

LEGISLATIVE ASSEMBLY

Wednesday, 20 April 1994

Mr Speaker (The Hon. Kevin Richard Rozzoli) took the chair at 2.15 p.m.

Mr Speaker offered the Prayer.

BLUE MOUNTAINS CITY COUNCIL BOMBING

Privilege

Mr Whelan: On a matter of privilege: Mr Speaker, this morning I received a letter from Rockliffs, solicitors and attorneys, of 50 King Street, Sydney. The letter, which is dated 19 April and addressed to me, states:

Dear Sir,

Re: Morris v. Pascoe

We act for Mr Morris in respect of proceedings commenced in the Supreme Court of New South Wales.

A Subpoena for Production of Documents addressed to you has been issued returnable for 4 May 1994.

The letter goes on to state:

To minimise any embarrassment please arrange for a member of your staff to contact our office within the next 24 hours to make arrangements for the service of the Subpoena for Production at a time convenient.

Mr Photios: It means, come clean.

Mr Whelan: That was a timely interjection. If the Minister for Multicultural and Ethnic Affairs were a lawyer and knew his work he would realise that the item referred to is not only a subpoena for production, it is also a subpoena to compel me as a member of Parliament to go before the Supreme Court to give oral evidence.

Mr SPEAKER: Order! I call the Minister for the Environment to order.

Mr Whelan: Like any ordinary citizen, I can be subpoenaed to give evidence and produce documents. But the letter from Rockliffs is a subpoena to produce documents which would seek to place an obligation on me to attend court and give evidence in relation to any documents that I may have in connection with the Morris-Pascoe matter. The letter is intimidatory, threatening, and attempts to silence me in the continuation of my role as a member of Parliament. The letter states clearly, "To minimise any embarrassment".

Mr SPEAKER: Order! I call the Minister for Multicultural and Ethnic Affairs to order.

Mr Whelan: It is also an attempt by the solicitors to use the processes of the Supreme Court to attempt to silence me. For those reasons, I move:

That this House upholds the privilege of members of Parliament to pursue matters of public interest.

Mr SPEAKER: Order! The amount of interjection, particularly from the Government benches, whilst I was hearing the matter of privilege made it extremely difficult for the Chair to follow everything that was being said. I ask honourable members on the Government benches to act with decorum.

Before I can accept the motion I have to consider whether or not a prima facie case of privilege has been made out. The House not so long ago deliberated on a matter that came somewhat within the same category. In that case I did find that there was a prima facie case of privilege, it went to the House, and the House upheld that there had been an attack on the privileges of the House and upheld those privileges. On this particular occasion - and I have had some prior knowledge of the matter but only in the past few minutes - I am not certain at this stage whether or not a prima facie case has been made out for a breach of privilege. I would like more time to consider the matter. I have discussed this matter with the honourable member for Ashfield. He has agreed that that will be the course of action I will take. The matter therefore stands at that point. As soon as possible, after I have had a chance to consider precedents and the matter in greater detail, I will make a ruling on whether or not there has been a prima facie case established.

MINISTRY

Mr ARMSTRONG (Lachlan - Deputy Premier, Minister for Public Works, and Minister for Ports) [2.18]: I seek the indulgence of the House to inform honourable members that the Premier is unwell and will not be attending question time. The Premier has been diagnosed with a virus similar to that which is now prevalent in Sydney. He has been advised by the doctor to take a few days' sick leave. Consequently, questions without notice intended for the Premier should be directed to me.

QUESTIONS WITHOUT NOTICE

CLEAN WATERWAYS PROGRAM

Mr CARR: My question without notice is directed to the Minister for Land and Water Conservation, representing the Minister for Planning and Minister for Housing. Is the Minister aware of comments made today by Australian of the Year and Chairman of the Clean Up Australia Campaign, Mr Ian Keirnan, that the Government had no real will to

Page 1449

clean up Sydney's waterways? Is he aware that Mr David Harley, former Chairman for the Water Board - an appointment by the present Government - has described the clean waterways program as being in tatters?

Mr SOURIS: No, I am not aware of that.

RAILWAY SIGNALLING SYSTEM

Mr MERTON: My question without notice is addressed to the Minister for Transport and Minister for Roads. Is it a fact that a leading United States signalling expert declared the rail system safe following an investigation earlier this year? Has the Minister now received a response from former State Rail employee Vince Neary to that inquiry?

Mr SPEAKER: Order! I call the honourable member for Blacktown to order.

Mr BAIRD: I heard the groans. I am sure all honourable members are tired of hearing questions about this matter given that everyone assumed the matter was settled. It does not seem to matter how many of the world's leading experts examine our signalling system, Mr Neary continues to suggest that the system is unsafe. Seven reports on the signalling system in New South Wales have been produced by international signalling experts. They have all declared that though the system may have been unsafe under the previous Government, so far as they are concerned the system is now safe.

Honourable members will recall that late last year this House agreed to a recommendation from the Ombudsman to set up another inquiry into Mr Neary's signalling allegations. Despite the earlier inquiries and the fact that Mr Hesketh and Mr Nelson - the vice president of the European Signalmen - inspected the signalling system, we had yet another inquiry. Mr James Early, the officer-in-charge of signals and communications for the Amtrack railroad network for 15 years, was brought to Australia to conduct the inquiry. He was appointed on the recommendation of the United States Federal Railroad Administration. In other words, this Government did not choose him.

The Government wrote to the United States Federal Railroad Administration and asked whether it could recommend a top signalman. Mr Early was recommended. He conducted public hearings, rode with drivers, inspected signal boxes and heard evidence in camera. He concluded that "the State Rail signalling system does provide for the safe operation of trains on the New South Wales network". His findings could not have been more explicit. He found that there were problems with the signalling system during the years when Labor was in office, but this Government had taken action to restore the system. Mr Early's report stated:

These concerns (about signalling) may have had some validity during the 1970s and 1980s but they are not warranted in 1994.

Mr Neary spent a total of 25 hours over five days giving evidence at the inquiry and inspecting signal boxes with Mr Early. He had every chance to put forward his allegations, but he simply will not accept the umpire's decision. On 28 January he promised to give a written submission to Mr Early by 11 February. That submission was never delivered. Instead, he has written a full response to Mr Early's report in which he, once again, claims that a signalling disaster is imminent. The report commences with the words "Your life is on the line", in red letters - typical of the scare tactics we have seen on previous occasions.

Naturally my department was anxious to get hold of this report and to act on any matters of immediate concern if his claim that the system was unsafe had any validity. When Mr Neary advised last Friday that he had completed his report my department contacted him to see whether it could get a copy. The advice received by my department was, "No, you cannot have a copy. Maybe next Wednesday you will get a copy". The safety aspect must have been desperately urgent! The department was further advised, "If you want a copy, you have to pay \$100 a copy and \$60 for any subsequent copies".

Mr SPEAKER: Order! I call the honourable member for Kogarah to order.

Mr BAIRD: We paid that amount. We picked up the report yesterday and looked at it. The report is simply a rehash of the history leading up to Mr Neary's dismissal from State Rail. This matter is before the Transport Appeals Tribunal. I do not intend to comment further except to say that I have issued instructions to State Rail management that employees with concerns about safety issues are to be treated seriously, their claims are to be investigated and there are to be no repercussions. The rest of Mr Neary's report is a repeat of allegations he has made previously; the same allegations that were investigated by Mr Early.

Mr Neary's report contains a series of blatant lies and disgraceful slurs on Mr Early. Mr Neary claims that the inquiry was a sham and that the public were not advised of the timetable or location of the hearing. Wrong. Advertisements were placed in major newspapers throughout New South Wales advertising the inquiry. Along with his mate the honourable member for Kogarah, Mr Neary claims the inquiry was held in a tearoom at North Sydney. Wrong again. It was held in departmental office space at North Sydney and a wall was constructed in

the room -

Mr Langton: I was there; you were not.

Mr BAIRD: I was not meant to be present. It was an independent inquiry.

Mr Langton: I saw it; you did not.

Mr BAIRD: Of all the things one could remember about the report, what does the honourable member for Kogarah remember? He said it was held in a tearoom. It was not held in a tearoom at all; it was held in a conference room.

Page 1450

Mr SPEAKER: Order! I call the honourable member for Peats to order. I call the honourable member for Moorebank to order.

Mr BAIRD: He does not talk about the substance of Mr Early's findings. All he wants to talk about is where the inquiry was held.

Mr SPEAKER: Order! I call the honourable member for Kogarah to order for the second time.

Mr BAIRD: The honourable member for Kogarah is wrong again. Mr Neary claims that the public hearings were confined to seven days. Wrong.

Mr SPEAKER: Order! I call the Leader of the Opposition to order.

Mr BAIRD: Mr Early had a discretion to conduct further inquiries if he regarded it as necessary, but he did not consider that additional time was required to examine Mr Neary's claims. I could advise the House of many claims made by Mr Neary that are simply wrong but I am sure honourable members get the picture. Mr Neary continues to roll out false claims in an attempt to discredit the author of the report. Mr Neary has launched a most scurrilous attack on Mr Early. I remind honourable members that Mr Early was chosen not by the Government; he was recommended by the United States Federal Railroad Administration as a person with the highest qualifications to conduct the inquiry. Mr Neary said that Mr Early undertook the inquiry only because he wanted a trip to Australia, and he asserted that Mr Early was not provided with any resources to assist him. The Government contacted Mr Early in the United States and he totally rejects those assertions. In a letter faxed from America today, Mr Early said:

My statement to him, -

That is, Mr Neary:

- as well as others, was that my wife and I had long wanted to go to Australia and we were very happy that the opportunity came. And when the opportunity included looking at the Railroad Signal System, it was more than we had ever hoped for . . .

Attacking my credibility does go along with his statement to me that if my conclusions did not agree with his, it was proof that the wool was pulled over my eyes and that I was not into the inquiry.

Mr Whelan: On a point of order: it is reasonable, if the Minister proposes to quote extensively from a letter, that he table the letter.

Mr BAIRD: I am happy to table the letter and, further, to arrange for all honourable members to receive a copy of it. Mr Early's letter continued:

In other words, if I do not say what Mr Neary wants me to say, I have no credibility or ability.

Mr SPEAKER: Order! I call the honourable member for Smithfield to order. I call the honourable member for Coogee to order.

Mr BAIRD: Mr Early said in his letter:

I certainly do not have to defend either my credibility or my technical ability to Mr Neary. He would not recognise either.

I table the letter sent to the Government today. Mr Early was chosen by the United States railroad administration, and for 15 years headed up the most complex technical railroad system in America. He had the expertise. He came to Australia and the result of his inquiry was a finding that the signalling system is safe. When that did not suit Mr Neary, he attempted to denigrate the person who conducted the inquiry. Mr Neary said the inquiry was a whitewash. He said it before the inquiry started. Earlier today a letter was faxed to the Government from the Ombudsman. I am happy to table this letter also, because it was with the Ombudsman that this whole program started. The letter said:

Mr Neary has made a complaint to this office which concerns both the question of whether the inquiry conducted by Mr Early was, in the true sense, a public inquiry; and whether Mr Neary was provided with access to documents relevant to the inquiry, by the State Rail Authority.

Mr Landa's letter concluded:

Having regard to the extensive resources already devoted over a significant period of time to the examination of Mr Neary's complaints, I have decided not to commence an investigation of this complaint.

That letter was forwarded today by the Ombudsman. It is very clear that the Ombudsman is satisfied with the result of the inquiry. A top expert came to Sydney, examined the system and declared that New South Wales does not have any problems with its signalling system. It may have been true that the signalling system had problems when those opposite were in government, but it certainly is not true now. There have been no fewer than seven inquiries, the latest of which was the Mercer inquiry, which highlights that we do not have any major problems with our signalling system. In fact, since it came to office the Government has spent \$360 million on improvements to the signalling system. Let us hear no more about Mr Neary's claims -

Mr Langton: Oh, yes you will.

Mr BAIRD: I am sure we will because the Opposition will raise the issue for its own political reasons. No one can dispute the facts. There were seven inquiries and reports from the experts. That does not suit the Opposition. The honourable member for Kogarah continues to peddle his lies about the inquiry. The reality is that the inquiry has been held and the expert has declared the signalling system safe.

Mr Gibson: We have heard this four times.

Mr BAIRD: The Opposition does not like hearing the facts. The reality is that we have a report today. The inquiry has been held and the system determined to be safe and I am satisfied with those results.

WATER BOARD CAPITAL WORKS PROGRAM

Ms ALLAN: My question without notice is directed to the Minister for Land and Water Conservation, representing the Minister for Planning and Minister for Housing. Does the Water Board's

recent submission to the Government Pricing Tribunal show plans to cut the board's capital works program by over \$140 million in this year's budget and by another \$40 million next year? Does this completely contradict the answers that the Premier gave to the House yesterday?

Mr SOURIS: I would have expected something a little more substantial in the way of tactics from the Australian Labor Party today, something designed to lift the Leader of the Opposition from the 24 per cent mark that he occupies at the moment. If the Leader of the Opposition is the architect of those tactics, it is no wonder members of the Opposition looked down when the question was asked.

Mr SPEAKER: Order! I call the Leader of the Opposition to order for the second time. I call the honourable member for Blacktown to order for the second time.

Mr SOURIS: Unless the Opposition tacticians can come up with something with a little more substance, it is destined to have missed three shots in a row this afternoon. That is all I can say. I am not aware of the report referred to by the honourable member for Blacktown. Honourable members know that the Opposition has enough underworked colleagues in the other place to ask a question of the relevant Minister. Why do the Opposition tacticians not think of something a little stronger and punchier, involving a little bit more of the heavy artillery.

WESTMEAD HOSPITAL REPUTATION

Mr GLACHAN: Will the Minister for Health inform the House of attempts by the Labor Party to attack the integrity and reputation of Westmead Hospital? What action will be taken to ensure that the community is informed of the facts regarding the hospital?

Mr PHILLIPS: I thank the honourable member for his excellent advisory work on my backbench health committee.

Mr Harrison: Is that where you get your advice from, Ron?

Mr SPEAKER: Order! I call the honourable member for Kiama to order.

Mr PHILLIPS: He can certainly take some of the credit.

Mr SPEAKER: Order! I call the honourable member for Campbelltown to order.

Mr PHILLIPS: On 16 March the Leader of the Opposition, Bob Carr, distributed a personalised letter throughout the electorate of Parramatta which was nothing short of blatant lies aimed at undermining the credibility of Westmead Hospital.

Mr SPEAKER: Order! I call the honourable member for Burrinjuck to order. I call the Leader of the Opposition to order for the third time.

Mr PHILLIPS: All members of this House who know what is happening know that the letter is lies. Let me read one sentence from it.

Mr SPEAKER: Order! I call the Minister for Multicultural and Ethnic Affairs to order for the second time.

Mr PHILLIPS: "Budget cuts by the Liberal State Government, especially in the western Sydney area, have meant a reduction in public health services". That statement absolutely defies credibility.

Mr SPEAKER: Order! I call the honourable member for Murwillumbah to order. I call the Deputy

Leader of the Opposition to order.

Mr PHILLIPS: Let me pick out some of the disgraceful lies in that letter. Lie number one: the health budget in the west has been cut. Anyone who has read the budget papers from 1988 onwards, and all the information about what is happening in western Sydney, knows that there has been a substantial investment out there - a \$233 million increase since 1988.

Mr SPEAKER: Order! I call the honourable member for Cabramatta to order.

Mr PHILLIPS: The Government is funding capital redevelopments at Nepean Hospital to the tune of \$88 million, and at Liverpool Hospital to the tune of \$196 million. These redevelopments are in progress. These are not promises; these things are actually happening. The hospitals out there are growing. The Government has provided \$315 million for a new children's hospital at Westmead to cater for western Sydney. Where were those promises when Labor was in government? What did Labor do when it was in government for the people of western Sydney? What were Labor's future plans for a children's hospital?

Mr SPEAKER: Order! I call the Minister for Police to order.

Mr PHILLIPS: What were Labor's future plans for the Liverpool and Nepean hospitals? Labor was all wind, and put forward absolutely nothing of substance. Since the coalition came to office it has been addressing the \$2 billion legacy left by the Labor Government. One only has to go to the sites of the Westmead, Nepean and Liverpool hospitals to see what is happening in relation to health care in the west.

Mr SPEAKER: Order! I call the honourable member for Londonderry to order.

Mr PHILLIPS: Let me look at lie number two in the letter: the budget for Westmead Hospital has been cut. The reality is that expenditure at Westmead increased from \$211 million - a figure that shows how expensive it is to run a hospital - to \$228 million in 1993. Every year since the coalition came to office in 1988 Westmead Hospital has also received special enhancement funding. Let me look at lie number three in the letter that was sent to the people of Parramatta on 16 March. In 1988, when the coalition came to office, Westmead Hospital treated 50,527 inpatients. Last year it treated 57,384 inpatients.

Page 1452

That is not a sign of a hospital that is not coping with demand. The length of stay for inpatients was reduced from 6.1 days in 1988 to 4.9 days last year.

Mr Gibson: You discharge them before they come out of anaesthetic.

Mr SPEAKER: Order! I call the honourable member for Londonderry to order for the second time.

Mr PHILLIPS: The honourable member for Londonderry shows his ignorance about what is happening with modern technology.

Mr SPEAKER: Order! I call the honourable member for Londonderry to order for the third time.

Mr PHILLIPS: Does he realise that these days people who have had full heart transplants at St Vincent's Hospital go home after 10 days? That is because of modern technology. Does he realise that by the end of this century 50 per cent of all operations in New South Wales will be day only? That is the world trend. Medical technology is driving that progress, not government policy.

Mr SPEAKER: Order! I call the honourable member for Kiama to order for the second time.

Mr PHILLIPS: Do honourable members of this House realise that more than 707,000 outpatients were treated at Westmead Hospital last year? Almost three-quarters of a million people were treated by Westmead Hospital in one year.

Mr SPEAKER: Order! I call the honourable member for Smithfield to order for the second time. I call the honourable member for Wallsend to order.

Mr PHILLIPS: I am talking about one of the leading hospitals, not only in New South Wales but in the world.

Mr SPEAKER: Order! I call the honourable member for Canterbury to order.

Mr PHILLIPS: Let me look at some of the areas where Westmead Hospital is at the leading edge. In relation to cardiology, Westmead Hospital has Australia's most advanced electrophysiology laboratory for the diagnosis and treatment of major heart rhythm disturbances. The laboratory is also a major international research centre. Westmead Hospital is involved with brain mapping activities for an international project. It is also undertaking pancreas and renal transplantation. It is involved in an endocrine project relating to iodine deficiency for a province in the People's Republic of China. That shows what China thinks of the health care and the ability of the people at Westmead Hospital. The hospital is also involved in foetal welfare programs, infectious diseases programs and adolescent psychiatry.

Mr SPEAKER: Order! I call the Deputy Leader of the Opposition to order for the second time.

Mr PHILLIPS: This is the hospital that the Leader of the Opposition denigrated in a letter to the people of Parramatta on 16 March. Everyone in this House knows that Westmead Hospital is carrying a great load and is coping extremely well under difficult circumstances - circumstances brought about by the failure of the previous Labor Government to expand Liverpool and Nepean hospitals. It failed to push resources to the west to tackle the problems of growth in that area. That is why Westmead Hospital is carrying the load.

Mr SPEAKER: Order! I call the honourable member for Port Stephens to order.

Mr PHILLIPS: Projects presently under way at Liverpool and Nepean hospitals, when completed in the near future, will greatly reduce the 30 per cent of patients who go to Westmead Hospital from the Nepean and Liverpool areas. That is the workload that the group on the other side of the House failed to plan for when they were in government. They failed to do anything about it, and the problem relates to what they like to tout as Labor electorates. They did nothing about it, but the coalition Government has been delivering to the people of western Sydney.

Mr Shedden: Tell the people that.

Mr SPEAKER: Order! I call the honourable member for Bulli to order. I call the honourable member for Bankstown to order.

Mr PHILLIPS: Was that the honourable member for Bankstown? The honourable member for Bankstown is getting a \$70 million upgrade at his hospital.

Mr SPEAKER: Order! The level of interjection since the commencement of question time is quite unacceptable to the Chair. It impedes the proper flow of question time and restricts the number of questions that can be asked. As I have told honourable members many times, it does nothing to enhance the dignity of the Parliament or to raise the reputation of members of Parliament in the eyes of the public. I ask all honourable members to co-operate by allowing the remainder of question time to continue in an orderly fashion and with a reasonable level of decorum.

Mr PHILLIPS: As I was saying, the honourable member for Bankstown is getting a \$70 million upgrade at his hospital, an old hospital that is going to be upgraded.

Mr SPEAKER: Order! I call the honourable member for Bankstown to order for the second time.

Mr PHILLIPS: Do I hear a thank you from the Opposition?

[Interruption]

Mr SPEAKER: Order! I call the honourable member for Bankstown to order for the third time. I call the honourable member for Bulli to order for the second time.

Page 1453

Mr PHILLIPS: Time precludes me from answering that interjection.

Mr SPEAKER: Order! I call the Minister for the Environment to order for the second time.

Mr PHILLIPS: There is a more serious side to this letter. A great tackiness surrounds the letter. It is something that I have not seen in the 10 years I have been a member of this Parliament. It reflects very much the desperation of some people in this State to gather power. What has sickened me most about this letter is not only its total lies, which have undermined the dedication and reputation of the staff of Westmead Hospital -

Mr SPEAKER: Order! I call the honourable member for Port Stephens to order for the second time.

Mr PHILLIPS: - but it was distributed at a time when the then honourable member for Parramatta was receiving the best of care at Westmead Hospital. That is when the letter went out.

Mr SPEAKER: Order! I call the honourable member for Riverstone to order. I call the honourable member for Riverstone to order for the second time. I call the honourable member for Riverstone to order for the third time.

Mr PHILLIPS: Honourable members pretend, but they know what praise the former honourable member for Parramatta had for the care he was receiving at Westmead Hospital.

Mr Crittenden: On a point of order: last week, when an honourable member was fighting for his life, the Deputy Premier virtually laid a shroud at the foot of his bed -

Mr SPEAKER: Order! The honourable member for Wyong well knows that no point of order is involved.

[Interruption]

Mr PHILLIPS: You don't like it. Why don't you look to your actions?

Mr SPEAKER: Order! The interjections from the Opposition are quite unacceptable and are contrary to parliamentary order and general decorum. The Chair is obliged to maintain order and to ensure proper and orderly debate. I am very much aware of the sensitivities and the feelings of all honourable members in regard to the recent passing of one of our members. I therefore ask the Minister for Health, although obviously I have no power to direct him, to be guarded in what he says. I ask the Opposition to show respect in this sensitive matter. The barrage of interjections does nothing to restore dignity and decorum to the debate - and lack of dignity is the very thing the Opposition is complaining about. I seek the co-operation of all honourable members.

Mr PHILLIPS: I am being very careful about the words I choose in regard to this particular matter. Honourable members on the other side, especially those who made comments last week, should look to their own about some of the circumstances that occurred over the previous weeks. This letter is one of the things they should look at. How do the staff and people at Westmead Hospital feel in performing their work when

such a letter has been addressed to every household in the Parramatta area? I know that the former honourable member for Parramatta would not endorse the contents of that letter; all honourable members know how he felt about that hospital. That letter was sent out by the Leader of the Opposition, and he should be denigrated for his heartless timing.

WATER BOARD

Mr McMANUS: I direct my question without notice to the Minister for Land and Water Conservation, representing the Minister for Planning and Minister for Housing. Do the minutes of the November meeting of the Water Board show that the board has adopted a policy to not provide sewerage services in more than 25 suburbs unless the Water Board can make a profit? But will the Water Board provide sewerage services mainly to Liberal electorates at a \$95 million loss?

Mr SOURIS: I am quite happy to rise for an encore. I thought the tacticians opposite would have had a little flexibility to be able to re-arrange the questions. I thought the Leader of the Opposition would have got hold of the Whip and said, "Stop worrying about your electorate for a little while and re-arrange the questions".

Mr SPEAKER: Order! I call the Minister for Multicultural and Ethnic Affairs to order for the third time.

Mr SOURIS: Given that I do not carry a set of board minutes around with me, I am unable to read from board minutes to confirm anything the honourable member may have to say.

WILSON PARK, SILVERWATER, CONTAMINATION

Mr ZAMMIT: My question without notice is directed to the Minister for the Environment. Is the Government aware of contamination problems uncovered at Wilson Park in Silverwater? If so, what is proposed to deal with the problems which have been identified?

Mr HARTCHER: I thank the honourable member for Strathfield for the interest he takes in environmental matters in western Sydney. It is interesting that while so many members opposite represent seats - or purport to represent seats - in the west of Sydney, very few of them rise in this House to ask questions about the environment of western Sydney.

Mr SPEAKER: Order! I call the honourable member for The Entrance to order.

Page 1454

Mr HARTCHER: The honourable member for Auburn is prepared to stand up in this place and bore us all witless every time there is a motion before the House, but he does not stand up to ask questions about the environment. The honourable member for Blacktown gets her little pre-arranged questions after the Australian Labor Party strategy sessions in the morning. They say, "Ask this question of the Minister for Land and Water Conservation". After he has handled her, like he has handled everyone this afternoon - brilliantly - with two more to go, those opposite still do not have the wit to re-arrange their tactical order. These are the tactics of a political party deeply divided, with the left and right factions all ready to go. The honourable member for Blacktown waves fingers at me across the Chamber. We are appreciative of the fact that she is even in the Chamber. Only a couple of weeks ago she was threatening to boycott question time.

Mr SPEAKER: Order! I call the honourable member for Cronulla to order.

Mr HARTCHER: The honourable member for East Hills, the honourable member for Swansea, the honourable member for Blacktown and various other members all had their views about question time. They

were not even going to come to question time. However, the great issue of principle is still unresolved because there is still no preselection ballot in Ashfield, and there is still no indication whether there will be a preselection ballot in Ashfield. As the honourable member for Strathfield said, Wilson Park has been identified as a contaminated site.

Mr SPEAKER: Order! There is far too much audible conversation in the Chamber.

Mr HARTCHER: As with any contaminated site identified by this Government - the only government for decades serious about environmental issues and committed to do something about them - we will take appropriate action. The Environment Protection Authority has advised me that an extensive examination of Wilson Park -

Mr SPEAKER: Order! I call the honourable member for Burrinjuck to order for the second time.

Mr HARTCHER: - an examination commissioned by Auburn Council, and funded by my colleague the Minister for Land and Water Conservation, has confirmed the extent of the contamination from chemical sludge which was buried beneath the site by a company which operated at the site from the 1950s until the 1970s. The Minister for Land and Water Conservation has asked the Department of Conservation and Land Management to immediately increase security on the site and to provide funds to fence it off from the public. The EPA is requesting further testing from Auburn Council that will help in that work. I have asked the EPA to start a community consultation and education campaign. Also, a plan to clean up the site will be developed immediately. I am sure that all of this is news to the honourable member for Auburn.

Mr SPEAKER: Order! I call the honourable member for Auburn to order. I call the honourable member for Auburn to order for the second time.

Mr HARTCHER: It is worth bringing this matter to the attention of Parliament today because the public needs to be fully aware of the situation and to be warned that there is a possible health risk associated with the Wilson Park site. The issue of contaminated sites was addressed by this Government in the first state of the environment report produced in Australia's history, which we brought down in 1993. It is not without significance that the Federal Labor Government - caught out only this morning on yet another broken promise - has still not delivered its promise to a national state of the environment report, which it promised in 1991. That is Labor's commitment, State and Federal, to the environment. As I mentioned, from the 1950s to the early 1970s, the land in question was the site of a petrochemical plant operated by the Petroleum and Chemical Corporation of Australia. The operations of that plant deposited sludge waste into two pits at the site.

Mr SPEAKER: Order! I call the honourable member for Kogarah to order for the third time.

Mr HARTCHER: We would like to put the honourable member for Kogarah in one of the pits; he would probably be an improvement to it. Investigations have found that contaminated substances are leaking from those pits. This highlights the fact that contaminated sites generally are an historical problem. It is a legacy from a time when environmental concerns were not paramount and the community was ignorant of the consequences of poor waste management. That situation, of course, changed with the election of the Greiner Government in 1988. The Leader of the Opposition, who is sitting here quietly this afternoon - he is not smearing the honourable member for Blue Mountains in his normal way - still makes claims about his great environmental credentials. While he sat in this House as Minister for the Environment he emasculated the State Pollution Control Commission. As I told the House yesterday, nothing was done about contaminated sites across New South Wales.

There are several thousand of these sites. It would be an enormous education for the Leader of the Opposition to even find out about them. He was the Minister for the Environment for four years and did nothing about the problems associated with contaminated sites. When he was the Minister for the Environment - the man who claims to have a concern for the environment - waste quantities in Sydney increased by 33 per cent: from 2.25 million tonnes the quantities skyrocketed to 3.5 million tonnes. I hope the honourable member

for Londonderry takes an interest in Bob Carr's legacy to the people of western Sydney. In comparison, this Government has effected a 17 per cent decrease in waste in Sydney. The people of Sydney and industry have reacted positively to the waste reduction incentives and programs this Government has put in place and it is continuing to make great strides to minimise waste.

Page 1455

Mr SPEAKER: Order! I call the honourable member for Port Stephens to order for the third time.

Mr HARTCHER: In addition to the program for Wilson Park which I have outlined, the Government is pursuing a strategic approach to the whole issue of contaminated sites. The EPA is working in consultation with industry to produce detailed guidelines for the assessment and management of contaminated sites that particularly commonly occur in situations at service stations, gas works and tick dip sites. I am pleased to be able to report that industry recognises this Government's sensible, responsible and effective approach. This Government has earned the committed support of relevant industry groups. The action we are taking on Wilson Park to minimise any danger to the public and to work towards decontaminating the site will also involve inviting input from environmental groups. Environmental groups have a part to play in caring for sections of our environment which have been denigrated by ignorance and neglect.

Mr Martin: Boring!

Mr HARTCHER: The honourable member for Port Stephens calls out "Boring".

Mr SPEAKER: Order! There is too much audible conversation in the Chamber.

Mr HARTCHER: He claims to represent the interests of agriculture in this Parliament. If there is one issue of great concern to agriculture it is contaminated sites, as so many arise from agricultural practice. But that is boring to the shadow minister for agriculture. He takes no interest in the real concerns of his alleged constituency. The Government is alerting the public about concern in relation to the Wilson Park site. I give a commitment that the Minister for Land and Water Conservation and I will tackle the problem with the best means possible.

LIDDELL POWER STATION COAL PLANT

Mr ROGAN: Is the Minister for Energy and Minister for Local Government and Co-operatives aware that a new \$34 million coal plant at Liddell Power Station failed so badly during recent wet weather that nearly half a million dollars worth of diesel fuel oil was involved in maintaining power output?

Mr SPEAKER: Order! I call the Minister for Police to order for the second time.

Mr ROGAN: Who is responsible for this bungle?

Mr WEST: I am not aware of the particular event to which the honourable member referred.

Mr SPEAKER: Order! I call the honourable member for Granville to order.

Mr WEST: I will seek advice from Pacific Power and advise him at a later stage.

MANUFACTURING INDUSTRY ADVISORY COUNCIL

Mr FRASER: My question is directed to the Minister for Small Business and Minister for Regional Development. What action has the Government taken to establish the Manufacturing Industry Advisory

Council announced in the manufacturing industry's advisory program released by the Minister?

Mr CHAPPELL: The future of manufacturing industry in this State is an issue which I am sure is of intense interest to members on both sides of this Chamber because the future of the sector is fundamental to the continued prosperity of this State and the nation. For too long Australia has relied too heavily on primary production with too little emphasis being placed on value adding or processing industries, leaving us exposed to the vagaries of weather and fluctuating commodity prices.

Mr SPEAKER: Order! There is too much audible conversation in the Chamber.

Mr CHAPPELL: I believe that the turnaround in the performance of our manufacturing sector is one of the most visible indications of the changes our economy has undergone since the early 1980s.

Mr SPEAKER: Order! Apart from the fact that I have said almost ad nauseam today that there is too much audible conversation in the Chamber and several members have been called to order for flouting my instruction almost as soon as I have given it, the practice which has developed in the past few minutes on the Opposition side of members standing in the aisles and conversing on a variety of subjects is against the standing orders of the Parliament. Honourable members who wish to converse, have tactical meetings or whatever, will do so outside the Chamber. Members who are in the Chamber - with the exceptions of the Leader of the House and the Whips - unless leaving or entering the Chamber, should be seated. Otherwise, they should leave the Chamber. I call the honourable member for Eastwood to order. I call the Minister for Land and Water Conservation to order.

Mr CHAPPELL: Last year the consultants McKinsey and Company completed a study for the Federal Government on Australia's emerging exporters. Many honourable members will be familiar with that study so I will not go into it in too much detail now. Suffice it to say that the study documented the impressive performance of our manufactured exports and identified 700 emerging high value added exporters. As Minister for Small Business I am pleased that it is the small to medium business sector that is leading the way. The study identifies changing consumer preferences, changing competitive conditions and changing technology as an explanation for some of this growth.

The Chamber of Manufactures of New South Wales and the State Bank quarterly survey of manufacturing has just reported the best March result in the 10-year history of the survey. Key findings

Page 1456

included that 34 per cent of manufacturers reported an improvement in business conditions and 42 per cent expected further improvement in business conditions. It was also the first March quarter in four years when the number of manufacturers reporting increased production, orders and sales exceeded those reporting a decrease in activity. The question for all governments at this watershed in our economic history is: what can we do to help the dynamism of this sector? The New South Wales Government has invested considerable resources in assisting the manufacturing sector to reach its full potential. In November last year the Premier made an important statement in support of the manufacturing industries in which he outlined the Government's strategy for the sector. Shortly afterwards I released the primary platform of the strategy - the manufacturing industries program. This program is a whole of government approach for the sector aimed at fostering a favourable business environment to retain and expand investment and improve the competitiveness of manufacturing industries in New South Wales.

Overseeing the implementation of the entire program will be the Manufacturing Industries Advisory Council. I was pleased yesterday to announce the membership of that council on the occasion of its inaugural meeting at Parliament House. The council is chaired by Mr Bruce Kean, A.M., formerly Managing Director of Boral Limited. Other members of the council include: Mr Arthur Carr, Managing Director, Sebel Furniture Bankstown; Mr Robert Dunkerley, Managing Director, Hoover (Australia) Pty Limited, Meadowbank; Mr Michael Easson, Secretary, Labor Council of New South Wales, Sydney; Ms Carol Flanagan, Principal, Flanagan McDonnell and McGonigal, Sydney; Mr Ron Gray, Director and Plant Manager, Oral B Laboratories Pty Limited, Goulburn; Dr Roy Green, Director, Employment Study Centre, University of Newcastle; Mr

Reuben Hancock, General Manager, Maxitherm Boilers Pty Limited, Milperra; Mr Kenneth Henderson, Manager, Shoalhaven Mill, Australian Paper Limited, Bomaderry; Dr Michael Hirshorn, Chief Executive, Manufacturing, Cochlear Pty Limited, Lane Cove -

Mr SPEAKER: Order! I call the honourable member for The Entrance to order for the second time. I call the honourable member for Smithfield to order for the third time.

Mr CHAPPELL: - Mr Graeme Sheather, Associate Professor of Management, University of Technology, Sydney; and Mr Glenn Turner, Principal, Pembroke Financial Planners Limited, Newcastle. The membership includes four metropolitan manufacturers, two country manufacturers, and representatives of the trade unions, the finance sector and the academia. In addition to the Manufacturing Industries Advisory Council I have established the Office of Manufacturing Industries within the Department of Business and Regional Development. A manager of this office has now been appointed. I am sure that honourable members from both sides of the Chamber will agree that the members of the Manufacturing Industries Advisory Council are of the very highest calibre and they will join with me to wish the new MIAC all the very best in its endeavours to build vital manufacturing industries in New South Wales. I assure the council and the manufacturing sector that they will have every support from me and from this Government.

BLUE MOUNTAINS CITY COUNCIL BOMBING

Mr ANDERSON: My question is directed to the Minister for Police and Minister for Emergency Services. What discussions has the Minister had with the member for Blue Mountains concerning the bomb and death threats? What explanation did he give for the fact that his Optus telephone account shows that his car phone was used to place a call to the *Blue Mountains Gazette* on the night of the death threat? Did the Minister report this information to the Commissioner of Police?

Mr GRIFFITHS: I am most impressed by the new burst of enthusiasm from the honourable member for Liverpool. He is obviously getting ready for preselection. It is the most life that I have seen from him in several years. Two members of this House have had allegations of criminal behaviour made against them. The matter has been widely covered in the media. We are not going to have trial by media, trial by clowns. Both matters are being investigated by the police. There will be no fear or favour on either side. Until the matters have been investigated I will make no comment.

PUBLIC HERITAGE BUILDINGS

Mr D. L. PAGE: My question is directed to the Deputy Premier, Minister for Public Works and Minister for Ports. What action is being taken to ensure the State's government and public heritage buildings are maintained for future generations?

Mr ARMSTRONG: The Government's heritage program managed by the Public Works Department acknowledges the significance of the State's heritage buildings to the community and ensures correct care and maintenance for the buildings is professionally carried out. It is appropriate that the honourable member for Ballina should ask the question today in recognition of Heritage Week. It is also appropriate to speak of the value of our heritage when we have students from a school such as Binda in the Southern Highlands in the gallery this afternoon. The Southern Highlands is one of the oldest settled areas in the State. The Public Works Department is particularly proud of its stonework program. It employs 22 stonemasons, the largest contingent of stonemasons in Australia, and currently has four apprentices.

I am sure all members would agree that it is desirable to have a continuing pool of expertise in such a wonderful traditional craft as stonemasonry. The Public Works Department is the major custodian

Harbour through Waverley to Paddington. As more and more sites become available the department is acquiring as well as recycling quite a bit of sandstone, including some from the Maitland gaol, where a new kitchen was recently constructed and the old sandstone brought to Sydney for recycling. The program is most imaginative.

Work has started and is continuing on several major projects, including the Chief Secretary's Building; the Marcus Clarke Building, Sydney TAFE; the Australian Museum; Government House; the Farm Cove seawall; several public monuments, to which \$100,000 are being allocated; the Bourke Street Public School; and the Maitland courthouse. A sum of \$4.62 million is being spent in 1993-94 as part of the ongoing stonework program. I commend these programs and our wonderful old buildings around the city to anyone who would like evidence of such expertise in our State.

The stonework program has achieved two awards in the past year: the Greenway Award of the New South Wales Institute of Architects and the Macquarie Award, awarded by the National Body of the Royal Australian Institute of Architects. These awards were made on the basis of the value to the community of the seven projects referred to previously. In relation to heritage work on Government House, this year general stone repairs are being made, roof slating is being carried out and other small maintenance items are being completed. An asset appraisal is being carried out and the main hall ceiling will be painted by the end of 1997. Particularly significant is the work being undertaken at the Maitland courthouse in the conservation and repair of high-level stone details in the tower and gables, using local stone. The value of work in the current year will be \$200,000. That work follows earlier undertakings at both Bathurst and Goulburn courthouses, where repair and restoration work began on major cultural landmarks.

It is essential that we preserve the wonderful public buildings we have in this the number one city of Australia, that we recognise some of the unique architecture and that, where practicable, we follow a program of restoration and enhancement. It is worth noting that under the previous administration ongoing maintenance programs were considerably run down. Since the present Government came to office in 1988 it has made a considerable effort to catch up on the backlog. My predecessor, the Hon. Wal Murray, during his administration of the public works portfolio commenced some of the important programs to which I have referred. I have much pleasure in continuing them. It is essential that we recognise the significance of Heritage Week and acknowledge Sydney as the custodian of much, if not most, of the heritage of this wonderful country.

PETITIONS

Serious Traffic Offence Penalties

Petition praying that the House review the laws relating to road accident fatality or grievous bodily harm and institute severe penalties, received from **Mr Newman**.

Forestry Commission

Petition praying that an inquiry be conducted into the administration, practices and policies of the New South Wales Forestry Commission with respect to long-term sustainability of timber resources and the protection of wildlife habitat, received from **Ms Moore**.

Anti-Discrimination (Homosexual Vilification) Legislation

Petition praying that because the homosexual vilification amendments to the Anti-Discrimination Act censor criticism of homosexuals, they be repealed, received from **Mr Chappell**.

Area Assistance Scheme

Petition praying that the House reject the Premier's proposal to discontinue funding of the area assistance scheme, received from **Mr Anderson**.

Bulli, Coledale and Port Kembla District Hospitals

Petition praying that the present level of services be retained at Coledale, Bulli and Port Kembla district hospitals, received from **Mr Sullivan**.

Milton-Ulladulla Hospital

Petition praying that services at Milton-Ulladulla Hospital be expanded, received from **Mr Hatton**.

Warilla Police Station

Petition praying that more police be allocated to Warilla Police Station, received from **Mr Rumble**.

Shellharbour Public Hospital Children's Ward

Petition praying that the children's ward of Shellharbour Public Hospital be reopened, received from **Mr Rumble**.

DATA PROTECTION BILL

Withdrawal

Order of the day for second reading of this bill discharged.

Bill ordered to be withdrawn.

BUSINESS OF THE HOUSE

Bill: Precedence of Business

Motion by Mr Nagle agreed to:

That General Business Order of the Day (for Bills) No. 17 (Industrial Relations (Contracts of Carriage) Amendment Bill) be re-ordered to take precedence on Thursday, 21 April 1994.

Page 1458

Consideration of Urgent Motion: Suspension of Standing and Sessional Orders

Motion, by leave, by Mr Hatton agreed to:

That certain standing and sessional orders be suspended to allow consideration forthwith of the following motion:

(1) That this House censures the Minister for Health for maladministration of the health portfolio, which has resulted in:

- Unconscionable productivity cuts inflicted on health budgets

- Delays in accident and emergency areas
- Long waiting times for elective surgery
- Neglect of people with mental illness
- Bed closures in hospitals
- A run-down in rural health services

with precedence of all other business except private members' statements at 5.15 p.m.

(2) That the following time limits apply to the debate:

Mover of the motion - unlimited

Minister named - unlimited

First speaker - 45 minutes

Other speakers - 20 minutes

Mover in reply - 20 minutes.

MINISTER FOR HEALTH

Censure

Mr HATTON (South Coast) [3.23]: I move:

That this House censures the Minister for Health for maladministration of the health portfolio, which has resulted in:

- Unconscionable productivity cuts inflicted on health budgets
- Delays in accident and emergency areas
- Long waiting times for elective surgery
- Neglect of people with mental illness
- Bed closures in hospitals
- A run-down in rural health services.

This motion challenges members irrespective of party, particularly country members, to stand up and voice the anger that many country people feel at the loss of services generally but specifically at the downgrading and closure of public hospitals. The debate will enable honourable members to speak out on behalf of the sick, the disadvantaged, and the powerless who rely on the public health system. People with mental illness, as highlighted in the Burdekin report, are largely a forgotten group. Senior citizens and other community groups across the State are outraged at the cuts in health services and the severe problems being experienced by those who have to queue for treatment in accident and emergency centres or are unnecessarily transferred to other areas. Those people, who are suffering, have to wait months and years for elective surgery.

At the Shoalhaven hospital 1,000 patients are waiting for elective surgery; some patients on the general surgical list of Dr Martin Jones have been waiting since April 1991. Whilst these particular patient numbers are not great in volume, it is scandalous that any public patient should have to wait as long as two to three years for surgery. The surgery waiting lists across the State are completely unacceptable. The Minister for Health and the Leader of the Opposition have argued about the figures. I agree with the argument that waiting lists can never be eliminated. I have never made such a claim, nor has any other honourable member of this House so far as I am aware. But such an argument is not a satisfactory explanation for 40,000 people in New South Wales waiting for surgery. Figures were put to the Parliament by the Deputy Leader of the Opposition under the Freedom of Information Act. One can argue that the figures should be upgraded or downgraded, but the Western Sydney Area Health Service has in the vicinity of 4,000 patients on the waiting list, the Hunter has 4,000 and the Illawarra has 3,000. If we take a mean of those figures, the impact of what is happening in health services is apparent.

Other figures given by the Opposition spokesperson on health listed the district health services throughout many areas of New South Wales. I do not intend to go through that list, but so far as I am able to establish in excess of 46,000 people in New South Wales are waiting for surgery. This includes more than 3,000 in the Illawarra, of whom more than 1,000 have waited longer than six months. The Hospital Coalition and the Combined Pensioners and Superannuants Association list 25 hospitals that have either been closed, had services severely cut, have been privatised or have been marked for privatisation. That some of these hospitals warranted closure is debatable; that all of these hospitals warranted such savage attacks is not. It is obviously a disgrace.

The hospitals that were listed are as follows: Wallsend, downgraded to a nursing home and private general practitioner unit; Western Suburbs Nursing Home, Newcastle, closed; Dudley Men's Home, Newcastle, closed; Marrickville, closed; Parramatta, closed; Sydney, cut in half; Glebe homeopathic, closed; Rachel Forster casualty, closed; Port Macquarie, privatised; Balmain, downgraded and then to cater for geriatrics; Canterbury, to be closed; Western Suburbs, closed; Royal South Sydney, to be closed; Lidcombe, to be closed; Prince Henry, 450 beds lost; Lewisham, closed; Binnaway, closed; Ungarie, closed; Yeoval, closed -

Mr Phillips: Yeoval is not closed.

Mr HATTON: Now a co-operative; Hawkesbury, to be privatised; Kiama, closed; Shellharbour, downgraded; Bloomfield psychiatric, Orange, downgraded; Coledale, to be made a nursing home; St Joseph's, Auburn, service review under way; and Gladesville to be downgraded. By way of interjection some country members and the Minister argue about one or two hospitals. Will they argue about the vast majority of 25 hospitals across New South Wales that have been closed, or the services of

Page 1459

which have been downgraded or cut severely? When it was revealed last week that at Armidale hospital people were paying \$196 to jump other patients on the elective surgery queue, the Minister expressed outrage and commenced an investigation.

These happenings at other hospitals were brought to my attention by the mother of one of my constituents, who reported that she similarly had to pay for a prosthesis at a Sydney hospital. This is totally unacceptable, and the Minister agrees it is totally unacceptable, but it is a symptom of the sheer desperation within the health system. Some chief executive officers are under such stress because of budget cuts and they are desperately trying to make ends meet. The policies of this Government are causing that stress. The unconscionable productivity cuts on hospitals year after year have significantly contributed to this desperate situation. Productivity savings improved efficiency but they were relentlessly driven to the point where many hospital services were closed down. Citizens are suffering, and chief executive officers, doctors and staff are stressed and disillusioned. Cut, cut, cut, until now the raw flesh of suffering is exposed. The frail aged, the unemployed, those on low and fixed incomes, those in many instances whose incomes financially deprive them of the opportunity of private health insurance depend on an accessible, good public hospital system.

Resources could not be moved fast enough from areas that are not growing to keep up with the demands in

the growing areas, and flaws in the resource allocation formula funding and assessment of health needs of areas mean that the system has broken down in many places. My colleague the honourable member for Manly will talk about flaws in resource allocation formula funding, and the honourable member for Bligh will concentrate, among other things, on services for the mentally ill. Other members will highlight severe problems throughout the State. The Illawarra Area Health Service and the Shoalhaven have classic examples of severe problems in the health system.

I led deputations to the Minister and presented detailed and carefully argued cases which the Minister's own research was able to support, but the Minister stuck to his blind ideology: no more money for the Illawarra Area Health Service; the money had to be found from within the budget to try to cater for the Shoalhaven. Each representation pointed out the desperate need for funding. The honourable member for Bega agreed with the Minister that there would be no additional money for the Illawarra Area Health Service. References are contained in a report dated 17 January 1993 from the Illawarra Area Health Service to the Department of Health. These comments are not the comments of the member for South Coast; they are the comments of the regional area health service in its own report. The report refers to:

Failure by the Department of Health to provide additional funding following a detailed submission by the Illawarra Area Health Service, dated 17 January 1993, in which reference was made by the Illawarra Area Health Service to:

- (a) \$11.2 million required to bring the Illawarra Area Health Service up to Budget. The Illawarra Area Health Service is not receiving a fair share of the N.S.W. Health Budget.
- (b) \$2.5 million enhancement funding for clinical services in the Shoalhaven and Illawarra Regional Hospital.
- (c) Resource Allocation Formula relating to Private/Public patient mix and Tertiary increments to be resolved. The Illawarra Area Health Service:
 - i. has the lowest rate of chargeable patients (privately insured) in any of the 10 Area Health Services, and,
 - ii. is continuing to experience the greatest decline amongst patients in the 10 Area Health Services.

That means the greatest decline among those privately insured patients:

Changes to the Resource Allocation Formula would effectively provide reasonable and appropriate funding increases. Between 1988/89 and 1993/94, there has been a staggering 33% decline in chargeable patients in the Illawarra Area Health Service region. This equates to additional V.M.O. costs between \$1.42 and \$4.33 million per annum additional costs to the Illawarra Area Health Service.

This is the Minister's own department:

- (d) \$860,000 errors in the calculation of Efficiency Index have been acknowledged in 1992/3 and 1993/4 by the Department of Health, but still no compensation has been made to the Illawarra Area Health Service.
- (e) The Department of Health, in a letter to the Illawarra Area Health Service dated 3 September 1993, confirmed that the Shoalhaven should receive a tourism funding component to accommodate tourism impact upon Shoalhaven and Milton hospital budgets.

This has not occurred. I play the game fair. In my speech to this House on 17 March 1994 I indicated that 281 of the 1,047 patients on the Shoalhaven waiting list had been waiting for two to three years. I should have said that 281 patients have been on the waiting list for more than six months, not two to three years. I correct that error. However, I stress that there are some patients in Shoalhaven that have been waiting since 1991. The honourable member for Bega said in a letter to me dated 29 December 1993:

Although I do not believe it is the Government's role to bail out the Illawarra Area Health Service by injecting additional funds into Milton Hospital, I totally agreed with the Chamber's view that Milton Hospital is being shortchanged.

The Minister has pushed me too far. Anyone who gets between me and my constituents, especially when they are suffering so grievously in areas such as health, is in dangerous territory. The Minister may laugh it off but it is no laughing matter and I indicate to the Minister that I will have no hesitation -

Mr SPEAKER: Order! The Minister for Health will have an opportunity later to contribute to the debate.

Page 1460

Mr HATTON: - in moving a motion of no confidence in the Minister if I consider that that is necessary after the Budget. Unless the situation is redressed, that will be done. Enough is enough. I challenge the Minister to tell this Parliament how capital allocation is decided upon. I challenge the Minister to explain how hospitals of comparable size and population catchment on the North Coast are so much better off than hospitals on the South Coast. I challenge him to refute political interference and unfairness under the guise of equitable distribution of funds. I have never before made this allegation against this Minister. I do it on carefully researched grounds. I oppose the privatisation of public hospitals. I also have very grave doubts about excess profiteering in areas such as x-ray and pathology.

I have worked closely with health professionals, with doctors at Shoalhaven and Milton hospitals, with inter-agencies at Ulladulla and Nowra and with health and community service providers generally. There is pain, suffering and distress. The health professionals, the staff of hospitals and those in community health are just as much victims as the people they are trying to assist. A heavy burden has been inflicted on them, and on the patients and families who depend upon them, by this Minister and this Government. The health dollar allocation per person per year within the Illawarra is \$325 for program 2.3 acute patients only. Compare that with the Macleay-Hastings figure of \$531 and the Murrumbidgee figure of \$400.

How can the Minister continue to defend this blatant inequity of health dollar funding, the unfairness to the Illawarra population, and in particular to the Shoalhaven, especially in the face of evidence provided directly to him - at his initiation - by the Reid Harris report, which was a report of private consultants? This resulted from a carefully prepared case that was presented to the Minister by a deputation of doctors and me. He was so impressed with it that he commissioned this report. The report produced a number of findings which clearly showed the underfunding of Shoalhaven hospital. It also showed that a backlog of money was owed to the Shoalhaven. The report of the Illawarra Area Health Service to the Department of Health is another document which underlines the situation. The report is dated 17 January 1993 and refers to the unacceptably long waiting lists in the Shoalhaven which could be reduced to acceptable levels with meaningful additional funding.

The underfunding of Shoalhaven is absolutely scandalous - and I talk about the Shoalhaven as a whole, Shoalhaven City. Unless redressed in the State Budget, it warrants a motion of no confidence in this Minister for Health. I am well aware of the pitfalls of comparing resource allocations on a per capita basis. The Minister knows from his own inquiries that my homework has been done very carefully. The fact that the population figures I quote are not health weighted is of no comfort to the Minister. If that adjustment is made, it increases and highlights the disadvantage suffered by the Shoalhaven. My figures vary slightly from the ones in official reports because they have been reworked downwards and one significant error had to be corrected.

The areas chosen have similar population structures and similar problems and each will be listed according to place, population, acute inpatient program 2.3 services, and expenditure per head of population. They are as follows: Shoalhaven, population 66,288, budget for program 2.3 services \$14.88 million, expenditure per head of population \$218; Evans, 67,580, budget \$27.3 million, \$404; lower North Coast, 71,900, \$22.33 million, \$311; Macleay-Hastings, 74,830, \$28.65 million, \$383; mid-North Coast, 80,143, \$21.46 million, \$268; Murrumbidgee, 42,000, \$16.84 million, \$400; and Southern Tablelands, 81,960, \$22.95 million, \$280.

I know that one has to take into account the fact that in some areas community health services are attached to hospitals and that in other areas they are not. Shoalhaven's growth rate, which is reflected by the number of

young families in the population, is near the top. There is also a high percentage of aged people in the population. I quote again from an internal document given to me by a private practitioner, Dr Ryan. This document compares district health services with level 5 services in areas with similar populations. These are the Health Department's own statistics.

The Central West has a population of 61,380. The expenditure per head of population at Orange Base Hospital is \$650 per year, compared with \$218 at Shoalhaven hospital. The people of Shoalhaven would be on cloud nine if they received the same funding as the Central West. I challenge the Minister to justify the difference. The Hume region has a population of 81,762 and the expenditure per head of population at Albury Base Hospital is \$556. The Riverina region has a population of 82,000 and the expenditure per head of population at Wagga Wagga Base Hospital is \$561. By any calculation, Shoalhaven is savagely discriminated against, as is the Illawarra region as a whole. I am here to fight the case for the Illawarra and other country areas in the same way as I am fighting for my own electorate. The Combined Pensioners and Superannuants Association is solidly behind me in this fight.

Another official document, this time addressed to me from the regional chief executive officer, revealed that the overall bed per 1,000 population ratio for New South Wales is 4.4. In the Illawarra region the bed ratio is only 3.34 and in Shoalhaven it is 3.41. How does the Minister explain this disparity, particularly bearing in mind that in some areas the population growth of the Shoalhaven is as much as 10.5 per cent and, overall, is much higher than the State average? The high proportion of aged in the population must be also borne in mind. Shoalhaven has the lowest rate of chargeable patients in any of the 10 State area health services. That is due in no small part to high unemployment and to the number of pensioners and those receiving other benefits in the population.

Page 1461

The departmental report lists occupancy rates at Shoalhaven hospital as 82 per cent, with unnecessary ambulance costs of transferring 195 patients of \$125,000 per annum. Overall, the cost of patient transfers is in the vicinity of \$400,000. The occupancy rate at Milton-Ulladulla Hospital is a staggering 92 per cent. Anyone who knows anything about hospitals knows that an occupancy rate of 92 per cent means big trouble. The occupancy rate I have referred to does not include the unnecessary transfers from Milton hospital to Batemans Bay and across to Canberra. Obviously, it does not include transfers from Shoalhaven to Wollongong either. And the Minister calls this a health system! No wonder he is facing a censure motion today and will possibly face a no confidence motion in the future.

Mr Phillips: This is an election campaign. You are desperate. It is disgraceful. I did not believe you would sink so low.

Mr HATTON: I am talking about your figures, Minister. The official figures show a staggering 1,047 patients on the waiting list for Shoalhaven hospital. Sink so low? There are 1,047 patients on the waiting list; 281 of them have been waiting for longer than six months. The Minister has the hide to criticise me for speaking out for my constituents, for leading deputations to him, for putting unanswerable questions to him -

Mr SPEAKER: Order! I call the Minister for Health to order.

Mr HATTON: - for quoting from his own reports, which tell him how serious the situation is, and because he has repeatedly denied funding to the Shoalhaven.

Mr SPEAKER: Order! I repeat that the Minister for Health will have an opportunity to participate in the debate.

Mr HATTON: The 281 people waiting for longer than six months include 70 on Dr Jones' general surgeon's list; two with Dr Curran, stomach and lower stomach; 15 with Dr Hoult, gynaecologist; 55 with Dr Harper, plastic surgeon; 43 with Dr Hoolahan, gynaecologist; 22 with Dr McSwiney, ear nose and throat; 63

with Dr Durkin, ophthalmologist-surgeon; two with Dr Hannon, urology; and nine with Dr Klein, general surgery. The suffering is horrendous. I will not reveal the patients' names in the House, but the details are available to the Minister. I will identify the doctors and patients by number if necessary. The lists supplied to me by the doctors are available. Let me pick out some of the worst cases in these sheets. I am referring to what the patients have said. Don't talk to me about censure! Don't talk to me about defending the indefensible! One patient said, "Been waiting 18 months, condition worsening". Another said, "The lump is getting bigger as I'm waiting". Another said:

I rang your hospital after six months' wait and was told another 4-6 months would pass before I got a bed. My home situation became such that I just had to have my surgery. I got a bed within two weeks at Nowra Community Hospital and had my operation. I am a pensioner now, and I could not claim on the HCF for a pre-existing condition. My account, which I paid yesterday, was \$4,485, discounted by the hospital to \$3,535.

Does the Minister want to defend that? These people have no option. They are on fixed incomes and have to pay hard-earned money. If they want to relieve the pain and suffering, they must have treatment.

Mr Phillips: What is your solution?

Mr HATTON: You come up with a solution. You are the Minister. You put the additional money into Shoalhaven and the Illawarra. Is the Minister proud of the fact that a pensioner's account was discounted by the hospital to \$3,535? Is he proud of the fact that pensioners must go into debt to relieve their pain? Another patient said, "This long wait has compelled me to surrender my driver's licence and dispose of my motor vehicle". The situation is disastrous. There are 1,000 people on the waiting list - people with breast lumps, old people with painful orthopaedic ailments in need of attention, and people requiring basic ophthalmic surgery. Of the 1,000 people on the waiting list 27.2 per cent have been waiting longer than six months. Some of them have been waiting for more than 12 months and some have been waiting since April 1991.

These figures have been supplied to me by the doctors. The Minister can argue with them if he is able. It is not as if the Minister has not had any warning. In the Address-in-Reply debate I detailed the shocking situation that the Illawarra regional hospital budget for surgery was \$700,000 in the red prior to Christmas. I have spoken to the doctors and to the health providers. I have met community groups. I have been to Wollongong and spoken to the head of the surgery section. I am revealing what the Minister knows from his internal reports. Despite bed closures during the Christmas-New Year period at the regional hospital in Wollongong and the farming out of patients to Bulli and Shellharbour, the budget was still more than \$300,000 in the red. More than a quarter of those patients came from Shoalhaven. Don't tell me that I don't know what I am talking about. The Minister knows only too well that I do my homework carefully.

Documents obtained under freedom of information legislation show that Shoalhaven and Milton hospitals did not even receive the funding recommended for the number of patients which, although discounted for legitimate reasons, was sufficient to warrant sizeable additional funding to both hospitals in holiday times. Conservatively the Minister owes them a total of between \$300,000 and \$400,000. His department is telling him that. The Minister is not giving the hospitals the money for the patients who come through the door.

The permanent population of the area I represent is something like 60,000 people. During holiday periods the population increases to more than 200,000 people - more than a city the size of Wollongong. The dangerous Princes Highway is located in the area I represent, accident and emergency services are

Page 1462

stretched to the limit, and beds are closed over the Christmas-New Year period. I am saying to the chief executive officer of Shoalhaven hospital that I will set up a tent embassy on the hospital grounds if those beds are not reopened. They will be reopened, but no one can tell me where the funds will come from because the budget of the chief executive officer will not be supplemented. Enough is enough.

A letter I obtained from the Illawarra Area Health Service under the Freedom of Information Act indicated that Shoalhaven hospital had admitted an additional 360 patients, 5.4 per cent of admissions, from outside the

area administered by the Illawarra Area Health Service. The same letter speaks of Milton-Ulladulla Hospital in similar terms, with 213 admissions, 3.2 per cent of all admissions, coming from outside the area administered by the Illawarra Area Health Service. No additional funds have been made available to assist those hospitals, despite the problems. Bed closures over the Christmas-New Year period at Shoalhaven hospital have resulted in huge problems. The staff are extraordinarily stressed. On 13 separate occasions recently I sought an answer from the Minister's office to an invitation to come to Shoalhaven to address meetings to explain the Government's policy, and to address meetings in Nowra and Milton. I gave him a list of a considerable number of dates. I gave him a list of the dates that the mayor was available. The Minister could have chosen his own date. The answer was no. He will not come to the area and stand up in front of people.

Mr Phillips: I am not going to be a part of your election campaign. It is a set up, and you know it. You are setting it up as an election stunt. I am not going down there for a crucifixion.

Mr HATTON: You will not come to the electorate and you will not face the people, as I have to face the people.

Mr Phillips: Not for the stunt you are pulling.

Mr HATTON: And you will not explain to them why their pain and suffering goes on, why you inflict continual cuts on hospitals in growth areas and why there are overall problems in the health system. Come and face them. Stand up and tell them. Explain your policy. You are the Minister. The crunch came for me when the Minister met a deputation consisting of myself and the General Manager of radio station 2ST, Roger Summerill, who incidentally is a severe critic of mine on some issues and supports me on others. It is not as if he is an ally of mine. If you were to hear him editorialise on the armaments depot you would realise that he gives me no quarter whatsoever.

The Minister's answer to the desperate need to replace an old timber-fibro ward dating back to World War II at Shoalhaven hospital was to provide \$20,000 to address the immediate fire hazard. Unfortunately for the Minister, Mr Summerill, a man with impeccable manners, reported to me - and I have checked this with him before I read it onto the *Hansard* - that he ducked back into the office to simply thank the Minister and his staff, only to hear the remnants of a discussion with senior public servants gloating about how they put us off, even though we had presented an unshakeable case. That man is angry. If he is to give this Government any quarter, it will not be on health funding. The Minister's office told a journalist from the *Sydney Morning Herald* - who reported back to me - that the member for South Coast had just discovered his electorate. The Minister spoke about that today in the House. It is an outrageous and disgraceful lie. Letter after letter, deputation after deputation justified the need. Minister, you acknowledged the deputations. You instituted inquiries. You responded to the deputations, but not with sufficient funding to cover the desperate health problems of the electorate.

I have tried to work within the system, but I have been met with lies and distortions. When gains are made, as with all Ministers, I gave full credit and courtesies. I did this only last week in publishing the figures that the Minister sent me about increasing funding for Shoalhaven. I now find that those figures are not accurate. I cannot get a satisfactory explanation for the basis of those figures. The forthcoming budget will need to allocate funds to enable work to commence on the Shoalhaven hospital, and for as little as \$4 million work can commence on stage 1B to provide a 16-bed rehabilitation ward and a new facility for allied services such as physiotherapy, social work, speech pathology, dietetics and occupational therapy. That is the infamous west wing, the timber-fibro structure that we brought to the Minister's attention, which was condemned by a report of the Board of Fire Commissioners as a fire hazard. It is the greatest disgrace of the Shoalhaven hospital.

I understand capital shortage and I have indicated that it could be spread over two years, but in the regional report the Minister asked the people of Shoalhaven to wait until 1998. They have been waiting since World War II. Improvements made at that hospital in stage 1B are very interesting. In 1991, Premier Greiner announced in Nowra, much to the embarrassment of the Liberal candidate at the time, that there would be no

money for Shoalhaven. By negotiation within the area health region we were able to get \$1.4 million for stage one of the hospital after the Premier of this State said, "You will get no money". The attitude of the Minister is still, "If you cannot find the capital from within the region, we will not give it to you". Therefore we have to compete with the clinical services block in Wollongong.

At first I was moved to oppose the clinical services block. However, after a meeting with Wollongong health officials I am not moved to do that. The hole in the ground has to be filled with a meaningful structure. The people of Shoalhaven have waited since World War II and they are not prepared to wait any longer. The least they can expect from me is to censure this Minister. I was under pressure on radio from one of my local councillors to move a motion of no confidence in this Minister. Minister,
Page 1463

your report details an additional two beds for Milton hospital in a rapidly growing, heavily medical needs weighted population, when a dozen beds are needed urgently - some are pushing for considerably more. Today in the Parliament the Clerk announced a petition containing more than 8,000 signatures, mostly from residents of south Shoalhaven in the Milton hospital catchment. There are 5,000 more signatures to come.

I had nothing to do with generating that petition; neither did my office. It was generated from within that community by Mr Tony Weldon. He rang the Minister's office and said he was acting on my behalf. He was not acting on my behalf and he will tell the Minister that. If the Minister thinks this is some sort of election stunt he is wrong. It is a spontaneous petition from that community. Those signatures mean that 12,000 or 13,000 people are supporting their hospital and saying, "This hospital is not adequate. We want it fixed, and we want it fixed now. We are not prepared to support a Government that does not fix it". They are asking for expansion of the Milton hospital, for the employment of a resident medical officer, for expanded community health services, for a maternity unit and for a general upgrade of Milton hospital to address the staggering growth of the area.

I acknowledge that there have been recent gains: the \$250,000 recurrent funding, representing a budget increase of 10 per cent, which will be less when productivity deductions are applied; two high dependency beds, increasing the level of acute care to patients who otherwise would be required to be transferred to Nowra or elsewhere, as many patients are; and new X-ray equipment valued at \$100,000. It is of note that there is a considerable contribution to those costs drawn from a trust fund in which public donations are held for the purpose of assisting local hospitals and allied health services. So it can be seen that I do play fair. I do not say, "The man has given us nothing". I put forward the figures. I put forward the case and I quote the Minister's reports to justify what I am saying.

Shoalhaven has one of the largest school building programs in New South Wales, recognition by the Education Department of the staggering growth. Shoalhaven City Council's population statistics have withstood challenge after challenge by government. The population statistics of the Department of Planning have been shown, year after year for almost 20 years, to be conservative. Prior to 1970 it began a carefully constructed program to ensure accuracy to fight for the needs of that area. Shoalhaven district hospital needs a resident medical officer. There is growth in more complicated surgical procedures. The demand for acute care has risen dramatically in the past five years and the hospital is caring for sicker and sicker patients. The resident medical officer could supervise those in intensive care and high dependency and supplement casualty as well as providing an appropriate level of medical care for post-operative patients, and provide rapid assessment for patients admitted and not yet seen by a doctor. The resident medical officer could be based in intensive care but not necessarily in the ward. I understand this could be achieved for as little as \$0.6 million.

Our research indicates that Shoalhaven hospital is the largest public hospital without a resident medical officer. It does not have an orthopaedic service and up to 20 orthopaedic beds are needed as part of planning for stage 1B, although it is not on the drawing board. The following questions arise: why is Shoalhaven the largest area in New South Wales without an orthopaedic service? Why is it one of the lowest per capita expenditure areas on health in the State? Why is the waiting list for surgery 1,041? Why do people, including pensioners, have to suffer and some be forced to pay out of their meagre resources to the private hospital to relieve their pain and suffering? Why is Shoalhaven not recognised, when its admissions have increased since

1991-92 by 22 per cent, from 583 to 710, with a 50 per cent increase in day only admissions and a 26 per cent increase in attendance at accident and emergency between 1991 and 1993?

One cannot argue that it is the hospital's fault. Shoalhaven public hospital is efficient, as is the Milton hospital. In relation to the Shoalhaven hospital, the length of stay has been reduced from 5.2 days in 1989-90 to 3.8 days in 1992-93; there has been a 12 per cent reduction in admission costs between 1990-91 and 1992-3; and transfers from Shoalhaven district hospital have increased by 36 per cent in 1991-92, 37 per cent of those were due to bed shortages. That is what I have to explain to my constituents. The Minister has to explain why people have to travel 60 or 70 kilometres if they live in Nowra - a lot further if they live in Milton-Ulladulla - to visit people who are unnecessarily transferred because of a bed shortage. That bed shortage, in a rapidly growing area, needs to be addressed.

There are no beds available at Shoalhaven District Memorial Hospital; there are insufficient funds to provide adequate access to theatres for the surgeons and other specialists, who are forced to juggle patients to meet the most immediate medical needs. Patients are sent north from Shoalhaven hospital and south from Milton-Ulladulla to Batemans Bay and Canberra. Patients are paying privately when they cannot afford to; and 26.8 per cent of Shoalhaven patients are waiting more than six months, some up to two or three years. Beds have been closed, for budget reasons, at the height of the tourist season. There has been a failure to provide, even under the resource allocation formula, sufficient funds for the Illawarra as a whole.

There has been the failure to grant the Shoalhaven and Milton-Ulladulla hospitals the additional funding which internal documents justify for admission of patients during periods of high tourist intake. There is no recognition of the resource allocation formula for the high percentage of the unemployed on low and fixed incomes, the young families, the aged and all of those completely dependent upon the health system throughout the

Page 1464

Shoalhaven, both north and south. In New South Wales generally there are problems in accident and emergency, waiting lists for surgery, the closure and downgrading of public hospitals and repeated cuts to many public hospital budgets. These all contribute to a deplorable circumstance in the administration of the Minister's portfolio. For these reasons, the Minister for Health deserves the censure of this Parliament. I ask for the support of the House for this motion.

Mr PHILLIPS (Miranda - Minister for Health) [4.2]: I remind the honourable member for South Coast that his motion, which he has obviously tried to expand to justify his position to this House, was all encompassing. He talked about unconscionable productivity cuts inflicted on the health budget, rural health and a whole range of things. What did the honourable member for South Coast concentrate on throughout his speech? He concentrated on the Shoalhaven - his hospitals. He has been the local member for 20 years. He knows what has occurred in health over that long period of time. This censure motion, for which the honourable member is gathering as much support as he can, this personal attack, which I take very seriously, is a censure motion on me as the Minister for Health. The motion was expanded to try to encompass the whole of the State, but the honourable member's speech concentrated specifically on the Shoalhaven.

Why did the honourable member concentrate on the Shoalhaven? The answer is because we happen to be entering an election year. The honourable member wants to grandstand, to lead his constituents into revolt, so that he can put pressure on the Government and try to hold his seat. I will clearly demonstrate in my speech today, on each of the issues he has raised, just how wrong he is, particularly about the Shoalhaven. I will show how under this Government and me as Minister the health resources have been going to the Shoalhaven. I do not pretend that there are not health problems in the Shoalhaven. There are health problems in many areas throughout Australia and the world. I will inform the House how we address the problems in a sensible way.

The honourable member for South Coast wants to incite the doctors and to shroud wave. He wants to lead the people in revolt, rather than take into account what is really happening in the State and tackle the real problems. I would welcome an opportunity to debate with the honourable member for South Coast the real problems in health, the real issues, and what changes need to be made. His comments today were about a bid

for the Shoalhaven. The honourable member wants me to chalk up the whiteboard, list all the demands from around the State, and make a political decision that the Shoalhaven should get priority over other areas of the State - jump it up the list because of political expediency. Unlike other Ministers in other governments, I do not do business that way.

I will demonstrate how this Government has come up with the fairest means of distributing resources around this State that has ever been devised by a government in this State. Gone are the days when there was pork-barrelling and for inexplicable reasons hospitals were built and renewed in the silliest places. I will demonstrate today that the resource allocation formula is fair. That is the principle and formula I will follow. I am more than happy to debate the accuracy of the formula. The formula was introduced under my predecessor, Peter Collins. I was chairman of his advisory committee at that time. He was a great supporter of the resource allocation formula. That resource allocation formula has set a 10-year target for getting a fair distribution of resources around the State - taking the politics out of it, as should happen.

The honourable member for South Coast wants to ignore that principle and to lead the people in revolt so that I will allow him to jump the list. He wants to debate a formula that has changed progressively as we have found better ways of fine-tuning it. We constantly look at anomalies and inequities. We fine-tune to make improvements. The formula is a fair way of administering health services in this State. These are the things I will demonstrate. The honourable member for South Coast mentioned that other speakers in this censure debate will be talking about mental illness. I will cover that matter now. The honourable member also talked about rural health services. I will also cover that issue. This censure motion has not been moved because of something I have done; basically, it is a censure of the whole health system, and everyone who works in that system.

I am going to defend the health system. I take this very seriously. It is very important that I do that. I take this to be a censure not only of me but of the whole work force in the health system as its members try to deliver health care. Let us look at the environment in which we are trying to deliver health services today. The honourable member for South Coast, in his myopic approach to health care, will not take into account the total health environment. He does not have that responsibility. He is not the Minister for Health; he is the member for merely one area of this State. He does not have to live with the responsibility of making decisions that will affect all areas of the State.

In 1988 the coalition Government inherited a run-down health infrastructure. The honourable member for South Coast knows that. He was here during those generations of government - that ignored health - particularly during the 11 years of low capital investment by the previous Labor Government. We needed a minimum of \$2 billion just to do the basic work to try to upgrade the health system. We have embarked on that process. I will demonstrate that later. Another problem with the health system was that we had run-down stock, and hospitals were all in the wrong places - in the inner city, in the old areas of Sydney. The population was moving south to the Shoalhaven, north to the Central Coast and the North Coast, and west of Sydney. What did the previous governments do about that infrastructure? Very little - almost nothing. The Opposition can hold up

Page 1465

only one hospital as an example of what it did for health services during its 11 years in office. I will go through the list of hospitals that our Government is building. We are proud to stand on our record.

We are in the midst of a medical revolution. Perhaps the honourable member for South Coast has missed that. It is not government driving a lot of the changes; it is governments and health Ministers all over the world trying to get on with the changes to cope with the medical revolution. The situation is very different today. We know that by the end of this decade about half of all operations will be day only procedures. Hospitals built in the past cannot cope with that change. In the past people would stay in hospitals for weeks at a time with fevers and all sorts of things. New drugs and techniques and very expensive diagnostic equipment - and very expensive medicine - have been developed. Governments have to cope with all the changes. We are trying to cope with this very expensive medical revolution.

The honourable member for South Coast likes to think that we can deliver the technology revolution to every hospital in the State. It does not work in that way any more. We have to have a network of services to provide as best we can at the local level and up to the various grades and standards of health care in our major teaching hospitals in Sydney. For example, we cannot have a heart transplant unit at every hospital. Governments all over the world are trying to cope with the changes. What other changes to the health environment are we trying to work under? There is reduced funding under Medicare. Everyone in this State knows that under Medicare funding from the Federal Government for health care has been reduced to 30 per cent -

Dr Refshauge: That is an absolute lie.

Mr PHILLIPS: Let us look at the figures. The New South Wales health system -

Mr SPEAKER: Order! There is too much interjection.

Mr PHILLIPS: The figures clearly demonstrate it. People in New South Wales think Medicare funds the hospital system and the health system. It does not. The Federal Government funds roughly 30 per cent of the health budget - and that is only because of the fight we were prepared to have with the Federal Government. The Deputy Leader of the Opposition wanted us to sign up for less money.

Mr SPEAKER: Order! I remind all honourable members that they may speak in the debate if they wish to. That is the time to make their contribution, not by interjection.

Mr PHILLIPS: It is only by successful negotiations with the Federal Government prior to the last Federal election that New South Wales got an increase - for the first time - in its share of Medicare income. It was as a result of an increase in the Medicare levy. The original proposal by the Federal Government was to spend the money in other States. We were able to fight the case, get the money back, and stop the Federal Government - and this is what the Deputy Leader of the Opposition does not understand - ratted that money from us through the financial assistance grants program, in an underhand way, as used to be the case. The Federal Government used to give New South Wales money through Medicare and take it back through reductions in grants. We stopped that happening - with a guarantee of what would occur.

In spite of the difficulties the State has had with the Federal Government because of its lack of responsibility in funding the hospital systems and health services, the State Government has ensured since it came to government that there has been no funding cut in the New South Wales health system. Every member of Parliament knows that during the time we have been in government we have had to work through a recession inflicted on us by the Federal Government. In spite of that, the New South Wales Government gave health top priority and refused to make cuts to health services. On top of that there has been a fall in private health insurance levels. The honourable member for South Coast mentioned that. That is a problem throughout the State, not just in the electorate of South Coast.

Graham Richardson, who lasted 12 months as a health Minister, had the courage to take the Federal Government on in relation to the problem of people baling out of private health insurance and becoming public patients. That process causes two problems. First, the public system loses the income from the private health patients. Second, we have to pick up the cost of treating people as public patients. We lose out both ways. The level of private health insurance has been falling at the rate of 2 per cent a year. In negotiations with the States Graham Richardson agreed to try to address the problem. Unfortunately, he is no longer health Minister. Who knows what will happen now. That cost to the State system is about \$20 million. That is the sort of environment we have had to work under.

The population is growing and ageing. Obviously, as people get older they place a greater demand on health care services. This has occurred, in addition to the natural population growth, during a time of medical revolution, and during a recession. New diseases such as AIDS, increases in melanoma and cancers of the breast, cervix and prostate, together with outbreaks of legionella, have increased our costs. Some of those

diseases are very expensive to treat. That is the environment in which we are trying to work in the health system. That is the State picture; it is not the microcosm of Shoalhaven. They are all the issues that I as health Minister, we as a government, and the department have to cope with.

We have talked about what Labor did in its 11 years of government. The champion cause Labor waves around is the development of Westmead Hospital. Late in Labor's 11-year term it also built the new Hunter Hospital. We have been in government since 1988. Let me go through the list of major achievements and funding for hospitals since

Page 1466

the coalition came to government: Albury Base Hospital, funding of \$47 million; Batemans Bay-Moruya hospital redevelopments, \$8 million; Coffs Harbour Base Hospital interim redevelopment, \$4.6 million; Lismore Base Hospital redevelopment, \$40 million; Liverpool Hospital redevelopment, \$183 million; Nepean Hospital redevelopment, \$88 million; relocation of the Royal Alexandra Hospital for Children, \$314 million. Members will remember the campaign to save Sydney Hospital, which many people had been trying to close for 20 years. We have saved it. We have reconfigured it and given it a long-term future. Labor Ministers tried to close it time and again. The Deputy Leader of the Opposition is a hypocrite. We have saved Sydney Hospital and made it a hospital we will be very proud of.

Our health expenditures include: St George Hospital, \$150 million; Tweed Heads Hospital redevelopment, \$4.8 million; Wagga Wagga Base Hospital, \$14.8 million. We are not talking about things we are only thinking of or planning. These are not promises; they are real things that are occurring in regard to bricks and mortar. Major new works which we have started include the refurbishment of Concord Hospital after we inherited it from the Commonwealth Government. This has involved expenditure of \$10.5 million. Other works include: Balmain Hospital redevelopment, \$5.4 million; and Royal Prince Alfred Hospital, \$1.9 million. The Government bulldozed the inner west hospital to build a brand new inner west hospital at a cost of \$56.7 million.

We amalgamated Bankstown and Lidcombe hospitals into a brand new hospital at a cost of \$67 million. Other major new works include: Auburn Hospital theatre upgrades, \$4.5 million; Byron Bay Hospital redevelopment, \$2.7 million; Prince of Wales Children's Hospital expansion, \$36 million; Maitland Hospital stage one redevelopment, \$27 million; Orange Base Hospital redevelopment, \$2 million; and Kirkbride relocations at Rozelle, \$2.5 million. Everyone should be ready for announcements in the next budget as well, because the Government is committed to building and rebuilding the New South Wales hospital system, which the previous Government allowed to run down so badly. For Opposition members to censure the Government because it is neglecting the hospital system is beyond belief.

I said that I would speak about the resource allocation formula. There have been several updates of this document. The document is not secret; it is a public document. Explanations are provided on the way in which the formula is calculated, where the money is going and where the money is coming from. I refer to the 1993 revision of the resource allocation formula. The Government is constantly revising the document and will release an updated document at the appropriate time. The resource allocation formula is an open method of allocating resources around the State.

What does the resource allocation formula mean? I shall give the House examples. The resource allocation formula is about dividing the State into areas in Sydney, Wollongong and Newcastle and into districts in the country. I shall concentrate on the city areas, which account for 80 per cent of the funding. The resource allocation formula is about moving resources to where the people are. Around the city of Sydney and in Wollongong and Newcastle area health services are to get a fair share of the cake, whatever the size of the cake. Whatever amount can be squeezed out of the New South Wales Treasury, whatever amount the Government can beat up from the Commonwealth and whatever other funding is received, the formula provides for a fair distribution of the money. In the distribution of the funds a whole range of criteria is taken into account: population, sociodemographic mix, age of population, ethnicity and degree of need.

Because each area of Sydney has different health needs, the Government allows the locals to determine the

best way to spend the money for their area. For example, people on the North Shore have different health needs from those of the people around Cabramatta and Liverpool; people in Wollongong have different health needs from those of the people in Sydney and the people in Newcastle. Rather than control expenditure from a central bureaucracy, the Government distributes funding to local area health service boards and administrators, who have the responsibility under performance agreements -

Mr McManus: The Government hands out the orders.

Mr PHILLIPS: The honourable member for Bulli is a dope. The previous Government started it -

Mr SPEAKER: Order! I call the honourable member for Bulli to order.

Mr PHILLIPS: The previous Government started the area health service boards process.

Mr SPEAKER: Order! I call the honourable member for Bulli to order for the second time.

Mr PHILLIPS: Judging from the nonsensical statements made by Opposition members, one might forget that the previous administration introduced the concept of area health service boards. The present Government improved on the concept. That demonstrates the stupidity of Opposition members. They attack the Government in relation to the area health service boards process, yet that process was set in motion by the previous administration.

Mr SPEAKER: Order! I call the honourable member for Kiama to order.

Mr PHILLIPS: I cannot think of anything more ridiculous.

Dr Refshauge: The Minister should look in the mirror.

Page 1467

Mr PHILLIPS: That was a cheap shot. Because the honourable member for South Coast wants to focus on his particular area, I shall explain what the resource allocation formula does. This is not about the size of the cake; it is about the share of the cake. The share means that in 1989-90 southern Sydney received 5.3 per cent. By the year 2000 that figure will go to 7.4 per cent. That is why new facilities are being built at St George Hospital and elsewhere. Eastern Sydney, where the resources went previously, currently gets 13.8 per cent of the cake. By the year 2000 eastern Sydney will get 9.3 per cent of the cake. Eastern Sydney will get less because patients treated at facilities at Liverpool, Westmead and Nepean will no longer be flowing into the city. The money will go where the patients are.

Facilities have to struggle, to change, which is why it is necessary to rebuild the Prince of Wales and Prince Henry hospitals, consolidate the women's hospital and consolidate the myriad hospitals contained in the inner city and the eastern suburbs. Northern Sydney on 1989-90 figures receives about 10.6 per cent of the cake; that share will reduce to about 9.2 per cent of the cake. Illawarra, which on 1989-90 figures gets 4.27 per cent of the cake, is projected to be in line for 4.33 per cent by the year 2000. The projected figures I have given may change. Calculations are based on changing census figures, demands on health care, et cetera. The figure is not fixed for ten years; the allocation represents a dynamic figure that has to be constantly updated for 10 years out in order to provide for a fair division of resources.

The resource allocation formula is strongly supported by the medical profession and those in the health industry. At present Illawarra is around its resource allocation formula mark, that area being closer than most others to the volume of resources that should be received based on present population needs. The resource allocation formula is non-political. It is a fair way of distributing resources. It is much better than the whiteboard method of saying, "Let's see how we can solve our political problems around the State". Honourable members will notice that most of the hospitals being built under the administration of this

Government are situated in Labor areas; they are not in Liberal areas. Sometimes that gets me in trouble. The facilities being built are in Liverpool, Nepean, Penrith, Bankstown, and other Labor areas. I remind the honourable member for Kogarah of the developments at the St George Hospital.

Major infrastructure developments are taking place in Labor held electorates - not in the electorates of coalition Government members. This Government puts health above politics and allocates resources in the best way possible. As I said, the resource allocation formula is a public document. That is happening because the Government is committed to following a fair resource allocation formula. I am not shifting from the Government's commitment. The Government will stick to the resource allocation formula until there is a better formula for distributing resources around the State. I would be more than happy to consider plans for a better method of distribution if anyone were to present plans to me. At present, the resource allocation formula is the fairest known method of distribution and the Government will stay with that formula, in spite of the political flak coming on occasions from individual members.

I now wish to turn to the item referred to by the honourable member for South Coast, that of Shoalhaven Hospital. The honourable member for South Coast claims consistently that Shoalhaven residents are being disadvantaged by inadequate health funding. In 1991 the Department of Health commissioned Reid Harris to investigate those claims. The report issued by Reid Harris identified that although the Illawarra received its fair share of health funding, the northern Illawarra district was receiving a disproportionate share of those funds. I go back to the resource allocation formula: the Illawarra was close to its formula base. Reid Harris pointed out that a disproportionate amount of money was going to those in the north and that the health needs of those in the south were not being addressed sufficiently. The present Government commissioned that report.

Since 1989 the board of the Illawarra Area Health Service has allocated growth funding to the Shoalhaven, which funding now totals \$4.5 million per annum, including an additional \$1 million this financial year. The residents of the Shoalhaven have been getting growth funding, up to \$4.5 million. The Government is trying to address the problems of the Shoalhaven but today the House has before it a censure motion, a motion that says, "More, more, give us more. We want more now, not later, not in an orderly program, not when we can afford it - now". An amount of \$3.5 million out of the \$4.5 million has been re-allocated by the Shoalhaven Area Health Service Board to the Shoalhaven.

Furthermore, the Shoalhaven 1A development, which includes a two-room operating suite, was recently completed at a cost of \$2.1 million. So, the Government has done something for the Shoalhaven as it tries to do for all regions of the State. The honourable member for South Coast is now queuing up saying, "I want the 1B development now, not later, not in two years' time". That is what this issue is all about. I wish I could give the money to him. If I had it, I would give it to him. But from whom shall I take the money? I just do not have the money. Funds will be shared in the fairest possible way in areas of greatest need. The needs of the Shoalhaven district are considered on an ongoing basis. The \$7.7 million Shoalhaven 1B project, which replaces old ward accommodation, is - not might be - on the Department of Health's capital works program. But that is not good enough for the honourable member for South Coast. That program is among others on the priority list of projects around the State. As funds become available, projects are knocked over. The Government finds interesting ways of funding.

Dr Refshauge: I bet you want to privatise.

Page 1468

Mr PHILLIPS: The Deputy Leader of the Opposition raises the question of privatising. The honourable member for South Coast has cost the health system millions of dollars because of his philosophical, blind approach -

[*Interruption*]

The Deputy Leader of the Opposition has the same approach. They are the last two dinosaurs on this

issue in Australia. They say the way to measure a good health system is by the number of buildings are owned and how many beds are in them. The Deputy Leader of the Opposition and the honourable member for South Coast say that a good health system is one that owns the assets.

Mr SPEAKER: Order! I call the Deputy Leader of the Opposition to order.

Mr PHILLIPS: I do not care who owns the assets; I have a responsibility to provide expanded, free health services for public patients in this State. That is my responsibility and that is my focus. I do not care who owns the buildings. I want to ensure that services are provided to the people, and a good mix system in Australia is what it is all about. New South Wales made the break-through with the Port Macquarie hospital. It was a difficult time but the Government pushed ahead. What has happened since? The Labor State of Queensland is now contracting out health services for public patients to John Flynn Hospital - a private hospital! What has the Federal Labor Government done? It has sold a repatriation hospital, a veteran's hospital, to the Ramsay group in Western Australia and contracted it to look after veterans. Shame! Shame! Would the veterans allow the Federal Government to do that if they did not believe they would receive top rate care? Of course not.

The narrow thinking troglodytes suggest that unless the State can afford it, we will not have it. I say that we will find other ways of providing health services to the people who need them - as the Government has done, Mr Speaker, in your electorate of Hawkesbury. The Government has held inquiry after inquiry. This censure motion against me has been moved because I cannot fix the health problems in New South Wales - and the Shoalhaven in particular - overnight. When the honourable member for South Coast was a member of the Public Accounts Committee that inquired into capital funding for public health was he able to come up with a magic solution? No.

Dr Refshauge: Yes.

Mr PHILLIPS: Nonsense. There was no magic solution whatsoever. The Opposition's solution is to drive the State so far into debt that it will lose its triple-A credit rating. The Government is more responsible than that. That is why New South Wales has the leading economy in this nation. The Government has spent record amounts on capital works; it is not replacing public money with private money. The Government merely says that it has reached the limit so far as public money is concerned and will now attempt to find interesting ways to fund other projects in areas of greatest need. It will continue with its record level of funding from the public purse to upgrade the health system.

In 1993 the Illawarra Area Health Service Board involved the Illawarra community in planning for future area health services. It produced a report that I am now considering. The report presumes completion of the Wollongong clinical services block and the Shoalhaven 1B project by 1998 and describes a new service configuration for the area. The Government is always criticised for lack of consultation. Every area in this State has produced a strategic plan about changes that are required in the health system. Changes are being made in eastern Sydney, central Sydney, the North Shore - all areas have made changes. The Illawarra region is the last.

In spite of persistent criticism from local Labor members, the Illawarra board consulted the community, produced reports, held meetings, but kept getting kicked to death for its efforts. All it is trying to do is provide a better health system for the people of the Illawarra. The Government is being attacked and criticised also. The honourable member for South Coast says, "I do not care about that community consultation; I do not care that the people in the northern part of the Illawarra get a greater share than the people in the south. I want more money. I do not want it from them because I do not want to upset the local members: they will hate me. I want you to pay me direct, pick me out as a special case around New South Wales and fund my hospital".

I will not adopt such a whiteboard policy. The Government will have a strategic plan for the Illawarra. An agreement will be reached with the people of the Illawarra, in spite of all of the obvious political opposition, and a professionally designed plan will be implemented to improve the health services of the Illawarra. The

Government will invest the capital and the hospital in the electorate of honourable member for South Coast will be a major beneficiary because the region is the major growth area. The north of the State will be a major beneficiary also as it will receive upgraded facilities and new services. The members opposite, however, would rather stick with the old buildings and old services.

The Opposition says, "Do not dare touch a person; do not dare touch a building; do not dare touch a bed". It likes to live in the past. It does not care about modern health care. If the Illawarra is to have modern health care, Opposition views will have to change. Otherwise the Illawarra will be left behind. Does the honourable member for South Coast not realise that the rest of the State is leaving the Illawarra behind? Since the completion of that report the honourable member for South Coast has called for the secession of the Shoalhaven from the Illawarra health service based on his claims of underfunding for the Shoalhaven. He wants to create a little pocket of health services in the Shoalhaven. He believes that by so doing he will be bailed out of his problems on the south coast. What nonsense.

Page 1469

Mr Hazzard: He has lost the plot.

Mr PHILLIPS: Yes, he has lost the plot. What absolute stupidity! He would secede from the health system and have his own little health pocket: one town and one hospital. The claims of the honourable member for South Coast are based on figures and arguments provided by the Shoalhaven Medical Association, clearly a group with an interest in attracting more health funding. That is fine: everyone likes to get a bigger share of the cake. That association is providing the honourable member for South Coast with information in isolation in an attempt to get more money. Unfortunately for the honourable member for South Coast, the facts do not support his claims.

There is no way that a population of around 70,000 could be self-sufficient in health terms given the increasing complexity and specialisation of health care. In fact, the Shoalhaven, this so-called disadvantaged area, has a higher level of self-sufficiency of health care - 72 per cent - than many rural districts that do not enjoy the Shoalhaven's close proximity to major centres such as Wollongong and Sydney. Even though areas are funded on a population basis, people are not required to attend the nearest hospital. That is a nonsense in modern health care. All areas and districts suffer from outflows of patients to other parts of the State. In the case of the Shoalhaven, 9 per cent of residents are treated elsewhere in the Illawarra, and 19 per cent of residents are treated elsewhere in New South Wales, mostly Sydney. This level of self sufficiency is the same in the rest of the Illawarra, in that 81 per cent of Shoalhaven residents receive their treatment in the Illawarra, compared with 84 per cent of Illawarra residents. The honourable member for South Coast argued that the Shoalhaven is underfunded compared with the rest of the State, claiming the Shoalhaven receives \$274 per person per year. That is incorrect. I cannot quite remember if the honourable member adjusted that figure slightly in his speech.

First, Shoalhaven residents are funded through the Illawarra Area Health Service, which receives its fair share of State health funds on a per capita basis to the resource allocation formula, as I have demonstrated. Second, the figures ignore the cost of community health, psychiatry, dental services, public health, area management, and the high cost of clinical services provided by hospitals in the rest of the Illawarra for Shoalhaven residents. People who live in the past think about the hospital on the hill and say, "That is where I get all my health care". That is old, dead thinking; it does not work any more. No matter where they live in New South Wales, people depend on the full network of public health services throughout the State - all the way from local health needs through to the major teaching hospitals, community health services, health promotion programs, and so the list goes on.

The figure of \$274 is also based on 1990-91 funding data, which, as has been demonstrated, has been significantly increased by internal funding movements within the Illawarra Area Health Service. Based on case mix adjusted hospital separations from the inpatient statistical collection for 1992-93, the New South Wales Department of Health estimates that health expenditure per capita for Shoalhaven residents significantly exceeds the New South Wales average. Public hospital expenditure on Shoalhaven residents is \$478 per capita,

compared with the State average of \$441 per capita. Public and private expenditure - that is taking the two hospitals together; you have to take the total system into account - is \$663 per capita compared with the State average of \$572 per capita. Honourable members would have to agree that it is more valid to compare total statewide expenditure than to look at outdated figures of expenditure at Shoalhaven hospital. The facts are that Shoalhaven residents are doing quite nicely in the total picture, and receive 8 per cent more of State public health funds than they would normally be entitled to under the old formula that used to run in this State.

Dr Refshauge: Which formula?

Mr PHILLIPS: The old methods that were used in the allocation of funds on a historical basis. When account is taken of the age, sex, health and socioeconomic status of the Shoalhaven population, it uses 4 per cent more hospital resources than people in other parts of the State. Doctors in the Shoalhaven have complained about long waiting lists at Shoalhaven hospital. Over the past two years the Illawarra Area Health Service was allocated additional funds of \$1.3 million under the hospital access funding scheme in order to address waiting lists. The Government did not turn a blind eye; it listened and allocated \$1.3 million to help address that particular waiting list problem. That money paid for an additional 645 procedures to be performed.

This is an extremely important point of which the honourable member for South Coast should take note. What happened to that \$1.3 million? Shoalhaven doctors have refused to consider spending that funding, because it involves treating public patients in private hospitals. I am, therefore, concerned about the apparent lack of commitment by local doctors to addressing the health needs of the community. Why are they not prepared to address the problem of their public patients by having them treated in the private hospital? Does it really matter where the patients receive their services? Why are the local doctors so concerned about treating public patients in the local private hospital? Why should they be worried if non-paying patients are able to access the local private hospitals? According to the Department of Health's case mix adjusted separation figures, Shoalhaven residents appear to significantly overutilise local private hospital services.

Cost weighted private hospital separations for Shoalhaven residents are 40 per cent greater than the State average, and 42 per cent greater than the rest of the Illawarra. Interestingly, private patients in the Shoalhaven spend an average of five days in hospital, compared with two days for private patients in the rest of the Shoalhaven and three days across the State.

Page 1470

This length of stay is even more than the total State average for all hospitals, public and private, of 4.5 days. Those figure are difficult to explain, unless Shoalhaven Private Hospital is managing cases as complex as a major referral hospital, which of course it is not. I have heard from other groups of country specialists about their long waiting lists. Honourable members all know that it is a tool that is used. Invariably, when such claims are investigated it is found that they do not always stack up - as was the case in Orange, Grafton and Armidale. Today, I announced that my department and the Shoalhaven Area Health Service will investigate the claims about the waiting list at Shoalhaven hospital, to:

- (1) Examine current practices of waiting lists;
- (2) Review clinical management practises;
- (3) Review current service demands;
- (4) Examine patient inflows and outflows;

This is important. I do not know whether the honourable member for South Coast will be interested in this. Further:

- (5) Assess relative merits of capital works funding in comparison with other priorities in State health.

An essential point that the honourable member for South Coast and his doctor advisers have to accept is the fact

that the Shoalhaven does not and will not maintain its own complete health system; it is part of a modern health network, as are all other country centres. It will always have to depend on the full network of the New South Wales public health system for a wide range of health services. It is interesting that the honourable member for South Coast cannot grasp that simple truth. I can understand the local doctors wanting to do more locally, as they do not have appointments in other hospitals in the State and want to do everything themselves. I understand that. But for the honourable member for South Coast to simply accept that argument and then expect the State health system to pork-barrel the Shoalhaven so that he can claim the Government has done something for the people of his electorate is evidence he has lost contact with the reality of what is happening in health. He does not understand how a modern health system must work to ensure optimum care for the people of the Shoalhaven.

Let me explain the system that operates around the State to maintain the high standards of clinical practice in New South Wales public hospitals. This system has the broad support of the health system and the medical profession, and has operated for many years to underpin the high standards of care enjoyed by the people of this State. The system is based on defining the level of clinical privileges enjoyed by doctors working in public hospitals throughout the State, so that members of the public can be confident that the doctors supervising their treatment are properly trained and experienced in management of their particular illnesses. This system outlines the credentials required for each visiting medical officer or staff specialist appointment in the State. Appointments are made in line with those credential requirements by joint committees of hospital management and clinical peers.

The requirements for specialists employed in district level hospitals differ significantly from those required at a teaching hospital. Doctors in district hospitals tend to work with a broad range of illnesses, and their training and experience reflects this requirement. Doctors in teaching hospitals have a different credential requirement. In essence, this means that a doctor appointed to Shoalhaven hospital does not need to have the training and experience required to perform many of the complex procedures carried out in teaching hospitals.

Regardless of the level of funding to the Shoalhaven, local doctors cannot safely care for all of the health needs of that community. Every hospital in the State has its place and its role to play. District hospitals offer a broader range of services so that people can be treated closer to their homes for most common conditions. If they suffer from rare or complicated disorders, they are referred to teaching hospitals by their treating doctors. The role of each public hospital in the State is also specified by the Department of Health's guide to role delineation of health services. That public document outlines the critical relationship between clinical services at hospital level. To give an example of how the role delineation process works, it is not possible for a public hospital with a low-level intensive care unit to support a high-level emergency unit. Clearly, the levels of core hospital services need to match each other or patient care will suffer.

It is not as simple as the honourable member for South Coast thinks, or as his advisers tell him. The bottom line for the people of the Shoalhaven area is simple. If the honourable member for South Coast gets his way and the State Government gives in to his demands, his doctor advisers will need to build and fund a teaching hospital in the Shoalhaven or deliver a lower standard of clinical care to their patients. Either option is unacceptable in terms of what they are seeking to achieve. Under either of those proposals the community represented by the honourable member for South Coast will lose. There is no way a community of 70,000 people, if it secedes, can support the administrative overheads of an area health service, let alone pay for a new teaching hospital.

There is no question that health services in the Shoalhaven have improved under this Government, particularly when they are compared with the neglect of the previous Labor Government, and with other hospitals in the State. Health resources in the Shoalhaven have increased during a severe recession that has resulted in low growth in the health budget. The board of the Illawarra Area Health Service is to be congratulated on the clear and open way it has involved the community in the development of the area's strategic plan for health services. This plan clearly benefits the Shoalhaven and removes much of the uncertainty over the provision of health services into the next century. The Government is trying to address the problems in the Shoalhaven. Can the honourable member for South Coast not see that? No, he wants to lead a revolt in

the streets.

Page 1471

The funds allocated to develop health services in communities such as the Shoalhaven ultimately result from structural changes to health services in northern Sydney, which includes the electorate of Manly, and eastern Sydney, which includes the electorate of Bligh. As I demonstrated when I was speaking earlier about the resource allocation formula, if I am to shift more money to the Illawarra and Shoalhaven regions, who will give up that money? Do I put an additional squeeze on eastern Sydney? Do I put an additional squeeze on St Vincent's Hospital, the Prince of Wales Hospital, Prince Henry Hospital and the women's hospital? Do I put an additional squeeze on Manly hospital, Royal North Shore Hospital, or Hornsby hospital? Do I take the money away from the west and say to the people of the Nepean area, "Look, you will have to wait a little longer because I am going to send the money to the Illawarra"? The system does not work that way.

To give in to the demands of the honourable member for South Coast will ultimately mean a further flow of funds from area health services responsible for the administration of those hospitals. Under the resource allocation formula those area health services are already contributing significantly to the redistribution of health services from central Sydney to areas of high population growth. I reject a censure motion that seeks to undermine the resource allocation formula. In paragraph one of the motion the honourable member for South Coast refers to unconscionable productivity cuts. I do not want productivity cuts. Can people not understand that a productivity cut means receiving less for the expenditure of the same amount of money? I am talking about efficiency gains. The Deputy Leader of the Opposition laughs. He is used to running clapped out public services that do not require efficiency. If we are to take advantage of the modern medical revolution and modern technology and techniques, the system must be made efficient so that use can be made of the resulting monetary gains. The Deputy Leader of the Opposition really is a joke. He just does not understand. His thinking is stuck back in the 1950s. Efficiency is about the delivery of the same or improved services for less money so that the money saved can be used on improvements.

I give great credit, as should the people of New South Wales, to those working in the health system who have made significant efficiency gains. They have increased efficiency in the health system at the rate of 3 per cent or 4 per cent a year. What happens to that money? It does not go to the Federal Government or into the coffers of the Treasury. The money saved as a result of those efficiency gains provides improved and expanded health services in areas of greatest need. That money has helped to provide funds for infrastructure changes, service changes, relocation of services, new equipment and all of those types of things. Does the honourable member for South Coast honestly want the Government to tell the health system to disregard efficiency gains and to do things the same way they have always been done?

I am happy to place on the record those efficiency gains in the health system. The Government is getting better and better at targeting possible efficiency gains in the most inefficient areas. The Government is happy to eliminate inefficiencies from the system so that new and necessary procedures available in health care can be used rather than those which are stuck in the past. That is what efficiency gains are about and that is why significant improvements have been made in the health system. I should like to go through some of the achievements of the health ministry during the period of almost three years that I have been the Minister. This censure motion is targeted at me. It is not related to a particular health issue; it is a personal attack on me. A censure motion is very important. Let me speak in point form. The Government has increased health spending in this State to a record \$5 billion this year. That is a 7.7 per cent increase on last year. In 1993 successful Medicare negotiations gained millions of additional dollars for New South Wales.

Mr Hazzard: That is more than Refshauge wanted you to get.

Mr PHILLIPS: He wanted me to sign up earlier. The Government has always sought to raise the operation of the health system above petty politics. I am proud of that. Regardless of where the electorates are, under the resource allocation formula the Government will deliver health care based on need, not based on political expediency. I am proud to be chairman of the national health summit. That summit, for the first time,

brought together all State health Ministers, Labor and Liberal, as well as the Federal Minister, to produce a national health policy which is focused on outcomes. It was not intended that the summit argue and fight over how big the cake should be and who gets what share of it. That is the constant and useless Medicare debate. For the first time in Australia a national health policy -

Dr Refshauge: Rubbish!

Mr SPEAKER: Order! I call the Deputy Leader of the Opposition to order for the second time.

Mr PHILLIPS: If the Deputy Leader of the Opposition will let me finish, the national health policy will focus on outcomes, not money. It will tackle the main areas of health concern in this country: cardio-vascular disease, cancer, mental health and accidents. Goals and targets are being set from the good work that has been done during the past few years. All of the States are committed to delivering that policy, which will result in big changes in health services. Statistical information tells us that about 20 per cent of admissions to our hospitals may not have been necessary or that they may not have needed a particular operation. Is all the work being done in our hospitals improving health outcomes for our community, or will the number of people who are put into hospital keep increasing? The national policy is the future of health care.

Page 1472

The national health summit, under my chairmanship, has developed that national health policy and I am looking forward to its release by Dr Carmen Lawrence. Record levels of funding - \$1 billion - have been made available for greater western Sydney. However one measures the amount of money going to the west, it is a significant increase. I know where the pain is. I know where the gains are - in the west of Sydney and on the North Coast, but mainly in the western areas of Sydney. That is the area of greatest need and that is where increased funding should go. This Government has record levels of funding for rural health - \$914 million this financial year - which has been improving infrastructure in country areas through upgrading the network of base hospitals and getting the network right in country areas. The Government has launched a comprehensive program of expanding the network of specialist women's health centres, including building a brand new royal women's hospital and a new Caroline Chisholm centre for women and babies at Liverpool. A concerted attack on waiting times has resulted in a record 1.1 million people being treated this year. I say to the honourable member for South Coast: I should like you to think about tackling this problem. The Government is increasing the number of hospital inpatients by 40,000 per year.

Dr Refshauge: You say 20 per cent are unnecessary.

Mr PHILLIPS: Get back to the 1950s.

Dr Refshauge: You said it. You said that 20 per cent are unnecessary. Why are you increasing it?

Mr ACTING-SPEAKER (Mr Tink): Order!

Mr PHILLIPS: Each year 40,000 additional procedures are performed as the Government addresses the growing health demands in this State.

Dr Refshauge: Why? Why? Twenty per cent are unnecessary you say.

Mr PHILLIPS: The Deputy Leader of the Opposition will get his chance to speak in the debate.

Mr ACTING-SPEAKER (Mr Tink): Order! The Deputy Leader of the Opposition is already on two calls to order. I assume he will participate more formally in this debate. I suggest he restrain himself.

Mr PHILLIPS: Honourable members know the magic solution of the Deputy Leader of the Opposition to the waiting list problem: second opinion clinics. The Parliament has already dealt with this proposal for

second opinion clinics to solve the waiting list problem in this State. It is a great joke. Honourable members can picture doctors queuing up, wanting to work in the second opinion clinics to cast judgment on their peers. It will increase waiting times. Complexities occur in conflicts of opinion. The Opposition's announced policy that it wants to push ahead with is second opinion clinics.

This Government has had record capital expenditure on capital works of \$315 million this financial year, unsurpassed in the history of New South Wales and Australia. I was the first Minister to welcome the release of the Burdekin report and respond to the issues it highlights. The Government has guaranteed additional funding for mental health services in the light of that report. It has also been able to achieve the restructuring of health in the inner west of Sydney - a \$1.3 billion deal. According to the honourable member for South Coast a future speaker will address mental health. I am very pleased with and very proud of the recent report by the Schizophrenia Australia Foundation, which conducted a study into schizophrenia in Australia. I will refer to some of the comments of that report. Ten of the 11 top rating regions identified in the report are in New South Wales. The report comments:

New South Wales reaches the top because some of its regions have very good community services, because the organisation of services is better than elsewhere and because it has been building new psychiatric units in general hospitals faster than the other states.

The report goes on to say that New South Wales had embarked upon many initiatives recently to strengthen its mental services, including a 40-bed acute unit at Blacktown Hospital, a 30-bed unit at Nepean, a new unit at Manly Hospital and Gosford, a new rehabilitation cottage at Rozelle, 20 new cottages at Cumberland Hospital, a new transcultural mental health service at Parramatta, and a new 20-bed rehabilitation unit at Shellharbour Hospital. The report found some of the regions in New South Wales were the best resourced in the country in terms of community staff levels and "put to shame rural Queensland and South Australia". On mental health the report states:

... its service to the homeless mentally ill in the inner city centre of Sydney ... is very good with staff going into the shelters to offer treatment to the mentally ill individuals living there and engaging most of them.

The other area is in the provision of extended hours services for the acutely mentally ill. All of Sydney has an extended hours service which can undertake an emergency home assessment seven days a week, even in the less well-resourced centres.

Probably no other city in the world offers such a widespread and intensive service.

New South Wales Health will spend more than \$289 million on mental health services during 1993-94, which is a significant \$104 million or 62 per cent increase since this Government came to power. The number of extended and 24-hour crisis services operating across the State has been increased to 38, with 15 operating in rural areas. I am quite happy to debate a censure motion on mental health services in this State. The Government does not pretend that it cannot do more. It does not pretend that it has the magic answers. But compare what the Government has done to what everyone else has done, and the Government is ahead of the field.

The Government has a vision, it has a plan and it is acting. Burdekin recognises that. He lists pages of Government initiatives. He wants the Government to go harder and faster. The Government will try to go harder and faster. Treasury has already committed

Page 1473

some funds and hopefully the Federal Government will help the Government out so that it can go faster still. The motion refers to the run-down in rural health services. I have already commented about a record amount of money - almost \$1 billion - being allocated to country New South Wales. The Government has restructured health care in country areas. New services are being provided all over the State. I do not pretend that the Government cannot do better or cannot do more, because that is the nature of health care. The Government will always seek to address those problems.

This censure motion is directed at me personally as Minister for Health, attacking our health record since

coming to government. If the honourable member for South Coast compares the Government's record with that of any other State, any previous government, and with what is happening in and around the world in health care, or if he delves into benchmarking, customer focusing, outcomes and all those sorts of areas, he will know that the New South Wales Government is leading the way. I would hope that the honourable member for South Coast would understand that.

I do not pretend and I do not deny that there is more the Government can do in the Shoalhaven. We have been addressing those problems and will continue to address them. The way to address them is not the way suggested by doctors in the honourable member's area and others in the community. They are inciting the community, scaring and shroud-waving about their health services. Shoalhaven does have demands but its resources are as good, if not better than, most. Shoalhaven will wait in line on the priority list based on its needs. I have dispatched a departmental officer and a range of peer groups to the Shoalhaven to check out the waiting lists and make sure that the priority lists are right. We will do all those things, but I will not respond to a threat. That is what the honourable member for South Coast wants me to do. He wants me, under threat of censure in this House, to change funding, to give the Shoalhaven a leg up the list. I will not do it that way. If I did, I am sure he would be the first one to have me before an Independent Commission Against Corruption inquiry or somewhere else.

It is hypocrisy for the honourable member to demand consultation and an open and fair government yet censure the Minister when he has a problem. That is blackmail. I do not take that kindly. It will not change the way in which I will approach the problems faced by the people of the Shoalhaven. I will do that in the most proper manner, with the best advice we can get from the Illawarra Area Health Service, consultants and the Department of Health. We will do it in a fair and proper manner. I totally reject this censure motion. It is baseless. It is borne of the selfish needs of the honourable member for South Coast for his own hospitals.

Mr ACTING-SPEAKER (Mr Tink): Order! It being almost 5.15 p.m., pursuant to sessional orders the debate is interrupted.

PRIVATE MEMBERS' STATEMENTS

BANK LOAN GUARANTEES

Mr PETCH (Gladesville) [5.11]: I expose a very serious flaw in the laws pertaining to banks, and in particular to joint and several guarantees. A constituent, his wife and two children have been on the receiving end of the most unconscionable acts carried out by a bank that I have ever heard of. I am referring to the ANZ Bank. My constituent, Mr Brookes, of Quarry Road, Ryde, went into a partnership with a Jim Marshall, a multimillionaire residing in Sans Souci. Mr Marshall talked Mr Brookes and his wife into sharing a fifty-fifty joint liability on a loan obtained from the ANZ Bank. Mr Marshall went further and, by blatant deceit and lies, convinced the Brookes to allow the company to use their home for the bank's requirement of bricks and mortar security to back up the director's guarantees.

Mr and Mrs Brookes then went to the ANZ Bank to sign their part of the guarantee and the mortgage, but before they signed they sought assurances from the bank manager that the guarantors were liable in the first instance and would be made to pay up before the bank would sell the Brookes' home if anything went wrong. I refer to the bank's records and the bank manager's evidence in court. The bank manager told the Brookes that the bank would proceed to judgment against all the guarantors before their home would be the subject of any legal action. He said that the bank would not take action against the Brookes only. The Brookes were told that recovery of the mortgage would be a last resort. They were told that the mortgage is in support of the guarantees. The bank manager also told the Brookes that they were equally or jointly and severally liable with the other guarantors.

At the same time the bank manager told the Marshalls that the bank's tangible security is a mortgage over

the Brookes' home and the directors - the Marshalls - would only be liable if the co-director's house were insufficient to cover the debt. As honourable members can see by the explanation, Mr and Mrs Brookes were very clear that all the guarantors, which included their partners, the Marshalls, were equally liable for the debt, and that their home was a last resort for the bank. A secret deal made by the Marshalls and the ANZ Bank six days later was not revealed to the Brookes until four years later, some 12 months after the company failed following another unsuccessful joint venture with another company.

The ANZ Bank even went so far as to collude with the Marshalls to sell the Brookes' home. The ANZ Bank's records show at least five conversations where discussions took place between the bank and the Marshalls about how quickly they could sell the Brookes' home so that the Marshalls did not have to pay any money. On at least two occasions the ANZ Bank told its solicitors that it was not to take action against the guarantors, the Marshalls. The ANZ Bank

Page 1474

actively took sides from the very beginning of its relationship with the company through to the end. Why? I have been told, reliably, that a great deal of money has been invested with the ANZ Bank by these other people.

The ANZ Bank then proceeded to enact every dirty trick it could against the Brookes, even hiding the bank's records of the agreements with the Brookes and the secret deal with the Marshalls until it had a judgment against Mr and Mrs Brookes under their mortgage, not the guarantee as agreed, without any action being taken against the company or the Marshalls, as per the secret deal. The ANZ Bank hid its records for four months to obtain the judgment against the Brookes in the breach of sections of the Supreme Court rules and, in writing, denied the existence of the documents. The ANZ Bank then continued on its bag of dirty tricks, eventually dragging this matter out for sufficient time to then plead to the court the statute of limitations whereby the Brookes could get the agreement rectified as per section 52 of the Trade Practices Act.

The bank then created the ground of estoppel which then enabled the multimillionaire Marshalls to evade their guarantee. They walked away from the court basically scot-free, while the Brookes wore the lot and lost their family home. This matter is a damning indictment on the ANZ Bank which states in its advertising, "If you can change, so can we", "Families are our greatest asset", et cetera. Any attack on the family unit is obviously an attack on the very core of society. Yet the bank proceeded with this attack. According to present advertising, the ANZ Bank is the bank of the year. Of what? Lying and cheating? It is also a damning indictment on the laws of this State when they allow this crushing of David by Goliath. Whatever happened to fair play and justice? The laws of joint and several guarantees must be changed. Banks such as the ANZ cannot be trusted to act honestly and fairly. The Government must act to prevent this sort of disgraceful behaviour.

CAMP MacKAY

Mr GIBSON (Londonderry) [5.16]: I raise concern about the future of Camp MacKay, which is situated in the outer northwestern suburb of Kurrajong. It was established in 1938 by a combination of purchases, donations and bequests. Hundreds of thousands of kids have had the opportunity to visit Camp MacKay. I am certain that it has moulded many lives because of the experiences they have there. Camp MacKay is 170 acres, or 67.29 hectares, of hope for the battlers of this State. It was originally established to cater for disadvantaged kids in the Sydney area and for the young people who wandered aimlessly around the streets. It was set up for the kids from poor families; the kids without parents and without much hope; the kids who needed a little bit of tender loving care and guidance; the kids who had a dislike for the law; and the kids who needed hope.

Camp MacKay was set up to develop better citizens and to give poor kids a holiday in the country. Many people have become good citizens because of Camp MacKay. Plenty of people have visited my office who would vouch for this. Recently a person said that he would have been on skid row today if it had not been for the opportunities and experiences he received with Camp MacKay. Another person told me that Camp MacKay taught him that the bulls - that is, the police - are fairly good blokes. Yet another person told me that when he was a child he came from a very poor family. It was the only holiday he ever had.

The Premier and the State Government are almost ready to put a stop to all that. They are in the process of getting everything ready to sell Camp MacKay. In 1981 Justice Lusher's report criticised the police involvement in Camp MacKay. I did not agree with that report in 1981, and many years down the track I still do not agree with it. In 1983 the interdepartmental committee of the police force said that it was uneconomical to have full-time police at Camp MacKay. The Labor Party disagreed with that in 1983 and, as a result, it did not move on either of the recommendations that came out of those reports.

When the Greiner Government came to power in 1988 it wielded the axe and took away the police involvement in Camp MacKay. That Government adopted the user pays catchcry. That catchcry has probably been the downfall of Camp MacKay. In 1990 Jones Lang Wootton were commissioned to carry out a property evaluation of the site. That did not come as a surprise to many people in that part of western Sydney. The writing was on the wall. When the property evaluation was carried out four years ago the land was valued at just under \$3 million. Today it is worth a lot more. Delegates of the Federation of Police Citizens Youth Clubs have called a meeting for Saturday 30 April 1994. That meeting will decide whether they sell the Camp MacKay facility. The reason they are putting forward is that too much money will have to be spent on repairs to bring it up to today's standards. That is understandable because for many years very little money has been spent on maintenance.

Most of the kids and their families who have attended Camp MacKay will probably never be Liberal or National Party voters so the Government would not do too much electoral harm to itself by closing the camp. The Government is proposing to take away a facility from the poor. I am outraged about it. Camp MacKay was put there for the battlers and the strugglers to give kids a chance. It has been a great success since 1938. In 1991 3,773 people - members, non-members and special class visitors - attended Camp MacKay. In 1992 the figure rose to 4,308. In 1993 it was a staggering 14,580. This facility is working, yet the Government is talking about closing it down. I urge the Government not to sell Camp MacKay. I was given an opportunity in sport through the police citizens boys club. I was a kid who probably could not afford a holiday in Sydney. On my first holiday in Sydney I was put up

Page 1475

by the police citizens boys club when I represented the club at basketball. I then managed to make the State side, which gave me the opportunity to reach the modest heights that I achieved in sport. I say other kids deserve that opportunity. [*Time expired.*]

THARWA-GUDGENBY-ADAMINABY ROAD

Mr COCHRAN (Monaro) [5.21]: I rise this afternoon on behalf of the residents of Adaminaby, a small rural town on the edge of the Kosciusko National Park which is located 60-odd kilometres from Cooma. I draw to the attention of the House, the Chief Secretary and Minister for Administrative Services and the Premier that the residents of Adaminaby are being disadvantaged by the attitude of the Australian Capital Territory Government to a road which is the responsibility of the Australian Capital Territory Government. The road known as the Tharwa-Gudgenby-Adaminaby Road links Adaminaby with Canberra. It is a vital link for tourist activities in the southeast region but it is being sadly neglected by the Australian Capital Territory Government.

This matter has been brought to the attention of the Australian Capital Territory Government by residents of the Australian Capital Territory and the people of Adaminaby over the past 20-odd years. The condition of the road at the moment is probably the worst it has been in the past 20 or 30 years. It is a vital road to the tourist industry. Canberra residents use the road to travel through to the snowfields, particularly Mount Selwyn, during the ski season. With the next ski season almost upon us, there is a dire need to upgrade the road. It certainly needs to be graded so that the level of hazard is reduced. I inspected the road only a couple of weeks ago.

I drew the attention of the Australian Capital Territory Government to the issue through the local media. I was effectively told to mind my own business. I was offended by that and I am sure the residents of

Adaminaby were offended by it. I feel that it is necessary for the Minister and the Premier, through the consultative committee covering the Australian Capital Territory and New South Wales border areas, to draw the attention of the Australian Capital Territory Chief Minister to the fact that the road is beyond the pale. It should be graded and levelled to reduce the hazard. During winter extensive work is required to maintain it in a safe condition.

In summer the dust on this narrow, winding, dirt road is a considerable problem. The traffic flows are equivalent to those of the sealed tourist roads on the coast. On my inspection I saw that rocks protruded four to five inches above the road surface, which could do considerable damage to vehicles. Adaminaby residents have told me that substantial damage has occurred to many of the vehicles which regularly travel on the road, in particular those towing boats to Lake Eucumbene in summer. Just recently a boat trailer disintegrated on the road because of the rough conditions. Pieces have been reported as falling off cars because of the corrugations on the road. I am told from a reliable source that the Australian Capital Territory Government has no intention of sealing this road because it does not want people to go into Namadgi National Park and that it is to be declared a wilderness area.

The Australian Capital Territory Government is prepared to put the safety and welfare and lives of people at risk in order to maintain an agreement with the local extreme greens. I am greatly concerned that the Chief Minister will not consider the welfare and safety of people who travel on the road. It is only a matter of time before there is another fatality on the road. I ask the Chief Secretary and Minister for Administrative Services to draw this issue to the attention of the Premier with a view to the Chief Minister of the Australian Capital Territory doing something to fulfil her responsibilities to my constituents.

Mr JACK BYRNE HOSPITAL TREATMENT

Mr IEMMA (Hurstville) [5.26]: I raise a matter of great concern to veterans in my electorate. I made representations on behalf of the Penhurst branch of the Returned Services League to the Minister for Health about the treatment that a veteran, Jack Byrne, had received at Concord Hospital in September of last year. The Minister provided me with a report from the hospital on Mr Byrne's treatment. That report in no way allays the fears of the RSL over the way in which veterans are treated at Concord. The report raises more questions than it answers. Concord Hospital said that on 23 September last year Mr Byrne had been assessed as being fit to go home and that he could go home. Positive comment was made that he could cope at home.

Since I raised the matter an eye witness, Mr Jim Matters, has come forward. He is a Vietnam veteran who was with Mr Byrne on the day of his discharge. Mr Matters told the local newspaper, the *Express*, that Mr Byrne was quite distressed on the day of discharge. Far from being positive about going home, Mr Byrne was pleading with the hospital not to make him go home. Mr Matters said that Mr Byrne said, "I feel too crook. I do not want to go home. I do not think I could cope". Yet page 1, paragraph 7 of the report from the hospital states that Mr Byrne could cope and the hospital was positive about his coping. The statement by the hospital is fairly grave.

I do not think the Minister can leave the matter at that. Far from asking for a report from the hospital, the Minister should undertake an independent assessment of the circumstances of the treatment of Mr Byrne. When he was admitted to Concord Hospital the hospital was to carry out peak flow checks on him because he had respiratory problems. There is no mention in the report of whether any peak flow checks had been completed before his discharge. That is critical because this veteran was assessed on 23 September as being fit to go home. On the same day he suffered two epileptic fits and was taken to St George hospital accident and emergency unit, and was transferred to Concord some days later. He subsequently died.

The report the hospital prepared for the Minister raises more questions than it answers. The Minister should get far more information from the hospital than has been provided. There is no comment about his peak

flows, his respiratory condition, on the day of discharge. There were comments on the day he was admitted. Is it merely an oversight on the report that no mention is made of Mr Byrne's respiratory functions on the day of discharge or did the medical staff at the hospital not carry out the tests? If tests were not carried out, the issue of negligence is raised. Someone at the hospital was negligent in the treatment of Mr Byrne. The veterans community in my electorate will not let this matter go. I have discussed the report with those who raised it with me, and they will not allow the matter to rest.

Since I raised the case of Mr Byrne with the Minister many other veterans with similar complaints about their treatment at Concord Hospital have come to see me. It appears that the assurances given when Concord Hospital was transferred from Federal administration to State administration have not been upheld. The president of the Belmore Returned Services League has also made negative comments about the way in which veterans are treated at Concord Hospital. When the local newspaper published an article on the circumstances of Mr Byrne it was inundated with calls from veterans concerned about the way they have been treated at Concord Hospital. I shall put to the Minister several other cases. I intend to ask the Minister to commission an investigation into the administration of Concord Hospital and the way in which veterans are treated there. I return to the case of Mr Byrne. Now that there is an eye witness whose evidence contradicts the statement made by the hospital about the condition of Mr Byrne that day, the Minister has to have an independent assessment. [*Time expired.*]

FERAL ANIMAL CONTROL

Mr SCHULTZ (Burrinjuck) [5.31]: I rise on an issue of significance and importance to the people of New South Wales and, more specifically, to our native flora and fauna. I refer to a feral goat eradication project undertaken in the Gundagai district in the week 22 to 29 January. In conjunction with the Gundagai Rural Lands Protection Board and landholders, the Sporting Shooters Association of Australia (New South Wales) Inc. deployed 24 experienced hunters in selected areas of the Ellerslie Ranges. This project resulted in the confirmed kill of 172 feral goats. The operation was free of any significant incidents and apparently enjoyed the support of landholders in the project area.

A lack of goats in the area initially selected was overcome by the Sporting Shooters Association chartering a spotter aircraft. Before the air survey 24 shooters shot 43 goats in four days and following the air survey 14 shooters shot 129 goats, also in four days. Shooters and goats must be in the same location for killing to occur. A survey immediately prior to operations is essential for efficient use of the resources of the Sporting Shooters Association of Australia. The Sporting Shooters Association was generally pleased with the rewards and the results and expressed its appreciation to the Rural Lands Protection Board and landholders for their full and helpful co-operation.

I raised this issue a couple of weeks ago with several Ministers, including the Premier, and gave them pamphlets issued by the Sporting Shooters Association that illustrate the way in which the system works. The system is very similar to exercises undertaken in South Australia. Although the pilot exercise to which I have referred covered some 30 square kilometres, other exercises could cover much larger areas. For example, the Sporting Shooters Association conducts an annual feral goat cull in the South Australian Flinders Ranges. The exercises are held in conjunction with South Australian national parks authorities, cover several hundred square kilometres and involve up to 100 sporting shooters at a time.

Much has been said in this Parliament over the years - and recently, in terms of the wilderness proposal put forward by environmental groups in this State - about the concern of honourable members in relation to the way in which our native species and native fauna are disappearing. In many cases, the reason for that disappearance lies with introduced feral animal species such as pigs, goats, foxes, cats and rabbits. Through the years the Sporting Shooters Association has been subjected to much pressure from the other side of politics in relation to guns and rifles. The association is now offering, in conjunction with management groups from government departments, a free service to help in the eradication of feral animals. I call on the Government to give serious consideration to the offer being made. In particular I ask the Ministers involved, the Minister for the

Environment, the Minister for Land and Water Conservation and the Premier, to determine what can be done to facilitate a responsible exercise.

A feral animal eradication project would involve not only the Sporting Shooters Association of Australia - 4-wheel drive vehicle enthusiasts have offered to adopt and look after tracks. Bushwalkers have expressed their concern about the impregnation of noxious weeds and feral animals in national parks and on our public lands. They are worried that native flora and fauna will disappear from the face of the earth. They feel that action has to be taken. The responsible action taken by the Sporting Shooters Association is very heartening. I believe that it is the start of a positive exercise and I assure the House that I will do what I can to promote a positive exercise in the near future between the Government and organisations such as the Sporting Shooters Association, whose members are concerned Australians. They are concerned to the extent that they are willing to give their time and energy to eradicate feral animals. [*Time expired.*]

Page 1477

NORTH STRATHFIELD RAILWAY STATION

Mr J. H. MURRAY (Drummoyne) [5.36]: I rise to draw the attention of the House to the needs of commuters using the North Strathfield railway station. In particular, I wish to draw the attention of the Minister for Transport and Minister for Roads to the state of the booking office. The office is inappropriately located around the corner from the automatic ticket machine, which is prone to malfunction on a regular basis and is not able to be supervised by station staff. Further, the overhead stair system needs resurfacing. A covered walkway from the Queen Street entrance would do much to provide for commuters during inclement weather. A close inspection of platforms 2 and 3 shows them to be in need of major reconstruction. It is my belief that the current condition of the platforms poses a hazard to commuters. It is certain that they would not withstand the impact of a derailment and that many commuters would be injured.

I have six railways stations in my electorate, so I am able to judge that the condition of the platform surface at North Strathfield railway station leaves much to be desired. I urge the Minister for Transport to examine this problem. The state of the platform surface would do little to encourage commuters to forgo the luxury of using their own cars to go to work and instead stand at North Strathfield railway station to wait for a train. No doubt commuters wishing to go to the toilet would be further deterred from using this form of public transport, as the present toilet is housed in a portable building detached from the main platform complex.

The lack of adequate car parking provision is also a matter of concern. For the life of me, I cannot understand why this essential adjunct to a railway station has not been upgraded, especially as the station is not serviced by a bus system. Although work has been undertaken on amplification of services through track upgrading and overhead electric line replacement, the embankments opposite the station are an absolute disgrace. I note in the Budget Papers that the Government has spent \$6.5 million since 1991 on embankment restoration and that there is to be a further allocation of \$2.5 million this year. Tonight I call on the Minister to direct part of the \$2.59 million allocated towards landscaping and embankment restoration for use on those areas adjacent to the North Strathfield railway station.

The Minister should be aware that there is an amenities depot adjacent to the station where rail maintenance staff have provided landscaping around the perimeter fence and within the work area at their own expense and in their own time. It looks quite good but stands in stark contrast to the barren landscape that passes for an embankment opposite the station. A large number of people use the North Strathfield station. I have conducted a survey and most people were quite happy with the general services provided by the train system, but were very critical of the infrastructure of the station and its surrounds. I call on the Minister to look closely at the matters I have raised and I ask for a favourable reply.

TATHRA-BERMAGUI ROAD LINK

Mr SMITH (Bega) [5.40]: I speak on behalf of many residents in the Bega Valley Council area, particularly those who reside at either end of Main Road 272, which is a link between Tathra and Bermagui on the far South Coast. Bermagui is renowned as a deep sea fishing port, particularly for amateur fishermen, and has a large professional fishing area. People come from all over Australia to enter the many deep sea fishing competitions. Though the town is off the main Princes Highway, it is also a tourist resort in the summer months. Tathra is at the other end of Main Road 272. Tathra is a very fast growing coastal town off the Princes Highway and to the east of Bega.

Tathra is used very much by Bega residents as a dormitory suburb. In other words, many people live in Tathra and work in the Bega area. The council has been struggling for many years to obtain funds for Main Road 272. Until this year funding for road construction had not been provided for many years. For that reason I want to ensure that construction funding will continue into the future. Main Road 272 comprises approximately 20 kilometres of dirt. This year there was an allocation of \$417,000 for the construction of a bitumen section of road of approximately 1.5 kilometres at the Bermagui end. That section is almost complete.

I congratulate the Minister for Transport and Minister for Roads and the Roads and Traffic Authority on the contribution of funds this year for the road, but I ask the Minister to consider further allocation in the next budget. It is not expected that the road will be completed overnight but the residents would like an assurance that funds of around \$500,000 are provided each year to enable the road to be completed in about seven to 10 years. It is generally left to local council to make allocations of funds for main roads, based on priority, and to notify the RTA of roads to be completed. Previously the Bega Valley Council allocated its funding for Main Road 91, which is the road between Wyndham and Pambula.

In recent times the council has been more willing to share funding so that each road will receive some funding. Main Road 91 certainly deserves funding but Main Road 272 should also receive funding. It would be very much appreciated if the Minister considered extra funding for Main Road 272. Some time ago the road between Merimbula and Tathra was opened. Main Road 272 would complete the link from Merimbula through to the Bermagui-Tilba Tilba area so that people would have the option to detour on a scenic road taking in the coastal towns of Merimbula, Tathra, Bermagui and coming out in the Tilba Tilba area rather than travelling along the Princes Highway. That would be an exciting drive for any tourist in the area. [*Time expired.*]

HUNTER AREA SEWERAGE CONNECTION COSTS

Mr MARTIN (Port Stephens) [5.45]: My appeal to the Parliament is on behalf of those disadvantaged by the Hunter fringe area sewerage

Page 1478

scheme, particularly those who have constructed homes after 17 February 1989 in the Port Stephens electorate, which is now coming into line for connection to the sewerage scheme. In 1988 light poles were sited everywhere in my electorate. On those light poles was attached signs that read, "Sewer without a levy. Vote 1 Liberal-National". This Government has put many people to great disadvantage because the levy has been set and is fully indexed.

Residents will pay \$70 per household per year for 24 years for the Hunter fringe area sewerage scheme. More than 30 per cent of the work will be undertaken in my electorate. Owners of vacant blocks of land in 1988-89 and those who submitted house plans on or after 17 February 1989 are now subject to an access fee of \$3,000 per property. Pensioners and people on fixed incomes, particularly battling families with one bread-winner, who are up to their ears in mortgages are unable to raise the \$3,000, plus the application fee, the connection fee, the plumbing fee and the decommissioning cost of a septic tank - which run into thousands of dollars - to make the scheme work.

I appeal to the Parliament to seriously consider exempting payment of the \$3,000 for those in receipt of any social security benefits. At the absolute bottom line, they should be able to have their debt deferred until the property is sold. Under the Hunter fringe area sewerage scheme money saved through downturns in

contract prices could go towards those in need. Eventually the \$3,000 access fee ought to be eliminated. If the Government does not do that, people on fixed incomes will suffer immense hardship. Pensioners who cannot borrow money and young couples buying their first home - who may or may not have children and cannot borrow money because the lending institutions tell them that they are at maximum borrowing capacity - need help, and they need it now. I call on the Parliament to address this issue.

The latest communication I have from the Hunter Water Corporation is to the effect that it would allow people to pay the amount off over 12 months. That would cost families \$60 per week. Such treatment of pensioners and families unable to pay or to borrow is unforgivable. I call on the Chief Secretary and Minister for Administrative Services to convey that message to the Government. I hope there will be a response. If there is not, honourable members are likely to see a surge of disharmony in the Hunter Valley, because people will suffer unnecessary hardship and heartache. I call on the Government to do the right thing by those people, particularly those in my electorate - and also those in the Hunter fringe area sewage scheme - who desperately need help.

STAMP DUTY ON RURAL PROPERTY

Mr WINDSOR (Tamworth) [5.50]: Before addressing the matter that I wish to bring to the notice of the House, I voice my support for the honourable member for Burrinjuck, who spoke earlier about feral animal control, and my support for proposals that would benefit many New South Wales natural beauty spots and agriculture. However, the topic I wish to speak about today is the stamp duty payable on intergenerational transfers of family farms. It is an issue that Parliament should look at, particularly in this International Year of the Family, given the hardship that many farming families have suffered over a long period. For those honourable members who may be unaware of the situation, when there is a father to son, father to daughter, or family change of ownership of farming property, stamp duty is charged on the transfer. That can amount to about \$40,000 on the transfer of a farm valued at \$1 million.

Although \$1 million may seem a lot of money, it is not a large amount of money to have tied up in a viable farming operation. In some instances \$20,000, \$30,000, \$40,000 or \$50,000 and more is being paid in stamp duty when a family wants to arrange its affairs before the death of parents. Obviously, farm families will not become involved in such an arrangement because, in most cases, extended borrowings would be needed from a bank for something that those people believe, in a productive sense, would give no immediate return. Given the terms of trade in regard to agriculture during the past few years, it is little wonder that not many people are undertaking such a transfer. In a sense, such an arrangement would have a severe impact on the productive and managerial capacity of a property because family members would have a degree of uncertainty about what is going to happen when their parents die. The point I want to make is that when the parents die no stamp duty is collected by the Government.

At present people are not making the correct decisions to organise their family affairs. A government, particularly one with a conservative leaning, should be sympathetic to the sorts of managerial ideals to be organised, so as to encourage productive capacity, et cetera. The Government should be sympathetic to that sort of argument. On death, nothing is payable, hence very little organisation takes place before death. Most of us, irrespective of whether we are involved in the farming industry, appreciate the complications that can arise after death, particularly of parents. I understand that the Government is giving consideration to this issue and I would encourage the Chief Secretary and Minister for Administrative Services, the Minister for Agriculture and the Treasurer, to take a good look at the impact those payments will have on people wishing to transfer property. I am told the revenue implications to the Government's Budget would be slight. I believe the signal it would send to those involved in farming would be positive and could do the Government great credit.

This is a matter that I have had some personal involvement with and I know people who have suffered disadvantage over the years. I will consider the possibility of introducing some form of private legislation in the spring session of Parliament dealing

with this issue. There may well be Labor Party support for such legislation. In recent months what might be termed "Christmas gifts" have been distributed to the people of New South Wales. I have argued against those gifts as being potentially burnt offerings, but I believe that in regard to this matter there is opportunity for the Parliament and the Government to deliver a significant gift to the future farmers of New South Wales.

LONG JETTY HOSPITAL UPGRADE

Mr McBRIDE (The Entrance) [5.55]: Tomorrow I will present to the House a petition containing more than 2,800 signatures calling for the upgrading of Long Jetty hospital. These signatures bring the number of people who have signed the petition to more than 5,000; and the community has signalled its intention to reach the 10,000 mark. Except for the petition opposing the amalgamation of the Central Coast Area Health Service with another health area, this is the largest community petition I have presented to the Parliament on behalf of my constituents. The petition calls on the House to act on the urgent need for Long Jetty hospital to be upgraded to have a casualty section and, in particular, a doctor in attendance at all times - a basic service that is provided by all public hospitals throughout the State, yet is not available to clients of Long Jetty hospital. This service would overcome the need for patients to wait unduly before being transferred to either Gosford Hospital or Wyong hospital.

I pay particular tribute to Helen and Geoff Ambler of the Berkeley Vale and Chittaway Progress Association for their devotion and commitment to this project. Helen and Geoff ensured that the petition was circulated right across the community. They can take a large slice of the credit for the campaign's success and popularity. In assessing the importance of the upgrading of Long Jetty hospital, the House should first consider a brief profile of the area it serves. More than 41,000 people live in the area covered by Chittaway in the west, sweeping through Berkeley Vale, Tumbi Umbi and Killarney Vale to Bateau Bay, and heading up the coastline to North Entrance. This region includes more than 10,000 residents aged 60 and over. People aged 60 and over represent more than 25 per cent of the region's population. This population density of aged people is 150 per cent, or 2½ times, greater than the density of age group for the Sydney metropolitan area.

This particular sector of the Central Coast represents one of the highest, if not the highest, population density of aged people in New South Wales. As well, many of these seniors are aged pensioners with very little financial backing, living in private, rented accommodation, without private medical insurance and totally dependent on the public health system for medical services. Furthermore, when this group seeks out-of-hours accident and emergency medical services, there is no doubt that a real element of life and death is associated with these cases. These aged members of our community especially need to feel confident that, when an unfortunate occasion arises, there will be ready and immediate access to out-of-hours health care.

Currently, people from The Entrance peninsula and its surrounds who require casualty treatment or access to a doctor at a hospital are faced with a trip to the region's major hospital at Gosford, a journey involving a 30-minute drive from The Entrance. So far, the response to community concern about the inadequacy of health care services at Long Jetty hospital has been apathetic at best. Recently, I made representations on the matter to the General Manager of the Central Coast Area Health Service, Mr Graham McGuinness, seeking the service's consideration of expanding the role of Long Jetty hospital. Mr McGuinness replied that, though the role of Long Jetty hospital would be referred to the planning committee, any extension of its services was unlikely. This answer would indicate that the area health service has already determined to pay nothing more than token attention to the issue.

The Minister for Health has also shown scant regard for community opinion and medical reality. Last year I raised the matter by way of a question on notice and was appalled by the response. The Minister replied that cases that require more immediate attention will be rapidly transferred to Gosford Hospital within a time period that does not compromise patient safety. The answer assumes that every patient is aware that accident and emergency services are not available at Long Jetty hospital; that a doctor is not available at a public hospital run by this Government. I ask the Minister if he would be prepared to personally advise someone who received a severe injury, and who travelled by private transport to Long Jetty hospital seeking medical attention, that he

or she would not be treated there but would have to travel to Gosford Hospital?

What guarantees can the Minister offer to patients in such a position? Can he assure them that an ambulance can be immediately arranged to transfer them to Gosford Hospital or, if not, that the 30-minute drive to Gosford Hospital by private transport will not prove critical? Quite frankly, why should anyone in pain be forced to endure a 30-minute car trip? The community is fortunate that a critical medical situation has not arisen to date, but we should not sit on our hands and wait until it does. The Central Coast is one of the fastest growing regions in the State and has an increasingly high composition of elderly residents, as explained earlier. By its petition the community has demonstrated its clear wish that Long Jetty hospital be upgraded to include a casualty ward and full-time doctor. I do not know whether the Minister for Health is being ignorant or arrogant in snubbing his nose at such opinion, but I urge him to act quickly to advance health care facilities at Long Jetty hospital.

Private members' statements noted.

Page 1480

BILLS RETURNED

The following bills were returned from the Legislative Council without amendment:

Gaming and Betting (Race-meetings) Amendment Bill

Lotteries and Art Unions (Amendment) Bill

[Mr Acting-Speaker (Mr Tink) left the chair at 6 p.m. The House resumed at 7.30 p.m.]

MINISTER FOR HEALTH

Censure

Debate resumed from an earlier hour.

Dr REFSHAUGE (Marrickville - Deputy Leader of the Opposition) [7.30]: The Minister for Health deserves the censure of this House because his bankrupt policies have dragged the New South Wales public hospital system to the brink of collapse. My first concern is for the patients of New South Wales, but let me start by referring to the desperate financial position of New South Wales hospitals. The Opposition is well aware of the financial position of most public hospitals. They are currently leaking like sieves, a sure sign that the system is breaking down. Almost every hospital in this State is facing problems with its budget. Many of them will go over budget in June this year. They are so far over budget that a huge swag of services face closure. Let me give a few examples. I refer first to Sutherland Hospital, and read from a copy of a memorandum from Dr Pauline Rumma, the Director of Medical Services at Sutherland Hospital, dated 15 April 1994. The memo is addressed to all staff specialists and allied health managers. A copy of the memo has been sent to the Opposition. It reads:

Unfortunately, the hospital has to implement a recruitment freeze on all current and future vacant positions. You will need to negotiate with me for the recruitment of critical positions. This drastic situation -

These are Dr Rumma's words:

- has occurred as a result of an overrun in the pathology and food services budget as well as the hospital not receiving the appropriate funds for the recent increase in salary for the awards covered by the Public Service Association and the Nursing Association and the additional public holiday not originally budgeted for by the Department of Health.

The situation is not confined to Sutherland. Let me read from a similar memo from St Vincent's Hospital dated 11 March 1994. It states:

As a result of the increasing pressure the hospital is going over budget this year and another \$3.5 million is to be cut in anticipation next year . . . Despite all good efforts and whilst acknowledging the commitment of staff to the reduction of costs and the improvements of efficiency over the past few years, we have reached the stage where a further drive to reduce costs is necessary . . .

'Review staff attendance and levels of absenteeism with the aim of reducing the level of lost productive time. Review your levels of annual leave liability and where it is established that personnel have an excess of eight weeks' accrued annual leave implement plans to reduce the excess liability as per Department of Health guidelines.

I refer next to the New England Health Service, whose general manager wrote to all staff of the service on 12 January 1994, stating:

. . . I regret to inform you all that we unfortunately start off the new year under a financial cloud. Yesterday a mid-year review of the district's finances was conducted by the district senior management team (involving representatives from all areas of the district). The news is not very good. At this point, we are projecting an approximately \$800,000 cash deficit for the current financial year ending June 30th, assuming that nothing is done to bring our district's expenditure under control . . .

This cost cutting in New England will mean a hiring freeze; control of relief employment; only essential repairs, maintenance and renewals; limited staff travel; a review of the district's motor vehicle fleet - that probably should have happened ages ago - and a freeze on equipment, computer and telecommunications purchases. Let me also inform the House of the view of the Shoalhaven Medical Association of the Minister's handling of health services in the Illawarra. I quote from a letter sent by the association to the Minister earlier this year. The association said:

. . . We reflect on the gross inequity of funding here in the Shoalhaven region . . . Each year we bend on our knees before the feeding trough of the Illawarra Area Health Service. It is a case of snatching disaster from the jaws of defeat. Your advocated process of consultation has been pursued ad nauseam and unfortunately has taken on the characteristics of the 'Turkish bath syndrome' - a place to let off rhetorical steam.

The association continued:

We have prepared this submission . . . because for over three years we have pointed out to the administration of the Illawarra Area Health Service the grossly unfair distribution of funds and resources within the area . . . The end result is large waiting lists in the Shoalhaven area and patients who could be treated in the Shoalhaven having to travel elsewhere for treatment. We have recently been told by the Illawarra Area Health Service that there is no possibility in the foreseeable future of this unfairness being redressed. We would point out that we have no complaint about the administration of the Shoalhaven hospitals, who have to cope with a totally inadequate budget.

The roll call of over-budget hospitals continues. St Joseph's Hospital at Auburn is over budget by \$1 million. That hospital is now paying its bills from its bank overdraft and is looking at cutting 30 per cent of its nursing staff. What a way to run a hospital system - putting doctors, nurses and administrators in a situation of having to run overdrafts to support their hospital! I have referred to only a handful of hospitals currently suffering major financial problems. Other hospitals currently facing major financial crises are Prince of Wales, Prince Henry, Campbelltown and Liverpool hospitals.

I turn now to the wider issues of health services delivery. It is instructive to look at the record of the coalition Government since the last State election in 1991. It is a record of cuts, closures and privatisation. It is the slash and burn of a Government operating with complete contempt for the people it represents. Since the last election the Minister's record is as follows. Hospital funding has

Page 1481

declined in real terms by about \$180 million. Specifically, the areas that have lost funding are western Sydney, \$3 million; southwestern Sydney, \$1 million; the Hunter, \$20 million; and the old Orana and Far West, now

new districts, \$3 million. The Minister has actually underspent the budget. According to the Auditor-General, last year the budget had a surplus of almost \$135 million. Added to the surplus of the previous year, the Minister has effectively underspent the health budget by more than \$220 million.

The Minister asks where the money is to come from. He should explain to Parliament why he has not spent the money allocated by Parliament. Hospitals have been forced to make productivity cuts worth \$47 million. To make up for that loss of funding, patients were forced to pay a record \$420 million in fees and charges for hospital services last year. Aged and disabled patients paid a record \$90 million. Even the mentally ill were required to pay \$20 million in fees and charges. The Government has closed or downgraded at least 23 New South Wales hospitals since 1988. Over the past two years the Minister has closed the equivalent of 10 district level hospitals, or 2,700 hospital beds. Needy areas such as southwestern Sydney, western Sydney, the Hunter, the Illawarra and rural areas have lost 1,200 beds.

Jobs have also suffered. With more than 6,500 positions cut from hospitals since the last election, the Minister plans to dump another 1,000 health workers on to the dole queue this year. The Minister's productivity measures have failed. Hospital productivity has declined, with the Minister himself admitting that 20 per cent of hospital admissions are inappropriate. He has actually admitted that the hospitals should not be doing what they are doing. But what does he do? He says that more patients should be put through hospitals. Not only that, the bed day cost in New South Wales has increased by more than \$130 a day compared with the cost of two years ago. Mental health services are becoming quite critical. Cuts in funding for this year of \$11 million for mental health services is a disgrace. For the Minister to suggest that the Burdekin report endorses the Government's policies is not only stretching the truth; it is reaching the stage where his backbench members do not believe what he is saying.

Under this Minister 350 beds have been cut from psychiatric hospitals to be replaced by only one-third of that number in public hospitals and a very small number of placements in the community sector. In fact, a number of those placements have forced other people out of their existing placements to rely on their own resources. In 1992, 46 uniformed ambulance officers were cut, despite a desperate need for additional officers on the road. How many times have honourable members heard of the disastrous situation of a single ambulance officer attending a critically ill patient having to ask a relative, a friend or someone at the accident scene to drive the ambulance to the hospital while he endeavoured to resuscitate or maintain the homeostasis of the patient?

This year the Ambulance Service will be taken to a further crisis point as another 40 staff are dumped and funding to the service is cut by more than \$3 million. One of my colleagues will detail the problems associated with the Ambulance Service. The hospital capital works budget has also been subject to the axe by this Government, \$32 million having been cut from the hospital capital works budget since the last election, to be compounded by a further \$7 million cut this financial year. Delays in capital works have occurred at Lismore, King George V, Nepean, Liverpool, St George, Tweed, Wagga Wagga and Albury hospitals. These promises were made to the Parliament by this Minister and his predecessor; they were in writing, in the budget.

The Minister lies regularly to this Parliament. He tells lies during election campaigns. He will be caught out. His lies will catch him, and they will be the cause of the Government losing the next election. Let us assess the way in which the Minister has handled the waiting list issue - a big issue for the coalition parties when they were in opposition. This Minister and his predecessor tried to bury the issue. What has happened to waiting lists? While this Government has been in power, waiting lists have more than doubled.

Mr Phillips: Lies, absolute lies! You did not even have figures.

Dr REFSHAUGE: The Minister's figures show that last November - and the only time the Government collects figures is in November, before the massive Christmas closure - 45,500 patients were on the waiting list.

Mr Phillips: You are telling lies.

Dr REFSHAUGE: The Minister tries to bodgie the figures every year.

Mr Phillips: Audited reports.

Mr DEPUTY-SPEAKER: Order! The Deputy Leader of the Opposition will address his remarks through the Chair and the Minister will allow the Deputy Leader of the Opposition to address his remarks through the Chair.

Dr REFSHAUGE: The Minister said, in an interjection, that he had audited reports. What happened next? The Australian Institute of Health, which he has regularly praised, said that the audited reports were bodgie. They are not figures acceptable by national standards. The Minister is silent. He has outlayed even more taxpayers' money for yet another consultant's report only to be run over by a national approach that he has trumpeted and developed. The national report does him over.

The Minister believes that people who have been on the waiting list for less than seven days are not worth counting. Every patient admitted to hospital had to wait for periods less than seven days at some stage, but the Minister takes no account of them. He does not care about people who have been waiting for less than seven days, even if they end up waiting for two years. He does not care about them. He wipes

Page 1482

them off the list. The list is bodgied. But these figures show the real picture - 45,500 patients on the waiting list. The first waiting list produced by this coalition Government suggested that there were 12,500 patients on the list.

Mr Phillips: Produce the report.

Dr REFSHAUGE: Your Government produced the report. The Government surveyed 10 hospitals, the biggest hospitals, the biggest waiting lists. It was the Minister's report. He extrapolated the figures in a most bodgie way. The reality is that there were 20,000 patients. What has happened in the past six years, the Government having targeted waiting lists as the major issue when it took office? The number of patients on waiting lists has blown out from 20,000 to 45,500. What happened last year under this Government? The figures blew out by 14 per cent. These figures show that, as usual, the people in the most disadvantaged areas are suffering the most. The number of patients on the queue in western Sydney has jumped by 500 and in the Hunter by more than 1,200. Though the average waiting time has increased, the Minister, in his press release this year, said the waiting time decreased. Even his figures show that he lied yet again. His own report proves that he lied. This Minister has lost all credibility.

In country areas the queue has blown out to 7,700 - a massive 50 per cent increase. It is a savage indictment of the Government's handling of health issues in rural New South Wales. Budget cuts, and hospital and ward closures have taken their toll on hospital services. People can now expect, in some cases, to wait up to two years for elective surgery. It is time that the Minister recognised the overwhelming failure of his health policy. The Government has underspent the health budget by \$220 million in the past two years. New South Wales cannot afford to continue in this vein. Patients are suffering. The Government must spend its entire health budget and, in fact, should make cuts elsewhere to increase the health budget. If this money were spent on health services, the entire waiting list for elective surgery could be all but wiped out in a matter of months.

This Minister deserves censure also for the waiting times experienced by patients seeking treatment in accident and emergency units. They are a disgrace. On average patients in New South Wales wait two to three hours for treatment, with waiting times in some hospitals blowing out to more than 10 hours. It is worth while making some comparisons - though generally I am loath to do so. The Minister said, however, "Let us bring in best practices. Let us look at overseas comparisons". I shall do so. According to information I have received from a respected health consultancy agency, New South Wales compares badly with some third-world countries, certainly developing countries. The Lersdin General Hospital in Bangkok treated 270,000 patients in its emergency unit in 1993. Potharam Provincial Hospital, west of Bangkok, treated 110,000 patients in 1993. At Lersdin Hospital, Bangkok, 58 minutes was the average waiting time, yet this Minister is proud of a waiting

time of more than two hours. At Potharam Hospital, the average waiting time was only 49 minutes. The longest waiting time was less than two hours.

Mrs Skinner: That is just ridiculous.

Dr REFSHAUGE: Honourable members opposite say it is ridiculous, but they support a Minister who says that on international comparisons New South Wales is doing best. Honourable members opposite should consider waiting times in accident and emergency units if they were waiting at Westmead -

Mrs Skinner: Compare like with like. I do not think that you can.

Dr REFSHAUGE: The Minister did not ask for that. The Minister was referring to waiting times, an issue he does not care about.

Mr Phillips: Compare the time with those at hospitals in London, New York, Washington, San Francisco. Come on, give us a real order of merit.

Dr REFSHAUGE: I shall compare it with waiting times in Singapore. Does the Minister think its health care system would be dramatically worse than ours?

Mr Phillips: Is it privatised?

Dr REFSHAUGE: No, it is not privatised. Last year 260,000 patients went through Singapore's accident and emergency service. The average waiting time there was 38 minutes. Yet our Minister says that an average waiting time of between two hours and four hours is okay for New South Wales. If the Minister thinks that is acceptable, he deserves to be censured. Instead of creating a climate in New South Wales in which health care is a priority and patients receive high-quality care within a reasonable time, the Minister closes wards over Christmas, Easter and every other holiday period. The Minister says that the reason for that is that everyone wants to go on holiday at those times. Do staff go on holidays at Christmas, Easter, on public holidays and during the school holidays as well? There is no doubt that when the Minister closed hospital beds -

Mr DEPUTY-SPEAKER: Order! I call the honourable member for Oxley to order.

Dr REFSHAUGE: Some of these wards are closed for periods up to eight weeks - not because the doctors and nurses have gone on holidays for eight weeks, but because hospital budgets have not been maintained. And the Minister knows that. He should get out of his North Sydney bunker and his Parliament House bunker and talk to hospital administrators. They will tell the Minister, as they tell me and his colleagues, that wards are closing because he has cut their budgets. They are telling us very clearly that they are not closing wards because of staff needs or people wanting to go on holidays.

Page 1483

The Minister cannot argue that the wards are closed because patients do not want to go into hospital during holiday periods. There are thousands of people on the waiting list who would be quite happy to have an operation done in a holiday period, even if it were to be in the week before Christmas. The Minister insists on telling that lie. The real reason is that the Minister is closing hospital wards because he is not paying hospitals a reasonable budget. At Easter theatres closed at Westmead and Camden hospitals. Westmead is the hospital the Minister recently described as a paragon of virtue.

Mr Harrison: We built it.

Dr REFSHAUGE: Yes, we built it.

Mr Jeffery: You have not done much.

Dr REFSHAUGE: The honourable member for Oxley says that we have not done much. I would like him to tell the people of Westmead and western Sydney that their hospital is not much. The Minister should also be censured for allowing private patients to queue jump. On numerous occasions the issue of whether private patients get a faster service than public patients has been brought to the attention of this House and estimates committees. Time and again the Minister or his representatives have said that queue jumping does not take place. What rubbish!

I congratulate our soon to be elected colleague, the Labor Party candidate for the seat of Northern Tablelands, on highlighting the issue of queue jumping. In fact, patients have been paying out of their own pockets to jump the queue. I remind the House that on 11 April the *Sydney Morning Herald* reported that patients were paying an up-front fee of almost \$200 to have their public patient status reclassified to private uninsured in order to jump the queues at Armidale and New England Hospital. What was the response of the Minister? Again he told lies. He said that the problem was confined to the northern tablelands and that it was being ironed out by the Government. Private patient queue jumping is a widespread problem, and the Minister knows it. I am told that the Government is aware of a number of queue jumping scams in teaching hospitals, but is doing nothing about it. Why is the Minister continuing to lie about this issue by saying that it is confined to one area.

Mr Phillips: You said that I know them: name them.

Dr REFSHAUGE: The Minister for Health keeps interjecting. When he asked for information we supplied it. A number of patients contacted us on the Australian Labor Party hotline relating to waiting lists. Many of those patients were advised on ways to queue jump, and they told the Minister just that. Yet this dopey Minister pretends that he did not know. He certainly does not want to know because he does not care what is going on in the health care system - he is trying to protect his backside in this Chamber. The Minister is very good at telling lies. Lies from this Minister are nothing new. The House has witnessed the Minister's lack of ethical standards on two notable occasions recently. Last month he attempted to damage my professional standing by revealing to this House a private conversation on a medical matter to a television journalist. The Minister grossly embarrassed that journalist and he embarrassed -

Mr Phillips: I never named him.

Dr REFSHAUGE: The Minister is trying to wriggle out of it now. The Minister also embarrassed his colleagues. He was carpeted for that indiscretion. Not content with that episode, the Minister has proved himself to be the bully-boy of Parliament by muck-raking with regard to the former member for Parramatta, the late Andrew Ziolkowski. Members on this side of the House could not believe their ears when this Minister tried to make political capital out of the death of Andrew Ziolkowski. This Minister has no respect for professional ethics or integrity. He is again displaying gross insensitivity for the family of a man who died before the age of 30.

There are a number of scams with respect to queue jumping which the Minister refuses to accept. He says that he is not going to interfere, that it does not happen. He prevaricates. It is still continuing. These scams include the coercion of patients classified as private patients from the first day of their hospital admissions. In many instances this practice allows - though it should not - patients to jump the waiting list queue. It also allows doctors to charge an increased fee, with the hospital picking up their bill for the remainder of the hospital stay. Indeed, most of the waiting list patients who responded to our hotline were told by doctors or their staff that their wait for a hospital bed could be reduced if they took out private insurance. Many of these people could not afford that.

Mr Phillips: I did not know -

Dr REFSHAUGE: The Minister says that he did not know.

Mr Phillips: That is a lie.

Dr REFSHAUGE: I know it is a lie.

Mr Phillips: Listen to what I am saying.

Dr REFSHAUGE: Those patients told the Minister and he said, "It does not happen". This sort of coercion is insidious - almost as insidious as the Minister. It is widespread and affects many patients. Under the principles of Medicare patients should receive treatment based on their medical need, not on the size of their wallets. This practice must be stamped out. If the Minister does not have the guts to take it on and admit that it is happening elsewhere, he should resign. I urge the Government and the Australian Medical Association, which in private conversation has indicated that it agrees with me, to work together to stop doctors coercing patients to take out private insurance. If they coerce their patients, they should be disciplined by the medical board.

[Interruption]

Page 1484

One of the Minister's colleagues is attempting to suggest that people should take out private insurance. What is the reason for it? The Minister knows that there are other means of queue jumping: there is backdoor hospital admission. The Minister denies that that could happen. He says that patients would not be sent to accident and emergency centres to beat the queue by being admitted as an emergency patient. The Minister denied that it occurred, saying it was outrageous to suggest it could occur. The Minister is wrong. He should consult his department and find out what is happening in the hospitals, because if he believes his own lies, we are in trouble. On 11 April the Minister told the media that queue jumping was confined to Armidale. Within hours a hospital accountant came forward and advised that queue jumping occurred throughout the State. Someone working in the system told the Minister that he is telling lies. Patients rang my office to tell me of their experiences in places as far afield as Coffs Harbour and Liverpool.

Under this Government and this Minister privatisation of the public health system remains on the agenda. The privatisation of Port Macquarie hospital is proceeding and the Government plans to privatise Hawkesbury Hospital against the wishes of the local community. Various individual services have been privatised, such as pathology, radiology, and cleaning and catering services within the public hospital system. All have the potential to lock out a holistic health care system and many of them will lead to dramatic increases in costs. A recent example is the Brambles privatisation of the laundry in the Hunter. Brambles received an extra \$500,000 for work it did not carry out because it was contracted out and the contractor took the view that a minimum amount was payable for whatever work is done.

The Government is considering privatisation of the entire Illawarra Area Health Service, a proposal being developed by the Government Employees Health Fund. This would involve handing the entire management of the health service in the Illawarra to a private company. The proposal was first put forward in 1989. In March this year the Government revealed, in answer to a question on notice by the honourable member for Wollongong, that the plans are being actively pursued. According to the proposal the Illawarra health co-operative will be run by private health insurance agencies, amongst others. The plan involves the introduction of some of the worst aspects of recent changes to health care in the United Kingdom.

The plan would abolish the Illawarra Area Health Service and its responsibility for providing health services. It would put government money and private health fund premiums under the control of a private company, the Illawarra health co-operative. Individual patients will be treated on a managed care basis, which would mean only a certain amount of money would be available for each health item. This scheme would also require existing health services to tender to the Illawarra health co-operative for the provision of services. As a result patient care would become secondary to saving dollars and making profits. Though the plan is in its

infancy, at the moment the Government is still supporting further development of the plan.

The Minister challenged me earlier in the debate to produce the Government's first report which showed 12,000 people were waiting to be admitted to hospital. I have a copy of the report. The Minister obviously wants to hide the gross disasters of his predecessor. Some new members may not be aware of or may not be able to recall the disasters of the Nick Greiner Government. This was certainly one of them. It was claimed that 12,000 patients were waiting. Even I did not believe that; I said it must be in the order of 20,000. Eventually the Government agreed. The figure is now 45,500.

The honourable member for South Coast has referred to delays in accident and emergency services. It is important to again tell the House about the accreditation report of Westmead Hospital's accident and emergency service. I do not wish to discredit staff who work at that hospital. They work under extreme pressure. The Coroner's Court today dealt with a tragedy that occurred at that hospital. The supervisor of the nurse involved in the hearing said the stress is almost intolerable. The Minister keeps referring to efficiency gains: they are really budget cuts to that hospital.

The report found that during the survey period one patient was held in casualty for 11 days and several patients had been there for four days. The Minister has no answer to that. He says that is okay, we should leave Westmead Hospital alone. It is not okay. One demented, cyanosed, 81-year-old woman was exposed to light, noise and activity in the service for 24 hours. At one point, 11 patients were left on mobile trolleys outside the waiting room, poorly supervised and poorly attended. The lack of beds to meet patient demand puts stress on the service. X-ray reports have been delayed for up to five days and review of the returned reports at times were not adequate. This is the health system that the Minister says needs no improvement. This is the health system that the Minister presides over and pretends does not have problems.

The Minister did what he usually does in attempting to defend himself against this motion. First, he said the motion is not against him, it is against the whole of the health care system. That is part of his normal prevaricating way. That is part of his normal "I cannot take it, let us blame everyone" way. That is wrong. The censure is of the Minister, not anyone else. He creates a straw man to knock over. He said it is an attack on the resource allocation formula. It is not. There is no statement on the allocation resource formula.

The Minister spends most of his time talking about the resource allocation formula. Certainly improvements should be made to it, but the motion is not an attack on the resource allocation formula. The Minister said it is blackmail by the honourable member for South Coast, and he said he would have

Page 1485

no part in blackmail. Former Premier Nick Greiner, when he was the leader of this Government, wrote a letter to the honourable member for Tamworth. In part the letter states:

Following our discussions today on a number of policy and local electorate issues, I write to confirm the following commitments .

1. All existing commitments to Tamworth Electorate will be honoured.
2. A new Court House/Police Station complex will be built in Tamworth city in this term of Parliament.
3. The H.A.C.C. bus service for Walcha residents providing travel to Armidale for medical services will be retained.
4. Serious consideration will be given to the Jay Cab Industries Pty Ltd tender for State Transit Authority buses, particularly in view of the fact that they are a successful decentralised business, wholly Australian owned with the sourcing of materials and production all within NSW.
5. The SRA maintenance workshop at Werris Creek will be considered for upgrading in view of your advice that productivity levels have been shown to be the highest within the SRA system.

The letter continues, including reference to the urgent assessment of Manilla School for an assembly hall. The Minister was part of a Government that did a deal with the honourable member for Tamworth for his vote. That is the deal he did. The honourable member for South Coast did not ever say this is what he requires for the Minister's vote. The Minister is a little thug, he is a bully boy and he is -

Mr Jeffery: On a point of order: the Deputy Leader of the Opposition should observe decorum in this House and refer to the Minister by his correct title and not use the gutter language he just used in reference to the Minister.

Mr DEPUTY-SPEAKER: I uphold the point of order. I ask the Deputy Leader of the Opposition to withdraw the terminology in regard to the Minister.

Dr Refshauge: I withdraw the terminology.

Mr DEPUTY-SPEAKER: The Leader of the Opposition will address the Minister by his correct title.

Dr REFSHAUGE: The Minister for Health has behaved in a manner of thuggery. There is no doubt about that. The Minister for Health has used bully boy tactics. He has tried to pressure the honourable member for South Coast. He said this is blackmail. This is part of a letter of the Minister's sleazy deal.

Mr Phillips: It is not mine.

Dr REFSHAUGE: The Minister does not agree with it? He spoke up against it? He came out publicly against it?

Mr Phillips: We signed an agreement with you, too. You signed an agreement to get his vote to put us in Government.

Dr REFSHAUGE: This was for his electorate.

Mr DEPUTY-SPEAKER: I call the honourable member for Oxley to order for the second time.

Dr REFSHAUGE: There is one rule when the Minister is on the Government bench and another when he is under attack. It is about time his bully boy tactics stopped. It is about time he grew up. It is about time he learned that the people who stand up for their electorates here have the right to be heard. The Minister says in his defence that the coalition inherited a health infrastructure in need of \$2 billion worth of upgrading. But in estimates committees the Minister and his department regularly say that \$2 billion worth of health infrastructure is still needed. What has he been doing for six years if what he inherited is what we are going to inherit in 1995? In fact, sometimes the Minister says that more than \$2 billion is needed.

The Minister said that Labor did not build hospitals in western Sydney, where the need was. Maybe he has never been to Westmead. Maybe he has not even seen Campbelltown Hospital. Maybe he has not seen the children's ward at Camden - because his Government closed it. He says that he is prepared to listen to the real problems of health care. Where was he when the Opposition was pushing legislation banning cigarette advertising through the Parliament? He was not here supporting us. He was not here listening to the arguments. He hoped that pressure would be brought on the Labor Party and that we would cave in. We did not because we stood up for what we believed was right while he did not give us any support.

Dr Macdonald: Are you going to support my smoking bill?

Dr REFSHAUGE: Yes. What did the Minister say about the Labor Party's policy for increasing day surgery when it was released? His Government said, "Oh, we cannot do that". All of a sudden he pinches our day surgery policy and says it can work. He is not there to listen: every time we put something out he says that it is no good. What did he say in response to our concern about excessive admissions to hospital? He said it

does not happen. Now he is saying that it does happen. Why does the Minister not listen the first time? Why does he not try to understand that he is not the only person who has an interest in health care? Probably his interest is more in management than in health care.

What did he say about the Labor Party's concern about the high caesarean section rate amongst private patients? He and his minions say, "It does not occur. There must be some reason for it". Then the World Health Organisation professor came to Australia and said that there is a major concern in northern Sydney. It was starting to hurt the Liberal heartland very badly and the Minister admitted again that the Australian Labor Party was right. What did he say when the ALP said that there should be greater consumer involvement, apart from changing the word "consumer" to "customer", a very offensive word as far as I see it in the health care system?

Mr Phillips: You are a doctor. You understand it.

Page 1486

Dr REFSHAUGE: The Minister obviously does not like doctors. That is fair enough. It is his problem, not mine. He said that hospital funding from Medicare has constantly fallen. I would like to relate to the House the hospital funding grants since 1988. In 1988-89 the grant was \$1.085 billion; in 1989-90 it was \$1.185 billion, up 9.21 per cent, greater than inflation; in 1990-91 it was \$1.268 billion, up 6.98 per cent, greater than inflation; in 1991-92 it was \$1.323 billion, up 4.37 per cent, greater than inflation; and in 1992-93 - the latest figures available - the figure was \$1.371 billion, up 3.63 per cent, again greater than inflation. Every year the hospital funding grant - this is money from the Federal Government, not from the State Government - has increased by an amount greater than that required by the rate of inflation. The Minister lied to us again when he said that Medicare had meant that Federal funding for hospitals had fallen.

The State component from consolidated revenue to hospitals has never been increased by an amount greater than the inflation rate except in one year during this Government's term in office. Federal money is the only reason the health budget has been maintained. The Minister should not try to wriggle out of that; it is the fact. The Minister said that hospitals are being built in Labor areas. I do not count areas as Labor areas or non-Labor areas. Obviously the Minister does. I think of all New South Wales citizens as being alike. The Minister has closed or wound down hospitals in Labor areas predominantly - Wallsend, the Newcastle western suburbs hospital, Marrickville hospital, Parramatta hospital, Sydney Hospital, Glebe homeopathic, Rachel Forster, Balmain, Canterbury, Western Suburbs, Royal South Sydney, Prince Henry, Kiama, Coledale, St Joseph's at Auburn, and the list goes on. The Minister should not try to say that it is all good news for Labor people. If that is how he classes people, there are certainly a number of Labor electorates in which people are regularly being done over.

This Minister has failed to deliver the health care system that the people of New South Wales need. It is not because the resource allocation formula is right or wrong; it is because he has persisted with budget cuts to hospitals each year. He has persisted in underfunding the health care system. He has persisted in denying the delays in accident and emergency centres. He has persisted in denying that waiting times have blown out when every patient in New South Wales knows that that has happened. [*Time expired.*]

Mrs CHIKAROVSKI (Lane Cove - Minister for Industrial Relations and Employment, and Minister for the Status of Women) [8.15]: I speak against the censure motion. Having sat in on the last few minutes of the speech of the Deputy Leader of the Opposition, I am absolutely appalled that yet again in this House he would rise and utter such terrible, terrible lies. He has stood here and accused the Minister for Health and in doing so he has shown his patent lack of knowledge about the real issues involved in health in this State. He has also shown a complete disregard for what the Minister has done by leading a health system which we in this State are justly proud of and which we know is working in the best interests of the people of the State.

Without going through all the lies that I heard, I point out just two to the House. The Deputy Leader of the Opposition talked about Shoalhaven not getting proper health services. I shall give the House the reality of

what is being provided in Shoalhaven. It has an appropriate outflow level for a non-metropolitan area - 72 per cent of residents receive hospital services within the Shoalhaven local government area. That level of self-sufficiency is higher than that of many country districts with greater geographical isolation than Shoalhaven. In terms of the per capita share of New South Wales health resources, Shoalhaven residents are getting their fair share relative to population needs. Regarding inpatient public hospital utilisation, Shoalhaven residents consume \$478 per capita in comparison with the New South Wales average of \$441. I also put on record that health services within the Shoalhaven local government area have received substantial upgrading in the past five years, with \$4.3 million in additional operating funds.

The Deputy Leader of the Opposition complained about queue jumping at Armidale hospital and suggested that the Minister was concerned only about Armidale. But it is clear that as soon as the Minister heard the allegations he took action not just at Armidale. He investigated whether the practice "was occurring elsewhere in the system". He has stated clearly that the practice will not be tolerated anywhere in the health system. The Minister for Health is a keen and active advocate of health care services in New South Wales. I would like to speak tonight about what he has been doing in relation to women's health. I am grateful to the honourable member for South Coast for giving me the opportunity to put on record my personal thanks for the Minister's support for women's health in this State.

Honourable members are aware that the Government took the view that it needed to prepare an action plan for women, a whole of government plan for what women in this State could expect in terms of services from the Government. That action plan has been prepared by my ministry in co-operation with all departments of government. There are over 200 actions in the plan and 38 of them come from the health department. That is because the health department knows that its Minister is particularly committed to women's health. The department knows that the personal commitment of the Minister for Health drives women's health policy in this State. I make no bones about it because I know, from personal experience of having dealt with the Minister, his commitment to the women of New South Wales and health services in this State which women need is absolute and total.

Mr Sullivan: He wanted to close the sexual assault service at Wollongong Hospital.

Page 1487

Mrs CHIKAROVSKI: If the honourable member is patient, I will go through the women's action plan. The Government has listed what it is doing in this plan; it does not waffle, which is all members of the Opposition do. This women's plan, which is an action plan, lists specific projects and covers all sorts of areas relating to women's health - domestic violence, sexual assault and other issues concerning the health of women in this State. Let me give some specific examples. The Government has already identified the issue of domestic violence as a priority issue. One of the actions it will be taking will be to improve the identification and referral of domestic violence victims by service providers through the development of domestic violence procedures and protocols in all health services. The Government is not just talking; that is what will happen.

At least 10 proposals in this action plan relate to sexual assault. We recognise that that important matter is of great concern to women. The actions by the New South Wales Department of Health, driven by the Minister, include improving the availability of 24-hour high quality medical services to victims and providing training to doctors and other health practitioners in rural areas because this Government recognises that rural health is an area of particular concern. At the moment the department is revising all its sexual assault services, its policies and its procedures. The Minister has announced the establishment of a 008 telephone and support service for adult survivors of childhood sexual assault - again because this Government and the Minister for Health recognise the need to offer support to those survivors.

The Government recognises that people from non-English speaking backgrounds and women with disabilities have special needs, so programs have been identified to service the needs of women from non-English speaking backgrounds who are victims of sexual assault. Again, this Government is looking at implementing a policy which will reflect the needs of women with disabilities. The women's action plan refers

to other specific services relating to women which the Government aims to provide to extend their choices. One of the aims of this Government is to improve the quality of health services for women. The Government is looking specifically at researching women's needs and preferences in relation to health services. We need to resolve whether women want and need to have their medical services gender specific.

This Minister is committed to ensuring that that sort of information is available so that services can be provided for women as and when they need them. The Deputy Leader of the Opposition said earlier that the Minister for Health was not concerned about people as consumers, but clearly that is not the case because the Minister is leading a program which will enable consumers to participate in quality assurance programs in our health institutions. The Minister wants those people, our consumers, to be represented on committees supervising quality care. I am delighted that the Minister is lending support to another exciting innovation - ensuring that more women are involved in the management of our hospitals and boards. The Minister is committed to ensuring that women are participating fully on community health bodies, ethics committees, other health-related boards, all government committees and committees in the private sector that relate to health.

The large number of recommendations and actions, which are contained in this women's action plan, all have the support of the Minister. He is intent on ensuring that we improve women's health services. Rather than reiterate the women's action plan at length I wish to draw to the attention of the House some of the things about which the Minister has already spoken at length, which he and I have discussed in relation to my portfolio. I know of the commitment the Minister has to these issues. Let me take, for example, the Minister's new women's health policy. I am sure all honourable members are aware that the Minister announced not long ago that there would be a whole new women's health package. This health package is not some mickey mouse proposal; it represents a \$100 million commitment to the health of women in New South Wales.

An amount of \$1.2 million has been allocated to expand the women's gynaecological and oncology cancer centre at Westmead. The new \$22 million Carolyn Chisholm centre for mothers and babies will be opening at Liverpool. The "Womens Health Handbook" provides clear and concise information about all sorts of issues relating to women. That handbook, which details where those services are, is a ready guide for women in this State. This Minister's commitment and his ongoing support for all issues relating to women's health are what mark him as someone who is concerned about women's health in this State. There is, of course, the new women's hospital. I would be the first to admit that there has been some reluctance by some people to support a women's hospital. There has been no reluctance by this Minister. He recognises the need to have a women's hospital. He supports the establishment of that hospital in the eastern suburbs.

The Royal Hospital for Women will be an institution of which we can be justly proud. I am delighted that planning for that hospital is proceeding at a rate of knots. I look forward to the day when this Government and this Minister will have the opportunity of opening that hospital. One issue that has had a lot of publicity in recent weeks is the issue of breast cancer. Nationally, there has been very little interest in breast cancer. However, all honourable members would be aware of the commitment of this Minister to breast cancer research. The Government has allocated \$100 million for the health of women in this State, which includes a large amount of money to be spent on breast cancer. The Government has established mammography screening and assessment centres at Newcastle, Lismore, northern Sydney, central and eastern Sydney, western Sydney and Tamworth with further centres to be established at southern Sydney and in southwestern New South Wales in 1993-94. An amount of \$300 million has been earmarked in this year's health budget for cancer treatment.

Page 1488

Mrs Lo Po': How does western Sydney fare compared with the rest of Australia?

Mrs CHIKAROVSKI: Opposition members have made a reference to western Sydney, so I will identify what is happening in western Sydney in regard to cancer treatment. This Government is either establishing, has established, or is upgrading services in that area. A new radiotherapy centre, which has been established in Liverpool, has three radiotherapy machines. Radiotherapy services in Westmead were recently upgraded, old machines were upgraded and a new one was added to take the total to four. The honourable member for

Penrith asked how western Sydney compares with the rest of Australia. By the middle of next year western Sydney will have seven radiotherapy machines, which is more than the total available in Queensland. Services are being provided for the people of western Sydney.

It is flying in the face of the facts for Opposition members to suggest that, for some reason, this Minister has ignored the needs of western Sydney. They are continuing the big Labor lie that we have come to expect, particularly from the Deputy Leader of the Opposition, who chooses to ignore reality. Instead he talks about imaginary figures which I and, I am sure, the Minister are convinced that he plucks out of the air. Where does he get his figures from? He quotes from reports which I understand are outdated. He quotes from reports which were probably relevant when he was in government, but he does not look at the facts and he does not refer to what is happening. I wish also to draw to the attention of the House other initiatives of this Government. I say with some pride that recently I and the Minister for Health attended the opening of a cottage at Royal North Shore Hospital. That cottage, a \$1.1 million breast cancer screening unit, is based in the grounds of Royal North Shore Hospital.

Mrs Skinner: It is a fantastic service.

Mrs CHIKAROVSKI: I agree with the honourable member for North Shore; it is a fantastic service. Government members are well aware that breast cancer is a major killer of women. One of the ways in which we can reduce the death rate is to encourage women to undergo screening. I am concerned about breast cancer as I have been placed in the high risk category. Both of my grandmothers died of it, one at the age of about 40 and one at the age of about 55. I am particularly concerned to ensure that breast screening units are available and women are encouraged to undergo screening. I am delighted that the Minister opened the facility at Royal North Shore Hospital. I know that that service is being well used by women on the North Shore.

I know that the aim of increasing the number of women screened will be supported by the Minister for Health, and his support will be demonstrated in the provision of screening services in places where they are needed. There is more to this issue than screening. The Minister has decided to take a proactive approach in relation to cancer. He recently announced that the Cabinet had approved a cervical cancer registry. That particular initiative was well supported by women in my ministry. My people are absolutely thrilled at the Government's proactive approach to the prevention of cancer in women. Women will be encouraged to register on the cervical oncology registry. They will be reminded that their pap smears are due and will be encouraged to maintain a regular two-year pap smear cycle in order to be kept well-informed. The initiative represents a \$2.3 million investment in improving health outcomes for all women. That is what the Government is doing about women's health.

This Government and this Minister have taken a proactive approach to women's health. The Government has demonstrated that it is not satisfied to just sit back and wait for disasters to happen, to sit back and let people die or to say that it will try extra hard afterwards. The proactive approach of the Minister examines ways of preventing illness and explores methods of encouraging women to get involved in their own health care, and to be part of the process. To suggest that somehow the Minister is abrogating his responsibility for health services and is walking away from the women of this State is a complete and utter lie. When I go around New South Wales one of the issues I hear talked about at great length is health for women. On a regular basis I have discussions in all parts of the State and I know that people consider that the Government is taking a proactive approach.

I now wish to draw the attention of honourable members to some of the concerns that have been raised. I know that members from rural electorates are well aware of the concerns of rural women. The Government is taking the approach that the health of rural women is an important issue. It is aware - and has had pointed out to it by rural women - that rural people do not have the same access to services, that they are not able to get in a car and drive for 10 minutes in order to enjoy the facilities available at a major hospital. It is much more difficult for many rural woman to gain access to health services. Rural areas do not have the same concentration of services that are available in the cities, and that is why the Government, under the present Minister, has been considering various issues of concern and has prepared and expanded a network of rural

hospitals and community health centres.

Community health centres provide the kind of services needed by women: breast cancer screening and assessment; cervical cancer screening; support and counselling services for domestic violence and sexual assault; family planning; pregnancy support; early childhood health services; post-natal depression counselling; counselling for eating disorders, which are a major issue for women; sexually transmitted disease services; maternity services; menopause counselling; and other services. Those are the services sought by rural New South Wales women; and they are being provided by this Government under the direction of the Minister for Health.

Page 1489

I wish to record the fact that the Government is well aware of the special needs of women from Aboriginal backgrounds and women from non-English speaking backgrounds. It is for this reason that the Minister, in consultation with those seeking the provision of additional services, has prepared and developed a comprehensive women's health policy. The present Government is not a government to stand up and declare that it has all the answers. This Government goes out to people and asks them about their problems. That is all happening under the direction of the Minister for Health. The Minister for Health has made a commitment to the women of New South Wales and he has made a commitment to rural women. Since 1988, \$200 million has been provided for rural health services in order to make access to health services easier for rural people. The \$200 million to which I have just referred comes in addition to a massive capital works program now under way to upgrade rural hospitals.

The censure motion before the House is misguided. Anyone who has examined the facts about what is happening in the health arena - and particularly in the area of my responsibility, women's health - would realise that this Government and this Minister are making a difference. The Government cares about women's health and it acknowledges that women have certain needs. It is a personal commitment of the Minister for Health to make sure that things change for the women of New South Wales.

Mr HARRISON (Kiama) [8.35]: I support the censure motion moved against the Minister for Health. This will be my first contribution to a censure motion in the eight years that I have been a member of this Parliament. I realise that it is very serious to censure a Minister of the Crown, and I did not take lightly the decision to join in tonight's debate. I have spoken in the House on many occasions about health care in New South Wales generally and the way in which the people of the Illawarra and Shoalhaven in particular are being treated by the present Minister and the Government.

The Minister, in the course of his contribution to this debate, set out to try to discredit the honourable member for South Coast, who moved this motion, by saying that he was concerned only about the Shoalhaven district and had no concern for any other matters affecting health care in this State. I refute that comment. On several occasions I have had my differences with the honourable member for South Coast. We do not always agree, but his support for the rest of the Illawarra has been forthcoming many times. It is to the credit of the honourable member for South Coast that he will not allow the Government to get away with any more divide and conquer tactics. The Government has used such tactics throughout the past five years. The honourable member is saying that there can be no more cuts elsewhere in the Illawarra to fix up the problems in his particular district and that the money to fix up the problems has to be found somewhere else, that increased health funding is needed for the Illawarra and for the Shoalhaven in particular.

The Minister made no reference - or none to speak of - to the Illawarra. He did not attempt to defend his actions or those of this Government in relation to the way in which the Illawarra has been treated. He went to great pains to try to convince honourable members that the people of western Sydney have been treated quite well. I shall leave it to my colleagues from western Sydney, the honourable member for Moorebank and the honourable member for Penrith, to debunk those claims. I am able to speak with some sort of authority so far as the Illawarra and Shoalhaven are concerned. About a third of my electorate falls within the city of Shoalhaven and relies for health services on the public hospital at Shoalhaven.

I am as concerned as the honourable member for South Coast about what has to be described as a blot on health care in this State. The west wing of the Shoalhaven hospital, which the honourable member mentioned, needs to be bulldozed. The wing was declared a fire-trap after a joint inspection was undertaken by the Board of Fire Commissioners and health and building surveyors of Shoalhaven council. The honourable member for South Coast and I convinced the Board of Fire Commissioners to report on the state of the Shoalhaven hospital. It was concluded that the west wing was a shocking fire-trap. The washup of it all was that something like \$23,000 by way of funding was attracted - that amount being quickly spent on fixing a few minor faults and making a few minor alterations.

The hospital is still a fire-trap. I would say, without fear of contradiction, that no hospital anywhere in Australia would be in worse condition than the west wing of the Shoalhaven hospital. The honourable member for South Coast has to put up with inadequate health care conditions, as do I and those who reside in the southern part of my electorate. Of course \$23,000 compares quite disproportionately with the way the Government blows money on other expenses. An extract from the 1992-93 annual report of the Illawarra Area Health Service states that consultancy fees costing more than \$30,000 were paid for a consultant named Arthur Andersen; the nature of the consultancy was for a management structure review and the amount paid was \$444,487. When the children's ward at Shellharbour hospital closed, the hospital received \$30,000 to give it a boost because extra demands were placed on it owing to the loss of that ward. The hospital gets \$30,000 but some sleazy consultant gets around \$444,000.

The Government wastes money through shocking mismanagement and shocking deals with consultants who provide the sort of advice that they are told to provide. I do not resile from that statement. The Minister referred to the Reid Harris report. My views of that report differ from those of the honourable member for South Coast. The Reid Harris group visited the area and gave the area health service the advice it was told to give, that is, to close Kiama hospital - the hospital that serviced the majority of my electorate - and to close the palliative care unit in David Berry Hospital and transfer the wards further

Page 1490
south into other areas. Whatever amount the Reid Harris group was paid for providing that report, it was nothing short of theft because the ideas kicked around in it have been kicked around in area health service circles for many months. The result was quite predictable.

Reference was made earlier to the Ambulance Service. I have a letter from one of my constituents, Mrs Lillian Hodges, of 1280 Bolong Road, via Berry. She attended the Mater Misericordiae Hospital to undergo spinal surgery on 25 February. Ambulance transportation was necessary from her home at Shoalhaven Heads. An ambulance was provided on time by the Wollongong Ambulance Service to transport her to Sydney. On Thursday 3 March an office staff member at the hospital made a reservation with an ambulance officer at Crows Nest for Mrs Hodges and another spinal recovery patient to be transported by ambulance to their South Coast homes. By 11 a.m. on Saturday, 5 March, the ambulance had not arrived. A member of the hospital staff telephoned the ambulance station and was told by the officer on duty that a patient had to be brought from the South Coast before an ambulance would be available to transport patients from Sydney to the South Coast.

My constituent suffered an extra day in hospital and an extra \$500 in costs because no one was being transported from the South Coast on that day and an ambulance could not pick her up. If the Minister is interested, confirmation of this episode is available. On Sunday morning an ambulance arrived from Wollongong to transport Mrs Hodges to her home on the South Coast. The ambulance driver told her that the service had not been contacted on Saturday by the Crows Nest ambulance officer and that if it had, an ambulance could have been provided. Three other women were in the same situation, and one ambulance that came to Sydney to pick them up the next day was actually empty. The Ambulance Service of this State is overloaded. The service that is provided is an absolute disgrace.

The Opposition spokesperson for health said that 40 more jobs were to go and there would be \$3 million in budget cuts. It is not unusual for ambulances to attend accidents manned by a single officer who then must find someone to drive the ambulance so that he can attend to the needs of the patient in the rear of the vehicle on the

way to hospital. The Minister mentioned putting services where the people are. He said that people are moving south. No other area outside metropolitan Sydney is growing faster than in the Shoalhaven City Council area. What passes for a public hospital in the Shoalhaven region is a disgrace.

The increased population in the Kiama local government area has been completely disregarded and the Kiama hospital, which serviced local residents for approximately 105 years, was closed despite assurances given by the former Minister for Health, who deserves every bit of condemnation as the present Minister. Three days before the last State election residents were assured that Kiama hospital would not close. I was accused of scaremongering because the dogs were barking that the hospital was to close. The Minister gave the firm assurance that it would not close after the election, but within a very short time it did.

If the various Government Ministers for Health, past and present, got down on their knees, they could not be believed: they lie and deceive the people they represent. I was interested to hear the contribution of the Minister for Industrial Relations and Employment, who referred to women's health care. If the Minister for Health has the recommendations to which she referred, he is only doing his job. So far as a mammographic screening program for the Illawarra region is concerned, the Government was dragged screaming and kicking to give the area anything at all. Illawarra was completely overlooked in the original plan that was devised to put mammographic screening programs in every region of the State. Only recently a centre was opened at Bulli, which is not the most appropriate place, but it is good that the area's needs have belatedly been acknowledged. My wife, who also has a history of breast cancer, is a member of a cancer care support group that lobbied heavily for the facility to be established in the area.

I should like to comment on the bogus consultation that the Minister keeps talking about. He speaks about how his area health services personnel are prepared to talk to people and ask them what they want. The only evidence of consultation in the Illawarra has been some sort of divide and conquer, robbing Peter to pay Paul method - asking the people of the Illawarra and Shoalhaven areas, "Where do you want the cuts to be made?" They are not asked what can be done to improve the services. They are asked, "Do you want the cuts to be made in your area or do you want them made in someone else's area?" The washup of that has been that the Shoalhaven hospital benefited marginally from the closure of Kiama hospital; Port Kembla hospital accident and emergency care centre looks like being closed so that improvements can be carried out in Wollongong hospital accident and emergency care section; and the Coledale hospital is scheduled to be closed so that improvements can be carried out at Bulli hospital.

Consultation so far as the area health service is concerned is asking, "Where do you want the cuts to be made? Do you want your hospital closed or do you want his hospital, her hospital, or their hospital closed?" It is totally dishonest of the Government to deceive the people and play one against the other in the so-called consultation. A number of interjections were made earlier tonight about the merits or otherwise of private health care. This Government's idea - and this Minister's idea, unfortunately - of privatising health care surreptitiously in this State has to be resisted; it is not acceptable to the people of New South Wales. People are suspicious of the entrepreneurs who want to make a big quid out of exploiting the sickness and suffering of other human beings. They are lice that are being courted by the Government and the Minister - and I name NME,

Page 1491

National Medical Enterprises, a big American conglomerate; a miserable bunch of crooks under investigation by authorities in the United States.

Something of the order of 100 Federal Bureau of Investigation officers are working around the clock, investigating their rackets of payola, kickbacks and abuse of patients. That organisation is now coming into New South Wales at the request of this Government and is getting involved in a big way in private hospitals in this State. The Australian subsidiary of NME is dealing with the Government in respect of a private facility in the Kogarah area. They are the type of lice that are going to be attracted by this Government and this Minister and that will become involved in the provision of health care in this State.

The suggestion about separating the Illawarra health services from those of the Shoalhaven is one that,

together with the honourable member for South Coast, I support completely. It is not a question of seceding, as the Minister for Health so flippantly put it, but a question of a decision being made by the Government to separate the two regions, which really do not belong together. It is too big an area geographically, and there are too many differences so far as the area is concerned for it to be operated from one central area health service. Mr Greiner's opposition at the time that the area health services were introduced and local hospital boards were done away with is a matter of record. The Liberal Party slated that idea and said it would put the local hospital boards back in place. But what did it do when it came to office? It made the area health services twice as big as they were originally; it lumped the Shoalhaven Area Health Service in with the Illawarra, thereby ensuring that there was no chance of ever really making any improvements to health services in that area.

Honourable members have heard a lot about the \$600,000 being hived off northern Illawarra and spread down in the Shoalhaven. That is peanuts. There is not enough fat in the Illawarra health service to even keep pace with the population growth taking place in the Shoalhaven. I hope the honourable member for South Coast will join with me in emphasising this aspect in the course of his reply. I hope that the shocking problems that exist there already are resolved. I want to quote briefly from two documents: one quote is an extract from an article in the *Illawarra Mercury* under the heading "Surgeon resigns in disgust over delays". The article was written by a reporter, Megan Howe, and states:

Dr Rhys Gray, who now has a list of more than 300 public patients waiting up to four years for surgery, resigned from the orthopaedic on-call rosters at the hospital late last month.

Dr Gray was quoted as saying:

I cannot accept a waiting list which runs into years for work that should be done "routinely", that is within several months.

One of the top surgeons in the Illawarra resigned in complete disgust at the treatment he had received from the Illawarra Area Health Service. I refer the House also to a document distributed by the Illawarra Area Health Service entitled, "Strategic Priorities Statement: Looking ahead 1990-1995". At page 8 the document states:

Any additional funds provided in the near future will be directed towards the new Radiotherapy and Clinical Services Blocks of Wollongong Hospital.

The implications of this new funding arrangement is that the establishment of new services elsewhere in the Illawarra will have to occur at the expense of existing services.

This rationalisation of services will need to occur because the IAHS does not have sufficient funding to meet all identified health needs.

The document was dated February 1990, but five years and \$6 million worth of productivity cuts later - if the Minister wants to call them inefficiency cuts, let him do so, but a cut by any other name hurts just as much - there is still not enough money to do the job; and every report that comes from the area health service suggests that another hospital or another facility down there be closed. The Government is treating the people of the area that the honourable member for South Coast and I represent with complete and utter contempt. A letter from one of my constituents reads:

The staff at Shoalhaven District Hospital are angels of mercy in every sense of the word . . . These people, the staff of Shoalhaven District Hospital, truly care for their patients in every possible way and deserve better than this as a reward from the Illawarra Health Service.

. . . I have had to wait with a stone in the kidney until my kidney rotted away from infection and had to be removed because I could not be admitted to Shoalhaven District Hospital . . .

I now have UV cataracts on both eyes, one eye deteriorating rapidly, but have been told I will "probably have a long wait" for my one day admission needed to do the implant operation to hopefully save the sight of one of my eyes.

That is a classic example of what we are putting up with and I support the motion.

Mr GRIFFITHS (Georges River - Minister for Police, and Minister for Emergency Services) [8.55]: I must admit that it is with great disappointment that I speak to the motion before the House to censure the Minister for Health for maladministration. I am particularly disappointed that the motion has been moved by the honourable member for South Coast, who has used the hallmarks of honesty and integrity in his approach. The honourable member for South Coast and I have sought to disagree in this House, and out of it, but in 90 per cent of cases when we have sat down to discuss the issues we have generally come to a conclusion.

I would be interested to know - not necessarily in this House but even in private - what issues he has raised with the Minister for Health and what has been the Minister's response. To me, the Minister for Health is a man of incredible integrity, a man who works his heart out to produce results and work through the issues. I would be particularly interested to know what were those issues that have led to such a serious action by the honourable member for South Coast. I honestly do not see the logic in it.

Page 1492

Mr Harrison: He's fed up.

Mr GRIFFITHS: We have heard enough rubbish from you.

Mr Harrison: We will hear a lot of rubbish from you now.

Mr GRIFFITHS: The health system inherited by this Government was an absolute disgrace.

Mr Harrison: You are not even doing your own job, without going into health.

Mr GRIFFITHS: The honourable member for Kiama engaged in unintelligent drivel about what happened and lied to this House about what his Government did. His Government was the most disgraceful and most corrupt government that this State has ever had. Look at the Federal Australian Labor Party, with its deliberate policy of turning people away from the private health system. It has created enormous demand on the State's public health system. Despite the bloody-mindedness of the Federal Government, the Minister has gained extra millions in additional funding for the State's hospital system.

The Deputy Leader of the Opposition, the leader of the Left, who has been thrashed outside this House in the last couple of months, said, "Run and take the money". But did our Minister do that? No, he had too much integrity; he cared too much about the people of New South Wales. What did he get? He got an extra \$83 million because he was a competent, committed Minister. Any other individual would have buckled under the type of pressure he was under, but not the Minister for Health, the honourable member for Miranda. He has raised health spending in this State to a record \$5 billion a year. What did the rabble opposite do? They destroyed the medical system. It was in tatters. The honourable member for Kiama can stand there and talk with a straight face and lie to this House.

Mr Harrison: Lie? You are the biggest liar in this place.

Mr GRIFFITHS: You are a disgrace.

Mr Harrison: You are a disgrace. You cannot even do your own job, much less get into health. You are not even doing your own job properly.

Mr GRIFFITHS: It was \$5 billion a year. The Minister for Health has lifted spending to \$5 billion a year - and he is embarrassed!

Mr ACTING-SPEAKER: Order! I call the honourable member for Kiama to order.

Mr GRIFFITHS: In a recession which, according to Labor, we had to have, the Minister has achieved a record capital expenditure of some \$315 million a year. Did the rabble opposite ever do it? No. Let us look at one area which has my absolutely passionate support - health services for children. The new Westmead Hospital due for completion -

Mr Harrison: And you closed two other hospitals to do it.

Mr GRIFFITHS: You would not even know where it is.

Mr ACTING-SPEAKER: Order! I call the honourable member of Kiama to order for the second time. If the Minister would direct his comments through the Chair it might assist in keeping down the level of interjection.

Mr GRIFFITHS: I appreciate your ruling, Mr Acting-Speaker. Perhaps the rabble opposite will now behave themselves.

Mr Harrison: On a point of order: I object to the word "rabble". If the Minister wants to be treated with any sort of respect, he should not refer to the Opposition as rabble. I ask you to direct him to withdraw that remark.

Mr ACTING-SPEAKER (Mr Hazzard): Order! In the cut and thrust of debate some expressions have become long established in this House. Perhaps members of the general community would not regard those expressions as acceptable, but certainly this House does. No point of order is involved.

Mr GRIFFITHS: The new Westmead children's hospital, which is scheduled for completion in the next financial year, will cost about \$315 million. It is not located in a Liberal electorate; it is in a Labor electorate. Why is it in a Labor electorate? That is where the kids are; that is where the hospital is needed. That is one example of the responsible actions of the Minister for Health, one of the best health Ministers this State has ever had. He has had the courage, the vision and the will to implement the beds to the west program. The Labor Party lied about beds to the west. The Minister has delivered, and that is to his credit. Not only is he a compassionate Minister, he is also able to transfer that compassion to the big picture of public health policy. That rare quality should be praised, not censured. The Minister does not deserve to be censured.

Let me talk for a moment about my experience as a colleague of the Minister for Health. This year the Deputy Premier delegated responsibility to him for the co-ordination of the Government's response to the Burdekin report, a major report in this country. With his usual enthusiasm and dedication, my colleague moved swiftly to accept that responsibility and to assemble a team capable of providing advice of the highest quality to the Government. It is a measure of his administrative skills that he did not shy away from that difficult problem. For the benefit of the entire State, he picked up the ball and ran with it. Another of my experiences as a colleague of the Minister for Health is worthy of note. As part of a national drug strategy, a ministerial council of police and health Ministers is charged with co-ordinating government responses to the drug problem right across this nation.

Traditionally, for this purpose the lead agency is the police portfolio. There is no question about this Government's commitment to taking a strong stance against any form of drug abuse, particularly among

Page 1493

our children. That problem causes us great concern. Last year I formed the view that although policing was important and a high priority for the Government in the prevention of drug abuse, the resolution of the problem lay not in enforcement but in prevention. I asked my colleague for his views. I suggested that he and not I should lead the New South Wales Government agency. Again to his lasting credit, he readily agreed with my suggestion. He realised the need for it. It did not matter how much responsibility he had or the size of his workload. He was ready and able to assume that responsibility.

There is no question that the health portfolio is one of the most demanding portfolios in government. While some would tend to become preoccupied with the huge responsibility, that is not so in relation to the Minister for Health. His representations directly resulted in greater policing in his electorate. Not only does he assume responsibility for a huge portfolio, he is out there fighting for his constituents and making sure their needs are met. That is the mark of a man who is doing an absolutely superb job, unlike the honourable member for Kiama, who continues to interject and offer negatives. He should think positively and take a lead from the Minister for Health, because the Minister could teach him a lot. The Minister is a superb operator, an outstanding local member and an outstanding Minister.

I remind honourable members of the Minister's achievements at the St George Hospital. Once again, that hospital is in a Labor electorate, but that is where the need is. It does not matter in whose electorate it is located; that is where the need is. The Minister has achieved a direct benefit for every member of the community, including those in my electorate, which adjoins the electorate of the Minister. The Minister does not deserve the censure of this House; he deserves its commendation. This motion will show how far the mover and the Opposition are out of touch with the community they purport to represent. Members of the Opposition should go out into the community and talk to hospital patients. The patients will tell them what they think of Ron Phillips and what an absolutely superb job he has done.

Anyone who has been in hospital lately knows what a superb job the Minister has done. The rabble on the other side of the House are always negative; they have no defence. For 12 years this State suffered hard Labor. New South Wales now has a Government that has shown the light. The Minister for Health has led the way and has done an absolutely superb job. He is a man of the utmost integrity. He has shown extraordinary pride and commitment. He has shown real vision in a sensitive and crucial portfolio. His abilities cannot be questioned. I am proud to serve with him as a friend and colleague in the interests of the community of New South Wales. He does not deserve censure. He deserves the commendation, admiration and respect of this House.

Mr SULLIVAN (Wollongong) [9.5]: I support the censure motion because fundamentally I believe that it is appropriate at this time and that it is well earned by the Minister. My specific concern is about the Illawarra Area Health Service. The Minister seems to be conscious that that is his Achilles heel. The Illawarra area, which has approximately 5 per cent of the State's population, has suffered greatly since the election of this Government in March 1988, although not necessarily for all of that time at the hands of the present Minister for Health. Basically the cause of the problems in the Illawarra is inadequate funding. That lack of funding can be itemised in two general categories: first, capital works and, second, recurrent expenditure. I intend to deal at some length with each of those categories to emphasise the track record of the Government and the Minister.

Before I refer to those matters, I should like to refer to some of the points made by the Minister earlier in this debate. He criticised the honourable member for South Coast for being, in his view, myopic. Presumably I would also be subject to the same criticism because, like the honourable member for South Coast, I believe that my prime responsibility is to represent the people who elected me to this Chamber. The Minister claimed that the former Labor State Government ran down capital works. When I compare the track record of this Government with that of the previous Labor Government, I find that claim difficult to accept.

Mr Jeffery: Labor did not do very much, did they?

Mr SULLIVAN: As the first Chairman of the Illawarra Area Health Service I am well aware of the work done by the former Labor Government in the period leading up to March 1988 to redevelop Wollongong Hospital. I am aware also of a detailed study by consultants, including Planning Workshops Pty Limited with Department of Health personnel, that concluded that a major expansion was required on the site of Wollongong Hospital to meet the needs of the Illawarra area at that time and into the future. That study took a number of years and concluded that a major redevelopment of Wollongong Hospital, a clinical services building, and a major expansion of rehabilitation services at Port Kembla were needed.

Mr Petch: Is the hole still in the ground?

Mr SULLIVAN: The hole is still in the ground, although the completion date changes. The hole remains the same, but the date on which something will fill that hole keeps moving. Under the former Labor Government the date was 1991. Shortly after the election of this Government it was moved to 1993. The Minister has told the House during this debate that it may be 1998. A major redevelopment costing a little more than \$4 million was under way at Bulli District Hospital when the Government was elected. It promptly stopped that work in midstream. That redevelopment of Bulli District Hospital has remained incomplete for virtually the entire term of office of this Government. In an endeavour to fund this redevelopment, the Government is proposing to sell off another public hospital in the Illawarra - Coledale - but obviously the local residents are opposed to that, and justifiably so.

Page 1494

I also point out, for the Minister's benefit, that it was during the period in office of the previous State Labor Government that the Shellharbour District Hospital was constructed and completed ahead of schedule, within budget, opened and became fully operational. A comparison of activities undertaken by that State Labor Government with what has occurred since March 1988 is detrimental to the record of the present Government. In his speech the Minister was extremely critical of regions that wanted to jump the list of project priorities - the presumption being that the nasties in Shellharbour, Shoalhaven, the Illawarra and Wollongong were primarily interested in looking after themselves, and everyone else could go hang. The reality is that we are seeking reinstatement on the priority list to the position we occupied before this Government put us on the never-never part of the waiting list. Campaigning in the Illawarra will continue until that injustice is remedied. We do not want to be placed higher in the priority list, we want to be reinstated - put where we were before this Government got its hands on the Treasury of this State and started looking after its mates rather than looking after the health care of the State. Previous ALP governments, the Minister claimed, failed to address population shifts. The previous Labor Government was doing just that in the Illawarra.

It is interesting that St George Hospital has had almost \$130 million spent on it since this Government came to office. Most of the electorates serviced by that hospital are those held by Ministers of this Government. There is no great population growth in that area. I would be interested to learn when the last farm was subdivided at Brighton-le-Sands, Bexley or Caringbah. If one is a Minister who received a lot of criticism, and one's neighbouring electorate is represented by a Minister also, one way of deflecting the criticism would be to give oneself resources that should be given to other areas of the State. I will now refer in some detail to the funding of the Illawarra Area Health Service. It is fundamentally an underfunded service. Historically, in the 1980s, it was the lowest funded region in New South Wales. During the mid 1980s, 1986-1987, when the last figures were published by the Labor Party Government - this Government no longer publishes those figures - funding per capita in the Illawarra had increased significantly.

Since the election of the Greiner Government a mysterious formula has been used as a panacea for fairness. But I suspect it is primarily a device for stripping commitments made elsewhere so that this Government can rewrite the priority list and determine its priorities, notwithstanding that commitment to other priorities had already been made. The funding formula is fundamentally questionable. Its impact has reduced real services in the Illawarra. It is not, as the Minister stated earlier in the debate, a fair formula. It does not give a fair share to the Illawarra. The application of the formula tends to increase funds for new or expanded services, but that is counteracted by reductions in funding for productivity savings. It has been variously calculated that if that system was not in operation, provision of health services in the Illawarra would be \$6 million to \$8 million per annum better off.

The Minister made great play of the Reid-Harris report, which, he said, was aimed at discovering what was wrong with the Illawarra. It conducted an in-depth analysis resulting in the fundamental criticism that there was overexpenditure in northern Illawarra and underexpenditure in Shoalhaven. Therefore the answer to Illawarra's problems was to close things down in northern Illawarra and move funds to services in Shoalhaven. The Minister implied that the Reid-Harris report stated that the Illawarra was fairly funded. I met with

personnel from that group on a number of occasions. It reported only on the allocation of resources across the Illawarra Area Health Service and identified that more resources were utilised in north Illawarra as compared to those in the Shoalhaven, Milton-Ulladulla area. The Reid-Harris report did not comment on the appropriateness of the funding of the Illawarra Area Health Service compared to funding for other areas of the State. I sought to make that point with the group, but every time I raised it in one guise or another the reply always was that they could not comment. It was not within their charter: it was outside the area of their investigation.

Why is the Illawarra Area Health Service underfunded? It experienced an exceptional period of growth in the 1950s, 1960s and into the 1970s. The capital works program was not able to provide the necessary services to meet the ageing and maturing needs of the population. Facilities have never caught up with population growth. The last State Labor Government made the following commitments and construction was begun on the following projects to eliminate those deficiencies: the clinical services building at Wollongong, the Bulli hospital redevelopment, the Shoalhaven hospital development, and the upgrading of the Milton-Ulladulla hospital. The need to increase services for mental health patients was identified. Recurrent expenditure growth has not kept pace with the growth and the demand for services as the population has grown and aged. It has been said to me, "During the 1950s and 60s all you really needed in health services in the Illawarra were medical wards to treat injured industrial workers and maternity wards to deliver their children". The aged population was few in number and very little call was made on a whole range of services typical in areas representative of the normal population distribution. As the Illawarra has aged and as the population has developed characteristics of a normal distribution, services demanded by older sections of the population are not available - they never have been, and even to this day they have not been adequately provided.

Under this Government the Illawarra Area Health Service has had to sustain a range of cutbacks in services to remain within budget. The Wollongong and Port Kembla campuses of the Illawarra regional hospital are continually pressing to close the casualty unit at Port Kembla, which services just over 28,000 people. It is interesting that there is a great push to

Page 1495

close the casualty unit at Port Kembla. I am not aware of any push to close comparable casualty units serving comparable residential areas, for example, at Tamworth hospital, Bathurst hospital and Goulburn hospital. In every case the population of those areas justifies the allocation of resources to a casualty unit, yet Port Kembla, which services 28,000 people, does not deserve a casualty unit. In relation to Wollongong hospital, the number of people on waiting lists for a range of elective surgery and general surgery is growing. In desperation, people are moving to Sydney to undergo surgery or are entering the private sector.

The Minister for Industrial Relations and Employment and Minister for the Status of Women referred to sexual assault services. Wollongong Hospital's sexual assault counselling service has been slowly stripped back; it is now a shadow of its former self. Probably one of the most telling matters for Wollongong is maintenance. The linear accelerator is breaking down more frequently with excessive use. Wollongong Hospital - the major referral hospital for a population of one-third of a million people - was without power from 11.52 a.m. to 12.18 p.m. on 26 June 1993. At this major hospital people are on life support systems and operating theatres are used continuously. I have been assured that that occurred because maintenance funding has been cut so drastically that facilities are not able to meet the demands placed upon them. The estimated cost of rectifying that problem is half a million dollars. An asbestos audit was carried out at the Wollongong campus of the Illawarra regional hospital in 1993. The conclusion of the audit was that the Wollongong campus was probably the most contaminated public hospital site in New South Wales. The preface to the asbestos audit report of November 1993 states:

The Wollongong Campus of the Illawarra Regional Hospital has been regarded as one of the worst hospitals for asbestos contamination in New South Wales. This is principally because 155 supporting beams in the Services Building were thickly covered with concentrated asbestos, which is dangerous when disturbed and capable of contaminating the working areas of the building.

That is referring to the main building within the complex of the Wollongong Hospital. I have referred to the linear accelerator. Other problems include leaking roofs, moisture penetration through the southern and

western walls of Hickman House, the need to replace concrete sunshades, the upgrading of lifts, et cetera. That is the track record of this Government. None of those problems are being addressed. It is a great pity that the only way a matter such as this can be brought to the attention of this Government is by way of a censure motion against the Minister responsible.

There have been bed closures at Bulli in the birthing centre and general surgery area, and mental health services are still inadequate for the area. I have been supplied with some figures in relation to the number of mental health beds that have been opened. That is one area where the Government can claim some credit. Nonetheless, approximately 90 beds are still needed for mental health patients in the Illawarra, particularly for medium to long stay patients. At the moment the patients have to be moved to Sydney. As Sydney's major mental institutions are slowly wound back, the people in the Illawarra are forced to receive treatment from the day psychiatric team - and that is completely inappropriate for their particular needs.

I conclude by observing just how keen the Minister is to see that the needs of the population of this area are given appropriate service! On 8 February 1994 I wrote to the Minister asking that he meet with Illawarra regional State members of Parliament over the proposed area health service program of capital works and recurrent expenditure. I still have not received a reply - it is 20 April, and the question was asked on 8 February. I became somewhat impatient, therefore, on 17 March I put a question on notice. That question remains unanswered to this day. The question asks:

Will the Minister for Health meet with representatives of the community and the Trade Union Movement from the Illawarra to discuss the proposals contained in the Illawarra Area Health Service's draft strategic plan?

Will he attend such a meeting in the Illawarra?

If not, why not?

I am still waiting for an answer to that question.

Mr W. T. J. MURRAY (Barwon) [9.25]: During my years in this House I have heard many interesting motions put forward for the consideration of the Parliament, but this motion must be the daddy of them all. The honourable member for South Coast is hypocritical. Recently a petition with some 11,000 signatures was presented to this House by the honourable member for South Coast with regard to the Milton-Ulladulla Hospital. Next Sunday the honourable member will be confronting a public meeting to discuss the operations of the health services in that particular part of the world. To try to get himself off the hook for his complete and utter failure to contribute anything to the health system of that part of the State during the years he has represented it the honourable member has moved a censure motion against the Minister for Health. What hypocrisy!

In addressing this motion I will refer to the run-down in rural health services. It is obvious that the honourable member for South Coast knows nothing about rural health services, otherwise he would not have included such a stupid and inane reference in his motion. If the honourable member had sought to concentrate on services in his electorate, I may not have been so critical of him. The honourable member attacked the Minister for Health, who has given the health system of this State the kick that has been needed for years.

The honourable member for Wollongong referred to shifts in policy and funding arrangements in the various departments and institutions. In 1976 the then Labor Government had a policy to build a new hospital at Walgett. That hospital will now be

Page 1496

built by this Government. In 1976 that hospital was the No. 1 priority in the Orana region of New South Wales. At that time the hospital was a clapped out, asbestos-ridden fire trap. During the 12 years to 1988 approaches were made to the government of the day, which confirmed that the project was "the No. 1 priority for the Orana region". This Government and this Minister will build that hospital - in a Labor electorate.

If the honourable member for South Coast wants to talk about changes in the priorities of hospitals, he should look to the history of the matter. In 1976 the Labor Government was going to build a new hospital at Inverell. Funds were taken away from that hospital and used to prop up the Hon. Don Day - a newly appointed Minister - in the seat of Casino. The Labor Party moved funds and priorities to suit itself. What a disgrace! Labor electorates are receiving more money from this coalition Government than they received when the Labor Government was in office.

The Government can be proud of the provision of health services in country New South Wales. Labor members speaking to the motion moved by the honourable member for South Coast have displayed a sour grapes attitude which I find despicable. Funding in the North Coast regional area, as it was, has increased from \$146 million to \$200 million in the last two years. This shows that rural New South Wales is getting the funding needed. Spending at Tweed Heads hospital is up by 37.5 per cent. A record \$914 million was provided for country health services in the last financial year - up 12 per cent in real terms. Yet the honourable member for South Coast spoke about the "run-down in rural health services". There was an increase of 23 per cent in the Richmond area, 6.9 per cent in the Clarence area and 16.5 per cent in the Macleay-Hastings area.

The honourable member for South Coast went to the area around Port Macquarie, the Macleay-Hastings area, following a move by this Government to get a hospital service into Port Macquarie. The Labor Party promised to build a hospital there in 1978. Ten years later when the government changed there had been no move to honour the promise. When this Government tried to get a hospital service in Port Macquarie the honourable member for South Coast seriously suggested that a new hospital was not needed; the people could make do with the demountables that were there. That shows the complete and utter hypocrisy of the stories that the honourable member is peddling around the Parliament at the moment. If he had been genuine in his support for country New South Wales hospitals he would not have denigrated the Government's proposal to build a new hospital to provide the services needed.

The honourable member for Manly supported the honourable member for South Coast in unmercifully denigrating the Port Macquarie proposal. The motion condemns the Minister for Health for getting off his butt and providing to the people of country New South Wales services that are critically needed. In 1988 Labor said that, at best, it might be able to establish something in the Port Macquarie area by the 1990s. I do not recollect the honourable member for South Coast condemning the Labor Party's failure to deliver hospital services. I do not recollect his condemning the Labor Party for failing to provide hospital services in the 1976 to 1988 period, be it in relation to a new children's hospital at Westmead or the upgrading of various other hospitals. He did not suggest that a clapped out, broken down old asbestos ridden hospital at Walgett should receive consideration. One wonders at the integrity of his motion in view of his hypocrisy.

Capital works across the whole of country New South Wales have made an enormous difference. Lismore Base Hospital has been developed by the Government to the tune of \$40 million. Upgrading there has provided a hospital of excellence to service the far North Coast of New South Wales - a service that was desperately needed for years. I do not recollect the honourable member for South Coast suggesting that North Coast hospitals needed additional funding. An amount of \$5 million is being provided for Tweed hospital redevelopment. The Labor Party was offered \$500,000 by a club in the Tweed to put towards upgrading Tweed hospital. For four years the Labor Party did not take up the offer and denied that money to health care works in the Tweed.

The honourable member for Wollongong was pleading and wailing about services in his areas not being sufficient. He should look back at the abject failure of Labor to meet the needs of country health services. Labor would not match the \$500,000 but when the Minister for Health became responsible for health he put another \$4.5 million to that amount to upgrade the hospital. All through Labor's term people talked about Coffs Harbour hospital redevelopment. The Labor candidate in the area after the 1988 elections jumped up and down complaining about the lack of hospital accommodation at Coffs Harbour. His party had had 12 years to do something about it but had done nothing. The present Minister and his predecessor redeveloped that hospital at a cost of \$5 million.

Byron Bay is another area on the North Coast that has been screaming for hospital assistance. The growth rate there is far greater than that of the Illawarra. Growth in the area has caused services to be stretched unbelievably. The Minister has provided money to relieve pressures where the numbers are. An amount of \$50 million has been provided for the new hospital at Albury and \$15 million has been provided for the redevelopment of the hospital at Wagga Wagga. Services are provided in those two major regional centres of the State to the people of country New South Wales and northern Victoria. Funding for such development in country New South Wales was never provided under Labor. There were promises, promises, promises but we never saw a dollar. There was a complete lack of health care because of the winding down of services in the bush under Labor. I thank the honourable member for Murrumbidgee for information which I will use in a moment.

Page 1497

Dr Macdonald: You will need all the help you can get, Wal, to convince me.

Mr W. T. J. MURRAY: The solution of the honourable member for Manly to the sewerage problem at Coffs Harbour was to let the sewage run down the streets. He prevented a top sewerage system being put in with the outfall at Look At Me Now. The commission that has just investigated the sewage outfall at Coffs Harbour has made a big fool of him. It said not only that the Look At Me Now outfall was the best option; it was essential that it be built now. An independent commissioner has knocked over a so-called doctor in this field, saying to him, "You know nothing". He is saying to the honourable member for Manly, "It is about time you woke up to yourself. Your complaints and the points you have been making in this area have been wrong". If the honourable member for Manly speaks on health, he really needs to rethink his position, because he has been proven to be wrong.

Ms Moore: It is a drop in the ocean, is it not?

Mr W. T. J. MURRAY: The honourable member would like it to be put in pits around the town, is that not correct? Where should it be put when it rains?

Mr ACTING-SPEAKER (Mr Rixon): Order! If the honourable member for Bligh would like to speak, she may take a turn along with other honourable members.

Mr W. T. J. MURRAY: One of the interesting points in relation to development is that Billy Sheahan, who was the honourable member for Burrinjuck and the Minister for Health at that time, promised a new hospital at Narrandera 48 years ago. The big promise for country health from the Labor Party came from Billy Sheahan: he promised a new hospital that was not built even when his government went out of office in 1948 - almost 48 years ago. The Labor Party had 43 years to do something about rural health. This Government developed a new \$8 million hospital at Narrandera, and it took just four years for the Government to do that. The honourable member for South Coast, however, says that the Government is neglecting rural health. I suggest that he is suffering from a grave problem. Hospitals around the bush are being looked after, but the failure of the honourable member to present to the Government a case to have his own hospital sorted out is creating jealousy.

I refer to the work being undertaken in Moruya and Bateman's Bay. There is an \$8 million hospital development in that area. Perhaps the honourable member for South Coast would like to have that development work taken from the Moruya-Bateman's Bay region and moved up to where he wants work done in his hospital area. Does the honourable member suggest that Moruya-Bateman's Bay is not a part of country New South Wales? Work is also being undertaken at Tocumwal. Tocumwal is not a very big area but it has received the attention of the Minister for Health and work is under way on a \$1 million new hospital. The fact is that this Minister for Health has done more for health in rural New South Wales than has any other Minister for Health for a long time, certainly more than any Minister in my 18 years in this Parliament. The present Government has made great developments in the health area and has undertaken a complete restructure of rural health in the State.

The Labor Party wanted to abolish hospital boards and to put in its own boys to run them. The present Minister for Health puts the power, the management and the responsibility of country health in the hands of the hospital boards of rural New South Wales. Those boards are now playing an active part in the financial management of health. The boards are upgrading the standard and recognition of health in rural areas. Not only that, they are lifting the profile of health right across country New South Wales. The people in the bush now know what health availability is. They now know what services are available to them. It is the present Minister for Health who has met hospital boards right across the State and has put the restructured process in place. He has put back into the hospitals the savings made as a result of good administration. The results right across the State are clear for all to see. The utter hypocrisy of the motion before the House has to be experienced to be believed. The honourable member for South Coast has not yet woken up to the fact that the number of beds in a hospital means absolutely nothing: it is the management of those beds that means everything.

[*Interruption*]

Perhaps the honourable member for Manly is happy to have 100 beds being utilised 40 per cent of the time. If that is his management and financial management capacity, so be it. This Government wants the resources of hospitals to be used. The Government wants the beds in the hospital to be used; it does not want cleaners to be polishing floors that are not being used. I compliment the Minister for Health on having done an excellent job.

Dr MACDONALD (Manly) [9.45]: This is a crucial debate. Unfortunately, what passes for debate in the House can often be personal attacks on members of the House. Indeed, the honourable member for Barwon has done himself no credit in attacking the honourable member for South Coast. It is interesting that the honourable member almost admitted that the area of his colleague the honourable member for South Coast is underfunded. The honourable member said that the failure to attract funding into that area was caused by the honourable member for South Coast not presenting a good case. That has gone into *Hansard*, and it is a very telling statement. The honourable member for Barwon is still locked into the idea that the only way for a member to attract funding to his or her area is to lobby hard to the Minister for it. The honourable member is locked in the past.

The debate has brought into the House a parade of Ministers and former Ministers. They have made personal attacks and at the same time have made

Page 1498

personal references about how good the Minister for Health is. We should try to elevate the level of debate. This debate is not about personal matters, it is not about personal attacks and it certainly is not about a personal attack on the Minister. It is a matter of shooting home responsibility. It is about ministerial responsibility.

I should like to draw the attention of honourable members to a couple of points referred to by the Minister. He criticised the honourable member for South Coast for being parochial and for focusing on his own area. It is a role of a member of Parliament to represent his or her own area and to provide some detail, whether the matter at issue be a health matter or something else. I commend the honourable member for South Coast to the House for doing that. What window do we have on a particular area of ministerial responsibility other than that of our own areas? I would argue that the honourable member for South Coast has merely sought to reflect the problem in his area and to extrapolate it through the whole question of ministerial responsibility. The Minister put up a very compelling argument for the augmentation and amplification of the health budget. The size of the cake must be increased, and the reasons were provided by the Minister himself. The Minister referred to the change in the level of private health insurance contributions, which have decreased by 40 per cent.

Mr Phillips: I cannot increase the number of contributors.

Dr MACDONALD: I intend to argue that the Minister does have a role in that regard. There has been an impact on the public system. The Minister has claimed that there has been a decrease in the number of

private patients in hospitals and that that makes it harder to manage the health budget. That may well be the case. The Minister said also that the change in disease patterns made management of the health budget more difficult. Is that not all the more reason for an increase in the health budget? The deficit has been reduced, and that is the core of the argument.

I should like to speak about health outcomes: results. The House should be concentrating on results - the debate should not necessarily be about the number of beds or dollars and cents but about outcomes. I wish to talk about some of the experience I have had in my local area. This debate provides an opportunity to talk about health issues in local areas, and each honourable member who has contributed to the debate has taken that opportunity. There has been an enormous squeeze on the budget in my area because of the change in allocations, to which the Minister has already referred. In 1993 alarming cuts were made in one of the services in my local area, the Manly district hospital. That hospital is regarded highly. The hospital provides an excellent service, when one is able to get into it. Last year the hospital suffered from a 10 per cent bed closure. There was what was called an overspending of \$500,000. I should like the House to consider what is meant by the term overspending. The chief executive officer of the Northern Sydney Area Health Service, Dr Stuart Spring, reported that Manly hospital's blowout was \$500,000. He said:

This year the hospital is running a little under \$500,000 over budget because of an increase in the number of patients.

Is it not ironic that with more patients to be treated the hospital is over budget and the argument is to cut back on expenditure? How can that be done? If the Minister can put forward a valid argument, I will be convinced. But the chief executive officer of an area health service says that the hospital is \$500,000 over budget for good reason, and it is not mismanagement - more patients needing treatment. Clearly the Manly area has a problem. Services and number of patients being treated have increased by 7 per cent. This has also been linked to the 2 per cent productivity cut. Why do areas such as Manly have to suffer a 2 per cent productivity cut? The Minister knows that it is not about improvement in management; it is about cutback in services. In my view, productivity cuts is a cynical term. My electorate has a high proportion of elderly residents.

Mr ACTING-SPEAKER (Mr Rixon): Order! Government members who wish to continue their discussions should do so outside the Chamber.

Dr MACDONALD: The demography of my area is fairly unique: it has one of the highest percentages of elderly people and they place a much larger demand on the health budget, being fairly large service consumers. Does the Minister take that into account when the Government cuts back health budgets? Last year I wrote to the Premier seeking an increase in the overall health budget to take account of this factor. The Premier indicated that the overall budget has increased by 6.5 per cent. The Northern Sydney Area Health Service did not receive an increase. A major public meeting was held in my electorate because the community was outraged that the hospital was at risk. More than 100 people attended the meeting.

The meeting spoke even of long-term closure and amalgamation of the hospitals in my electorate. An effective action group was formed at that meeting. The Minister can scrawl away at the table and sign papers but vital services are being lost. It is not about how much money or how many beds have come into the area. Vital services have been lost: Manly hospital has no emergency ear, nose and throat specialist, no emergency eye doctor, no emergency plastic surgery, and has an on and off temporary closure of dental services. What is it like in real life? What are the patients saying? As they are the consumers, we ought to listen. I have a newspaper article titled "Mother's outrage over plastic surgeon's axing". I will be interested to listen to the honourable member for Wakehurst and the honourable member for Davidson because constituents in their electorates use this hospital. Are those honourable members happy with a service that provides no emergency plastic surgery?

Page 1499

Mr Hazzard: What about Warwick Harper?

Dr MACDONALD: He is a visiting medical officer at that hospital but he is not an emergency -

Mr Hazzard: He is always available if they need him. Don't pick on Warwick.

Dr MACDONALD: It is inappropriate to argue about personalities. I quote from an article published last year:

A decision to axe a plastic surgeon from the emergency call list at Manly Hospital has outraged a young mum whose badly burned son had to wait 36 hours for specialist treatment.

She said that she was extremely disappointed that a plastic surgeon was not available when her eight-month-old son, Alexander, burned his hands on the glass door of an oven. As a nurse she knew that the plastic surgeon should have been present. Her son was not treated until 36 hours later. This was because the particular doctor that the honourable member for Wakehurst mentioned is not on the emergency call list. He makes himself available occasionally, but Manly hospital has no emergency plastic surgeon.

Another example is that of Mr G of Harbord. He suffered severe emphysema and pneumonia. In September last year he was kept on a trolley for 24 hours in the casualty ward. He was then admitted to the orthopaedic ward because 10 beds had been closed due to the school holidays. He says that the staff were wonderful; what about the underfunding of the hospital? Again in September another patient who required a four-hour mastoid operation waited four months for treatment. He was in much pain; twice he was put on the waiting list but the operation was cancelled. Finally, he had to leave the area to receive treatment. In December last year Mrs B from Seaforth, an 82-year-old woman, was sent home early from hospital because 31 beds were closing for Christmas, including the cardiac and oncology wards.

Many hospital services the constituents of a number of members of this House. The provision of services is totally unsatisfactory. A more serious example is of a woman from Allambie Heights who is looked after by the vascular surgeon. She has an abdominal aortic aneurism. Twice her surgery was cancelled - one cancellation due to closures over the Easter break. Months later she has still not undergone the operation. Everyone knows that that type of problem can erupt at any time. A crisis exists and clearly the patients are alarmed, distressed and unhappy. I ask the Minister to focus on the fact that patients are the consumers. We can talk about allocations and increases in funding; the northern Sydney area has received nothing but cutbacks.

Mr Phillips: Give me the solution.

Dr MACDONALD: I will give the Minister the solution in one minute. Another window into the health service is to consider the response from medical practitioners. When operating theatres were to be closed at Manly hospital for 17 days instead of four days over the Easter break I wrote to all surgeons asking about the likely impact of that closure on their waiting lists, the extension of the lists, and on the patients. I have nine responses from surgeons operating at that hospital. I have one from an orthopaedic surgeon who said:

I am very concerned about the trend of closures at Manly Hospital during holiday periods and also the general degradation of the number of beds which has proceeded over the last few years. I do fear for the long-term future of Manly Hospital.

I have one elective list a week at Manly and this is overbooked about four months in advance. The overbooking is to the extent that I often have to find extra time the following day to catch up with minor cases which were cancelled from the list. The closures over public holidays obviously exacerbate this problem.

The ear, nose and throat specialist said:

What seems to be increasingly happening at Manly District Hospital is that ad hoc decisions are made to close down the theatres for lengthy periods overlapping school or public holiday periods . . . During Christmas I understood the dismay of those conscientious parents who had planned to have their children's tonsils removed during the holidays so as to minimise their offsprings' absence from school, only to be informed that this was not possible through the local hospital . . . My impression is that the level of service given to the

local community by Manly District Hospital is steadily falling below that of the bigger centres which are increasingly being called upon to take up the slack.

They are not the words of some ranting politician but of local medical practitioners. The gynaecologist said:

The closure of Operating Theatres for three weeks when the Easter Break is really only for 3-4 days causes major disruption to Operating Lists and planned schedules. Not only does it affect the people who we planned to operate on about that time but it flows on right through virtually to June before the effect is negated. This means that instead of affecting maybe one or two operating lists with six or seven people on it it will in fact affect about thirty to forty people eventually.

And so it continues letter after letter expressing concern about the impact on surgeons. Nine responses are too many. The honourable member for Wakehurst says responses from nine surgeons is all right. Operations are cancelled for hundreds of patients and the honourable member for Wakehurst thinks it is all right. I suspect the honourable member for Wakehurst did not take the trouble to consult either with patients or with specialists from those areas; I did and I received very disturbing news. I want to also talk about hospitals, about community health and the preventative programs in which I support the Minister.

The Minister might well argue that we cannot keep throwing money at hospitals but should be spending it out there. Certainly there is an argument for allocating money to preventive programs. In March 1992 I was instrumental in organising a mental health forum in the Manly area. The forum involved representatives from a broad section of the community who came together to express their concern about, basically, the post-Richmond deinstitutionalisation program and the impact it was having on the area. Indeed, all health professionals in the area were

Page 1500

represented on the forum. We took it upon ourselves to focus particularly on the Burdekin report and what we could do for the community.

The Manly area appears to attract the mentally ill. There is cheap lodging; it is a 24-hour visitor centre; alcohol is easily available; and, unfortunately, it has a high percentage of, often homeless, mentally ill people. The problems were well summarised by Mr Burdekin. I will quote from the Burdekin report to substantiate my argument that the Minister for Health has failed to provide the necessary transitional funding for community mental health in the electorate of Manly.

Mr ACTING-SPEAKER (Mr Rixon): Order! I call the honourable member for Wakehurst to order.

Dr MACDONALD: Mr Burdekin said that people affected by mental illness are among the most vulnerable and disadvantaged in our community. They suffer from widespread systemic discrimination and are consistently denied the rights and services to which they are entitled. In general, the savings from deinstitutionalisation have not been redirected to mental health services in the community. They remain seriously underfunded, as do the non-government organisations that struggle to support consumers and their carers. Nothing has happened in my electorate since Burdekin reported in the middle of last year.

Mr Burdekin came to Manly at my invitation, addressed a forum and encouraged the community to take action. He made a very passionate speech recommending that we demand a response to the critical issues outlined in his document. He has called for better community housing, medium and long-term crisis accommodation and more money from the closure of hospitals to be channelled into mental health care. I have put a submission to the Minister for Health in an endeavour to get more money allocated to the community to establish what might be called a clubhouse facility where it is needed, at the coalface. There has been no response; no money appears to be forthcoming. Unless we treat the front end of medicine as we do the back end at the hospital level, we will have failed to make adequate provision for health care.

In the time remaining I want to speak in support of the honourable member for South Coast. I did not take for granted what the position might be in the Shoalhaven. I took it upon myself to contact as many specialists in the area as I could to try to get confirmation or otherwise of the position there. I spoke to a senior surgeon; I

spoke to a senior physician; and I spoke to someone who has already been quoted in this House. I have spoken to one of the specialists who was mentioned in this place by the honourable member for Wakehurst - to a plastic surgeon who operates in both areas, and I managed to get confirmation. I heard a story of grave concern in the area, from the general surgeon in particular. I do not know why the Minister has not been down there and attended to the issue. For instance, a surgeon there is seeing 30 public patients a week who need admission to hospital, but he only gets three and a half hours elective operating time. He described a waiting list of 209 patients; he spoke of waiting lists of 18 months to two years; of gall bladder patients who wait up to 14 months to gain admission to hospital.

Mr ACTING-SPEAKER: Order! I call the honourable member for Wakehurst to order for the second time.

Dr MACDONALD: The amount of urgent surgical work he has to perform has increased because the patients who need elective surgery cannot get into the operating theatre. This is in an area which is growing at the rate of 5 per cent to 7 per cent a year; it is the most rapidly growing local government area in New South Wales; it has no orthopaedic surgeon, and yet it is totally underfunded. I think it is a disaster in that area and I wanted to share - [*Time expired.*]

Mr GLACHAN (Albury) [10.5]: I have to confess that I was amazed early today when I heard the censure motion moved against the Minister for Health. Of all the Ministers I have known, he is the one who least deserves such a motion. I have had a lot of contact with people who work in the Department of Health and I know of the great respect they have for this Minister, for his dedication, hard work and undoubted personal integrity. I know from my own experience of him that he does not deserve to have such a motion moved against him, particularly when honourable members consider that in 1988 we, as a Government, inherited a badly run down and completely neglected health system.

I want to comment on some of the issues raised by the Deputy Leader of the Opposition. He mentioned the contracting out of cleaning services and seemed to think it was a bad thing. He has clearly overlooked the fact that the contracting out of cleaning services saves huge amounts of money, which are redirected into patient services. That being the case, I can see nothing at all against the continued contracting out of cleaning services. The honourable member also said, quite wrongly, that the Minister for Health had delayed a number of hospital building projects throughout the State. I do not have the details of those but I know quite a bit about the project to build the new Albury Base Hospital. I assure honourable members that, far from delaying the construction of the hospital, the Minister has worked wonders to bring the project forward.

Mr A. S. Aquilina: On a point of order: unfortunately, I have to again take a point that I and my colleagues wish to hear the debate. Honourable members on the Government side of the House are not prepared to listen to him. Indeed, they are making it very difficult for me and others to hear the debate. This is a very important debate, as I am sure honourable members will agree, and I suggest that the honourable member for Wakehurst might be better off outside the Chamber, perhaps indulging in orange juice.

Page 1501

Mr ACTING-SPEAKER (Mr Rixon): Order! Members of the Government have been warned on a number of occasions. If they are not prepared to remain silent during the debate, it would be better if they left the Chamber. If honourable members wish to continue their conversation, I suggest they leave the Chamber now.

Mr GLACHAN: I will return to the remarks I was making about the construction of the new Albury Base Hospital. Not only is construction of the hospital ahead of schedule, but also is coming in well under budget. The Minister for Health should be congratulated for what he has done in that regard, because a lot of it is attributable to his organisation and administration. The Deputy Leader of the Opposition spoke at some length about waiting times for accident and emergency services in New South Wales compared with those in other parts of the world. He mentioned Bangkok. I think the honourable member said that, on average, there

is a two-hour wait in New South Wales but something of the order of a 38-minute wait in Bangkok.

I have never sought accident and emergency services in Bangkok, but just a few years ago I had cause to seek those services in one of the largest hospitals in Osaka, one of the largest cities in Japan. I sought the services on behalf of my daughter Anne, who was travelling with my wife and I when we discovered she had something in her eye. We were directed to one of the largest hospitals in Osaka and shown into a waiting room. That waiting room was at least the size of this Chamber or perhaps a little bigger, and must have contained at least 100 Japanese people waiting for attention. We waited there for some time. After a considerable wait a young Japanese doctor came into that waiting room, saw us waiting, came over to see us, explained that he had done some of his training in the United States and said, "I will put you ahead of the queue and attend to you now".

He invited me to come into his consulting room in the hospital. The consulting room was about the size of one of the offices that we have as members of Parliament. When we went into that room, there were approximately 10 or 12 Japanese people sitting on chairs around the wall, and in the middle of the room was the examination table. With those 10 or 12 people looking on, this doctor put my daughter on the examination table and proceeded to remove a piece of metal from her eye. He was highly skilled. However, he did have some difficulty because a number of the Japanese people waiting for their turn were crowding around his operating table and making it very difficult for him to get on with his procedures. I can tell honourable members that, although I have not been in Bangkok seeking such services, I would rather wait two hours for service in a hospital in New South Wales any day of the week than wait 38 minutes in Bangkok for similar services.

We have a Minister who has strenuously attacked the \$2 billion backlog in hospital building that existed in this State when the coalition came to office. Now under his direction we are spending \$300 million per year - this year I think \$315 million, to be exact - in trying to catch up with that backlog, and it is an enormous task. Even the enormous amount of \$300 million will not do the work that is needed in this State. Yet, disappointedly, I see people supporting this motion who themselves have caused wastage of money in the health system by opposing a scheme for private enterprise to build a hospital at Port Macquarie, which would treat private patients. That scheme would have freed up capital that this Government could spend either to treat patients or to build hospitals in other areas.

Because of this opposition, a lot of money has been wasted that could have gone to treat patients. As well as that, communities in this State are being denied desperately needed new hospitals that could have been built with private money. Public patients could then have received the very best of treatment in private hospitals. I do not know anyone who complains about the sort of treatment offered in private hospitals. In fact, in my electorate - and I want to speak only about people I know - there are those who actually prefer to go into the private hospital; and they like it so much that they pay extra money to get there. No one complains about being treated in a private hospital. Patients could be treated in the private hospital, with the Government meeting the cost of their treatment, and the money saved on bricks and mortar could go to building other hospitals or treating other patients. I find it rather distressing that those who opposed that suggestion are now talking about lack of money for health services.

This Minister has been able to increase the health budget in New South Wales to a record amount of over \$5 billion - 7.7 per cent above the amount allocated last year. He has asked for efficiency gains. There are people who seem to think that is a dreadful thing. I cannot see anything wrong with looking for efficiency, and remember that the Minister has always said that efficiency gains must not be made at the expense of patient care. The Minister said, "Cut down on what you spend on administration, cut down on what you spend on things such as cleaning, contract that out perhaps, and put the money you save back into treating patients". What is wrong with that system?

This is the Minister who stood firm and secured and signed the Medicare agreement for the people of this State, who need more money for health. The Minister obtained an extra \$83 million - \$83 million more than patients in this State would have had at their disposal had the Deputy Leader of the Opposition been Minister for

Health at that time. The Deputy Leader of the Opposition would have accepted the offer by the Commonwealth; and for all we know he might have accepted even less, because he was very free in giving advice to the Minister about accepting the lesser amount. But this Minister stood firm and gained for this State an extra \$83 million, which is going right now to treating patients in our hospitals. This Minister has provided a record \$1 million for health care for western Sydney. That amount of money has never been allocated previously.

Page 1502

The Minister has overseen the building of a new children's hospital at Westmead and extensive additions to Liverpool Hospital and Nepean Hospital. It is a remarkable record for a Minister for Health to have been able to achieve that for the people of western Sydney. So far as country areas are concerned, the budget for rural health services is a record \$914 million. The Minister reorganised country health services by closing regional offices, that is, doing away with administration costs, saving an amount estimated to be in excess of \$30 million, and then redirecting that money to treating patients in country areas. I cannot see anything wrong with that.

This Minister has done all that he can to reduce waiting lists, and a number of hospitals throughout this State have received extra money from him specifically to deal with waiting lists. In New South Wales, year by year, under this Minister's direction, public hospitals deal with record increases in the number of patients treated. Results are improving year by year. When we talk about waiting lists who should we blame? I think we ought to blame the Federal Government to some extent because it is saying to people, "You do not need private health cover, Medicare will look after you". And all this, despite the fact that Medicare provides only 30 per cent for the health care of the people of New South Wales; yet more and more people, because of misinformation given to them by the Federal Government, are dropping out of private insurance, coming on to the waiting lists in public hospitals and making it more and more difficult for the Minister to fund the health services that the people of New South Wales deserve.

However, despite all these problems, in my view he is doing a magnificent job. He has a resource allocation formula. What does that mean? Instead of having the sort of system that the previous Labor Government had of putting money where it thought the votes were, this Minister puts money where needs are. What is that going to mean? It will mean that in my part of the State we will progressively receive, over the years to come, less and less of the health budget. Our money will be reduced and will go to those areas in the State where there is the highest growth and the greatest need. I inform members that in all conscience I cannot complain about that because it is a fair allocation even though it will mean less money for the people in my electorate. I believe that one cannot argue with what is fair and right.

The Minister for Industrial Relations and Employment spoke at length about women's health services. I want to refer briefly to breast cancer and point out that all over New South Wales, services are being established to deal with breast cancer, that dreadful scourge of women in this State, so that treatment can be available at an early date and lives can be saved. I commend the Minister for his action in that regard. He has turned the health system around. Previously the New South Wales health system was an illness system; it merely waited for people to become ill and then treated them. The Minister has turned that around and the health system now goes out into the community and encourages people to live healthier lifestyles and maintain better health so that they will not have to go to hospital, be separated from their families and be subjected to operations and all sorts of procedures that they would be better off without.

The Minister has also developed a system of customer focus. When the new Albury Base Hospital opens later this year, it will specialise in taking better care of its customers. The present medical staff - the doctors and the nurses - certainly take care of the patients very well. But the Minister wants every member of the staff of that hospital to give personal consideration to how a patient can be better helped, even if the member of staff has no personal contact with the patient. He is looking at better admission and discharge procedures that will make life a little happier for those who need medical services.

The honourable member for Manly spoke about the Burdekin report. As I read the report it is strong in its

praise for the actions of the New South Wales Government in relation to mental health. The report clearly says that in many respects New South Wales leads this country and that its system is as good as, if not better than, those in many other parts of the world. How much was spent on mental health in this State when the coalition came to office in 1988? An amount of \$104 million a year. What is the figure now? Is it 10 per cent more, is it 20 per cent more? I will let honourable members work it out for themselves. This year the figure is \$279 million. That is a major step forward in expenditure on mental health. I cannot believe that the honourable member for Manly can be as critical as he is of the Government's attitude to mental health if he understands those figures.

New challenges will face us in the future. The delivery of health care is, and should be, changing all the time. In the 1970s the average stay in hospital was about 11 days. A couple of months ago I met a woman in a small town in my electorate. She was in her sixties or seventies and told me that when she had her first child she spent 20 days in hospital. She said she was the only patient there and the doctor did not want her to go home anyway. But after 20 days she had had enough and she left. Those were the good old days when people were kept in hospital when they did not need to be there. Our health service should be based on results, not on bed numbers. It should be based on how patients are treated and cared for. Honourable members should bear in mind that record numbers of patients are being treated every year under the administration of the Minister.

To summarise, when the coalition came to office it was faced with a run-down system. An enormous program for building new hospitals is now in place. New South Wales has a record health budget. That has all been achieved by the Minister. I want to refer to one particular matter in closing. The Deputy Leader of the Opposition said there was no reason why a member of this Parliament should not work to achieve better results for the people of his or her

Page 1503

electorate. No one in this House would argue with that. I have no complaint about the honourable member for South Coast wanting more for the people he represents. In the six years I have been a member of this Chamber I have in many ways developed a high respect for the honourable member for South Coast. However, I was distressed when I heard him say that if he did not get what he wanted from the Minister, he would use his privileged position to move a motion of no confidence. I was deeply disappointed to hear him say that. It is one thing to work for one's electorate, but it is another thing to abuse a privileged position and use tactics like that to achieve one's aims. If one's arguments are not logical, sensible and sufficiently persuasive, it is an abuse of privilege and opportunity to use those methods. [*Time expired.*]

Mrs LO PO' (Penrith) [10.25]: When I commenced my service as a member of this House in September 1991 the Minister was making a great fuss about beds to the west. What he had actually done was to sell off \$30 million worth of real estate. I thought that perhaps Nepean Hospital would get the lion's share of that. After all, he had said that beds to the west was his big thing. What happened? Out of the \$30 million, Nepean Hospital received \$1.8 million. Early in my career in this House I realised that the Minister was all about words and not much else. I want to speak first about funding. Recently an interesting article headed, "Doctors Pay for Own Equipment" appeared in the local newspaper. The article reads:

"Two doctors, we need a cardiac rehabilitation unit because it is such an expanding area that some machinery costs \$15,000 each", Dr Lee said. He goes on to say, "We have had no actual funds from the Government in terms of paying for equipment for our unit. The same thing happened at Westmead when doctors had to raise money for the intensive care unit".

The article goes on to point out that it is a bit much when the doctors, the medicos, whose time is precious and whose prime clients are the sick and the needy, have to conduct fund raisers for their own equipment, while the Minister is telling us what wonderful things he is doing for the system. Some of the money that has not been spent, the \$220 million that has been returned to consolidated revenue, would have been greatly appreciated at places like Nepean Hospital. The Wentworth Area Health Service administers an area in which 5 per cent of the State's population resides, but it receives only 3 per cent of the budget. The gap is obvious. There is never any concern about the dedication and the work of the staff at Nepean Hospital. They work well; they are wonderful people. The trouble is that there are not enough of them.

Nepean Hospital is understaffed. The staff are overworked to such a degree that they have complained that on the morning of an operation they have been telephoned at home and asked, "Where are you? We expect you to be here". There is insufficient personnel to notify staff to turn up at the correct times. Representations were made to the local administration about that. The Government has been responsible for the construction of the new Nepean Hospital. I have heard the Minister say that it will cost \$88 million. No one is quibbling with that. The difficulty is that despite the cost of the hospital, we are losing the services; we are not getting the services, or we have never had the services.

The present hospital has 360 beds that are not open. Staff numbers have been cut back. The new building will have an additional 120 beds. The people in my electorate are asking, "If the Government cannot afford to open 360 beds, what chance has it got of opening 480 beds?" The answer is, of course, that it has not got any chance in the world. I do not believe that the Minister knows where he will get the money to run the hospital. From day one when I became a member of this Chamber I have never quibbled about the building of Nepean Hospital. My electorate is an expanding area and of course it needs that money. But I have always been on about the services, and how they have been sadly lacking. I do not see anything on the horizon that will change that.

I should like to talk about accident and emergency services. The Nepean Hospital emergency centre is so strapped that in 1993 it closed on 300 separate occasions. Ambulances had to be sent to hospitals administered by the Western Area Health Service. That service was concerned about that and started to take action. When people have a problem, they believe that if they go to a hospital the problem will be solved. The closure of the hospital on 300 separate occasions - albeit by hours; I am not talking about days - is a problem for western Sydney.

Mr Phillips: A hospital is never closed.

Mrs LO PO': Minister, the casualty and emergency services are closed to people, and I can give you chapter and verse. I can tell you about ambulance officers who have turned up there and have been turned away, and have had to take people to other hospitals. I would like to give just one example of what happened. I have copies of letters here, supplied to me by my office.

Mr Phillips: What was the outcome for the patients?

Mrs LO PO': Some of them went to Mount Druitt, which was very close.

Mr Phillips: The issue is did they get the beds or not?

Mrs LO PO': Let me press on. I have a letter here from a father whose daughter had a neck injury. When they arrived at the casualty ward of Nepean Hospital the father was told to get her out of the car. He said, "I cannot do it because I just do not have the strength, and she has, after all, a neck injury which is really important". There were no staff there to give assistance. He managed with a friend to get a wheelchair and get the child into the hospital. The neck brace was wrongly applied, so they ended up at Westmead Hospital. At Westmead Hospital there were six staff there to help the same person. I know, and the Minister knows, that the Wentworth Area Health Service is the most underfunded in this State.

Page 1504

Mr Phillips: How?

Mrs LO PO': It is the fact. I am just giving examples of how underfunding has resulted in fewer staff and even fewer services for the electorate of Penrith. I want to refer to another case, one of a young girl taken to hospital at midnight. By 5.30 in the morning she had received no attention. Her mother was distraught and called a nurse. A very overworked and very tired doctor told the mother to get her daughter on the trolley. The mother could not do that, so a nurse, who was pregnant and overworked, came to assist and together they

struggled to do it. That girl was given no medical treatment; no X-rays were ordered; no one realised that she was going into shock. They left hospital at 6 a.m., having been there since midnight. The mother contacted her general practitioner, who saw the child and found that she was in shock, was hyperventilating, had pelvic damage and, five days after the accident - when her mother came to see me - she still could not walk.

I wrote to the hospital administration about the matter. They were appalled that this had happened and were not aware that staffing that evening was so bad. The problem is one of staffing and what I am saying in this debate - I had intended to raise it in another forum - is that when a new hospital is opened, it must be able to be staffed. We cannot staff what we have, yet we are taking on even more beds. Waiting lists - everyone's favourite topic, of course - is another issue. Nepean Hospital was given \$3 million additional funding by the Federal Government yet there is absolutely no sign of improvement to show that the extra \$3 million has had any effect on waiting lists. The annual report of Nepean Hospital records a surplus of exactly \$3 million, which leads me to believe that not one red cent of that funding was used for the purpose for which it was intended.

That hospital has underspent its budget, following an example being set by the Minister. The Minister persistently underspends his budget - \$220 million of the Minister's money has gone back into consolidated revenue. I can only imagine it is for the Olympic bid or some such thing. Nepean Hospital does not have an oncology unit. People requiring treatment are sent elsewhere. A woman who needed oncology treatment was told that she would have to go to Westmead to obtain that treatment. Despite her constant pain, she was told that she is fortieth on the list. I cannot imagine that if any of us had relatives who were told that, we would be very pleased about it. The waiting lists are so shameful that some medicos are trying to coerce patients into going on to the private medical list. People are suffering pain, yet they have no dates for surgery. Our local newspaper does a very good job of monitoring what happens in the hospital. I will quote from an edition that refers to one woman's experience:

"I have called the hospital every week for four months but they can't tell me when I can have physio, only that I am not on the top of the list. I am in such pain that it is even hard to do everyday things. Some days it is so bad I can't get out of bed and all I want to do is cry". Being an invalid pensioner, the mother of four said that she could not afford private treatment and she would have to seek treatment elsewhere as she could not wait any longer.

And the Minister wonders why people like me are joining this censure motion! The next issue I want to talk about is transport. For some inexplicable reason the Minister cannot understand that transport and health services are not interlinked. I remember his classic statement that the women in western Sydney would be all right because there are services at Liverpool. In terms of population western Sydney is the size of South Australia. It is not possible for one service in western Sydney to service everyone in the area. The area has a huge population spread over a large area.

Mr Phillips: It is a service you did not have under your government.

Mrs LO PO': Let me tell you about the services we have. No radiotherapy services exist at Penrith. Therefore, people have to go to Westmead for treatment. This Government has absolutely no intention to give transport assistance. Therefore, when I receive a letter from someone who has to take a day off work in order to get an elderly mother to Westmead, and I write to ask if transport is provided, I get no response. Nepean Hospital does not have a dialysis machine at Nepean, so families have to take their kids to Royal Prince Alfred Hospital, with all the incumbent expense and inconvenience that is involved. But the Minister's greatest sin is his trendiness in only just discovering breast cancer. It is the flavour of the day for Ministers such as him. He has just discovered that it is trendy.

Mrs Cohen: That is a disgusting comment.

Mrs LO PO': It may be disgusting. I do not care that it is disgusting. The Minister has just jumped on the bandwagon. I received a letter from someone -

Mrs Cohen: On a point of order: what the honourable member for Penrith is saying is untrue. I

presented petitions to this House in 1988. I was working closely with the Minister for Health on the breast screening issue. What the honourable member is saying is untrue. Far from just discovering this issue, the Minister has been helping me put petitions to this House and to the Federal Government. I ask the honourable member to withdraw that remark.

Mr ACTING-SPEAKER (Mr Rixon): Order! It is not the Chair's prerogative to rule on whether the material presented is factual. The Chief Secretary and Minister for Administrative Services will have the opportunity later in the debate to refute the assertions if she so wishes.

Mrs LO PO': In recent days one of our brave surgeons in Penrith told the local media that women are choosing to have mastectomies rather than treatment. In the light of that comment I would like to quote from a letter from a very concerned person who says:

Page 1505

It is the reality that in the case of breast cancer women do choose mastectomies because there are no other treatment options, sometimes because diagnosis is left too late. Late diagnosis in many cases is a result of ignorance or of a possessive male partner who won't allow their female partners access to medical care -

That probably is the case in this woman's case:

- or perhaps overworked public health facilities alienate unempowered women. For other women mastectomy is the only option because they cannot be away from their children because there is no one to care safely for the children long-term. Chemotherapy and radiology treatments have side effects and require regular attendance at distant hospitals.

Who will transport the patient and how will the fares be found for the many changes of public transport required to reach the hospital? Who will feed the children at night when the mother is ill from side effects? How will the course of the chemotherapy be completed without this support? Mastectomy simply becomes easier.

The Minister said words to the effect, "We have something at Liverpool, therefore the women at Penrith should be well pleased". A cut lunch and a hurricane lamp is required to travel to Liverpool from Penrith without one's own transport. If one has toddlers or children and the journey has to be made within a specific time it is a difficult task, as the Chief Secretary knows. The Minister for Health, who has just left the Chamber, said things such as, "There will be transport. They can go over to Liverpool". For those who are not aware, breast cancer is the major cause of death for women between the ages of 40 and 60. Each year in Australia, with its small population of 18 million, 2,500 women will die from this disease and about 6,000 new cases of breast cancer will be diagnosed. That means that seven women died yesterday, seven women died today, and seven women will die tomorrow. Professor John Forbes of Newcastle University stated recently that only 10 per cent of those diagnosed will receive ultimate treatment; 90 per cent do not. I should like to quote from a letter written by one of our brave surgeons in Penrith:

There is certainly a major problem in regard to the provision of breast services in our local area. There is no provision at present for a static assessment screening unit in the Wentworth Area Health Service, which will mean that we are the only area health service without a static screening and assessment unit.

We are still plagued by the lack of mammographic facilities and the ability to get mammographic localisations and so on performed in Nepean Hospital, with patients having to go outside to get these procedures performed. Additionally, we have no full-time oncological staff at present.

Mr Humpherson: Who wrote this?

Mrs LO PO': The doctor. I am quoting from a doctor's letter. It continues:

We, in fact, need our own oncology department and, equally, our own palliative care unit.

The Penrith area does not have a palliative care unit. People take their relatives home to die. In other areas of Sydney people do not have to do that. Penrith does not have a detoxification unit, which it has been requesting for some time. If the Minister is hurt, upset and concerned that all honourable members are joining in this censure motion, the reason is that there is not much in the Wentworth Area Health Service for which I can praise him, except for a new hospital that does not seem to be able to meet the needs of the people and does not provide the required services. Apparently the Minister is concerned that this censure motion is taking place, but he should not expect people like me, representing an area that does not have these services, to sit quietly by and let him get away with it. His grandstanding about what he is doing for western Sydney is simply that: empty words and no action. I support the censure motion.

Mrs COHEN (Badgerys Creek - Chief Secretary, and Minister for Administrative Services) [10.45]: Before I am distracted I should like to answer the honourable member for Penrith. Strangely enough, I would never have become the slightest bit interested in the politics of this State without the help of the honourable member for Liverpool, who was the Labor member for Penrith and Minister for Health at the time. While he was the honourable member for Penrith, Nepean District Hospital was trying desperately to be upgraded from district status to teaching hospital status. He unequivocally denied the need and the right for the upgrade. I well remember the services at that time because I had young children and I knew well the difficulties of obtaining medical treatment for them.

Not only did he deny the need in western Sydney and in Penrith, but he also denied the need in southwestern Sydney. Can anyone possibly imagine that the honourable member for Liverpool would, when he was in the most powerful health position in the State, deny that Liverpool Hospital had any future need to become a teaching hospital - I think he actually recognised it on the eve of the 1988 election, if I remember correctly. He gave no such recognition to the status of Nepean Hospital, denying that either of those hospitals had any need to become teaching hospitals. What the honourable member for Penrith has been talking about is the difficult transition period when a district hospital transfers to a teaching hospital. She has listed every possible service known to man and complained that we do not have them all. She forgets that for many years, and long before her time, those two hospitals were confined to district hospital status when none of the services she mentioned existed; certainly many of the services that we have now were not in existence.

I should like to read out a list of new services that have been introduced to Nepean, after I have dealt with the breast screening issue. It sickens me to hear what the honourable member has said about breast screening, and it particularly sickens me to hear the comments made about the Minister for Health. I will tell the House why it sickens me. For years I have been collecting petitions and sending them to the Federal Government in an endeavour to have breast screening made a Medicare rebate item. The honourable member for Penrith says that we have no mammography screening. No, we certainly have had no such thing until recently because the Federal

Page 1506

Government, for some reason or other, felt that it was an unnecessary service for women. That service is still unrebatable under the Medicare Act unless one has a symptom or a history of the disease in the family.

I should like the honourable member for Penrith to know that not only do we now have the screening program in Penrith, which has just completed its first screening and moved to Mr Speaker's electorate, the Hawkesbury - it will return to Penrith for its second screening later this year - but Penrith also has some very highly trained specialists in mammography practice. Those services are not accessible to the people the honourable member for Penrith is talking about because mammography is not a Medicare rebate item. Women not at risk have to find the \$80 or the \$100 to pay for the service. The mammography screening program in this State is ahead of any other screening program in Australia. Screening vans are in western Sydney, southwestern Sydney, the North Coast and the central area of Sydney. A new women's hospital is being established with a special unit for breast cancer and the Government has allocated a research grant for breast cancer. No Minister in the States of Australia has genuinely done more for the treatment of breast cancer.

The honourable member for Penrith may also be fascinated to know that before any State can proceed with

a screening program, its programs and services have to be accredited by the Commonwealth to ensure that the services match Commonwealth demands. This Government has moved as fast as possible. New South Wales has screened more women for breast cancer than any other State. It has provided more mammography screening than any other State. I challenge the honourable member for Penrith to speak to her Federal Minister for Health. If she really wants equity and justice for the women of this country with breast screening services, I strongly recommend that she persuade the Labor Party to ensure that mammography screening becomes a rebatable item on the Medicare rebate list until sufficient mobile vans are available to screen every woman in this country. The honourable member's comments in that regard were so far off the mark as to be abysmal.

I turn now to the motion. Not one person who has spoken in this debate has touched on any of the critical items. Medicare was introduced as the answer to all our ills. I remember the Medicare debate and the warnings that were issued at the time. When Medicare began it was intended and was promised to fund 50 per cent of the New South Wales health system at a time when the population of this State was small and diseases were fairly traditional. Health problems such as AIDS, hepatitis A, B, C, D and whatever else we are up to, were unheard of. That commitment was made by the Commonwealth to the State. It was down to 40 per cent in the early 1980s and it is now down to about 34 per cent. That huge drop in funding to a rapidly growing State combined with a drop in private health insurance coverage from 75 per cent of the population on an average to 25 per cent - in my area it is 15 per cent - shows a vast shift in demand from the private sector to the public sector.

Consider also the ageing population and rapidly developing technology. This year \$1.4 million - I am working from memory - was spent on heart and liver transplants alone. The figure does not cover joint replacements, hip replacements, ultrasounds, new developments in community health, mammography screening and services in the rapidly changing and demanding health portfolio. The Commonwealth has saved money by cutting back on allocations to the States. The State has developed a health budget of \$5 billion and the resource allocation formula.

The honourable member for South Coast spoke about where resources go and where they should go. In western Sydney the question has changed from whether we should have any services to how many services we should have. The honourable member for Penrith amply illustrated that. When the Labor Party was in government the question was not even asked. The development of a resource allocation formula for the first time puts health resources where they are needed, not where one thinks they should go for political purposes. I was upset to hear the honourable member for South Coast imply that health decisions were political decisions. If the Government is making political health decisions, I am afraid the Minister has lost track of his seats.

If statewide services, new services and new works are political decisions, the Government is in trouble. Works are ongoing at St George, Tweed Heads, Wagga Wagga, Concord, Balmain, Royal Prince Alfred, inner west, Bankstown, Lidcombe, Auburn, Liverpool, Prince of Wales, Maitland, Orange and Kirkbride hospitals. That is hardly a list of Liberal seats, but all those areas are in need. Multitudinous services exist in the greater west. The honourable member for Penrith stated what we do not have, but what did she say about what we do have?

Works are in progress to upgrade Nepean Hospital to teaching hospital status. That will be completed in 1994-95 at an expected cost of \$88 million. The honourable member for Penrith said, "We have no money to fund the services". I have news for the honourable member for Penrith. It is not much good funding the services until the buildings are built, and it is extremely difficult to start services until people have moved into the building. There is a Tresillian Wentworth family care centre at Nepean Hospital. The honourable member for Penrith asked what women do when they have to leave their children to have treatment for breast cancer. I strongly recommend that she get in touch with the Tresillian Wentworth family care centre. I am sure that centre can provide her with answers.

Nepean Hospital has a new psychiatric unit. The honourable member for South Coast was critical of mental health care. For the first time western Sydney has a psychiatric unit, a neonatal intensive care unit, and a child care centre. The area has an enormous population. The Blue Mountains hospital has a new maternity

unit and a high dependency unit. That hospital, which previously catered for 45 maternity patients a year, now caters for 500 a year. In
Page 1507

southwestern Sydney Liverpool Hospital has been upgraded from district hospital status, providing basic services, to teaching hospital status.

The services mentioned by the honourable member for Penrith are services that are provided in a teaching hospital complex. It may surprise the honourable member to know that no health service in this country can provide every service at every hospital. It has never happened, and it will never happen. It is a financial impossibility. The issues of women's health and mental health have been discussed. Women's health goes far beyond cancer screening. It is extraordinary that criticism is heaped upon the Minister for Health when he has been mentioned as having done more than any other State Minister for Health.

The chestnut of accident and emergency services at Nepean Hospital was raised. Once again, the honourable member for Penrith was less than upfront and honest. She must be totally unaware of what is going on around her, because a completely rebuilt accident and emergency care service is about to open at Nepean Hospital in three to four weeks. It will provide child care services, rooms for families to be alone with their children, quiet rooms, 24-hour services, care by doctors, and a totally new self-contained facility. The honourable member for Penrith made no mention of that. I am surprised she has failed to notice it.

The accident and emergency service at the hospital best illustrates a total failure to move all medicine into the public sphere. The accident and emergency services in our hospitals are rapidly becoming the general practitioners' clinic. The majority of cases in any accident and emergency centre should not be in that centre; they should be at the local 24-hour clinic. People do not go to the local 24-hour clinics because they do not like them. They never see the same doctor twice; there is no patient-doctor relationship; they have reached the stage where they would prefer to go to their local hospital and wait. There are so many colds, cut fingers, sore knees and viruses that a genuine emergency patient is naturally elevated to the head of the list. Therefore, chances are that patients attending an accident and emergency service will have to wait.

I hate to remind the House that this is nothing new. A perusal of speeches on health made in this House following Federation would reveal that people have been waiting in accident and emergency centres since the year dot. It is extremely difficult to control how many emergencies occur at a particular hospital at any given time. Modern cost structures make it difficult to have enough staff on call to have everyone in and out in five minutes. One of the other problems we face in the health system is GP services. People are either in 24-hour clinics or in solo practice. I ask the honourable member for Manly whether he, as a general practitioner, operates a 24-hour service. I am sure he will answer categorically, "No". I would then ask him where he sends his patients when he goes to bed or to the Parliament. I am sure he would reply, "Manly District Hospital accident and emergency centre". He might wonder why that service is full of people who should perhaps be attending their local general practitioner. The honourable member for Penrith mentioned dialysis machines. One would never stop criticising hospitals because every hospital cannot have every facility.

As a hospital progresses from district hospital to teaching hospital the point will come where dialysis machines, heart-lung transplant surgery and every possible health service known to man are not available. People have always travelled to major centres, and probably they always will. I am disturbed that the Minister has been the subject of this motion, not only for basic health reasons. The total health budget has increased every year that the Government has been in office. The magic ring around teaching hospitals used to be nine kilometres from the centre of the city, and everyone could travel east. That does not happen any more.

Opposition members believe that everyone should have access to the public health system, regardless of facilities or provision of Federal funding. Whether it can be done is irrelevant. One would think they would be absolutely determined not to waste money on frivolous things, that they would look at all the legislation that comes into this House, assess it and make reasonable decisions. That is what I used to think, until the Government Cleaning Service legislation came before the House. The honourable member for Bligh would well remember it. I offered the Independents the contracts; I offered them the documents; I offered them the

proof. What did they do? They voted not to save \$250 million over a five-year period - that is, \$50 million a year. That would buy a lot of health and education services.

If those opposite can so casually and easily throw away that amount of money without consideration, they should reconsider the motion of the honourable member for South Coast. They have not done it once; they have done it on many occasions. The attitude seems to be - I have heard the honourable member for Manly say it often - that money is not the question. I have news for the honourable member for Manly: money is exactly the question - where it should be spent, how it should be spent and who it should be given to. That is what this motion is about. The honourable member for South Coast wants his cut of the cake. If he does not get it, there will be a censure motion. I thought better of the honourable member for South Coast. I have never heard him threaten anyone in this House before, nor have I heard him suggest a deal - and this sounds like a deal to me. The honourable member for South Coast disappoints me more than I can say.

Ms MOORE (Bligh) [11.2]: At this late hour there is not time to refer to the Government Cleaning Service legislation, nor is there time to talk about Thatcher's Britain and what is happening in the United States of America. The Chief Secretary and Minister for Administrative Services is walking out of the Chamber, but they are the policies her

Page 1508

Government is pursuing. I support the motion of the honourable member for South Coast to censure the Minister for Health. The situation the honourable member for South Coast has described in his electorate is deplorable. He has detailed tragic personal circumstances of his constituents who have a desperate need but do not have access to public health services. I believe the honourable member for South Coast. He is a man of honesty and integrity who has been fighting for the battlers of this State for 20 years.

At the same time, I like and respect the Minister for Health. He is a hard-working Minister who is passionate about his portfolio. But the community did not elect me to this Parliament to play a cosy little support role for the Minister for Health. I was elected to fight for the maintenance of basic government services, such as adequate health services. I reject the Minister's claim that the honourable member for South Coast is grandstanding. He has to go feral to get action about the deplorable situation in Shoalhaven. I will support him. In doing so, I will also deal with major health concerns I have in my electorate that also have State significance.

Funds are being moved from the eastern Sydney area because it is regarded as a low growth area to areas designated as high growth areas. Honourable members have heard a lot about that tonight. I will put the other side of the coin to the House. Money is being moved out of my electorate, yet it encompasses a range of serious and increasing health needs. The aged population is increasing, there is a continuous flow of homeless youth and people with problems of drug and alcohol abuse. One only has to pick up a daily newspaper to read about my electorate, whether it be Darlinghurst, Kings Cross, Woolloomooloo or Surry Hills.

The Bligh electorate has a disproportionate incidence of breast cancer, and more than half the people in Australia diagnosed with HIV-AIDS live in the eastern Sydney area. My electorate also has the largest number of mentally ill people in the State. I expressed concern some years ago about the planned transfer of funds from the area, which has intense and complex needs, when I was briefed by Professor Peter Baume and the Eastern Area Health Board. The problems in my electorate are of statewide significance. The local community has to pick up the tab.

I would like to speak on the appalling situation of people with mental illness and the impact of government policies on both the mentally ill and the communities in my electorate. Surry Hills is facing an overload from the influx of people with mental illness who were previously cared for in institutions. The Surry Hills community tolerates diversity, and many marginal groups have been accepted as part of the fabric of the area. But there are limits to the tolerance of a caring community - and these limits have been passed. I am grateful that Burdekin documented the inadequate resourcing of community care and treatment for people with mental illness. He documented the situation that we in the inner city regularly face on a day-to-day basis. He found that resources were poorly distributed and that people with mental illnesses were often shipped out of their

community to areas with better mental health services. Surry Hill does not have those mental health services, but it has had to pick up the tab.

In Surry Hills there are 15 institutions in four blocks, accommodating up to 220 people each. These welfare support facilities, which are not mental health facilities, are operating as de facto mental health institutions. In Foster House, a Salvation Army service, between 50 and 60 per cent of the clients have a mental illness. A survey conducted by St Vincent de Paul in October 1993 found that between 25 and 50 per cent of its clients had a mental illness. I shall quote from a letter I received a couple of weeks ago from a Surry Hills resident. The letter stated:

The policy of this State Government towards the mentally ill is culpable. What sort of Government evicts the mentally ill from a hospital environment, throws them on the street, replaces their mentally ill label with a new one styled "homeless" and then expects welfare institutions like the Salvation Army to administer care which has nothing to do with psychiatric training?

People with mental illness living in Surry Hills are not taking their medication. They are not being properly monitored. They are mixing their medication with alcohol, which is a lethal combination. It destroys them physically and contributes to dangerous behaviour. There are regular reports of violence and threatening behaviour, of residents not being able to walk up and down their street, and of children on their way to school being attacked by people on crutches. Parents do not like to let their children walk to school any more. The local community also faces anti-social behaviour, such as people defecating on their doorsteps - in Surry Hills people regularly sweep faeces off their doorsteps - and sex acts being performed in the local parks. When people take their children to a local park, when they are not stepping over needles they are facing someone who has broken a bottle and is accosting them.

I attended a meeting at Sydney Town Hall on Monday night. The chamber was full of residents, particularly members of the Chinese community and residents of west Surry Hills, who have had enough. This very large unprecedented meeting in the new carved up city council area was to do with a Salvation Army development application - normally something that is easily accommodated and welcomed in the inner city area. Residents in that area cannot handle any more. I do not believe that this Government should continue to shelve its problem by funding charities to create more beds for the new homeless in overburdened inner city suburbs. Burdekin found that the absence of suitable supported accommodation is the single biggest obstacle to recovery and effective rehabilitation. I have great respect for the mental health crisis team and the large number of other services that provide support for people with mental illness. However, these services are not adequately funded. Indeed, at the estimates committee I asked the Minister to explain the extremely low expenditure on mental health.

Burdekin documented the failure to transfer funds from expensive in-patient psychiatric institutions to community mental health services. He described funding for mental health research in Australia as woefully inadequate. He recommended that general funding for mental health research in Australia should be increased over the next five years to 2 per cent of the direct costs of psychiatric care. He said that this cost should be shared by the State and Commonwealth governments. Tonight I listened to the Minister describing his vision for the mentally ill and referring to the initiatives that this Government has implemented. I cannot reconcile his vision with the Burdekin report. In October last year Burdekin was scathing about the appallingly inadequate and unplanned services for people with mental illness.

Mr Phillips: Read the report.

Ms MOORE: The Minister's rhetoric, which I listened to tonight and which I am still listening to, does not match the reality. The Minister should visit Surry Hills; he should come to the coalface to see what it is like. The people in Surry Hills cannot cope any more; nor can the Salvation Army or St Vincent de Paul. The Minister described the new services which his Government has funded, but I despair of hearing about more beds or acute care facilities. Burdekin criticised the allocation of funds to hospitals and institutions. The money should be spent on community health services, on planning and on integrating health and other services to meet

the needs of individuals with mental illnesses.

Only last week I attended another meeting concerning this issue; but this time it was with Department of Health tenants in Surry Hills. A senior officer from the Department of Health told that meeting that the department does not establish whether a person is mentally ill before he or she is given accommodation. Generally, a tenant gets help only when a neighbour intervenes. My constituents have witnessed neighbours setting fire to their flats, screaming and behaving violently. They are often forced to wait for hours for community health services to deal with a next door neighbour who is mentally ill - a person who has been dumped by the system. It is not good enough to dump the mentally ill in crisis accommodation, in boarding houses and in Department of Health accommodation in Surry Hills. It is unconscionable. In fact, I believe it is a scandal.

I would like to refer also to services for the aged in the inner city, which has a significant ageing population. According to the 1991 census, 13.1 per cent of the population in Bligh are over the age of 65, compared with the State average of 11.9 per cent. The Eastern Area Health Service predicts further increases in the number of older people. By the year 2001, 15.5 per cent of the population is expected to be 65 or over. Adequate and appropriate care services are needed for the aged in Bligh. Their needs have not been acknowledged. What has been the Government's response? The Prince of Wales and Prince Henry hospitals have been reorganised. The nursing home at Strickland House has been closed. The Dickinson unit at the Prince of Wales Hospital is now under threat. That unit, which provides specialist geriatric care, is particularly important for older people requiring a longer stay in hospital before returning home or moving into a nursing home.

What has happened? There are plans to demolish the Dickinson unit buildings. It was believed that the 29 beds and the specialist unit would be relocated intact. Demolition was scheduled to commence in April. There were no guarantees as to where the beds would go. Clearly, if the beds are to go to a number of hospitals, staff in this important specialist unit will be broken up and the high level of geriatric care expertise will be lost. It took the mayor of Waverley to organise a meeting to defer that demolition. The Minister should not break up that unit; he should transfer it intact to another hospital. My constituents are also concerned about plans to site aged care facilities at Prince Henry Hospital. They have asked why aged care services should be the only services to be excluded from the range of specialist services which will be available at the Prince of Wales Hospital.

I have also raised with the Eastern Area Health Board the problem of transport for the aged. Older patients tend to have older visitors, whether they be spouses, relatives or friends, and older people normally depend on public transport. It is difficult for people in the eastern suburbs to gain access to Prince Henry Hospital. I call upon the Minister, as I did the board, to ensure the establishment of essential transport services. This increase in the aged population is placing other demands on health services - demands that are not being met at present. We need respite care and day care services to give a break to those caring for the frail aged. Our health system is heavily reliant on the work of home based carers, and we must take into account their health needs. This, of course, will be an ongoing challenge for New South Wales. I do not believe that unpaid labour should be taken for granted; carers should get the support they deserve.

I would like later, if time permits, to refer to a petition on services to the aged that I have presented to the Parliament. However, I would like now to talk about two other important issues. The electorate of Bligh has the largest number of people with HIV-AIDS in this State. Approximately 51 per cent of people diagnosed with HIV-AIDS reside in the eastern area of Sydney. We must provide essential medical and hospital services for those people on an ongoing basis. In 1991 and 1992 I lobbied for desperately needed beds for people with AIDS at St Vincent's Hospital. At that time people who were seriously ill with AIDS were put in beds in noisy, overcrowded casualty wards. I acknowledge and appreciate the interest then shown by the Minister for Health, who visited the casualty wards late at night to determine what was happening, because the situation became so bad.

I made strong representations to the Minister, to the former Premier, to the director of the AIDS bureau and to the chairman and chief executive of St Vincent's Hospital, and funds were allocated two years ago - in April 1992 - for six acute beds. St Vincent's Hospital was allocated \$500,000 for the set-up costs of those beds, but it spent the money relocating vascular beds. Two years later the six additional AIDS beds were temporarily located on another floor. How long do we have to wait for the completion of ward 17 - a ward that is desperately needed in that area? I have not had time to deal with all the issues of need in the inner city area, but I would like to refer to a matter that has been discussed by many honourable members tonight: breast cancer.

Cancer is the second most common cause of death among women in my electorate. Breast cancer is responsible for 16 per cent of all cancer deaths. It is the twelfth most common reason why women in my electorate go to hospital, compared with a ranking of 33 throughout the rest of New South Wales. During the estimates committee hearing I questioned the Minister for Health about funding for psychosocial support for women with breast cancer. I am still concerned about the adequacy of funding for this essential service, and I ask the Minister to ensure that adequate funds will be made available. The number of participants in the debate tonight and the number of vitally important issues that have been raised indicate how important the health question is to members of this Parliament and to the New South Wales community. One good thing will come out of this debate. I appreciate it is difficult for the Minister for Health, who, as I said earlier, is hard working and conscientious, but at least he will be able to show to his Cabinet colleagues that he has a solid basis on which to argue during budget discussions for additional funds -

Mr Phillips: Why does the motion not address that matter?

Ms MOORE: I am dealing with the matter before the House, which is the only matter I can deal with. This debate was needed; the matters that have been raised are of vital importance to the people of New South Wales. I hope that as a result of this debate more funds will be made available for essential health services for the people of New South Wales.

Mrs SKINNER (North Shore) [11.19]: This is the first time I have spoken in this House since I made my maiden speech. I have to say that I am appalled at what I have seen as political opportunism by honourable members opposite. They are using a motion for the censure of a Minister - I cannot think of anything more serious - to raise matters that are of particular relevance to them and not applicable to the motion. This is indicative of the position of the Independents, who will never be in a position of a Minister responsible for the global delivery of health services to the State. I have great pleasure in speaking on behalf of the Minister on this occasion because of the work I did for the Minister in the youth health area in a previous occupation. For the information of the House, I chaired a youth health policy task force for four years. For the last two years of that period the present Minister was responsible for the health portfolio. That youth health policy was the first of its kind in any State of Australia. In fact, the Commonwealth is adapting parts of it into its children and adolescents health policy.

Other States are now developing youth health policies. Health professionals from New South Wales, in particular from the Drug and Alcohol Directorate, have informed me that when they were talking at United Nations health forums they were commended for the health policy and were told by people who saw the policy document that it was the first time they had seen a youth health policy of its kind anywhere in the world. The Minister has taken that a step further and very soon an implementation plan will be released on that policy. That plan was developed by the committee that I chaired on behalf of the Minister. It involved health professionals from within the health portfolio and, at the Minister's insistence, people from area health service boards representing the regional providers, representatives from the adolescent health workers associations, community workers, and doctors specialising in adolescent health from Camperdown. They worked collectively as a team to develop an implementation plan for the policy.

When the Minister became Minister for Health I took it upon myself to seek his guidance on how he wanted the plan to proceed. In the first instance I needed to know whether he wanted it to go ahead at all and, if that were the case, the way in which he wanted us to proceed. I took with me health worker, Dr David

Bennett, who has worked with the committee from start to finish. The Minister assured us that he wanted the plan to proceed but that he wanted to increase the membership of the committee to allow for community consultation. The plan was produced in draft and then sent out to the broad community for consultation. It has been out for nearly nine months, and there has been extensive comment back. Included in the comment, as was included in the comment when the draft policy was released for comment - this Government and this Minister are committed to consultation - were statements such as "It is about time", "Fantastic" and "Youth health has been an ignored area for a long time". It is highly commendable that the Government introduced the policy. The same comments came back about the implementation plan. All the comments have been taken on board. Suggested changes were implemented if the health professionals believed they were appropriate. In cases in which the changes were not believed to be appropriate the comments were provided in the recommendations and the reason for their not being included was also provided.

In my previous job I spent a lot of my time working with young people in consultations throughout New South Wales. In 1989 there was consultation in the Illawarra. In 1990-91 the 11 local
Page 1511

government areas of western Sydney were consulted, so I understand the scope and size of that part of the world. The next year it was in the Hunter and the Central Coast. Last year it was on the far North Coast, and that consultation is currently proceeding. Young people consulted have the opportunity to raise issues of concern to them. Health matters raised were accommodated in the process of developing the youth health policy, and later the youth implementation plan. I cannot think of a procedure or process that has had broader input from the consumers themselves, young people. I have also visited - on occasions with the Minister and on other occasions by myself; and on other occasions revisited - the specialist youth health services that are provided at Cellblock Youth Health Centre in Glebe and at the Warehouse Youth Health Centre at Penrith and at Parramatta. I notice that the honourable member for Penrith did not mention anything about that fabulous service.

The people who provide the services in those centres would not necessarily be of my political persuasion, but they all unreservedly support this Minister and this Government in their provision of services for young people. It is an international first, not just a first in Australia. There are outreach programs as well as the specialised centres which are designed to provide services which meet the particular needs of disadvantaged young people. They include mobile services with buses that provide tests, treatment, preventive health programs and so on. Some of the issues involved in youth health are very much about prevention.

Another reason I am very pleased to rise to the defence of the Minister is that I have heard him say time and again that prevention is the answer to our health problems. I cannot think of an area where that is more true than in youth health, with drugs, AIDS, HIV, and the associated risk factors for young people, smoking and underage drinking. I refer to a document which was released last week - which was Youth Week, another initiative of this Government. Funds for Youth Week were partly provided by the Drug and Alcohol Directorate, which comes under the Minister's portfolio. The theme was "Drink-Drunk - The Difference is You". The program is targeted entirely at raising awareness among young people of the dangers of drinking and driving and the dangers of underage drinking. I have also had the privilege of chairing a standing committee for the Chief Secretary on underage drinking, which included representatives from the Department of Health, who are always willing to work with other government agencies. Some excellent programs have been put in place by the Government with the assistance of people from the Minister's portfolio and with the Minister's endorsement.

During Youth Week the New South Wales Youth Affairs 1993 report was released. It identifies some of the things that have been happening in the youth health area. The general State youth policy and the youth health policy refer not just to health but to the health and well-being of young people - a distinction insisted on by the Minister. The report has been praised by a variety of people who attended a forum in the Parliament House theatre last week, including youth workers from all over the State. The report states that agencies such as health, transport, education, community services, Premier's, Chief Secretary's and Attorney General's have all been working in this area, at the Minister's insistence and at the insistence of other Ministers. The amount of \$26 million of the youth budget for 1993-94 is allocated to 27 health and well-being initiatives for

young people. The Government produces a youth budget as part of the Treasury papers each year. The money is broken down into different areas of spending. Twenty-three Acts of the New South Wales Parliament specifically affect young people. This shows the kind of analysis that goes into the area. Nothing like this was ever done by the Labor Government. I have not heard any of the members from the other side who spoke tonight utter concerns about the delivery of health services to young people.

Minister Phillips not only talks about these services; he acts and provides them. I am proud to talk about these programs because the world should know about them. Many young people applaud the initiatives of the Minister. Two key initiatives developed during the year are the draft youth health plan - to be released next week - and a youth alcohol strategy - released by the Drug and Alcohol Directorate. That strategy was developed with input from young people. The New South Wales Youth Advisory Council, established by an Act of Parliament with bipartisan support, assisted the Drug and Alcohol Directorate in the development of the youth alcohol policy to which the strategy relates. Young people - some as young as 14, 15 and 18 years of age - acted as facilitators at a forum which included 50 young people some of whom had involvement in treatment and rehabilitation for alcohol problems. One such person, a year 11 student, is still a representative on a ministerial committee.

That is the kind of commitment that this Minister, and this Government, have to involving young people and consumers and consulting with them when initiatives are being designed to meet their needs. I am happy to make available this report so that people can be better informed about the extent of youth services provided by the Government. The report identifies specific evaluations in relation to youth health services which were designed to ensure the efficient and effective use of resources in meeting the needs of young people.

Agency plans in relation to youth health for 1994 are identified in this report, including the launch of the plan. All area health services, including those in rural areas, will develop their own plans based on the needs that they determine are applicable for the young people in their areas. This Government does not dictate what must happen in different regions; it allows the service providers to assist in the identification of needs. The Government requires regions to develop their own plans and to put into place services for young people. Consultation is required. The plan includes strategies and desired

Page 1512

outcomes. It has a time line and will be evaluated in terms of performance. It will provide accountability, and all members of this House will have an opportunity to measure how well the Government is performing in the provision of health services for young people.

I refer briefly to women's health, an issue in which I have a great deal of interest. I am pleased to inform the House that I am a member of the North Sydney Breast Screening Program Committee based at the Royal North Shore Hospital. That committee comprises councillors from local government areas in the northern region, the Hon. Patricia Forsythe - a member of another place - and the Premier's wife. Its membership includes people of Labor as well as Liberal persuasion. The members are working together in support of a wonderful program, which was launched by this Minister and revisited by him on occasions. I visited the clinic with him on one occasion. The people running that breast screening clinic cannot speak too highly of the Minister. They have spoken to me about him.

That breast screening program sets for itself an enormously high target in terms of the number of women in the northern area health region it wishes to screen in a 12-month period. At the last committee meeting I was informed that the clinic had screened more than half its target number - in such a short time frame. The committee is confident that the clinic will screen more than its targeted number. That service is fundamental for the health of women in New South Wales. I was incensed at the remarks of the honourable member for Penrith, that this was a Johnny come lately issue for the Minister. Nothing could be further from the truth. The fact that these services are up and running is proof of the Minister's continued commitment.

The high regard that I have for the Minister for Health has come about because of my involvement in youth health in particular. The reputation of this House is not enhanced when its members raise parochial issues under the guise of a censure motion against the Minister. It is proper for honourable members to

represent their electorates, and I certainly would lobby for services in my electorate. The honourable member for Bligh recently stated that the Minister is doing excellent work. How hypocritical can one get? This motion is inappropriate, given that this State has raised health spending to a record \$5 billion this year, a 7.7 per cent increase on last year.

The Government has put health in the forefront of priority issues for spending and attention. The Minister for Health has carried that program forward, and I am sure it will continue in the next budget. The comments of the Deputy Leader of the Opposition about the reduction in spending were absolutely outrageous. I only wish the media had been present to hear the lies that were told. Health spending has increased to a record \$5 billion this year. It is appalling that this House is being asked to censure a Minister who led the push for priority to health services in New South Wales.

Mr CRITTENDEN (Wyang) [11.38]: Before I commence my speech I wish to address the comments made by the honourable member for North Shore. I found it amazing that she should talk about political opportunism, given her stand on the heliport legislation. I realise she is a new member, but I inform her that there is a procedure that could have more grave consequences for the Minister than a censure motion, and that is a motion of no confidence. And many honourable members in this House believe that the Minister for Health is well on his way to facing such a procedure. The Minister claims a proud record of giving to Wyong hospital a maternity sign and a maternity ward building. It is a pity that his Government does not give Wyong hospital what is needed by the hospital and the people of the Central Coast - the funding needed to use this building. This matter was before this House as long ago as 5 March 1992 when the Minister stated that he would provide recurrent funding for stage two of Wyong hospital. At the opening of stage two of Wyong hospital in July 1992, and as recently as 20 December 1993, through the Parliamentary Secretary to the Minister for Health, that promise was reiterated.

Mr Phillips: It was \$30 million a year.

Mr CRITTENDEN: The Minister was right about one thing: he was certainly correct on 5 March 1992 when he said that a sum of \$30 million is required to provide the recurrent funding for stage 3 of Gosford hospital and stage 2 of Wyong hospital; he simply has not provided the money, and that is why the birthing facilities and delivery suites at Wyong hospital are not being used. The sign is there, the building is there; only the obstetrics staff to make use of the building are not in place. The Hon. Dr B. P. V. Pezzutti, the Parliamentary Secretary to the Minister for Health, wrote to me on 20 December 1993 after a Wyong councillor had requested that the maternity sign be taken down on the grounds that it was a lie to advertise a maternity facility at Wyong hospital when such a facility was not operational. The Hon. Dr B. P. V. Pezzutti replied:

The maternity signs have been placed in the campus to indicate the location of the Maternity facility. While there is a Labour Ward facility at Wyong which is not yet operational, there is a functioning Post-Natal Ward.

He continued:

The signs thus currently fulfil the role of providing guidance to customers to the Post-Natal Ward and in case of emergencies. The Obstetric service at Wyong will become fully operational in the near future, when appropriate support services, particularly another anaesthetist and obstetrician, are in place.

The Hon. Dr B. P. V. Pezzutti wrote that the obstetrics service at Wyong would be fully operational "in the near future", but we are now rapidly heading towards the middle of 1994 and there is nothing to show.

Mr Phillips: We need the money for ambulances.

Page 1513

Mr CRITTENDEN: I shall come to that matter shortly. That a Minister who apparently had no intention of providing the necessary funding could have the hide to tell us at the opening of stage two of Wyong

hospital, in July 1992, that that was "a prime example of his Government's unwavering and strong commitment to health services on the Central Coast", is beyond the comprehension of any reasonable person. The Minister also said at that time that he would provide \$13 million in recurrent funding to ensure that stage two of Wyong hospital would be up and running. He did say that he could not get everything on line by calendar year 1992 but would get 85 per cent of it on line. The obstetrics facility at Wyong hospital is an integral part of stage two of Wyong hospital. The birthing suites and delivery rooms simply are not used, they have not been used. The Minister knows that to be the case.

If this is the way in which the Minister for Health fails to honour promises when his Government has a strong commitment, I would hate to have him making promises in circumstances under which he does not feel a strong commitment. The Minister is better at carrying out things he has not promised to do. He did not promise to close speech pathology units on the Central Coast, but he nevertheless managed to reduce those vital services; he did not promise to leave ambulance stations understaffed or completely unmanned, but time and again he has managed to do exactly that. The Minister is completely incompetent and he knows it. In the final wash-up in relation to obstetrics facilities at Wyong hospital the Minister reverted to consultants. We all know about Mr McKinnon and the Government's commitment to consultants and ensuring that they become part of the State Government gravy train.

The Walters report was, as one would expect - although some of us had hoped for a more impartial outcome - a publication that did not provide much joy to the mothers of the Central Coast, particularly those of Wyong shire. That report hung its hat on the fact that in the immediate environs of Wyong hospital there were open fields. It was also stated that if the obstetrics facilities at Wyong hospital were opened, they could not immediately be as good as those at Belmont. I am sure that when the Belmont facility was opened 25 years ago it was not as good as it is today. One has to start somewhere. The open fields in the immediate environs of Wyong hospital are, basically, open fields. However, 17,000 home sites will be developed on those open fields in the next five to 10 years - there will be a massive injection of population into the area. In other housing estates at Kanwal and Blue Haven of the order of 7,000 and 8,000 lots respectively will be developed.

The pathetic underbelly of the pathetic report is revealed when one disregards the subjective material and considers only the objective data contained in the report. The Walters committee relied on an obstetrician from Belmont, who had a vested interest in ensuring that an obstetrics facility remained at Belmont hospital, to provide a demographic analysis. All of a sudden an obstetrician became a consultant competent to analyse population trends. The obstetrician decided that the population of Lake Macquarie city was 120,000. That was not quite right. The Hunter Valley Research Foundation - a group that enjoys bipartisan political support in the Hunter - puts the 1991 population of Lake Macquarie city at 162,039. The Australian Bureau of Statistics projected that the 1993 population of Lake Macquarie city would be 173,610. In reality, the growth rate of Lake Macquarie city has been about 0.9 per cent. In Wyong shire even the most conservative estimates put the shire's growth rate at about 2.88 per cent. The obstetrician had to use a low denominator to make the growth rate of Lake Macquarie city look better.

The position becomes even more obvious on examination of Department of Planning figures. The Wyong shire birth rate per thousand population is 15.3 babies. In Gosford city the birth rate per thousand population is 14.9; in the Sydney statistical division it is 14.5; the State average is 14.8; and in Lake Macquarie city it is a pathetic 13.7. That is the consultant's report relied upon by the Minister and the basis upon which he is not providing funding for promises he made on several occasions. The plot thickens even further. Recently I ascertained that the Warners Bay private hospital is to obtain an obstetrics facility. Thirty per cent of babies currently born at Belmont hospital are born to mothers who live in the Wyong shire.

The Walters committee must have known about the Warners Bay obstetrics facility, but it made no mention of it. If one takes at face value what the Minister is saying, it is that Wyong hospital should not have an obstetrics facility where mothers can have their babies. The opening of the Warners Bay private hospital facility will have a significant impact on the Belmont public hospital and on John Hunter Hospital. Nevertheless, the obstetricians from Newcastle want to maintain the status quo. That is a worrying and sobering thought. Matters get worse. On 5 March 1992, when the Minister for Health made his old bull and

new bull statements about recurrent funding, I raised my concerns about what amounted to a proposal for horizontal integration of specialties in the Central Coast Area Health Service. At that time the proposal contained in a discussion paper canvassed the need for the establishment of clinical divisions in surgery, anaesthetics, accident and emergency, obstetrics, and rehabilitation and geriatric services. I said that the likely effect of the proposals contained in the discussion paper, if implemented, would be unfettered domination of Wyong hospital by Gosford District Hospital.

It is interesting I commented at that time that it was no coincidence that the specialists making the most noise about the proposal, the ones who were actively advocating it, did not want to go to Wyong. Those obstetricians, gynaecologists, surgeons and anaesthetists have no intention of ensuring that the specialist facilities to be developed in stage two of Wyong hospital will eventuate. The sad reality is that if the proposal were implemented, only 60 beds would be controlled from Wyong hospital after the

Page 1514

completion of stage two. That proposal never reached finality. We are now going out backwards. The Minister for Health is allowing a situation to develop in what his planning people have told him is a growth area that will lead to Wyong hospital being downgraded yet again. Unfortunately, the medical superintendent at the hospital, Dr Suresh Badami, resigned recently and the executive officer, Mr Jack Verhagen, has accepted a redundancy package.

In the next three or four years the population of Wyong will exceed that of Gosford city. Gosford District Hospital will be dictating the state of play and controlling Wyong to a greater extent than it has recently. That is most unsatisfactory. I have listened with great interest to the Minister when he has spoken about western Sydney, and I intend to address a few remarks about that region. As recently as 12 April the Minister answered what was allegedly a question without notice asked by the honourable member for Coffs Harbour about accident and emergency services at the State's hospitals. Among other things the Minister spoke about new emergency units established at Liverpool Hospital. That hospital may have a new emergency unit, but it is not providing a great service. Let me give honourable members an example of a person who died in suspicious circumstances.

On 27 February Mrs Molloy of Campbelltown was a patient at the Bigge Street Private Hospital. At 5.30 p.m. a paramedic ambulance was called to the hospital because Mrs Molloy had a suspected aneurism of the aorta following elective knee replacement surgery on Thursday, 24 February. At 5.55 p.m. on 27 February, Mrs Molloy arrived at the accident and emergency unit at Liverpool Hospital. At 8 p.m. members of the family asked for a provisional diagnosis, which I understand was not forthcoming. They then requested that the visiting medical officer responsible for assisting Mrs Molloy be brought in so that a diagnosis could be made. They were told that no VMO would be available until 9 a.m. on Monday, 28 February. At 10 p.m. Mrs Molloy was taken to the theatre and at 11.15 p.m. she died from an aneurism of the renal artery. When the VMO was called, he was prompt in attending and did a good job in the circumstances. After the death the surgeon told the family that Mrs Molloy had lost 4.5 litres of blood before he started to operate. During the operation six litres of blood were used in transfusions, but she was bleeding and losing blood faster than they could transfuse her.

The questions the family ask are: Why did it take 3¾ hours for the patient to be taken to surgery? Would the result have been different if the patient had got sick between 9 a.m. and 5 p.m. on a weekday? The question that I ask the Minister is what answers he can give to that family, which has lost a mother and a mother-in-law. At Westmead Hospital, in the western suburbs, it is true that ward C5A does a fantastic job for its patients. However, Westmead Hospital has many empty wards in which wonderful care could be given if the Minister would supply the staff for those wards. At Westmead Hospital one cannot see specialists such as urologists and ophthalmologists in the outpatients department for the next 12 months. That is the reality about the health system in this State.

The Minister for Health, on the occasion of his second anniversary as Minister, distributed many copies of a speech which opened and concluded with an acknowledgment that health was a basic human right. Traditionally in Australia that has meant that there was access to health care for all, not based on class, income or racial origin. Under the administration of this Minister one has the most patent symbol that all is not well, when public hospitals flagrantly charge people a few dollars to jump the queue before they can receive a basic

human right. That is symbolic of a system that is based on inequality. The public health system in New South Wales can produce glossy printed mission statements, objectives and management plans but is an overtaxed and underfunded public scandal. The Minister has presided over declining public confidence, reduction in services and a decline in morale. I, for one, have great confidence about fighting the next election on the Government's pathetic record in public health. Everyone agrees that public health is a basic human right. Let us hope that this right is extended to a few more people in New South Wales than those who enjoy it at present.

Mr COCHRAN (Monaro) [11.58]: I support the Minister for Health with a sense of pride in being part of a Government which has done more for community health, hospital services and health care in the Monaro electorate than did any previous government. The Government has a proud record for upgrading services, acknowledging the needs of the community and providing the services that people have long sought but which were not forthcoming under the administration of the former Labor Government. One can only suggest that there must be a motive for the honourable member for South Coast moving the motion at this time. The motion seeks to have the House censure the Minister for Health for maladministration. I cannot help but think that the honourable member may well have had in mind the agreement he signed with former Premier Nick Greiner in respect of matters that would guarantee his support for the Government, given its position following the 1991 elections.

Maladministration is the word that features in that agreement, though I have never had the opportunity to read it. It may be the hidden agenda of the honourable member for South Coast to try to use this motion for some subversive reason. He may want to move a motion of no confidence in the Government in the hope that he might force an election. One must give him the benefit of the doubt and say that that is not the reason. Has he moved this motion because he is genuinely concerned for the welfare of his constituents on the South Coast? Does he consider that the Minister, in his maladministration of the health portfolio, has not given them a reasonable deal?

Is the honourable member for South Coast attempting in some pious and sanctimonious way to portray himself as the conscience of the State in the hope that he will win sympathy at the next election?

Page 1515

I suggest that the honourable member for South Coast has brought this matter forward in a blatant attempt to secure points in his electorate to try to save his position, which he jolly well knows is threatened. The honourable member for South Coast is using this issue solely for his personal and greedy benefit. Over the past six years in the Monaro electorate, particularly under the administration of the present Minister for Health, the Hon. R. A. Phillips, the hospitals at Queanbeyan, Cooma, Bombala, Delegate and Braidwood have been significantly improved.

I refer particularly to the substantial improvement of Queanbeyan District Hospital in the following areas: upgrading wards, additional and upgraded obstetrics facilities, new day surgery services, a new diabetic clinic, improved meals for patients, a new methadone clinic, better mental health facilities, and a well-maintained and well-run drug and alcohol centre. They are improvements to one hospital, yet the honourable member for South Coast trots into the House and moves a motion suggesting that the Minister's maladministration has resulted in conscionable productivity cuts inflicted on health budgets. I have not heard anyone on this side of the House support that argument; I have not heard anyone from the Opposition who would genuinely support that argument. Under the directorship of Hope Marland, who is the chairperson of the Queanbeyan District Hospital Board, that hospital has gone ahead in leaps and bounds.

The honourable member for Coogee, who has been in this place for a fair while, is too dull to realise that he is on a good thing, and that health services have been improved and better managed than they were under the Labor administration up until 1988. We know, as does the honourable member for Coogee, that during those days funds were allocated to electorates where the Labor Government thought votes could be won. Funds were not equitably distributed, particularly under the administration of the honourable member for Liverpool. This procedure happened with the Labor Party in the past. It does not care for country people. Rural health services were never worse off than they were under the Labor administration.

If the honourable member for South Coast were to be honest, he would remember the days when the Labor Party was in office and he did not have the balance of power. Services in his electorate were run-down because he was not worth twopence in his representations in this House. That is why he now has a problem on the South Coast. An Independent without the balance of power or without the fortunate circumstances presently enjoyed is not able to represent the electorate. The honourable member for South Coast comes bleating to this House about insufficient funds to maintain health services in his electorate knowing damn well that the reason the South Coast has run-down health services is that he failed his electorate for a number of years when he did not have the balance of power. The honourable member for South Coast should come clean through the media and let everyone know that he failed his electorate.

Mr Hatton: It is a bit late.

Mr COCHRAN: It certainly is a bit late for the honourable member for South Coast. I have referred only to Queanbeyan District Hospital, but there is more. Volunteers who work in conjunction with the Queanbeyan District Hospital Board and others have been insulted by the motion of the honourable member for South Coast. Staff at these hospitals take a great deal of pride in the services they provide. They support the Minister. I have attended meetings of volunteers, members of the hospital board, those who support the mental health unit ARAFMI - Association of Relatives and Friends of the Mentally Ill - and others who understand that the cake is only a certain size and only a certain amount of funds are available for the State.

In order to drag the State out of the mess left in 1988, those volunteers and staff members are prepared to give a little. The honourable member for South Coast knows what the debt was at that time. If he had been a little more honest in his representation in this House over the years and had not spent as much time frustrating the Government pursuing its economic management, maybe we would not have problems. If he had been a little more generous from time to time and allowed the Government to govern in a more reasonable way without frustrating it, he might have been able to help himself. He certainly has not won any friends.

If the honourable member for South Coast wants to generate a little more revenue for industries of the State, he could support the timber industry more often. Has he considered that? Cooma hospital has benefited greatly from the administration of the Minister for Health. During the period of time that I have been the local member and Patrick Litchfield has been chairman of the board, Cooma hospital has proudly maintained a high level of service for Cooma and district residents. Recently the hospital has let tenders for the construction of a hydrotherapy pool. Its construction was never likely to have succeeded under the previous Government - it simply was not interested in health services in rural areas.

When the commitment was given in 1988 that the hydrotherapy pool would be built, Minister Collins honoured that agreement. As soon as the Cooma hospital board and the community raised the funds, Minister Phillips also honoured the agreement and the pool proceeded. There was no sign of maladministration or unconscionable productivity cuts inflicted on health budgets. In fact, if we go to the next point raised by the honourable member for South Coast about delays in accident and emergency areas, I point out that the accident and emergency services of Cooma hospital work overtime in winter. If the honourable member for Coogee cared to visit the western side of the mountains at least once in his life and if he came to Cooma hospital, he would witness, as would anyone else including the honourable member for South Coast, the excellent services that are provided for visitors to the snowfields.

Page 1516

If visitors are admitted to the Cooma hospital with a broken leg, broken arm or spinal injury, professional and competent people are there to accommodate them. The accident and emergency services section of the Cooma District Hospital has an extremely good reputation and the Minister has provided funds for an upgrading of those services. In recent weeks Queanbeyan District Hospital has received \$370,000 for the upgrading of services at that hospital. Certainly so far as the electorate of Monaro is concerned, little credence can be given to the motion of the honourable member for South Coast. I would have to question his motives in moving this motion at this time. He might seek to curry a bit of favour with the Australian Labor Party. Has the Labor

Party offered the honourable member for South Coast a ministry if it ever returns to office? Perhaps the honourable member for South Coast has decided to acquiesce in the demands of the ALP, rejoin his old party and return to his Teachers Federation days. Perhaps he is looking for the job of Minister for Education in some future government.

Mr Phillips: He could not take on the responsibility.

Mr COCHRAN: Of course he could not. The Cooma District Hospital continues to provide modern and efficient services to its patients. My constituents are proud of that hospital and look forward to the opening of the hydrotherapy pool in the not too distant future. Bombala District Hospital also is providing assistance to the aged, providing community health services and drug and alcohol services. The accident and emergency services caters to the forestry industry. Patients who have had cause to utilise the services of the Bombala District Hospital under the administration of the Minister have commended the hospital for its services. Faye Campbell, the well-recognised and respected chairperson of the Bombala District Hospital board takes great pride in the services provided by the hospital. I am sure that the honourable member for South Coast has offended her in condemning the Minister she proudly represents on the board of the hospital.

Delegate, a small town to the west of Bombala, has a hospital that remains open. Under the former Labor Government that hospital was threatened with closure. The honourable member for Bega, who once represented that area, and I were able to convince the Minister and the department that Delegate District Hospital is providing a valuable service to the people of the town and surrounding districts, including across the border into Victoria. Peter Jeffries, chairman of the hospital board, takes pride in services provided to the people of that area and looks forward to upgrading work being carried out in the near future.

In the past few years Braidwood District Hospital has experienced a trial period as a multipurpose services unit. That hospital has eminently displayed improvements in the type of service provided to the community. It has been proved beyond doubt that the multipurpose services at Braidwood District Hospital provide the necessary mix required in a country town of that size. Similarly, accident and emergency services at that hospital have undergone upgrading and now has modern technology available to unfortunate victims involved in motor vehicle accidents on the notorious Kings Highway. The staff of Braidwood District Hospital have received accolades from members of the Canberra community who regularly travel up and down the coast and who, at times, require the services of that hospital.

During the first week of January staff of the Braidwood District Hospital had to deal with a serious multiple vehicle collision. Doctors were called to the accident scene and worked for several hours trying to extricate victims from the vehicles. Braidwood District Hospital has set the pace for Delegate District Hospital. It is now proposed that the hospital join the list of multipurpose services hospitals, and Delegate will enjoy new refined aged care services, trauma services and accident and emergency services to suit the people of the district. People in the Delegate area and those across the border will benefit from that upgrading.

The Minister for Health has represented the country people of New South Wales. The Government has a proud record of having maintained and upgraded health services across the State. I ask the honourable member for South Coast to be totally honest on this issue. When he examines the health budget he will realise that the Minister has efficiently managed that budget over his years as Minister for Health. The honourable member for South Coast should be totally honest and not seek to score cheap political points, with the assistance of his ALP colleagues and former friends before he got cold feet and leapt off the ALP boat. When he reads the statistics I feel sure he will withdraw this motion. I condemn the honourable member for South Coast for using this issue as a political point-scoring exercise. He is now known up and down the coast as a political prostitute. He is going for the highest price at the moment and the highest price is that of the ALP.

Mr E. T. PAGE (Coogee) [12.18 a.m.]: I listened to the diatribe from the honourable member for Monaro and was amazed at his outrageous rhetoric. He sought to denigrate people who have the temerity to raise an issue in Parliament! The honourable member has not responded to the issues raised. I know the area of the honourable member for Monaro to some extent. He did not mention health facilities at Merimbula,

Pambula or Eden, significant areas near the area in which he lives. He has sought only to denigrate people in this area. I am concerned about what is happening in and around the Prince of Wales Hospital.

In recent times there has been extensive Government hype about tremendous increases in services in this area. The centrepiece seems to be an expenditure of \$160 million supposedly to make the Prince of Wales Hospital a centre of excellence. Of course, it has not been mentioned that \$40 million of this is the transfer of the Royal Hospital for Women from Paddington to the Prince of Wales Hospital. It

Page 1517
has not been mentioned that the majority of the expenditure is the provision of a private facility, an eight-storey building in the middle of the site.

It does not say that three years ago the Government initiated a resource allocation formula indicating that the area in which I live would have a reduction in funding from 13.8 per cent to 9.3 per cent of the total health budget, a quite massive decrease in funding. The Minister for Health is laughing about this; he might think it is a big joke - the fact that the electorate of Coogee will lose a massive amount of funding - but it validates what I have said. In my view, the allocation formula is significantly flawed. It does not take into account the aged population in the area and it does not take into account the AIDS health problems that exist in the area, to which I will refer later. Also, it does not allow for the fact that people coming from intrastate, interstate and overseas prefer to come to the centre of the city. In my opinion, those matters are not properly represented in the allocation formula.

Mr Blackmore: You have to be sick first, do you not?

Mr E. T. PAGE: The honourable member for Maitland has met the criteria. With all the hype about how the resources in the electorate of Coogee will be improved, there is no publicity about the fact that 800 jobs will be lost and 225 beds closed. If the Minister is honest, he must agree with that statement. Minister, do you agree that under the current rearrangement in the eastern area 800 jobs will be lost and 225 beds closed? Do you agree with that, Minister?

Mr Phillips: You are telling the story.

Mr E. T. PAGE: The Minister has not denied it, so one presumes that it is true. The other issue that concerns me is that the area in which I live has a high proportion of aged residents, yet facilities appropriate to aged care are the very facilities that are being closed or downgraded in the eastern area.

Mr Phillips: Do you not want the new hospital?

Mr E. T. PAGE: I want a decent hospital; I want a hospital that provides services. In December 1989 the Government closed Strickland House. It remains closed; it is empty. The Government ejected 70 old people from Strickland House in December 1989. What happened to that facility? Absolutely nothing. After 4½ years it remains closed and provides no service to anyone in the community. The 70 people who were removed from a facility which had 80 beds were transferred to various other facilities in the eastern area. There are 37 beds in Strickland Villa in the Prince of Wales Hospital. The process of transferring a health facility has meant a reduction from 80 to 37 beds. The proposal, which the Minister for Health has championed, is to transfer that aged facility to the Prince of Wales Hospital, but it will not have 37 beds; it will have 23 beds. In a period of five years of transferring these facilities about in an area which has an aged population, instead of 80 beds being available at Strickland House in Vaucluse, 25 beds will be available at Prince Henry Hospital. That is supposed to improve facilities in the area.

The Dickinson unit is very specialised. It has catered for the frail aged at Prince of Wales Hospital for the past three years. The Minister is yawning. I am sorry, Minister, but this is important. Do you not think this is important? There is no reply from the Minister. The 29 beds in the Dickinson unit for the frail aged and dementia cases at the Prince of Wales Hospital are to be transferred to Prince Henry Hospital. The move will result in a reduction of 15 beds, in an area with an aged population. The Government professes concern for the

people in the area but proposes to transfer a facility and virtually halve the capacity of that facility. The moving around of facilities is part of a scheme by the Government which, though it insists it is maintaining the service, is cutting it down with every move.

There has been talk about the Prince of Wales Hospital becoming a centre of excellence. In a sense, it is a centre of excellence now and I am not sure there needs to be a reinventing of the term. There was a centre of excellence at South Sydney Hospital. It was recognised throughout Australia and had an international reputation as a centre for rehabilitation. That has been completely demolished. The Minister for Health continues to call the South Sydney facility a hospital but not one bed remains at South Sydney Hospital, not one bed. I fail to see how a facility can be considered a hospital when there is not one bed available.

At this very moment there is nothing at South Sydney Hospital; it is completely closed. There is not a living soul there. There may be a security officer outside to keep out the locals who have complained about the fact that it has been closed, but there is not a living soul inside the hospital. Another centre of excellence has been talked about, a centre of excellence for AIDS patients, which it was proposed would be established at the Prince of Wales Hospital. The area has a high proportion of AIDS cases. Some 600 cases of HIV were diagnosed in the area in the current 12-month period. Speak up, Minister. Do not mumble into your beard. If you have a comment, make it.

Initially, part of the program was to provide a centre of excellence for the accommodation of AIDS patients at the Prince of Wales Hospital, but there is no money available. The Government is planning now for 1996 or beyond. It is another centre of excellence - as was South Sydney Hospital - which will never exist. All sorts of things are supposedly happening at Prince Henry Hospital, including a centre of excellence for aged people, and \$5 million has been spent, which is a drop in the ocean so far as Prince Henry Hospital is concerned. Anyone who has been to Prince Henry knows it is a magnificent site but the existing facilities, the buildings, need money spent on them. The Government is talking about \$5 million allegedly to provide a wide range of aged

Page 1518

services, and the \$5 million will only scratch the surface. Of course, it has marginalised the old people who need facilities in the community. It puts them in an area which their aged companions and spouses will be unable to get to.

In all these planning procedures for providing facilities at the Prince of Wales Hospital, community services at South Sydney Hospital and aged services at Prince Henry Hospital, what surveys have been done? Hospital staff say no transport surveys have been done. No one at the hospital has approached the State Transit Authority about bus services. Nothing has been done about that. No traffic study has been conducted around Prince of Wales Hospital about the impact of the proposed new services on surrounding areas, how people will get to and from the hospital, and what parking would be provided.

Mr O'Doherty: Censure him over traffic - great! Toss the Minister out over a traffic matter!

Mr E. T. PAGE: The honourable member says there is no need for a traffic survey.

Mr O'Doherty: I did not say that. I said you are seeking to censure the Minister over traffic surveys. That is ridiculous.

Mr E. T. PAGE: Any decent town planner with any sense knows that every proposed development requires some kind of traffic survey about what would happen to the surrounding area. The Minister said, "We want to keep people out of hospitals". That rationale was part of his argument today during question time - "Keep them out of hospital and have them out in the community where they can be looked after by their families and community support". One would assume on that argument there would be a major increase by this State Government in funding for the Home and Community Care Service. But nothing has happened. This year has seen a real reduction in money available for home and community care.

This year the Federal Government indicated it was prepared to increase its funding to home and community care by about \$7 million. The Minister for Health and the Minister for Community Services agreed they would take only \$2 million, which would cover only the outstanding superannuation fund requirements. There has been a real reduction in the amount of money available for community care in the area. Any Minister for Health who says, "We will put people out of hospitals into the community where they can be looked after" is an absolute hypocrite because there is not the additional money in the community for people to be cared for. That fact is evident from the complaints I and other members receive. People come to me who have sons, daughters or other relatives who are schizophrenic. In my area there are no services after hours, a time when problems usually occur. People find they cannot get care for their relatives or children after hours.

A case in point, Minister - I mentioned it previously, but you have not responded, so I will tell you about it now while you are in the Chamber - is that of a couple who came to see me. They have two schizophrenic sons in their twenties. One of their sons is also an alcoholic. They have great difficulty in having that son get any care whatsoever. The psychiatric people say he has a drug problem and that is not their bag, and the drug people say he is a schizophrenic and they cannot handle him. That son falls into a gap. The son rang his mother one night and said, "Mum, I realise I have an alcohol problem and I have booked myself into the Langton Clinic". About an hour later he rang her. He had been discharged. The reason he was discharged was that he smokes. He was told he could not smoke on the premises: he could not smoke in the building or in the grounds. He was put out of the program.

This lady's son, who had a mental problem and an alcohol problem, was supposed to go cold turkey on cigarettes at the Langton Clinic. I rang the people there, and they said it was a new philosophy. Frankly, I think what happened is quite horrendous. A cynic might put the interpretation on what happened that it is one way of getting rid of difficult cases, and that there is a chance of a higher success rate with people who do not smoke. I know something about the Langton Clinic; I am not talking off the top of my head. That is a real problem. The woman was shattered when her son told her that he had been put out of Langton Clinic. She had a high when for the first time in his life her son acknowledged that he had an alcohol problem, yet he was put out of that institution because he needed to smoke.

Mr Phillips: How long ago was that?

Mr E. T. PAGE: Four months ago. Most people who have a psychological or alcohol problem also smoke. There is a very strong relationship. It is something which the Minister should look at. I had hoped that someone would have alerted the Minister that I raised this matter previously in the House. I will talk to the Minister later if he wants further details of the people involved. Generally, there has been a planned run-down in financial facilities available to people living in my area. It has been estimated that under-use of resources in the last Budget amounted to \$135 million. If that money were available, it would go a long way to providing the facilities in my area that I think should be provided. I object in particular to the fact that aged services in my area have been reduced. That area has a large aged population. Whatever might be the argument for reducing those facilities, the last area where they should be cut back is services for the aged. I support the motion and hope it will be passed.

Mr O'DOHERTY (Ku-ring-gai) [12.38 a.m.]: It is a real shame that the proceedings of this Parliament are not broadcast. I must remember to discuss this with Mr Speaker, for I think the New South Wales Parliament ought to follow the example of Federal Parliament and broadcast whenever it is sitting, on its own channel or whatever. It is an

Page 1519

important principle that the people of New South Wales ought to be able to hear the kind of rubbish, claptrap, political stupidity and cynicism that is brought into this House by some honourable members. These are the same people about whom, time and time again, we make the mistake of thinking we will trust them and engage them in the game as it should be played. We say we will play according to Hoyle's rules, that we will be honest brokers in trying to do our best for the people of New South Wales, yet time and time again members opposite let the process down. They let themselves down, and they let down the people they represent.

The people of New South Wales should be able to hear what their elected representatives do in this Chamber and should be able to hear the stupid nonsense and see the silly games played by members opposite for political purposes alone. I include fair square in this the member for South Coast, the member for Manly and the member for Bligh. Time and time again the Government engages these people in serious debate about the issues of New South Wales. Why? Because Government members think it is important for the people of New South Wales. Time and time again Ministers are trying to satisfy the concerns of the three Independent members, who often have greater access than other members in this House because they can wield their amazing power in the Parliament.

Mr Phillips: Not any more.

Mr O'DOHERTY: The Minister says, "Not any more", and that is the message of tonight. The game is now played under different rules - rules that the Independents set because they brought on this motion - this ridiculous blackmail and motion against the Minister for Health, who, to my mind, is showing the greatest restraint in sitting patiently, resignedly, through this awful process that he is going through. He is the last Minister one would ever expect to be brought before this House on a motion of this kind. The achievements of this Minister - and of the Government - in the area of health have been tremendous. The community is already feeling the benefits of that and will continue to feel the benefits of it for generations to come. The member for South Coast should know full well that the people of New South Wales have benefited from the actions of this Minister.

The Minister does not deserve to be subjected to this process, which is for purely political purposes alone. I am greatly disappointed in the honourable member for South Coast who, time and time again, lectures the members of this House and the Government in public forums about probity, truthfulness and honesty, and serving the people. Yet he brings a motion such as this, showing that at the end of the day he is the same as those he seeks to condemn. He is the same as all the other politicians in the zoo. He is the same as the rest of us. It is nice to see that he is the same, but it is a shame that he has had to prove it in this way. I wish that the people of the South Coast were able to hear the debate that the honourable member brought on. It is important: the people of the South Coast should have heard the Minister so succinctly, clearly and comprehensively deal with the complaints raised by the honourable member for South Coast, especially in relation to Shoalhaven hospital, and the way in which he dealt with the difficult issue of the allocation of health dollars in New South Wales, and the resource allocation formula that he has brought into being to make sure that those resources are spent equitably throughout New South Wales.

The people of the South Coast deserve to have heard the Minister's response to what their member said in this House - designed to enable him to write press releases and ensure his own re-election in March 1995. It ought to be about more than just that, and this motion by the member for South Coast shows that at the end of the day his motivation is the same as that of generations of politicians whom he sought to condemn and pass judgment on. His motivation is for his own re-election and that is what has brought this motion into the House tonight. He has to sit with his conscience about the bringing of this motion about the Minister, who deserves far better than this.

I also condemn members opposite, one after the other, for simply doing the bidding of their shadow minister or their whip or whoever is running the agenda over there - it is hard to tell sometimes - and bringing their own concerns and their grab bag of worries about health into this place, in the guise of some kind of supposed evidence to support a censure motion against this Minister. The previous speaker, the honourable member for Coogee, may have concerns about the treatment of one schizophrenic patient - or even two or three schizophrenic patients, or maybe a raft of them - but is the Minister to be censured for the actions of bureaucrats within the system? If the honourable member for Coogee brought those matters to the attention of the Minister, which I and others have done in our time here, he would find that in the Minister he has the greatest advocate for the people we all seek to serve. The Minister is the greatest advocate for the customers, the consumers of the New South Wales health system.

It is this Minister who has provided a customer focus for the New South Wales health system. That focus

was not there before, and honourable members who take the concerns of their constituents to this Minister for Health will find that those concerns are dealt with in a serious fashion. Indeed, where bureaucrats need their heads kicked, they are kicked; where accountability is needed, it is provided. In fact, it is this Minister who legislated for a far better system of accountability than ever existed in health. That is one of the major improvements that have taken place under the stewardship of Minister Phillips, the Minister for Health. To bring complaints, as honourable members opposite have been doing, about their local hospital, their local health service, the treatment of one patient, their area health board or whatever else is on their mind, as supposed evidence in support of a censure motion against the Minister,

Page 1520

whom they know to be their best advocate, is a complete denial of justice and a denial of the truth of the situation, that this is for political gain alone.

Honourable members opposite all stand condemned. I wish the people of New South Wales could hear this by way of broadcast, and could hear of the waste of time that is taking place because of the Parliament being kept up all night on a motion that should never have been brought here. It seems fairly clear from the number of speakers who have already expressed their view in this debate, and from the views expressed by the three non-aligned Independents - although I hate to have to say it - that at the end of the day the Parliament may agree to this motion. That will be a travesty - a complete travesty and a totally unjust outcome.

Mr Jeffery: And a waste of time.

Mr O'DOHERTY: And a waste of time. This Parliament has had other travesties of justice, and again it has been the three non-aligned Independents who have been there throughout but have later sought - and this is worse - to walk away from the consequences of their actions. One of the travesties of justice they were party to was against Nick Greiner and Tim Moore, who did not deserve - as was later proved by the Supreme Court - to suffer the fate they suffered under extreme pressure in an untried, untested, new parliamentary situation, new balance of power situation, to feel that blowtorch to the belly. That issue was brought about by the Labor Opposition and the three non-aligned Independents. That was a travesty of justice, as the Supreme Court later found.

This place is not a court of law. It is not here to sit in judgment on fine points of law. But members opposite and the three non-aligned Independents could not wait until the Supreme Court had its say, could not wait for justice to prevail, could not wait for an independent arbiter on these matters. They had to apply the extreme pressure of a hung Parliament. Here, they are trying it again on Minister Phillips. It is the same problem; at the end of the day, they will run away from it, as they did with Nick Greiner and Tim Moore. They will say - as the member for Londonderry has interjected - "Well, they resigned; they were not sacked, they resigned." They were too loyal to their side not to resign because at the time the consequences seemed too much to contemplate, so they did that for the sake of loyalty to their Government.

Now the Independents seek to walk away from that. They seek to walk away from all the decisions that they have squeezed and forced out of this Parliament, because they do not want to be held accountable at the end of the day. They want to raise the problems, raise the spectre, create the headlines, and then walk away from the responsibility. At the same time they want to sheet home responsibility for any minor matter to any Minister who has the misfortune to have any dealings with them or the Opposition. Anyone who sits on this side of this House, anyone who seeks to serve as a Minister of the Crown, is now vulnerable to this ridiculous kind of nit-picking argument in the House - censure motions, no confidence motions, or whatever.

Anyone is vulnerable and one has to ask oneself the question: why would anyone bother to try to do a job for the people of New South Wales? Why would the Minister for Health bother to try to accommodate the concerns of the member for South Coast? Why would he bother to build hospitals in the western suburbs, in electorates not held by Government members? Why would he bother to try when his only reward is to be keelhailed before this House for hour upon hour with a motion that, because of the numbers alone, and for no other reason, is likely to be won this morning? Why would he bother? The answer is that Minister Phillips and the other Ministers who grace the frontbench do so because they are concerned about the well being of the

people of New South Wales.

If they had an eye to their own future, if they were worried at all about whether they would be criticised or unjustly accused by this Parliament, they would not put their names forward, they would not bother to serve. But they serve because someone has to do the job, and they serve because at the end of the day the person who has to do the job has to do so with integrity. Mr Phillips does the job because he is passionately committed to the well being and the health of the people of New South Wales - not just in his own electorate, not just in Government electorates, but in electorates such as South Coast, Coogee and Londonderry - even in electorates such as Marrickville and Broken Hill, as well as those places throughout western Sydney where the Government is providing billions of dollars worth of improvements that were not previously provided.

The Minister does this because he is committed to the health and well being of the electors - the people of New South Wales whom he has sworn a duty to serve as the Minister for Health, and not because of the politics of the situation. The greatest shame of all in this censure motion is that the Minister is being attacked and condemned for something that he simply does not deserve. He is committed to the health of the people of New South Wales, but he is condemned by the member for South Coast, supposedly because not enough money has been spent in the electorate of South Coast.

It is easy to carve up the health budget and say "We should spend more money here. We should spend more money there". The Government would love to spend more money in all of those places, but where would it come from? The health budget is a finite resource; money cannot be printed by a State government - let alone a Federal government. The State cannot get any more money out of the Federal Government although, heaven knows, it has tried, despite the undermining efforts of the Deputy Leader of the Opposition. The Government has to allocate funds according to some equitable formula. Honourable members opposite believe in equity - at least they say they do.

How is the Government to allocate funds with equity? One answer has been the resource allocation formula. I commend to all honourable members, and

Page 1521

to members of the public generally, the formal speech of the Minister regarding the process by which the resource allocation formula has operated to provide equity throughout the system. Funds are not allocated on the basis of political need alone. One might allocate them in that manner if one were a less honourable person or one of the members opposite. Perhaps funds might be allocated on the basis of political need by the honourable member for South Coast. That question is left open. But the honourable member for South Coast, who lectures governments on questions such as equity, should commend the Minister for his equitable, fair and apolitical approach to providing health care for the people of New South Wales, rather than trying to censure the Minister for his own political purposes and political gain. As I said earlier, the honourable member for South Coast should question his motives for bringing forward the censure motion.

The Minister for Health, the Hon. Ron Phillips, has achieved a great deal for the people of this State. I will enumerate some of his achievements for the sake of honourable members. He has raised health spending to a record \$5 billion this year, which is a 7.7 per cent increase on last year's figure, despite a shrinking economy, a Federal Government that does not give a damn - and honourable members on the other side who do not care to help the Government achieve a more equitable share from Canberra - and despite the increasing demands of a technology-driven health system, an increasing ageing New South Wales population, the greater demands placed on health services, and the extension of life at both ends of the spectrum. Doctors now are able to keep people alive longer and save the lives of very premature babies. These are enormously expensive processes; but they are demanded by the community and the Government delivers these services as best it can.

Demands on the health budget are growing day by day but the economy is shrinking. The Government has been able to meet the demands through the efforts of Minister Phillips. He completed Medicare negotiations in 1993 and gained millions of dollars of additional funding for New South Wales. I will not labour the point but, as I said, the Deputy Leader of the Opposition sought to undermine that process in a most despicable way. Minister Phillips has always sought to raise the operation of the health system above petty

politics; that is one of his greatest achievements and he will be remembered for it.

He is the Chairman of the National Health Summit. He initiated that summit, which has for the first time focused the health debate in Australia on outcomes, not just on politics, spending, waiting times and statistics that confuse the political debate and merely prove some political argument. That is another achievement to be marked against his name. Funding for the greater west of Sydney - \$1 billion - is at record levels. That is another apolitical decision designed to benefit the people of New South Wales. Funding for rural health - \$914 million this financial year - is at record levels, and infrastructure in the country will be improved by upgrading the network of base hospitals and there is a recognition that every country town needs to maintain its health focus. The Minister has also maintained his policy of no closure of country hospitals.

Minister Phillips has achieved a comprehensive program of expanding the network of specialist women's health centres. The new Royal Hospital for Women is just one of the new hospitals being built by Minister Phillips. The Caroline Chisholm centre for women and babies is something that had been virtually ignored by honourable members opposite when they were in government. He has made a concerted attack on waiting times, recognising that they impact on people who have to wait for surgery. A record number of 1.1 million people were treated this year, yet honourable members opposite will say, "You are closing this. You are closing that. There are waiting lists". They will go on and on.

I ask the honourable member for South Coast, who is not in the Chamber, to hear this and to ponder this question: what would members opposite do, if they were in power, to provide increasing levels of health service, especially hospital services in New South Wales, with a shrinking budget? Honourable members opposite have a ridiculous ideological opposition to joint sector developments - government and private sector working together - providing health services for the people of New South Wales. An ideological Opposition, led and comforted by the honourable member for South Coast, has its mind closed on these questions. Honourable members opposite would do what their mates in Canberra have been doing. They should recognise that the Government's policy is a good policy, a sensible policy.

The honourable member for South Coast should not give comfort to the political agenda of the Labor Party. He should know that the Labor Party does not give a damn about him. Although it will support him on the censure motion and a range of other issues that he brings to this House, it will walk away from him when it suits. The Labor Party's agenda is clear: it is political, and it is despicable and untruthful, as is the attempt to censure the Minister for Health. This House should reject this motion outright. The Minister does not deserve to be keelhauled in this manner by this Parliament. I wish that the proceedings of this Parliament were being broadcast now so that the public could hear the rubbish being perpetrated by honourable members opposite in the name of politics.

Mr GIBSON (Londonderry) [12.58 a.m.] I have been a member of this Parliament since 1988. As honourable members of the Government have said, it is a very serious measure to censure any Minister, but in this particular case I support the motion by the honourable member for South Coast. I should like to comment on the speech made by the honourable member for Ku-ring-gai. He stood there for 20 minutes and made one statement. He must have made it five times. He said virtually nothing. He was

Page 1522

more interesting when he was on radio station 2GB. In those days he would have a yarn to you on the air and would always tell you, off the air, that he was a good Labor supporter. But I notice that since he has joined the Government benches he has changed somewhat. His ideology seems to have changed since then too.

The honourable member for South Coast has the opportunity, as does any member of this Parliament, to bring on any motion that the Parliament may support. For the Government to think that because it is the Government no one has the divine right to move a motion against any Government Minister or member is absolutely ridiculous. Some of the rubbish that has been heaped on the honourable member for South Coast tonight, the honourable member for Manly, and the honourable member for Bligh is despicable. The honourable member for Monaro was in the Chamber a little earlier and talked about the deals that have been done. He suggested that the honourable member for South Coast has done deals with the Labor Party - "Have

they offered you the job as Minister for Health? Have they offered you this?" That is a disgrace and shows what the people on the Government side are really like. The Government has used the Independents in this Parliament every time it suited it. It has used the Independents to get their vote.

Let us see, between now and the next State election, how good the Government is at getting votes from the Independents. Government members will come cap in hand to see the honourable member for South Coast, the honourable member for Manly and the honourable member for Bligh. There will be none of these accusations that have been made tonight. They are as weak as water, and they will beg the Independents to support them when it suits them.

The Government talks about deals. The greatest deal that has ever been done in any Parliament was done by the Government. We have all seen the show on television, "The Six Million Dollar Man". In 1991, after coming to office, the coalition developed a new television character; today the Government has the ten million dollar man - none other than the honourable member for Tamworth. Talk about deals - what hypocrisy by this Government! I quote from the *Daily Telegraph Mirror* of 14 June 1991:

Tony Windsor, the new State Member for Tamworth, has undoubtedly made the best of the bargaining position in which he has been placed by the closeness of the NSW election result.

The Government talks about deals! The article continues:

In return for his support - which the Government might have expected anyway from a man who has had a long association with the National Party -

Mr Hartcher: On a point of order: I wish to raise two points. The first is the question of relevance. This is a censure motion against the Minister for Health on clearly defined lines. The question of an alleged deal made by the honourable member for Tamworth is not relevant. The second point is that there is the longstanding tradition of this House -

Mr DEPUTY-SPEAKER: Order! I will take the points of order seriatim. I uphold the first point of order.

Mr Hatton: On the point of order: Mr Deputy-Speaker, I ask your permission to speak on the point of order in view of the fact that the honourable member for Monaro raised the matter of deals in his contribution to the debate. That is when the matter was brought into the debate.

Mr DEPUTY-SPEAKER: Order! The honourable member for South Coast will have the opportunity to rebut matters in his reply to the debate.

Mr Gibson: On the point of order: two speeches ago in this Chamber, accusations of deals were made by the honourable member for Monaro. He suggested that a deal was done - everything from voting with the Labor Party to becoming Minister for Health.

Mr DEPUTY-SPEAKER: Order! I have ruled on the first point of order. I indicated I would give the honourable member for South Coast a further opportunity to speak on the point of order. Out of courtesy, he may like to take that opportunity now.

Mr Hatton: On the point of order: though I have the right of reply, that does not deny other members of Parliament the opportunity of participating in the debate and debating points raised during the debate. This is what the honourable member for Londonderry is seeking to do.

Mr DEPUTY-SPEAKER: Order! I have ruled on the point of order. I will now hear the second point of order.

Mr Hartcher: According to the standing order and the tradition of this House, attacks upon members of the House must be made by way of substantive motion, such as the substantive motion moved by the honourable member for South Coast. Attacks upon members cannot be made in general debate. Accordingly, if the honourable member for Londonderry wishes to raise a point about the honourable member for Tamworth, the procedure of the House is that a substantive motion must be moved.

Mr Harrison: On the point of order: the honourable member for South Coast has been vilified by speaker after speaker from the Government side during the course of this debate. He has been accused of doing deals and of accepting offers -

Mr DEPUTY-SPEAKER: Order! This is not relevant to the point of order.

Mr Harrison: It is completely relevant to the point of order.

Mr DEPUTY-SPEAKER: Order! It is not relevant to the point of order. The point of order specifically raised by the Minister for the Environment related to the procedure for attack to be made on a member. It must be made by way of a substantive motion.

Page 1523

Mr Hatton: On the point of order: I submit that there is a vast difference between a sustained attack on a member which requires a substantive motion and a reference such as that which is being made by the honourable member for Londonderry or that which was made by the honourable member for Monaro, who called me a political prostitute. I did not take a point of order on that, because I accepted it as being in the cut and thrust of debate. I ask you, Mr Deputy-Speaker, to accept the remarks of the honourable member for Londonderry as being in the cut and thrust of the debate. The example of a deal being made was raised first by speakers opposite.

Mr Rogan: On the point of order: I will not question your first ruling, Mr Deputy-Speaker, because it has already been made. However, having been a member of Parliament for a number of years I find it ludicrous that the Minister for the Environment would take a point of order on the contribution tonight of the honourable member for Londonderry. If a member cannot refer in his contribution to debate to another member in this House in the way that the honourable member for Londonderry has referred to the honourable member for Tamworth without it being seen to be a personal attack upon that member - which would require a substantive motion to be moved - we might as well all go home now, because this Parliament will become a sham. The point of order that has been taken is nothing less than that. I ask that you rule against that point of order.

Mr Jeffery: On the point of order: the notice before the House is specific: that the House censures the Minister for Health for maladministration of the health portfolio. The honourable member for Londonderry has clearly tried to turn this into a censure motion against the honourable member for Tamworth as well. If attacks are going to be made on members of this House, they must be made by way of substantive motion. Clearly, on the censure motion moved by the honourable member for South Coast, the honourable member for Londonderry does not have the right, under the standing orders, to carry out a sustained attack on the honourable member for Tamworth.

Mr DEPUTY-SPEAKER: Order! One of the problems associated with a debate of this length, which I note has been in the vicinity of almost 10 hours, is continuity. The occupancy of the chair has changed from time to time. I am not aware of the cut and thrust of the debate that preceded my entry to the chair approximately 40 minutes ago, though I was in the chair some time before that. Comment was made that matters were raised earlier by a speaker for the Government in relation to an Independent member. The motion before the House is concise. However, I must err on the side of discretion in the sense that I am not aware of everything that has been said in the debate.

I ask the honourable member for Londonderry to bear in mind that we all have some difficulty with this

debate. I ask him to confine his comments to the motion, bearing in mind the rules of the House that attacks on other members should be made by way of substantive motion. Perhaps I erred in my ruling on the earlier point of order because I was not in the chair when other members spoke in the debate. If the member is rebutting something that was said earlier, he should conclude rebuttal as quickly as possible and return to the motion before the House.

Mr GIBSON: The honourable member for South Coast has not been offered \$10 million by the Labor Party in any shape, size or form to do any deals, but I note - and I want it recorded - that the honourable member for Tamworth received a \$10 million deal from the Government. In my opinion that is something that should have been referred to the Independent Commission Against Corruption. I admire the honourable member for South Coast for bringing this motion to the House. It gives members of this Chamber an opportunity to refer to the real situation with respect to health in New South Wales. There is an old saying that self-praise is no recommendation. Virtually every day the Minister for Health tells us what a great job he and his department are doing. But nobody else is telling him that; he is the only person.

In the short time I have left I will refer to two parts of western Sydney. The first is Westmead Hospital. It was stated in this House today that the Leader of the Opposition sent a terrible letter to the constituents of Parramatta. The Government has to remember that the Opposition has a duty to do the job it is doing. That is why it has hit the front in today's opinion polls. The Government has already fallen behind. I look forward to the next State election. I refer to a matter that the Leader of the Opposition did not mention in his letter about Westmead Hospital. The primary care unit at Westmead Hospital was closed down on 6 January this year. Last year the primary care unit treated more than 15,000 patients. If the Minister wants an example of deprivation in western Sydney, I can give him 15,000 examples in one sentence: he closed down the primary care unit at Westmead Hospital.

The Government has privatised the casualty section of Westmead Hospital. That has meant a great deal for the people of western Sydney. People attending Westmead Hospital are assessed as primary care patients. They know that there are general practitioners throughout western Sydney that they could go to, but they go to Westmead Hospital because it is a one-stop health care shop. If they need a blood test, an X-ray or some other service, they know that once they are assessed they can get all the services at the one place; they do not have to go all over the suburbs to see a pathologist.

A person assessed as a primary care patient at Westmead Hospital between Monday and Friday is told to see a general practitioner that is designated by the hospital - the hospital selects the GP from the area and that is where the person has to go. I have asked many times who takes responsibility for the person that Westmead Hospital assesses as a primary care

Page 1524

patient who dies in transit on the way to a GP. The family of that person takes the responsibility because another service has been denied. The primary care unit looked after people in western Sydney, and it also looked after the 5,000 workers at the hospital. If there was an industrial accident in the area the primary care unit was the section that sprung into action and did the best it could. Victims of sexual assault and sexual violence attended the primary care unit at Westmead Hospital.

Government members have talked about what they have done for health care in western Sydney. Westmead Hospital is the best hospital in Australasia and one of the best in the world. It was established by a Labor Government, not by the mob opposite. Their colleagues in Canberra had 23 years to do something, and they did absolutely nothing. They kept us marching on the spot for 23 years. Whitlam gave the hospital a charter that said that the primary care unit always had to be in place at Westmead Hospital. The Government has privatised that unit very quickly. The people of western Sydney will not forget that. I have often mentioned Hawkesbury Hospital in this House. This is a great case for the people of western Sydney. I entered this Parliament in 1988 when the Labor Government was voted out. The next hospital scheduled to be built on the former Government's building program was Hawkesbury Hospital. I ask for an extension of time.

Mr DEPUTY-SPEAKER: There is no provision for an extension of time in this debate.

Mr GIBSON: When I came into this Chamber, the first Budget that went through this House -

Mr DEPUTY-SPEAKER: Order! I apologise to the honourable member for Londonderry. There is provision for the honourable member's time to be extended.

[Extension of time agreed to]

Mr GIBSON: Government members do not like hearing the truth; that is their problem.

Mr Hartcher: On a point of order: I apologise to the honourable member for Londonderry - this is not his fault. A special motion was moved by the honourable member for South Coast on the speaking times.

Mr Gibson: On the point of order: members have received extensions of time in this debate. If the Minister for the Environment had been listening to the debate, he would know that.

Mr DEPUTY-SPEAKER: Order! I will have to seek advice from the Clerks on this matter.

Mr Hartcher: Further to the point of order: Mr Deputy-Speaker, this afternoon the honourable member for South Coast moved that there be unlimited time for the mover, unlimited time for the Minister, 45 minutes for the first speaker, and 20 minutes for each subsequent speaker, and then the reply. That is an express motion, which overrules the sessional and standing orders.

Mr Gibson: Further to the point of order: I agree with that. However, other speakers in this debate have received an extension of time. Why should I be treated differently from any other member in this debate?

Mr DEPUTY-SPEAKER: Order! This debate is now 10 hours long and the Chair has been occupied in rotation by the Speaker, the Deputy-Speaker and Acting-Speakers. I am informed by the Clerks that no member has received an extension of time. But that is not the point on which I rule. Part of the motion of the honourable member for South Coast suspends standing and sessional orders. Therefore, the sessional orders that provide for an extension of time have now been suspended. Quite clearly the motion of the honourable member for South Coast provides that the mover of the motion be unlimited, the Minister be unlimited, the first speaker have 45 minutes, other members have 20 minutes, and the mover in reply have 20 minutes. The suspension of standing and sessional orders precludes an extension of time under the motion. Therefore, I am not at liberty to give the honourable member for Londonderry an extension of time.

Mr GIBSON: Thank you, Mr Deputy-Speaker. I now have about four seconds in which to conclude my speech. I was speaking about the Hawkesbury Hospital. It was promised in the budget papers for the first five years I was in this Chamber. There was an allocation of \$70 million for the hospital in the capital works program - but it was never delivered. What do we see? The people of the Hawkesbury have now received second prize. Another hospital is to be privatised. Tenders have been called from two non-charitable organisations to see who gets Hawkesbury Hospital. Two years ago the Minister said on the record, "The Hawkesbury Hospital will never be privatised. We are going to build the people of the Hawkesbury the hospital they deserve". Mr Speaker is the honourable member for Hawkesbury. Hawkesbury needs a hospital more than any other area in New South Wales. The Hawkesbury Hospital is the oldest in New South Wales. The people in that area deserve better - they deserve a lot better than the treatment the Minister has given them. I support the motion. *[Time expired.]*

Mr HARTCHER (Gosford - Minister for the Environment) [1.18 a.m.]: The censure motion before the House tonight is one of the most serious motions that can be moved in a Parliament, second only to a motion of no confidence. Accordingly, the Minister for Health and the House are entitled to have demonstrated clear grounds upon which a censure motion can be upheld. The motion moved by the honourable member for South Coast is along the lines of maladministration. Maladministration means bad administration and it implies culpability in the badness. It does not merely mean that one disagrees with the administration; it means that

one can point to the Minister's culpability in the incompetent administration of his department.

Page 1525

Tonight a succession of members of Parliament, including the honourable member for Manly and the honourable member for South Coast, have referred to health service problems in their own electorates in an attempt to demonstrate maladministration. They have not demonstrated that there has been any degree of culpability on the part of the Minister for Health, as an Executive Councillor and a Minister of the Crown, in the discharge of his duties. I await a contribution by any honourable member, or the honourable member for South Coast when replying to this debate, which will demonstrate the culpability of the Minister for Health. It is quite clear that people will become ill. Our resources will never match public need and the desire for everyone to become well at the same time.

The Minister must run his department in such a way that he obtains the maximum amount of funding possible from the State Budget. Everyone would acknowledge that that is a finite resource. With the amount of funding available to him he has to demonstrate that he has allocated that money or managed it equitably and competently. No one has called into question the integrity of the Minister for Health. The honourable member for Bligh and the honourable member for South Coast acknowledged that he is a man of integrity - a person who works hard. They acknowledged that he is a person of ability. His understanding of health issues, his mastery of the facts and his comprehension of detail are unequalled. Notwithstanding that, a censure motion has still been moved against him.

How can alleged culpability justify a censure motion? Can any honourable member state that the Minister, in the administration of the health portfolio, has interfered improperly, has given improper directions or that the policies laid down by him are incorrect and, once that fact has been pointed out to him, those policies have not been changed? No. Opposition members have simply said that they disagree with his policies. The honourable member for Londonderry disagrees with the Minister's policy on Hawkesbury Hospital. That does not constitute, and never has constituted, culpability in the discharge of a Minister's duties. The honourable member for Coogee said that a person in his electorate suffered from schizophrenia. We are all concerned about people who suffer from schizophrenia. The question that should be asked is whether the Minister for Health, in the discharge of his duties, has somehow failed to provide services for people who suffer from schizophrenia. The Minister has not failed; no one has said that he has failed.

Has the Minister for Health failed to properly administer his budget? There is no evidence of waste, misspending, corruption, illegality or impropriety. All the speeches that honourable members have made tonight will be faithfully recorded in *Hansard*. Perhaps nothing will ever come of them, but at the end of the day, when fair-minded people look at this motion and the allegations made against the Minister for Health, nothing other than their disagreement with the way in which the Minister has administered policy will be evident. That is not a matter of culpability that justifies censure. The Minister is accountable to the House. He demonstrates that accountability every day at question time. If the honourable member for South Coast is not happy with the way in which the Minister is administering his portfolio, the honourable member for South Coast is entitled to say so, but that does not entitle him to go one step further and move censure against him. The honourable member for South Coast has a number of well-known and well-enunciated policy differences because the Minister has altered the structure of the public hospital system in this State.

Mr Gibson: On a point of order: the Minister is talking about deals that have been done.

Mr Hartcher: I have made no mention of deals.

Mr Gibson: You did not mention deals but you were starting to refer to them.

Mr DEPUTY-SPEAKER: Order! The honourable member for Londonderry will address the Chair.

Mr Gibson: The Minister is talking about deals that have been made between the Minister for Health and

the honourable member for South Coast. Mr Deputy-Speaker, only a few minutes ago you ruled that I could not speak about deals. That ruling should apply also to the Minister.

Mr DEPUTY-SPEAKER: Order! No point of order is involved.

Mr HARTCHER: The honourable member for South Coast disagrees with the administration of the public hospital system by the Minister. The Minister has changed the structure of that system to enable private enterprise to administer public hospitals. The difference of views between the Minister and the honourable member for South Coast is clearly understood. The Minister's policy applies to Port Macquarie hospital and to Hawkesbury Hospital - a matter that was settled after the Parliament passed legislation that authorised him to undertake those projects. The honourable member for South Coast might disagree with that, but he has no grounds on which to allege that somehow the Minister has acted with impropriety or culpability in the discharge of his administration because private companies with a profit motive are now able to operate the public hospital system.

The honourable member for Londonderry referred at the end of his speech to Hawkesbury Hospital. Tenders for Hawkesbury Hospital were received from the Catholic church and the Uniting church - two well-recognised institutions that have operated in the public hospital system in this State for more than 200 years. Notwithstanding that, the honourable member for Londonderry seemed to think that there was a problem. Let us look at the record of the Minister for Health in the discharge of his duties. The health budget of \$5.2 billion is the largest budget ever - a 7.7 per cent increase over the health budget

Page 1526

for the previous year. The honourable member for Manly spoke about the size of the cake. The Minister for Health attracted the largest slice of that cake.

How is the Minister administering the health budget? He has an ambitious and excellent construction program across New South Wales, the details of which were referred to earlier by honourable members and presumably will be referred to by other honourable members later in debate. That construction program is based on the principle of equity. No one could say that those funds are allocated on the basis of political complexion or electoral pressure; they are allocated on the basis of need. Regardless of whether seats are held by Liberal Party, Labor Party, Independent or National Party members, they have all received allocations on the basis of need to satisfy long-standing health concerns.

The Minister is determined to introduce new techniques to improve the wellness of our community, of which he has spoken many times in this House. The Minister is devoted to achieving outcomes. One does not run a health budget on the basis of how many hospitals or beds there are; one runs a health budget by looking after one's patients - getting them through the system and getting a good result for them. This Minister is looking after more patients each year than have ever been looked after. He is introducing new technology to ensure that their stay in hospital is reduced and that their treatment is better and improved.

The Minister is introducing new concepts in health administration by bringing in new capital and by ensuring that no area, be it Hawkesbury or Port Macquarie, goes to the bottom of the public hospital funding queue. The Minister ensures that every area in New South Wales has the right amount of capital investment, provided by either the public or the private sector. We all know that the honourable member for South Coast has a philosophical difference on that matter. We acknowledge that, the honourable member for South Coast acknowledges that, and he has every right to raise that as a concern. But legislation has been passed in this Parliament. The Minister has acted faithfully and in accordance with the law. So the honourable member for South Coast has no grounds on which to harass the Minister for Health - which is what this censure motion constitutes - when there is no evidence of culpability to support such a motion.

Mr Hatton: I never mentioned privatisation.

Mr HARTCHER: I acknowledge that the honourable member may not have mentioned it in his speech tonight but it has been a longstanding concern of his with the Minister; and the honourable member for South

Coast does not deny that. Nor did the honourable member for South Coast raise any question which went to culpability in administration. There are many problems associated with health, as there are many problems associated with all avenues of government in Australia. The Minister has shown a determination to come to grips with each one of them. He has ensured new ventures of capital investment and new approaches to technology. He has worked hard to ensure a capital construction program and innovative treatment techniques across the board. The Minister for the Status of Women has explained in this debate the way in which the Minister has looked after women's health. I will not elaborate on that subject but I point out what a neglected area women's health has been. The neglect of breast cancer has certainly been a disaster. This Minister, more than any other health Minister in Australia, has worked hard to highlight the problem and to bring it to the attention of the Federal Government.

Mr Schultz: I know that.

Mr HARTCHER: The honourable member for Burrinjuck will illustrate that in his speech, from the point of view of the personal crusade that he and his wife have mounted to ensure that proper attention is given to breast cancer research and treatment. The Minister has sought to ensure that isolated areas of the State are properly attended to. An example is Lord Howe Island. The hospital there was built in the 1930s and had been untouched since. It was literally falling down. When the matter was brought to the attention of the Minister by my department and the people of Lord Howe Island he acted in conjunction with the Eastern Suburbs Area Health Service and the Lord Howe Island Board to upgrade and refurbish the hospital. So now the community of 200 people has a first class hospital facility. No area across the State has been too large or too small for the Minister: he has been determined to ensure that health care is available to all citizens of the State. Infrastructure in growth areas always lags behind. In my own area of the Central Coast there was a cottage hospital for a long time. Kiama and the South Coast and the western areas of Sydney are other examples of growth areas. The Minister has followed a vigorous policy of ensuring the provision of additional services to the west, the north and the south. The previous member for Wyong, Harry Moore -

Mr Hunter: A good fellow.

Mr HARTCHER: As the honourable member for Lake Macquarie said, Harry Moore is a good fellow. What does Harry Moore say about the Minister? In the local newspapers, the *Central Coast Express* and the *Wyong Advocate*, he said that Wyong Hospital had been neglected by his own party, Labor, in government and nothing had been done there. He said, "I have to acknowledge that the work on Wyong Hospital was done by a Liberal Government but nothing was done under the Labor Government". The Minister has ensured a massive flow of capital funds to Wyong Hospital, in a Labor seat and servicing Labor seats in the upper Central Coast and lower Hunter areas. Wyong Hospital has been the beneficiary of an extended program of capital construction. Similarly, under this Minister Gosford Hospital has received an enormous amount of capital funds. It is regarded as a first-class hospital. What was previously a run-down medical facility is now, since only last Monday, a teaching hospital for the University of Newcastle, as a result of the enormous

Page 1527

financial assistance and support given to it by the previous Minister for Health, the Hon. Peter Collins, and by the present health Minister, the Hon. Ron Phillips.

I do not pretend to be aware of every hospital and health issue but I am aware that the Minister has addressed every health issue that arises, be it preventive medicine, the treatment of the sick, the development of capital structures for hospitals or the development of appropriate technologies. At every level he has sought to improve the delivery of health services across the State. He has argued for this State in the Federal forums more effectively than any other State health Minister has argued. As he pointed out to the House yesterday, he and he alone obtained an additional \$78 million in assistance from Canberra, when the Deputy Leader of the Opposition was urging him to sign the Medicare document. Had he followed the advice of the Deputy Leader of the Opposition, this State would be \$78 million poorer. He is an effective Minister in Federal forums, in this House and in the administration of his department. He is a caring Minister and his integrity is unimpugned.

Why was the censure motion moved? Because there is a philosophical difference between the Minister

and the honourable member for South Coast; and members of the Australian Labor Party, opportunists to the last, man and woman, will support anything that they think is to their advantage, whether they believe in it or not. All honourable members know in their hearts that the Minister has done and continues to do a good job. If ever there was a motion before the House which was completely without worth, a motion which should not be supported by a single member, it is this one. No member has brought forward any evidence against the Minister of culpability in the administration of his department. Maladministration, as the honourable member for Wallsend would know, even if he will not acknowledge it in the debate when he speaks, does not mean disagreement about administration; it means culpability in the discharge of administration. It means bad administration - not bad in the sense that we do not agree with it but bad in the sense of moral culpability.

I urge all members to take account of the arguments presented by the Minister for Health when he spoke in his defence tonight. If ever there was a clear-cut example of a Minister determined to ensure a better approach to health in this State, that was it. If ever there has been a Minister committed to health and outcomes it is this Minister. He is worthy of the praise and commendation of this House; he is not deserving of its censure on purely partisan political grounds.

Mr MILLS (Wallsend) [1.38 a.m.]: The motion of censure has been moved against the Minister for Health because the political buck in health stops with the health Minister. It is not a criticism of overworked staff of the public health system in public hospitals, community health and so on. I want to nail right now a number of comments that have been made by Government speakers in this debate suggesting that somehow censuring the health Minister implies a criticism of public health workers. I have unreserved praise for the efforts of public health workers in New South Wales: the nurses, clerical and administration staff, support staff, maintenance staff and medical staff as well as the supporters and volunteers of the hospital system such as the kookaburra carers and pink ladies. Constituents who call me with their complaints and concerns about health invariably praise hospital staff, especially the nurses. I want that to be on the record.

The Minister for the Environment was attempting to make a point about the term "maladministration" as used in the motion. Perhaps the Minister is trying to rewrite the *Macquarie Dictionary*, which defines "maladminister" as "to manage (esp. in public affairs) badly or inefficiently". That is it. Culpability is not mentioned; nor is corruption. Perhaps if corruption were involved this would not be a censure motion; it would be something even more serious. Let us put aside the quibbles of the Minister for the Environment. He gave the game away. Obviously he did not listen to the speech of the Minister for Health this afternoon when he was defending himself and said that his most important task was to determine that budgetary outcomes in health were met. That is the principal matter for which the Minister for Health is accountable. That gives the game away. In question time today the Minister for Health was talking about health outcomes and the vision that he had for the future of New South Wales health. He has been talking about that for the past 18 months, and that is terrific. Part of the censure motion tonight is that the Minister has not developed the plans and policies to bring his vision into effect.

Some excellent things are being done in health. If the Minister for the Environment is correct, certainly it is not true that the Minister for Health has anything to do with it. The bulk of the excellent things being done in health are not due to any politicians; they are due to the work of the medical staff, the nursing staff, the community health teams, the professionals, the academics, the researchers and the teachers in medical schools. The system has been kept going, but the delivery of services has decreased - I will demonstrate this in regard to the Hunter area in particular - especially for public patients and especially in rural New South Wales. Budgets have been tragically underspent. The Deputy Leader of the Opposition referred to an underspending of \$220 million during the period that the honourable member for Miranda has been the Minister for Health.

Cost-cutting is the only reform achieved by this Minister in his 2½ years in the ministry. The reform of medical and community needs has not taken place; it has been a cost-cutting reform. I have one major reason - one of many - why this censure motion should be carried: the 40 per cent increase in waiting lists in New South Wales while this Minister has been the Minister for Health. I will trot out the figures because maybe even the Minister for the

Environment's word "culpability" could apply to the Hunter. The core figures - the Minister's own figures, not the ones the Labor Party obtained under freedom of information applications, which show the true figure - for New South Wales waiting lists for 1991, 1992 and 1993 were respectively, 24,191; 28,728, an increase of 19 per cent; and 32,636, a further increase of 14 per cent. In the Hunter region for the same period the numbers waiting were 2,125; 2,661, an increase of 25 per cent in the Hunter compared with an increase of 19 per cent for all of New South Wales; and 3,796, an amazing increase of 43 per cent over the previous year's figures.

Mr Blackmore: Rubbish!

Mr MILLS: It is not rubbish. I point out to the honourable member for Maitland that they are the Minister's own figures. I am only calculating the percentages. The increase in waiting lists in the Hunter is three times worse than the average for the rest of New South Wales. The real FOI figures obtained by the Labor Party show 4,941 on the Hunter waiting list. That is 30 per cent above the core waiting list. This is the nitty gritty, because waiting lists are not just statistics; they apply to real people, mostly people in pain, people whose families are disturbed and whose own lives are disturbed. In 1991 in New South Wales 5,413 people waited longer than six months; in 1992, 7,791, an increase of 60 per cent; and in 1993, 8,526, an increase of 10 per cent. In the Hunter, 639 waited more than six months in 1991; 1,092 in 1992, an increase of 71 per cent - way over the State average for people waiting longer than six months; and this year 1,549, a 42 per cent increase in the number of people in the Hunter waiting longer than six months.

The Hunter has been badly served by this Minister. The chief executive officer of the Hunter Area Health Service explained the increase as finding more people waiting on the private doctors' lists and not on the hospital lists. The increase in the Hunter waiting time is evidence of queue jumping in the Hunter because the hospitals in many cases do not control the lists. I do not say payments are being made, as was found in Armidale, but I know that private patients are jumping queues in the Hunter. The State has done nothing to help the Hunter Area Health Service sort out its problem, but the Federal Government has.

[*Interruption*]

The Minister knows it and it is a pity that he does not tell the honourable member for Coffs Harbour about some of the things that happen in health in this State. I quote from a press release by the Federal Minister for Health, Graham Richardson, dated 15 July 1993:

The Hunter Area Health Service is about to receive a grant of \$331,000 under the Federal Government's Hospital Access Program which focuses on better management of waiting lists.

This was announced today by the Federal Minister for Health, Graham Richardson.

"These funds will be dedicated to research how waiting lists are managed within a discrete geographic area," Senator Richardson said.

"The results of the study are expected to identify ways to improve waiting list management in the Hunter Area and elsewhere in Australia."

The Hunter Area Health Service competed for and won Federal funds for that project, which was titled "Booked Surgery - A Model for Management". Through that Federally funded program the Hunter Area Health Service was able to find the extra waiting patients. If it were not for the Federal Labor Government handing out significant extra moneys, that black hole of waiting times in the Hunter would be far deeper. Even worse, the people on the waiting lists would be waiting even longer. Some people are waiting more than two years for surgery. This Minister has only a hope that a fix will happen; he does not have a policy for accelerating day surgery, for example. The Minister for Health is not pursuing a policy, but he hopes to have 50 per cent day surgery by next century. The Minister should be working now towards a real target and I suggest that target should be 60 per cent by 1997 or 1998.

The Minister should be censured because he allows closures over holiday periods. The Minister does not shake the tree to get the Hunter Area Health Service to solve the waiting lists caused by a lack of anaesthetists working in the public hospitals in the Hunter. This problem is as old as his ministry. This problem was exacerbated by the first significant act he took as a Minister: the closure of Wallsend hospital. I quote from the *Newcastle Herald* of 9 March 1994, under the headline "Surgery suffers as specialist doctors walk out":

A spate of resignations among anaesthetists at John Hunter Hospital has resulted in the cancellation of three to four operating-theatre sessions for elective surgical cases each week at the hospital.

...

The president of the Hunter Medical Association, Dr Geoff Oldfield, said last night that because the hospital was already short-staffed in its anaesthetics department, the workload facing new staff specialists was onerous and prevented them from undertaking necessary research and teaching.

...

"I have spoken to people who have left the department over the last year or so and they say that it now has a reputation Australia-wide . . . and no-one wants to go there because of the actual hands-on clinical workload and not getting enough research and teaching", he said.

Dr Oldfield said many anaesthetists in private practice in Newcastle were reluctant to work at the hospital as visiting medical officers (VMOs), because workload pressures interfered with them carrying out the teaching duties expected of them.

A Minister worth his salt would have shaken that tree and sorted out the problem instead of letting it go on for 2½ years. The motion refers specifically to delays in accident and emergency services. The *Newcastle Herald* of 11 March, under the headline "Patients sleeping in temporary beds", states:

Page 1529

John Hunter Hospital authorities confirmed yesterday that on average about eight patients remained overnight in temporary beds in the hospital's accident and emergency department before admission to wards.

Responding to inquiries by *The Newcastle Herald*, the hospital's manager . . . said that, while it was not completely desirable, the situation represented good management in that facilities and resources were being used in a prepared and planned way.

The manager went on to say:

The environment is not conducive to good sleeping and so on, but they do get good care.

Further, the article reports:

Heavy demand on the accident and emergency department at the Newcastle Mater Misericordiae Hospital at Waratah resulted in the hospital diverting ambulances to John Hunter between 9.30am and 6pm on Wednesday.

The chief executive officer of the Hunter Area Health Service . . . said last week that problems of overloaded emergency departments could not be solved by routinely transferring casualty cases from one hospital to another.

He was commenting on problems at the Mater hospital on the preceding Sunday night, which he said involved problems of admitting patients in a reasonable time from the emergency department to the hospital's general wards.

The Minister for Health deserves censure because under his administration in the Hunter region two of the five accident and emergency departments at hospitals have been closed, with resultant enormous stress being placed on the remaining accident and emergency services. The Minister should be censured because of the big Easter

slowdown in the Hunter region this year. A constituent of mine was admitted to the Mater hospital at 6.30 one evening and was still in the accident and emergency department at 10.30 the next morning. Another of my constituents went to the John Hunter Hospital, where there was not supposed to be a slowdown. He was in pain, was given an X-ray almost immediately but received no further attention for eight hours. He was then found a bed. My constituent was offered no food or drink and the staff had no consultation with either the patient or his family. Those illustrations are typical of what is happening in my electorate and both experiences were instanced the week before last.

The worst evidence of the slowdown in the Hunter region's health services relates to the privatised laundry service. Brambles was given the four-day weekend off. On Easter Monday - and three of my constituents have verified this statement - a 30-bed ward at the John Hunter Hospital had only five towels available to patients, and all of those were unacceptably thin. A patient who requested clean sheets to replace soiled ones after he had been in the hospital for 24 hours was told that there were none in the hospital and he had to wait a further day for clean sheets. Some families went home and brought back towels so that their inpatient relatives would be able to take a shower.

The Minister has created a climate of relentless cost cutting. Hospital management staff put budgetary considerations ahead of clinical need. That is not the correct culture for a health service. What about infection control at the hospital? What a disgusting standard of hygiene. The privatised system of laundry service, using Brambles, lacks flexibility and guarantees of quality. When John Hunter Hospital was set up it was forced to take private laundry services. The public sector was not allowed to tender for cleaning services. Hospital employees say that almost never is a linen order filled accurately and correctly, meaning that staff time is wasted and that shortages occur, leading to a threat to hygiene. The *Newcastle Herald* of 13 April reports:

Following complaints about the holiday linen service, the hospital issued a statement on Monday saying that the shortage had developed during the days leading to the Easter long weekend.

"It was not possible to obtain fresh stocks in time, and, as the linen supply contractor usually does not wash at the weekend, linen was in short supply over Easter," the statement said.

What a poor innovation the privatised laundry service seems to be. It is not a good advertisement for privatised health support services, for which the Minister is pushing. Serious health administration questions arise from the interaction of a privatised linen service with the area health service. The Minister will not explain what contractual guarantees are given by Brambles in relation to the supply of laundry to the John Hunter Hospital. Was the failure of Brambles to supply sufficient linen before Easter a breach of its contract? Does Brambles have service quality and quantity guarantees written into its contract? If unacceptably thin towels are supplied, does that constitute a breach of contract?

The Easter slowdowns cannot be justified in terms of saving money, because they threaten the health and comfort of patients. The culture of the health system has to be changed so that does not happen again. The culture has to be changed right from the top. The House should support this censure motion. Another privatisation initiative in relation to hospital services concerned treatment of hospital wastes. A microwave oven was imported and tested for waste incineration effectiveness for many months at the John Hunter Hospital. That process for getting rid of hospital wastes was warmly approved by the system and was thence taken to Cleanaway. Hospital incinerators are disappearing and new methods of waste treatment are being adopted. In February an enormous number of complaints about terrible smells were received from Cardiff industrial estate workers. Surrounding industries were losing customers, and their workers were sick and retching.

There were no noted problems during the trials at John Hunter Hospital but when Cleanaway was operating the process at Cardiff the performance of the new treatment process was terrible. Extra wastes, beyond those coming about through the Hunter area health service contract, were being taken in. That may have caused a deterioration in performance - I do not know. But a band-aid solution was organised by the Environment Protection Authority, the public health unit of the area health service and Cleanaway.

The unit is going off to Kooragang Island in the electorate of my colleague the honourable member for Newcastle. His electorate will get something that emits ponging substances and we do not know what those substances are; we do not know whether the substances are harmful materials that are not properly incinerated. That is not the way to carry out a new treatment process. Problems should be fixed so that public health is guaranteed. I have given two examples that are not a good advertisement for the Minister's policy of privatisation of health support industries. It is no wonder that people are concerned about what may happen in Port Macquarie after the whole hospital system is privatised.

For many years the Hunter Area Health Service has been funded at \$15 million to \$20 million per annum below the proportion of the State budget the service should receive under the resource allocation formula. The Treasurer and Minister for the Arts, Mr Collins, when Minister for Health, acknowledged that; the present Minister for Health has acknowledged that; and the area health service board acknowledged that recently. We have a health service that is under pressure from sick people queuing up for treatment. Community health and health promotion teams and programs lack the funding needed for the provision of adequate services and the funding needed to achieve progress.

The chief executive officer of the Hunter area health service has floated the idea that \$6 million to \$7 million could be retrieved for spending within the Hunter by excluding patients from outside the Hunter region from using the area health service for general medical procedures not available in their own areas. The chief executive officer did not mean patients coming to the Hunter in the tertiary referral role who needed oncology, paediatrics and the specialties of the teaching hospital; rather, getting rid of urology, orthopaedics, obstetrics and gynaecology services where adequate services were available on the Central Coast, in the Tamworth district, the Taree district and so on. This proposal was aimed at getting rid of numbers that were clogging services at Belmont and Newcastle. Those are the kinds of problems being raised by the chief executive officer, and they relate to faults that should have been corrected by the Minister. [*Time expired.*]

Mr FRASER (Coffs Harbour) [1.58 a.m.]: It is sad that we, the members of the New South Wales Parliament, have to sit here at 2 a.m. to debate a motion that is nothing more than a re-elect John Hatton campaign because the 1995 general election is getting closer. For the benefit of honourable members who are in the Chamber, I remind the House what this censure motion is all about. The motion seeks that the House censure the Minister for Health for maladministration of the health portfolio. *Collins English Dictionary* defines censure as "Severe disapproval; to criticise severely". The definition of maladministration is: "Dishonest administration". I suggest to honourable members that the only dishonesty in the debate has come from members opposite, especially the honourable member for South Coast. He has tried to establish a platform for his re-election. He should recall an editorial that appeared in one of his local papers not long ago which said that it was about time John Hatton represented the people of his electorate instead of sticking his nose in the affairs of every other electorate in New South Wales. The article said it was time he stood up for issues related to health, roads and schools in his electorate. Suddenly he has realised that an election is coming up. He has stuck his nose into HomeFund and got rid of Greiner. He has done all of these things in his own interest and now realises that he should do something for his electorate.

The word is out on the South Coast that this bloke will not last. He sits on the Opposition side of the House smiling. He is nothing more than an apologist for the Labor Party. He has been a member of this place since 1973 and sat through the worst maladministration the State has ever seen, under the Rex Jacksons of this country. He sat there and smiled, as he is smiling now. Now he is seeking to apologise for his inaction by attacking a Minister who has taken on health care in New South Wales and has done what the people of the State wanted but the Labor Party never did. John Hatton, you are a disgrace; a disgrace to this Parliament and a disgrace to the people of New South Wales.

Mr Harrison: On a point of order: Mr Acting-Speaker, I ask that you direct the honourable member to address his remarks to the Chair and that he not reflect on the honourable member for South Coast by making direct comments across the floor of the Chamber.

Mr Fraser: On the point of order: the honourable member, or so-called honourable member, for South

Coast brought on this debate and his position must be made clear to the Parliament and the people of New South Wales. I do not believe my comments are out of order.

Mr ACTING-SPEAKER (Mr Hazzard): Order! Two points of order are involved. One is a request that the honourable member for Coffs Harbour address his remarks to the Chair. I uphold that point of order and direct the honourable member for Coffs Harbour accordingly. The second point of order is that the honourable member for Coffs Harbour has reflected on the honourable member for South Coast. I rule that the honourable member for Coffs Harbour has not gone beyond the cut and thrust of this broad debate.

Mr FRASER: The member for South Coast is a disgrace to his electorate and to the people of New South Wales. This man has come into this place to defend a Labor Government of past years that did nothing for health in rural areas or throughout the State. He has sought to defend members of the Labor Party who in the past 12 months have said that the Government should accept what it was offered by the Federal Government in the form of rebates through Medicare. When the people of the State and the people of John Hatton's electorate were contributing more than \$100 million a year to Medicare they were getting nothing back. The Minister for Health stood

Page 1531

up for the people of the State and said that was not good enough. At the end of the day he got \$78 million, which was \$22 million less than the people of the State contributed.

What did the honourable member for South Coast say about that? Absolutely nothing, because he is nothing more than a former Labor Party member who has not handed in his membership card. He may not be paying his dues but he is surely sitting on the tail of the Labor Party. He has been forced by the Labor Party to put forward a motion that speaks of censure and maladministration - dishonesty. As I said, if anyone is dishonest in this Parliament it is Labor Party members and the honourable member for South Coast. I read in the *Parliamentary Handbook* that at Darwin in 1970 Jaycees Australia made an award to him as the outstanding young man of the year. I wonder how they feel about that today. This man sat through years of Labor administration, saw the corruption, but did nothing and said nothing. He now comes to the Opposition benches when he has power - the man who would be king, the man who would like to be Premier of New South Wales but cannot be because he is nothing but a member of an Independent party, one of a group of three Independents who sit on the crossbenches and hold the balance of power.

They hold the balance of power though fewer than 1.5 per cent of the people of New South Wales voted for them. The honourable member for South Coast is now using that power corruptly. I instance the way he handled the Greiner affair with regard to corruption and maladministration. Let me examine what he did and how he turfed out the former Premier, who was a good man. He turfed him out because he believed that what the former Premier did was corrupt. However, the honourable member for South Coast sat on the benches when the Labor Government was in office and he did not hold the balance of power and was an apologist for corruption, maladministration and lack of spending on health over a period of 12 years.

During the 12 years of Labor administration Coffs Harbour Hospital had nothing spent on it. In the past six years since the coalition Government came to office \$13 million has been spent on the hospital. It has a new accident and emergency unit, 28 new beds, increased facilities, and a new community health centre - all put in place by the Minister that this apologist for the Labor Party wishes to censure and has accused of maladministration. Maladministration is the big word of the Independents, or the members of the Independent party as they should be called. It is amazing how they pull together when they want to try to bring down a government and wield the big stick. At no time - until an election is forecast - has the honourable member for South Coast raised in this House that he needs something for his own electorate.

He has raised this matter now because all of a sudden March 1995 is breathing down his neck. Suddenly he has realised that the people of his electorate probably read the *Daily Telegraph Mirror* or the *Sydney Morning Herald*; they do not read the local paper - or if they do, the editorials in those papers paste the local member for doing nothing. Therefore he has to get a headline by censuring the Minister for maladministration - not gross maladministration as is mentioned in the charter of reform or agreement that was signed by the

Government, the Opposition and the Independent members. Gross maladministration might bring down the Government. The motion refers simply to maladministration and censure. The honourable member can then say that he did not move this motion with the intention of bringing down the Government but that he did it on behalf of his electorate.

What else has the honourable member done on behalf of his electorate in regard to health care? He has done absolutely nothing. He has not told the Minister or the Parliament that he needs money for health in his electorate. Despite the fact that the honourable member for South Coast has not made representations to the Minister seeking funding, the Minister has allocated funds for community health in metropolitan and rural New South Wales. Recently I visited the Royal Alexandra Hospital for Children at Camperdown, where staff are doing a fantastic job under archaic conditions. Some time in 1995 those people will go to a new facility at Westmead that is valued at more than \$300 million and has been put in place by this Government and this Minister. That facility will care for all children in New South Wales. It will provide services that cannot economically be afforded to regional areas, but they can be economically supported in the western districts of Sydney to help children from all over New South Wales. The Labor Party, when it was in office, failed to recognise that the new Westmead hospital facility needed improvement.

The Labor Party failed to recognise the needs of country areas. Children were travelling from country centres to Sydney to be treated for medical problems such as cancer and massive heart defects. These children will now be treated in the magnificent facility at Westmead that was put in place by this Minister and this Government. The Government cares for the health of the people of New South Wales and for the facilities in which they are treated. The member for South Coast berates the Government for the Port Macquarie hospital decision. As far as he is concerned, it is a philosophical void because he does not want the people of Port Macquarie to receive health care. He likes to run the Labor lie from hit-and-run Refshauge that the people who go to Port Macquarie hospital will be charged private rates. It is a lie and it is nonsense. He knows that because he was a member of the Public Accounts Committee that heard the evidence. He knows that lack of capital funding made it necessary for the Government to consider providing a health facility for Port Macquarie which would not otherwise have been provided because health dollars were going to areas that the former Labor Government failed to recognise.

Page 1532

John Hatton is not being honest with the people of New South Wales. He runs his flag up the pole for his election purposes. John Hatton is running down the health care people of New South Wales, yet he fails to criticise the Federal Government that is ripping billions of dollars from the public in New South Wales and Australia and is not returning those funds equitably to rural New South Wales or anywhere in New South Wales. Under the administration of this Minister Coffs Harbour hospital has received 28 new beds and has alleviated waiting lists. It should be noted that waiting lists are controlled by the doctors, not by the Minister and the hospitals system in this State.

If the member for South Coast had any guts, he would publicly make those points. He would admit that doctors are in charge of the critical care and control of their patients; they prioritise patients into hospital; they prioritise the care, who should and should not be on a waiting list, and who should be given elective surgery. But he wants to blame it all on the health Minister, who has provided a 25 per cent increase in health funding on the North Coast. The Minister looked at health funding across the State and said he would put the resources where people need them - in western Sydney and in country New South Wales. The Minister said he would put the resources where the Labor Party failed to put them when it was in office. The Minister is doing that. He inherited something like \$1 billion capital works that was not attended to by the Labor Party.

Mr Photios: It is \$2 billion now.

Mr FRASER: That is right, \$2 billion capital works that the Labor Party refused to acknowledge. Yet the honourable member for South Coast seeks to censure the Minister for not fixing that up in six years. The Minister has provided funding of more than \$900 million for capital works.

Mr O'Doherty: To rural New South Wales.

Mr FRASER: To rural New South Wales alone, as the honourable member for Ku-ring-gai says. Yet the Minister inherited a capital works deficit from the Labor Government that played politics with health care. Hit-and-run Refshauge ducks up to Coffs Harbour every now and then, drops a bucket of lies and takes off. He is recognised on the North Coast as hit and run because he did nothing about accident and emergency units - the Government has and will continue to do so. He hits, he runs, he tells his lies, but no one believes him. One sucker in this House believes him: John Hatton. John Hatton is the man who has sat on the crossbenches for the 12 years of Labor government and did nothing and said nothing. He is nothing more than an apologist. I would like to find something worse to say about him but he cannot be described otherwise. He is an apologist to his electorate and to the people of New South Wales. He really should apologise to the Minister for having the gall to move this motion of rubbish and make us sit here until 2 a.m., 3 a.m. or 4 a.m. arguing something that we know the Minister has well and truly covered.

The following areas represent real percentage increases to health in this State: Tweed, 35 per cent; Richmond, 23 per cent; Clarence, 6.9 per cent; mid-North Coast, 27 per cent; Macleay-Hastings, 6.5 per cent; and lower North Coast, 36.12 per cent. Mr Hatton should take up Dr Refshauge's suggestion and get an honest, second opinion. He should look at what the Government is doing and has done with health care because it has done the right thing in health care. The Independents are discussing whether they really want to support the honourable member for South Coast. They are looking for a pair so that they can go home because they really do not believe that the debate is worth it. The Government believes it is worth the long sitting because it has looked at the needs of New South Wales people and acted. This Minister has taken note of what happened under Labor administrations, what needs to happen, and he will address those issues admirably.

For John Hatton to stand in this Parliament and put forward a censure motion is nothing more and nothing less than blackmail. It is something of which he should be ashamed. I do not know how he sleeps at night. This man, who says, "in my position of power in the Parliament" and who used to have his little troop of ducklings, used to run up and have a little panic every time two or three of the Independents would duck across to vote with the Government because they would not listen to him and they needed the votes in the electorates. John thought, "They are not hearing my words of wisdom". But in this Parliament he has the balance of power: power that he is unable to administer, power that he administers unfairly, and power that should not be placed in the hands of a man who has been here for so long that he believes his own rhetoric.

John Hatton believes he is the only honest politician in New South Wales. John Hatton is not an honest politician. John Hatton is a man who in the past has been accused of perjury in the press and I believe he has perjured himself to this Parliament today. He is a man who will not stand up for the people of his electorate; he is a man that will run an issue right out to an election; he is a man that tells lies and who runs the Labor lie. The Labor Party and John Hatton should be ashamed for bringing this motion to the Parliament. I hope that Clover Moore and Peter Macdonald have gone home because they do not believe in the nonsense that has been put forward to this House today by this person. I do not support this motion. I do not believe any member who is honest in this Parliament today can support the motion because this Minister has given New South Wales and will continue to give New South Wales what it deserves - a better health system.

Mr PRICE (Waratah) [2.18 a.m.]: We do not often hear a member of this House denigrated in such an exhaustive fashion as the honourable member for Coffs Harbour has managed to do tonight. He may give himself a few pats on the back, but I doubt that many other honourable members would agree that he has shone. Nevertheless, such is the way of

Page 1533

honourable members from the north. The censure motion is realistic and needed to be brought forward. The Hunter Area Health Service and its board have been the scene of some of the early casualties of the Minister for Health. Soon after the last election, when the Minister had to take the stand, a decision had to be made on funding.

After a promise of an additional allocation of \$25 million to support the construction program for the John Hunter Hospital in the Hunter region that funding was withdrawn, though it was well known that a number of significant capital purchases had been made that were to be covered by that promised amount. The result of that is history, but it is history worth examining. The then board was instructed to take some economic steps to reduce services to comply with the then budget. A number of options were given and the board had to seriously consider closing a hospital: it was mandatory that a hospital had to be closed. The Hunter had to be punished for its indiscretion in accepting a promise as a possibility of reality.

The Royal Newcastle Hospital and Wallsend District Hospital - and to a lesser extent, the Kurri Kurri District Hospital - were considered as possible casualties in this drive to run the budget of the area health board within the bounds of its original allocation. Wallsend District Hospital lost, but not without a struggle. The original Hunter Area Health Service board put forward a proposal to dramatically reduce from \$20 million to \$6 million the budget of the Wallsend District Hospital. This devastating cut would have drastically restricted the type of services provided by that hospital, but it would still have maintained a hospital service. All hospitals in the region were to have been maintained whilst the Hunter Area Health Service brought the John Hunter Hospital on line. Then progressive reductions of certain hospital services were to occur over a period that would run for approximately 10 years.

Those progressive reductions and rearrangements of services were part of a master plan that had been approved by the former Greiner Government. But no, we could not stick to that. The need for the health dollar to be placed elsewhere in the State was vital. The board and the chief executive officer were dismissed and the Wallsend District Hospital was closed. It was the first hospital to be closed in the State under this present regime and 180 beds went out of service. Services provided by that hospital had to be rearranged. Of course, the Minister's cry at the time was, "Okay, we have taken this action but there will be no reduction in service". True, the urology service moved to the Royal Newcastle Hospital and ophthalmic surgery was concentrated at Kurri Kurri District Hospital and later returned to the Royal Newcastle Hospital.

I have only mentioned two services, but it is interesting that all those that were relocated retained their name but bed availability was drastically reduced. That is what we are faced with at the moment - the non-acceptable reduced level of available beds in the Hunter Area Health Service region. It is a major problem to medical practitioners and specialists and has been the subject of countless discussions by the medical councils of the hospitals that make up the Hunter Area Health Service. Many public statements have been made and the then administrator, now the chief executive officer, has said, "Okay, the John Hunter Hospital is a high-tech hospital. We can pump patients through the system without any trouble at all. We have the fastest and most cost-effective turnaround of patients in New South Wales". But what is not being said - and statistics are no longer being taken - is that this area has the highest rate of readmission in New South Wales.

People over the age of 60 who have traumatic surgery and who would normally spend four to six days in hospital to recuperate - as opposed to a younger person who may go home after 36 or 48 hours - are now sent home, sometimes at four o'clock in the morning. They are sent by taxi to an empty home, a place that might only be accessible by a stairway or a path up the side of a hill. They are dropped off at the gate by a taxi and within 12 hours they are back in hospital - sometimes they last 24 hours - because the stitches have come out, or they have not been able to feed themselves properly, or they have muffed their medication. Those problems could have been overcome if the reduced scale Wallsend District Hospital had been available for long-term recuperation at reduced staff levels.

It is hard to justify the Minister's claim that all is well statewide when these problems are occurring in the Hunter, and I am sure they are reflected in other areas of the State. I have spoken on this issue many times in this Parliament, as have my colleagues from the Hunter region. It is just not good enough. The Wallsend District Hospital closure resulted in one of the greatest demonstrations of public hostility towards the Government that I have ever witnessed. Wallsend District Hospital is a relatively small suburban hospital. It was built originally on capital raised from miners' contributions of threepence a fortnight from their pay and it was eventually taken over by the State and expanded.

Approximately 13,000 people attended the first demonstration and more than 15,000 people attended the second demonstration. A community picket-line was formed and it ran for more than 18 months, 24 hours a day. The demonstration was not attended by some trade union opposition group - though some members of trade unions were present from time to time - but was attended principally by aged residents from the area, the Kurri Kurri district and Newcastle city. These people remained there day and night. They were fed and supported by the local community, by the local council and the media, but all to no effect.

But one thing was achieved. At least that hospital was maintained in public ownership. Though its function has changed, it is again open as a nursing home. People from the Dudley Men's Home and the
Page 1534

Western Suburbs Hospital at Newcastle were transferred to that establishment. Though the Western Suburbs Hospital is now closed pending further use, that, too, remains in public ownership and will be placed back in service shortly. The wonder of it all is the amount of sheer waste, the stripping of the hospital. Piping required for oxygen was removed from the walls and other important equipment, such as gas and water connections, were also removed. Theatres were completely stripped to ensure that the hospital was immobilised, though it is not being used. This means that if any future administration wishes to use the hospital, it will have to go to ridiculous expense to restore the hospital to a state in which the best available medical care can be provided to traumatic patients trying to recover in a quiet and sensible location.

I wish to pass on to the plight of the oncology unit at the Mater Misericordiae Hospital at Waratah. The oncology unit is directly associated with the University of Newcastle. It is seen as one of the leading areas for research and treatment of cancer of all varieties. In fact, for a brief time the director of the melanoma clinic at the Wallsend District Hospital was relocated to the Mater Misericordiae Hospital, but I understand that the decision has been reversed and the melanoma clinic will return to premises in the Wallsend campus. That is interesting and demonstrates that actions taken in haste can often result in wrong decisions.

The Mater Hospital, which has two linear accelerators for the treatment of cancer, as well as other facilities, is now faced with a significant problem. As a result of the successful build-up of patients that particular unit at the Mater hospital now services the whole of the north of New South Wales; the entire Hunter region; significant numbers from the Central Coast who require treatment for cancer; and, on several occasions, people who have been sent from Sydney for urgent care. The two accelerators and the associated computerised axial tomography - CAT - scanner have been operating continually for some years. Earlier, an electrical failure required complete removal of one unit and its replacement with another, but the accelerators have now reached the stage at which, within the next 18 months, they will both have to be shut down - hopefully sequentially - for at least four months each to allow regular maintenance and overhaul to occur.

During that period what will happen to the incredible build-up of patients that we can hardly cope with in the Hunter at present? Do we send them away for four months, halfway through their treatment? Do we not treat them at all but tell them to come back later when we can give them a full treatment cycle? Do we send them to Sydney to receive treatment, as we did many years ago - treatment that leaves them debilitated, which means they have to travel to and from Sydney by train? They vomit on the station; they vomit on the train; they are completely uncomfortable, out of their element and absolutely distressed by the time they return home. Are we to go back to those days?

The Hunter region needs a third linear accelerator. The Government's answer is: You will have to wait your turn; Liverpool has to get one. That is fine. We have no objection to Liverpool receiving a facility such as a linear accelerator, and having it staffed. I would point out to honourable members that the linear accelerators in the Hunter were provided by the community and paid for by the community, as a result of the efforts of the local cancer appeal committee and a series of telethons run by the local television station, NBN Channel 3. The two linear accelerators and associated mammography equipment were purchased with the funds raised. They were purchased through government purchasing arrangements, installed by the Department of Public Works at government expense, and staffed on a recurrent funding basis by the Government.

Initially the radiographers had to be imported because there were none available in New South Wales.

They came from other areas. In an attempt to counteract that problem, the University of Newcastle instituted a graduate diploma course to train adequate numbers of radiographers to be employed not only in Newcastle but throughout New South Wales. It was hoped that a number of the home grown radiographers would stay in the area. Honourable members may be interested to know that only one has been employed in Newcastle since the course was introduced - and I believe the third group will graduate this year. The others who have been trained in Newcastle have had to seek employment elsewhere. The waiting list for oncology and cancer treatment gets longer every day, and a number of articles have appeared in local newspapers and, indeed, in the metropolitan press on this issue. The waiting list was reduced initially by everyone working overtime for four weeks until the list went down to what was considered to be a reasonable number. But what will happen when the first linear accelerator goes off line?

I mentioned telethons and I understand that, next year, the telethon will again have as the principal beneficiary cancer research and treatment. It is not unreasonable to anticipate that the community will again be prepared to raise money for the linear accelerator. What is needed is a commitment from the Government to install the linear accelerator and staff it recurrently. Three accelerators would mean the unit could operate and function in the way it is supposed to: it would relieve the pressure on the metropolitan area and also take care of the problems with training that are currently being experienced in the State. Of course, the problem is that the Government is unable to distribute the funds available in a fair and equitable fashion. There have been many instances of that and honourable members have heard of quite a number tonight. There is no sign that that will cease. It is not a matter of supporting the resolution; it is a matter of seeking justice for those in this State who need treatment. They need treatment now, not at the end of a list -

Mr Schultz: You are a hypocrite, John. Get into your Federal Minister, too. It is disgraceful what he has not done for women's health.

Page 1535

Mr PRICE: Women's health?

Mr Schultz: It is disgraceful what your Federal Minister has not done for it. Disgraceful.

Mr PRICE: It is nice to know that Alby is awake; it is good to see it.

Mr Schultz: I am awake, all right. I am well and truly awake on that issue.

Mr PRICE: I thought your eyes were just painted on your eyelids.

Mr Schultz: I am well and truly awake; not drunk like half your colleagues are.

Mr PRICE: You will need more than women's health care to help you, because you will help yourself out of a job the way you are going. Nevertheless, there is a problem still to be solved in the Hunter, and it is reflected throughout the State. But I believe that the Government has a responsibility not only to initiate programs but also to maintain them. We have seen a progressive reduction in services in the Hunter region, despite the medical evidence and calls for medical support. Honourable members heard tonight from the honourable member for Wallsend of the extremely difficult problem of obtaining and retaining anaesthetists in the Hunter region. That is slowing down the treatment of the sick and helping to increase the waiting lists for patient care.

It was interesting tonight to listen to previous speakers talk about how the list is the responsibility of the doctors and not the hospitals. I recall prior to 1988 the then honourable member for Willoughby, in his capacity as shadow minister for health, stating in this House that the cause of medical queues was hospitals and the Government and the inadequacy of the hospital system; there was no mention of it being the fault of the medicos at that stage. It is interesting that members of the Government have reversed their opinion. And they will continue to reverse it because there is no excuse for the action currently being taken to denude those areas,

particularly those outside the metropolitan area of Sydney, of their rightful ability to provide beneficial and complete health care.

I have mentioned only two of the five public hospitals that operate within my electorate. The stories are similar for two others - one of the five is currently closed pending a decision on its use as a training centre. I wonder why, more than two years after the closure of the Wallsend hospital, the medical councils of the Hunter are still saying that they need at least another 200 beds and at least one more linear accelerator - to accommodate not only patients from the Hunter who live within the area, but also those who are being referred to the area because of the excellence of the medical capacity and hospital treatment available to us, or that which should be available to us. The health situation in New South Wales is a disgrace and the Government has done nothing to correct the problem. Privatisation is something that is talked about, a function we will see over time, but we are not here to experiment with people's good health. We want excellent health facilities and we need them now.

Mr BLACKMORE (Maitland) [2.38 a.m.]: I support the Minister for Health, the Hon. Ron Phillips. The motion is that this House censures the Minister for Health for maladministration of the health portfolio. One has a moral obligation to support a Minister who has done a magnificent job with the facilities available. This is the first time I have risen in this House to speak against the motion of an Independent member, in particular the honourable member for South Coast. I and many other members of this House, on a reading of the newspapers, would be full of admiration for the honourable member for South Coast. But I can honestly say I am damn well ashamed of what I have seen of the action of that member in the short time I have been a member of this Parliament. What that member is doing is not fair dinkum; it is not honest.

The member knows, as the other two Independent members know, what you tried to do to me when my ICAC case was on - about certain material that had to be presented to the ICAC and back to the Independents for you to make a decision. That material was confidential, and one day, publicly, I am going to raise that. That is a disgrace, an absolute disgrace. The honourable member for South Coast shakes his head about this. That was the written opinion of counsel assisting the commissioner, that you had to sight that material. It is a disgrace to take a seat in this House and then to come to stand in judgment on a Minister who is a man dedicated to the provision of public health in New South Wales. I wonder: have any members opposite been in hospital? Did they criticise that hospital system? No doubt when they were in hospital they received the best attention available.

I want to refer to this motion and the way that comments made in this Chamber this evening reflect on the people who staff those facilities, who are dedicated to the health system. My entire family has used the facilities of Maitland hospital and can vouch for the attention received from its dedicated staff. No comment was made at any time that the hospital was short of funds, or that the Government has caused delays in accident and emergency areas and unconscionable productivity cuts, has neglected people and caused hospital bed closures. The staff of the hospital went about their business with health care first and foremost in their minds. This evening there has been discussion about Wallsend hospital being closed. That goes back many years. The member representing that area became most upset in discussion because when his party was in government it wanted to close the hospital. He was the Treasurer at the time. He fought because his own party wanted to close that hospital, yet tonight members opposite seek to blame this side and this Minister for the closure of Wallsend hospital.

One could look at two hospitals in my area, at Dungog and Maitland. Until late last year those hospitals were the only two in the Hunter which had received a full three-year accreditation. That is something the Government does not ignore. That is something that is tested independently by the health

Page 1536

system, and they earned that three-year accreditation. We are talking about an old hospital. Maitland hospital is now 152 years old: it has provided 152 years of health care for the people of the Hunter. However, members opposite seem to want to talk only about one subject - long waiting times for elective surgery. I say to members opposite and to the honourable member for South Coast that \$80,000 was offered to Maitland hospital for the provision of elective surgery on a Saturday. How that came about was that a specialist in Maitland who

performs elective surgery tells his patients that his operating day is a Monday and he cannot fit them in because Maitland hospital will not give him extra time. He would like to operate on a Saturday.

So when I took up this matter I found he had the opportunity to take up other time during the week. When that was reported back he said, "No, I operate in private hospitals Tuesday, Wednesday, Thursday and Friday". The offer was then made that he could operate on a Saturday. He said that was his golf day and that he was not going to come in and operate on a Saturday. So the \$80,000 for elective surgery that came from the Federal Government and was passed through to the State was left untouched. That is a classic example of a doctor not wanting to work on a Saturday.

Maitland hospital then went about revising its operation procedures and theatre schedules to enable elective surgery and to enable people waiting for that care to receive necessary surgery. That is where the numbers and percentages come from that members opposite want to talk about. We are talking about elective surgery in this case. We can also talk about waste of money. This is the eleventh hour of this debate. With approximately 200 staff and members in this building, members opposite should look at that for waste of money. In that 11-hour period probably 100 babies have been born, probably as many people have had accidents and have gone to hospital to receive treatment, and undoubtedly a number of people have died.

The Opposition wants to talk about the closure of Wallsend hospital but does not want to say that the previous Labor Government closed the hospital at Gresford, which is located about 35 kilometres away from Maitland. Do members opposite know where people in my area go for the delivery of babies? To Maitland. Some people would have to travel 35 kilometres to Maitland, and people who live around Nelson Bay have to travel about 50 kilometres. Yet in Newcastle three facilities are available within a 10-kilometre radius. But one does not hear people in rural areas complaining because services provided by the Government have been increased, and that is based on real figures. The Opposition can rubberise the figures it quoted earlier this evening, but the Budget does not tell a lie. The Budget Papers show that we received an increase from the Federal Government. That was not truly an increase but was what was rightfully ours, funds which had been denied to New South Wales.

The Federal Budget allocated \$5 billion, a 7.7 per cent increase on last year's Budget. The national health summit, under the chairmanship of Minister Phillips, developed the basis of the national health policy. We saw record levels of funding for greater western Sydney in the sum of \$1 billion, and record levels of funding for rural health of \$914 million this financial year. In 1986 the then Labor member made the announcement that Maitland hospital would be redeveloped. Unfortunately, nothing had been done until that time. The promise was made. However, since the announcement was made in 1992 that this Government would fund the redevelopment there has been a long procession of Opposition members coming in and putting out a scare campaign that Maitland hospital would be privatised. That fear has been shown to be unfounded. We remember the events that took place. It was not simply a political decision to redevelop the hospital, as many members opposite would wish to say. There was a value management study and an asset management study.

The value management study looked at whether Maitland Hospital should be redeveloped. It looked at the options of providing a green leaf site for another hospital and relocating the hospital and building a new lower Hunter Valley hospital away from Maitland. There was even a study conducted into the effects of the closure, or possible closure, of a hospital in the lower Hunter, in the Maitland, Kurri Kurri and Cessnock areas. It has taken a great deal of time. The contract has been let. Fletcher Constructions has been awarded the tender and the redevelopment of Maitland hospital is now taking place. The honourable member for Wallsend this evening spoke about the Mater Hospital and the closure of beds over a weekend period. He forgot to tell the House that the Mater Hospital is run by the Catholic Church. It is a schedule 3 hospital which the Government funds and the Catholic Church operates. It is quite convenient to bring that into the list to make out an argument that this Minister is guilty of maladministration in the health portfolio.

I ask members opposite to produce their correspondence and evidence of their representations so that the people they represent will know they are serious when they make their accusations about maladministration. People are fed up with the point scoring that goes on in this House. Many people outside this House would

want to know why members from both sides of this House and the Independents cannot work together if they are serious when they speak of their concern for health in New South Wales. Instead, there is a nit-picking exercise every time we speak about health. In this House there would probably be 100 different versions given of how health should be run in New South Wales. However, there is no co-operative input to assist people in the decision-making process for the provision of health services.

This censure motion involves probably the second most serious allegation that could be made against any member. I do not believe that its

Page 1537

movement against the Minister for Health is warranted. He has a job to do. I believe he has a keen interest in that job and has shown his dedication. As figures quoted earlier showed, there are areas that received budget allocations. Probably members on both sides of the House have been disappointed with the allocations. Members representing areas in need of health services would like very much to be able to say they were successful in receiving funding for their electorate. But the people on this side of the House appreciate the Minister's efforts in ensuring that funding allocations go to areas where needs are greatest. No one on this side of the House will deny that is where health funding goes.

No one on this side of the House wants to see people denied health services. Allegations have been made in this debate. One would think that the Minister for Health, the Hon. Ron Phillips, deliberately sets out, for political advantage, to say to people that they cannot have health services, and are not entitled to receive funding. Those allegations are false because I see honourable members on the other side of the House having discussions with the Minister in the corridor about health services. They walk past and say, "Goodnight, Ron". If honourable members want something they know how to approach the Minister. Members opposite are being hypocritical in putting forward their arguments in this censure motion. I only wish that some of their constituents could have heard their remarks about the Minister. I believe that every time the Minister comes into their electorates -

Mr Sullivan: Who wrote this speech for you?

Mr BLACKMORE: Members opposite would not get up in public at a health function and criticise him, would they? But they criticise him in this House. Members opposite all want to know the Minister for Health when he is opening something in their electorate. They do not have what it takes or the intestinal fortitude to get up on those occasions and show they are people of conviction. There was a capital works allocation of \$315 million in this year's Budget, and every member opposite on Budget night raced out with their press releases when they saw they had got something for a hospital or for health care provisions in their electorates. In their press releases members opposite have said, "I am proud to announce", et cetera. Yet tonight, they are sitting here in judgment by supporting a censure motion alleging maladministration by the Minister for Health.

We are aware that this motion will probably be carried. We might lose, but the New South Wales Minister for Health, Ron Phillips, is a man of high integrity, and dedicated to his portfolio. I hope that tomorrow morning when the alarm clock goes off and members opposite have to get out of bed, they realise what they will have done tonight. Opposition members would hate to have this sort of motion moved against them. The Minister has a record of achievements. The Minister for Health should be very proud of what he has done for New South Wales, but tonight he would be deeply hurt to listen to some of the comments that many Independent and Opposition members have made about the administration of his portfolio, such things as unconscionable productivity cuts inflicted on health budgets, delays in accident and emergency services, long waiting times for elective surgery, and neglect of people with mental illnesses.

Remarks have been made about bed closures in hospitals and about the fact that rural health services are run down. Members opposite should be made aware that the redevelopment of Maitland hospital provides for a 24-bed acute psychiatric care unit. The people of Maitland would say thanks to this Minister. The redevelopment of Maitland hospital will benefit not only the people of Maitland, but also the people Labor members represent in other electorates in the Hunter Valley. These people attend Maitland hospital. We do not say it is a government hospital and they should keep out. The health care provided is all due to the efforts

of this Minister. I hope honourable members give a great deal of thought to the way they are going to vote tonight. They have criticised a person who has been dedicated in his efforts to provide health care to the people of New South Wales. It is with great pleasure that I oppose this censure motion and it is with much pride that I support the Minister for Health, the Hon. Ron Phillips.

Mr IEMMA (Hurstville) [2.58 a.m.]: I support the censure motion moved by the honourable member for South Coast. I was interested to hear the Minister for the Environment talk about culpability and the fact that the debate was not about whether we agreed or disagreed with a hospital closure in a particular area or a particular electorate. I was also interested to hear the honourable member for Coffs Harbour say that his definition of maladministration involved dishonesty. The honourable member for Maitland asked the Opposition to produce documentary evidence to prove maladministration. Every member who has spoken in support of the censure motion has outlined a fairly strong case for supporting the motion and providing the evidence requested by the honourable member for Maitland. If the honourable member wants documentary evidence, all he has to do is look at the clinical services report, which was commissioned by the Minister's department, from the Southern Area Health Service into the St George and Canterbury hospitals. The report contains all the documentary evidence he requires to highlight the maladministration that has occurred in the health portfolio under this Minister.

No Minister in this Parliament is more worthy of censure than the Minister for Health, because this Minister has closed more hospitals than has any other Minister before him. He is responsible for more losses of public hospital beds than is any other Minister in this State's history. A total of 529 public hospital beds from Marrickville to Lidcombe have closed, or their closure has been announced, yet this Minister has the gall to talk in this Chamber about how he is building new hospitals and providing extra beds. In fact, he is presiding over a systematic transfer of resources from the public hospital sector to

Page 1538

the private hospital sector - and that is no coincidence. His Opposition colleagues in Canberra, with their policies of forcing people out of universal health insurance and into the private system, need State colleagues like the Minister for Health to get people out of public hospitals and into private hospitals. The two go together. Yet this Minister tells us what a great job he is doing.

The honourable member for Maitland wanted documentary evidence. He wanted proof. The report of the Southern Sydney Area Health Service, commissioned by the Minister, recommended that the decision to close Canterbury Hospital be reconsidered. It stated that the closures that had taken place and the decision to close Western Suburbs Hospital had put intolerable pressure on Canterbury Hospital and that its emergency section could no longer cope. Since receiving that advice the Minister has gone to ground. He has not been able to respond to the report. He has not been able to tell the people of Canterbury why, for the first time in 64 years, the Minister and the Government do not consider that the Canterbury region is worthy of a public hospital. That is despite having set up the community consultative committee when assessing whether Canterbury Hospital should remain open. Of course, the community told the Minister that it should remain open.

Figures were produced showing the social economic makeup of Canterbury, that it had an ageing population and was in dire need of public hospital services. However, that information was ignored. The clinical services report confirms everything that Canterbury Council and the Canterbury community had been saying about its hospital, but the Minister ignored that. The report was not commissioned by the Opposition or by the honourable member for South Coast, and it was not something produced in a political sense. The report was produced by health professionals who did not carry a political grudge. It came from the Southern Sydney Area Health Service. It examined what the Minister had been doing, but those members did not like what the report found.

The report highlighted the disastrous state of accident and emergency services in New South Wales. When St George Hospital was assessed, it was found that the accident and emergency unit was enormously overcrowded and that up to 15 patients a day were facing long delays awaiting admission. The report found that the overcrowding was caused by staff shortages and poor administration. It concluded that those

conditions were unacceptable in Australia in 1993. That is a fairly damning statement coming not from a member of the Opposition, not from the honourable member for South Coast, but from a report commissioned by a section of the Minister's administration. What more evidence would the honourable member for Maitland need to support the censure motion of maladministration?

Political attacks are not being made on the Minister about his administration or his character. The evidence to support the censure of this Minister is in the report. It condemns the Minister. For that reason alone, what was found in regard to St George Hospital and Canterbury Hospital is enough to condemn the Minister. However, it does not stop at St George Hospital and Canterbury Hospital. The honourable member for Coffs Harbour said that when he looked at the dictionary earlier - probably the first time he has ever opened a dictionary in his life - he discovered that maladministration is all about dishonesty, about not living up to commitments, about misleading - misleading the people of New South Wales.

When Concord Hospital was handed over to the State Government, the Minister had plenty to say about assuring the veterans that their quality of care would be maintained and that their concerns about the possible downgrading of services were ill-founded. This Minister was going to assure the veterans that they would receive top care, and that the care they had received when the hospital was under Commonwealth administration would continue in New South Wales under his administration. During the past few weeks quite a number of veterans in my electorate have spoken to me regarding their increasing concerns about what has been going on at Concord Hospital since it was transferred to this Minister's administration. Since raising the veterans' concerns with the Minister, a couple of local newspapers in my electorate have printed those concerns and they have been inundated with examples of veterans being treated poorly at Concord Hospital, of promises being made to veterans when they were admitted to Concord Hospital not being kept, and of allegations of veterans being discharged from hospital when they should not have been.

I asked the Minister to examine one case in particular and provide me with a report. That case shows quite clearly that something is going on at Concord Hospital which is causing the veteran community enormous concern and which is leading to the loss of faith the veterans had in Concord Hospital. In the next couple of months the Minister will receive a lot of correspondence from veterans about the situation at Concord Hospital. It appears that nothing the veterans were told by the Government and by the Minister when Concord Hospital came under his administration is being adhered to. The one case that I asked the Minister to consider was that of a veteran called Jack Byrne.

Mr O'Doherty: One case!

Mr IEMMA: One case the Minister has looked at. There are plenty more to come. The honourable member should not worry about that. The report from the hospital is hopeless. It raises more questions than it answers. Mr Byrne was a veteran who suffered a respiratory condition, he had cancer of the colon, and he had a history of epileptic fits. He was discharged from Concord Hospital on 23 September 1993. The report to the Minister stated that Mr Byrne was fit to be discharged. The report commented positively on his ability to manage at home. Another veteran - a Vietnam veteran from Belmore who was a mate of Jack Byrne - used to travel in the car to

Page 1539

Concord Hospital with him. He was there the day Mr Byrne was discharged from Concord Hospital. Jack Byrne said to him, "I am going to be discharged. I do not want to go home, I am too ill to go home. I cannot cope if they send me home".

However, the report that was sent to the Minister and forwarded on to me stated that Jack Byrne could cope and was fit to go home. He was discharged from Concord Hospital on 23 September. On the same day he was admitted to the accident and emergency section of St George Hospital and a few days later he was transferred to Concord Hospital and died. The report the Minister sent to me mentioned that on Mr Byrne's admission to Concord Hospital he had undergone respiratory checks - they had checked his peak flows to monitor his breathing. However, on discharge on 23 September there was no mention of whether he had been medically examined by staff at Concord, or whether his peak flows were sufficient for him to get by. There

was nothing. That was either an oversight or someone at the hospital was negligent, and there has been a cover-up in the report that was provided to the Minister.

The report also states that because of Mr Byrne's history of illness the hospital was determined to treat him conservatively. I do not know what that means. I would have expected the hospital to do everything possible to help a veteran who was not well. I do not know what "conservatively" means. I would like the Minister to contact the staff and people who run Concord Hospital in an attempt to find out what is meant by the phrase "treat him conservatively". This veteran was almost pleading with his friend Jim Matters, "Do not let them discharge me". He was pleading not because he wanted to hang around in the hospital and be a burden on someone but because he knew he was not fit to go home. He knew he needed medical attention, yet someone at the hospital decided he had been there long enough - perhaps he had a terminal illness and had become too much of a burden - so he was sent home.

Similar stories have been repeated by a large number of veterans and Returned Services League clubs not only in my electorate but also in the electorates of the honourable member for Bankstown and the honourable member for Canterbury. This goes to the heart of the administration of that hospital and it goes to the Minister's job as Minister for Health in this State, because the buck stops with him. If a section of the community such as veterans cannot have confidence in the hospital administration of this State, the Minister deserves censure, particularly when he gave the veterans assurances that they would continue to receive quality care when that hospital came under his administration. That is not happening.

The whole question of the administration of Concord Hospital will be raised at the Returned Services League congress later this year, by the Vietnam Veterans Association or by the RSL. Until now many veterans have remained silent; they have been prepared to cop what has been dished out at Concord Hospital. However, they have reached the point where they are no longer prepared to remain silent. The Minister cannot hide from the fact that the buck stops with him. The honourable member for Maitland, who feigns his disgust at this motion, wants to see more documentary evidence than that which was produced by the honourable member for South Coast about his electorate, and the honourable member for Maitland conveniently ignores the concerns of veterans in his electorate about the treatment they have been receiving in public hospitals. He did not mention that.

He cannot hide behind the fact that the Minister may have done him a few favours and for that reason he is really a good bloke, we should not be here attacking him, how dreadful it is - you can bowl up to Ron in the corridor and raise a problem with him and if you are good enough Ron will put you on the cricket team; you should not go too hard on him, because after all he is a decent fellow. That is too bad. If he cannot preside over an efficient public health system in this State he does not deserve to be Minister. With figures on the table relating to bed losses and hospital closures he cannot support the opening of more private hospitals and more private hospital beds. The Minister cannot parade around because he is putting money into Liverpool Hospital and at the same time closing down 529 hospital beds from Marrickville to Lidcombe. In question time today he referred to the redevelopment of Bankstown Hospital. There were 700 public hospital beds in Bankstown and Lidcombe before the Lidcombe closure. He is going to redevelop the hospital in Bankstown but with 400 beds - 300 less. Thanks very much, Minister!

Mr SCHULTZ (Burrinjuck) [3.18 a.m.]: I support the Minister for Health on this censure motion. It saddens me that once again there is an attempt to assassinate the character of a Minister of this Government. I am also saddened because, like the honourable member for Hurstville, I had an enormous amount of respect for the honourable member for South Coast. I am afraid that that respect is diminishing very quickly. I do not know what is in the mind of the honourable member for South Coast or why he has moved the censure motion accusing the Minister for Health of maladministration; only the honourable member knows - and he will have to live with it. I am only a common old slaughterer, but I have a dictionary that defines maladministration. The definition does not fit the Minister in this portfolio. According to this dictionary, maladministration means inefficient, or dishonest administration. That is a pretty wide interpretation of the word maladministration.

Every member of this House knows that I approach my politics vigorously. I do not compromise my

principles, my honesty or my integrity for anybody. At times that leads me to confrontation with my Ministers. I vigorously represent my constituents; that is my role as a local member. I would never - now or at any time in the future - embark upon this sort of exercise against a member of this House or a Minister. I entered this

Page 1540

House in 1988 with a naive view that the people of New South Wales respected the Parliament. Is it any wonder that we are given the level of public support reflected in the opinion polls when the public sees the type of thing that has been going on in this House for the past 10 or 11 hours?

I believe that the Minister for Health is being subjected to a personal attack that is not in keeping with the man or the way in which he has administered his portfolio. My role as a local member, like every member here, is to vigorously represent my constituency. After listening to a number of speakers tonight - some of whom were intoxicated by alcohol - I believe that many of them have taken the easy way out and have abrogated their responsibilities as members of Parliament by bringing into this House examples of things that have gone wrong in the health service and blaming them on the Minister.

I refer to an incident that occurred with two of my constituents, twin girls who were born two years ago. Their grandmother rang me in tears. The twin girls were born with a deformity - they were joined together. The twins were to be transferred to Victoria because their parents were told that there were no neonatal units available in Sydney at that time. I called the Minister for Health and within three-quarters of an hour a helicopter and a medical team were at the base hospital to pick up the children. They were transferred to Sydney where a lot of hard work was done by very diligent and professional people over a period of six months, separating the two little babies and performing a number of operations on them to save their lives. For that, I am eternally grateful.

The maladministration of the Minister did not create this problem; maladministration at the administrative level of the hospital concerned created it. On a number of occasions I have vigorously approached the Minister and his department to the degree where I have made myself very unpopular in some circles. I use the twins as an example of what members of this House should be doing. Instead of playing cheap political games and blaming the Minister for things that are going wrong in the health system, local members should look at where the problems are, why they occur and address them. Let us not go on a witch-hunt, looking for somebody's head to chop.

There are a number of hospitals in the Burrinjuck electorate. They are not base hospitals; they are district hospitals, which do not require, and have not been given, an enormous amount of money. They have certainly been given money for the things that they want, such as accident and emergency units, an upgrade of their operating theatres, et cetera. I have had words with the Minister about the department closing down obstetric units in a number of the hospitals in my electorate. I have vigorously debated the issue with the Minister. I assure the House that the Minister, after a period of time, has seen the folly of closing down those units and has done something constructive about it. That tells me that this Minister is fair and even in his approach to the very real concerns of the health system in this State.

I have been a member of this House for a little over six years. During that time an enormous amount of money has been spent in the health system in this State. The current Minister raised health spending to a record \$5 billion this year, which is a 7.7 per cent increase on last year. In 1993 he completed successful Medicare negotiations that gained millions of dollars in additional funding for New South Wales. He has always sought to raise the operation of the health system above party politics. He established the national health summit, a forum for all State and Federal health Ministers to deal with key issues, of which he is still chairman. They are just some of the things this Minister has done.

When that approach is compared with the approach of the former Labor Government it does not take much to highlight the difference between what this Minister is doing for health in New South Wales and what the Labor Party did for health when it was in government. Labor Party funding resulted in disparities between geographical areas. That was quite evident before I entered politics. For many years afterwards the Labor Party threw money where it wanted votes. This Minister has not done that. Much to my disgust at times, he

puts money into areas where I believe, politically, he should not put it. He has done the right thing by the people in this State in all circumstances, and he has copped criticism from people like me.

People's rights to access services close to where they live were neglected in favour of continuing the status quo under the Labor Government. When the coalition parties came to office in 1988 they inherited a \$2 billion backlog of capital works. It makes me wonder what honourable members are about who are not honest in their criticism of what the Minister for Health is doing with health. I am also pleased to say that despite my criticisms of the amount of money spent on the very serious women's health issue of breast cancer, this Government, under this Minister, was the first to match the Federal Government's contribution of \$1.4 million for breast cancer research. The Federal Government's contribution is a pittance. I do not hear any members on the other side of the House condemn the farcical exercise in which the Federal Government contributed \$16 million to heart research and \$12 million to HIV-AIDS research, then - in a publicly announced statement, with a lot of drum rolling - contributed a paltry \$1.4 million to breast cancer research in this State.

If Opposition members are fair dinkum about allocating funds for health services in this country they should think seriously about forcing the Federal Government to provide a little more money to the States for such serious health problems as breast cancer. I know a little about that because, as the Minister for Health said the other day, I first spoke about breast cancer in this State in 1988. I have

Page 1541

spoken about it on a number of occasions. My wife has been working for three and a half years in a voluntary capacity to raise money for mobile, relocatable mammography units. Unfortunately, those units are still not on the road, because of the politics being played by the Cancer Council and one of the hospital assessment centres.

That is a damning indictment of the bad administration to which I have referred and which Opposition members are blaming on the Minister for Health. I would like to put on the record that I am fully aware of the concerns of this Minister in regard to women's health issues. I am also well aware that he is concerned about rural health funding. The honourable member for South Coast, when moving the censure motion, said that rural health services were run down. I do not know where the honourable member for South Coast has been. His constituents tell me that he has been everywhere but in his electorate looking after them. A number of people from Jervis Bay, to whom I had the privilege of talking when having lunch with them in Parliament House the other day, told me that the honourable member for South Coast will be flat out holding his seat. He should think about that. Perhaps that is one of the reasons why he moved this censure motion.

[Interruption]

Opposition members should not worry about my seat; I will be returned at the next election. Let me return to the rural health issue. How can the honourable member for South Coast honestly say that rural health services have been run down? The sum of \$47.1 million has been allocated for a new hospital at Albury, which is to be completed in December 1994. An amount of \$2.9 million has been allocated to Bowral hospital, and \$67,000 has been allocated to Bankstown and Lidcombe hospitals. That does not take into account the hundreds of thousands of dollars that have been allocated to small district hospitals, such as those I represent in the Burrinjuck electorate.

Why do we constantly have to go through this sort of exercise? It reflects on the professionalism and integrity of members of this House that they move censure motions, for whatever reason, to try to discredit men like the Minister for Health who, as a matter of public record, has administered his portfolio professionally. What would have been achieved if the Minister had not taken on board the issues that he has? He has listened to the public outcry concerning health service needs in this State. I wish now to turn to women's health issues - a serious problem in New South Wales at the moment. I will refer to some of the things in which the Minister for Health has been involved since being appointed to the health portfolio. He targeted \$100 million for women's health services to be provided to the western women's health network to double gynaecological cancer services in western Sydney.

An amount of \$1.2 million has been allocated to expand the women's gynaecological and oncology centre

at Westmead, establish a new menopause clinic at Nepean Hospital, and upgrade clinics at Liverpool and Westmead. A new \$22 million Caroline Chisholm centre for mothers and babies will be opened next month at Liverpool. I have no doubt, from the response I received from the former Minister for Health, the Hon. Peter Collins, when I was talking about this Government's abysmal record in addressing the breast cancer problem, that the present Minister for Health will be making positive announcements with regard to that serious health issue - an issue which I believe will be the most significant issue in the 1990s.

I could go on talking about the Minister. Prior to my entering this debate a number of my colleagues paid the Minister many compliments. I must admit that I got a bit tired of waiting to contribute in this debate. I waited three and a half hours to have my say. I know why I waited. Many of my colleagues were incensed and really concerned about this censure motion. It is a waste of taxpayers' resources and something we can do without. I would have thought that the honourable member for South Coast, after the years he has spent in this Parliament, would have been a little more careful when making allegations about the Minister for Health. He has put a cloud over the Minister's head simply by raising this issue.

From time to time I have locked horns with the Minister for Health, just as I have locked horns with the Premier and a lot of Ministers in this Government. I have no doubt that the Minister for Health will do as he has always done, because he has a big heart. He is what I call a true Australian who believes in a fair go. He listens to my concerns after I have simmered down a little and he gives me a fair go. When a vote is taken on this censure motion, that is what the honourable member for South Coast should think about. I said earlier that I had enormous respect for the honourable member for South Coast, but I am disappointed that he has moved a censure motion against another Government Minister. I only hope he will mature in time and put aside his ideological views in the interests of fair play. I thank you, Mr Speaker, and the House for giving me the opportunity to speak in debate on this censure motion. I can only repeat what I said earlier: I support the Minister for Health and I will be voting against this censure motion. I condemn the honourable member for South Coast for moving it.

Mr HATTON (South Coast) [3.37 a.m.], in reply: I thank all those honourable members who contributed to the debate on this censure motion. It has been most interesting. I even thank the honourable member for Coffs Harbour. One learns something about others when they get down to the level of debate that the honourable member for Coffs Harbour did. There has been a lot of discussion about maladministration, which the *Macquarie Dictionary* defines as, "to manage, (especially public affairs) badly or inefficiently". We heard a lot of hyperbole tonight about the meaning of the word "maladministration". The Minister and other people know what it means because I have told them. I have never questioned the honesty or integrity of the Minister for Health. I, and so far as I am aware, no

Page 1542

one on the Opposition benches used the words "dishonest" or "corrupt" and there is absolutely no thought of that in my mind in the use of the word "maladministration". I make that very clear right from the start.

Some novel and bizarre things have been said about censure motions. Someone said to me of the Canadian Parliament, "We are losing the memory of the House". I think that is the problem in this Parliament. A lot of our younger members do not know what happened in the past and do not understand what a censure motion is. We are talking about censuring a Minister under the Westminster system. That is not a personal attack on a Minister; it is a difference of opinion about the way in which a Minister handles his portfolio. Government members, when putting their cases, passionately supported the Minister. I had similar, passionate views when I put my case. At the end of the day the Parliament will make a decision on the motion.

To me, maladministration means inequality in the way in which cuts are made, resources are moved and policies are administered, and in effects - pain and suffering and the downstream effects listed in the motion. As far as ministerial responsibility is concerned, I put the simple question: if the Minister is not responsible, who is? The honourable member for Burrinjuck said that we should blame the hospital administration. Okay, but somewhere along the line, no matter what portfolio is involved, the Minister must be responsible. Quite bizarre statements have been made. For example, the Minister talked about blackmail and threats simply because I said that at some future time, if the problem is not addressed or redressed after the Budget, I will have

no hesitation in moving a motion of no confidence. He said that that is blackmail and a threat and perhaps a matter to be referred to the Independent Commission Against Corruption - simply because in his view a member of Parliament has the audacity to censure him in raising regional issues, general issues and local issues. Shock and horror that I as a member of Parliament should fight for my constituents in pain and suffering, health staff under stress and desperate hospital underfunding!

What is a member here for? What is the Parliament here for? We are here to fight for our constituents and to express our view on what is happening in New South Wales. We should put our case as forcefully as we can. So there is a catch 22 situation. When I moved a censure motion against the Minister in regard to the privatisation question speaker after speaker said, "The honourable member for South Coast should not be talking about privatisation in Port Macquarie; he ought to be attending to his own electorate". When I move a censure motion, a large part of which - by no means all of which - is aimed at my electorate, coalition members say, "Shock and horror. You have moved a censure motion in defence of your electorate for selfish reasons or as a stunt in an election year". The tricks are old and I have seen them over the years. Coalition members say that there must be some reason for this because I do not accept the arguments. So they claim it is an election stunt or they distort the case I put forward, ignore the weaknesses in their own argument and put their own strengths forward. In this case we have the bizarre situation of the Minister talking about blackmail. It is absolutely incredible.

Then the Minister surprised me: he said that the censure motion is not a censure of him; it is a censure of the whole health portfolio work force. That is easily the most bizarre argument I have struck in the 20 years I have been here. He wants to shun his responsibility and his failures and the censure that should rest on his shoulders - the reason he is paid a ministerial salary and takes ministerial responsibility - and put it on to those people who are under stress because he has cut their health budget and they cannot make ends meet, the doctors and community health workers stressed by his administration and his funding cuts. It is absolutely amazing. He went on to say that funding cuts equal efficiency gains. In some instances in the early days they did, but as the cuts continued the raw flesh of suffering was exposed and they did not. He said that the issues I raised were not the real issues. If bed closures, hospital closures, hospital downgradings, increased waiting lists causing people pain and suffering, and problems in accident and emergency are not problems in health for the people of New South Wales, I do not know what are. What are the basic issues?

When I listed all the hospitals affected - I will not read them all again - he did not respond. If this was not such a burning issue, speaker after speaker after speaker would not have stayed here until a quarter to four in the morning to put their case. They did not want to see this debate finished before they had an opportunity to put their case, which they did time after time from electorate after electorate in region after region. In many instances they exposed the raw flesh of suffering of their constituents caused by funding cuts. That in itself is justification for the motion. Were they all telling lies? Are none of these things happening? Is the Minister not responsible? What nonsense! On the subject of rural health, nobody mentioned the closure of hospitals at Binnaway, Ungarie, Kiama and Coledale. Closer to the city areas we could include Wallsend and others. The argument has been absolutely bizarre.

I have never raised serious matters in this Parliament without detailed research. I have quoted official reports to support what I have said today. I have also cited figures obtained under freedom of information procedures. To save time I will not quote again but will refer again to some of the details. The Illawarra Area Health Service, in a submission dated 17 January 1993 to the Department of Health, stated that \$11.2 million was required to bring Illawarra up to budget. It was not receiving its fair share of the New South Wales health budget. That is maladministration. The submission referred to \$2.5 million enhancement funding for clinical services in the Shoalhaven and Illawarra regional hospital, the resource allocation formula relating to the private-public patient mix and tertiary increments having to be resolved. It said that the Illawarra Area Health

Page 1543

Service has the lowest rate of chargeable patients in any of the 10 area health services and was continuing to experience the greatest decline amongst patients in the 10 area health services.

It said that changes to the resource allocation formula would effectively provide reasonable and

appropriate funding. It referred to a 33 per cent decline in chargeable patients and an \$860,000 error in the calculation in the efficiency index. Is that not maladministration? The money was not provided in 1992-93 and it is still owed to the health service. The health department report says that the two hospitals in my electorate, Milton-Ulladulla and Nowra, should get extra funds for the overload of tourism but the money was not provided. Is that not maladministration? What sort of nonsense is it when people in this House weep tears because a member has the hide to accuse a Minister of maladministration, seek redress and protect the interests of his or her constituents? What absolute nonsense!

What happened here today was like the lancing of a boil: as soon as the motion hit the deck many members could not wait to tell of the problems in their areas. The problems are widespread. The honourable member for Manly pointed out the need for an increase in health funding for the reasons mentioned by the Minister: a severe fall in health insurance cover, a change in the disease pattern, the need for more services, and increased cost because of more sophisticated services. The Deputy Leader of the Opposition gave detailed figures across the State on bed closures, waiting lists, accident and emergency, ambulance personnel and staffing cuts. To my recollection the Minister did not deny a waiting list of more than 40,000 people for the whole of New South Wales.

On the subject of unfair distribution, the Minister was damned by the honourable member for Barwon. He gave comparative figures on spending on the North Coast and in other areas. I challenge the Minister to say how capital funding is allocated to hospitals around the State on a fair basis and on an absolute clinical basis. The honourable member for Barwon said that there was an increase from \$146 million to \$200 million on the North Coast in four years: Richmond up 23 per cent and Macleay up 16.9 per cent. He said that \$50 million was spent on Albury hospital and \$15 million on Wagga Wagga hospital. I challenge the Minister to match those hospitals with Shoalhaven on any of his indexes - population growth, case mix or the medical weighted population index.

I do not begrudge people their achievements; I am not jealous of them. I simply challenge the equity. If there is inequity and I challenge it, I have a right to say it. Maladministration! With regard to the honourable member for Coffs Harbour or anyone saying that I have not adequately represented Shoalhaven, the Minister knows full well about the many deputations and letters I have received. *Hansard* confirms the number of times I have raised this matter in the Parliament. I have been assisted by my research team, doctors, health professionals and departmental reports - which I have used over many weeks, months and years. In preparing for this debate I have conducted careful research for the past two months. I pay tribute to Alan Barry - who works in my office - the health professionals, the interagencies at Nowra and Ulladulla and to doctors in private practice. My research stands firm.

When the Minister cannot answer problems referred to in his own reports he falls back on the old standby: there must be some other reason for it; it is an election stunt. No one can honestly challenge my reputation as a local member of Parliament for hard work in representing my constituents. To do so would be to suggest that the people of the South Coast are absolutely foolish; that 30,000 electors have been fooled for 20 years by a magician; that I did nothing for 20 years; that I fooled them for 20 years; that for 20 years my constituents lined up and voted for me against all comers. I increased my majority at the last election yet the Government says I am engaging in an election stunt. I would be a rich man now - and would not need to draw the parliamentary pension - if I had one dollar for every time that seedy excuse has been used by members on both sides of the Parliament: that I had not represented my electorate and will be beaten at the next election.

For 10 years I have paid a full salary for people to work with me. Two volunteer workers, one three days a week and the other full time, and other researchers who come in and out of the organisation believe in what we are doing. We work as a community based team. We get things done. The Minister's suggestion that I led the people in revolt is absolutely wrong. The 8,000 signatures grew up from the community. The Minister distorted the argument when he said that I do not understand the medical revolution. I understand. In fact, I am proud of the increased efficiency in hospitals in the Illawarra, not only at Shoalhaven and Ulladulla, where results are good.

Hansard will confirm my awareness of the medical revolution. The Minister is aware of my interest in and knowledge of community health, home care, the need for 24-hour care, primary health care and so on. I did not appreciate the snide attacks made on doctors in my electorate. They have worked extremely hard and have put their case carefully. I contested their case with them; I did not merely accept it. The Minister contested the case and accepted it, and commissioned the Reid-Harris report as a result. I am so pleased that mention was made of privatisation. I did not refer to it in my motion but I am pleased that someone did.

What about the secrecy when I was a member of the extended Public Accounts Committee? A set of figures was waved under the noses of committee members about the cost of the service, about how the Government justified the payment to Mayne Nickless of the service contract. Committee members were not permitted to take those figures away to have them

Page 1544

analysed. We were not shown the final set of figures. So much for accountability! So much for the Public Accounts Committee process! Forget about previous promises made by members on both sides of the Parliament to the people of Port Macquarie and the electorate of Mr Speaker. Forget all about the witnesses at Port Macquarie who came one after another. Every single one of them - doctors, patients, nurses, people in the community - wanted a public hospital. Not one witness wanted a private hospital. Talk about blackmail. The Government tried to blackmail the people of Port Macquarie by saying to them, "If you want a hospital within the next five years you will have to have a private hospital". Talk about blackmail! The people accepted a private hospital. The arguments advanced by the Government today lack substance. What about the failure to attach community health in Hastings? The two are so inconsistent they cannot be married together, and that problem has not been solved. I thank honourable members for raising privatisation. When I said that I would support a Shoalhaven break away, the Minister extrapolated from that that I was saying, "We want a teaching hospital". He would have to be joking.

Before 1988 when Greiner said we had to throw in with Illawarra, we had our own little health district. We were doing just fine, thank you very much, and we obtained services from major hospitals, Sydney and elsewhere. We had some say in our own future. There is a lot of feeling among my constituents that we are being cheated now and that we would be better off under the old scheme. There is a blind spot here. The Minister talked about a resource allocation formula. The reason that I am confident that the Shoalhaven hospital would compare with any hospital on the North Coast or any other growth area is that the Minister relies on the fact that we are masked by being a part of Illawarra. If the health needs of the South Coast were considered in isolation, the hospital would be funded accordingly.

Accusations of greed were made by some members. I am not asking for tens of millions of dollars. Stage one of the hospital has been costed at \$7.7 million. I am asking for \$3 million to \$4 million in the next budget and for it to be provided over two years. This debate has highlighted the mental health issue and placed it on the agenda. The honourable member for Bligh referred to terrible problems in her electorate in this regard. There is a need to provide psychiatric beds as well as care for people with mental health problems, dementia and Alzheimer's disease. The honourable members representing the electorates of Bligh, Manly, Kiama, Wollongong, Penrith, Wyong and Marrickville expressed relevant concerns. They are not wrong; the Hospital Coalition is not wrong; the combined pensioners and superannuants group is not wrong; the nurses are not wrong; the doctors are not wrong; the departmental reports are not wrong. I have the greatest confidence in saying that this Parliament has every reason to support this motion.

Question - That the motion be agreed to - put.

The House divided.

Ayes, 44

Ms Allan	Mr McManus
Mr Amery	Mr Martin
Mr Anderson	Mr Mills

Mr A. S. Aquilina	Ms Moore
Mr J. J. Aquilina	Mr Moss
Mr Clough	Mr J. H. Murray
Mr Crittenden	Mr Neilly
Mr Doyle	Mr Newman
Mr Face	Ms Nori
Mr Gaudry	Mr E. T. Page
Mr Gibson	Mr Price
Mrs Grusovin	Dr Refshauge
Mr Harrison	Mr Rogan
Mr Hatton	Mr Scully
Mr Hunter	Mr Shedden
Mr Iemma	Mr Sullivan
Mr Irwin	Mr Thompson
Mr Knight	Mr Whelan
Mr Knowles	Mr Yeadon
Mr Langton	
Mrs Lo Po'	<i>Tellers,</i>
Mr McBride	Mr Beckroge
Dr Macdonald	Mr Davoren

Noes, 43

Mr Baird	Mr O'Doherty
Mr Beck	Mr D. L. Page
Mr Blackmore	Mr Peacocke
Mr Causley	Mr Petch
Mr Chappell	Mr Phillips
Mrs Chikarovski	Mr Photios
Mr Cochran	Mr Richardson
Mrs Cohen	Mr Rixon
Mr Cruickshank	Mr Schipp
Mr Debnam	Mr Schultz
Mr Downy	Mrs Skinner
Mr Fraser	Mr Small
Mr Glachan	Mr Smith
Mr Griffiths	Mr Souris
Mr Hartcher	Mr Tink
Mr Hazzard	Mr Turner
Mr Humpherson	Mr West
Dr Kernohan	Mr Windsor
Mr Kinross	Mr Zammit
Mr Merton	<i>Tellers,</i>
Mr Morris	Mr Jeffery
Mr W. T. J. Murray	Mr Kerr

Pairs

Mr Bowman	Mr Armstrong
Mr Carr	Mr Collins
Mr Markham	Mr Fahey
Mr Nagle	Mr Longley
Mr Rumble	Ms Machin

Question so resolved in the affirmative.

Motion agreed to.

Page 1545

UNIVERSITY LEGISLATION (AMENDMENT) BILL

Bill received and read a first time.

Second Reading

Mrs CHIKAROVSKI (Lane Cove - Minister for Industrial Relations and Employment, and Minister for the Status of Women) [4.7 a.m.]: I move:

That this bill be now read a second time.

The purpose of the bill is to amend the following Acts: the Charles Sturt University Act 1989, the Macquarie University Act 1989, the Southern Cross University Act 1993, the University of New England Act 1993, the University of New South Wales Act 1989, the University of Newcastle Act 1989, the University of Sydney Act 1989, the University of Technology, Sydney Act 1989, the University of Western Sydney Act 1988, and the University of Wollongong Act 1989.

The primary purpose of the University Legislation (Amendment) Bill is to abolish those aspects of the visitorial jurisdiction in New South Wales universities that involve the Governor in industrial, contractual or administrative law disputes arising from the domestic affairs of the universities. The other purposes of the bill are to clarify the rule-making powers of the universities and to make a minor amendment to their powers to lease lands. Overall, the aims of the bill are to deregulate certain aspects of university administration and to provide the universities with greater flexibility and autonomy.

The visitorial jurisdiction encompasses ceremonial functions that are seen as desirable by the majority of New South Wales universities and, indeed, by the Government, and the bill ensures that these functions are able to continue. However, following recent common law cases where obsolete aspects of the visitorial jurisdiction have been resurrected, the jurisdiction now also encompasses matters that are normally the preserve of the State's civil courts and other bodies concerned with the administration of public bodies, such as the Ombudsman.

Mr SPEAKER: Order! Would honourable members wishing to converse please do so outside the Chamber. This is the last warning I shall give honourable members.

Mrs CHIKAROVSKI: Apart from the undesirable consequences of the development at common law of an alternate jurisdiction to that of the civil courts, the exercise of the visitorial jurisdiction places a growing burden upon the office of the Governor that is costly to administer and is incompatible with the other functions of the office. The visitorial jurisdiction has been described by the Solicitor General for New South Wales as "obsolete, unnecessary, costly and deficient". These deficiencies are numerous and their implications need to be considered: first, the jurisdiction is inappropriate when exercised in relation to a modern publicly funded university established by statute, rather than an historical institution established by a donor, charity or religious dignitary; second, the extent of the jurisdiction is unclear, not having been tested at law, particularly in relation to whether the jurisdiction is exclusive and the powers which may be exercised by the Visitor; third, the jurisdiction is incompatible with the general law applying to institutions and individuals in New South Wales and there are doubts and anomalies surrounding the question of appeals following a decision by the Visitor; fourth, exercise of the jurisdiction has led to unwelcome prominence being given to decisions of the Visitor; fifth, owing to the complexity of many of the cases brought to the Visitor, there has been a need for costly legal representation by both parties as well as the need for formal and informal legal advice and assistance for the

Governor on the part of Crown law officers.

The University Legislation (Amendment) Bill will abolish this dispute-settling role of the Visitor in New South Wales universities but will retain the option of a ceremonial role for the Governor. Each university in New South Wales has been closely consulted about abolition of the jurisdiction and the universities are unanimous in their support for abolition of the jurisdiction. The majority of universities support retention of a ceremonial role for the Visitor. In addition to the amendments to the visitorial jurisdiction, the University Legislation (Amendment) Bill will also clarify the capacity of university by-laws to authorise the making of rules or resolutions by university governing bodies. Currently, the university legislation provides that each university may make by-laws in relation to various matters. The matters about which universities may make by-laws are listed throughout each of the Acts and vary from matters that are central to the operations of universities to matters that are minor in nature or best decided by the universities themselves because they are essentially academic or scholastic.

Currently the universities Acts also provide that the universities may make rules in relation to any matter about which they are permitted to make by-laws. These provisions are aimed at ensuring that the universities are able to control and manage their affairs efficiently and to the benefit of the university as a whole. Unfortunately, the wording of the sections which provide this power is such that the universities have not had sufficient confidence in their ability to make rules. The current rule-making powers do not provide the universities with anything like the reach and certainty of the by-law making powers. Consequently essentially minor matters of university governance and administration are too often the subject of by-laws requiring the services of several public sector institutions, including the universities themselves, and involving extensive public expense.

The bill will clarify the capacity of a by-law to authorise the making of rules. This clarified rule-making provision will confirm the status of rules made by university governing bodies so that universities do not feel the need to involve the Government in the time consuming and expensive

Page 1546
process of making by-laws. While this particular amendment will allow the universities to govern most aspects of their own administration and management, it will also exclude from the clarified rule-making provisions several significant matters considered crucial to the continued public accountability of the universities. The clarified rule-making provisions will not allow the universities to make rules about: the classification of people within or associated with the universities as graduates, academic staff, general staff or students because of the impact this has on eligibility to vote in university elections; university elections; the tenure of elected members of university governing bodies; borrowing or investment of funds; designation of the financial year; and the filling of casual vacancies on university governing bodies.

These matters will continue to be the subject of by-laws and will not be included in the rule-making powers. They are of central importance and should remain the subject of by-laws alone and thus subject to public scrutiny and disallowance. Matters relating to elections in particular are considered inappropriate for regulation by way of rules. These provisions will greatly improve the efficiency of operations of the universities and will reduce the level of bureaucracy involved in their administration. The bill will also remove a restriction that leases of land by the universities must obtain the highest rent possible, thus allowing universities to lease land not only for financial benefit but for strategic or educational benefit where appropriate. Leases of more than 21 years will continue to be subject to ministerial approval and leases of land to residential colleges will continue to be subject to restrictions concerning the charging of nominal rents and so on.

The universities naturally have an incentive to take financial considerations into account when leasing lands and in recognition of the general desirability of ensuring maximum returns for universities entering leases, the bill retains a requirement for leases to confer financial benefits to universities. The Government envisages that the highest rent will continue to be the deciding factor for universities, which will themselves clearly continue to regard maximum financial return as the major priority when entering leases. However, the proposed provisions will also grant the flexibility to waive highest rent in favour of more indirect financial benefits or special educational benefits when leasing land. This is more compatible with the functions and

objectives of the universities expressed in the various universities Acts, which place expectations on the universities to engage in teaching and research projects with industry and government.

This minor amendment to the leasing provisions is aimed at enhancing the universities' capacity to reach these goals. It recognises that provision of higher education increasingly involves the joint use of land, buildings and facilities of other universities, other educational sectors or commercial or industrial organisations and that the best value added enhancement of resources is not always represented by the simple economics of the highest rent. It is particularly important to note also that in certain disciplines research projects require close geographical proximity with bodies engaged in joint research and development projects. The bill aims to broaden the collaborative opportunities available to universities by introducing greater flexibility around leases to encourage the achievement of the best educational outcomes. The bill also contains provisions of a savings and transitional nature. These provide for the Visitor to deal with and complete action in relation to a dispute or other matter which has commenced or been completed prior to the introduction of the legislation, or any matters presently before the courts that have arisen out of the exercise of the visitorial jurisdiction.

Also, the savings and transitional provisions ensure the continued validity of by-laws and rules made under the universities Acts to date, but only to the extent that they do not conflict with the provisions of the bill. Drafting of this bill has been a lengthy process because of the extensive consultation which has been undertaken with the universities in relation to its provisions. Each vice-chancellor and chancellor has been consulted during drafting of the bill and wherever possible suggested amendments were incorporated into the bill. All of the universities have expressed support for the legislation, particularly the provisions proposing abolition of the visitorial jurisdiction which now enjoy unanimous support among the universities. The amendments will have a positive financial and administrative impact not only for the universities but for a number of public sector entities.

The amendments concerning the visitorial jurisdiction will prevent the costly disputes involving the Governor which have occurred in the past. The amendments clarifying universities' rule-making and property leasing powers will streamline and improve the management and administration of the State's universities and will substantially reduce in the longer term the number of university by-law matters coming before the Governor and the Parliament. Savings will be made by virtue of the reduced demand on the by-law making services of the education portfolio, the Parliamentary Counsel, the Governor and the Parliament. The bill accords with the Government's policy of improving the management efficiency of statutory authorities and with deregulatory policy and initiatives. The amendments will make the State's universities more efficient by removing inappropriate regulations, reducing demands on the public sector and streamlining administrative procedures. I commend the bill to the House.

Debate adjourned on motion by Mr J. J. Aquilina.

CRIMES LEGISLATION (UNSWORN EVIDENCE) AMENDMENT BILL

Bill received and read a first time.

Second Reading

Mr HARTCHER (Gosford - Minister for the Environment) [4.15 a.m.]: I move:

That this bill be now read a second time.

I seek leave of the House to incorporate into *Hansard* the second reading speech.

Leave granted.

The Crimes Legislation (Unsworn Evidence) Amendment Bill 1994 amends section 405 of the Crimes Act 1900 and inserts a new section 404A providing for abolition of the right of an accused person to give unsworn evidence or make an unsworn statement in a criminal proceeding.

Historically the right to make dock statements arose in the context of a common law rule which rendered the accused an incompetent witness for both the prosecution and the defence because of his or her interest in the proceedings. Accordingly, defendants were not permitted to give evidence at their own trial.

As honourable members will appreciate, the position of the defendant in a prosecution today is vastly different from that which I have just outlined. In the context of the modern trial the right to make dock statements is both an anachronistic and anomalous right.

The abolition of a defendant's right to make a dock statement will place the accused in no different position to that of any other witness. Its abolition will neither reverse the onus of proof nor alter the presumption of innocence. An accused will still have the choice of remaining silent or giving sworn evidence in his or her defence. The accused's right against self-incrimination is preserved. The accused will still be protected from unfair questioning.

The testing of evidence in cross-examination is the basis of all criminal trials in our adversarial system of law. However, the truth of assertions made by an accused to the jury in a dock statement cannot be tested by cross-examination.

In abolishing the right to make dock statements it is aimed to remove the existing unchecked process whereby an accused can make unchallenged allegations and attacks on the character of witnesses and victims. The accused will be prevented from ambushing the prosecution's case by introducing material which is not subject to cross-examination.

One of the principal supporting arguments advanced for the retention of the dock statements is that illiterate, poorly educated accused people, or those from different cultural backgrounds, particularly Aborigines, may be seriously disadvantaged by its abolition. However, most people are represented by lawyers and where an accused person is unrepresented, it is the duty of the trial judge to ensure that he or she has a fair trial and that there is no miscarriage of justice.

Conversely, it is possible that an accused person who is well educated and articulate, or a recidivist who knows the criminal justice system well, can manipulate the dock statement to his or her advantage.

A dock statement may be confusing to the jury - both in terms of the weight to be accorded to it and its status in relation to the evidence of other witnesses who have given evidence on oath or affirmation and who have been subjected to cross-examination. Under current law no comment can be made on the accused's refusal to give sworn evidence, and the fact that the accused has the option to give sworn evidence is not revealed to the jury. Any comment concerning such options will result in an aborted trial.

The right to make an unsworn statement was abolished in Queensland in 1975, Western Australia in 1976, the Northern Territory in 1983, South Australia in 1985 and Victoria and Tasmania in 1983. A bill for the abolition of the right is currently before the ACT Parliament. Internationally, only Fiji, South Africa and Ireland have retained the right.

The abolition of the accused's right to make such dock statements will bring New South Wales into line with other Australian jurisdictions and comparable jurisdictions overseas.

The abolition of this right will permit the judicial system to operate more effectively as an arbiter of truth. I commend this bill to the House.

Debate adjourned on motion by Mr Whelan.

RETAIL LEASES BILL

Bill introduced and read a first time.

Second Reading

Mr CHAPPELL (Northern Tablelands - Minister for Small Business, and Minister for Regional Development) [4.16 a.m.]: I move:

That this bill be now read a second time.

In an ideal world this bill would not be necessary. In an ideal world parties to a retail leasing agreement would be fully aware of their own and the other party's commitments and obligations before they entered into such a lease agreement. Issues arising during the course of an agreement would be dealt with according to the terms of that lease agreement, and any disputes would be dealt with through negotiation between the parties. The truth of the matter, however, is that retail tenancies are often a matter of contention, and have been for a long time. All honourable members would have received representations on such matters - many of them quite distressing given that they are matters that have a fundamental effect on the ability of people to get on with their business and earn a living.

The bill I have introduced today is intended to foster good leasing practices in the retail industry, nothing more and nothing less. The Government does not wish to interfere in commercial agreements between two parties. It seeks to ensure that retail leasing agreements are explicit as to the requirements of both parties and that they are entered into from a position of reasonably equal negotiating strength. Where an agreement does end in dispute, the bill provides for cost effective and timely dispute resolution. It is worth spending some time on the genesis of the bill. Upon the election of the Liberal Party-National Party Government in 1988 my colleague the Hon. Gerry Peacocke, M.P., who was then the Minister for Business and Consumer Affairs, resolved to develop a code of practice for the retail industry, particularly retail shopping centres. This was to be made mandatory under the Fair Trading Act.

The industry bodies who best represent lessees and lessors, the Retail Traders Association of New South Wales - RTA - and the Building Owners and Managers Association - BOMA - were involved in the process. Over the next two years the code was developed and its coverage widened from shopping centres to include all retail shops. Submissions to the mandatory code of practice exposure draft confirmed the acceptability of the widened coverage. Unfortunately, the BOMA declined to further support the mandatory code of practice proposal and it subsequently lapsed. The industry parties continued to negotiate and a compromise resulted. The voluntary code of practice, sponsored by the BOMA and the RTA, was launched on 1 January 1992 incorporating most of the provisions of the mandatory code proposal. The Government had no formal role or responsibility for the code.

Page 1548

The code was reviewed by the sponsoring associations in early 1993. The review declared that the code had many deficiencies and was basically unworkable. The procedures set up to deal with disputes had failed to resolve them, and there was significant non-compliance with the code. The two associations then agreed to my proposal that the Government prepare legislation in this area. This legislation would essentially mandate the already agreed voluntary code of practice. In December last year I released an exposure draft Retail Leases Bill for public and industry comment. We received forty quality submissions on the exposure draft, and I would like to thank all those individuals and organisations who took the time to make those submissions. In particular I make mention of the BOMA, the RTA and the Real Estate Institute of New South Wales - REI - who have been involved in extensive discussions with officers of my department over the last few months.

Representatives of these bodies were to be present in the public gallery today. I wish to place on record my appreciation of the spirit in which they have approached these discussions. It has not been easy for them and considerable compromise has been required. Each clause in the bill has been rigorously examined, and all issues of concern have been addressed. Quite obviously none of the parties is happy with everything in the bill. The legislation would be unique if it achieved that. There is significant agreement on most issues, and the BOMA and the RTA have endorsed the bill with the exception of part 8. I shall deal with these concerns later.

I turn now to the specific provisions of the bill. The bill applies to leases for a term of between six months and 25 years where the retail shop concerned has a lettable area of less than 1,000 square metres. Lease agreements of less than six months were considered to be either temporary or transient leases. Those over 25 years often involve a substantial outlay to build or renovate retail premises prior to the commencement of the lease and in any case would only be entered into on a fully informed basis with appropriate professional advice. A full list of shops to which the bill applies is specified in schedule 1.

Submissions to the exposure draft demonstrated the overwhelming desire of various organisations to have the retail activity they represent included within the ambit of the bill. These included professional services, insurance services and financial services. Only two submissions sought to limit the coverage of the bill. Where any inconsistency arises between the provisions of the bill and the lease agreement the former will prevail. The effect of this is that lease agreements will refer to what the bill indicates, without the need for extensive drafting of individual lease agreements. Prior to any lease being entered into a copy of the lease agreement and a disclosure statement must be given to the prospective lessee to ensure that the lessee has sufficient information to enter into negotiations with the lessor.

A lease agreement cannot be entered into until seven days after the prospective lessee receives the lease and disclosure statement, to allow the lessee time to obtain legal and financial advice. There is no requirement in the bill that the potential lessee take this advice, but experience in other areas has shown, as indeed does my own experience as a small businessman show, that the ability to do this before the agreement is finalised is a useful opportunity to reflect on financial and legal commitments. Only the naive would argue that all parties are adequately prepared to sign a lease on the spot.

Oral and implied leases will be effectively reduced by the requirement that before any lease is entered into, a disclosure statement is required which, among other things, will state the rent, the lease period, how the rent is to be calculated and what outgoings are to be paid. Failure to provide a statement may incur a penalty and a claim for compensation. Key money, the practice of seeking an entry premium in addition to rent, and ratchet rents, rents that can only ever vary upwards, are two practices that are outlawed by the bill. A lease may be for a period of a minimum of five years including an option to renew. That minimum period may be reduced where a solicitor's or barrister's waiver is obtained.

Methods of rent calculation are specified, along with the need to substantiate outgoings by either an audited report or receipts for statutory rates and charges. For smaller retail shops which usually have only statutory charges as outgoings, statutory authority statements or receipts will suffice. Lease agreements may be renewed if required by either party provided that a review of current market rent is carried out prior to a decision to renew. Where any interference or alteration is caused by the lessor affecting the quiet enjoyment of the lease by the lessee, provisions will require due notice and compensation where appropriate.

A separate section of the bill applies to retail shopping centres which are defined as a cluster of five or more retail shops. Safeguards are provided to ensure confidentiality of turnover information, disclosure of advertising and promotion expenditure and changes to core trading hours. Despite all the above provisions disputes will inevitably occur. Whereas now the only option for redress is through litigation, under this bill a registrar of retail tenancy disputes will be appointed to deal with these disputes. The role of this officer will be to assist the parties in dispute both informally and formally. Informal dispute resolution will involve the registrar negotiating with the parties.

If these efforts fail a mediator, or a panel of mediators, will be recommended by the registrar. This mediation will be voluntary. When the parties agree to mediation they will bear equally the cost of that process, unless the registrar or the mediator recommends otherwise. In the event of satisfactory resolution the mediator will inform the registrar of the terms of settlement, but will not disclose details

Page 1549

emerging during the mediation process. If the mediation is unsuccessful, the parties will seek resolution through the court system. Both the BOMA and the RTA have suggested to me that the Commercial Tribunal is

the appropriate forum for arbitration. I believe, however, that the court system is a more accessible option, particularly to those in regional areas of the State.

Nevertheless, I propose to establish a disputes resolution advisory committee consisting of representatives from the industry parties and Government to advise me on the effectiveness of the dispute resolution procedures as they develop. At no stage will any party's right to seek a court's intervention be jeopardised or limited. It is the Government's intention that no retrospectivity apply to the bill. All existing leases will continue to rely on the existing lease agreements. However, disputes arising from current leases will be mediated if requested but the provisions of the existing lease, not the new Act, will determine how the dispute may be resolved.

I believe that reduction of leasing costs will be a major outcome of the bill. Lease preparation costs will be substantially reduced as the length of lease documents will be reduced. Agreements will not require the use of extensive schedules and covenants as is now often the case. Dispute resolution will also be cheaper as court litigation will only occur after mediation is refused or found unsatisfactory. It is intended that the lease agreement imposes internal compliance mechanisms on the parties to determine rights and responsibilities rather than external compliance procedures. These sanctions mostly provide for voiding part or all of the lease agreement. In some cases where a practice is prohibited, fines may be imposed by a court.

I alluded earlier to the coverage of the bill, and its coverage of all retail establishments, not only shopping centres. It remains the position of the Real Estate Institute that the coverage of the bill should be restricted to groups of 20 or more shops in regional shopping centres. They argue that problems do not exist elsewhere in retail leasing. This is not my view. All the evidence presented to me suggests that the problems are widespread, whether the premises be stand-alone shops, strip shops or metropolitan shopping centres. Nor can I see that there is a logical reason why bad leasing behaviour would be restricted to regional shopping centres. If it is appropriate to put in place a basic system which will facilitate negotiation of leases on the basis of full disclosure, then surely it is appropriate that the system should be available to all leases. The bill binds the Crown whether in the capacity of lessor or lessee.

It is clearly not the intention of the bill to burden business with more red tape. The whole direction of this Government has been to reduce this burden. The Government merely seeks to set the ground rules, and leave people to go about their business with a minimum of fuss. I am confident that the provisions contained in the Retail Leases Bill will allow for that to happen. I would like to again thank the BOMA, the RTA, the REI and all those who have made submissions. I also want to mention Carl Bazeley of my department, who has spent many hours of negotiation with the various parties as the preparation of this bill has developed. I commend the bill to the House.

Debate adjourned on motion by Mr Neilly.

NATIVE TITLE (NEW SOUTH WALES) BILL

Bill introduced and read a first time.

Second Reading

Mr WEST (Orange - Minister for Energy, and Minister for Local Government and Co-operatives), on behalf of Mr Fahey [4.30 a.m.]: I move:

That this bill be now read a second time.

The High Court of Australia in its decision in *Mabo v. Queensland* rejected the doctrine that Australia was, at the time of European settlement, land belonging to no one - terra nullius. Rather, the High Court found that native title rights and interests in relation to land survived European settlement, subject to the sovereignty of the Crown. The court held that the common law of Australia recognises a form of native title that, where it has not

been extinguished, reflects the rights of indigenous people, in accordance with their laws and customs, to their traditional lands. Following the court's decision, the Commonwealth Government enacted the Native Title Act 1993. The Commonwealth Act passed through Federal Parliament just before Christmas last year and commenced on 1 January this year.

The objects of the Commonwealth Act are said to be: to provide for the recognition and protection of native title; to establish ways in which future dealings affecting native title may proceed and to set standards for those dealings; to establish a mechanism for determining claims to native title; and to provide for, or permit, the validation of past Acts invalidated because of the existence of native title. The Commonwealth Act was enacted following the failure of the heads of government at the meeting of the Council of Australian Governments to agree on a common approach to the issues raised by the High Court's decision.

I have always taken the view that the only effective resolution of those issues would be by way of a co-operative national response. The Commonwealth Act is in many respects a less than optimal resolution of the issues. There are some important areas where the Commonwealth Act is deficient and should be changed. For instance, there is no clarification or further definition of native title in the Commonwealth Act. Courts and tribunals are given no guidance as to the nature and content of native title. The Commonwealth Act does not explicitly state whether a physical connection with the land is required to establish native title. The Act creates an interpretation nightmare for courts and tribunals.

Page 1550

There are other areas where the Commonwealth Act is flawed: the revival of native title under the so-called "non-extinguishment" principle has the potential to discourage and destroy mining investment; the time for making claims under the Commonwealth Act is open-ended - it is surely not unreasonable for there to be a time limit of say 10 or 12 years for making claims; the application of the Commonwealth Act in this State has already caused increased cost and delay, for instance, in the sale of Crown subdivisions where construction was completed but the lots were not sold before the end of last year.

The Commonwealth Act also provides for the establishment of a national Aboriginal land fund. Details of the establishment and operation of the fund are not available. It should be remembered that this State has had in place since 1983 legislation in the form of the Aboriginal Land Rights Act 1983, which provides for a percentage of land tax collected in the State to be paid to the Aboriginal Land Council. Payments amounting to approximately \$300 million have already been made. That Act represents a significant contribution to Aboriginal land rights by this State.

The Commonwealth Act is now law and in order to ensure that dealings in land in New South Wales proceed with as little disruption and as much certainty as is possible, the State must legislate to take account of the Commonwealth Act. That legislation must be put in place as soon as possible so that future dealings in land in the State can be validly done, and so that existing titleholders can be confident that their land titles are valid. The object of the bill is to participate, to the extent necessary, in the national scheme established by the Commonwealth Government and to validate past State Acts, such as dealings in land, invalidated because of the existence of native title.

To ensure the validity of the bill, the provisions closely follow those of the Commonwealth Act. Because the Commonwealth Act provides that native title is recognised and protected in accordance with that Act and cannot be extinguished contrary to it, the State is restricted in the way in which it can legislate with respect to native title. The Commonwealth Act allows the State to validate past Acts that are invalid because of the existence of native title. That validation must be done on the same terms as the Commonwealth has validated past Acts for which it was responsible. The bill validates past Acts attributable to the State in accordance with the Commonwealth Act. Acts which were not the making of legislation and which took place before 31 December 1993 are validated. Legislation made before 1 July 1993 is validated.

Landowners in New South Wales can be confident that title to their land is secure. The effect of the

validation on native title is specified in the bill. This follows the Commonwealth Act. Category A past Acts will extinguish native title. These Acts are freehold grants, leases which are for commercial, agricultural, pastoral and residential purposes, and public works. Category B past Acts will extinguish native title to the extent of any inconsistency with the rights and interests comprising the native title. These Acts are leases other than category A leases and mining leases. Category C and category D past Acts do not extinguish native title. Rather, the "non-extinguishment" principle applies. Category C past Acts are mining leases, and category D past Acts are all Acts other than Acts in categories A to C.

The "non-extinguishment" principle allows native title to survive for the term of the particular Act, but so as not to affect the rights under that past Act. When the past Act ceases to have effect, the native title rights and interests can be fully exercised. Under the Commonwealth Act the State is liable to pay compensation to the native titleholders whose interests are affected by the validation of past Acts. The compensation will be assessed under the Commonwealth Act and, in the event of a dispute, will be determined by the National Native Title Tribunal and the Federal Court.

The Commonwealth Act provides for the Commonwealth to agree to provide financial assistance to the State in respect of that liability. Negotiations with the Commonwealth as to the amount of assistance are continuing. However, the Commonwealth has sought to shift its responsibilities for compensation on to the States. Canberra has an obligation to meet 100 per cent of compensation awarded under its legislation; it is the Commonwealth which has imposed the obligation and it is the Commonwealth which should meet that obligation. New South Wales will continue to argue that the Commonwealth should accept its responsibilities in this regard.

The Commonwealth Act allows the State to confirm any existing ownership of natural resources and certain water and fishing access rights, and to confirm public access to, and enjoyment of, certain areas such as beaches. The bill provides for the confirmation of such ownership and the exercise of such rights in the terms allowed by the Commonwealth Act. By force of the Commonwealth Act, such confirmation will not affect native title rights and interests. The Commonwealth Act allows the State to establish its own bodies to determine applications for native title and claims for compensation for future Acts, and to make decisions as to whether certain future Acts, such as the grant of mining titles, should go ahead over native title land, where the Commonwealth Minister has recognised those bodies.

The Commonwealth Act sets out criteria which must be satisfied before the Commonwealth Minister can recognise a State body. The bill provides for the Land and Environment Court and the mining wardens courts to be recognised State bodies. The Land and Environment Court will, when recognised, have jurisdiction to determine applications for determination of native title, applications for claims for compensation arising from compulsory acquisition of native title, and whether compulsory acquisitions of native title for the purpose of conferring interests in

Page 1551

the land acquired on third parties should proceed. The mining wardens courts will, when recognised, have jurisdiction to determine compensation applications arising under or in relation to a State mining Act, applications for determination of native title where that is necessary for the purpose of determining compensation under a State mining Act, and whether mining titles should be granted over native title land.

The bill provides for the courts to carry out their functions under the proposed Act in a fair, just, economical, informal and prompt way, and provides for those courts to take into account relevant cultural and customary concerns of Aboriginal people. The courts will not be bound by technicalities, legal forms or rules of evidence. There will be a registrar to receive and process applications. The provisions of the bill dealing with the procedure in the Land and Environment Court and the wardens courts follow the procedures set down in the Commonwealth Act for the National Native Title Tribunal and the Federal Court.

Provision is made in the Commonwealth Act for the Commonwealth and the State to agree on financial assistance to the State for the costs of establishing and administering recognised bodies. Negotiations and discussions with the Commonwealth on financial assistance and recognition of the Land and Environment Court

and wardens courts are continuing. New South Wales maintains its position that the Commonwealth should meet an appropriate proportion of all the proper costs associated with the function of the State courts in this area. The bill provides for the types of applications that can be made to the Land and Environment Court and the wardens courts about native title.

These types of applications reflect those provided for in the Commonwealth Act. Because of the Commonwealth provisions, applicants will be able to choose whether to lodge a claim in the Commonwealth body or the State body, except in relation to the grant of mining titles and acquisitions that confer rights on third parties, where the State body will have exclusive jurisdiction. Where native title is found to exist, it will either be held in trust for the common law holders by a body corporate prescribed under the Commonwealth Act or the bill, or it will be held by the common law holders. Where it is held by the common law holders, those holders will be required to nominate a body corporate, and that body will exercise certain functions - for example, receiving notices - under the Commonwealth Act and the bill on behalf of the common law holders.

The operation of the Commonwealth Act, the Racial Discrimination Act 1975, and the High Court's decision in *Mabo* requires that State law treats native title holders in a racially non-discriminatory way. The full nature and content of native title is not, however, known. Because the Commonwealth Act is complex and in some respects difficult to understand, its full impact may not be known for some time. To account for these uncertainties and to ensure that the introduction of State law which minimises uncertainty is not delayed, the bill provides for interim measures which may be taken. These interim provisions will last for two years and provide for native title holders to be treated as if they were ordinary holders of land for the purpose of the Land Acquisition (Just Terms Compensation) Act and the State mining Acts.

Regulations will also be able to be made with respect to State law generally and will have a life of one year. Those regulations would be made where State law must be amended to ensure that it is consistent with the Commonwealth Act or the Racial Discrimination Act. The Queensland legislation contains a similar provision. At the end of the two-year interim provision period, the effect of native title on State law will, hopefully, be better known and further amendments to State legislation, if necessary, can then be made. The Aboriginal Land Rights Act is amended so that the New South Wales Aboriginal Land Council will be able to exercise the functions given to it as a representative Aboriginal body under the Commonwealth Act. Those functions include giving assistance to applicants in native title determination applications. The Aboriginal Land Rights Act is also amended so that land which is subject to a native title claim, or a determination that native title in the land exists, will not be claimable under the Act.

One of the main objects of the Aboriginal Land Rights Act is to compensate Aboriginal people for dispossession from their traditional lands. If that traditional connection has been maintained in a way which would sustain a claim for native title, then it is that claim which should have precedence. Where a claim under the Aboriginal Land Rights Act is granted, it will be granted subject to any native title which may exist in the land. It may be that at the time of the grant no claim is made, but at a later time native title in the land is shown to exist. If that is the case, the native title holders, as traditional holders of the land, should have precedence over the relevant Aboriginal land council. This procedure will allow grants under the Aboriginal Land Rights Act to be made without extensive inquiries having to be made about whether the grant would affect native title and thus offend the Commonwealth Act. However, to protect purchasers of land granted to a land council that is subject to native title interests that have not yet been identified, the Aboriginal Land Rights Act is further amended to provide that such land cannot be sold unless there is on foot an approved determination in respect of native title.

I have held initial consultations with the New South Wales Aboriginal Land Council on the thrust of the State's response to the Commonwealth Act, and an early copy of the draft bill was provided to the council. Advance copies of the bill were also provided to the Australian Mining Industry Council, the State Chamber of Mines and Extractive Industries, the National Farmers Federation and the New South Wales Farmers Association. Amendments are made to various Acts with respect to the compulsory acquisition of land. These amendments make it clear

that native title interests can be compulsorily acquired in the same way as other interests, and at the same time ensure that Aboriginal people whose interests are acquired have explicit rights of compensation under State law. The amendments also ensure that interests can be compulsorily acquired where the purpose for doing so is to enable a statutory authority to carry out its functions. This will mean that, where native title interests are involved, the carrying out of those functions will be permissible future acts under the Commonwealth Act.

The Mining Act and the Petroleum (Onshore) Act are amended so that the wardens courts have jurisdiction in native title matters where mining issues are involved. Amendments are also made to ensure that, where native title holders and other owners of interests in land cannot be identified, mining grants can nevertheless proceed without the need to first have an arrangement as to access to the land on which mining exploration is to occur or to have a determination as to compensation for the effect of mining in place. However, proper and thorough inquiries to identify and locate those with interests in the land will need to have been made. The bill represents the State's first legislative response to the complex and difficult issues raised by the Mabo decision and to the Commonwealth Act. The bill will allow, to the extent possible in the context of the Commonwealth Act, land management and development in New South Wales to proceed, while safeguarding the interests of traditional native title holders. The bill will also give certainty of title to all existing title holders in New South Wales. I commend the bill to the House.

Debate adjourned on motion by Mr Neilly.

BILLS RETURNED

The following bills were returned from the Legislative Council without amendment:

Supreme Court (Amendment) Bill
Criminal Appeal (Amendment) Bill
Judges' Pensions (Amendment) Bill
Police Service (Complaints) Amendment Bill

WORKERS COMPENSATION LEGISLATION (FURTHER AMENDMENT) BILL

Message

Message received from the Legislative Council agreeing to the Legislative Assembly's amendments.

SELECT COMMITTEE UPON THE SYDNEY MARKET AUTHORITY

Motion, by leave, by Mr West agreed to:

That the reporting date for the Select Committee upon the Sydney Market Authority be extended to 30 September 1994.

House adjourned at 4.47 a.m., Thursday.
