.3m respectively. The total appropriation for 1998-99 is \$308.2m and the total for 1997-98, \$318.3m. Those are the effective net appropriations.

Mr GRILL: Therefore, effectively do we ignore your first three or four minutes of speech?

Mr PRINCE: I was trying to explain that it might be misleading to quote estimates put together in February for papers that we are debating in the middle to the end of May, which were published in the middle of April. I am saying that the current information is as accurate as it can be otherwise we would end up with three sets of figures. You could handle those but others have difficulty with two sets.

Mrs van de KLASHORST: At dot point two on page 591, there is reference to justice of peace appointments. Why is there an increase in the number of appointments of justices of the peace? I have addressed several groups which are very concerned about training. What provision is there for training justices of the peace? As the law becomes more complex, they feel the need for more training. I cannot find any figures which show the amount to be set aside for this. How much has been set aside? Their major concern is that they have to pay for their books, Statutes and paperwork. Is there any provision in the Budget to help them to do their voluntary job?

Mr PRINCE: I can answer in part and perhaps somebody else may be able to answer more fully. The proposed increase in the number of justices of the peace is as a result of directions from the Attorney General. It is his view that we need more. To a certain extent it is now in the hands of members of Parliament to encourage appropriate people to apply. The Attorney seeks - I am sure members will agree - some diversity in the group of people who perform the role of justices of the peace. That is not a criticism of past justices of the peace. However, this is a diverse population and culture and a diverse representation should be on the bench. Training has been going on for some years. It is an excellent initiative which must continue and be as comprehensive as possible. Mr Foster may well be able to give you some more information about that.

Mr FOSTER: It is intended to maintain the regional training seminars held throughout Western Australia. An additional initiative for the next financial year is to train not only justices of the peace, but also the judiciary generally in Aboriginal cross-cultural awareness. It is intended in the latter half of this calendar year to hold a seminar initially dedicated to this issue for justices of the peace who sit in the metropolitan area. If that program is run successfully,

it will extend to regional areas as required and as funding permits. In addition, Edith Cowan University also conducts a tertiary course, which justices of the peace are required to undertake as a condition of their appointment. That program has just gone out for tender and the tenders are being evaluated. The program will be provided at one of the universities as an ongoing commitment to train justices of the peace.

To my knowledge each courthouse has a sufficient supply of working Statutes for justices of the peace. They can use those when sitting on the bench. No provision has been made to provide copies of Statutes generally for all justices of the peace. However, Statutes are available electronically and, if they are not already on the Justice web page, they will be shortly.

Mr PRINCE: That is a very good initiative. Perhaps some day it will extend to members of Parliament.

Mrs van de KLASHORST: A major concern of justices in the community is that the tertiary course at Edith Cowan University might be taken out of what is pretty well central Perth to Joondalup. Will that happen? Justices are concerned that they may have to travel from Armadale, Midland, Wooroloo and Bullsbrook to Joondalup. They can get to central Perth, but it is difficult to get to places like Joondalup. Many justices do not have computers. When they work at home and want to look up points of law, they are worried about Statutes being available. They know they will be available on computers, but some justices do not have printers to print them out. There is a groundswell for justices to have Statutes at home.

Mr PRINCE: I am very receptive to the points that you make. I do not want to supply justices of the peace with full sets of the Statutes of Western Australia; they would not have the space for them. However, a selection of the Statutes most likely to be used in court is a good idea. I will pass that on to the Attorney General as an initiative which he could look at. I do not know what the cost will be, but it will be a reasonable cost to print those things.

Mr GRILL: The expressed wish of successive Attorneys General has been to phase out justices of the peace from judicial work altogether.

Mr PRINCE: That is a strange idea.

Mr GRILL: I take it that concept has been abandoned altogether. What proportion of judicial work is being done by justices of the peace? How important are they in the whole process?

Mr PRINCE: I am subject to correction as to what our Attorney General may or may not have said on this subject. I would be surprised if he ever said that justices should be phased out completely, simply because it would not be possible to provide a criminal justice system at the Court of Petty Sessions level across Western Australia, given its size, without justices of the peace. Neither is it desirable to remove that degree of party trained community input from the bench at the level of the Magistrate's and Children's Courts. That latter remark is personal rather than one emanating from the Attorney General. I do not know whether he has ever commented that justices should be phased out. However, I would be surprised if it were the case, simply because of obvious logistic and geographic matters. I cannot tell you what proportion of work they do.

Mr FOSTER: Magistrate's Courts would probably deal with 120 000 to 130 000 matters each year and justices would deal with the bottom end. Justices would also deal with a considerable number of traffic matters that come before our courts, so they deal with large numbers.

Mr PRINCE: I do not know whether the data collection distinguishes between stipendiary magistrates and justices of the peace. At some future date perhaps it will. I could give you personal experience but it is getting to be six years old now.

[3.50 pm]

Mr PIPER: With regard to the phasing out, the situation is quite the contrary. The initiatives outlined by Mr Foster to increase the training, are about increasing the effectiveness of the justices within the system. The initiative the Minister outlined for encouraging justices with more diverse backgrounds is about access and equity. It is about getting more of the community comfortable about dealing with justices within the system, either in terms of the routine matters as signatories to documents or in their relationship to the court system, as explained by Mr Foster. Clearly, they are a valuable part of the system and we are trying to reinforce and enhance that role, not reduce it.

Mr RIEBELING: I am somewhat concerned that the course to be run for justices of the peace will be in Perth and

not in a regional country area. The role of justices is far more extensive in the country area than in metropolitan Perth. It is rare for JPs to perform the functions of magistrates because 50 magistrates are based in Perth. In country areas, which are isolated, JPs play a far greater role. If any Statutes are to be provided, it should be in country areas because JPs in the metropolitan area will not use them unless some massive change takes place in the way they operate. Clearly, training should not be based in Perth. It is an absolute waste of money to base training programs in Perth; they should be based in Geraldton or Kalgoorlie or in some regional centre. To people in Karratha, it is of no great interest if the course is transferred from Murdoch to Churchlands, but it may be of interest to people in Midland.

Mr PRINCE: A significant number of justices are located in the metropolitan area - the bulk of them are located there - and they do an excellent job. They sit in court and deal with the more mundane work. They can attend the course in person. I agree with the member that it is absolutely vital that country JPs be suitably trained and educated. Regional seminars are held in country areas. That is a very good innovation.

Mr RIEBELING: Once a year.

Mr PRINCE: I know, because I have delivered lectures and papers to these seminars on several occasions. Country people will have access to the ECU course by correspondence. Many people in the country are used to that. In that sense it does not come as a surprise.

Mr RIEBELING: It is not a new initiative. I am talking about the new intensive training course.

Mr PRINCE: The intensive training course can be done by correspondence by people in the country.

Mr RIEBELING: I refer to the \$58m mentioned in the previous answer. At page 591 of the Budget Statements, reference is made to the increased need for victim support services across the State. At page 603 is the program that I thought the Minister would refer to when answering my previous question. Reference is made to administration of victim support and counselling services. At this page there appears to be a reduction in the budget of \$100 000-odd. Of more concern to me, and no doubt to the Minister, is output 4, which indicates that the number of referrals received by the agency was approximately 8 600, which is seven less than the target for 1998-99, and the number of people who received assistance through the agency was 3 000. Why is there such a huge discrepancy between the number of people referred and the number assisted? Why is there a reduction in the cost per head for each counselling victim of \$25, and a reduction in the budget of \$100 000?

Mr PIPER: There are two elements to the program output. The first, which was discussed earlier, was an accounting adjustment in the way the estimates were projected for this service, that saw a reduction in the corporate overheads, but not in the people applied or in the quality of service. That was part of a review of the way corporate services were allocated within the ministry. That is the apparent reduction. As Mr Foster indicated earlier, initiatives within this area have been detailed, and at the time the budget was framed, they were grouped into output 2.

Mr RIEBELING: What is output 4 indicating?

Mr PIPER: That output applies to victim support services, but the additional initiatives for the purpose of the budget were included in output 2, which is the overall court services output. They are as detailed earlier in the discussion, and Mr Foster went through a number of them. I accept that it is hard to follow on paper, but in reality there has been no diminution of services provided. However, a number of initiatives which should properly have been shown in output 4, are shown in output 2. I also indicate it is both a highly effective and well regarded service and, from the feedback I have had, it is one of the best in Australia and it is doing a particularly good job.

Mr RIEBELING: What about the 5 000 people who were referred to the agency who did not receive any help?

Mr PRINCE: You are pointing to the difference between the number of referrals received and the number of people who received support and counselling services. If the member looks at the quality issue, he will see that 96 per cent of people are very satisfied with the services provided and 95 per cent are satisfied with the assistance they received in the preparation of victim impact statements.

Mr RIEBELING: Presumably they are the ones who received counselling. I am referring to the 5 000 who did not.

Mr PRINCE: I am advised that the difference is the number of people who make some contact with the service and then do not want to go further. It is not that they did not receive the service; they made contact and then did not want

counselling or further assistance. It is a voluntary thing and people cannot be made to take the services if they do not want to.

Mr RIEBELING: I understand that. What does referral mean? Does it mean referral to counselling by an agency?

Mr PRINCE: No. It is a referral to the victim support and counselling service. Those referrals are made by the police and by various other sources. Of the 8 600 people concerned, only 3 000 took up the offer of counselling or assistance in other ways.

Mr RIEBELING: Where did the 96 per cent satisfaction rate come from if two-thirds of the clients did not want it?

Mr PRINCE: From the client satisfaction survey.

Mr RIEBELING: Obviously not from the 5 000 who did not want it.

Mr PRINCE: I suspect that if those people were asked, the result would be the same. Those are the ones who said they did not want the service.

Mr RIEBELING: Does the Minister think it would be 96 per cent satisfaction rate from that group?

Mr PRINCE: I would be surprised if it were not. The police are very proactive in getting people involved in this service. Of the 8 600 people referred, 5 000, in round terms, did not want counselling help or support.

Mr RIEBELING: Why would they contact them? It does not make sense. Why would 8 000 people ring a service that 5 000 of them did not want?

Mr PRINCE: They do not necessarily. The police refer them but they may not make any contact.

[4.00 pm]

Mr PIPER: If a major incident of crime comes to the attention of the police in which victims are involved, without necessarily a request by the victims, the matter will be referred to the victim support service. The victim support service may contact those individuals and be told that its service is not required because the victims have other support mechanisms through family or professionals. It is not a matter of people seeking help and the victim support service refusing to give service. There is no program for rationing the service.

Mr RIEBELING: With the increase in crime, especially violent crime referred to throughout the budget, how do you explain the expected increase of three people in the counselling area?

Mr PRINCE: I will endeavour to provide supplementary information on why the expected increase will be three FTEs.

Mr PENDAL: I refer to the last dot point at page 591. My question relates to unanswered correspondence from the Attorney General's office. I am not sure whether death registration is the same as the issue of a death certificate. An issue I raised with the Attorney General on 27 March about a delay in issuing a death certificate to a widow of a constituent, the lack of which has caused considerable distress to her, has not been answered.

Subsequent to my complaint, the death certificate was ultimately issued four months after the death, which was apparently a normal death in all respects. I understand that the holdup did not occur with the Registrar General but with the country police station for administrative purposes. What is regarded as normal for the issue of a death certificate given no suspicious or odd circumstances?

Mr PRINCE: My understanding is that if a body is found, life is certified to be extinct, whether it be someone who died in a hospital, was under medical care, or was simply found dead. If no post mortem is involved, that certificate is more than adequate for disposal of the remains by burial or cremation. The issue of the death certificate can depend on the accuracy of the information supplied which, in most cases, comes from a funeral director. When a coronial inquiry is required, and in a few cases even an inquest, the death certificate may be subsequently changed with the cause of death as determined by the coroner being inserted. I cannot answer your specific complaint.

Mr PENDAL: As I said, my complaint was not about any delay at the Registrar General's level. The woman's

husband was killed in a motor accident and there was a police investigation. I understand it was not subject to any coronial inquiry; nonetheless, the delay occurred at a country police station. Four months after the event, after huge distress to the woman and following my intervention - whether that had any effect I do not know - she received the death certificate. We still have not heard from the Attorney General's office. That continues to be a very serious problem for most members of Parliament.

Mr PRINCE: I can pass on that complaint to the Attorney General; I can do no more. If the gentleman was killed in a motor vehicle accident, that is a sudden death. It involves not only the major accident squad from the police and police inquiries, but also the coroner, whoever he may be for that district. In country areas it is usually the local magistrate for that area. The major accident squad may have taken some time to provide the necessary report to the coroner - a coronial inquiry is a desktop exercise - for him to sign off the necessary findings with respect to the death. During the inquiry the police may have referred to the Director of Public Prosecutions for advice. I have no idea of the facts of the case. From my personal experience, I know that that sort of thing often takes a while. However, one can always obtain an interim death certificate which is more than sufficient to deal with banks or the Supreme Court for grants of probate and so on.

Mr STOCKINS: As the Minister indicated, a death certificate can be issued which we refer to as an incomplete certificate inasmuch as it does not contain the cause of death; it is sufficient for the various purposes described by the Minister. In due course, once the cause of death is received from the coroner's office, we update the registration to include that information.

Mr PRINCE: In other words I cannot explain why your constituent was dealt with in that way. Perhaps she did not realise that she could obtain an interim certificate.

Mr PENDAL: If she did not, she was certainly not advised that she could. A four month delay is inordinate. Not only was the issuing of the certificate delayed but also no explanation was forthcoming from the Attorney General's office to whom you have undertaken to refer the matter.

[4.10 pm]

Mr STOCKINS: It is not that long, Minister. The legislative requirement is that the person who disposes of the body, who is normally the funeral director, lodges the papers with the Registrar General within 14 days of the date of death. We guarantee registration within two days of receipt of all that information, and a certificate is available from that time.

Mr PRINCE: I speculate only with regard to the member's constituent, and I am more than happy to look at that matter privately if he wishes.

Mr RIEBELING: Is there any truth in the rumour that death certificates and birth certificates will be let out for corporate sponsorship; and if there is truth in that rumour, can we stop it now?

Mr PRINCE: My eyebrows go up at that suggestion, just as the member's do!

Mr STOCKINS: It is not intended to do that. I believe the rumour commenced because of an expression of interest that we circulated with regard to a birth notification form as opposed to a birth certificate. That is the form that is completed by parents at the time of providing information to the Registrar General for the registration of their child. I remind members that the process of registration is a free service to the community, but a cost is attached, and we thought we might defray the cost of printing those information papers by including some advertising. It was just a feeler, and it referred to the notification of birth forms that are completed by parents. We do not intend to include that sort of information on birth, death or marriage certificates.

Mr RIEBELING: Former Registrars General would roll over in their graves!

Mr STOCKINS: I take the point.

Mr MacLEAN: I refer to output 20 at page 622, entitled "Legal aid assistance". What is the effect of the Dietrich decision on legal aid services? Can the Minister also outline the continuing effect on legal aid of the ruling that children be represented in divorce settlement cases in the Family Court?

Mr LINDSAY: With regard to the effect of the Dietrich decision, the policy of legal aid historically has been to fund

matters which go on indictment. The Dietrich decision is concerned with people who are indigent and who face serious charges, and normally those people are heard on indictment in any event. However, the Dietrich decision has had a significant impact on legal aid resources with regard particularly to expensive cases in which the estimated cost is over \$30 000.

Mr MacLEAN: I referred also to the ruling by the Federal Court that children should be represented in divorce proceedings. I understand that the Federal Government provides legal aid in this State for federal cases, but I cannot see that it has increased its legal aid funding even though a decision of the Federal Court has led to that added expense. What is the effect of that?

Mr LINDSAY: The case to which the member referred is *Re Kay*, which was a decision of the Full Court of the Federal Court that stated that particular categories of children should be represented or legally funded. In fact, no obligation is placed upon legal aid authorities or the States specifically to fund, but that decision made it clear that they were expected to do so. That case has had a significant impact upon the provision of legal aid services. In the first year, it meant that an additional \$500 000 had to be spent on separate representative matters. The member is also correct in saying that that falls within the ambit of the Federal Government. Those matters must be funded out of the commonwealth Budget. The commonwealth Budget was set with regard to a definition of commonwealth law matters, which certainly took some account, but not entirely, of the effects and the impact of the *Kay* decision.

Mr PRINCE: The 1998-99 Budget provides a further \$3m in state legal aid assistance, which takes the state funding for the provision of legal aid to \$11.5m, compared with the 1997-98 budget allocation of \$8.5m, so it is a significant increase. We have done everything we can to increase the budget by \$3m, from \$8.5m to \$11.5m, which is a significant effort. In addition, there was additional funding for legal aid assistance of \$1.8m in 1997-98. The funding for Dietrich and other cases was an additional \$392 000 for the current year.

Mr McGINTY: About a year ago, there was some controversy about the Commonwealth causing cases to be adjourned indefinitely because it would not provide funding where the Dietrich principle was involved. Have there been any such cases in the past 12 months, and have any such cases been state funded?

Mr PRINCE: Mr Lindsay may not be able to answer that question completely; the Director of Public Prosecutions may be the only person who can answer that question.

Mr LINDSAY: In the past year, there have been three expensive commonwealth cases - that is, cases over about \$50 000; a number of those cost significantly more. We moved to meet that situation by tendering or auctioning one of those cases to the private profession. We sent out 114 invitations to various firms and solicitors with regard to what we thought the case would cost, and some 38 to 40 lawyers responded and said they would be prepared to take the case in question for that amount. That case is ongoing, so I will not say more about that case now. As far as the State is concerned, in recent times there have not been any cases of the same size as the commonwealth cases, but a number of expensive cases have been based upon the Dietrich principle.

[4.20 pm]

Mr McGINTY: Have any cases been indefinitely adjourned?

Mr PRINCE: Does the member mean state cases that have not been funded?

Mr LINDSAY: So far no state case has been stayed for lack of funding. The State Government has on occasions provided supplementary funding for that purpose. As far as the Commonwealth is concerned, it has one case still to consider. In South Australia one commonwealth case - *Fuller v Cummings* - has been permanently stayed. It has been two years and it is still unfunded.

Mr McGINTY: Could you give a thumbnail sketch of the amount of money involved over the two years since the Commonwealth cut legal aid funding?

Mr PRINCE: The State increased the budget by \$3m from \$8.5m to \$11m. That is a significant increase.

Mr LINDSAY: The Commonwealth reduced our funding by \$3.85m a year. This was based upon its calculation of how much historically was being spent on commonwealth law matters as they were defined to be. That resulted in a funding shortfall, largely in regard to state law matters. As the Minister said, supplementary funding has been provided by the State for this financial year of \$1.9m and for the future two years of \$3m in each year.

Mr McGINTY: The budget estimate on page 622 is \$11.54m. Is the Minister saying that during the current financial year that figure was decreased by \$3m but was added to during the year?

Mr PRINCE: The State Government provided supplementary funding of \$1.9m during this financial year, \$392 000 of which was for Dietrich matters and the rest was general supplementation.

Mr LINDSAY: The commonwealth cut was \$3.85m.

Mr McGINTY: Has any of that been retrieved?

Mr LINDSAY: We will receive \$3m supplementary funding from the State for future financial years.

Mr PRINCE: In 1998-99 the State Government increased the budget by \$3m; however, nothing has been retrieved from the Commonwealth.

Mr McGINTY: The Commonwealth reduced its funding by \$3.85m. Did not some bargaining occur between the Commonwealth and the States which resulted in some restoration of the money that was revoked?

Mr LINDSAY: No. The Commonwealth effectively reduced its funding by \$3.85m, and that is it. Funding from the Commonwealth is secured under a commonwealth-state funding agreement which is operative on a six month basis until 30 June and probably will be rolled over for a further six month period.

Mr McGINTY: In ballpark figures in 1996-97, \$12m was allocated for legal aid, and the Commonwealth then reduced its funding by \$3.85m which brought the budget down to \$8.5m. The shortfall was then supplemented by the State during the year to the extent of \$1.9m.

Mr PRINCE: The \$3.85m was cut in this financial year.

Mr WARNER: The budget papers deal only with the state appropriation, and do not include any amounts for commonwealth grants. The member referred to 1996-97 figures. The current year commonwealth grant is \$8.25m. In 1996-97 that would have been \$8.25m plus the \$3.85m which was cut on the basis that that money was being used to subsidise state law matters. In this financial year, the State Government has provided supplementation funding, which is included in the estimated actual expenditure, of \$1.89m and an additional \$3m for each year over the life of the forward estimates. Therefore, the Commonwealth has effectively reduced its commitment to commonwealth law matters for legal aid by \$3.8m. That money has gone. The State has made restitution to the tune of \$3m on an ongoing basis. That has substantially recovered the shortfall which was associated with the cross-subsidisation of state law matters.

Mr McGINTY: You said that the State had allocated \$3m in addition to the \$1.9m.

Mr WARNER: A once off injection of \$1.9m relates to this financial year. In the next financial year and in the following two years the additional amount is \$3m.

Mr McGINTY: It is not cumulative; so it is not \$3m on top?

Mr PRINCE: No. There has been supplementary funding this financial year, 1997-98, of \$1.9m - \$390 000 of which relates to Dietrich matters, and \$1.5m to general matters. For 1998-99 and thereafter the budget has been increased by \$3m.

Mr McGINTY: Has the funding agreement with the Commonwealth been made public? Can it be provided by way of supplementary information?

Mr PRINCE: I do not know whether we can provide it by way of supplementary information. It is one of those agreements that should go before the Standing Committee on Uniform Legislation and Intergovernmental Agreements. Most of these agreements are public, as they should be, except for the one that I cannot get from the federal Minister for Health.

Mr LINDSAY: The commonwealth-state agreement securing commonwealth funding can be made available. It was tabled at a Senate inquiry into legal aid.

Mr McGINTY: I did not think there would be a problem.

Mr PRINCE: I will provide that as supplementary information.

Mrs van de KLASHORST: Page 623 refers to the provision of support services. The performance measures output shows that Aboriginal policy services are provided to other agencies, which are listed. What sort of services are provided? Reference is also made to a moderate increase in the need for those services in 1998-99. How was that need assessed? Does the service support people other than Aboriginal people?

Mr SMITH: The Aboriginal alternative disputes resolution service was primarily established to work with Aboriginal families in the community who are feuding. The service is provided across the community. The listed agencies primarily refer the cases to our service and we work with them in case management.

Mrs van de KLASHORST: Do the agencies refer the cases to the resolution service rather than your going out to them?

Mr SMITH: Yes.

Mrs van de KLASHORST: How did you assess the need for a moderate increase in the service?

Mr SMITH: That is based on the number of contacts over a period, and the projected demand from the agencies. That demand varies.

[4.30 pm]

Mr RIEBELING: In relation to the same agencies, I seek the Minister's opinion regarding the third last dot point under significant issues and trends on page 592. I believe that the claim is wrong, but perhaps the Minister can indicate where I am wrong. The papers state that the changes in the law which prevent indictable offences from being in summary jurisdictions can increase the cost. That statement is correct. However, is it not the case that the reverse is true as some sexual assault matters which previously went to the Supreme Court are now dealt with summarily?

Mr PRINCE: Which ones?

Mr RIEBELING: The ones the Government passed - I thought the Minister would be aware of them.

Mr PRINCE: Hang on! We effectively gave concurrent jurisdiction on sexual assault matters to the Supreme and District Courts.

Mr RIEBELING: The lower courts had summary jurisdiction.

Mr PRINCE: What sexual assault matters can appear before a Magistrate's Court?

Mr RIEBELING: I can go through them, but I do not have the Criminal Code before me.

Mr PRINCE: I can visualise it, but I cannot think of any.

Mr RIEBELING: As the Minister has some ownership of the statement, can he guide me to the offences, the jurisdiction for which was changed upwards rather than downwards?

Mr PRINCE: I cannot recall that the Bill which changed the jurisdiction for aggravated sexual assault matters to the District Court made any references to the lower courts. However, Mr Lindsay will no doubt provide the information sought.

Mr LINDSAY: I think the reference you make is to the comment on page 592 which reads -

Changes to the law that prevent indictable offences from being heard in summary jurisdictions can increase the cost of providing a criminal defence to legally aided clients.

It is a legal aid issue. Some concern has arisen that matters of aggravated burglary, for example, must be heard in a higher court. Therefore, under the Dietrich principle, such cases tend to be funded which would not be the case if they could be heard summarily.

Mr RIEBELING: We are not talking about changes to the law as that has always been the case.

Mr LINDSAY: Not in the case of aggravated burglary.

Mr RIEBELING: I remember as a whippersnapper that breaking into a dwelling at night carried a life sentence.

Mr PRINCE: Fourteen years.

Mr RIEBELING: It used to be life imprisonment. That has not changed. Is that what you were talking about?

Mr LINDSAY: As the Minister said, some cases which previously were heard in the Supreme Court are now heard in the District Court. It is under consideration that some areas of law, for example, riotous assembly, which can only be heard on indictment to the District Court should be heard summarily.

Mr RIEBELING: What is riotous assembly?

Mr PRINCE: It is a riot.

Mr RIEBELING: It is not a political rally.

Mr PRINCE: It depends whether you are there!

Mr RIEBELING: It sounds remarkably like 54B. Is that the only example?

Mr LINDSAY: The case of aggravated burglary, which is now required to be heard in the District Court, constitutes an additional cost to legal aid. Under our guidelines, the Dietrich principle comes into play.

Mr PRINCE: I have thought of an example: The offence of unauthorised use of a motor vehicle no longer exists, as it is now car stealing, although that was always possible in the past under general stealing offences. Unauthorised use of a motor vehicle under the Traffic Act could be dealt with by a Magistrate's Court, but it is no longer the case. If someone knocks off a car, and is charged with stealing, given the value of the car, the matter will wind up in the District Court. That is an indictable offence for which the cost to legal aid will increase simply because it is on indictment.

Mr RIEBELING: I was looking for such an example. Are former unauthorised use of a motor vehicle offences heard before the District Court now stealing offences?

Mr LINDSAY: Yes.

Mr GRILL: Regarding criminal injuries compensation, the estimate for this year specified on page 590 is \$8.6m. The figure last year was \$8.6m, and the extended estimate years are also for \$8.6m. Does the Minister conclude that the amount for criminal injuries compensation is capped? If so, are we building up a backlog? How many applications are being processed, and are we seeing any abuse of the system?

Mr PRINCE: No, we are not. Historically, one assessor operated in this area, and we passed legislation last year to appoint more than one assessor at one time. We are currently moving to 2.5 assessors. Ms Thompson, who has been the assessor for many years, indicated that she wants to operate part time, and Mr Brent Hillen will take over as a full time assessor. That will enable some of the backlog to be cleared more quickly. The average number of claims assessed over the previous five years was 800 a year. Estimates based on the appointment of 2.5 assessors are that we might be able to deal with 1 200 cases. In 1997-98, some 45 per cent of cases were dealt with within nine months, and the target for 1998-99, now 2.5 assessors are appointed, is for 90 per cent of cases to be dealt with within nine months. We have acted to address the backlog.

Mr GRILL: How big is the current backlog?

Mr PRINCE: As at 17 March this year, the backlog was 2 498 cases.

Mr GRILL: That will take two years to clear, will it not?

Mr PRINCE: We anticipate a backlog of 1 578 cases by 17 March 1999. In other words, we hope to clear

approximately 1 000 cases by that time. As at 16 September 1999, we expect to have the figure down to just over 1 000.

Mr GRILL: Are you starting to catch up?

Mr PRINCE: Yes.

Mr GRILL: Is there any evidence of abuse of the system?

Mr PRINCE: It depends on what you classify as abuse.

Mr GRILL: I specify one form of abuse; namely, claims brought groundlessly for the sake of claiming compensation.

Mr PRINCE: Such accusations are often made. This applies particularly in "historic" sexual assault cases, which are cases relating to an incident in childhood of which an adult complains much later in life. This contrasts with an assault followed by immediate complaint. It is often said that complaints arise 10 to 20 years after the event so compensation can be claimed. I do not know whether proof of such activity exists because criminal injury compensation is available only if an offence takes place. Therefore, how can one say there is an abuse of the process? If there is a conviction, which is more often the case than not, one cannot really say the system is being abused. If a finding is made that an offence was committed, and the perpetrator can no longer be located, for example, at least someone found as a matter of law that an offence was committed. Therefore, I find it difficult to understand how one can abuse the system with that criteria.

[4.40 pm]

Mr GRILL: Is the department getting any feedback from the assessor on the subject?

Mr PRINCE: I discussed this with Mr Hillam when the legislation to change the Act went through. Those were his views and mine. In 1993, there were 81 refusals representing 10 per cent of total applications. There were 300 refusals in 1997 representing 25 per cent of total applications.

Mr GRILL: On what basis are the refusals being made?

Mr PRINCE: I cannot say.

Mr GRILL: It indicates an abuse of the system and that fictitious and unsubstantiated claims are brought.

Mr PRINCE: It can also mean that there is nothing compensable.

Mr GRILL: The Minister said that 300 cases or 25 per cent of all cases were refused. That is a high figure.

Mr PRINCE: I am trying to remember the Criminal Injuries Compensation Act, which I recall contains a provision relating to the person concerned contributing to his own problem.

Mr LINDSAY: There is a provision dealing with contributory wrongdoing and the effect that has.

Mr RIEBELING: It sounds like the offenders' costs legislation.

Mr PRINCE: I am sure there is a provision in the Criminal Injuries Compensation Act about a person having contributed to his own problem. It is very difficult to say why there have been 300 refusals. I will endeavour to find out.

Mr GRILL: I am interested in that. I raised the matter last year.

Mr PRINCE: I recall.

Mr GRILL: Immediately afterwards I obtained some anecdotal material from a well placed source.

Mr PRINCE: The last well placed source I had got it wrong.

The CHAIRMAN: Will the Minister provide that as supplementary information?

Mr PRINCE: I doubt that I can provide it by Friday, but if the member places the question on notice, it will be answered.

Mr JOHNSON: Have any investigations taken place to establish the financial savings to the State if it were to adopt a system of public defenders? Many members of the public get sick to the back teeth of high profile people who are charged and who then declare themselves bankrupt. They must then be given legal aid and they opt for top lawyers from the eastern States. With due deference to the many lawyers in the Chamber, the public is sick of lawyers charging the taxpayers exorbitant amounts. A system of public defenders would be far more appropriate.

Mr PRINCE: Extensive consideration has been given to the creation of an office of the public defender. In fact, the legislation is being drafted.

Mr JOHNSON: What would be the financial saving to the State?

Mr PRINCE: The legislation establishing an officer or office of the public defender is being drafted. In due course, the Attorney General will introduce it, sooner rather than later, I hope. The possible financial savings have not been calculated.

Mr JOHNSON: That is an important aspect to consider when the Attorney General introduces the Bill. Unless there are financial savings, there is no need for the Bill.

The CHAIRMAN: Perhaps it can be raised when the Bill is introduced.

Mr RIEBELING: I refer to performance output on page 602, which relates to enforcement procedures, primarily in petty sessions. Reference is made to about 12 000 court fines being imposed next year that will not be enforceable. What does that mean?

Mr PRINCE: That is when the fine does not come under the enforcement provisions.

Mr FOSTER: A number of fines are not collectable for a whole range of reasons, including the inability to find an address or the offender, or the offender being in prison or impecunious. There might be no point in pursuing the fine. An assessment is made about whether the fine should be written off when there is no economic return and no purpose in enforcing it.

Mr RIEBELING: It is an economic decision. I find it hard to believe that a person can go to court and the ministry does not know where he lives.

Mr FOSTER: They change address continually.

Mr RIEBELING: When they go to court they have an address. We are not referring to on-the-spot fines, but the number of court fines.

Mr PRINCE: An enormous number of offenders do not appear in court. The summons is delivered through the postal service. If it does not come back unclaimed, the matter proceeds in the court. The member has dealt with hundreds of them.

Mr RIEBELING: Never have 12 000 fines a year been written off. The Minister is telling me that 12 000 fines are now written off each year.

Mr PRINCE: I am surprised it is not more. Given the number of summonses being sent out in the post and not coming back unclaimed and the small number of section 166B Justices Act applications, it is hardly surprising that we end up with that number of relatively low order matters unresolved. Going through the system, a fine is created and because the individual is not at that address -

Mr RIEBELING: Presumably service is proved. I am sure the Minister is not telling me we have changed the system that much.

Mr PRINCE: It relates to the deeming provisions of service by post. The person does not get the summons. There

might be a situation in which an individual commits one serious indictable offence and a whole string of others along the way, all of which can be dealt with only by fine. He ends up serving six years and owing several thousand dollars. There is not a lot of point in doing anything about that. We might end up with 10 or 15 fines that are not collectable.

Mr RIEBELING: I hope the Minister is not telling me that we do not enforce fines against people in prison. I can give the Minister 50 names of people under suspension as they walk out the door. They cannot get a job because they have lost their driver's licence.

Mr FOSTER: About 130 000 court fines are issued each year.

Mr RIEBELING: The figure is 137 000.

Mr FOSTER: The fines recovery system was established in 1995. The payment rate under the previous system was 40 per cent paid without enforcement and the current rate is 75 per cent paid with the threat of a driver's licence cancellation as the sanction for not paying. The system has been copied by the rest of Australia and New Zealand. It works very well.

Mr GRILL: It works well with some but not with others.

Mr PRINCE: That is a fair comment.

The CHAIRMAN: I ask members not to interject on the officers.

[4.50 pm]

Mr FOSTER: Under the previous system, 6 800 people were imprisoned for non-payment of fines. To date under the new system, 645 people have been imprisoned for non-payment of fines. Under any system a number of people will not, or cannot, pay.

Mr PRINCE: Surely the member agrees that it is wrong to go to gaol for non-payment of a fine.

Mr RIEBELING: Perhaps I can get the full story. Is the number of people in Western Australia now driving while under suspension in excess of 30 000?

Mr FOSTER: At 31 March, 42 892 drivers' licences were suspended. That is not the number of individuals, because an individual could have been suspended on several occasions. There are multiple offenders. Some people will not exercise responsibility and pay their fines.

Mr RIEBELING: Under the old system there was nobody.

Mr PRINCE: Rubbish!

Mr RIEBELING: No-one was suspended for driving under suspension. The system changed from an imprisonment system -

Mr PRINCE: There were. They were suspended for driving under suspension. I went to court for hundreds of them.

Mr RIEBELING: That is not for the enforcement of fines. It is a different system. We cannot say that we are not locking anyone up because the system has changed.

Mr PRINCE: People who drive while under suspension and get caught will get lumbered with a very heavy fine and a suspension of another nine months minimum on top of the existing suspension. If they do it twice, they go to gaol.

Mr RIEBELING: That has been changed then.

Mr PRINCE: The member knows what I mean. They will wind up suffering a very heavy penalty if they do it more than once. Some people drive around under suspension. If that were not the case, they would not get caught. Some do get caught. To say that 30 000 people under suspension are driving is totally wrong and very misleading.

Mr RIEBELING: At the moment 42 000 suspensions are in place.

Mr PRINCE: At the moment 42 000 licences are suspended. If we take multiple offenders into account, the number is significantly less than that. However, that does not mean they are necessarily driving, or any of them are. When they get caught, they are dealt with.

Mr RIEBELING: Under the time lines of the brand-new, you-beaut system that was working very well -

Mr PRINCE: It is.

Mr RIEBELING: Perhaps the Minister can tell me what is meant by -

1.	Recovery rate for Fines Enforcement Registry:	
-	Fines and costs (collected within 12 months)	30%
-	infringements (collected within 12 months)	65%

That is a better figure.

Mr PRINCE: It is double.

Mr RIEBELING: I am talking about the fines and costs of court which flows on from what I am saying. Does that say that the enforcement system is successful in 30 per cent of cases in 12 months? That implies that it is unsuccessful for 70 per cent.

Mr PRINCE: No. It means exactly what it says; that is, 30 per cent of fines are collected in the first year. Unfortunately, it does not say how many are collected thereafter.

Mr RIEBELING: Previously it was stated that this is a wonderful system and 60 per cent of people now pay the fines.

Mr FOSTER: In the first instance. The 1996 report by the Australian Bureau of Statistics found that under the previous system, 40 per cent of court fines were paid without any enforcement proceedings. Under the new system, with the threat of licence cancellation, that figure went up to 75 per cent.

Mr RIEBELING: That is fantastic. However, these figures do not say that. This budget document reveals that 132 460 fines have been imposed in courts. Of those, 48 000 are paid without enforcement. That is not 75 per cent of 132 000.

Mr PRINCE: It is a very good thing we do not have three sets of figures here. Of those issued, 75 per cent are paid without any enforcement. It is the 25 per cent we are now talking about. Of that 25 per cent that are not paid straightaway, 30 per cent are paid within 12 months. The member does not believe me, and so I will ask Mr Foster to explain it.

Mr RIEBELING: Perhaps he can explain what the second figure - 48 000 - in this graph indicates. Is that the number of people who pay without enforcement?

Mr FOSTER: That is what that states.

Mr RIEBELING: Is that 75 per cent of 132 000?

Mr FOSTER: Not all of those people get fines, obviously.

Mr RIEBELING: Is the number of court fines imposed 132 000?

Mr FOSTER: Yes.

Mr RIEBELING: Is the number of court fines paid without enforcement 48 000?

Mr FOSTER: Yes.

Mr RIEBELING: Is that 75 per cent?

Mr FOSTER: No, it is not 75 per cent.

Mr RIEBELING: Under the old system we were told it was 40 per cent, which would be about the same.

Mr FOSTER: That is what the ABS reported in 1996.

Mr RIEBELING: We are talking about the budget before us now. The budget estimates that next year, of the 137 000 people, 50 000 will pay their fines without enforcement. That estimation is less than 50 per cent - maybe a little more than 30 per cent. The budget document might be wrong, but it indicates that the new enforcement system is not what it was said to be.

Mr PRINCE: I disagree and we will provide that information to the member by way of supplementary information.

Mr RIEBELING: Will the Minister explain -

Mr PRINCE: No-one from the fines enforcement registry is here. I am certain that the position the member puts is not correct. I will supply the explanation as supplementary information.

Mr RIEBELING: We would not need that if someone would point out where the budget document states that I am wrong.

Mr PRINCE: Backlog and other things of that nature come to mind. With the resources within the Chamber, I am not able to give an accurate answer; however, I will provide that.

Mr MacLEAN: I seek a point of clarification on those figures. Do they relate to those people who pay their fines straight-up?

Mr FOSTER: Yes.

Mr MacLEAN: Are the people who negotiate to pay off their fines included in that figure? They maintain their licence throughout.

Mr PRINCE: They are quantified within the fourth number.

Mr MacLEAN: I thought we had finished with this part of the division and were moving on.

Mr RIEBELING: The member might be, but I am not.

The CHAIRMAN: For the purposes of the record, has the Minister just indicated that he will provide supplementary information to explain the percentage recovery without enforcement and the percentage that is recovered after enforcement?

Mr PRINCE: That is correct.

Mr GRILL: The point made by the member for Burrup is relevant. A bailiff came to my office and said that this system does not work for a large section of my constituency; that no effective fine or penalty can be applied to this group of people; that he had several hundred warrants for a particular community; and that he imagined none was enforceable and no-one had a driver's licence which could be suspended, disqualified or taken away.

Mr PRINCE: The member is ignoring the work and development orders.

Mr GRILL: It would appear that even those are not being applied. I will give an example. Let us take a remote community in which a development order is brought in. Someone must supervise the order. I am told that in most instances no-one is there to supervise it; therefore, it is not a penalty. The bailiff tells me that effectively for a group of people within our community, sometimes making up fairly large numbers in certain areas, there is no penalty at all.

Mr FOSTER: That is a reasonable observation. It is recognised that the system needs some tinkering at the edges. When a system is too rigid in moving from one part of it to another, we must go through a system in which time to pay is given, to one in which finally there is a work and development order. Before people get there, they must go

through a licence cancellation system. It is true that that is inappropriate for some members of the community who do not have a driver's licence. To that end, the Attorney General intends to introduce an amendment to the legislation to give the registrar more discretion to allow an individual to move through the system. In some instances, once the time for payment - 21 days - has expired, there is no point in cancelling a person's licence that does not exist. It is more appropriate to provide for a work development order at a time when it is very close to the court hearing. That is the intent of the proposed amendments to the legislation. It addresses the member's point that in some communities this system does not appear to be working.

Mr GRILL: What the officer is indicating to me would be an improvement in the system. However, to get even more improvement, is it necessary to provide officers to supervise those orders once they are made? In remote communities, that seems to be a consideration.

Mr PRINCE: The member is right with regard to remote Aboriginal communities particularly, and probably some other remote communities that are not Aboriginal. However, that represents a fairly small percentage of the total state population and a relatively small percentage of the numbers we are talking about, and the Attorney General recognises that. The system works well for the vast bulk of the people.

Mr GRILL: The Minister is correct. However, in remote areas and towns in the eastern goldfields, for example, that high proportion - although it is small statewide - is the overwhelming. There is some discord when law abiding people see other people breaking the law with impunity.

Mr PRINCE: I accept that. It is understood, and the Attorney General is moving to bring in amendments to try to correct that anomaly.

Mr RIEBELING: In relation to the third output, the figures at the base of graph show the dollars collected for every dollar expended through the enforcement agency. It costs \$1 to collect \$4.15 through the agency. That is how I understand that to read. Am I reading that correctly?

Mr PRINCE: Yes.

Mr RIEBELING: That figure represents 25 per cent of the gross amount.

Mr PRINCE: For every dollar spent, we get back \$4.15 by way of enforcements.

Mr RIEBELING: I return to the figure of 12 000. Presumably, if the return falls under \$4.15, the decision is made not to enforce.

Mr FOSTER: No. The decision is based on different criteria, not a dollar per cost of collection. To make fines a credible alternative for courts, we must invest a significant sum of money to ensure that, as far as possible, people are forced to meet their obligations. Write-off is based more on the amount of the fine, how long the fine has been outstanding, and whether the person has an address. Those sorts of criteria are used and the registrar recommends to the director general to write-off a number of fines based on it. It is not based on the cost of collection.

Mr PRINCE: I do not think it has ever been based on the cost of collection, and should not be. If that figure of 12 195 could be reduced, the amount collected per dollar expended would go up.

[5.00 pm]

Mr RIEBELING: To write off nearly 10 per cent of all fines is horrendous. I find it staggering that we are writing off close to 9 per cent of all fines imposed in courts. I am staggered that is the level that we are not enforcing. I am convinced that if the public knew about that, there would be an uproar. The amount is just staggering. I have one more question on this output which relates to the last three points on the list of statements.

Mrs van de KLASHORST: I indicated I had a question before the member started a new question.

The CHAIRMAN: I am giving some latitude because I am making the assumption that it is related to the previous question the member asked.

Mr RIEBELING: It is.

Mrs van de KLASHORST: I refer to the last three items, 2, 3 and 4, on page 602. I note that the average cost per civil order actioned or served by the sheriff is \$121, and the average cost per criminal order actioned by the sheriff is \$47. Could the Minister advise why there is such a significant difference, and why is it much more expensive to action a civil order than a criminal order?

Mr PRINCE: Both of them are calculated by the full cost of enforcement services divided by the number of actions. The increased cost is as a result of the Guardianship and Administration Board not using the services of the sheriff's office in 1998-99, which resulted in a reduction of the matters being handled. It was a rather extraordinary circumstance that led to a high average cost. The cost per civil order produced by the local court and the cost of a criminal order actioned by the sheriff is the full cost of the action divided by the number of orders. The criminal order is expected to decrease from \$47 to \$43 as a result of an increase in volume. Likewise, there is a reduction in the civil orders by the local court which is as a result of an increase in the number of orders expected to be enforced.

Mr GRILL: Earlier we dealt with waiting time and backlogs in courts. I notice that in many of the other state jurisdictions, there is a dedicated Supreme Court appeal court. Have we given any consideration to setting up such an appeal court in Western Australia, and if not, why not?

Mr PRINCE: To whom has the member been talking?

Mr GRILL: The DPP might have some views.

Mr PRINCE: The matter is under consideration.

Mr GRILL: I raise a related matter that has always worried me a fraction. I briefly mentioned it last year but nothing has happened. I feel that many people who appeal to the High Court do not receive any justice, because very strict criteria are applied to whether leave is granted. The great majority of those - I think only about one in 33 obtain leave - have a good case that merits being heard by the High Court; but because there is not universal application of the point being made, they do not get leave in the first place. Is the State giving any consideration to encouraging the Commonwealth to set up an element of the High Court which would deal with appeals of that nature?

[5.10 pm]

Mr PRINCE: I cannot tell the member whether that matter has been taxing the Attorney's mind or whether anybody has considered it. The High Court holds the view that it has more than enough to do now.

Mr GRILL: I am sure that is right.

Mr PRINCE: The number of cases that it deals with, and the gravity and magnitude of many of those cases, is such, particularly when a full bench is sitting on a matter of importance, that it puts out many of the other appeals on the basis of time. That debate goes backwards and forwards. I doubt that anyone will be able to give you a better answer than that. If the member put that question on notice, I am sure he would get a more detailed response from the Attorney.

Mr RIEBELING: I refer to page 602 and to the outputs listed under the heading "Cost", which are the average cost per civil order actioned/served by the sheriff; the average cost per civil order produced by the local court, which presumably is by the bailiffs; and the average cost per criminal order actioned by the sheriff. There is some recognition that the service of civil actions in both the District and Local Courts costs a good deal more than the criminal procedure, hence the cost next year for the District Court sheriff will be \$150 000 for civil actions and \$43 000 for criminal actions. I understand that criminal actions predominantly with regard to the Sheriff's Office are set up under the fines enforcement registry. The enforcement procedure set up in the bush was set up by the sheriff, who appointed his own sheriff's officers in country Western Australia. Why was it decided to use the Sheriff's Office to set up a new structure when the bailiff system is already in place and will reduce the average cost per action by \$5 next year? Why did we not keep the tried and true system of using bailiffs to enforce these orders?

Mr PRINCE: I share the same view with regard to country bailiffs. The bulk of the people - 80 per cent - live in the greater metropolitan area of Perth, and the Sheriff's Office is undoubtedly the most efficient method for this area.

Mr FOSTER: Traditionally, the execution of criminal enforcement processes was the role of the police, and at the time it was regarded appropriate to transfer that role to the sheriff. It was not regarded as an appropriate role for civilian bailiffs.

Mr RIEBELING: But civilian sheriff's officers have been appointed.

Mr FOSTER: Yes, but they are under the control of the sheriff, which is a bit different from having a bailiff, who basically operates as a lone agent. We have engaged a consultant to examine the effectiveness of the enforcement of these criminal matters, and that report is due today. The consultant examined whether the service was best provided by an outsourced function - that is, a civilian bailiff, or in some other way - or in-house from the Sheriff's Office. It is recognised that the way it is done now is probably not the best way it can be done and it needs some closer examination. However, without being defensive, the system has been going for only a short time, and it has been recognised that while it is a very good system, obviously, like any system, it can be improved. That area certainly is being addressed, and the consultant has been examining the contestability of the sheriff providing that service compared with having an outsourced arrangement.

Mr RIEBELING: Is the consultant examining the cost of bailiffs providing that service?

Mr FOSTER: Yes - by some sort of tender process, which may be a bailiff, or a range of people who may be set up to do it. I will not pre-empt what the consultant will say, but the examination is addressing the cost and effectiveness of providing that service.

Mr RIEBELING: I understand that the services that are provided under the sheriff's control were tendered for.

Mr FOSTER: They were, but under the control of the sheriff. That may not be the best way of doing it. That is what the consultant is looking at. It involves a range of performance indicators, such as how the system is evaluated and the controls that are put on people who provide the services. We have engaged a consultant to look at a range of issues to try to improve the method of collection and to keep the costs down. The bailiffs may have a role to play in that in the future as well.

Mr GRILL: The first dot point at page 592 refers to the rate of incarceration of Aboriginal and Torres Strait Islanders, and the figures presented on that page, which are a number of years old now, are that in 1996-97, 33.5 per cent of adults in custody were Aborigines, and 62.5 per cent per cent of juveniles in detention were Aborigines. Those figures are very high, considering the proportion of Aboriginal people in the community. How has the trend gone over the past 10 years, and how has the trend gone since 1996-97? What measures is the Government putting in place to endeavour to reduce the unacceptably high level of incarceration among that group of people?

Mr PRINCE: Unfortunately, no-one here has any trend data. I appreciate the importance of the question. I do not know whether that information can be supplied by Friday. I would be interested to know the answer to the question; consequently, I invite the member to put it on notice.

Dr FITZGERALD: It would be best to answer the question on notice, but to my knowledge, the proportion of Aboriginal adult offenders in the prison population has remained fairly steady over the past 10 years or so. We need to take into consideration the different demographic profile of Aboriginal people in the community compared with non-Aboriginal people. We know that the number of young Aboriginal people who are heading towards what we might refer to as an imprisonable age - in other words, heading into the 18 year old age group - is much higher than the proportion of non-Aboriginal people in the population. Therefore, in order to provide you with an answer to whether the trend is up or down, or stable, we also need to take into consideration the proportion of Aboriginal people in the population of an imprisonable age and how that trend is changing over time. We will provide that answer if the question is placed on notice.

Mr PRINCE: I have just been handed a copy of a question without notice dated 19 November 1997, which I think must have been asked in the Legislative Council, because I do not recall answering it, with regard to comparative figures for Aboriginal and non-Aboriginal deaths in prison custody. Part of the answer dealt with the daily average muster of Aboriginal people, which in 1994-95 was 705, in 1995-96 was 724, and in 1996-97 was 748. The average is 732. There is a slight increase, but statistically it is not very great. The average daily muster of non-Aboriginal people for the same years is 1 418, 1 492, and 1 483. In percentage terms it is not changing a great deal. I will provide the details if you put it on notice.

[5.20 pm]

Mr GRILL: The 62.5 per cent figure for juveniles is a bit alarming; it is about twice the figure for adults. Does that indicate that young Aboriginal juveniles are at a higher risk than the rest of the community?

Mr PRINCE: Yes, and I suspect that that would have been the case for at least the past 10 years, if not longer.

Mrs van de KLASHORST: Major initiatives for 1998-99 at page 593 states -

Develop and implement generic court information technology systems for all jurisdictions.

I met recently with a select committee from Victoria which said that we are way ahead of other States in Australia in developing information technology and using this in our justice system. Where is this at and what is planned in this move forward for the State?

Mr PRINCE: Courts have 14 different computer systems which require a considerable amount of support. It is proposed that one generic system could meet the needs of all jurisdictions providing significant benefits to the court services division. If nothing else, it would lower costs, support infrastructure, reduce training needs, and allow an easier use of messaging. The court service is part of the department's commencement of a generic system and the first system will be introduced in the Local Court in January 1999.

Mrs van de KLASHORST: Will this connect into the eastern States' systems so that information can be passed from one court to another or gain information throughout Australia or is this only in Western Australia?

Mr FOSTER: It is not intended in the first instance for that to happen. By a generic system we mean that a court system is a case management court system and it does not matter which jurisdiction it is in; whether it is in the civil, criminal, Local, District or the Supreme Court. It is basically parties to an action that require something to be done. The intent of this development is to produce a system which is further ahead of the game than the rest of the country that will be, firstly, introduced in the Local Court and then migrated through the rest of the Western Australian court system. It does not matter whether a court user is operating under the District, Supreme, or Magistrate's Court; he is using the same technology and the same system which provides many obvious benefits. That system will be migrated across Western Australia and no decision has been made about the sorts of links that might be made to other court systems. If someone wanted to buy it we would be very interested.

Mr PRINCE: I am sure we would be prepared to sell it for a very reasonable price.

Mrs van de KLASHORST: See the Victorian select committee because it was over here checking the system.

Mr RIEBELING: I do not know whether you have the statistics to answer this question. The Program Statements at page 594 state -

Contribute to a whole of Government approach to the prevention of crime, domestic violence and other significant justice issues.

I am interested in the domestic violence issue. With the advent of the new system for restraining orders, which was an advance, are there any figures on the increase, decrease or stability of applications for restraining orders since the new system was introduced and prior to the system? Has there been a change, a greater willingness of predominantly women to come forward and lodge complaints under the new restraining order system? A large number of applications for misconduct restraining orders are being rejected in the Court of Petty Sessions. Is that a worrying trend or one that the Government expected?

Mr FITZGERALD: I do not have the historical data to provide a comparison. However, the current figures indicate approximately 500 applications for restraining orders are approved each month.

Mr RIEBELING: Is that 500 violence restraining orders or both?

Mr FITZGERALD: That is both, the majority of which are violence restraining orders. We are in the process of undertaking a review of the Restraining Orders Act which will provide us with some information about whether the applicants are finding the new process easier to deal with than the old process. We will be asking questions of some of the other major stakeholders in the process - the police, the court staff and the magistrates - to ascertain their views. The preliminary views show that the new system is a significant improvement on the old system. Once we have the results of the review, we will be able to provide more detailed information to you.

Mr RIEBELING: When should I put that question on notice? When will the department be in a position to provide that answer? I do not want to put on notice a question that will not be answered.

Mr FITZGERALD: I am not sure which question you would like answered.

Mr RIEBELING: The comparison of the two systems.

Mr FITZGERALD: The review will be completed within the next month; possibly six weeks.

Mr PRINCE: Some time from mid-July onwards.

Mr RIEBELING: Once that is completed, will the Minister have any objection to answering that question?

Mr PRINCE: I never have objections to answering questions.

Mr GRILL: I have had complaints from people about that particular system, not in the domestic violence situation, but in the purported abuse of the system outside of the domestic situation. Last week, for instance, a person brought an unfair dismissal claim against an employer. It was only after the employer received notice of the claim that he brought an action for a restraining order. I had another complaint a few weeks earlier about a dispute that had arisen in a horse club in a town in the goldfields and it appeared the violence restraining order system was being used incorrectly in an endeavour to sort out that problem. Is the relative ease of obtaining these applications allowing a certain amount of abuse to creep into the system? It is not as though a police officer is making an objective judgment about whether to bring such an application. People are bringing such applications in circumstances that are far from objective, and in many cases are quite emotional.

Mr PRINCE: There seems to be an increase in the number of applications relating to garden fence problems - I use that in a descriptive sense - other than the violence that occurs in the family group. That is an apocryphal impression. I would question whether one would call that an abuse. Under the previous system, section 172 of the Justices Act provided that those sorts of applications could be brought, and they were brought, but very rarely. It is probably the fact that restraining orders have been around for some time and more people are aware of them, whereas perhaps 10 years ago they were not, that has led people to use them. The law is available and people use it. It could be argued whether it is an abuse of the system. Ultimately a court or a magistrate will say that the application has no merit and the complainant should not have made it. When lawyers are involved, the question of cost arises. How else can we make a judgment?

[5.30 pm]

Mr GRILL: It is difficult. Can that be part of the study to which the officer referred?

Mr PRINCE: I am not sure of the criteria for the review other than it will probably be looking at the effectiveness of the system, time responses, and so on. I am advised that it will probably get some consideration in the review, but I am not sure.

Mrs van de KLASHORST: I refer to the fourth last point at page 594 relating to plans to implement a systems maintenance initiative to support and maintain the ministry's information technology and telecommunications structure to ensure that the year 2000 compliance issues are met and existing systems and equipment are supported. Has a budget allocation been made to address the millennium bug problem? What is being done to ensure that the computer system and other systems in the ministry will not be affected by that bug?

Mr PIPER: The ministry has a very well defined and strongly project-managed program which is costed for the year 2000 date problem with the so-called millennium bug. The issue is being addressed from the point of desk top hardware through to some of the major systems. For example, the ministry is committed to a new computer system for prisons, called the total offender management system. In part, that is all about improved efficiency in the management of the system, and partly in response to the fact that the computer technology supporting the prison system in large measure is of a design that will not survive the date change. There is also a significant program in the courts. It is difficult to tell where some of these things come from, or what starts them. It is a good idea to do a generic court system which will deliver a benefit in time in the new court system, particularly for the lower courts to be free of problems associated with the date 2000 problem. This item is actively managed. A steering committee reports to me. It is a technically well positioned program, and I am very confident that the ministry will be one of those standing on the correct side of the line in 2000. Perhaps Mr King can speak specifically to the budget allocation.

Mr KING: In addition to the system changes which have been outlined, the offender management system is very

large with a total cost of \$12m. It will not be delivered over the next 12 months, although it will come close. In addition to the court systems as outlined, a further \$1.4m has been allocated to the capital program for 1998-99 to deal with remedial, unanticipated actions which may be necessary through the ministry systems. Therefore, it is well provisioned and as indicated, is a sophisticated program.

Mr PRINCE: Madam Chairman, I draw your attention to the fact that the Information Commissioner, the Commissioner for Equal Opportunity, the Director of Public Prosecutions and other people are here - none of whom has been asked a question.

The CHAIRMAN: We are dealing with the Justice division. It is entirely up to the committee members whether they direct questions to the Minister or anyone else. I have already observed that point.

Division 55: Commissioner for Equal Opportunity, \$1 565 000 -

[Ms McHale, Chairman.]

[Mr Prince, Minister for Health.]

[Ms J. Williams, Commissioner for Equal Opportunity.]

Mr RIEBELING: I wish to place on the record my concern about the way the committee process has been structured this year, and the way we have and will handle divisions 54-58.

Mr PRINCE: The form of this Budget was decided by Treasury.

Mr RIEBELING: If the Minister has an input to next year's budget papers I hope he will look at this process. The budget papers are structured in alphabetical order, but that order does not flow through to the numbering of the divisions. We have moved from page 509 back to page 209. We will move from page 686 to page 297 and then back to 581. I understand the reason for the alphabetical order, but the allocations for division numbers should also be in alphabetical order, if possible.

Mrs van de KLASHORST: I agree with the member for Burrup. We have problems finding certain items. The problem would not exist if an index were placed at the back of the document, indicating the program numbers. We would then have both an alphabetical and numerical index which would be of great assistance.

The CHAIRMAN: Members will have an opportunity at the third reading stage to raise those matters.

[5.40 pm]

Mr PRINCE: I note what has been said and I will ensure that it is communicated to Treasury.

Mrs van de KLASHORST: At dot point two on page 209 the significant issues and trends refer to the proportion of complaints relating to the public sector having decreased from 35 per cent in 1996-97 to 28 per cent as at March 1998. What is causing the decrease?

Mr PRINCE: Brilliant management! I suspect it would be fairer to ask Ms Williams if she would like to respond.

Ms WILLIAMS: I do not know but I can guess. There is one good reason and one bad reason. The good reason is that, on the one hand, the public sector organisations are treating their responsibilities under the Act much more seriously and engaging in a lot of training and setting up of good internal complaint procedures; on the other hand, where there has been a great deal of downsizing and rationalisation, people are very scared about their jobs and much less likely to complain.

Mr RIEBELING: In a similar vein, on page 214 the timeliness aspect under output No 2 indicates that only 34 per cent of complainants and respondents were satisfied with the time taken to finalise their complaints. The target for next year is 40 per cent. Is a satisfaction rate of 40 per cent acceptable in those actions?

Ms WILLIAMS: We keep a very close weather eye on other jurisdictions to make sure that we are not out of step. Many of the matters are complicated. People want things fixed tomorrow but sometimes it takes much longer. Complainants or respondents do not always like it.

Mrs van de KLASHORST: On page 210, the first dot point of major initiatives refers to the provision of customised training courses to a diverse range of organisations including the Fremantle Dockers and AlintaGas. What would the Commissioner for Equal Opportunity be doing with the Fremantle Dockers because they are a football team and have nothing to do with equal opportunity?

Mr PRINCE: They do.

Mrs van de KLASHORST: Tell me when there is a woman football player in the Fremantle Dockers, and then I will believe in equal opportunity.

Ms WILLIAMS: Racial discrimination in sport, particularly in the AFL, became quite an issue last year.

Mrs van de KLASHORST: Do you give training courses to all the other teams as well?

Ms WILLIAMS: We are under negotiation with the West Coast Eagles. We will take on Victorian teams if they want us, but I do not imagine they will!

Mrs van de KLASHORST: What about other, smaller Western Australian teams because possibly that is where racial discrimination starts?

Ms WILLIAMS: People have to pay for this training, so they have to want it. The significance is that the Fremantle Dockers were the first team in Australia to confront the issue of racism by training all of their people, not only their players but the officials as well. It involved 80 people.

Mr PRINCE: Irrespective of the Fremantle Dockers' playing prowess or lack thereof, they should be applauded for that initiative.

Mr RIEBELING: I do not want to have to explain my dorothy dixer but I was not trying to be critical. My question was that on page 214 under output No 2 reference is made to timeliness which shows that 50 per cent of people would lose. Am I looking at these figures correctly? This output relates presumably to 100 per cent of respondents and applicants, so the maximum one would expect would be 50 per cent.

Mr PRINCE: Not necessarily. If we could conciliate a result, we would expect that both parties would either be satisfied or dissatisfied. Usually a conciliated result leaves people reasonably satisfied. It is only where we wind up with some form of determination that we would crystallise a for and against result.

Ms WILLIAMS: Are you querying the 34 per cent satisfaction rate?

Mr RIEBELING: I would have thought that 40 per cent is probably quite high for disputes. If we took a satisfaction rate for Family Court actions, it would be much lower than 40 per cent.

Ms WILLIAMS: We are talking about the timetable. The average time taken is nine months. We are not talking about overall satisfaction rates. Both applicants and respondents want these matters fixed yesterday.

Mr PRINCE: Perhaps to some extent you should be looking at output quality, which is the one above. Some 72 per cent of people believed that they were treated impartially. It is very difficult otherwise to measure anything in a quantitative way.

Mr MacLEAN: On page 210 the last dot point refers to a complaints database. A number of people have expressed some concern that when they are taken in on a discrimination matter the first thing that happens to them, so they say, is that the facilitators want to negotiate a settlement or payment without hearing both sides of the story and coming to a realisation of both points of view. In one case the person refused to negotiate because he was being set up. He had to take the matter further. It was dismissed because it was an obvious set up. It involved a service station at which a video camera showed that it was an obvious set up.

Ms WILLIAMS: I never saw the video.

Mr MacLEAN: He told me that he had a video. He expressed a lot of concern to me that the first thing that happened when he went in was the facilitator said, "Let us negotiate a settlement with Mr Bloggs." Is that a standard procedure or did he catch the person on an off day?

Ms WILLIAMS: I will try not to make the answer too long. First, 8 000 people inquire about the Equal Opportunity Act, of which 500 are let in as complainants. A tremendous assessment of issues occurs right there. Of those 500, a prima facie case must exist for it to be called a complaint. We do not go straight to people and say, "Do you want to negotiate a settlement?" We write to the people who are accused of having acted unlawfully and ask for their views. If there still appears to be a case to answer, we might then talk about conciliation. If conciliation cannot be achieved, the matter goes to the Equal Opportunity Tribunal, which is a body absolutely separate from me, and it makes a judgment on what happened in that case. It is not a direct move into "Pay up or else".

Mr GRILL: I wanted to ask that question in more general terms regarding what happens when a complaint comes in and how it is followed through. Perhaps you could enlarge a little on what procedures are followed.

[5.50 pm]

Ms WILLIAMS: From the beginning?

Mr GRILL: Yes.

Ms WILLIAMS: The complaint must be in writing.

Mr GRILL: Do you not take telephone complaints?

Ms WILLIAMS: No, nor people off the street making verbal complaints. Many people cannot write and they are assisted to write their complaints. A matter is not given the status of a complaint without there being a prima facie case. A person cannot say that he applied for a job, he did not get it, the person who got it is a woman, he is a man and, therefore, it is sex discrimination. There must be more evidence than that before it will be called a complaint. Once it is established as a complaint, the complainant acquires certain legal rights. At the end of the day, I can dismiss the complaint as being frivolous, vexatious, misconceived, or lacking in substance and my decision can be appealed to the independent body, the tribunal. It is a serious matter for something to be called a complaint because of the acquisition of those legal rights by that complainant.

Mr PRINCE: There is basically a threshold test.

Mr GRILL: According to the figures on page 212, the commission receives about 8 000 written and verbal inquiries and of those, according to the figures at page 214, 830 are accepted as formal complaints.

Ms WILLIAMS: It is a carryover from the previous year. About 500 complaints are received in any one year.

Mr GRILL: Did 330 come from the previous year?

Ms WILLIAMS: Yes.

Mr GRILL: According to the figures, 55 per cent of those complaints go to the tribunal.

Ms WILLIAMS: No, 55 per cent are settled before they go to the tribunal.

Mr GRILL: Do 45 per cent go to the tribunal?

Ms WILLIAMS: No, many of them are withdrawn. I do not know whether that is contained in the budget papers, but it is in the annual report.

Mr GRILL: If 55 per cent of cases were settled before hearing at the tribunal, that implies 45 per cent went to the tribunal.

Ms WILLIAMS: No, there is a difference between complaints being settled and withdrawn. Cases withdrawn are not part of the performance measure.

Mr GRILL: If 55 per cent of cases were settled before hearing by the tribunal, 45 per cent went to the tribunal.

Ms WILLIAMS: No, they were not settled. In 1996-97, 35 cases went to the tribunal. The remainder were withdrawn or declined, or lapsed.

Mr GRILL: That could have happened well before they got to the tribunal?

Ms WILLIAMS: Yes.

Mr GRILL: The wording is a bit misleading because it implies that 45 per cent of cases went to the tribunal but, in fact, only a small proportion did - 35 in all.

Mrs van de KLASHORST: I refer to pages 210 and 212 of the Budget Statements at which reference is made to performance measures and publications. One of the major initiatives for 1998-99 is evaluation of previous publications and the introduction of seven new information briefs. One of the performance measures indicates that 88 per cent of clients found the publications useful, and that 90 per cent of telephone inquiries were completed within a day. How are those publications distributed in the community to help people understand what is going on?

Ms WILLIAMS: People ask for them. Some ask for the publications in such quantities that the commission must seriously consider charging for them. When an organisation wants 1 000 copies each of six or seven different pamphlets, it involves a lot of money.

Mrs van de KLASHORST: What about people who do not ask for them, for instance, people in country areas where these pamphlets are not normally distributed?

Mr PRINCE: It may be appropriate for members of Parliament to ask for a modest supply of these pamphlets, and I am sure the commissioner would be prepared to supply a few to each member if she received that request.

Mr RIEBELING: I refer to the significant issues and trends listed at page 209, and the apparent increase in the number of sexual harassment complaints, despite what the commissioner said earlier about job insecurity acting as an inhibitor. Is there a trend in relation to sexual harassment about which the Parliament should know and do something?

Mr PRINCE: Insofar as the commissioner can answer a question like that, she may proffer an opinion rather than a factual answer.

Ms WILLIAMS: Most sexual harassment complaints are made after people leave their employment. That happens more often than in other categories of complaints. My opinion is that in a laissez faire employment situation, in some places it becomes very laissez faire.

Mr JOHNSON: My question flows on from earlier questions by the member for Eyre about racial discrimination. The commissioner said some complaints are made verbally and if the complainant cannot write, some assistance is provided by the staff. The commissioner said that before she proceeds, she satisfies herself that there is a prima facie case to answer. Before doing that, does she talk to the respondent or does she go on the complaint and on the evidence of a witness who may be with the complainant?

Ms WILLIAMS: I rely on the complainants, taking the view - it is established by decisions in tribunals and courts - that the onus of proof is on them. They must come up with whatever proof they think is satisfactory. That gets it over the threshold to make it a complaint.

Mr JOHNSON: I know of a case involving the owner of a video store. One of the staff was serving a customer, and an Aboriginal woman came in with a friend and demanded to be served. She was told to wait. An argument erupted, and the Aboriginal woman made a complaint to the Equal Opportunity Commission which decided she had a prima facie case. The video store owner had to answer the case and had to go to great expense to employ a lawyer because he could not afford to lose a case of this nature. The case was then dismissed. Perhaps the office should at least get a response from the person complained about before it decides to go further.

Mr PRINCE: I understand the point being made by the member, and it is always a vexed question. However, if, after consideration, the commissioner thinks there is a prima facie case - it is not proof or a decision, but simply a strong enough case to require an answer - the commissioner is duty bound to proceed. If, ultimately, it is found that there is no case to answer, it is not necessarily a reflection on the judgment of the person finding that there was a case to answer in the first place. It is as a result of a determination after hearing both sides in a quasi formal sense. In a sense, it comes down to believability, credibility and judgment of one against the other and, on the balance of probability, a determination is made. The same problem arises in all forms of inquisitorial and investigatory processes with respect to the behaviour of people. I understand what the member is saying, but the process whereby

somebody decides whether or not, on the basis of information put forward by the apparently aggrieved person, there is a prima facie case, is the only way to run a system.

Mr JOHNSON: How can that be done on the basis of a complaint from one person who feels aggrieved without talking to the person alleged to have caused the complaint?

The CHAIRMAN: I am not sure this is directly related to the budget process, and I am concerned about the time.

Mr GRILL: Given that each complaint, according to these figures, costs up to \$5 000 on average to decide, it certainly must be a relevant question about the procedures adopted.

Mr JOHNSON: I am obliged to the member for Eyre, even though he is a lawyer.

Sitting suspended from 6.02 to 7.00 pm

Mr RIEBELING: At page 210 of the Budget Statements reference is made to the creation of a database to enable complainants and respondents to negotiate terms and to resolve complaints. How will that be achieved? Has an allocation for that program been made; if so, where?

Ms WILLIAMS: It will enable us to record on the database areas, grounds and outcomes. When a case emerges we can show people a series of examples of matters that have been dealt with and the outcomes. For example, comparative outcomes may range from apologies to a settlement of \$40 000. It means we can put a matter into perspective compared with what other people have done and are doing.

Mr RIEBELING: Will it be used as a tool for the negotiating team?

Ms WILLIAMS: Yes. Examples of those outcomes are included in the Equal Opportunity Commission's annual report.

Mr RIEBELING: Has an allocation been made to employ extra people to prepare the database?

Ms WILLIAMS: It is allocated under new works as computer hardware and software.

Mr RIEBELING: Has the number of FTEs at the commission increased or decreased?

Ms WILLIAMS: There has been a decrease of about 4.5 FTEs because we are choosing to spend our money in other ways.

Division 56: Law Reform Commission, \$744 000 -

[Mr Bloffwitch, Chairman.]

[Mr Prince, Minister for Health.]

[Ms M. Brewer, Administrator.]

[Mr A. Anderson, Acting Manager, Financial Development.]

Mr McGINTY: What was the budget allocation to the Law Reform Commission?

Ms BREWER: For this current financial year it was approximately \$750 000. The proposed allocation for the coming financial year is approximately the same.

Mr McGINTY: Is it of the same magnitude as that for last year?

Ms BREWER: Yes. The allocation for the 1998-99 year is \$744 000. The allocation for 1997-98 was \$724 000 but the expenditure will be greater. I do not have the figures for 1996-97.

Mr McGINTY: Has the restructuring had any official implications?

Ms BREWER: No.

[7.20 pm]

Mr PRINCE: In the papers before me, I do not have any information prior to this current financial year.

Mr McGINTY: The reading of the budget papers tends to suggest there is only one reference before the Law Reform Commission at the moment; is that correct?

Ms BREWER: That is not quite correct. The commission is in the process of wrapping up several old references and considering what to do with some of the older references. Some of the references that the commission is working on have been on the commission's books for as many as 20 years. Work on those projects was never completed. It is being tidied up at this time. We expect to publish three reports before the end of the financial year.

Mr RIEBELING: The next financial year?

Ms BREWER: This financial year - in the next 35 days.

Mr PRINCE: Can I go back to the question on finance because I have found some information. In 1996-97 salaries totalled \$369 000; in 1997-98 they totalled \$148 000; and in 1998-99 it is anticipated they will total \$126 000. That is a downwards movement attributable to a reduction in employees following the restructure. The commission now employs one permanent officer and plans to engage consultants to assist with research and reports. The increase in salaries goes up in 1999-2000 to reflect local salary increases. There is a consequential increase in general expenses due to the restructure, because the commission will engage expert consultants to assist in legal research and writing reports as opposed to employing staff, so there is a change in how the money is being spent rather than employing people full time. The intention is to engage people project by project. Apart from a one-off peculiar result from transferring the library to the Ministry of Justice, there is little change. It has moved premises. It previously had half a floor at London House. It now occupies smaller offices in Westralia Square, which has reduced the costs.

Mr RIEBELING: In relation to output No 1 on page 688, I think I heard your adviser say that you are producing three reports before the end of this year which renders the first statement on the table incorrect.

Mr PRINCE: Two you mean?

Mr RIEBELING: Yes.

Mr PRINCE: That is for 1997-98 and then three for 1998-99.

Mr McGINTY: Three is next year?

Mr PRINCE: Yes.

Mr RIEBELING: In relation to the three, have the issues that will be the subject of those been determined? In the timeliness of the reports, there was zero per cent last year, and there will be 100 per cent in the coming year. Presumably there is some knowledge of the work that will be involved.

Mr PRINCE: It is anticipated there will be three reports in the coming financial year.

Ms BREWER: The reports to be produced before the end of this financial year include two that have been undertaken by previous staff members. Essentially there were three legal practitioners working for the Law Reform Commission, two of whom had been employed for the commission for 22 years and one for 15. Those three gentlemen have completed work on projects in which they were engaged while they were working full time for the commission. Those projects are among the reports that will be completed. It was difficult to tell whether they were timely because in the references for those projects, no specific deadlines were placed upon them. Therefore, some of the projects are several years old and some are many years old for which reports are being produced. The reason we take the position for the coming year that we will be able to produce reports in a timely fashion is that when the Minister gave the current reference to the commission in September 1997, he requested that a final report on proposals for reform of the civil and criminal justice system be completed by 30 November 1998. We believe we are on track to complete that major report. We are producing an issues paper which we hope will be finalised before the end of this financial year or else within the first week of the new financial year. That is related to the same project

on reform of the civil and criminal justice system. Another one of these old reports still needs to be circulated for comment, revised, and then published. That report is about the enforcement of the judgments. I believe that reference was given to the commissioner in the early 1970s, so that report is being tidied up and finalised. It is a thorough report but it will be circulated to about two dozen members - stakeholders if you like - of the community for comment before final publication is approved by the commission.

Mr RIEBELING: In relation to the report on civil and criminal procedure, would the proposed Magistrate's Courts Act not be part of that report?

Mr PRINCE: If you are interested, I have a copy of the actual terms of reference; it runs into two pages. It deals in general with the laws, procedures and practices relating to criminal trials and civilian litigation; the standards and requirements of fair and equitable system; to report and examine those systems including the profession; other dispute resolution professionals; seek to identify the reasons for and the process by which demands on resources come about; recommendations as to what changes are necessary; to make a more accessible system less complex and a simplified system; efficient cost effective methods of resolving cases, prompt and expensive dispute resolution; reduction in costs of litigation; and the removal of unnecessary delay. The commission in doing that is looking at things like the means of instituting criminal proceedings; preliminary hearings; pre-trial conferences; conferences; criminal discovery; the laws, rules and practices governing procedure in criminal cases and trials, whether summarily or indictment; desirability; feasibility of codifying the law relating to criminal procedure; rights of suspects; powers of police and investigators; law of evidence; onus of proof; taking of evidence by videos; and so on. It does not say to look at the Court of Petty Sessions; Local Court; Magistrate's Courts; District Court and Supreme Court, other than to consider the appellatory court process, and the rules, practices and procedures. It deals more with the process rather than the means of achieving the process.

Mr RIEBELING: The list of proposed legislation that we have seen indicates at least two pieces of legislation that will directly involve these inquiries.

Mr PRINCE: Which are those?

Mr RIEBELING: The proposed Magistrate's Courts Act is one and, from memory, there are proposed changes for the enforcement of judgments. There is something in relation to that as well. I do not know whether that means they are pre-empting, or the Minister's officers had an insight into the procedure.

[7.20 pm]

Mr PRINCE: Neither. You and I will agree that the proposed Magistrate's Court Act is long overdue. A Magistrate's Court will sit as a Court of Petty Sessions and a Children's Court - it is all the same court. I suppose that goes back historically to the amalgamation of what was then the Police Court with the Local Court and so on. It makes sense to have that classified as a Magistrate's Court in respect of what may then in the future be a change in process and procedure, whether it be in the civil or criminal area.

A discussion paper goes out in four to five weeks. That is subject to a response over a period. A final report will be produced which one would normally expect to be commented on by the Law Society. As far as the criminal side is concerned, perhaps comment will be made by the Director of Public Prosecutions, the police and the judiciary. Consolidation of those comments then occurs, and it is then taken into the bureaucratic process and ultimately in some form or other it goes before Cabinet. We are talking about a couple of years, I suggest, before it would end up in Cabinet with a submission dealing with any potential change that would arise out of the work that the Law Reform Commission is doing right now.

In the meantime a federal review is going on at the same time through the Australian Law Reform Commission. That body is also looking at its terms of reference for similar things and we are trying to meld in with it. It has just had its time line put out to some time next year.

I understand what the member for Burrup is saying and in a sense I agree with him, but any legislation produced as a result of the commission's work is likely to be some years away. In the meantime, we should get on with formalising the Magistrate's Court and those other things.

Mr RIEBELING: The formalisation of the new Magistrate's Court Act would in essence affect the practice and procedures in those jurisdictions.

Mr PRINCE: Of course.

Mr RIEBELING: Whether we agree with the stipendiary magistrate having the ability to remove other magistrates is another matter altogether. It strikes me that we have one body looking at the best way to implement those changes and we have another body preparing legislation which is going to change things -

Mr PRINCE: I understand what you say but the Law Reform Commission, not only here but elsewhere, has always had the job of producing what we might call a touchstone for where we might go in the future. It takes time for its reports to find their way into legislation. By "time" I mean almost invariably some years.

Division 57: Office of the Director of Public Prosecutions, \$9 739 000 -

[Mr Bloffwitch, Chairman.]

[Mr Prince, Minister for Health.]

[Mr J. McKechnie, QC, Director of Public Prosecutions.]

[Mr J. Plunkett, Executive Officer, Director of Public Prosecutions.]

Mr RIEBELING: This is the first time after a number of years of trying, that the Director of Public Prosecutions has come before the Estimates Committee, so welcome and thank you for your patience. I do not think we asked you any questions last year.

Mr PRINCE: I am sorry to correct the member for Burrup but I sat here last year and I assure the member that there were questions from the member for Eyre.

Mr RIEBELING: Perhaps I was not there. I have a question in relation to performance measures regarding the timeliness of output No 1 on page 300. In the filing of indictments there are five days before the first appearance of the accused. The target for this financial year is 60 per cent, which is to increase to 90 per cent in 1998-99. Are any additional resources being allocated to the office in order to enable you to work towards that target?

Mr McKECHNIE: No. We are reviewing whether that is an appropriate timeliness indicator in all cases. There is often a lot of stress in getting an indictment prepared on the definite pleas of not guilty. We have had a target of 90 per cent for a few years, but we have yet to achieve it. We are examining the reasons for not achieving the target. It is partly because we are waiting on material from police and the like and partly because nearly 40 per cent of our matters are fast track pleas of guilty, which always have a very tight time frame. I suspect we are not going to achieve the target and we are reviewing it to establish whether it means something in all cases. However, we agree that the courts do need something.

Mr RIEBELING: In respect of the number of criminal proceedings, we have seen right through this document the Minister's stating that crime is on the increase, especially violent crime and the like, yet we find in this document an estimated 2 500 committals. Next year that target is exactly the same number. Do you expect an increase in workload or not?

Mr McKECHNIE: Yes. "Target" is probably a misleading term. It is one of the budget expressions, but we process what is done. There has been an increase in committals over the past four years of about 23 per cent or 24 per cent, and that is currently running at around 2 500.

Mr PRINCE: That is a 24 per cent over the past four years.

Mr McKECHNIE: Yes, therefore, I am not expecting a dramatic increase in the next year; it will be around 2 500.

Mr RIEBELING: As I found out tonight - and I must admit I was ignorant of the fact - that increase can be attributed to the fact that a person stealing cars, which is unauthorised use of a motor vehicle, now goes on indictment to the District Court.

Mr PRINCE: The offence of unauthorised use, as I said earlier, has been removed from the Road Traffic Act and, as I understand it, people who steal motor vehicles are charged with stealing and, depending on the value, it can be an indictable offence.

Mr McKECHNIE: Yes, that is right. In addition, a number of cases which were mentioned last year - the aggravated burglary provisions of a few years ago in the Criminal Code - have led to an increase because many actions which were previously dealt with in petty sessions now have to go on indictment because there are aggravated circumstances; that has led to a significant increase as well.

Mr RIEBELING: My understanding is that a lot more than 2 500 cars are stolen in Western Australia each year. In fact, more than 2 500 people are apprehended for the stealing of cars each year. How can we say that they are all going to the District Court when only 2 500 actions are prosecuted through the DPP?

Mr PRINCE: I do not know the answer to your question. I am pleased that the DPP agrees with me that "unauthorised use" is no longer an offence in the Road Traffic Act. Consequently, when someone takes a vehicle and uses it, which clearly is an unlawful act, that begs the question: What do we charge them with? The only answer is stealing, under section 222 of the Criminal Code. The value of the object taken dictates whether it is indictable; and I am talking about adults.

Mr RIEBELING: What is the value in order for the matter to go to a higher court?

Mr McKECHNIE: I cannot tell you offhand. I did not bring my copy of the Criminal Code.

Mr PRINCE: I will get one, if the member wishes.

Mr McKECHNIE: There is a summary offence provision for car stealing.

Mr PRINCE: That is right.

Mr RIEBELING: Therefore, the majority of cases would still go to the lower court?

Mr PRINCE: I am sorry, I cannot tell you. I will try to find out. I doubt that I can supply the member with supplementary information because I suspect those figures are kept by the Police Department.

[7.30 pm]

Mr RIEBELING: We know from the Police budget that 207 000 offences are reported to the Police Department, of which some 84 000 are property offences, which presumably includes car offences.

Mr PRINCE: Yes.

Mr RIEBELING: I cannot recall exactly, but I have seen the figures with regard to which State has the worst record in Australia, and although we are improving, we are still right at the top. My recollection is that about 60 000 cars are stolen each year, so presumably the people who go on indictment are the people who make a business of it.

Mr PRINCE: I cannot answer that accurately, but I can speculate that it is first and foremost those who are caught. I cannot tell you the arrest rate for car theft; it is certainly not 100 per cent, but how much less than that it is, I do not know. The police would probably be the only people who could give you any figures, if any figures are available that are even remotely accurate. It will then depend upon the value of the vehicle. I cannot remember what the Criminal Code says with regard to the cut off. They are charged under the stealing sections of the code, which relate also to shoplifting a Mars bar. There is a huge variation.

Mr RIEBELING: I suppose the problem with stealing a car is the intention to criminally deprive.

Mr McKECHNIE: No. Some years ago, Parliament changed the name, but the offence of stealing is basically unauthorised possession of a motor vehicle.

Mr RIEBELING: Page 298 lists the major initiatives for 1998-99, which include an evaluation of the effectiveness of the Director of Public Prosecutions' maintaining a team to prosecute indictable matters at the Court of Petty Sessions. What is the likely outcome of that program?

Mr PRINCE: I understand from a briefing from the estimable Director of Public Prosecutions that it has gone extremely well, and he may be able to give the figures about the number of officers who are employed to do this job and the number of cases that they undertake.

Mr McKECHNIE: With regard to the precise figures, I prefer to wait, because we are finalising a report, which I propose at this stage to provide to the Attorney, with a view to perhaps tabling it in due course. We have had effectively six officers full time, plus others, do preliminary hearings, plus clerical and support assistance. We have done in the order of 1 800 committals in the Perth court and have dealt with those pretty effectively by weeding out cases at first instance that should not proceed, and negotiating pleas with people who want to negotiate pleas. Generally, it has been a major success - and we will know better once the report is out - at least in preventing the District Court backlog from blowing out further, because these matters do not get into it.

Mr RIEBELING: I understand that a trial program is operating in the Central Law Courts. Is it envisaged - I suppose it is a political answer - that because there is a limited number of magistrates in country areas, the Director of Public Prosecutions will put similar teams, or a prosecutor, for want of a better word, into places which have a magistrate so that a similar sort of professionalism can flow to country areas?

Mr PRINCE: In a sense that is a difficult question, because it may vary from place to place. I suppose in a busy country court, such as Bunbury, where the magistrate has a large court load all the time and also does a small circuit, or in Kalgoorlie, which effectively has two magistrates, one who stays put and one who moves around -

Mr RIEBELING: In Karratha we have quality.

Mr PRINCE: I am not suggesting the magistrate is not of quality, because he is. It may be a question of the cost effectiveness of having a person there from the Director of Public Prosecutions' Office, and a question of for how long that person should be there.

Mr RIEBELING: Full time.

Mr PRINCE: The question is whether it should be a posting for three years or 12 months, or what is the appropriate time, because they should also circulate in and out of the Director of Public Prosecutions' environment. I do not know whether any thought has been given to that matter.

Mr McKECHNIE: We have given some thought to it, and obviously it will be a question for government, but our problem, if I can deal with indictable matters, is that, as the member may know, we are very busy in the country. We presently service all of that from Perth. Next month we will have seven or nine circuit courts, which is very heavy on resources and the like. If the experience showed that the Director of Public Prosecutions' involvement was positive, we would like, if not to place people in the country, which would probably not be cost effective for what we would like to do, at least to take over preliminary hearings or selective preliminary hearings, particularly those which involve sex offences and child victims, and the like, and service those to a far greater degree than we do at present. We already do some of that, but it seems to me that the logical progression would be to establish a team that at least serviced major preliminary hearings all over the State.

Mr RIEBELING: I thought, never having been a prosecutor, that the ability to complete files that could be prosecuted would vary greatly from one officer to another. My aim is not necessarily to reduce the workload, but to reduce the number of briefs that are not prosecutable for whatever reason. In some cases it might be economic to take over the case at an early stage rather than inherit problems.

Mr PRINCE: I have heard the argument raised a number of times by experienced police prosecutors who are stationed in a particular place, particularly in country areas, that the younger officers who are conducting the investigation would then have a resource on tap to whom they could go virtually ad hoc and say, "This is where we are at now. What more should we do in order to present you with a good brief?", and get an answer on the spot. The problem the director faces is that if he became responsible for all indictable offences throughout the State, that sort of advice would not be available in every country location unless he put an officer there full time, and that would diminish the quality of the investigative work being done by the police from the point of view of having the best possible case to present in court.

Clearly there is a balance here in the country locations. That is why I said that in courts in Bunbury or Kalgoorlie a DPP officer may be full time, depending on the volume of committable and indictable offences that come through the system. In courts which do not have that volume - presuming there is a police prosecutor, and Albany comes to mind - we would maintain the police prosecutor, with the DPP coming and going for perhaps the most serious indictable offences. In a sense that is a hybrid, and perhaps not the most desirable, but that is what I envisage from what I know of the way in which country courts work.

[7.40 pm]

Mr McKECHNIE: We have started to talk to police who want to upgrade the training of prosecutors. In the interim - which is the next four to five years - we see police upgrading their training of prosecutors. We will be involved in that and also bring prosecutors under our general overall control, so that we are able to service the courts, such as those the Minister mentioned, and still provide a local presence but have them work to our guidelines and protocols.

Mr McGINTY: I refer now to the abortion issue. Under your prosecution guidelines do you have a discretion, once a complaint has been made, to not proceed further with it?

Mr McKECHNIE: Yes.

Mr PRINCE: It would be appropriate for the DPP to make remarks of only a general nature, bearing in mind that two people are before the courts now. The member asked the question in the context of the abortion issue -

Mr McGINTY: The question relating to the prosecution guidelines was whether the DPP maintained discretion on proceeding with the initial complaints - and the answer was yes. My next question is whether the DPP intends to exercise that discretion in the particular case in the light of the fairly decisive action by Parliament.

Mr PRINCE: With respect, I do not think it is a proper question for the DPP to answer.

Mr McGINTY: He will have to, ultimately.

Mr PRINCE: Without being too pedantic, Parliament has passed a Bill that is with the Governor. Assuming it is signed, and we expect that convention to be honoured, particularly by this Government, it will become law at some date. I think the Bill provides when it was proclaimed, from memory, and really it is only at that point that the director has the responsibility to consider the matter - and not before.

Mr McGINTY: With respect, the answer that the DPP gave to my first question was that he retains discretion in the public interest whether to proceed. I guess the legislation might be part of the consideration, but I think the clear statement by the Parliament might be acting on his mind at the moment. I will be interested if the DPP has anything to say.

Mr PRINCE: The Director would prefer not to answer the question, because it is not, in his view or mine, one which he should be answering now.

Mr MASTERS: Now - being during the Estimates Committee?

Mr PRINCE: No. Now is at this time when the legislation is not yet law.

Mr MASTERS: But also now being when we are discussing budget matters.

Division 58: Office of the Information Commissioner, \$1 169 000 -

[Mr Bloffwitch, Chairman.]

[Mr Prince, Minister for Health.]

[Ms B. Keighley-Gerardy, Information Commissioner.]

Mr RIEBELING: What emphasis has been placed on the agency for the coming year? Can the commissioner roughly outline the current trends and the volume of her work? How many FTEs are employed at the commission?

Mr PRINCE: The majority of expenditure is on salaries for 14 FTEs. I leave the remainder of the question to the Information Commissioner.

Mr RIEBELING: How many FTEs were there last year?

Mr PRINCE: Fourteen.

Ms KEIGHLEY-GERARDY: Freedom of information in Western Australia has followed the trend in other States, which produces a very high initial use of the Act and then plateaus off. We have reached the point where that use has plateaued off. Although interest and the number of applications across the public sector remain high, the number of complaints coming to my office are decreasing or at least staying at the same level. We predict around 190 complaints this year, and currently I have handled 174, so we are on target. The relatively low number of complaints is due to the advice and awareness function in Western Australia, which is unique. That function provides advice and assistance to members of the public and to agencies which can contact my office at any stage in the process and obtain advice about how to make an application or to deal with issues or problems. One of the indicators of my advice and awareness subprogram is to reduce the number of formal complaints. While we expect the number of applications to continue across the public sector, overall the number coming to my office will level off. The number of complaints do not reflect their complexity, which is influenced by many factors.

Mr RIEBELING: In the initial part of an FOI system, the agencies test the bounds of the information to be given to applicants under the FOI legislation. Presumably once a determination is made by the commissioner, they are less likely to reject a similar request from someone else. Is that the reason for the levelling out in the number of complaints?

Mr PRINCE: It would be the precedent which applies.

Ms KEIGHLEY-GERARDY: To some extent, but each case is different because the documents are different and the sensitivity and the issues involved in the documents are different. Much of it depends on how agencies handle things, and how their processes and procedures work. One agency dealing with a certain type of document may release it or part of it, whereas another may decide not to. It depends on the agency, the processes and procedures, although decisions give guidance on the public interest factors that I take into account when deciding on an issue.

Mr RIEBELING: Has a survey been done of the 190-odd resolutions relating to the satisfaction of the applicant and the respondent?

Ms KEIGHLEY-GERARDY: That is right.

Mr PRINCE: I point to the performance measures for output No 1 at page 584. I think the answer is yes.

[7.50 pm]

Mr RIEBELING: Is there a different satisfaction rate between applicants and respondents?

Ms KEIGHLEY-GERARDY: No, it is high with both parties. We survey the applicant and agency concerned regardless of whether the applicant gets the document. We are interested in feedback on our process and we ask them to comment on such issues as the timeliness of the decision, the processes employed, the professionalism of our staff, whether they were kept up to date, and whether they understood the decision. Those answers come from agencies and applicants. With both participants the satisfaction rate is high.

Mr RIEBELING: On page 585, the performance measures for output No 2 appears to show an increase of 500, which would be 10 per cent in the number of applications. Is that considered to be normal, given that I thought you said that there was a plateau of applications? Does that refer to dispute applications or FOI applications?

Ms KEIGHLEY-GERARDY: It refers to the number of applications across the public sector. As more people become aware of their rights and the existence of the Freedom of Information Act, it is reasonable to expect a slight increase but I do not expect a major increase. An increase of 500 is a modest expectation.

Mr MASTERS: On page 585, the performance measures for output No 2 show 5 000 applications this year at a cost per application of \$75.

Mr PRINCE: It applies to next year.

Mr MASTERS: Turning to page 586, the operating revenues show \$25 000, which indicates about \$5 per application as being the average revenue for an FOI application. Am I averaging it out correctly?

Mr PRINCE: The performance measures for output No 2 refer to the number of applications made under the FOI Act to agencies and local government; in other words, across the whole of the public sector. That is just a

performance measure. The financial statement, operating statement and revenue indicate the revenue that comes into the Office of the Information Commissioner, which is nothing to do with the number of applications which are made across the public sector or to local government. These figures have only to do with the revenue that comes into the office.

Mr MASTERS: Do the FOI application fees go direct to the agencies and not to the Office of the Information Commissioner?

Mr PRINCE: Yes, and they wind up somehow or other in the CRO.

[8.00 pm]

Division 59: Culture and the Arts, \$59 340 000 -

[Mr Bloffwitch, Chairman.]

[Mrs Edwardes, Minister for the Environment.]

[Dr W.J. Cox, Acting Director General, Ministry for Culture and the Arts.]

[Mr E.J. Griffiths, Manager, Strategic Support, Ministry for Culture and the Arts.]

[Mr R. Palmer, Chief Financial Officer, Ministry for Culture and the Arts.]

[Mr A.R. Dodge, Director, Art Gallery of Western Australia.]

[Ms W. Wise, Director, ARTSWA.]

[Mr K. Lord, Director, Strategic and Commercial Programs, Art Gallery of Western Australia.]

[Mr S.L. Dawkins, Chief Executive, Perth Theatre Trust.]

[Dr L. Allen, Chief Executive and State Librarian, Library Board of Western Australia.]

[Ms D. Allanson, Chief Executive, ScreenWest.]

[Mr A.P. Reeves, Executive Director, Western Australian Museum.]

Ms McHALE: A year and six days ago the Ministry for Culture and the Arts was formed and the Minister proudly announced that in this Chamber on 20 May. At the Estimates Committee last year Dr Cox said -

The ministry has been established under the Public Sector Management Act, under which it is possible to establish ministries and departments of government. However, the ministry cannot operate in its full model until legislation has been passed, and the proposed Bill will be introduced into Parliament in the spring session.

Unfortunately, when he referred to the spring session, he did not say in which year. I have a number of questions but, first, I would like to know what has been the effect of not being able to operate the ministry in its full model. What has that meant, given that 12 months has now passed?

Mrs EDWARDES: I will update the member on the legislation. It has just been finalised and the Minister hopes to bring it to the Parliament late this session, but, if not, definitely in the spring session of 1998.

Dr COX: From the point of view of the customer, which is where we should always come from, the interim model versus the final model has made no difference whatsoever. However, in terms of good institutional structures and behaviour, the interim model introduces complexities, as can be seen in division 59, where the Parliament is being asked to allocate funds to a number of entities and not just to the ministry. It is being asked to allocate funds to the ministry, as well as funds to those institutions which, under their ruling legislation, cannot receive funds from a body other than the Parliament. From a customer's perspective, it has made no difference but in terms of administrative arrangements it has added a number of complexities which can and will be removed once the legislation is in place.

Ms McHALE: If it has made no difference, why was the ministry established in the first place?

Mrs EDWARDES: Dr Cox has referred to some administrative complexities. Obviously these will be overcome once legislation is in place to support the new structure.

Ms McHALE: My question was related more to outcomes and the effect of having a Ministry for Culture and the Arts rather than the previous structure. The complexities to which Dr Cox referred were administrative in relation to the budget rather than outcomes and service delivery.

Mrs EDWARDES: Many benefits have flowed.

Dr COX: My answer is very much in line with the question which I took on the basis of proposed legislation versus the current interim model. Even under the interim model, the customers have seen no difference in the outcomes, but during this transition period the ministry has been able to position a framework which ensures more outputs that achieve the desired outcomes for the community which has an interest in culture and arts issues. For example, we have been able to put in a ministry strategic plan which provides a foundation for the services and outputs to be purchased from each of the service agencies. Some of that was not in place 12 months ago and it is now in place. We have built a team of people who are starting to work together for the purpose of providing enhanced services to the community, as opposed to services unique to each institution. We have identified initiatives which will come to fruition in the next 12 months and will be of benefit to the community. The ministry has used the past 12 months to position for a brighter future, recognising that to establish a ministry like the one in the process of being established, a number of steps need to be put in place. In the main, those steps have been put in place to provide a foundation that will lead to better outcomes and enhanced outputs.

[8.10 pm]

Mr MARSHALL: On page 265, the third last dot point of significant issues and trends says that changes in the way we do business require us to be more innovative and flexible. Can you give me a better example of that or other examples of what you are doing and a fuller explanation of that statement?

Dr COX: I will quote a couple of relevant examples and then ask some of my colleagues to elaborate further. One of the things about Western Australia, as the member well knows, is that we have a centre called Perth and a very dispersed population. One of the disadvantages of that is it is difficult for people throughout the State to get access to all the cultural and art services that the people of Perth have. One of the things that the ministry is doing to respond to that is under a heading of "WA Online". We are innovating and a number of pilot projects are being put in place now. One is from the Library and Information Service of Western Australia and another is jointly through the Museum and the Art Gallery to put in place products and services which will mean that people in the regions will receive a higher level of service than they are currently enjoying. That is an example of the use of appropriate modern technology to enhance service delivery to those regions. I call on Dr Allen to talk about the library project before calling on Andrew Reeves and Alan Dodge to talk about their project.

Dr ALLEN: I will focus on a project that we have called regional libraries online. In the past 12 months we have expended upwards of half a million dollars on providing public access to the Internet in our 11 regional libraries. Just a few days ago the eleventh one was launched. These are throughout the non-metropolitan areas. This means that we can expand our Internet services directly to the public in the country in the way that we do in the Alexander Library Building or in their own homes through the Internet. Over the next 12 months we are looking to put far more resources on the Internet ranging from digital images from our photographic collection to various guides to the catalogue and also pointers so members of the public can roam across the world to find the information they need. Hopefully, in the first half of next year, we will start delivering electronic documents and taking interlibrary loan requests online which will be great for some of the remote areas.

Mr REEVES: The Museum and the Art Gallery are jointly working with Imago, the multimedia centre of excellence, to develop virtual museum products that are relevant in a number of areas. They will put museum and gallery collections online in terms of data and images so that they are available over distance and time. Equally important is the development of home pages for a number of exhibitions hosted by the Museum and gallery. During the recent Egyptian exhibition we ran a web page which attracted a great deal of interest from in and out of Perth. While virtual exhibitions are no substitute for real exhibitions, the greater extent they provide is one indication for the future. This is a joint project between the two organisations and a third party.

Mr DODGE: For example, a project which would combine museum and art collections could involve looking at an

area such as the goldfields. A virtual program like this would provide us with a pilot to try this interrelationship and provide many levels of meaning. We could look at what Fremantle and Perth were like at the time, what the goldfields were like, what the waterline was and the whole story in terms of art and artefacts. It is a way of providing levels of material to the regions and overseas which we cannot access any other way.

Not all small communities are able to provide the environmental conditions needed for a lot of delicate artefacts and works of art. This is a chance for them to access this material. Although this virtual access is no substitute, it certainly is a wealth of information. Education programs could be part of the virtual exhibitions. We hope it will encourage people who come to Perth when access is possible to have the major institutions on their list of places to be visited and they can have that experience too.

Mr MARSHALL: When you take exhibits to the regions is there a governing factor of population? I am thinking about the Peel region with the new performing arts centre. It is a magnificent structure but I do not think they have homed in on the expertise that arts people have to offer in order to put on these exhibits. I am talking about a city of 45 000 people and a region containing around 75 000 people.

Dr COX: Perhaps Mr Dawkins would like to comment from a performing arts perspective as that is one of the main functions of the new cultural centre.

Mr DAWKINS: I am not particularly aware of the exhibition areas in that splendid new facility -

Mr MARSHALL: There are not any.

Mr DAWKINS: The performing arts have offered to help where we can but I know the Government provides substantial support for touring. The Peel region is eligible for that sort of support and gets touring support from Country Arts (WA) and other programs. The distribution of the performing arts depends very much on what funding exists within the ministry. The Peel centre is a splendid facility providing a good service to that community, and it will grow in importance.

Ms WISE: In terms of the visual arts we provide funding to a group called Art on the Move. I am not sure if the Peel performing arts centre has made contact yet. The group classifies their galleries A, B or C depending on the quality of the exhibition space. I imagine it would be a fairly high quality exhibition space there so they should be able to access all the exhibitions provided through Art on the Move.

Ms WARNOCK: I saw on television tonight the restored Egyptian sphinx and I hope that we might see the virtual sphinx in one or other of the arts outlets in Western Australia very shortly. It looks like a splendid beast. The Egyptian Government apparently has spent some 10 years restoring it.

I direct the Minister's attention to another dot point on page 265. It starts off with strategic partnerships and ends with the words that strike terror into the hearts of all arts people - "in times of fiscal constraint". I ask about these strategic partnerships with the community, local government, education institutions and other government agencies in the private sector. I agree that these partnerships are critical. I would like to know how successful the Government has been in striking up some of these partnerships. I would like to be given early warning if there is likely to be any more fiscal constraint. It is not a phrase that people in the arts like to hear a great deal about.

Dr COX: Section 59 shows that there is no loss in allocation to the Arts portfolio. I ask my colleague to fill you in on some of the strategic partnerships that are currently in operation.

[8.20 pm]

Ms WISE: There are quite a range of them. Over the past few years we have provided funding for cultural planning for regional WA. Through Community Arts Network we have developed a partnership where they go into local government areas to help them develop their strategic plans and we provide the funds for the consultant to go in there.

We provided incentive funding to Country Arts (WA) to ensure local governments contribute to the development of the arts in some of those areas. The incentive funding has been successful in Esperance and operational in Albany, Geraldton and Avon Valley. Those councils have benefited from it. We have been working with the Ministry of Justice to implement art-in-prisons programs. Some have already taken place. One will be working in Roebourne with the Yirri Yaakan Noongar Theatre which will be working in the Roebourne Prison.

We are looking into visual arts projects and more musical projects perhaps for Bandyup Prison. We have worked with the Department of Commerce and Trade to develop an export development strategy for culture and the arts, although I do not think it has yet been launched.

The museum people will talk about a cultural tourism strategy. We have been working with the City of Fremantle coordinating the major arts agencies to examine how to develop the arts in the Fremantle area as a coordinated approach rather than as a case by case, theatre company by theatre company. There are quite a few.

Mrs ROBERTS: I refer to the tenth dot point at page 266. Two key words strike me, "continue" and "efficiently". With reference to continuing, what investigations have taken place so far? What is the result of those investigations into BOCS ticketing outlets? It refers to "the best means of efficiently" managing. Efficiency generally signals an emphasis on the bottom line financial returns rather than what is best from the theatre-going public's point of view. What reassurance can we be given that we will get the best management rather than the cheapest management?

Mr DAWKINS: We have called for expressions of interest to manage the entertainment venues. From that, a number of companies have been short-listed for consideration in the next stage. They have been provided with the documentation to provide a proposal to us which closes on 12 June. From that list we will choose one or more companies to take further into negotiation.

The starting point for the venues is a continuation of service at least at the current level provided by the resident companies in line with the understandings we have with the theatre companies and major users of those venues. The framework within which the successful tenderer must operate includes efficiency to show whether it can indicate ways of better managing than currently possible by the introduction of new capital and new forms of financing improvements and by encouraging more activity.

It is a given that the ambitions already being pursued by the trust in relation to cultural diversity and access to the people of Perth to quality entertainment will need to be a very big part of the successful tenderer's mission.

The committee and the trust decided to postpone the issuing of a tender document for BOCS until the venue management issues were resolved. It was felt that having some certainty about who was managing the venues would provide a better market place for the contracting out of the ticketing service. To do all the venues and the ticketing at the same time was an administrative challenge.

Mrs ROBERTS: Most of what you have said has not reassured me. I am concerned that better management is being addressed in financial terms. You made reference to better access to the people of Perth to quality theatre productions and so forth. How are those criteria established and how do we judge this is what the Perth Theatre Trust or the Government is delivering?

Mr DAWKINS: The terms of reference of the expression of interest and the benchmarks of performance which were not only identified in that document but also made more specific in the requests for a tender document will ensure regular overseeing of the management performance of those venues by the trust through the ministry.

Mrs ROBERTS: Do you judge that by attendance numbers at performances or the diversity of programs?

Mr DAWKINS: They must achieve a series of criteria partly in customer service and partly in the usage of the venue and whether they achieve a benchmark of about 70 per cent occupancy. In doing so we will work closely with the company to achieve those levels of performance.

Mrs EDWARDES: If the member is interested, that criteria will be made available after the tenders have closed. The member should put the question on notice and the information will be made available in that way.

Mrs ROBERTS: I am happy to do that.

Ms McHALE: How many companies have been short listed?

Mr DAWKINS: We have kept that information confidential because it helps build the competitive element of the marketplace.

Ms McHALE: Was there any exclusion clause for people working in the Perth Theatre Trust to tender?

Mr DAWKINS: No. In fact, the expression of interest document is a public document.

Ms McHALE: Would it be entirely open for instance for you to tender for the contract?

Mr DAWKINS: It was an option which I did not take up.

Ms McHALE: So there will be no conflict of interest whatsoever?

Mr DAWKINS: No.

Ms McHALE: Dr Cox talked about positioning for a right of future. I do not want any generalities. I want to get an understanding of what it means to the individual agencies to be part of the ministry. What will be that brighter future for the Art Gallery? What will be different?

[8.30 pm]

Dr COX: To go back to the example of a virtual collection given earlier by Andrew Reeves and Alan Dodge, that is, I suspect, one of the first examples we are going to see of people working together. In the pre-ministry days, when you had effectively six separate agencies and people marched to their own tune, people were very conscious of who their customers were and they were very good at delivering services to them. However, through that narrow focus they did not use the opportunity to work together for the common good of the community as well as for institutions. Therefore, by planning together and putting a strategic plan in place for the ministry which then has a roll down basis, the business plans for each of the service agencies which make up the ministry start to see specific examples of products and services delivered for the good of the community. One quoted by Dr Allen is where people have worked together and put their expertise together, and put in place a pilot project. If that is successful it will be the first of many produced on the basis of story books and picture books on a range of topics for the interest of Western Australians.

Other projects have been talked about - for example, the pooling of resources in Western Australia such as the library, which has a heritage collection, together with the expertise of the Museum. We are very good at collections. This of course would include the expertise in the gallery which has visual arts examples of the pearling industry over many years. That is the benefit of working together to produce a product which will have more appeal to the wider community and have benefits to Western Australia in general. I emphasise that it is more for the good of the public rather than the good of the gallery. Individual agencies - for example, ScreenWest - which have had to rely on their own expertise now have the ability to work through a central pool of expertise to which they did not have access in the past because they were too small. They can now call on their expertise to implement business practices, again with a view to producing a better quality product and service to the wider community.

If the member is interested, I can ask my colleagues to talk about other examples of how the ministry is going to add value as opposed to having six small individual agencies.

Ms McHALE: I will not take you up at this stage but I might come back to that depending on how we go with questions, as we have many other questions we wish to pursue.

Ms WARNOCK: I have several questions relating to page 266. Dot point two states -

Facilitate the establishment of a commercial venture to attract overseas investment in the Western Australian screen industry.

I would like to know what this is about; in short, what is the commercial venture to attract overseas interest? I also ask what sort of luck the screen organisation has had in attracting overseas investment in the past 12 months, if any?

Ms ALLANSON: A very brief description of the commercial venture is a structure, yet to be finally defined, that will provide a range of services, including financial arrangements, co-production services and distribution services, for the screen industry in Western Australia. Those services do not currently exist here and they have been identified as an impediment to growth because, essentially, they are the key connections with markets. Currently we are exploring what the options are in terms of structures and potential partnerships. We have developed contact with some key companies on the east coast and overseas which have expressed some interest in the possibility of participating in some sort of venture, to the extent that we have received visitors here to discuss these issues. Therefore, there is certainly potential to develop this further. So far a number of productions over the past year have

been concluded with overseas investors. I am not in a position to give the exact amounts because we are not necessarily involved in all of those productions. However, by way of example, a children's television series was recently completed where the majority part of the budget was provided by one of the commercial television networks in Britain. It will be shown on commercial television in a prime time slot for the program of that type, providing tremendous exposure. It was co-funded through the ABC and free sales to other overseas territories. That venture was worth approximately \$3m of which more than half was sourced from overseas; that is, on a very modest type of production.

Ms WARNOCK: Have there been other ventures of a similar nature in the past 12 months? I am just trying to get a picture consumer-wise in the past 12 months.

Ms ALLANSON: Production is only one of our ventures, yet a number of documentary productions have involved overseas investment. To clarify, production funding is not provided unless pre-sales to overseas territories have already been achieved and that produces a trigger to the bulk of the funding which is provided through the federal funding agencies. ScreenWest's provision of funding tends to be the last small missing piece of the link or the first to trigger those fundings to come together.

Mr BROWN: I give a preamble before I ask my question. Firstly, I have a great interest in the Western Australian Museum; therefore, I will be asking a number of questions during the course of the evening on this subject. Secondly, I am not convinced of the benefits that claim to be coming from the creation of the super ministry. My understanding is that all the different agencies which comprise the ministry were necessary, therefore, I am not convinced that that one ministry could not have given the direction that all the agencies were to work together in exactly the same way as the ministry, for example, works. However, time will tell as that progresses. My question relates to the actual costs of creating the ministry. I presume there has been a need for new printing, for liaising between agencies; in other words staff time and material costs. Is there some estimate of the number of dollars involved in creating the ministry?

Mrs EDWARDES: I will provide that answer by way of supplementary information.

Mr MARSHALL: Having been involved in the steering committee to test the viability of creating an Indian Ocean games, I would like to refer you to page 265. In one of your major initiatives for 1998-99 the bottom dot point says -

A co-ordinated strategy to foster international trade and exchange, with a focus on the Indian Ocean rim.

What strategy do you have in place and has the program been started?

Ms WISE: From the point of view of ARTSWA, we have provided funds over a number of years for a range of initiatives, most recently quite a lot of interaction between WA and South Africa. This was by way of exchange between arts organisations and individuals. Very recently Albany had a dancer on exchange. A participant from South Africa attended and spent some time there. We are working with India on a number of exchanges including the Perth jazz orchestra. We have provided a lot of activity over recent years with reference to the dot point and there has been activity in the rest of the ministry. We need to coordinate that so that we have the best outcome for the arts industry, for ARTSWA and art activities and the Art Gallery. We have provision for that relationship in the future.

[8.40 pm]

Mr MARSHALL: A lot of work has been done through the Ministry of Sport and Recreation on this. From memory, over 14 nations are located on the Indian Ocean rim and there are other definitive areas like Kuwait which is on the Persian Gulf, so it could be opened up further.

Ms WISE: Your suggestion is welcome. I have already talked to Hallam Pereira who works for the Ministry of Sport and Recreation. He has been incredibly helpful and expressed an interest in our participating in an initiative the ministry is proposing for the next couple of years.

Mr DODGE: I have been in Western Australia since January last year. When I came here it became obvious that what was most unique about Western Australia, and Perth in particular, is that it is the only area in Australia to grace the Indian Ocean rim. It is a marvellous opportunity for us not only culturally but also to culturally underpin trade, diplomatic and other initiatives taken in the area both by the State and Federal Governments.

The member mentioned the 14 members of the Association of Regional Cooperation which is critical to us. We have

entered into this in a virtual way. We presented an exhibition called Traditions/Tensions: Contemporary Art in Asia for the last Festival of Perth, and five Asian countries were picked to exhibit more for their differences than similarities. Each one had a curator and artist. India and Indonesia were included. That came out of an initiative in New York whereby the head of the Asia Society Galleries was horrified to find that Indian artists said they knew more about what was happening in New York than Indonesia and there had not been cross-fertilisation in the region. We thought this exhibition would be a good one to start with. As we speak, my curator of contemporary art is in Johannesburg working with colleagues to put together an exhibition for the 2000 Festival of Perth which will look internationally from those two areas at the concept of what is home in the new millennium. That will be a question we will all ask. Also we are working on an exhibition for 2001 which will look at parallel colonial cultures in South Africa, India and Australia with the idea of how the British influence worked and what we can read through artworks of what happened in those countries.

The culmination of all this is that at the same time the ministry has received a grant of funds to put together a site development plan for the gallery precinct to be incorporated as part of the Cultural Centre development. That contains plans to build a living centre of Australia and the Indian Ocean rim. The idea is that it would be a place to bring together people for meetings and to display things. There would be artist in residence facilities and also facilities for scholars and research. In other words, it would provide bricks and mortar and focus for those other interests that we all share in that region.

Ms WARNOCK: I was involved with the 1979 Indian Ocean festival. I know that the Indian Ocean Cultural Council in Western Australia has been interested in revisiting that idea since that time. It has been unsuccessful because it was unfunded. Have the people who are involved in developing these interesting sounding exhibitions that I am pleased to hear about consulted with the people who were involved with that idea all those years ago; for example, Peggy Holroyde?

Mr DODGE: Yes. I act as an unofficial member of that group and meet with them. However, there is another interesting group of people who have varied interests in this area in the Department of Commerce and Trade, and Peggy Holroyde and Ken McPherson are also members of that committee. I reassure the member that we are conducting an environmental scan that started with ARTSWA, the Perth Convention Bureau, the Departments of Tourism and Commerce and Trade, as well as the universities and everyone we can think of who might have an interest in this area in order to inform the development of this centre.

Ms McHALE: Can the Minister outline any budget overruns or areas of overspending in the 1997-98 Budget?

Dr COX: The overview to that is no. However, there are a lot of unders and overs when one establishes a ministry as opposed to six individual agencies. There has been a lot of flows of payroll tax and superannuation money back to government and at the same time approvals to spend money on other things.

Mr PALMER: At this stage the ministry has applied for only two supplementations and these relate to past liability superannuation. Treasury has agreed and approved both those supplementations. Once again there is a transfer between the ministry and the other agencies, so there are offsetting savings in the ministry. The savings in the ministry will be in payroll tax and superannuation. The net result at this stage is anticipated savings of \$2.4m from the original budget. That is made up mainly of superannuation and payroll tax which was in the budget, which will not be spent.

Ms McHALE: In April this year I asked a question of the ministry in relation to the millennium bug. I have information on only four of the agencies making up the ministry, but the answers indicated that it will cost about \$500 000 in the next financial year so that the computer software is 2000 compliant. Has a special allocation been made for that or will that come out of the current budget?

Mrs EDWARDES: It is coming out of the current budget.

Ms McHALE: What will happen if \$500 000 is not set aside to manage the 2000 bug?

Dr COX: In terms of budgeting, Ms Wise's response indicated that most of the smaller agencies that make up the ministry are either compliant or will cheaply become compliant. Generally speaking, one has a capital program with a 10 year horizon, and one juggles the capital expenditure to ensure the highest priority things are done in year one. The library is the main area affected by the millennium bug.

Dr ALLEN: We are fortunate in one way as we replaced all our mission critical systems in the past three years. Our

software is fairly new so we already have written verification from our suppliers that release No 12 of that software will be 2000 compliant. It will also have a lot of other features in it, so that the upgrading to fix the 2000 problems will also give us a lot of new features in software.

There is a major staffing component in that and that is affecting a few of the major libraries in Australia that have that software. Every significant library will require a range of upgrades. It is impossible to say what might not get done as a result, because we plan to do a certain amount of computer systems in that year and the 2000 bug is our number one priority. We have a considerable number of other projects that we will achieve, not the least of which is the electronic document delivery system.

[8.50 pm]

Ms McHALE: Do you see no problems in managing the year 2000 bug?

Dr COX: We have done an internal review in the ministry, and like all government agencies, we have reported periodically against that plan. The reassurance we have given is that we will manage the issue. We anticipate no problems within the ministry, but our concern is to ensure that people with whom we trade or do business and communicate honour their obligations so we are not affected by any problems they experience.

Mr MASTERS: Page 264 of the budget papers, the first page of the division, outlines the appropriation and forward estimates. A table lists the budget estimates for this coming financial year for items 79 to 82, including the Library Board of WA, the Western Australian Museum and the Art Gallery of WA. Dashes are provided for the following three forward estimate years. One of my concerns about the creation of the ministry and amalgamating the agencies is that, as with agencies which appear in other parts of the budget papers, less transparency will be associated with the presentation of the expenditure figures. Will individual annual reports still appear for the Art Gallery, the Library Board and the WA Museum? The answer may well be no. If so, is there any reason that it would not be possible in future years for the budget papers to outline exactly the expenditure of the three subagencies?

Dr COX: You raise a series of issues. Figures are not shown in the outer forward estimate years because, as you rightly assume, if Parliament agrees to the establishment of a ministry through legislation, in future the allocation will be to the ministry as opposed to individual agencies. That is the reason for dashes for the outer years. In future, a single allocation to the ministry will be seen. The intent within the ministry is to have a system in place to make allocations on the basis of service agencies. Therefore, the Art Gallery will be retained as an agency, and it will be allocated a sum of money to provide services on behalf of the ministry.

An annual report will be compiled on behalf of the ministry and the intent - this decision is not finalised - is that a section of the report will report on the operations of the Art Gallery. Therefore, the core business and services provided to the public will be outlined, and this will include an element of accountability regarding what was spent in terms of the overall ministry budget. There will be one annual report. In terms of accountability, a decision for future Governments and Parliaments will be how budget figures are presented. The ministry, at any one time, will account exactly for where the money has been spent in service agencies.

Mr MASTERS: I am sure the ministry will know that information. However, the idea of the budget Estimates Committee is to allow Parliament to look at the break up of the expenditure. Is there any technical or other reason that in future budget papers you could not show the allocation of funds, as shown in the 1998-99 budget, for the three subagencies?

Dr COX: No technical reason exists for not doing that. It depends very much on the desire of the Government and the Parliament. It can be shown in two ways. One is to show in division 59 a series of items to go beyond the three agencies as six agencies are within the ministry. Alternatively, the figures could be placed in the performance indicators as the allocation to each institution. The answer is that the information you seek can be presented in the most appropriate way.

Mrs EDWARDES: This is the Treasury format.

Mr MASTERS: I formally request to the Minister representing the Minister for the Arts that future budget papers be prepared in the way I suggest so all allocations to each subagency are clearly shown.

Mrs EDWARDES: I am not sure that that is possible. The member might like to take it up with the Minister for the Arts. It is a Treasury format, not a Minister for the Arts format. It does not matter which portfolio or Minister is

involved, or how we would like to see it done, a certain level of consistency is required in the figures presented in the Budget. The member might like to take it up directly.

Mr MASTERS: I appreciate what the Minister is saying, but my understanding - I am not an accountant - is that Treasury requirements set minimum standards. I am requesting a higher standard which is not counter to Treasury requirements.

Ms McHALE: Who will determine how much money is allocated to the five agencies which will disappear, when and if the legislation is enacted? Who will determine that the Art Gallery will get X million dollars and the Museum Y million dollars?

Mrs EDWARDES: If I know corporate executives, they will all try to get the maximum they can.

Dr COX: When the legislation passes, the Minister will be the body corporate through the director general. The director general will put in place a mechanism which she regards to be appropriate.

Ms McHALE: In reference to and in consultation with the Minister?

Dr COX: Very much so.

Ms McHALE: Therefore, nothing stops the reallocation of funds from the Art Gallery to the Library and Information Services of WA or the Museum.

Dr COX: In theory, it is possible, but unlikely.

Ms McHALE: It is very possible.

Dr COX: It is possible.

Ms McHALE: Who has made the decision that no annual reports will come from the individual agencies?

Dr COX: It flows straight out of legislation. If one has a single agency, the requirement under the Financial Administration and Audit Act is that the agency produce an annual report.

Ms McHALE: What will be the status of the Art Gallery, the Museum, LISWA and ScreenWest under the new legislation?

Dr COX: When the legislation passes Parliament, each of the entities will be operating entities and will retain their names. The Art Gallery, the Museum and LISWA as institutions will not disappear, and nor will ScreenWest or the other institutions. The proposal is that ScreenWest will retain its current status, which is an incorporated association. By the way, it must produce its own report. The other entities, which retain their name and operating entity, would come under the umbrella of the ministry, and its annual report. Consequently, they will not produce their own annual reports. However, for good operational, public relations and other reasons, they may want to produce reports to highlight what they do and what they contribute to the community. Certainly, sectional reports will appear within the main report of the ministry. Therefore, members of Parliament and other readers of annual reports will clearly understand the services they deliver and at what cost, and they will be held accountable under the ministry umbrella.

Ms McHALE: Will they still be covered by their own legislation?

Dr COX: The intention is that the umbrella legislation will be the ministry legislation. Regarding detailed operational functions, the entities which have legislation will retain that legislation, or the appropriate legislation will be included in the new Statute. Some entities are not covered by legislation as they are covered by generic legislation known as the Public Sector Management Act. For example, ARTSWA does not operate under its own legislation.

Ms McHALE: Can you identify which entities have their own legislation?

Dr COX: The Art Gallery of Western Australia -

Ms McHALE: Will it have to its own legislation in the future?

Dr COX: Its Act is still in place, and elements will need to be retained so it can continue as it currently functions. The same applies with the WA Museum. The proposal with LISWA is that its legislation will be rolled into the new legislation. The Perth Theatre Trust issue is still open for debate.

[9.00 pm]

Mr MARSHALL: I refer to major initiatives on page 267, relating to the new maritime museum at Fremantle that will house *Australia II*. I would like a full explanation of that statement. A negative news report was featured on a major television station dealing with the lack of negotiation and consultation with heritage groups and whether the yacht was too big for the premises.

Mrs EDWARDES: That is not an appropriate question for me as the Minister representing the Minister for the Arts. It comes under the Government Property Office, so it should be asked of the Premier.

Mr MARSHALL: I would like the point expanded.

Mrs EDWARDES: Obviously the member is aware that planning is proceeding on the waterfront precinct.

Dr COX: Planning has been announced for the new development in the maritime precinct at Fremantle. The project is being managed by the Government Property Office and the funding sits within that division. The ministry's role, particularly through the Western Australian Museum, is to act as client for the new maritime museum. In other words, a new museum has been proposed for the precinct and is being designed progressively. The WA Museum is having extensive input to ensure that the facility meets its needs and those of the collection proposed to be housed in the facility.

Mr REEVES: The facility will not only house *Australia II*, but also will act as a catalyst for a major new maritime museum. The WA Museum is currently developing a range of exhibitions and programs which encompass yachting and deal with the regional, national and international implications of the maritime history of Western Australia. We hold extremely strong and internationally significant collections in many areas and this will allow us to build on those in a state of the art facility that will provide a cultural and economic detonator for the State.

Ms McHALE: Have any contracts for the development been granted?

Mrs EDWARDES: Detailed precinct planning has been undertaken and architects Howlett, Bailey and Woodland and GHD Pty Ltd have been appointed.

Ms McHALE: Did that go out to tender?

Dr COX: Yes, but not through the ministry because the property is managed by the Government Property Office.

Ms McHALE: Are any other private sector companies involved at this stage?

Dr COX: No, not to my knowledge.

Ms McHALE: When will the submarine be available? It was stated last year that it would be available on 1 July 1997.

Mr REEVES: The submarine is available as required. It is a large piece of equipment and not easily transported. Cost effectiveness suggests that it be moved only once rather than towed around Cockburn Sound. Discussions with the Navy have reached the stage where it is maintaining the submarine at Garden Island. In fact, it has not completed removing batteries and other dangerous materials. Negotiations are proceeding to enable us to move the submarine once to a permanent location adjacent to the museum.

Ms WARNOCK: I share with the retiring director of the Festival of Perth, David Blenkinsop, a view that some of the venues for the festival and other arts activities in Perth could be better and that in some cases we need more. I refer the Committee to page 266. What does the phrase "produce a framework for the development of a Government approach for the provision of performing arts venues" mean? How far down the track is the ministry in respect of this matter? Is it still at the viability study stage? Some people believe that other venues are required.

Dr COX: The ministry and the Government have been approached at various times about venues at a number of

locations both in Perth and in other communities in Western Australia. When it was established, the ministry formed a view that responses to such approaches must have a framework or set of criteria against which one can make judgments to test whether the proposal suggests the most appropriate location. We have engaged a consultant - Graham Walne, who is probably known to the member - to help put a framework in place to enable an appropriate location for a new venue to be progressed.

Ms WARNOCK: Is the Minister aware of a proposal involving the Mt Lawley Senior High School and Edith Cowan University and a performing arts venue? I am aware that that has been done primarily through the Education portfolio. Is the Minister aware of the proposal and the discussions or has it been done solely through the Education Department?

Dr COX: We are aware of it, but it is being handled by the Education Department.

Ms McHALE: Page 266 contains reference to public art. Can the Minister explain the new policy relating to assisting public agencies in the wise purchase of artworks? What is the difference between the current situation and what it is anticipated will happen under the new policy?

Mrs EDWARDES: The policy and guidelines will be launched in July 1998.

Mr GRIFFITHS: Cabinet decided some time last year on a number of initiatives that would help to consolidate the way money is spent on fit outs, wall decorations and the like with the view to encouraging the wise purchase of quality products. At the moment the system is totally ad hoc in the sense that various personnel in various agencies - purchasing officers or directors general - decide what they want on their walls or the shape of the fit out, in conjunction with a consultant or an architect if it is a major fit out. The ministry is establishing a policy that allows people who want to acquire works of art or other decorative material to access a preferred provider list of art consultants and galleries that can assist them in that task. Generally it is an attempt to influence the way that activity is undertaken, so that it is better directed in terms of the use of government money on those sorts of purchases.

[9.10 pm]

Ms McHALE: In relation to new buildings, is it a 1 per cent cost?

Mr GRIFFITHS: Three initiatives were brought up in the same minute. One was the per cent for arts scheme which has had a very long period of gestation in working out the precise means by which it would operate. We have more or less treated it as a pilot; however, in 1997 about 35 state government commissioned buildings included a per cent for the art component. At the same time in the policy to which we have already referred, which will be released shortly, Cabinet endorsed that in future all buildings over \$2m will incorporate an art component. That means all capital works for public works through the Government will be expected to carry that per cent by way of an art component. I point out for the record that it is a per cent, not 1 per cent. The figure is not specified, but the principle is that a component for art will be incorporated into the building design.

Ms McHALE: There is no minimum.

Mr GRIFFITHS: All buildings over \$2m will be expected to include a per cent for art, and 1 per cent is a guideline, but it is never stipulated because it can vary, depending on the specific treatment that is required.

Ms McHALE: It refers to a wise purchase. That suggests that there have been unwise purchases. Perhaps the officer can advise the committee where those unwise purchases have occurred.

Mr GRIFFITHS: There are a couple of constraints on the language that can be used. That is why the policy guidelines have yet to be released. They will be released shortly. One is that we are very mindful of the competition policy, and some other things, and that we cannot direct supply. We can encourage it in certain directions. Ultimately the aim is to direct people to look, where possible, to local products. The word "wise" comes in an example that is often quoted; that is, rather than having cheap prints from overseas, perhaps people should look to not so expensive originals locally. That is the kind of process at which we are looking. Obviously there will be some give and take in that. Basically, we are saying that if money is being allocated for those purposes within budgets, perhaps people should seek professional advice on how that money is spent in acquiring those assets for Western Australia.

Ms McHALE: What infrastructure will be set up to ensure wise purchases?

Mr GRIFFITHS: It will be access to expertise through the preferred providers. A panel contract has now been established through the Department of Contract and Management Services.

Ms McHALE: Will that be in the private sector, or will people use the expertise that exists already?

Mr GRIFFITHS: No, in the private sector on the whole. People will access the expertise, depending on exactly what sort of advice they require. It will be different if it relates to a major fit out or the purchase of one work of art for an office. We will also establish a database to record and track all those purchases. We will build up a picture of the assets owned by the people of Western Australia by way of works of art in all public buildings. We are piloting that at the moment by cooperating with the joint departments of the Houses of Parliament in determining how much they know about the collection in this place.

Ms McHALE: Why are we using the private sector, rather than our expertise, for instance, in the Art Gallery or elsewhere?

Mr GRIFFITHS: It is a task that is difficult to predict in advance as to the kind of expertise or how much time and effort will be required. If someone wants to buy just one work of art, that person will be referred to a panel of names of the suitable galleries that can source a wide range of products, as opposed to setting someone aside who may be called upon.

Ms McHALE: Presumably there will be a cost of obtaining that advice. Is that factored into the "a" per cent or is it in addition to the amount to be spent on public arts?

Mr GRIFFITHS: There are two schemes. The member should keep in mind the per cent for art scheme applies to buildings. We are now talking about add-on fixtures and fit outs. It is not part of the original architectural design and construction of the building. It may be that an existing office may wish to change the decorations on its walls. In that case, those people would want to go out and buy a given number of works of art. There are two different schemes and different policy guidelines which will be released in July.

Ms WARNOCK: I used to speak regularly to Dr Margaret Sears about the concern both of us had that a problem with the arts, if one considers it a problem, is building audiences for the future. I wonder what the ministry is doing to address this matter and to make sure that among our young people now, we have audiences for arts in the future. There are not necessarily very well paid practitioners of the arts by the dozen; however, they are seeking audiences and it does not matter what field of the arts we are talking about, we must build them. What is the Government doing about that?

Mrs EDWARDES: I have been pleasantly surprised to see at some of the performances, particularly those at His Majesty's, younger people, who are about the same age as my son. We must encourage that more often.

Mr DAWKINS: We have a project which we initiated in 1996 called School Arts Visits Organisation, which sets about encouraging visits by school parties to productions, not only in our venues but throughout the metropolitan area. It is promoted through a very systematic delivery of quality teachers' notes and activity sheets, which is on a well-developed data base. The endeavour is that if we can make it easy for the teachers to make use of the educational and pedagogical nature of the shows that are available, they will be more likely to book in school parties to those shows. From that we are developing an initiative with the Education Department called ArtsEdge which will train teachers in intensive workshops with artists and performers to develop better methods of relating performances to the school curriculum. The arts is now one of the eight key learning areas and in our view there is insufficient training of teachers to appreciate and develop strategies for the integration of arts into their everyday learning at the primary and secondary level.

Ms WISE: Some programs are directed at our major arts agencies. There are 22 of those at the moment. One program provides the opportunity for them to engage marketing graduates for a year. The idea is that the agencies can keep them on after that 12 months. They also have the opportunity for shorter term projects to gain some expertise to look at marketing issues for those agencies. We encourage them in our triennial funding contracts to make sure they have well developed marketing plans. In addition, in terms of building audiences of the future, we have a series of initiatives with young people. Organisations such as Awesome International Children's Festival and Artage have received injections of funds to ensure the younger people are now accessing the arts that are much more relevant to people of their own age.

There a number of other initiatives including the mini festivals where we encourage festivals to include arts events

for the very young. Most of the mini festivals include them for primary school and upward ages, but the very young have not been catered for. We also have a field officer program that helps certain areas look at how they might involve young people in the arts more in the future.

[9.20 pm]

Ms WARNOCK: Does Alan Dodge have a similar plan at the Art Gallery?

Mr DODGE: Yes, we do. We started one initiative this year called a youth board. With the help of Sandra Krempf Pereira, I assembled a group of young people from various backgrounds who will be the basis of helping us develop a set of programs to make the gallery relevant to the people they know. Every year we host the year 12 exhibition from schools around Western Australia which makes the gallery immediately accessible and interesting to a young audience, and I might add that parents do not always come in at other times. We have also brought on a new public programs coordinator. I have expanded education to be public programs with the idea in mind that we think in a bigger way about access for the future. That will be one of the tasks that we will be taking on and the public programs coordinator and I will be working with the youth board. We have a group we have named young professionals. They are a group who are loosely attached to the Friends of the Gallery who have approached me to work with them to provide social functions related to special exhibitions throughout the year. We are targeting to do three a year. This is really important because this is a group of people who might usually go nightclubbing, and putting the gallery on their list of things to do might not be in the priority list, so it gets them in the habit of coming into the gallery.

We have professional development days for teachers and in services for teachers that relate not only to specific exhibitions, but also using the collection itself which makes visits to the gallery easier. We are playing an active part with the Awesome International Children's Festival this year. Last year, we launched it from the gallery. This year we are actively coordinating activity so that the gallery is one of the venues for the Awesome Festival. We are working on developing an Internet library which is education based to assist people access the gallery and its programs. The first pilot we did was for the Golden Age of Dutch Art which was available on the web site, and it was hot linked to our home page.

Mr MASTERS: Both you and I in an earlier life had an interest in the Museum; in your case you were providing a service and being paid for it, and in my case I was using the service and having to pay for it. However, it is because of my previous environmental work that I have been perusing the budget papers trying to determine what sort of future there is for the Museum. At the bottom of page 272, Performance Measures for Output 2, is listed a number of new items added to the collection to the WA Museum, and indicating that this year it will drop from 269 000 to 24 000. Is that a typographical error or is it an indication of a significant reduction in some aspect of the services of the Museum; or does it have some other meaning?

Dr COX: I will give the easy answer. If the inference is that the Museum will not be as well resourced as it was last year, the answer is the Museum will receive exactly the same moneys as it did last year.

Mr REEVES: It is not a typographical error. However, the rate of accumulation of collections does not follow any predetermined formula or pattern, but varies from year to year, particularly in the area of natural science. For example, if a deep sea trawl were undertaken along the North West Shelf, we might recover 40 000 or 50 000 specimens in time. If next year the trawl does not take place, there is a massive change in the number of objects acquired. Last year there was a trawl off the west coast and that very heavy accumulation results from one scientific project. There is not one of a similar magnitude planned for this year, although the reference to our program, again on the North West Shelf, is likely to lead to an increase in future years. I do not think it is possible to simply compare year to year figures to get a true indication. The increase in the size of the collections compared over time demonstrates both the level of investment and the return of investment, especially the scientific areas. The range of scientific programs currently is increasing in the Museum, and their relevance is clearly demonstrable as well.

Mr MASTERS: I cannot therefore interpret this reduction in numbers of items added as reflecting upon any lack of storage space or any other physical constraints within the Museum precinct itself.

Mr REEVES: No.

Dr TURNBULL: I refer to an item in relation to rural services, and I know that we had discussion on rural services earlier in the night. The budget papers make it absolutely impossible, in any department, to assess how much money is being spent in rural areas compared to the metropolitan areas. Can you provide details on the amount of money

allocated to rural and regional services in the library service, performances organised through the Perth Theatre Trust, and touring exhibitions arranged by the Museum and the Art Gallery in the years 1996-97, 1997-98, and 1998-99 so that people can have some comparison of how much money is being expended?

Mrs EDWARDES: I will provide that by way of supplementary information.

Mr MARSHALL: Around the middle of the dot points on page 266, it reads "The Library will commence a three year program to improve the selection", and the bottom sentence reads "public libraries to meet the needs of older people and youth". What are the needs of older people versus youth, and does the demand measured according to the age of the community determine how we stock our libraries?

[9.30 pm]

Dr ALLEN: Yes, a good question. There is no doubt that we are able to identify the way older people use libraries as well as the way young people use them. We have been doing surveys to that end for more than 10 years, so we have a lot of local information about how people use our libraries. Some national studies also have been undertaken. A very interesting one was done by the Cultural Ministers Council a year or so ago. We know a lot about these two groups of people. We are increasingly finding that people who perhaps are retired are more educated and are doing a lot of mature age study. It is not unknown for 70 and 80 year olds to return to university. They tend to move into country areas as well, so services need to be delivered there. There are a lot of myths around that older people do not like technology; however, when we introduce them to the Internet, they take over. There are lots of interesting web sites. Older people are a huge resource for us, but we also have a real obligation to them. We need to spend some time delivering the types of things they need. In the old days, we might put in some large print books, and that would deal with older people, but it is now far more sophisticated. Those older people are also starting to give more back to the community in the form of volunteer work, research, biographical work and local history, so although they are demanding a service, we are getting a lot of information back from them.

Young people worry us. We know that they use libraries hugely as children, particularly if their parents bring them along, and that they are heavy users of libraries throughout their formal education, but once they leave formal education, we tend to lose them. We want to see what we can do to make libraries user friendly places for unemployed people. The Internet is bringing them in. We are running Internet training courses, and people can use the Internet for free in our building, so people just need to book and they can come in and use it. I would particularly like to get youth who are not formally involved in education, because they often have the habit of reading and learning but then lose it, and sometimes they do not come back until they bring their children to the library to remember their young days. We can identify those groups and deliver services to meet their needs.

Mr MARSHALL: Have you ever analysed the age of the community in which your library is situated? I imagine that in Mandurah, which used to be predominantly a retirement village but now has a spread of people, the people who would have time to use the library are still the older people, and if you were catering for other age groups, that stock would not be used enough. Do you have a balance around the state libraries?

Dr ALLEN: That is one of the motivations for the three year program that is mentioned here. That program is the result of a review on which the Library Board signed off last week, and it will be published shortly. We have worked consultatively with local government for 12 months to look at how we distribute our stocks. Until now, if you opened a library service, you would receive the same proportion of stock: 60 per cent, 30 per cent or 20 per cent for each category. We are now looking at putting in a new framework agreement with local government. Part of local government's contribution will be to do a community profile and tell us that it would like this library to be for children, it would like this collection to be mainly adult material, or it would like this library to be a reference library. We want local government to come up with profiles of the kind of information that the community needs, and we will deliver the stock in that proportion. It is very exciting.

Ms McHALE: I return to the Ministry of Culture and the Arts. If the legislation were passed by the Parliament, would the future outputs focus on the individual agencies or would it be a more generic statement about what the ministry was doing?

Dr COX: The intent would be to follow the current hierarchy that is in your papers and to further improve on that. That is, we would start off with a layer that could be seen to be whole of ministry and apply uniformly across all the components of the ministry, and below that would be strictly what you are seeing now. You would be able to pick up the outputs produced by individual institutions that make up the ministry in future as well as at present. That reflects the complexity of the ministry and the business it runs. It is very difficult, because it is not like some agencies

of government where you get a universal indicator of the outputs of the total ministry. In this case, the view of the ministry is that you need specific output indicators for each of the service agencies so that you can identify what is being done by that entity.

Ms McHALE: That is optimistic with regard to trying to retain an understanding of what the individual operating entities will be doing, but if you are not presenting the budget in terms of the agencies and how much money is allocated to those agencies, how will we as parliamentarians and how will the community be able to relate the outputs to the budget?

Dr COX: My comment would be the same as for most other government agencies in the State, having worked in quite a few of those agencies in my career in the public sector. If one were to do a comparison, one would look at many of the programs that are run by Agriculture Western Australia. Those programs are no different from the programs that are provided by the Western Australian Museum or the Art Gallery. The types of programs are different, but with regard to the different products that are produced by the same institution, you would have the same difficulty in those instances. In other words, you have a single line appropriation; that is then broken down into an appropriation for a number of outputs; and those outputs are then broken down into a series of programs. It is anything but simple to make a direct comparison between the output delivery and the goals that go into that output.

The discussion that we had earlier on the same topic means that on the basis of the intent that we have as officers, when you read our annual report, you could make all those connections. In other words, you would start off at a high level with what Parliament allocates to the ministry; you would get the internal allocations, which is what the ministry allocates to the individual service agencies that comprise the ministry; and you would then have the output indicators and the indicators for the individual agencies; and when the ministry reported back to the Parliament by way of its annual reports, there would be sectional reports within the annual report where each institution would indicate what it had performed and delivered; and at the same time figures and data would be included about the resources that went with the delivery of those outputs.

Therefore, with regard to accountability from Parliament to the community and back to the Parliament, you would be able to get the whole chain of events and all the information that you needed to hold the ministry to account for any one of its component parts. You will not get that all in the one set of budget papers. It is the whole cycle of allocation and reporting that gives you that information.

Ms WARNOCK: I refer to page 282 of the Budget Statements and to the heading "Completed Works", which refers to Perth Theatre Trust - Rechabite Hall redevelopment planning and function study. This is a regular question for me. For the past six years I have asked questions about this matter, if not in the Estimates Committee, at least in questions to various Ministers. I am interested in what is happening to that site at the moment. I am aware, as is any person who goes through Northbridge every day, that redevelopment has commenced on the Alexander Library site and that people can no longer enter the car park in the same way. What is the immediate future of those works, but more particularly of the Rechabite Hall?

Mr DAWKINS: The Rechabite Hall has been removed from the cultural centre development of that south west corner, and we have finalised a feasibility study which will be presented to the Perth Theatre Trust on 4 June. It contains various options for future development of the building. The most likely option is to retain the upstairs hall for performances, and the two levels below for commercial development, most likely a restaurant, if it is feasible and attracts a bidder, in order to support the activity upstairs. A figure of over \$1m will be required to bring the hall back to something approaching its former glory. That request will go forward in due course, if it is supported.

In the meantime, a program is starting in July with Kaos Theatre (Australia), which will present its festival commission, with four months of activity in that venue. We have completed works to make that building safe, and it now accords with all the fire safety regulations. A considerable amount of money from the Department of Land Administration and ourselves has gone into making that building accessible, and I think over the next few months you will find a great deal of interest in the Rechabite Hall, and some hope that we can take it forward to a formal redevelopment.

[9.40 pm]

Ms WARNOCK: I have been interested in this matter for some time, and I have been approached by many different arts groups who wanted to use the area at various times. Michael Leslie's group was interested in it at one stage. Is any Aboriginal group likely to use it, or is that not the plan in the near future?

Mr DAWKINS: Michael Leslie was occupying the space. He has now moved on to establish a presence in Brisbane. Although I am not aware of the program for this year, I hope it will include an Aboriginal presentation. We also hope that people such as Yirra Yaakin will use the space. I believe that the intention is, in the first manifestation, it will be the kind of space with 110 seats. It will be about 200 seats if it goes further, and it will become the right space for a lot of works of that size and nature.

Dr TURNBULL: How many libraries are jointly managed by the Education Department, local government and the Library Service of Western Australia?

Dr ALLEN: I will provide that as supplementary information.

Dr TURNBULL: In a jointly managed library, you are responsible for stocking books. Do you take into account that the Education Department's library exists, or would you still put in a fair percentage of books for children of school age?

Dr ALLEN: The fact that it is a joint facility does not mean that we reduce our service in any way. The reason I want to provide supplementary information is because we seem to be doing quite a few at the moment, and I am not sure where the development is at. At this stage, joint use is in conjunction with local government, and we have an agreement to deliver 1.25 items per head of population to the local government area. Therefore, whether that is housed in a joint facility or separately, the resource received from us is the same. We hope and expect that the librarian in charge of both collections will see that, when the collections come together, they are integrated on the shelves. Therefore, the librarian will work to ensure there is no duplication and a wider range of titles is available. The usual children's component goes there. Typically in a joint use facility there is a children's section.

Dr TURNBULL: When you provide that list, will you indicate where the joint facilities are located?

Is the provision of equipment, furniture and fittings under capital works only for the central library or do you make a component contribution towards libraries that are managed by local government?

Dr ALLEN: We do not. The member's interpretation of the figures is right. That is furniture and equipment for the Alexander Library building. Local government deals with the building, infrastructure, and so on, for local government libraries. That is how the partnership works.

Ms McHALE: In the most recent newsletter from LISWA, Dr Allen states that there are two additions to the budget - first, \$400 000 for the purchase of public library material to go to libraries where the current stock is below 1.25 items per head of population; and, secondly, \$150 000 for something else. Can the Minister point to where in the budget I might pick up the \$400 000 increase for the purchase of new books?

Mr PALMER: The budget papers do not contain that information.

Ms McHALE: As a parliamentarian or as a member of the community, I would not know where to find that budget item.

Mr PALMER: That detail is not in the budget papers. We have the detail at agency level.

Ms McHALE: Is that \$400 000 an increase to the budget or is it a reallocation?

Mr PALMER: It is an increase of \$400 000.

Ms McHALE: Where might I find the detail of the increase in the budget for LISWA, in general terms?

Mr PALMER: It would not show up in the budget papers at this level.

The CHAIRMAN: The member would need to compare last year's allocation with this year's allocation.

Ms McHALE: These papers show the 1997-98 estimated budget expenditure and the 1998-99 figure. Is the officer saying that the budget papers do not show the details of any increase?

Mr PALMER: Is the member referring to the 1997-98 Budget?

Ms McHALE: I am referring in general to the budget papers.

Mr PALMER: There is no mention of 1997-98; it is only 1998-99. I refer the member to the second outcome at page 268 - the development and management of the State's natural, cultural and documentary collections - which indicates an estimated expenditure of \$17.7m, and an estimate for 1998-99 of \$18.2m. The increase of \$400 000 is applied to additional books.

Ms McHALE: It is difficult to find the detail. Can the Minister indicate how many libraries have a current stock below 1.25 books per head of population?

Mrs EDWARDES: I will provide that as supplementary information.

Mr MARSHALL: Over the next two weeks, one-third of the elderly population of Mandurah will leave for the north west. Questions being asked at the local tennis and golf clubs relate to what kinds of talking books will be taken away; how many; and whether people will be able to exchange the books en route. I am interested in the way you stock those books, whether for the elderly or as an educational tool for the young. Is it only elderly people who use the books? What is the breakdown in age of people who use the books, and are the talking books popular?

Dr ALLEN: As the member has observed, the talking books are very popular. The audio tapes fit into various categories. The ones we purchase from the state budget are typically not music. Local government can purchase those, although they are into CDs now and some libraries have that sort of collection. The audio tapes we purchase are readings of books or stories or some original material. That material is available for everyone. However, we also have a wonderful relationship with the Association for the Blind and we provide that group with subsidies. It is a participating body. In return, it provides us with its talking books. Some of the material is limited to people with visual impairment and is marked accordingly. There is a whole range of that kind of material. The rest of the stock can be made available to anyone who wants to borrow it. Listening to books is very popular for some of the reasons you have mentioned. It is also very popular in the wheatbelt where farmers take them out when they are harvesting.

[9.50 pm]

Mr MARSHALL: At a place like Mandurah at this time of the year, does the library run short and should it be gathering stocks from other libraries? Do you work in with other libraries like that?

Dr ALLEN: The whole statewide library system works on an exchange basis. If something is used out, it can be replaced. There are also inter-library loans. There are 2.5 million items in the collection overall. If there is nothing on the shelves, people can put in a request. As you rightly mentioned earlier, people can set off on their travels, listen to one book and then drop it off at the next library and pick up another one. The system is statewide.

Ms McHALE: Last year I sought from the Minister, and she gave it to me through Dr Cox, a safeguard about the protection of funding to arts organisations through the creation of the Ministry of Culture and the Arts. It went to the problem of the line allocation for the department rather than individual agencies. Dr Cox said -

A number of the arts agency groups have asked me whether they would be at risk if another agency overspent. We have assured them that the current commitment by government to the arts community will be maintained using exactly the same mechanisms that exist. They are at no more risk from the establishment of a ministry structure than they were through the operations of the current framework in the Arts portfolio.

What I heard tonight about the transition from an independent agency to an operating entity concerns me greatly. Their independence has gone but I am greatly concerned about the integrity of each agency and its independent standing in the community, which I feel has also gone. That worries me. Can the Minister give me an assurance that, even with this way of allocating funding, arts organisations will have the same guarantee of funding that they have now and that there will be no threat to the basis of funding?

Mrs EDWARDES: You are talking about arts organisations outside of the five agencies?

Ms McHALE: Yes. I would like you to give me a commitment that the funding to the five agencies will be preserved but I do not think you can give me that.

Mrs EDWARDES: We addressed that a bit earlier.

Ms McHALE: I thought you said that you cannot give me that assurance.

Dr COX: If we are talking about what we call the agencies, in other words, those external agencies which were funded through Arts WA and will be through the ministry, exactly the same applies as last year. Their level of funding will remain unchanged as the result of the establishment of the ministry.

Mrs EDWARDES: We are talking about the five sections which will make up the ministry. When Dr Cox was referring to the fact that changes in each of the allocations are determined by the director general, technically - I think Dr Cox used another word - the Minister could make directions as to where those funds could go. Each of these agencies will be working very hard to make sure that it gets the amount of allocation that it wants in order to be able to operate. Each agency will be operating as an independent unit, very much maintaining its own identity. I wanted to correct the impression given when you said that guarantees could not be given because that is not the case. The funding will be to all intents and purposes determined by the director general through his corporate executive, which will be made up of each one of these operating units.

Ms McHALE: With respect, Minister, you have already answered the question somewhat differently through Dr Cox. There will not be an allocation to the five agencies. It will be a paper exercise but nothing will tell me what is set to go to one of those five agencies. You cannot tell me that there is that accountability in the process.

Mrs EDWARDES: Although the allocation does not show here, it will be shown quite clearly in annual reports. They will show the allocation and how expenditure and income have been dealt with.

Dr TURNBULL: I agree that we can find the information in the annual reports, but they do not give us the prospective budget for future years. We have here an allocation of estimated expenditure for 1998-99 and it even goes on to 2001-02, but that type of projection does not appear in the annual reports.

Mrs EDWARDES: If you or any other member of the committee wanted to know that specific detail in the general allocation to each one of those operating units or even have that general allocation broken down into much greater detail, that could be provided to you. The information is available. Although it may not in the future be in the published papers which you have, we can give you that information. You have only to ask.

Dr TURNBULL: The only way we can get that is either by questions on notice or through the Estimates Committee. That does not give one the ability to have an overall knowledge. Except for Health, which was as obtuse in previous years as it is now, one used to be able to see other budget items pretty clearly for programs like the APB or the Museum and see what they were receiving.

Mrs EDWARDES: Any of that information in as much detail as you want is able to be provided to you through this Estimates Committee or through the normal parliamentary process and publicly through annual reports.

Ms McHALE: Page 269 refers to asset expansion for which there is nothing for 1988-99.

Dr COX: One line is for asset replacement-maintenance and the other for asset expansion. The asset expansion in 1997-98 was for the balance of stage one of the Museum redevelopment. That project will be very close to being finished or finished on 30 June. As a consequence no funds are shown for capital works in 1998-99.

Ms McHALE: There will be no capital expansion in any of the five agencies during 1998-99. Page 267 refers to conducting a major biological survey of the Dampier Archipelago. How much funding is allocated for that?

Mr REEVES: The funding from Woodside totals \$640 000 over four years. That is in addition to the recurrent expenditure from the Museum from our own fieldwork budgets.

Ms McHALE: You have currently budgeted for that \$400 000. I understand in a press release on 1 May that the Minister said it would cost \$1m over four years and that Woodside was funding \$600 000, so the balance would be \$400 000.

Mr REEVES: Yes, it is included in the operational budgets of the natural science division of the Museum.

Committee adjourned at 10.00 pm
