

HOUSE OF ASSEMBLY

Wednesday 8 October 1980

ESTIMATES COMMITTEE A

The Committee met at 11 a.m.

Minister of Health, Miscellaneous, \$178 141 000

Acting Chairman:
Mr. J. W. Olsen**Members:**Mr. E. S. Ashenden
Mr. H. Becker
Mr. Max Brown
Mr. R. E. Glazbrook
Mr. T. H. Hemmings
Mr. G. R. A. Langley
Mr. R. J. Randall
Mr. J. W. Slater**Witness:**

The Hon. Jennifer Adamson, Minister of Health.

Departmental Advisers:

Mr. B. V. McKay, Chairman and Chief Executive Officer, Health Commission.

Mr. A. J. Bansemer, Senior Finance Officer, Health Commission.

The ACTING CHAIRMAN: I have examined the minutes of 7 October 1980 that have been circulated, and unless there is any objection I intend to sign them as a correct record. There being no objection, I will sign them.

The Hon. Jennifer Adamson: The Health lines as presented in the Estimates are quite clearly difficult to deal with in so far as they are single separate lines embracing complex and diverse activities. As a consequence, the Committee may find that it is helpful to deal through the Provisional Estimates Resource Allocations booklet and also to use the figures which I tabled in the House in regard to the Appendices in the Estimates. At the same time, I would appreciate the opportunity to insert in *Hansard* a preliminary statement, and provide members of the Committee with copies of that statement. I do not want to take up the Committee's time by reading it, but it does set the lines in the context of Government policy; it summarises the financial approach of the Commission, and I believe it will be helpful to have this on record. I seek leave to have the statement incorporated in *Hansard* and to have it distributed to the Committee.

The ACTING CHAIRMAN: Is there any objection from members of the Committee?

Mr. Millhouse: There are others of us here who have not been privileged to become members of the Committee. I wonder whether the Minister will let us have a copy of the statement?

The Hon. Jennifer Adamson: Certainly, any member of the House who is in the Chamber is welcome to have a copy.

Leave granted.

STATEMENT TO THE ESTIMATES COMMITTEE
BY THE MINISTER OF HEALTH

There are two conflicting demands which are influencing currently the delivery of health services and which must be understood if adequate consideration is to be

given to health estimates for the current financial year.

On the one hand, there is the expectation on the part of the community that an increased investment in health services will result in better health. On the other hand, there is taxpayer resistance to increased public expenditures, to which the government is obliged to respond by way of cost containment programmes.

These problems have their origins in the 60's and the 70's. It was during the 60's that there were major innovations in the technology of medicine. New drugs, radical surgical techniques and sophisticated equipment, for example, heralded spectacular breakthroughs in the treatment of illness and the cure of disease. The dramatic nature of these new technologies raised the expectations of both consumers and deliverers of health services—expectations which were subsequently translated into costly reality in the 70's.

The early 70's were marked by an unprecedented and phenomenal growth in the public funding of health services.

Governments were faced with increasing demands for costly intervention programmes which were identified in the public mind as basic to the fulfilment of their aspirations for a longer life with less suffering.

We are now in an area of critical choices. While expectations remain the same, demands for spending restraint are increasing. There will always be gaps between what we have and what we would like to have. When all services thought to be necessary cannot be provided for all who need them, choices are involved. The capacity of the health system in South Australia to make rational choices is constrained by two factors the inappropriateness of the present structure and the inadequacy of existing information systems.

Both of these matters are receiving high priority in the Health Commission. For example, there will soon emerge a more appropriate structure for decision-making regarding the delivery of health services in South Australia which will allow decisions about expenditure on health services to be made as close as possible to the community in which those services are to be provided. I believe that this is the only way in which we will achieve the integration, and consequently effectiveness, in the health system that is needed if we are to maintain and improve standards of care whilst at the same time contain costs.

The key issue, of course, is the development of meaningful resource allocation systems. The government is committed to the introduction and development of a programme and performance budgeting system which allows rational choices to be made between programmes and further permits the measurement of benefits against costs.

At the present time, there is no information available as to the aggregate cost of, for example, renal services or cardio-thoracic services, so there is no way of knowing whether greater benefit would be brought to a greater number of people if those costs were diverted to a different service or a different form of delivery.

Indeed, under the line system of budgeting, neither the government nor the Health Commission nor the boards of health units or individual officers have ever known the cost of services or programmes provided. Even medical practitioners who make decisions about the development and use of services do so without any knowledge of costs associated with those services.

This is inconsistent with fundamental principles of accountability and indicates the extent to which the historical funding system has tended to work in the interests of health professionals rather than the community which we represent. Services have been allowed to

develop and proliferate without critical examination, simply because of the inadequacy of information as to cost.

It is in this context that a study is presently being undertaken at the Royal Adelaide Hospital which will identify costs associated with different services. We will be able to ascertain the aggregate and component costs associated with the provision of all services including super-specialty services such as nephrology, oncology and cardio-thoracic services. It is only by isolating these costs that we can confidently face the critical choices we are now being called upon to make—choices between a continued investment in acute institutional, high technology services and an investment in, for example, domiciliary care services and illness prevention and health promotion programmes.

The government does not accept the proposition that by spending more money we will achieve better health. Moreover, there is increasing concern that the recent levels of expenditure in health services are having a negative impact on other public spending programmes such as transport, education and housing, which rank at least equal in importance for the overall welfare of the community.

In broad estimate the payments budgeted for 1980-81 are \$4 000 000 less in real terms than 1979-80 payments. This will require critical choices to be made within the Health Commission, individual units and by health professionals. At the same time, the community is entitled to know the basis upon which these decisions are made. As the ultimate source of all public expenditures, the taxpayers have a right to information on the way in which their money is spent. Only by having that information can they exercise judgement about the appropriateness or otherwise of their health system.

For the first time this year Parliament has information which will enable a more searching debate to the health budget. In addition to the health section (pages 561 to 585) of the provisional "Programme" book, I tabled a document on 25 September which provides information in support of the Estimates of Expenditure.

This year, the Estimates of Expenditure provide for State funding to the Health Commission of \$175 391 000 which together with funds from the Commonwealth, patient fees, etc. are expected to support total payments of \$373 165 000. Compared with total payments in 1979-80 of \$359 651 000, this is an increase of \$13 514 000 (or 3.8 per cent) in money terms.

On a real term basis, this would be a reduction of \$9 500 000 on level of funding in 1979-80 in respect to ongoing services. However, the Commission expects to receive additional sums during the year to meet increased price increases as a consequence of price increases above the funded rate of 4 per cent and award increases. Therefore, the reduction in real terms is likely to be approximately \$4 000 000 (or 1.1 per cent).

In general, the Commission has endeavoured to maintain either standstill funding or some increase in real terms to the individual health units included in the following groupings: Country (former subsidised) hospitals; nursing homes; community health and domiciliary care services; Aboriginal health services; voluntary agencies.

However, "savings" are being sought in health units in the organisational groupings of:— Central office; teaching hospitals; metropolitan non-teaching hospitals; country (former government) hospitals, and mental health services.

The preliminary allocation to these health units are being adjusted with a view to ensuring that standards of

patient care are maintained at appropriate levels.

Mr. HEMMINGS: I suggest that we pause for a few minutes while members read this document because it may have some bearing on the questioning of the Minister.

The ACTING CHAIRMAN: Before examining the expenditure line, we will pause to give members an opportunity to read the document.

Mr. BECKER: In her statement the Minister says:

In broad estimate, the payments budgeted for 1980-81 are \$4 000 000 less in real terms than the 1979-80 payments. This will require critical choices to be made within the Health Commission, individual units and by health professionals. In view of the Public Accounts Committee inquiry and findings into the management of our hospital system, has the Minister or any officer of the department undertaken examination of the surplus staff, if there are any surplus staff, in the Health Commission (which was formerly the Health Department) and, if so, what surplus has been identified?

The Hon. Jennifer Adamson: I take it the member for Hanson is referring to the central office of the commission, or perhaps the service units of the commission.

Mr. BECKER: The central office.

The Hon. Jennifer Adamson: The budget for the central office this year is a stand-still budget, and in relation to the staffing arrangements I ask the Chairman to elaborate.

Mr. McKay: As suggested by the Minister, it is a stand-still Budget, in fact a decrease in real terms given that we should have an inflation rate higher than the current allowance of the central office. At present there is a total review of staff within the central office of the commission. By that I mean the central office. It is a question of whether you mean the central office service units or the central office executive unit, if we could call it that. Which particular area were you interested in, because in that central office budget we do still have a lot of health services which are funded—school health, dental health and so on.

Mr. BECKER: The point I am getting at is that, during the Public Accounts Committee investigation, it was evident to us that there was a surplus of staff in the central administration of the old Health Department. When similar Health Commissions were established in New South Wales and Victoria, I believe in New South Wales some 300 surplus staff were transferred out of that area to other departments. I believe about 150 to 200 were surplus to requirements in the Victorian Health Commission. As I understand it, several hundred positions or personnel were surplus in the old Health Department, which is now the Health Commission. What is the Health Commission doing about this? Is it retaining the dead wood or is there any effort to clean out the surplus staff and get rid of any dead wood so that the Health Commission is an efficient operation and the surplus staff members are put into other areas where they can be of benefit either in health services or in other areas of the Public Service?

The Hon. Jennifer Adamson: It is the commission's policy to ensure that the commission itself is a small co-ordinating and integrating unit, that it does not develop large staffs. However, it is important, before the Chairman responds to that question, for the Committee to realise that the commission itself still delivers some health services, as the Chairman has said—dental health, occupational health, radiation control and Aboriginal health are at this stage not incorporated units but are part of the commission. Those services must be seen as distinct from what might be called the administrative and executive services within the commission. I imagine that it is to those services that the question regarding staff numbers is

addressed, and the Chairman will answer that question.

Mr. McKay: I cannot give the Committee specific numbers, but I shall try to supply some later in the day. In fact, there has been a total change. The Hospitals Department, as such, was a centrally controlled situation. There has been a policy before I came to join the commission, and certainly we are pursuing that course, to in fact move staff to the operational units so that they can become self-sufficient and make their own decisions. There has been quite a considerable transfer of staff from the central organisation of the commission to individual health units, especially the hospitals.

At the moment I think that some surplus staff have been identified. In central office, including the service units, in June 1979 we had 1 228 people operating in the commission. We are now down to 1 088, which is a reduction of 140 in a 12-month period. There are still some surplus staff within the commission, and we shall try to identify those cases and let the Committee know. These people are being utilised in various ways. At present, we are also in the process of restructuring the commission.

This is an effort to make it more responsive to the periphery. As the Minister has said, it is my intention, and the commission's intention, to ensure that that is a small unit which has a co-ordinating policy-making role rather than a governing controlling role.

Mr. BECKER: I always believed, during the Public Accounts Committee's investigation, that savings could be made in certain areas without affecting the quality of patient care. I believe that that is the key to the whole issue as regards the community: the quality of patient care should always be maintained at the high level we have come to expect in South Australia, and everything must be done to make the overall management of the Health Commission and its various departments as efficient as possible.

Mr. McKay: I agree. At present, as the Minister said in her statement, we are conducting an inquiry into cost allocation of the Royal Adelaide, and that is based on identifying surplus staff units or areas that we think are overstaffed, in order to give us an opportunity of moving resources around. We have not yet gained the ultimate in terms of resource allocation in health services.

Mr. BECKER: I am talking not about the nursing staff or the para-medical staff but only about the administration section.

The ACTING CHAIRMAN: If members of the Committee, witnesses or advisers are using documents, it is important that they indicate the document and the page number, because of the large number of documents we are using for reference today. In conjunction with that, because the vote is so large and because, as the Minister indicated earlier, there are no defined lines comprising a particular sequence, whereas in other portfolios there has been a particular vote before proceeding to give unofficial members of the Committee an opportunity in which to participate an ask questions. This portfolio, because of its size, does not quite afford that opportunity.

The member for Mitcham has raised with me the fact that he would like to raise some questions during the proceedings. It will be difficult for me to determine when we have finished a particular phase and are going on to the next phase, in keeping with the ruling that the Chairman gave earlier in the proceedings. If there is no objection from the Committee, I will therefore give the call to the member for Mitcham at a time when I can best determine whether we have finished a sequence of questioning. Is there any objection to that?

Mr. HEMMINGS: I object to any member, other than official Committee members, coming in, in effect, before

the line is finished. Mr. Chairman, the point you are making is true, and I will say something later in the proceedings to the effect that the Health line has always been inappropriate; perhaps it is rather unfortunate. There is a definite vote in the Estimates of Expenditure on page 95 of Parliamentary Paper 9, which deals with the vote of \$178 141 000. We have Sessional Orders, which give members, other than Committee members, the right to ask questions of a Minister after the official Committee has finished its line of questioning. If we allow it for one member, we could set a precedent. The member for Newland will no doubt, because of his presence, be taking an interest in the proceedings. Do we allow him the right? The member for Semaphore and the member for Flinders are also present, and they have already stated that they have had no chance to form part of the official Committee.

I understand that the member for Flinders will be sitting in on Estimates Committee B and awaiting his turn and, when all the official questioning has finished, he will proceed to take part in questioning the appropriate Minister. I think what is suggested is going against Sessional Orders. If we make an exception in this case, who knows how things will go in future?

The ACTING CHAIRMAN: The Sessional Orders indicate that other members may participate in the proceedings of the Committee but shall not vote, move a motion, or be counted for the purposes of a quorum. They do not indicate at what time other members may participate, although the Chairman of the Committee, at the opening of proceedings, gave a ruling on the matter which has been the basis of operation of the Committee since the first day. In the absence of a positive motion, I would have to uphold the objection.

Mr. BECKER: In the circumstances placed before you now, Sir, I want to test the feeling of the Committee. I would like to ask a question on behalf of the member for Mitcham, who, I know, is keen to seek information on a certain matter. I believe that he has the details of that information, and I ask him to supply it now. The question would be asked through me, as a member of the Committee.

The ACTING CHAIRMAN: Will the member for Mitcham give the details of the question to the honourable member for Hanson, who will ask it of the Minister?

Mr. Millhouse: With great respect, it is not a matter that is appropriate, I think. It would take me half an hour or so to brief him on the matter I want to raise. If I may speak perhaps to a point of order which I raise, that would give me a chance to address you, Mr. Chairman. I respectfully agree with what you said. The Sessional Order does not say that members other than members of the Committee must wait until the end.

Mr. HEMMINGS: On a point of order, Mr. Chairman: is a member outside the Committee entitled even to enter into this debate?

Mr. RANDALL: Of course he is.

Mr. HEMMINGS: I do not need the honourable member to come to my assistance.

The ACTING CHAIRMAN: I cannot uphold the point of order. I gave the call to the member for Mitcham, and I now ask him to be very brief.

Mr. Millhouse: I did, during the intermission when people were reading the statement, speak first to you, Sir, and to the Clerk and then to the member for Hanson, who is leading for the Government. I also spoke to the member for Gilles, and I thought that I had agreement, not only from the table but also from the member for Hanson and the member for Gilles, to allow me to come in at some time during the morning. It was a painful surprise when the member for Napier hopped up and objected to that. I

thought the arrangements had been made with his colleague, the member for Gilles.

The problem about this vote is that it is one line for the whole of the \$170 000 000-odd and, as I have pointed out, it means that, if the practice (and it is only a practice) which has obtained up till now is to continue, I will have to wait, probably until late this afternoon or into this evening, before I get a chance to open my mouth.

If that is how the game is to be played, that is what I have to do, but I did appreciate the co-operation of the member for Hanson and of the Chair and, I thought, of the members from the Labor Party as well, to allow me to raise a matter with the Minister during the course of proceedings, as you outlined a moment ago, Sir, before you took the point of order. Certainly, the indication you gave a little while ago was absolutely in conformity with the Sessional Order.

The ACTING CHAIRMAN: I take it that, because of the background given, the honourable member for Mitcham prefers not to supply details to other members of the Committee to ask questions on his behalf. Therefore, in view of the objection that has been lodged, I will call upon the member for Mitcham when questioning has been completed so that he is able to participate in the Committee's proceedings.

Mr. Millhouse: That means that I do have to wait right until the end of the Health line, does it?

The ACTING CHAIRMAN: That is correct.

Mr. Millhouse: It is extremely frustrating, and I ask you to reconsider that, because it is not necessary under the Sessional Orders to make me wait like this forever, as it were.

The ACTING CHAIRMAN: Order! I do not think it is appropriate to debate that at this stage. Are there any questions of the Minister?

Mr. BECKER: On a point of order, Mr. Acting Chairman. It would be in order, if the member for Mitcham gave me a specific question to ask, for me to ask it on his behalf and then call on the honourable member to give an explanation of the question.

The ACTING CHAIRMAN: No. The ruling made by the Chairman stated:

With regard to members other than Committee members, it is my intention to give preference to members of the Committee until such time as they indicate that their consideration of the vote is completed, and I will then invite other members to participate. I am aware that other members may have some difficulty in determining when they might be given the call, but I point out that they may overcome this problem by requesting a member of the Committee to raise their particular matter of interest.

Alternatively, they may seek to be appointed by substitution to the Committee for consideration of a particular vote.

Mr. GLAZBROOK: Whilst I go along with the sentiments expressed in the statement you have just read, I take up the point raised by the member for Hanson that, if he asked a question on behalf of the member for Mitcham, there is nothing in the Sessional Orders stating that we could not seek an explanation in support of that question. There is no ruling on that.

The ACTING CHAIRMAN: With respect, I believe that, to maintain control and decorum within the Committee, it is important that members of the Committee ask questions only in that way. I think it would become unruly if we had a member of the Committee asking a question and another member in the Chamber giving an explanation. I think that for maintenance of decorum in the Committee I must rule as I have done.

Mr. ASHENDEN: I support your ruling. At the beginning of the Committee hearings a rule of precedent

was laid down by the Chairman of Committees. A number of members who are not Committee members have wanted to ask questions, and they have had to wait. I believe that your ruling is quite correct.

Mr. HEMMINGS: Thank you for your ruling, Mr. Acting Chairman. So that the member for Mitcham can plan his day and not have to sit here all day long, I advise that the Opposition does not intend to proceed on the Health line later than 8.30 or 9 p.m. That might give the honourable member some indication of when he will be able to ask his questions.

The ACTING CHAIRMAN: Are there any questions of the Minister?

Mr. HEMMINGS: I think it is appropriate that what we have been talking about in relation to this one line has highlighted previous problems we have had with the Health estimates. I thank the Minister for acceding to our request (I would like to think that that played a part in the Minister's decision) to supply additional information supporting the Estimates of Expenditure. After thanking the Minister for this additional information, which we find interesting, I point to a discrepancy. On page 14 of the blue covered book, can I take it that the first column under the line "budget for country non-Government hospitals" was the 1979-80 Budget allocation?

The Hon. Jennifer Adamson: Yes.

Mr. HEMMINGS: If that is the case, we have a real problem in relating that information in the blue covered book to answers to my Question on Notice given by the Minister on 13 November 1979. The figure in the blue covered book for the 1979-80 Budget allocation is \$61 600 000, whereas the figure quoted on page 924 of *Hansard* is \$61 100 000. If one goes through all the figures and checks back, one will see real discrepancies between the answers to my Questions on Notice and the figures in the blue covered book. Before we go into specific details of some of these figures, perhaps the Minister could explain these discrepancies.

The Hon. Jennifer Adamson: The reason for those discrepancies is that adjustments are made during the year for award increases which, of course, would not have appeared in the information that I provided in answer to the honourable member's Questions on Notice shortly after budgets were allocated last year. In addition, there may in some instances have been variations in service provided during the year. These are the actual Budget figures as against what at the time I provided that information would have been provisional figures, but if the honourable member would like to seek details in respect of any specific health unit we can provide more accurate information.

Mr. HEMMINGS: Yes, we would appreciate that information from the Minister. However, if we are talking about additional funding allocated through the financial year and we take the position of the Angaston Hospital, which is a small country hospital for which the provision last year on the information given to me by the Minister, was \$715 000, we see in the blue covered book that the actual allocation was \$757 000. Are we saying that it was necessary for a small country hospital to be given an additional \$40 000 after the initial Budget allocation of \$715 000 to enable it to continue its operations?

The Hon. Jennifer Adamson: As I have said, there are adjustments during the year for award increases. In addition, those figures would embrace terminal leave payments. I can arrange to have it checked, but I would imagine that, in the case of Angaston, some terminal leave payments were made, and that would account for the difference between \$715 000 and \$757 000.

Mr. HEMMINGS: On the preliminary budget alloca-

tions that we have received from the Minister, concerning all the major teaching hospitals and other metropolitan hospitals, does the figure include workers compensation insurance and the contribution to staff superannuation?

The Hon. Jennifer Adamson: No, it does not and I will ask the Chairman of the commission to explain why, in an interim situation, the commission is paying those amounts which are not included in the budgets of certain hospitals.

Mr. McKay: I think it may be of help to the Committee to explain the budget process that was arrived at this year in an effort to give hospitals a budget on which they could operate for 12 months, rather than seven or six months as has been the case in previous years. There was an attempt made this year to give them a preliminary budget figure and, in determining that preliminary budget, there were some items which it is almost impossible to estimate, given sets of circumstances, and I will ask my Senior Finance Officer to elaborate. The hospitals were given a preliminary budget figure and to make that real it was necessary to remove from that items which were outside control at that stage or which were difficult to estimate. That preliminary budget figure does not include those items. I now ask my Senior Finance Officer to explain what is not in the figure.

Mr. Bansemer: If we look at page 3 of that document, the amounts have been held back from the preliminary allocations to some of the hospitals at this time in respect of workers compensation, Public Buildings Department maintenance in I.M.V.S. pathology, because, at the time preliminary allocations were determined, issues were outstanding in respect of those items. In the case of workers compensation for the former Government hospitals, we are negotiating for a change whereby they will make payments of workers compensation premiums to the South Australian Government Insurance Commission, rather than to the State Government Insurance Office and while, in the initial stage, that is an umbrella arrangement, it allows scope for the hospitals in future to negotiate and make their own workers compensation arrangements. Equally, with the Public Buildings Department, during the course of this year there will be a change in the arrangements between the hospitals and the Public Buildings Department for the conduct of maintenance, and that will have an impact on the budget. Issues related to that are not yet resolved.

Mr. SLATER: I wish to follow up the comment made in reply to the member for Hanson with regard to the reduction of staff in the Health Commission. Have those reductions been made by natural attrition or have those personnel been transferred to another sector of Government employment?

Mr. McKay: Both methods have been used. The hospitals are becoming more independent in terms of their operations. For example, finance sections have been developed within the hospitals, whereas previously most of those activities were carried out in central office, and that has resulted in staff being transferred to the hospitals. There has also been the natural attrition that occurs. I am fairly sure that there have not been transfers outside the commission, other than promotions, which of course occur, as the majority of commission staff are in fact public servants and have the ability to move back into the Public Service.

The Hon. Jennifer Adamson: I should add for the honourable member's benefit that I recall shortly after assuming office this question being put to me from outside the commission. I sought figures at that time and, without remembering details, recall that under the previous Government there had been a reduction in overall numbers employed by the Commission (that is the central

office of the commission), by comparison with the aggregate of numbers from the previous Departments of Public Health and Hospitals.

Mr. MAX BROWN: I just want to raise with the Minister the it that is anticipated that the Health Commission might play in the future as far as this Budget is concerned. I am perturbed in the main that really overall, this budget is in fact in cold terms a \$3 500 000 to \$4 000 000 reduction in health requirements for the State. It appears that the hospitals are given by the Health Commission a 12-month budget as a preliminary guide. I contend that what in fact is being done is that the Health Commission is saying to each and every public hospital that these are the requirements it has to meet as far as the Health Commission is concerned, and that is what it has to provide.

Under those guidelines, the Health Commission is simply budgeting in its way in relation to public hospitals throughout the State. In fact, the recent strong opposition voiced by quite a number of public hospitals is in fact correct. What is happening is that the Commission, through the Minister and the Government, is simply dictating to public hospitals that they have to make do with a severe reduction in health requirements. What role in fact does the Minister intend the commission to play, particularly in respect to a \$4 000 000 reduction in the State's health needs?

The Hon. Jennifer Adamson: I should first of all make clear that the commission in framing its budget and the budgets for the hospitals is, of course, acting in accordance with Government policy and with the requirement of the Treasurer that there be an overall reduction in State Government spending. That, in turn, is in response to the Government's policy to reduce taxation. So, as I made clear in my statement to the Committee, we have two factors governing this Budget. One is the demand of the community which, of course, is justified and well based for continuing high standards of care. At the same time there is an equally strong demand for an overall reduction in Government spending, and the commission is simply responding to the Government policy in terms of reducing overall expenditure.

I think it is very important that the Committee and the community at large understand that the Government does not accept the proposition that by spending more money we will achieve better health, nor will we necessarily achieve higher standards. We know, for example, that as a result of cost containment measures taken over the past three years (and I go back before this Government came to office) a considerable amount of waste has been taken out of the system. We believe that there is still more opportunity, principally through better management and more efficient use of resources, to maintain standards of patient care, whilst at the same time reducing costs. In respect of the former Government hospitals, the budgets which they have been given are preliminary; the figures that appear in that blue book are preliminary. Several of the boards of hospitals have already accepted these budgets, and others are still negotiating with the commission. The Chairman may like to expand on that process of negotiation.

Mr. McKay: I think it is reasonable to understand the process that has been going on. As I mentioned, a preliminary budget was issued to the hospitals. The second stage was a negotiation between the hospitals and the commission about what the budget meant. I think this is very important because, in the discussions between the two bodies, many issues have been resolved. For example, I do not think that the hospitals realised that those items we talked about originally previously were in fact not

included in the budget. There are other areas that the commission has been able to reach agreement on during discussions with the hospitals. There are some areas, of course, in which the hospitals have been able to prove to the commission that the commission's figures were not correct, and we have adjusted budgets accordingly.

At present, I think we have only three or four hospitals with which we are now in disagreement. In some areas we have agreed to disagree and to watch what happens over the financial year to see what the result will be. Many hospitals have actually taken measures to reduce excess staff in some areas, for example, but the impact of that reduction in those areas will not be known in the budget until we get some experience of those operating costs.

I think the process has been worthwhile for both the hospitals' and the commission's sake in terms of learning about the individual problems of the health units on the commission's side, and also in terms of the health units' beginning to understand the commission's budget-making process.

Mr. HEMMINGS: I think that the statement that the Minister tabled this morning is perhaps the frankest admission of Government policy with regard to health. I refer to the figures in the supporting information, and I take the Minister's point that, as far as major hospitals are concerned, the figures relate only to preliminary estimates. If one looks at the position of country non-government hospitals I think that, without exception, every one of those hospitals is either receiving the same money as received in 1979-80, or has had a substantial increase.

If members of the Committee look at the figures for any of the towns this can be seen: for example, Andamooka \$61 600 last year, and \$64 000 this year; Angaston \$757 000 last year, and \$760 000 this year; Balaklava \$549 000 last year, and \$570 000 this year; and it goes on all the way through. In every other case of Government hospitals or teaching hospitals there have been substantial decreases. The vast majority of the country non-government hospitals underspent their 1979-80 allocation, yet still they received vast increases. Very few country hospitals over-spent their allocation.

I refer to the case of the metropolitan teaching and non-teaching hospitals. For example, Modbury had an allocation last year of \$13 773 000 (I am referring to page 12 of the book tabled by the Minister). The Modbury Hospital underspent that amount by \$540 000. However, its allocation for 1980-81 is \$10 885 000—that is a cut of almost \$3 000 000.

Dr. Billard: You have not counted receipts.

Mr. HEMMINGS: No, I am talking about the allocation and what was actually spent.

The ACTING CHAIRMAN: Order! The member for Napier has the floor.

Mr. HEMMINGS: At page 7 of the statement which was tabled by the Minister this morning, we even get an agreement by the Minister that, where we are dealing with country hospitals, nursing homes, community health and domiciliary care health services, aboriginal health services and voluntary agencies, there will be either a stand-still or an increase. But look where the savings are coming from, and I notice that the word savings is in inverted commas. In fact, what we should be saying is "Look at where the cuts are coming from", and they are coming from central office. I am referring to teaching hospitals, metropolitan non-teaching hospitals, country former Government hospitals and mental health services. We all know where the country former Government hospitals are.

We have ample evidence from the people who have been writing to Opposition members of what is happening

in metropolitan Adelaide hospitals regarding patient care and the treatment people are getting. We have yet to receive a letter from a patient who is in a former subsidised country hospital because those patients are getting the best of treatment, and the Government is reinforcing that by giving them additional sums this financial year. There is no argument that the Government can put forward that it is necessary to have cuts in funds for metropolitan hospitals on the one hand, yet give further finance to country hospitals. I seek some comment from the Minister in relation to what I have just said.

The Hon. Jennifer Adamson: I shall try to deal with each of the points that the member for Napier made. The first point that it is important for the whole Committee to understand in respect of the standstill budget for non-government country hospitals is that in the main these hospitals are small hospitals which have demonstrated their management efficiency over a long period, which have already during the previous two years had severe budget cuts, and in which there is no further capacity to reduce costs.

The member for Napier may recall that earlier this year I gave an assurance that the commission would be asked to recognise, in many cases, the extreme efficiency of the country non-government hospitals in terms of efficient economic management and the fact that they simply could not withstand any further cuts. The honourable member mentioned that some of these hospitals in fact had not spent their full allocation, and a reason for that would be that some hospitals underspent for works and services simply because they received their allocations late. The honourable member would know the reason for that, namely, that the Government assumed office and immediately had to revamp a budget that it had largely inherited. Of course, this delayed notification to hospitals concerning their allocations for that financial year. Consequently (and this will become apparent not only in regard to hospitals but also in relation to the community health services and other matters under discussion), not all health units were able to spend their budgets for works and services within the allotted period, and those sums will be carried over into the current financial year.

In respect of the Modbury sums, and the fact that the figure for this year is less than that for the previous year, it should be borne in mind that the figure for the current year does not include payments for Public Buildings Department employees, I.M.V.S. pathology charges (which are large amounts), or workers' compensation. So, I ask the honourable member to bear those items in mind and to recall that, in the explanation of the officers, there are good reasons why the commission will be making sums for those payments available during the year. However, they are not included in the budget.

The honourable member also said that no argument can be sustained that warrants reductions to teaching hospitals and country former Government hospitals, which, of course, are very large institutions, whilst at the same time maintaining standstill budgeting for other health units.

This is an extremely important matter that should be understood by the Committee and by the community, and I ask the Chairman of the commission to outline to the Committee some of the factors that must be taken into account when considering cost containment in large metropolitan teaching hospitals and in large country hospitals in comparison with smaller, non-Government country hospitals and the level of services that the institutions provide.

Mr. McKay: I believe that the main point is in relation to small country hospitals with, say, a 30-bed establishment. During the past two years, the fat has been trimmed

off these hospitals to the stage where a reduction of one additional staff member could have quite horrific effects on the standards of care. If there is a staff of two on the night shift in a small country hospital and if that complement is reduced by one, efficiency is automatically put at grave risk. The degree to which costs can be reduced within those institutions is very limited. The fact that, over a two to three-year period, there has been a sharp reduction in the total money available led the commission this year to determine that country hospitals overall should be held at a standstill arrangement. That did not mean that we automatically applied that arrangement across the board: an effort was made by the commission, and information has been produced, to consider hospitals that we believe still carry some fat in comparison with thin hospitals, and there has been an effort this year to adjust that discrepancy. We have looked at hospitals that could be considered well off as against those that could be considered badly off, and an effort has been made to correct that situation.

Therefore, there will not be a flat rate of provision across the board. In regard to major city hospitals, one of the main problems that we as a commission and the hospitals face is in regard to adequate management information on which decisions can be based. At present, we are trying to develop within the commission systems by which that information will be obtained. A cost allocation study is being made at the Royal Adelaide Hospital and we have identified over 250 cost centres in that institution. This will give us information on which to base reasonable management decisions and to change the budget as necessary. At present, the hospitals are flying by the seat of their pants, and so are we.

Mr. HEMMINGS: I gather that the Minister, by saying that the country hospitals were already running very efficiently, was intimating that, because the metropolitan hospitals are facing savage cuts, one could argue that the metropolitan hospitals are inefficient. I do not believe that they are inefficient. The argument has been put many times that, on the grounds of efficiency, these cuts are being made, and it is no longer a joke. The Minister also said that country hospitals faced large cuts in the previous Budget. I can only refer to the information which was given to me last year and which appears in *Hansard* (and perhaps Mr. McKay can be excused, because he had not taken office at that time). On page 924 of *Hansard* of 13 November 1979, I asked what was the 1978-79 Budget allocation, what was requested, and what was the 1979-80 allocation.

In the reply, I can see nothing about savage cuts in relation to country hospitals; in fact, in most cases the cuts were only about \$10 000 or \$15 000. Where are the savage cuts that occurred in 1978-79? When one considers the metropolitan hospitals, one sees that they experienced real cuts, especially in regard to the major hospitals, which experienced cuts in excess of \$1 000 000. What is the Minister trying to tell us? Is she trying to say that the information she gave this House on 13 November 1979 was incorrect and what she is saying now is correct, or must we take these figures, as it seems we must take a lot of figures from the blue book, with a pinch of salt? I have already used that term in another place in relation to the programme papers. There is no getting away from the fact that the country hospitals got a good deal in 1979-80 and they are getting an even better deal from this Government in 1980-81. In effect, the Minister is dressing up the Government's decision that there should be large cuts in health expenditure.

Another point must be made: the kinds of people who go to our major hospitals in the metropolitan area are

people in need, those who just cannot afford to go to private hospitals and who cannot afford to carry health cover. These people are forced to go to the local Government hospital. This is the kind of person who is suffering.

I hope that the Minister can give some answer. It is rather funny, when one looks at the objectives of the Health Commission, to see that these objectives are that the Health Commission have a general oversight over the whole system, including Government subsidies, non-profit, non-subsidised and private enterprise sectors. I am yet to hear any comment from this Government that the exorbitant fees that are charged by private hospitals, fees that in most cases are far in excess of the health benefits, will be considered. If the Minister said that a policy of this Government was to carry out some quality audit or an audit on the private hospitals as well as reducing the level of funding to Government hospitals, we may be able to swallow it, but we are getting nothing from this Government in regard to the private enterprise sector.

In my own district there is one private hospital, which charges the maximum payment, thereby forcing people to use the Lyell McEwin Hospital. The latter hospital has also experienced a cut of, I think, \$1 000 000 this year. Any comments that the Minister makes about the way in which country hospitals suffered in 1978-79 and in 1979-80 are completely false if one considers the figures which the Minister supplied to me and which appear in *Hansard*.

The ACTING CHAIRMAN: Before calling on the Minister, I point out that the honourable member's question was very broad; I wonder whether it may be advantageous for the Minister to take one question at a time.

The Hon. Jennifer Adamson: I refer first to the member for Napier's argument that country hospitals did not experience cuts in 1978-79; in fact, they experienced cuts in real terms. These hospitals also experienced cuts in real terms in the previous year and, as the Chairman of the commission explained, there is a limit to which funds to hospitals with a small number of beds and a small number of staff can be cut; there is also a point beyond which hospitals cannot go without endangering patient care. The honourable member made the point that, if a night staff of two in a country hospital is reduced by one, the night nursing staff is cut by 50 per cent, whereas minor reductions of that kind in large teaching hospitals can be achieved simply through management procedures, without adverse effects on patient care.

Regarding fees charged by private hospitals, that is a matter for the private hospital itself to determine; it is not a matter that comes within the ambit of the State Government's responsibility. However, if the private hospital chooses to charge fees greatly in excess of the benefits, the gap has to be paid by the patient; that is a matter of choice for the patient, and it is not a matter in which the State Government has any power to intervene.

Mr. HEMMINGS: The functions of the South Australian Health Commission, as listed on page 561 of the yellow booklet, under "Functions", are as follows:

- (1) General oversight over the whole system, including Government; Government-subsidies; non-profit, non-subsidised, and private enterprise sectors.

Can I take it that that is not supported by the Minister in relation to the private enterprise sectors?

The Hon. Jennifer Adamson: The booklet states:

In order to achieve this objective, the commission is given responsibility for:

- (1) General oversight over the whole system, including Government; Government-subsidies; non-profit, non-subsidised, and private enterprise sectors.

The private enterprise sector embraces the community hospitals. I do not know whether the honourable member was including those in his general indictment of the private sector. The commission has a role to play in terms of policies as they influence the private enterprise sector in terms of its subsidy payments. I cite, for example, the Adelaide Children's Hospital, the Queen Victoria Hospital, and the various country community hospitals to which the commission contributes. They would be identified as the non-government sector, but they are distinct from those hospitals to which the honourable member referred in his district and which are genuinely profit-making organisations as distinct from the community-based private hospitals.

Mr. HEMMINGS: I refer again to page 561 of the yellow booklet. Does the Minister believe that, when listing the responsibility of the commission, its current policy, as outlined in the statement to this Committee, is in line with the following paragraph:

To provide quality, comprehensive, co-ordinated and readily accessible health services to all the population of South Australia.

The Hon. Jennifer Adamson: Yes, I most certainly do. The honourable member's remarks about country hospitals are particularly applicable to that statement that the commission's function is:

To provide quality, comprehensive, co-ordinated and readily accessible health services to all the population of South Australia.

It is not only the population in the metropolitan area, but also the people in the remote and rural areas who require high-quality health services. I believe that the Government's policy and the commission's policy is fulfilling that objective. I will ask the Chairman of the commission to elaborate, for the honourable member's benefit, on the response I gave in respect of the private enterprise sector and the difference that should be highlighted between the profit-making and the non-profit-making private hospitals.

Mr. McKay: The oversight of private hospitals, I and the commission see as a common responsibility. Since I have been here, I have realised that we must take into account all the services the private sector hospitals are providing, because they have an effect on our public hospitals. We cannot operate in isolation. I have arranged meetings which the Private Hospitals Association, including the profit-making and the non-profit-making hospitals and nursing homes, to talk about rationalising their services and fitting in with the way in which we want to run health services in South Australia. They are co-operative—certainly, the non-profit-making ones are, and out of that will come a better use of resources in their sector, as well as in ours.

Mr. HEMMINGS: How many private hospitals furnish the commission with a financial statement?

Mr. Bansemer: In general, the community non-profit-making hospitals furnish the commission with copies of their annual statements voluntarily. I am not aware of any private profit-making hospital that provides that information.

The Hon. Jennifer Adamson: There is no statutory requirement for that to take place.

Mr. RANDALL: One of the functions of the commission is the provision of dental facilities for schoolchildren, pensioners, indigents and Aborigines. Is it possible for some break-down to be given of those services in a costing form, and will then figures be available to me?

The Hon. Jennifer Adamson: It is possible to provide a break-down of costs of the individual dental clinics, but I am not sure whether that information is available on the spot. If the honourable member seeks specific information

about the cost of operation of any particular clinic, I shall be pleased to provide it to him.

Mr. HEMMINGS: I take it that, in line with other Ministerial information that has been offered in other committees, when a specific member asks for information, that information will be made available to all Committee members?

The Hon. Jennifer Adamson: By all means.

Mr. HEMMINGS: Can the Minister provide us with a list of community non-profit-making hospitals that furnish a financial statement to the commission? Does she not believe that, in light of what Mr. McKay has said about it being necessary to know what the private sector is doing so that the commission can budget accordingly, there should be some statutory power to the commission to be able to demand financial statements from private hospitals?

The Hon. Jennifer Adamson: A statutory requirement for the private hospitals already exists, through the Companies Act, but it is not related to the commission. If the honourable member sought information on the profit and loss situation of any private hospital, he could obtain that through the Companies Office. As far as I am aware, all community non-profit hospitals conduct annual general meetings and provide annual reports, and these are public documents which are available to anyone. I believe that, if he sought such information from any particular hospital, it would be willingly provided, but it is not a function of the commission to provide it on behalf of a hospital over which it has no control.

Mr. HEMMINGS: The Minister says it is possible for any person, through the Companies Act, to get a financial statement, but perhaps I should have included in the term "statement" information covering all aspects of private hospitals, because I think that is what Mr. McKay was referring to—the Health Commission not knowing what is going in private hospitals, how many appendicectomies are taking place, and so on. It is necessary for the Health Commission to have that information from the private sector as well as from the Government sector. Does the Minister think that it should be a requirement for the private sector to give that information to the Health Commission?

The Hon. Jennifer Adamson: In respect of financial information, if the commission sought that specifically it could, like the honourable member, seek it from the Companies Office, but the kind of information which would be of value to the commission relates to questions of resource allocation in private hospitals. I will ask the Chairman of the commission to elaborate on why and how that kind of information is beneficial to the commission in terms of its responsibility for overall integration and co-ordination of services.

Mr. McKay: The private hospitals in South Australia have provided the information to the commission on a confidential basis—confidential in the sense that they do not want their opponents knowing what is in the reports. We have just prepared within the commission a report on private hospital activities within South Australia, with information given voluntarily by private hospitals, and we hope that will continue, because it has given us a good picture of the overall situation in private hospitals in terms of bed occupancy rates, how long patients stay, their catchment areas, and so on, which is very valuable in planning overall health services. It is being given on a voluntary basis at present.

Mr. SLATER: I refer to the Minister's comment that Government policy and reduction in funding for hospitals and health would not necessarily mean a reduction in the services available to the patient. What specific measures have been undertaken to eliminate so-called waste without

reducing services available to the patient and patient care? What measures have been undertaken to this stage and what measures are proposed, in view of the reduction in funding for hospitals, which will not affect the services available to the patient?

The Hon. Jennifer Adamson: There is a long list of measures, and I will ask both my officers to detail some of them. One of the first that comes to mind is one instituted by the previous Government, to rationalise what are described as the "hotel" services of hospitals—cleaning services, laundry services, and food delivery services, on which enormous sums have been spent in the past, frequently without careful scrutiny of how those services could be more efficiently and economically provided. For example, in the last financial year, savings of up to \$1 000 000 per annum at the Royal Adelaide Hospital in respect of altering the shift times for cleaners, thereby eliminating penalty payments, had no impact whatever on patient care.

We know, for example, that a transfer to contract cleaning at the Royal Adelaide Hospital alone would save up to \$2 000 000 per annum. That enormous sum of money could be spent on promoting health or providing domiciliary care services, but is currently spent in a way which has no impact for the good on patient care. If those cleaning services were provided more efficiently and more economically, large sums would be released, and there would be no adverse effect on patient care. That is one area alone. I will ask the Chairman to identify other areas in which savings have been and can be made without adversely affecting patient care.

Mr. McKay: I think the "hotel" area is probably a major one that still has some capacity for rationalisation. Well over \$1 000 000 has been saved under a working party in which the unions have been involved as well as management. The process in hospitals generally is that hospital boards and administration have been looking at their operations and considering those areas where they think savings can be made. These have taken various forms—rostering, for example, is one that has provided quite a lot of additional capacity within hospitals. There has been overtime drawn up, historical arrangements of the way services are provided in hospitals, which do not affect hospital care, and minor changes to rostering, and so on, can result in large sums of money being saved.

The second area is beds and services. In the health system we have set up systems, programmes, and services which go on *ad infinitum* without review. Over the past couple of years, people have been looking critically at the sort of activities undertaken. We have had a number of beds closed in hospitals that had low occupancy rates, and this has not affected standards of care. Institutions which cost a lot of money outside the hospitals, small units, which are inappropriate, and so on, have led to considerable savings—in real terms about \$30 000 000 over the past three years. Hospitals this year are going through the same process and coming back to us. If they believe there is any effect on patient care, they will soon tell us.

The Hon. Jennifer Adamson: Going beyond the "hotel" services, I refer to grounds and the maintenance of grounds, particularly in large institutions, and notably in psychiatric hospitals, whereby saving of water is an important area of cost containment, as is the energy saving programme which was instituted shortly after this Government came to office and the benefits of which are now being recognised within the institutions. I understand that, within one Adelaide teaching hospital alone, in the last financial year there were savings of \$64 000 in relation to energy costs. That figure may need to be broken down

as to whether it involved fuel or light or whatever, but hospitals are becoming aware of the savings that can be made in those outside areas which are not directly related to patient care but which release funds that can be better directed towards health in the broad sense of the term.

Mr. GLAZBROOK: Has the commission a system of internal audit of both fiscal and manpower resources and, if so, how many employees are involved in conducting those audits?

The Hon. Jennifer Adamson: Yes, the commission has a system of internal audit, and I will ask the Senior Finance Officer to outline the details.

Mr. Bansemer: The commission is in the process of establishing a system of internal audit. At present only one officer is in the internal audit area, and that is in relation to the central office of the Health Commission. The major hospitals are in the process of establishing their own internal audit functions within their organisations.

Mr. McKay: The question of manpower was raised. This is a matter in which the commission is involved. A staff of three is involved in staff plans in hospitals, and so on, updating them and looking at how manpower is being used. The Auditor-General is auditing the Health Commission and the major hospitals. He has indicated to us that he thinks we should be doing more, and we are heading towards especially management audit in terms of looking at the objectives of the Health Commission and how we are meeting them.

[Sitting suspended from 12.30 to 2 p.m.]

Mr. GLAZBROOK: Just before the luncheon adjournment I asked a question in relation to the internal audit. It was said that at present there was one internal auditor but that the commission was considering increasing that number. How many will eventually be appointed to the position of internal auditor?

The Hon. Jennifer Adamson: Five positions have been created for that Internal Audit Unit, one of which has been filled. I will ask the Chairman to explain the role foreseen for that unit.

Mr. McKay: The necessity for internal audit is well known and well recognised. It is proposed that a five-man unit will be established, and one position has been filled. The Auditor-General has drawn the attention of the commission in previous reports to the need to strengthen internal audit, and the introduction of this establishment is in response to that request. In addition, a Management Review Unit has been created within the commission which has been looking at the development of the management efficiency orders, and especially looking at reviewing programmes as they develop. In other words, we do not just introduce a programme and let it roll on; there is a regular review of its development. In addition, the individual hospital units as they are becoming incorporated and accepting responsibility are also developing their own internal audit functions.

Mr. HEMMINGS: In light of the Minister's oft quoted term "rationalisation", does the Health Commission intend to relocate the Royal Adelaide Hospital renal unit at the Queen Elizabeth Hospital or any other location within the metropolitan area?

The Hon. Jennifer Adamson: There is already a well-known and excellent renal unit at the Queen Elizabeth Hospital, and also one at the Royal Adelaide Hospital and one at the Flinders Medical Centre. Following representations made to me by the member for Mitcham containing allegations of the inadequacy of staff and facilities at the unit at the Royal Adelaide Hospital, I asked the commission to conduct a review of renal services in South Australia and to make recommendations to me whether

there should be any rationalisation. I have before me the terms of reference for that review and, if the member for Napier is interested, I could provide him with the details.

Mr. BECKER: I move:

That any member present in the Chamber may ask a question at any time during the vote "Minister of Health, Miscellaneous, \$178 141 000" after prior consultation with the Chair.

The reason I do so is that this vote as presented to the Committee is unusual because it has virtually only one line, whereas other votes are broken down into several sections that can be considered line by line. I believe that, because of the unusual nature of the vote and the amount of money that is expended under this line (\$178 141 000) and the complex nature of the portfolio of the Minister of Health in the health area, any member of the House should have the opportunity to ask questions when in the Chamber. I do not think it was ever the intention that the Estimates Committees exclude anyone from having an opportunity of seeking information from a Minister. This proposal could easily be accommodated today during this discussion. If a member is interested and wants to ask a question that member could be accommodated in a brief period of the Committee's sittings. Otherwise, we are not to know what time the actual line may come up before we pass on to another vote.

After all, the Estimates Committees were established so that every member of Parliament would have an opportunity to ascertain from the Minister and the Minister's officers exactly how the moneys are spent in each Budget. If we believe in open government and we want to pursue the line of open government, no member of this Chamber should be denied the opportunity to seek information at the time it is available.

Mr. GLAZBROOK: I second the motion moved by my colleague. I have very little to add to what he has said except to point again to the fact that on this line which we are discussing it is extremely difficult, as has been mentioned earlier, unlike the situation in relation to the other Ministries where a break-down of the lines is so clearly indicated to establish a break from the varying subjects. I think that it is important to hear issues that may raise further points that we may wish to take up with the Minister. I think that it is very desirable that we can have, at some stage, breaks in the proceedings where, with the consent of and after discussion with the Chair, we can permit members to come in and put some questions. It does not mean that it will be continuous. I again point out that it is to be only after prior consultation with the Chair so that, if there are some questions to be asked at this moment, and then some perhaps at 4 or 5 o'clock, it may be an opportune time again to carry out this resolution. I therefore support the intent and the purpose in this motion.

Mr. HEMMINGS: I oppose the motion. There is nothing in the Sessional Orders or your ruling, Mr. Acting Chairman, concerning questions being asked by members other than the officially appointed Committee where they are denied the right to ask questions. On behalf of my colleagues I gave the member for Mitcham and the members of this Committee a clear time when that member, or any member who wished to ask questions, could be in the Chamber. We gave the time between 8 and 9 p.m. when, so far as we were concerned, we would have finished asking questions of the Minister.

Mr. BECKER: On Health?

Mr. HEMMINGS: On Health, Miscellaneous. What difference is there about this vote? I stated earlier on there is one vote under Health. There is no difference between this vote and any other votes with which we have been

dealing so far on different days of the Estimates Committee. Every time we finish with one vote, the Chairman of that Committee has asked any person outside the official Committee whether they want to ask any questions. We are not objecting to that. No way am I objecting to your statement this morning outside the line of the Sessional Orders. It seems that the member for Hanson is promoting a cause, and it is fairly obvious to me the member for Mitcham does not wish to spend a whole day here. He wishes to go about his other duties, for which he is well known in this Chamber. He wanted to get his line of questioning in before he went on to that other line of business.

We are saying that the Committee is sitting until 10 p.m. tonight; we are also saying that under "Minister of Health, Miscellaneous" we will guarantee that between the hours of 8 and 9 p.m. we will finish our line of questioning, and then the member for Mitcham or any other member who wishes to ask questions of the Minister will be able to ask those questions.

What the member for Hanson is suggesting is that the rules that were passed by this Parliament should be changed so that the member for Mitcham can ask a few questions. That is basically what it is all about, and we object to that quite strongly. At no time over the last week or yesterday has anyone attempted to go outside the guidelines that were passed by this Parliament. Mr. Deputy Chairman, you have the awful duty, because it is fairly obvious about the way this vote will go, of making your casting vote, and in no way do I wish to influence you, Sir, but I think it is on your decision this afternoon that hinges the Opposition's attitude to these Estimates Committees. Opposition members have entered into the spirit of this type of questioning of Ministers of the Crown, and I think it is your attitude today that will determine what our attitude will be in the future.

Mr. BECKER: You are threatening the Chair.

Mr. HEMMINGS: I am not threatening the Chair. I do not think the Chair would even think that I am threatening the Chair. I am only trying to point out the seriousness of this motion, because every member of the Government and every member of the major Opposition Party is required to spend time in this House when the Estimates Committees are sitting. We all know that the gentleman in question comes into this House only when it suits him.

Mr. SLATER: And the member for Hanson has said that several times.

Mr. HEMMINGS: Yes, he has said that. When Opposition members objected this morning we were simply upholding the Sessional Orders. I would like to think that the member for Hanson would at least have contacted senior members of his Party before he put this motion before the Committee today. We have no reason to want to gag the member for Mitcham, but what we are saying is that he, like other members who are not official members of the Committees, must wait his turn. We are prepared to give between one and two hours of this Committee's time for other members to ask questions of the Minister. If we agree to this motion, that means that at any time during today's questioning any member can come in and take over the role of questioner in this Committee.

There has been quite a degree of co-operation between the Minister and me as spokesman inasmuch as the Minister has provided us with additional information. The Minister and I talked this morning, as you, Sir, are well aware, because you were present, about which way our line of questioning would go. That made it easier for the Minister to be able to bring in other officers. We had quite an amicable discussion this morning, and, notwithstanding some of the things that we may be saying about the

Minister in questioning, at least there was that degree of agreement. However, it seems that in moving this motion the member for Hanson wants to upset any kind of agreement we have with the Minister. We object to the motion; we oppose it, and I sincerely hope that common sense will prevail and that this motion will be rejected by the Committee.

Mr. SLATER: I oppose the motion. In doing so I want to point out the situation in regard to Estimates Committee B on Thursday of last week when I, as the Opposition spokesman for recreation and sport, but not being a member of the Committee dealing with the Transport vote, attended the meeting as an unofficial member.

I had to wait most of the day for the opportunity to ask questions of the Minister, following questions asked by Committee members. I do not agree that the member for Mitcham should have the opportunity, as contained in the motion, when other members of the House have not been afforded a similar opportunity. It would create a precedent. This matter points up the difficulties involved in these Committees, where we are feeling our way. I believe it would be wrong at this stage to give the opportunity, as suggested by the member for Hanson, to the member for Mitcham to ask questions prior to the Committee having concluded asking questions and seeking information. The honourable member will have the opportunity at the conclusion of our questions. The member for Napier has already indicated that we intend to take a certain time for our questions.

Why should we change a procedure that has existed for the past week, whereby Committee members have been given precedence in questioning, and sideline members have been given the opportunity to ask questions subsequently? It is entirely wrong to move such a motion at this time and to put you, Sir, in an invidious situation in relation to the decision you made this morning. I do not think that the Health vote is different from any other vote. Next year Sessional Orders could be amended so that sideline members have an opportunity to question. That position does not exist at present, and we strongly oppose the motion.

Mr. MAX BROWN: I, too, oppose the motion. The agreement we reached this morning was to enable the Opposition and the Government to deal with the Budget. Mr. Acting Chairman, you made a ruling this morning, and I believe that, if the member for Hanson is fair dinkum in his motion, he had ample opportunity to dissent from your ruling. That is what the motion is really all about. The ruling you made this morning is now in jeopardy. If you were to vote in favour of the motion, you would be jeopardising the system to which we have agreed. The Chairmen, quite correctly, have allowed Committee members to put their case and to ask questions in respect of the Budget. It has been only after that that other members have been allowed to ask questions or seek information. If you were to form a majority and carry the motion, we might as well return to the previous system under which we worked. I do not doubt (as the member for Napier pointed out) that the member for Mitcham wishes to be here for half an hour, ask the questions that he believes are relevant to his code of politics, grab a headline in the *Advertiser* or the *News*, and leave.

To be candid, if anyone is sick of that situation in this Chamber, I am. I would say to you, Mr. Acting Chairman, that this motion is a dissent from the ruling you gave this morning. I will go so far as to say, with great respect, that we should not even be discussing it.

Mr. ASHENDEN: I support the motion. The reason why I have changed my mind since I spoke earlier today on this

issue can be summed up mainly in two areas: first, some considerable time has passed since the honourable member first requested that he should speak. In no circumstances would I have allowed a motion that would have permitted the member to speak as early as he wished to speak this morning. The point that I regard very seriously is that this vote covers a huge range of areas, and we have not yet had a vote before a Committee where honourable members have had to wait for such a long time before being able to speak.

Mr. LANGLEY: That's wrong.

Mr. ASHENDEN: It is not wrong.

The ACTING CHAIRMAN: Order!

Mr. ASHENDEN: If we look at other areas in the Budget, we find a large number of lines in the various votes, so that members have been able to come in and ask questions at an earlier point than is the case today. I believe that we will have some two hours of sitting before the honourable member will be able to ask his questions, which is about the time that normally other members have had to wait before having an opportunity to question the Minister.

I agree that a precedent has been set and that the Chairman (Mr. Gunn) has said that at the end of a line will be the first opportunity for other members to speak, but this section of the Budget is unique, since this vote is really only one line covering all the areas, and it is for that reason that I support the motion. I have spoken to a number of people and received a number of assurances, and I believe that this privilege will not be abused.

This opportunity is made available not just for the member for Mitcham, but it can be used by members of the Opposition as well as by members of the Government. It can be done only with the Acting Chairman's consent, and I believe that we have an extremely responsible Acting Chairman in the Chair. I do not think for a moment that he will prejudice this Committee by allowing other members to have more than the share of time which normally would be available to them. If I felt that the privilege being extended to any member was being abused, I would reconsider the way in which I am supporting the motion at the moment, and I believe the Acting Chairman would be only too well aware that the Committee would not be happy if the privilege being extended were to be abused.

For those reasons, I support the motion. I believe that it would be unfair of this Committee to prevent other members from asking questions for such a long period of time, something which in this Chamber no Committee has ever required of any other member.

Mr. RANDALL: I do not wish to prolong the debate unduly, but I have had experience on Estimates Committee B. I listened with interest to the member for Gilles when he spoke about his problems, but there is a difference with this vote as compared with what the member for Gilles spoke about. In that area, there were three votes to be debated, which allowed the Committee to be changed throughout the day. Today, we are talking about one vote, all locked together, and no Committee changes will take place.

I heard the Opposition spokesman on health say that he believed that we would be finished with this vote by about 8 or 9 p.m., when members who had not had a chance to do so could ask questions, but I have heard similar undertakings given before. I heard such undertakings several times last week in the other Chamber, that we were going to be finished before 5 p.m.

Mr. HEMMINGS: On a point of order, Sir, the member for Henley Beach is implying that the statement I made this morning, when you gave a ruling and when I spoke in

opposition to the motion, that we would be finished here between 8 and 9 p.m., was not to be taken seriously.

When I gave that undertaking to you this morning and during the debate this afternoon, I meant it. I gave my assurance to the House. I do not lie. When I say that we will finish between 8 and 9 p.m., I mean it.

The ACTING CHAIRMAN: Order! There is no point of order, but I take it that the honourable member was able to make his explanation.

Mr. RANDALL: On a point of order, Mr. Acting Chairman. I do not wish to pursue that line any further except to say that from my past experience I have observed what sort of practices took place in the Committee B and the times that were put forward there as predicted finishing times. I will let it be; evidence is there for members to form their own opinions. There is another area about which we are to question the Minister, and that is tourism. I am surprised that the Opposition is talking about health matters taking up to 8 or 9 p.m. What they are really saying is that at about that time they might finish and then other members outside the Committee would be allowed to question the Minister. That could take another half an hour. If we are lucky we may get on to tourism this evening. I am surprised at the approach of the Opposition in this matter. I believe it is quite correct that you, Sir, should determine when we are questioning the Minister on a particular area, such as the country hospitals about which the member opposite is so concerned, whether all members could question the Minister whilst the advisers are here so that they could advise her on that particular area. It is logical to me that the questions about one area should all come at the one time. If you rule that way, that is the way it should be. I support the motion.

Mr. LANGLEY: I oppose the motion. I oppose especially what was said by the member for Henley Beach towards the end of his remarks, for the simple reason that he has not been here very long. Perhaps he does not know that the Estimates can be debated for any length of time. The Opposition almost always sets the time by deciding when it will finish asking questions. Members of the Government hardly ever ask questions. If every member of this House is allowed to come in and ask a question, the situation will be no different from that in the past. There is no doubt about that. The member for Flinders has waited for hours to ask questions. Only the other evening I waited for hours to have an opportunity to ask a question about recreation and sport. I waited until well after the evening meal, but could not wait after then.

An honourable member: Where were you?

Mr. LANGLEY: It is my business, and I did not intend to wait around. If the member for Mitcham has to wait around as I had to wait the other evening, he can. It has always been the case that the House decides when questioning on the Estimates finishes. In this case the Sessional Orders have decided what time we will be finishing. After all, the Opposition has the opportunity in this case. I do not see any reason why we should move away from what has happened before. There might be many members wishing to speak on this matter, but they will not have the opportunity to do so because they will not have been told of the resolution. If we pass this motion I believe that tomorrow any member could come along and speak if he so desired, as the member for Mitcham intends to do. I have never known the Government of the day ever doing this. My goodness, I have never heard so many words, particularly from the member for Hanson, concerning the attendance in this place of the member for Mitcham.

The ACTING CHAIRMAN: Are there any other members apart from Committee members who wish to

contribute to the debate?

Mr. Crafter: It is my belief that, if the Committee is going to agree to change the rules to allow a non-member of the Committee to have all the rights and privileges of a member of the Committee, that is *ultra vires* to the Sessional Orders, and it would seem beyond the competence of the Committee to decide that issue.

Therefore, I submit that this debate is out of order and that, if carried, it will be drastically altering the rules under which this Committee operates, because it will be adding one or more members to the Committee with all the rights and privileges to participate in the deliberations of the Committee. Therefore, I think the only proper course is to rule the motion out of order and allow this Committee to function as all other Committees have done at this time, that is, that if a non-member wishes to participate, he does so at the conclusion of the questions of Committee members. That seems to me to be the only rational and reasonable way that these Committees can operate.

Mr. O'Neill: I do not know on what basis I have got the call. I do not know whether this is a meeting of the Committee or just an *ad hoc* meeting, or what.

Members interjecting:

The ACTING CHAIRMAN: Order! I pointed out during the course of this debate that, after all members of the Committee had had an opportunity to speak on the motion before the Chair, I would then afford the opportunity in accord with Sessional Orders for any other member of the House to speak. I offered the honourable member for Florey that right and that privilege, which has been extended to every other member.

Mr. O'Neill: Thank you for the explanation, Sir. I want to take a point under Sessional Order No. 6, which states:

Forthwith at its first meeting an Estimates Committee shall agree to a time table for the examination of the items for proposed expenditure. Such time table shall be notified to the Speaker and may not be varied without his concurrence.

I think we did that at the beginning of this Committee, and any deviation from that time table must have the imprimatur of the Speaker. What has been suggested now is a departure from that time table, namely, members of the House who are not members of the Committee were to come in at the end of the sitting. That is why I raise the point about just how I happen to be in this discussion, because I take it that the motion has nothing to do with the Estimates for the Health portfolio; we are really debating the times for the meeting of the Committee, and they were decided at the beginning of the first meeting of this Committee and cannot be varied except with the imprimatur of the Speaker. I agree with the point put forward by the member for Norwood that it should be ruled out of order.

Mr. ASHENDEN: I have only two points to make, and I will be very brief.

Members interjecting:

Mr. HEMMINGS: If the Chairman gives the call to the member for Todd, I take it that we can all go around for the second time?

The ACTING CHAIRMAN: In accordance with Sessional Orders, there is no restriction on the number of times that members of the Committee can speak to the motion.

Mr. ASHENDEN: I just want to make two points, and I will be very brief. First, in relation to the member for Florey, Sessional Order No. 15 states:

Members of the House not being members of the Committee may participate in the proceedings of the Committee but shall not vote, move any motion or be counted for the purpose of a quorum.

I think that overcomes the concern the honourable

member for Florey expressed.

In relation to the concern expressed by the member for Norwood (and this was an issue that I considered of vital importance when I was considering this motion), the other members in this House will not have the rights of a Committee member. They will be able to speak only with the prior agreement of the Chair, and they will not have any vote, so that certainly restricts their privileges.

Mr. HEMMINGS: I think it is now fairly obvious what this motion is all about and what the motion that has already been discussed this morning was all about. We wasted half an hour of this Committee's time this morning. We have now wasted 35 minutes of the Committee's time this afternoon, and it is fairly obvious that there is at least another 20 minutes to go before a vote is taken. One would have thought—

Members interjecting:

The ACTING CHAIRMAN: Order!

Mr. HEMMINGS: In light of the co-operation that we felt was forthcoming from the Minister, we thought that we were going to get a better show of co-operation in this Committee than my colleagues have been receiving in Committees held previous to this and in the other place. We have so far lost over one hour of questioning time. This morning only one Government member, the member for Hanson, was prepared to support the request from the member for Mitcham.

Members interjecting:

Mr. HEMMINGS: The member for Todd quite courageously (and I congratulated him earlier on) supported your ruling and my objection. Obviously, during the luncheon recess someone has got at them. I sincerely hope that this action being taken by the Government members is not a means to protect the Minister, because that is the impression we get, Sir. You will have to make a ruling, and I have said previously that your ruling or decision will possibly affect this Opposition's attitude to this type of Committee in the future. It is a pity that perhaps the Minister could not make any comment in this debate. We all know the points that the member for Mitcham wanted to canvass. In fact, when we resumed after lunch my first line of questioning was in that area, and I think the Minister would perhaps agree with me that the line the member for Mitcham intends to follow was about renal services; I asked my first question in that area.

Then, suddenly, the member for Hanson stands up with his motion. We oppose it. There is only one course open to us if this motion is carried. It is a course of action which we will regret, because we have done a lot of work as far as health services in this State are concerned. The fact that we were prepared to question the Minister up until 8 or 9 o'clock tonight was not going to be filibustering; we intended to ask questions on matters outlined in appendix 2 of this document. We felt that there was enough. In fact, the Minister went on record last year in speaking to me as saying that she was not happy with the way these lines were set out and that she was prepared to answer questions right through. It seems to me now that, because the member for Hanson and other Government members have been bought, obviously by the member for Mitcham, I do not know for what reason—

The ACTING CHAIRMAN: Order!

Mr. BECKER: On a point of order, Mr. Acting Chairman. I do not want to sit here and listen to an idiotic statement. I want that statement withdrawn. He is an idiot. He is implying something that is untrue.

The ACTING CHAIRMAN: Order! I was taking advice at the time that the alleged comment was made and I ask the honourable member for Napier whether he would be

prepared to withdraw it, in view of the objection that has been made by the honourable member for Hanson.

Mr. HEMMINGS: If the honourable member for Hanson withdraws the unparliamentary term "idiot", I will gladly withdraw the so-called unparliamentary term that he had been bought by the member for Mitcham.

Mr. BECKER: He has a bad record in this Chamber because of his performance.

The ACTING CHAIRMAN: Order! The honourable member for Hanson, in making his point of order, used the unparliamentary expression "idiot". I ask the honourable member for Hanson whether he will withdraw that word.

Mr. BECKER: Yes.

The ACTING CHAIRMAN: I ask the honourable member for Napier if he would be prepared to withdraw that aspersion.

Mr. HEMMINGS: Gladly, Sir.

The ACTING CHAIRMAN: The honourable member for Napier.

Mr. HEMMINGS: Well, Sir, it seems rather strange to members on this side that during the luncheon recess there should be a drastic change in attitude by Government members in relation to the request by the member for Mitcham. We will rest on the fact that we object most strongly to this motion; we will vote against it. I seriously hope that when you make your casting vote, Sir, you will seriously consider the possible implications of changing the Sessional Orders which were agreed to by the Parliament before these Committees were formed.

Mr. SLATER: It is a sad thing that this situation should occur in the first place. As I said previously, on other votes Opposition and Government members have waited until the Committee members have asked questions and then been given the opportunity to ask questions. I see no difference in the situation on this occasion in regard to health, despite the structure of the lines in the Estimates. In addition, Sir, the member for Napier has spoken about the time involved in this debate that we are having at the moment. I say again to you, Sir, that the motion puts you in a very invidious position. I do not think that the matter should have arisen in the first place. The opportunity is there for the member for Mitcham to ask questions at the right time, as far as Sessional Orders are concerned. I cannot see how those Standing Orders can be changed now to suit the convenience of either the member for Mitcham or the member for Hanson.

Mr. MAX BROWN: Again, I want to take up the cudgels on the basis that I believe, with very great respect to you, Mr. Acting Chairman, that you have been placed in an awkward position by your own colleagues. This whole exercise that we have indulged in during the past few days is a completely new concept of Parliamentary procedure. It came about only because the Government of the day approached the Opposition and put to it a proposition (to be quite candid, it was supposed to expedite proceedings in dealing with the lines of the Budget). The Opposition has accepted that proposal, but I have always had some personal doubts whether this method of dealing with the Budget should have been accepted by the Opposition.

I put it to you, Sir, that if this motion is carried this afternoon then I would say that this whole concept, to which the Opposition has agreed, of dealing with the Budget is in serious jeopardy. I believe that all Ministers, including the Minister of Health who is here this afternoon, would agree that the Opposition has endeavoured to do its utmost to carry out the new procedure in the best possible way. If the Government does not want this new procedure, the easiest and best way

to bring that about is for you to exercise your casting vote in favour of this motion, because I think you will then sink the whole thing.

With very great respect to you Mr. Acting Chairman, that is the position with which we are now faced. I have no doubts that this motion is just an exercise in time wasting which means that, in fact, we on the Opposition side of this Committee will be denied the proper time to take up what I consider to be probably one of the most important lines in the Budget. If this motion is carried, I think that the Government will find that there will be a different situation later on.

Mr. BECKER: I am very sorry to hear the remarks that were made by the member for Whyalla because I think that he and his colleagues have misconstrued the whole purpose and tenor of the motion. When I first moved the motion, I thought that we would have had it all over and done with in five or 10 minutes. I made a very brief introductory speech, and I thought that we would not hold up the work of the Committee. It has been pointed out already that the Committee has been held up for some 35 or 40 minutes in listening to the rhetoric of members who, in opposing the motion, have added little to the debate at all.

Any individual member is quite within his rights under Sessional Orders to move the motion that I have put before the Committee. There is nothing there to prevent that—I checked that out as soon as the situation arose this morning. The key point now concerns the completion time of the Committee hearings. There is no guarantee of completion time. It is interesting to note that Opposition members suggest a finishing time of between 8 and 9 p.m. However, Government members refrained from asking questions for as long as possible. Members do want to ask questions and seek information. I have here five important questions that I would like to ask, since I want the information arising from these questions on record, and I think the Minister and all members of the Parliament would want this, too.

So, I am afraid there is no guarantee as to what time the questioning could finish. The only thing we have laid down in Sessional Orders is that the Committee will adjourn if it is still sitting at a given time. There again, unfortunately, we have a very awkward situation. The votes we have considered in Committee A until now have been broken up into various lines, and a swap of members of the Committee has been possible. However, on this vote there has been no opportunity to swap a member, because there is no change of line where we can take an adjournment to facilitate that situation.

Mr. MAX BROWN: There is no difference.

Mr. BECKER: There is a difference, because this vote is only one line, whereas the others have been broken up into three, and perhaps four parts. That is the situation that we have had in Committee A. The situation has occurred where a member has approached the Chair, and, I believe, members of the Opposition. I am prepared to ask a question in that member's name in an effort to accommodate that member. If one has to hang around here for seven or eight hours to ask one question, that is a fair sort of imposition to put on any member.

Mr. SLATER: It is not an imposition.

Mr. BECKER: Members of the Opposition and members of the Government can ask questions via members of the Committee. Members of political parties with only one member in Parliament have not had that opportunity.

I have been reminded during this debate that if anybody has been a critic of the member for Mitcham it has been I. I agree with that; politics is politics. However, in this

situation of the Estimates Committees I do not see politics coming into the matter at all, because this is something that the Parliament has wanted and endorsed, and something that the people want, because the people of South Australia endorsed this in the September 1979 election.

Mr. SLATER: Put him amongst your Committee members, then.

Mr. BECKER: We cannot make a swap once the Committee has started.

Mr. SLATER: Okay. Then—

Mr. BECKER: It is not okay at all; let us be democratic. The debate on this motion has taken far too long. In the time we have taken, the member for Mitcham could have asked his questions, and it would have been over and done with. I have his assurance that the issue he seeks to raise would take 10 or possibly 15 minutes at the most, depending on the Minister's reply. Surely we could give any member, in this case the member for Mitcham, who has shown concern in this matter, that time. Instead of that, we have wasted 40 minutes.

Mr. LANGLEY: Who started it?

Mr. BECKER: The motion, which is in terms of Sessional Orders, is acceptable; we can do it. We can move motions as we like in Committee. What I have done today is proper. I appeal to members opposite. Here is the chance, in the name of democracy—

Members interjecting:

Mr. BECKER: Opposition members may laugh. We had 10 years in Opposition. It is a situation of, "Don't do as I do, but do as I say." If that is the Opposition's attitude, it is most disappointing. We should allow the member for Mitcham the opportunity to present his questions. I have five detailed questions to ask. If the Opposition wants the proceedings to finish at a given time, I might be prepared to withdraw those questions, but I will do that only if the member for Mitcham is allowed his time.

The Committee divided on the motion:

Ayes (4)—Messrs. Ashenden, Becker, Glazbrook, and Randall.

Noes (4)—Messrs. Max Brown, Hemmings, Langley, and Slater.

The ACTING CHAIRMAN: There being an equality of votes, it is necessary to give a casting vote. Before doing so, I will indicate to the Committee my reasons for casting the vote in the way in which I will cast it. The motion adds little to paragraph 15 of the Sessional Orders of the Estimates Committees as adopted by the House of Assembly, and that is the paragraph under which we are debating this motion. It varies that paragraph only to the extent that a member will have an opportunity to ask questions after prior consultation with the Chair. If this motion is passed, I believe that the Chair will still have the discretion regarding when the call is given and how often it is given. It is clearly not the wish of Committee members to allow other members to take over, and the Chair can make that clear to members through the consultation process.

The time taken both this morning and this afternoon debating this motion tends to indicate to me a grave disquiet. As I indicated this morning, when I raised the matter with the Committee, I understood that about 10 minutes would be taken, whereas we have spent four or five times as much time debating whether a non-committee member should have the opportunity to raise questions. Also this morning, I indicated that the Chairman, when commencing proceedings in this Committee, said that he intended to give preference to Committee members which, I believe, in accordance with

the motion, I can still do as Acting Chairman, in giving the call. Therefore, I do not believe that, in that respect, the motion contravenes that provision. Teething difficulties were expected with proceedings of the Committee, and several members have indicated problems in another Committee in relation to having the opportunity to question a Minister. I believe that the spirit of the Sessional Orders is contained in the phrase "may participate in the proceedings of the Committee". I think that this is the spirit of the motion passed by the House of Assembly.

All members of the House are duly elected members of Parliament and, as such, I believe, have the right and the privilege to ask questions on lines such as this one. I said this morning that, in the absence of a positive motion, it was my intention to rule in the way in which I ruled. I believe that the rights and privileges of members of the Committee will be paramount, and the Chair will endeavour to continue that practice. As I have said, I do not believe that the motion alters the prerogative of the Chair to conduct the proceedings in that manner, and I will continue to do so. The motion merely makes clear to the Committee that a member may come in at some time during the proceedings of the Committee, not necessarily at the end of the proceedings. Therefore, having given that indication to the Committee and to the Opposition, which has opposed the motion, I give my casting vote in favour of the motion.

Motion carried.

Mr. HEMMINGS: Obviously, that decision leaves Opposition members with no course other than to withdraw from this Estimates Committee today. I have deliberately kept one piece of information back from the Committee, and I say this with all kindness to the member for Henley Beach—

The ACTING CHAIRMAN: Order! The Committee has determined its course in relation to the resolution. The resolution has been determined, and it is not open for debate. I invite further questions of the Minister.

Mr. HEMMINGS: Obviously, we cannot give the information to Government members, but I suggest to them that they ask the Premier about a letter which the member for Mitcham wrote requesting to be appointed to a Committee, a request that was rebuffed by the Premier and the Leader of the Opposition.

The CHAIRMAN: Order!

Mr. HEMMINGS: We have to withdraw.

Opposition members having withdrawn:

The CHAIRMAN: Are there any further questions of the Minister?

Mr. BECKER: I move:

The Committee notes the difficulty in discussing the lines in the health budget, as tabled, and requests the Premier to consider appropriate changes to prevent a repetition in future.

The CHAIRMAN: Are there any speakers to the motion?

The Hon. Jennifer Adamson: May I speak to the motion?

The CHAIRMAN: Yes.

The Hon. Jennifer Adamson: I deeply regret the action of the Opposition in walking out of this Committee. It is a matter of great disappointment to me that the health portfolio, which is such an important one and which consumes such a large proportion of the State Budget, should, for the second year in succession, fail to be examined properly by the Parliament.

I agree that the circumstances are very different in terms of the presentation of the lines to Parliament, and it appears that it has been impossible for the Committee to

reconcile that presentation with what may be considered to be a reasonable approach in order to give everyone the opportunity to ask questions. I would have thought that a reasonable approach could be achieved by referring to page 106 of the Estimates, appendix 1, in which the vote is broken up in an orderly manner, which would have permitted the action that was recommended by the member for Hanson. I would simply like to record my very great disappointment, not only on my own behalf but on behalf of the commission, its officers, all those employed in the health services and, indeed, the consumers of the health services, that, for the second year in succession, there has been a failure to examine completely the health lines.

I support the member for Hanson in his reference of this matter to the Premier to ensure that such a situation does not occur again, but I believe that such a situation could have been avoided if an appropriate, tolerant and reasonable attitude had been taken by the Opposition in respect to the motion that was previously put.

Mr. ASHENDEN: I support the second motion put by the member for Hanson, and in doing so I congratulate you, Mr. Acting Chairman, for the way in which you summed up at the end of the debate before you gave a casting vote. I believe that you, Sir, set out extremely lucidly what was a very fair resolution of an awkward situation. The situation came about only because of the unique way in which the Minister of Health's Budget lines are presented. Normally, there are a number of lines and, therefore, members of Parliament who are not members of the Committee would normally have the opportunity to ask questions earlier than would have been the case in this instance because of the way in which the lines are presented. I believe that the resolution involved a compromise that was fair all round and would have enabled other members to ask questions.

One of the criticisms that has been levelled at the Committee system is that members of Parliament who are not members of the Committee have not had an opportunity to ask questions, but this motion would have given all persons who are not involved in the Committee that opportunity. It is most unfortunate that this incident has occurred, and I believe that the second motion is an attempt to ensure that it does not happen again.

The Committee system has a lot going for it, and I believe that today's situation should never have arisen. A reasonable compromise was offered, which was fair to all, and, in supporting the second motion, I am hopeful that, before the 1981 Budget, this situation will be resolved so that it does not occur again. It is most unfortunate that such action has been taken by the Opposition. I believe that it is the Parliament that will lose, because there will be a less thorough investigation of the Health lines in the Budget. Hopefully, this motion will overcome a recurrence of this situation.

Mr. GLAZBROOK: I support the sentiments expressed by my colleagues. It was hoped that some rationale could have been brought to the situation in a simple way, but, unfortunately, this did not happen. However, this motion is directed to establishing an easier method by which to accomplish what the Committee has dealt with so far in a reasonable manner. The only problem that has been encountered was in relation to members of the House having to spend a considerable time waiting before presenting questions to the Minister involved.

Yesterday, members of Estimates Committee B did not finish their questioning until three minutes to 10, which allowed other members of the House to question for only three minutes; this course of events could not be tolerated. In this instance, a method of bringing in some rationale

which would not disturb the Sessional Orders was found. It was not determined in the Sessional Orders exactly when other members of the House could speak. Sessional Orders merely state that members, not being members of the Committee, may participate in the proceedings of the Committee, but shall not vote, and I believe that this motion, coupled with the spirit of Sessional Order No. 15, would overcome the problems that have been encountered. I regret what has happened this afternoon; however, I believe that we will learn from past experiences.

Motion carried.

The Hon. Jennifer Adamson: Before the motion was put, the member for Napier asked me a question about renal services; I would like to respond to that question now.

Leave granted.

The Hon. Jennifer Adamson: A review of hospital-based renal services in metropolitan Adelaide has already commenced, and the terms of reference of that review are as follows:

1. To enquire into, and report to the South Australian Health Commission on, the provision of hospital-based acute and chronic renal services in South Australia;

2. To make recommendations on policies which are considered appropriate for the South Australian Health Commission to adopt for the rational and co-ordinated delivery of hospital-based acute and chronic renal services in South Australia;

3. To examine and make recommendations on the appropriate range and level of renal services which should be provided by the Queen Elizabeth Hospital, Royal Adelaide Hospital, Flinders Medical Centre, and Adelaide Children's Hospital;

4. The Committee is requested to have regard, *inter alia*, to:

(a) the provision of an appropriate level and quality of hospital-based renal services, including the needs of teaching;

(b) avoiding unnecessary duplication and fragmentation of renal services throughout the Adelaide metropolitan area;

(c) the present Government investment in facilities and personnel;

(d) the report of the South Australian Health Commission on Community Dialysis Services—

I will explain that that report is the result of discussions between the hospitals that I have just named and the Health Commission in an effort to improve training and support facilities for home dialysis—

(e) any further matters directed to the inquiry by the Chairman of the commission.

The inquiry is being conducted by Dr. Ron Wells, former Deputy Director-General of the Commonwealth Department of Health and former Chairman of the Federal Hospitals and Health Services Commission. Dr. Wells is a physician and is now in part-time practice. I expect Dr. Wells to report to the Chairman of the commission by the end of this month, and I expect that the results of his report will be made public.

Mr. BECKER: What is the Budget allocation, including any Commonwealth funds, for St. John Ambulance services located at Whyalla and the Royal Flying Doctor Service located at Port Augusta; what geographic areas do the respective services cover; and how many call-outs were made last financial year?

The Hon. Jennifer Adamson: I can provide information in regard to the Royal Flying Doctor Service; this information is provided, as I recall, in the Annual Report of the Royal Flying Doctor Service, and I have recently seen the information that the honourable member seeks.

My officers inform me regarding St. John that the commission provides a single grant for the total

operations, and does not make grants to individual units, so that information would have to come from St. John, but I am sure St. John would be pleased to provide it.

To pursue the matters under discussion in the resolution, and for the more orderly operation of the Committee, I wonder whether it would be appropriate if I suggested that appendix 1 on page 106 be taken as a guide to the Committee. In fact, it has already served as a guide in so far as questions initially were directed to me under the first item which related to the Office of the Minister. There have been questions under the second item relating to Central Office, and we have proceeded to the third item, which relates to recognised hospitals. If we continue to pursue the eight identified services listed in appendix 1 and follow through to the deficit funded health institutions and the other items on those lines, that may provide an orderly means for the Committee to obtain information from me and my officers.

The ACTING CHAIRMAN: As no members of the Committee have indicated that they have a question, I ask other members of the House whether they would like to ask questions of the Minister.

Mr. Millhouse: I should like to ask the Minister a question. I regret that it is not on any of the services numbered from 1 to 8, but it is on one of those in the list of deficit funded health institutions (the Institute of Medical and Veterinary Science), and it appears on page 108 of the document in appendix 2.

I am sorry, Mr. Acting Chairman, that you did not think that I should sit in the Committee bench, but I suppose the principle of the empty chair is not a bad idea, just to show what has happened. I am happy to take over as leader of the Opposition from the Labor Party at any time, as apparently I am invited by implication to do this afternoon. I regret that I am not better prepared to question the Minister searchingly on every topic, but I have in mind a couple of topics. I very much regret what has happened, but the one topic which I desire to raise and which has caused all the problem is one concerning the Institute of Medical and Veterinary Science. I do not think Dr. Bonnin is here, but I see Dr. McCoy coming to the table, and perhaps that is why he is there.

(At this stage, Dr. W. T. McCoy, Assistant Commissioner, Health Services, South Australian Health Commission, joined the Minister at the table.)

The Minister knows of the matter, and I think all the facts are within her personal knowledge, so there will be no need for her to call on Dr. Bonnin or any other adviser. Perhaps I can put what I want to ask the Minister in the form of a question and explain it by reference to a number of documents. My question is as follows:

Is the Minister satisfied that the answer she gave me on 5 August to my Question on Notice No. 169 is accurate, and, if not, what action, if any, does she propose to take to correct any inaccuracy, and when does she propose to take it?

If I may come to the question which I had on the Notice Paper during the last session of Parliament but which was not answered during the last session, I think I am right in saying that the Minister did answer it by letter during the break between the sessions, but I was not satisfied that that would give sufficient publicity, and I put that and a number of other questions on the Notice Paper again, so that the answers would get into *Hansard*. The answer to the question is in *Hansard*, beginning on page 183 and going over to page 184. It may be convenient for the Minister if she has that in front of her. It is volume 2 of the present session of *Hansard*, the first lot of Questions on Notice answered this session. The question I asked is headed in *Hansard* "Experiments on Dogs", and I asked a couple of questions under that heading, as follows:

1. Have experiments on dogs been conducted in the animal operating theatres of the I.M.V.S. in the last five

years and, if so, on how many occasions and when and have these experiments involved the housing of post-operative dogs in cages with open mesh wire floors?

2. Did the former Acting Director of the Division of Veterinary Pathology complain to the Director of the I.M.V.S. that this and other practices carried out on dogs in the animal operating theatres were cruel and should be stopped, and did the Director threaten such Acting Director with disciplinary action if he should take the matter to the R.S.P.C.A. or any other animal welfare body?

To those questions, the Minister gave a long answer, and I merely refer her to it, but I could perhaps read out a couple of paragraphs about which there has been a very grave complaint. The first is half-way down the left-hand column on page 184, as follows:

In all cases, beagles are housed in cages immediately post-operatively and are then allowed to run freely on the floor. Some periods in the cage are extended depending on the condition of the animal and the nature of the operation. Early experimentation in (iii) above—

those were some of Dennis Paterson's experiments on hastening bone reunification and repair by electrical stimulation—

revealed some difficulties when two beagles suffered fractures during the weekends.

One would think from the tenor of the answer that the only problem that occurred was the fractures of legs during the weekends. The answer goes on to say that mesh was put in so that they could not drop through the floor again, and so on. The paragraph ends:

All experiments performed in the Animal Theatre are supervised by the Animal Ethics Committee.

The answer to the second question begins:

The Acting Director of the Division of Veterinary Pathology did complain that there was inadequate post-operative supervision of animals and suggested fully veterinary supervision because such supervision was partly his responsibility and he could not give adequate time to it. At a meeting, held between those responsible for the animal operating theatre, the Acting Director indicated he was prepared to take the matter to the R.S.P.C.A. He was warned by the Director that disciplinary action would follow if this procedure was adopted without first giving the institute the opportunity to resolve existing problems, which course of action is the formal one laid down in these circumstances.

It goes on to say that he was reprimanded by the Director on the instruction of the council. That was the question and answer. I was not too pleased when I got it, but I did nothing to query the accuracy of the answer given to me, because I had no reason to do so. It was one of a series of questions I asked about the Institute of Medical and Veterinary Science, to all of which eventually I had some sort of a reply.

Some weeks later, Dr. Bonnin telephoned me and invited me to go and look at the I.M.V.S. I spent a couple of hours with him and Mr. Edwards, his deputy, going around the place. The technical side of it meant absolutely nothing to me, but the conversations I had with them and meetings with officers of the I.M.V.S. were valuable. We came to the animal operating division, I was shown the cages in which the animals are now housed, and I was told really what had been in the answer, and shown the new mesh floors, and assured that everything was perfectly O.K.

Not one word was said to be my Dr. Bonnin or by Dr. Edwards of any other problem regarding the animals, and of course at the time I accepted that, because it was in line with the Minister's answer. So the matter ended. Then, about a week ago I had a short letter from Mr. Duncan Sheriff, and I propose to read that letter, dated 30

September, as it explains my question:

Early in August you asked a series of questions in the House about the I.M.V.S.; one of these involved me as the Acting Director of Veterinary Pathology in 1978 and concerned cruelty to experimental animals.

I had never met Mr. Sheriff until last Monday when I telephoned him after getting this letter. The letter stated:

The answer given by the Minister of Health was largely untrue and in my opinion, defamatory. I have asked Mrs. Adamson to clear my reputation—personal and professional—of the stigma caused by her statement but her response has been evasive and does not satisfy me. She has asked the Chairman of the I.M.V.S. Council to investigate the matter—Caesar sitting in judgment on Caesar—but I have rejected that solution and wish to appeal to whomever I can for justice and for the responsibility for the appalling animal suffering to be attributed to the persons responsible. I am writing to ask for your advice and, if you see fit, your support in Parliament.

Having received a letter of that nature, my next step was to get in touch with Mr. Sheriff and I telephoned him first thing Monday morning—I did not read the letter until the weekend. I arranged to meet him, and I did meet him, to go over the facts of the matter last Monday afternoon, and I gave him an assurance that I would take the first opportunity I had to mention the matter in Parliament, and that is why I was anxious today to bring the matter forward.

Mr. Sheriff gave me a number of copies of documents, all of which I believe the Minister has seen at one time or another, and I will certainly not read them all but there are some extracts I wish to read. I regret if I do go over the 10 minutes, but perhaps it does not matter as much now as it did before. I propose to quote the relevant extracts from some of them to give the full story. The first is the memorandum which started this revelation of the whole unhappy business. It is dated 17 January 1978 and it is from Mr. Sheriff to Dr. Bonnin, as the Director. It states:

A scheme designed to minimise cruelty and eliminate the infliction of unnecessary pain on experimental animals on the third floor was brought into operation some years ago. The basis of the scheme was the creation of a committee to supervise the welfare of the animals and to give or deny permission for each experiment or series of experiments. This committee now exists in name only.

This is not the present Minister's responsibility; this happened 2½ years ago. The memorandum continues:

Experiments are being carried out without the committee's knowledge or permission; the standard of supervision of the various operations is, to say the least, casual. The nominal existence of the committee may deceive a superficial inquiry, if that is the object of the committee, but does not absolve the I.M.V.S. from its moral obligations to protect as far as possible the animals in its care. A more searching investigation would certainly reflect little credit on the I.M.V.S.

I was shown another memorandum, this time to Dr. Edwards from Mr. Hansen of the same date. It is of greater length and it confirms the complaint Mr. Sheriff had made. It says in part that he was disturbed that work was proceeding in the theatre without following the code of practice for the use of animals for research. In part the memorandum states; and this is getting to the nub of it, and is what I was not told either by answer or when I visited the I.M.V.S.:

... no arrangements have been made for the adequate care of the animals during surgery and post-operatively, and on occasions no surveillance by the surgeons has taken place for the operation.

He said that Mr. Sheriff had been most co-operative. He

went on to say:

Unless stricter measures are taken, I believe this institute will be very severely criticised both in the performance of the surgical procedures and the nature of the experiments it allows to be performed.

That was a strong memorandum. It was followed on by a memorandum from the Acting Director (Dr. Edwards) on 17 January 1978 about closing the operating theatre. About that I suppose no-one can have any complaints. The next day, 18 January, he addressed a memorandum to Mr. Hansen and Mr. Sheriff asking for the names of the surgeons involved and the dates and circumstances. Then we come to what is the nub of my complaint (not Mr. Sheriff's), a memorandum of 19 January 1978 from the Acting Director (Mr. Sheriff) of Veterinary Pathology to the Acting Director, Dr. Edwards. It states:

I refer to your memorandum of 18 January relating to shortcomings in the conduct of experiments on animals in the theatre on the third floor. My main complaint is that the key safeguard to the welfare of the animals, the animal use committee—

which I think is more commonly called the Ethics Committee—

set up to supervise all surgical procedures and to give permission for such procedures to be carried out, has ceased to exist except in name.

He goes on to say:

... experiments have been, and are being, carried out without, as far as I know, the knowledge or the sanction of the animal use committee. It seems to me that the purpose of this "ghost" committee is simply to deceive any inquisitive animal welfare organisations into believing that the welfare of our animals is adequately protected.

He goes on to give examples of the cruelty of which he complained. They did not concern broken legs, either. The examples are as follows:

1. I was sought out to attend to a dog that had been operated on the previous day and whose stitches had come away leading to a prolapse of abdominal contents.

He did not put it quite so delicately to me on the Monday afternoon. He said:

I consider that the stitching was not properly carried out but that is not my point; my point is that the responsibility for the care of this animal fell on a young theatre assistant with no prior arrangements for the help of competent clinicians or surgeons in case of emergencies. I had to decide without reference to the surgeon, who was unavailable and had made no arrangements for a stand-in, whether to destroy the dog or sew it up or leave the whole thing alone.

What he told me was that he happened to be passing in the passage and this young woman came out in some distress and asked for his help and advice as to what to do. It was not his responsibility directly at all. He continued:

2. Three dogs suffered posterior paralysis after operation. He said something had been done to the aorta. They had been paralysed in the rear end; that is what he told me on the Monday. He put it in layman's language that I could understand. He continued:

I was called in to decide whether or not to destroy them. This is not the function of a passing, uninvolved veterinarian with no knowledge of what has been done or what is expected of the operation. For humanitarian reasons I destroyed one. In another case, the surgeon was contacted and instructed the assistant to leave the dog for a few days; quite properly she considered the distress to the animal unwarranted and it too was destroyed. . . . For the theatre attendant to go wandering round the veterinary division looking for some dis-engaged person to replace a dog's prolapsed abdominal contents and make good the stitches is farcical and a further dereliction of our responsibility to our animals. I am not particularly

concerned over our public image in these matters; that is your province.

Presumably that refers to Dr. Edwards, as the Acting Director. It continues:

... I am concerned that through negligence, failure to keep to the rules and incompetence a great deal of senseless, unjustifiable cruelty (if any cruelty is justifiable) is occurring and that, however indirectly, I have, as a member of the animal use committee and as a veterinary surgeon, to bear some of the responsibility.

I suppose it was on that last sentence that the suggestion made recently, that this man bore some of the responsibility, is hung. The next document he gave me is the minutes which he kept of a meeting with a number of gentlemen, including Dr. Bonnin. One of the minutes, I am taking his word that it is accurate—

The ACTING CHAIRMAN: Order! I have allowed a good deal of tolerance to the honourable member in the explanation of the question to the Minister. I would ask the member to try to contract remarks and quotations and link them directly with the question he has asked of the Minister.

Mr. Millhouse: I do regret I have, because of what has happened, taken on myself a bit of latitude, and I hope members of the Committee who are still present will pardon me for that. I would not have quoted at such length had I been constrained to 10 minutes. I will leave the minutes, but they contain a warning from Dr. Bonnin that, if he went to the R.S.P.C.A., he would be in big trouble.

Now we come to August 1980, and this refers to the direct involvement of the Minister. He wrote on 7 August to the Director, Dr. Bonnin, saying in part that Mrs. Adamson's statement contained errors and omissions of fact that could lay her open to accusations of misleading or deceiving Parliament, a possibility of which the Minister was not aware and which he was sure she would be anxious to avoid. I share that view. I am quite sure that at the time she had no idea about what was going on, and that is not my complaint, of course, about her. He then complains that the suggestion that it was lack of his time that led to any of the cruelty, negligence or culpable folly that prompted his protest at that time was a lie, and he sets out the reasons why and, in view of what has been said I will not go into that at length.

He then next asked to see the Minister personally and he did see the Minister. He wrote her a letter on 16 September, which begins as follows:

Though I am obliged to you for seeing me on 2 September, I regret that you have apparently not felt able to reassess the information on which you based your August statement to Parliament that concerned me. It is two weeks since I asked you to withdraw those remarks and I do not think it reasonable to expect me any longer to have publicly unanswered what I consider is slander and a reflection on my professional behaviour.

He was then sent (and I recognise the little glossy card) a draft Ministerial statement in which the Minister purported to withdraw part of the answer which had been given, but he was not satisfied with this paragraph:

In no way was any professional misconduct or negligence implied by the Director of the institute over this particular matter. His objection and that of the council of the institute was that the former Acting Director of the division of Veterinary Pathology sent a copy of his internal memorandum complaining about the situation to the President of the South Australian Branch of the Australian Veterinary Association before time was allowed to rectify the whole matter.

As a layman, that just does not wash with me at all. This sort of thing is going on and is not to be rectified

immediately—I would have thought that anybody was entitled to do. Having got the draft statement from the Minister, which has never been given, of course, he wrote her a letter on 22 September saying (and it is a long letter and I will quote only a couple of sentences):

Responsibility for the disreputable and inexcusable events that took place in the operating theatre of the I.M.V.S. at that time rests squarely on the Director; on the Chairman of the Animal Use Committee for his failure to ensure that his authority was maintained and its responsibilities carried out; and on Mr. Hansen, who was in charge of the unit but in whose defence it must be said that when made aware of the situation he protested vigorously.

He said he was not satisfied with the statement and he would await a reply. All he got was a letter on 26 September from the Minister saying that, as a result of that letter, she had asked the chairman of the council of the institute to investigate the allegations. He went on:

When I receive a report from him I will be in touch with you again.

He wrote on 30 September, the day he wrote to me, saying in part:

I consider that your action justifies my exposing the whole matter to an audience that is likely to be less biased in its judgment. This I will now do.

He got in touch with me. I regret the length of the explanation, but to me this is a deeply disturbing matter on two counts. First, so far as Sheriff is concerned it impugns his professional integrity. He tells me, and I accept that, to say that he as a veterinarian and a member of the Society of Veterinarians is obviously impugning his professional integrity, and the answer given by the Minister did that, and he resents it and rejects it. That is his complaint and it is why he came to me.

My complaint is a far more serious one, certainly for me and for the Parliamentary system, and that is that the Minister gave answers in this House (and the Salisbury thing started in this way) to me which no doubt were given in good faith, and I do not for a moment suggest otherwise, nor do I suggest on a previous occasion that Mr. Dunstan did otherwise. Since then it has been pointed out to her that those answers were inaccurate and she has done nothing to correct the inaccuracies in those answers. That is my complaint against the Minister. My complaint against Dr. Bonnin and Dr. Edwards is that, when I went at their invitation to look at the I.M.V.S., this very matter was canvassed with me but gave me no hint whatever that there was anything but the feet going through the mesh of the cages. I was shown the cages and told, "It has all been fixed," and I accepted that it had been fixed but the examples given of cruelty in that memorandum in January 1978 did not mention that at all. It is for those reasons that I put my question to the Minister.

The Hon. Jennifer Adamson: First, the member for Mitcham in putting his question at length also, it appears to me, has virtually answered it himself. However, I shall be pleased to comment briefly on the allegations he has made and on the actions I have taken in respect of those allegations. The answer which was provided for me and which appears on page 184 in *Hansard* was certainly provided in good faith, and I also believe it was given in good faith to me by the Director of the Institute of Medical and Veterinary Science. Following its appearance in *Hansard* and, I am told, some broadcasting of its content over the A.B.C. Mr. Duncan Sheriff, who was the Acting Director of the Division of Veterinary Pathology at the time these events took place, sought an interview with me because he alleged that he had been maligned in the answer.

In the normal course of events, I would expect a staff

member of a statutory authority to deal directly with his superior officer or with the Director of the institute, and it would be unusual, I think the honourable member for Mitcham would agree, for a staff member of a health unit to go directly to the Minister. It would be equally unusual, I think the member for Mitcham would agree, for the Minister to see that staff member and, in doing so, in effect, to by-pass both the Director and the council of the institute. However, as Mr. Sheriff's charges were, in my opinion, serious, I agreed to see him. I listened to what he had to say. I should say that I would regard with the utmost gravity any reply that I gave under Parliamentary privilege which falsely maligned anybody, let alone any officer who comes under my administration.

I made it very clear indeed to Mr. Sheriff that, first, I would have to investigate his allegations, as is only fair and reasonable. Secondly, if such investigations demonstrated that there was justification for his complaint, I should be pleased to set the record straight by way of a Ministerial statement in Parliament. Mr. Sheriff was satisfied with that assurance. Immediately following that interview, I sent a minute to the Director of the I.M.V.S. setting out Mr. Sheriff's allegations and asking him to respond to those allegations. I do not have the documentation in front of me, and the member for Mitcham has, so I am not in a position to refer to dates. However, I recognise that a fortnight elapsed before I made further contact with Mr. Sheriff or, as I recall, he made contact with my office to find out what was happening. I think that quite simply can be put down to minutes travelling through the system and replies coming back, because there is an enormous volume of them in the office of the Minister of Health. At any rate, when the draft Ministerial statement came back it indicated that there was some justification for Mr. Sheriff's taking exception to the words which appear in paragraph 2 on the left hand column of page 184, which say that such supervision was particularly his responsibility (that is, Mr. Sheriff's responsibility) and he could not give adequate time to it.

I note that the member for Mitcham claims that Mr. Sheriff alleged in his letter or in discussion with the honourable member that my answer was largely untrue. I take the very strongest exception to that, because that is not the information that Mr. Sheriff gave me when he came to see me, and if Mr. Sheriff is making those allegations to other people he is going a very long way beyond the allegations that he made to me during the interview that I granted him. The only section to which he took exception was the claim that such supervision was partly his responsibility and that he could not give adequate time to it.

The draft Ministerial statement (and I do not have a copy in front of me) I would have thought would clear Mr. Sheriff in his eyes and in the eyes of anyone who believed he had been maligned but it was rejected by Mr. Sheriff. He said that he could not accept that as a satisfactory response to his complaint to me. Therefore, I was placed in the position where two officers under my administration were directly in conflict with each other, and I do not believe that it is a Minister's responsibility to settle differences between two officers. I think that responsibility should be borne by the governing body which employs those two officers.

Therefore, I wrote to the Chairman of the Institute and asked him to resolve the matter, to provide me with a Ministerial statement which I could read to Parliament and which would exonerate Mr. Sheriff from any blame which had been unjustly attached to him and which would set the record straight. Mr. Sheriff would be aware (perhaps the member for Mitcham is not aware) that the Chairman of

the Institute of Medical and Veterinary Science is overseas at the moment. I am aware that he will return from his overseas visit before Parliament resumes. Therefore, there will be sufficient time for him to resolve this matter in time for me to present a Ministerial statement in respect of this matter as soon as Parliament resumes.

I might say that, like the member for Mitcham, I regard this matter extremely seriously. My whole response to it has been in accordance with the fact that I regard it as serious, and I think it is a matter for very great regret indeed that Mr. Sheriff apparently has no confidence in the written assurance that I gave him that I would see that, if he had been unjustly maligned, the matter would be corrected. I gave that assurance; I stand by it, and it will be done.

Mr. Millhouse: Madam, you have, and I am gratified that you have, accepted the seriousness of the matter so far as Mr. Sheriff is concerned, although I point out that there has been complaint, and I believe he is justified in complaining, about the delay which has occurred and which apparently will continue to occur. Whether Mr. McGregor will be able to get on to the matter immediately when he gets back from overseas from wherever he may be to get ready for 21 October remains to be seen, but even so that means that from 5 August until 21 October there has been an answer on the record in this place which admittedly now is inaccurate. That is one matter, and I express discontent that the Minister has not moved more quickly over it. In my view, because the documents are there to be seen, she herself could well make a judgment on this matter. There cannot be any getting away from that memorandum on 19 January 1978. I have not only got a photostat copy—I have a carbon copy of it. The original must be somewhere, and it is only a matter of the Minister or one of her advisers reading it.

That is that, but I note, Madam, that you have not said anything at all about what I personally regard as a more serious matter, that is, the fact that, in acknowledging that there had been cruelty to animals at the I.M.V.S., only one matter was mentioned, namely, the question of the broken legs. Nothing was said about the other matters which I have canvassed at some length this afternoon, neither by you in your answers in this place nor (and this is what hurts me most, because I have known him for nearly 30 years) by Dr. Bonnin when I went to see him and also Dr. Edwards at the Institute. Indeed, they did by their silence on these other matters mislead me into believing that there was nothing else, and that is a very serious matter.

As the Minister knows, I asked a series of questions about the I.M.V.S. This is the only one that I propose to follow up this afternoon, because, frankly, I thought I would not have the chance to do more than that. I wish that I had a chance to follow up some of the other matters, because some discontent has been voiced to me about some of the other answers that were given, too. I am afraid that, after discovering that I was misled when I went to the Institute, what is coming out is only the tip of the iceberg, and there is something very seriously wrong at the I.M.V.S. We know that there have been rows with Dr. Maynock over a number of years, and now, John Coulter. I will not canvas those things at all, but those are danger signals in themselves. There are other matters about which I asked questions and which the Minister answered that show that all is not well. This is very disturbing, and of course I had this information given to me only in the last few days, otherwise I would have acted before this. As I say, it seems to me that it is only the tip of the iceberg.

My personal view (and I know this will not be well received at the institute) is that the sooner the I.M.V.S.

comes under the umbrella of the Health Commission (reservations about which I have, as the Minister knows) the better. I do not think that it ought to remain an independent organisation. I think the Minister should grasp that nettle and be prepared to make a decision on it without having inquiry on inquiry on inquiry about it. That, again, is widening the matter, but I do invite the Minister now to comment on the second set of matters I have raised which concern me personally, with regard to the other acts of cruelty, as Sheriff described them. If the Minister wants to look at any of the papers that I have here, and particularly at the duplicate of that memorandum of 19 January, she is most welcome to do so.

The Hon. Jennifer Adamson: First, before referring to the matter of alleged misleading of the member for Mitcham by the Director of the I.M.V.S., I dispute his allegations made at the beginning of his questions. The honourable member is too experienced in the ways of Parliament and the courts to think that I should allow incorrect allegations to pass. He claims that I have admitted that the statement which appears on page 184 of *Hansard* is misleading and that I have failed to act quickly to do something about it. I have not claimed that it is misleading. I have said that the matter is in dispute and it is not for me to say who is correct and who is not correct, because both officers are in conflict with each other in their interpretation of the events. I have not admitted that the statement is wrong. I have said that if it is wrong it will be corrected, and I have said it is in dispute and the dispute must be resolved. I believe the appropriate person to resolve the dispute is the Chairman of the institute, and that will be done as soon as he returns, and, as I have said, that will be in time for the matter to be raised as soon as Parliament resumes. Let that go on the record. The matter is not admittedly wrong; the matter is in dispute.

With regard to the second set of matters relating to the claim by the member for Mitcham that he was misled by my answer in regard to the nature of the alleged cruelty that had been inflicted on the animals and the failure to provide correct post-operative supervision and care, as I recall (and I am speaking from recollection), the answer which was provided by Dr. Bonnin to the honourable member's question (No. 169) was extremely long and detailed. It was far longer and far more detailed than appears on page 184.

In fact, it was so long that, when Cabinet examined the answers to questions, a decision had to be made as to whether what literally amounted to an essay could be included. A judgment had to be exercised as to how much information was required to answer the question directly and how much was extraneous to the answer, but nevertheless of general interest. As I recall (and I stand to be corrected, because I am speaking from recollection), the question of the dog whose intestines had prolapsed was included in the answer provided to me. That should satisfy the honourable member that Dr. Bonnin was in no way trying to hide anything from me, or him, or the Parliament. In other words, my recollection is that that full detail was provided.

In order to ensure that the question was satisfactorily answered by what appeared in *Hansard*, one can always provide a far more detailed reply and go on for pages and pages, but the answer was given. Certain sections were edited from that answer. I am happy for the full answer to be provided for inclusion in *Hansard* in future if the honourable member wishes it. I have no objection to that. I have nothing to hide. This occurred in 1978, and I am surprised that it has taken so long for it to surface. I am happy to provide the full details to him either by letter or for inclusion in *Hansard* if the honourable member asks

another Question on Notice seeking further information.

The honourable member alleges that he was misled when he went to the institute, simply because Dr. Edwards and Dr. Bonnin did not give him this additional information. That is an interpretation of misleading. I am unable to know what kinds of question he asked when at the institute. I feel confident, knowing the integrity of Dr. Bonnin, that there would in no circumstances be any intent to mislead. I feel sure that, had the honourable member asked direct questions which required an answer (that would have appropriately included reference to the dog with the prolapsed intestines), that would have been given.

I shall have the opportunity to respond to the honourable member's general allegations about the institute in some detail when the debate resumes on the motion that has been placed on the Notice Paper by the member for Napier. Therefore, it is not appropriate to canvass all those matters now. I firmly believe that the integrity of the Director of the institute and of the council, which is a statutory body and which has nominees from bodies such as the University of Adelaide, the Royal Adelaide Hospital, and the South Australian Health Commission, is impugned by any suggestion by the member for Mitcham that the council is lacking in integrity in the manner in which it deals with these and other allegations. To set the record straight, I defend the Director against any charges of misleading the member for Mitcham, me, or the Parliament and, if further information is required in respect of the dog with the prolapsed intestines, it will be provided.

Mr. Millhouse: The Minister says that the matter is in dispute. It is a long time since I was a Minister, but I remember that the process when one is a Minister and a matter is in dispute is to look at the docket and go through the documents and make a judgment. If she were to do that, she would be able to make up her own mind, from the documents, about what the truth of the matter may be. I do not accept her excuse that she is shuffling the matter off on to Mr. Alan McGregor to get her a report. She should do it herself. If she looked at the documents given to me (I assume that I have been given all of the relevant ones), she would realise that they speak for themselves. I do not accept that there is any dispute, apart from the fact that the answer I was given in the House is inaccurate. I am perturbed to know that Cabinet precised the answer so as to alter the sense of it (and that is what she said). A very vital (as it now turns out, and it should have been obvious at the time) matter was omitted from the answer, and the only acknowledgement of cruelty was the breaking of the legs. Whoever was responsible for the precis, whether Mr. Story or the Minister or someone else, ought to be ashamed, unless it were done deliberately, and I do not suggest that it was. To precis an answer and to leave out important points is a very serious matter and is certainly, by carelessness, misleading.

I do not know whether Dr. Bonnin was trying to hide anything. Perhaps he was trying to justify the only answer that had been given to me in the House. How on earth can I know, except by asking questions to bring out the fact, that a dog had its guts spread all over the place and had to be destroyed? I expected, when I went down there, that I had been told everything. It is absurd for the Minister to suggest that I should have probed that by asking him whether there had been any more incidents. Naturally, I accepted what I was told and I have continued to do so until I was given the further information a few days ago.

Coming to the wider question with regard to the institute, the Minister said that she would answer that later. I do not know whether she realises how much

resentment there is among those outside the institute or in the profession of those in the institute to it. She ought to speak to some of the bio-chemists and others in other institutions in the hospitals and see what they think about the institute. What we really get down to is this: why should there be an organisation such as the institute which is outside the umbrella of the Health Commission? If we accept the principle of a Health Commission in this State (and, unwillingly, she and her Party accepted it a few years ago, and it is a fact now), why should there be an organisation like the institute outside it? If she asks any of the professionals in the same fields in the hospitals outside the institute, they will give her a direct answer: they will tell her that there is no reason why it should be outside the umbrella of the commission. It is what we can call a historical anomaly.

I would like her, if she would (because we are going to vote for a great deal of money, apparently, but the document does not indicate how much), to tell the rump of the Committee how the continuing independence of the institute can be justified, especially in the light of the disquiet which I and others have expressed about the matters that were the subject of my questions, particularly about this one.

I dislike, as a rule, inquiries into places. I think that we need more action and fewer words, rather than the other way around. My disquiet is such, at present, that I believe that an inquiry into the institute may well be merited by the Public Accounts Committee or some other body. The P.A.C., I acknowledge, is not doing too badly at present. I have had some hard things to say about Mr. Becker, the member for Hanson, from time to time, but at least under his Chairmanship the committee seems to be doing something. I would be happy if the P.A.C. were to get stuck into the institute. We might find out a little more about that institution which would either confirm or dispel (but I fear confirm) the disquiet I felt. What justification does the Minister see for the anomaly of the institute's independence of the Health Commission?

The Hon. Jennifer Adamson: Before responding to the honourable member's question, I wish to refute the allegation that he made when he first rose that the answer to Question on Notice 169 was precised by Cabinet to alter the sense of it. In no way did that occur and, if the honourable member looks at the question and answer, he will acknowledge that he was given an extremely detailed answer. I have indicated that I am quite happy to make further information available. The answer provided by the Director of the institute I would have described as inordinately long, and it is a matter of judgment as to exactly how much detail is provided in reply to Questions on Notice.

As to the questions on the I.M.V.S. and the suggestion that there should be an inquiry into it, I am continually surprised that the member for Mitcham likes to have his politics both ways: he likes to criticise the Government when it conducts inquiries, and he likes to criticise the Government when it fails to conduct inquiries. Whichever aspect happens to suit him is the one he pursues at the time. The honourable member will know that late last year I established a committee of inquiry into pathology services in South Australia. That was not an inquiry into the institute, but was far more wide ranging, although the institute came well within the ambit of the inquiry, which was chaired by an eminent scientist, Sir Geoffrey Badger. I am sure that the member for Mitcham will have read that report and, if he has done so, he will see that Sir Geoffrey Badger and the committee were extremely generous in their praise of the I.M.V.S. and the manner in which it provides its services and conducts its research.

The institute, as I recall, was established in about 1936, and it has been regarded by other States as a model. As for the suggestion that it should come under the Health Commission, I wonder whether the honourable member would also like to include under that umbrella the other statutory body under my administration, namely, the Alcohol and Drug Addicts Treatment Board. Certainly, there are arguments in favour of that course of action in respect of both bodies, and there are arguments against that course of action. On balance, at the moment, after only 12 months in office, I am inclined to the view that the statutory independence of both bodies serves the interests of the South Australian community very well indeed.

That is not to say that the matter should never be reviewed, and the report of the committee of inquiry into pathology services, which was presented for public comment once it had been presented to me, caused a very large number of public comments. Therefore, I have reconvened that committee and asked it to review the public comments. The expressions of opinion to which the member for Mitcham referred regarding the institute are on record for that committee to look at. I think the institute has a fine record, and indeed, a fine tradition of provision of services, and of independent research, and it is regarded in other States as a model. I would have thought that, when an institution is held in such high regard, it is meddling, if one chooses to alter its constitution and bring it under the umbrella of another organisation, in this instance the Health Commission.

Mr. Millhouse: I would like to let the Minister know that many people do not hold the institute in the high regard she just mentioned, and I suggest she should speak to them as well as to others. I say no more about the institute, but I come back to my original question. I have canvassed the matters and their merits and demerits, but I ask what the Minister proposes to do now that I have raised the matter publicly in this Committee. I suggest that, on 21 October, the first day on which Parliament meets again, without my having to go through the farce of having to ask another question, the Minister should table the full answer that she omitted to give to Question on Notice 169 on 5 August.

Apart from that, I suggest that the Minister should also review that full answer and be able to assure the House on that occasion that it is absolutely accurate. If she cannot give that assurance, I suggest she should tell the House what action she has taken to redress any wrong which may have been done to Mr. Sheriff and to reprimand those responsible for it. Will the Minister do that?

The Hon. Jennifer Adamson: I thank the honourable member for his advice and suggestions. I will form my own judgments as to what is best in the circumstances and act upon them.

Mr. Millhouse: I take it that the Minister is not prepared to do as I suggest—is that right?

The Hon. Jennifer Adamson: I have said that I will consider the suggestions. I will make my own judgments and act upon them.

Mr. Millhouse: I see the answer, Sir.

Mr. BECKER: I respect the request of the Minister that we adopt the line at the top of page 106 of the Estimates. Whilst to some degree we would be happy to do that, it is a little difficult to keep strictly to that sequence, but certainly we will try. The allocation this year for the Minister's office is \$244 600, and the actual payments last financial year totalled \$226 662. Could the Minister provide a break-down of the \$244 600, and could the Minister state how many Ministerial staff she has currently in her office and how that number compares with the staff of the previous Minister (the Hon. Peter Duncan) who was

an occupant of that position for only a short time, and that of the Minister before him?

I would also like in the break-down of the expenses other incidental expenses within that office and also (Ministerial) entertainment expenses. Whilst I realise the Minister will not have all these figures here, I would like a comparison for the last three years. I have reason to seek this information. I am not having a shot at the Minister's line, but I want to get a pattern, if I can, for a three-year period of some of the Ministerial expenses of the whole Ministry. I think this will throw up a pattern. We had an indication last evening when debating another line that a present Minister had slashed the expenditure quite considerably. Had the pattern of the previous Minister been continued, that line would have increased dramatically. I want to know whether that same pattern was evident in this portfolio prior to the present Minister's taking office. I would like a more detailed break-down of the expenses contained in that line.

The Hon. Jennifer Adamson: The actual payments in 1979-80 for the Minister's office were: salaries and wages \$172 200; goods and services \$23 900; inquiries into dental services \$10 600, and into pathology services \$20 000. The preliminary budget for 1980-81 contains salaries and wages \$184 800; goods and services \$16 400; inquiries \$14 600 dental, \$14 200 pathology. It should be made clear that both of these inquiries are still in progress. It is not known at this stage what the final figures will be.

I should make clear that the increased allocation for 1980-81 for the office of the Minister relates solely to increases for national wage awards and increased costs of goods and services for the current year. The total actual expenditure for 1979-80 was \$226 662. In respect of the previous Government, it is difficult to identify the exact costs because there were two Ministers in office during that financial year. Following the change of Government in the early part of the financial year, the staff attached to the office of the Minister was reduced from 14 to 10, and that was due to a reduction of four in the number of Ministerial assistants. The Hon. Peter Duncan had five Ministerial assistants and, until recently, I had the services of a half-time press officer only and no other assistants. When Mr. Duncan was Minister as at June 1979, his personal staff were one Ministerial assistant class 1 executive officer; two Ministerial assistants class 2, one of whom was a press secretary; one Ministerial assistant class 3; and one Ministerial stenographer.

The staff in my office are, with the exception of my press secretary, all members of the Public Service and they are: one administrative officer, AO2; one administrative officer, AO1; one clerical officer, CO5; one clerical officer, CO4; one clerical officer, CO1; one stenographer, Grade 3; and two shorthand-typists. It may be of interest for the Committee to know that when the former Minister of Health, Mr. Banfield, had the portfolio of Chief Secretary hived off to another Minister, the Public Service Board did an assessment of the work units which passed through the office at that time in order to determine the staff allocation which should go with the new Chief Secretary's office. As I recall, there were estimated to be 450 units per month at that time (September 1977 or thereabouts). When the Hon. Peter Duncan was appointed Minister, a further assessment of the work units was conducted, and it was estimated to be 480 units per month. A similar assessment was made shortly after I took office, and the work units per month were estimated to be in the region of 950. In other words, more than double the amount of work is now being conducted with considerably less staff.

Mr. BECKER: When you took over the portfolio, was

there a backlog of Ministerial work and, if so, to what extent? I understand that, when one of your Ministerial colleagues took over his office, there was a backlog of work of almost nine months. I believe that some other Ministers also discovered quite a large backlog. I am wondering whether that occurred under the previous Administration and what problems that presented to you when you took over that portfolio?

The Hon. Jennifer Adamson: There was an extremely large backlog of work. In fact, I recall that I found myself responding to correspondence that I, as member for Coles, had sent to the Minister of Health that was three or four months old. I can only assume that the fact that the previous Minister, the Hon. Peter Duncan, was away on an overseas trip, I believe as Minister of Corporate Affairs, shortly after he took office may have contributed to that backlog, but it certainly represented a very demanding situation for me and for my staff when I took office. As the Public Service Board study indicated, the workload itself has increased enormously, and I attribute that to the fact that every effort is being made to communicate both personally and by correspondence with all these health units that wish to have access to the office of the Minister of Health, and this, in itself, generates a great deal of work.

Mr. RANDALL: The last paragraph on page 568 of the provisional booklet states:

Finally, a community health component has been included to cover a project for a feasibility study of the computer processing of data in community health centres and the community services implementation team.

My question is related to the cost, which I think is \$13 978, according to the blue book. I am led to believe that the \$13 978 will be spent on this feasibility study. I am wondering what the feasibility study will entail and why it has to be the Health Commission that carries it out.

The Hon. Jennifer Adamson: I will ask my Senior Finance Officer to respond to that question.

Mr. Bansenmer: The project mentioned there is part of the Commonwealth-State community health programme. It is set up as an independent project for the assessment of output data of community health centres, and it is intended to develop means of assessing the effectiveness of community health centres. I think basically that the expenditure is the salary of one research officer.

The Hon. Jennifer Adamson: I will ask my Chairman to elaborate on that.

Mr. McKay: The feasibility study is actually based on the Ingle Farm Health Centre, and it is really the computerisation of the records of the Ingle Farm Health Centre, of all the workers within that centre. The objective is to try to provide base data on which evaluation of community health programmes can be undertaken, so that some assessment can be made on the workloads of professionals and what is being achieved, the areas served, and so on. Ingle Farm was given a grant mentioned in the Estimates on the basis that it would conduct that for all the community health centres. If we can reach a successful conclusion, it will then be transferred to others and become the basis for development in other community health centres throughout Adelaide. It is currently under assessment with a view to deciding whether or not it should continue, whether or not the results are worth while, and whether computer resources, which are very scarce and need to be harnessed, should continue to be applied to that particular project.

The Hon. Jennifer Adamson: I would like to stress to the Committee the very great importance of evaluation and monitoring in terms of community health services and preventive health measures as well as health promotion

measures. The value for the money which Governments spend on curative medicine can in relatively easy terms be recognised. People go into hospital with broken legs which are set, heal, they come out, and it is easy to see what has occurred and to measure its value. But it is less easy, in fact extremely difficult, to monitor the effectiveness of the way in which funds used for health promotion and prevention are expended. I believe that it is critical that monitoring and evaluation are conducted in a highly professional manner both in terms of accountability and in terms of giving the health services a sense of direction as to what their goal should be and how well they are achieving those goals.

I also believe that, if we do not conduct this important evaluation process, the community can rightly say at the end of the 1980's, "Look, we have put X millions of dollars into health promotion in the 1980's; what have we got for it; where is the value; show us just how worthwhile this has been?". This feasibility study on the computer processing of data for community health centres is a step towards that evaluation which the commission and the Government believes is extremely important.

Mr. RANDALL: I assume that the Government computer centre will be the centre into which the data will be fed. Does the Minister see this as a long-term trend in which we can cost evaluate the type of health services?

Mr. McKay: At the moment the data are processed partly on a machine at the Ingle Farm health centre and partly at the State centre. It is perhaps reasonable to give the Committee some background on the current arrangements within the commission concerning computer services. We are undertaking several important issues in computer activities. The past problems that have bedevilled the health system not only in this State but also in other States in terms of computer application would be well known to members of the Committee. The commission now has a computer policy which I think overcomes many of the problems that occurred in the past. We have established a system of controlling computer applications within the commission and formed a structure to make sure that that happens. We have hired a system called Spectrum which involves the users, as well as the Health Commission, in making decisions on how resources should be applied in the computer area and which sets up a total framework for monitoring each application as it goes along. Thus, we do not have the problems that occurred in the past. If something slips over budget or something does not meet the objectives or time table, the project immediately comes under scrutiny and is in fact stopped if it is not achieving the benefits which were first proposed.

At the moment, as a health system we must have much better data than we had in the past. We must use computers, and we are trying to ensure that we use computers well, not badly, and we are trying to manage to get this massive volume in the health system on to the computer so that we can get used to it and so that the management boards in the hospitals can have access to it and thus make decisions on it, and so that physicians can get hold of it to improve patient care.

Mr. GLAZBROOK: The dental care programme is referred to on page 576 of the yellow book, page 10 of the Health Commission booklet, and page 313 of the Auditor-General's report. Can the Minister give me some clarification regarding the difference in the figures? In the yellow book at page 576 a figure of \$9 543 000 is shown for the programme last year. The Auditor-General's report shows, under the school dental scheme, \$7 520 000, which is in excess of what is stated in the other section for school dental health. The blue book at page 10 indicates a budgeted figure of \$6 800 000, and an actual expenditure

of \$7 005 000. Can the Minister explain to me the variation between the three sets of figures?

The Hon. Jennifer Adamson: I shall ask Mr. Bansenmer to provide an answer, but while he is studying those figures I should point out that, as the honourable member knows, the figures in the yellow book are provisional, and it has not been possible for Treasury accurately to identify figures in a way that matches precisely with the line estimates that appear in the Auditor-General's report and the blue book. The figure in the blue book and the figure in the Auditor-General's report for 1979-80 are the same, namely, \$7 005 000.

Mr. GLAZBROOK: This does not include any capital works at all?

The Hon. Jennifer Adamson: No.

Mr. GLAZBROOK: The increase in the proposed expenditure for dental health, particularly State school dental health, is in the region of almost \$1 000 000 compared with the previous figure (and I am referring to page 576 of the yellow book). The manpower remains the same. Can the Minister indicate whether this is an increase in the number of services to schools or say what this figure actually represents?

The Hon. Jennifer Adamson: That estimate reflects the four-year cost of an additional five school dental clinics which were commissioned in February 1980, and also a redirection of resources from the training scheme for dental therapists to service delivery by dental therapists.

Mr. BECKER: What are the locations of those five new dental schools?

Dr. McCoy: I am unable to give the exact locations. They are in the inner suburbs and in the more affluent suburbs in the north-east, but I would have to take notice to get the exact locations.

Mr. BECKER: If you wouldn't mind. I think one would be at West Beach.

The Hon. Jennifer Adamson: Committee members will probably be aware that the policy of the former Government, which I believe was quite correct, was to establish clinics first of all in areas of greatest need. That logically means that the final clinics to be established are those in areas of least need, and that is what has been done. The coverage by the school dental service, as I understand it, is to be universal in the forthcoming year, because these final areas which were not covered under a policy of dealing first with the most needy areas are the last to be established. Perhaps later in the afternoon I will be able to provide the exact locations of those five clinics.

Mr. BECKER: I got the impression that the policy of the former Government was discriminatory. I do not care how the matter was looked at or what its attitude was; also, it was political, because there are schools in my area, the Henley South Primary School being one, where a very large percentage of parents of students are single parents (I believe somewhere in the vicinity of 35 to 40 per cent), and there are other areas where that percentage is even greater. Also, the Netley Primary School, which is a very large school also in my electorate, has a cross-section and a mix of the community. Segregation into one category or another is not possible. Those two schools should have been given a higher priority.

The Hon. Jennifer Adamson: The children in the school at Henley Beach (and I recognise the honourable member's concern in so far as many of those parents, being single parents, would be unable to ensure proper dental care for their children) are now being served by the West Beach clinic. Regarding placement of the clinics, because this Government assumed office when 90 per cent or more of the clinics had been established, we can accept responsibility only for the recent ones. In terms of the

political placement of the clinics, the commission would have been looking at matters on a strict priority basis. Even in that respect, competing equally important priorities might have occurred in various areas.

Mr. GLAZBROOK: Is there any likelihood of any future work being done in establishing more dental clinics?

The Hon. Jennifer Adamson: I understand that it is not intended that there be any additional clinics, but consideration is being given to improving some of the clinics and providing mobile clinics in areas where the need has been demonstrated.

Mr. GLAZBROOK: The Minister would be well aware of my interest in mobile clinics, particularly in an area such as Flagstaff Hill, which has available to it the clinic at Blackwood or Darlington. As public transport services to Blackwood are non-existent and those to Darlington are limited during the day, some parents find it extremely difficult to transport their children to either of those two areas. It has been suggested to me that that is one area of need in such a situation where public transport is limited and where parents themselves must take time off from work (which can be done, if they have that facility open to them). Also, if they have two cars, it is not too difficult. Where it is a one-car family, and the car is out with the breadwinner, the parent is often left in a difficult position in seeking school dental care. I would be interested to see a development of mobile school dental clinics.

The Hon. Jennifer Adamson: The points the honourable member makes are well taken in respect of this service being for the benefit of children and also meeting the needs of parents who are trying to assist their children. I am unable to determine immediately whether a mobile clinic will be provided for the Flagstaff Hill area, but I will ask the commission to examine that area, bearing in mind that the flexibility provided by a mobile clinic would be appreciated by parents.

Mr. RANDALL: Because these are free services, it has been pointed out to me that there could be some over-provision of dental care. It has also been pointed out to me that some dentists believe that school dental services are filling teeth unnecessarily when minor cracks take place, and it is being recommended that children have bands on their teeth when it might not be necessary. Can the Minister say what guidelines her department places on these areas so that we do not over-provide, but merely provide what is necessary?

The Hon. Jennifer Adamson: The Director of the School Dental Service is not in the Chamber, otherwise I would be able to give a precise answer. Speaking generally, I assure the honourable member that the risk of over-provision of services is slight indeed. An extremely close watch is kept on the kind of work appropriate for the dental therapists to perform. In respect of the possibility of over-servicing, if such servicing were contracted out to private practitioners, I think there could possibly be a risk that over-servicing might result. The whole structure of the service and the manner in which its budget is prepared, together with the policy under which it operates, limit it strictly in the manner in which that service is applied. I would doubt that any evidence could be provided of over-servicing. However, I will see whether it is possible for the Director to come to the Chamber and provide a more specific answer.

In the interim, I have been provided with the location of those five clinics, namely, Cowandilla, Highgate, Flinders Park, West Beach, and Linden Park.

Mr. RANDALL: What I am concerned about is the utilisation of existing services. Is there a waiting time for schoolchildren to have access to dental care, compared to the waiting time for pensioners awaiting dental care? The

waiting time for pensioners is significant, whereas schoolchildren have easy access to the service. Is it possible that school dental clinics could be made available to pensioners in order to shorten their waiting time?

The Hon. Jennifer Adamson: The question of dental services to pensioners is one to which a great deal of attention has been paid since this Government took office. A Committee of Inquiry into Dental Services was established, and that has yet to report to me, although the report will be shortly in my hands. In last year's Budget, provision was made for more clinics, in addition to that at the Royal Adelaide Hospital, to provide services to pensioners. Those clinics are at the Flinders Medical Centre, the Parks Community Centre, and the Gilles Plains Community College and, in addition, services are being provided through the Southern Domiciliary Care Service to homebound pensioners in the south-western suburbs. I know that a considerable amount of effort has been expended, and that \$250 000 has been provided in the last financial year.

When we are looking at the comparative resources that should be given to children and pensioners, it is difficult to exercise a judgment as to how these should be split up. The critical thing with children is prevention, and that is why the school dental service has demonstrated its value, because the rate of caries in South Australian schoolchildren has dropped dramatically as a result partly of the introduction of fluoride into the water supply and partly of the school dental service. More needs to be done to upgrade the dental services to pensioners. The next step will be the provision of services in country areas, and I await the recommendation of the committee of inquiry as to the most efficient and economical method of delivering those services.

Mr. RANDALL: Would it be fair to say that the report that the Minister will receive from the committee of inquiry will give specific details in relation to the time delay experienced by pensioners awaiting dental services? Will these details be available later?

The Hon. Jennifer Adamson: Yes, and I add that the provision of funds for pensioner dental services in this current year amounts to \$325 000. Incidentally, it is a great tribute to the Health Commission that, as soon as the Government approved that sum of a quarter of a million dollars in the last financial year, the structuring of the service was undertaken with remarkable speed, and it was implemented in time for a large part of those funds to be spent in the last financial year.

Mr. GLAZBROOK: On a recent trip to Streaky Bay, I was confronted with the question of school dental services. That small country area once boasted two resident dentists, but once the school dentist was introduced the income of the two local dentists dropped so dramatically that they left the town. This situation did not help the dentists or the general residents of the town, and I ask the Minister whether consideration has been given to ensuring that country areas that need dental services have these services provided by the local resident dentist on contract, instead of by an in-service dentist, so that the local dentist remains in the community and provides total dental services as well as school dental services?

The Hon. Jennifer Adamson: I make clear to the honourable member that the school dental programme is cost shared 50-50 with the Commonwealth, and it is Commonwealth Government policy that the school dental services shall not be provided under contract. In view of the interest of the Committee in school dental services, I have asked for the Director to attend, and I should be pleased for him to amplify on the Streaky Bay situation and on the question raised by the member for Henley

Beach. Perhaps questions relating to the school dental services could be held until the Director arrives, so that a more constructive response may be given.

Mr. RANDALL: I notice that funds for the Aboriginal dental health programme are provided from the Commonwealth Department of Aboriginal Affairs and administered by the dental health branch of the South Australian Health Commission; what does it cost the Government to administer these funds?

The Hon. Jennifer Adamson: I am not able to provide that information at present, but I will ensure that a reply is provided.

Mr. ASHENDEN: On page 136 of the South Australian Health Commission Annual Report for the financial year ending 30 June 1979, a table of statistics shows that bed occupancy figures for the major teaching hospitals was about 70 per cent. Was the Minister concerned at that occupancy rate, and has that rate in any way contributed to hospital costs in South Australia?

The Hon. Jennifer Adamson: This question is critical to the whole delivery of health services and the questions of cost contained therein. In looking at the figures of bed occupancy for the various categories of hospital, teaching, non-teaching and country, it is essential to realise the factors that contribute to those percentages. In considering the top five teaching hospitals, one can see that the figures for the Royal Adelaide Hospital are higher by comparison with figures for these other hospitals and are weighted by the fact that the Northfield wards contain many long-stay patients and many slow-stream geriatric rehabilitation patients. That situation is not found in any of the other hospitals.

The Queen Victoria Hospital also has a high bed occupancy rate in comparison with other hospitals, whereas the Flinders Medical Centre, by comparison, appears to have a low occupancy rate. Indeed, none of the figures could be described as optimum occupancy if the high cost resources of the hospitals are to be fully utilised. The figures show that there is an excess of beds in the Adelaide metropolitan area, whereas there may be a high usage of beds in the north-eastern suburbs, at the Modbury Hospital, and, although it is not evidenced from those figures, in certain sections of the Flinders Medical Centre.

Mr. McKay: Occupancy rates are an important factor in maintaining a through-put and a level of activity in hospitals. It is generally recognised that about 80 per cent occupancy is a reasonable target to aim for. Up until the last financial year, we saw an increase in our occupancy rates. On page 29 of the blue book, one can see the updated figures of both bed occupancy rates and bed capacity, so the figures for teaching hospitals, for example, have dropped from 2 797 beds to 2 744 beds. There has been a decrease of 50 beds in the beds actually available. At the same time, the occupancy rate has risen by 2 per cent. That may not seem much, but, overall, it is significant.

There is some evidence that that rise in the occupancy rate occurred towards the end of the financial year and it is still continuing. That may have a large bearing on the health insurance arrangements; people are moving out of health insurance. However, we are not certain about that. There seem to be rising occupancy rates in the major hospitals. A similar situation can be seen in relation to the non-teaching hospitals in the city; bed rates have dropped by 22, but the occupancy rate has increased by 4 per cent, so higher occupancy rates are being achieved in those hospitals, with reducing overall costs. We are becoming more efficient throughout the system in using hospital beds.

Coupled with that is a drop in the average length of stay, which again indicates more efficiency in terms of the use of hospital beds. For example, the Adelaide Children's Hospital has quite a low occupancy rate (67 per cent in 1978-79, and 60.8 per cent in 1979-80) and, as a result, it has decided not to proceed with the original development proposal for that hospital and has taken one floor off the hospital. There will be a reduction of 24 beds in the development plan of that hospital.

Mr. ASHENDEN: Do I understand the action which you have taken and which you plan to improve the bed occupancy rate is to reduce the number of beds available in those hospitals?

Mr. McKay: There are two factors here. One is the reducing number of beds, and that process is going on at the moment in terms of looking at beds. The other is to try to make more viable units out of many of the beds. When the health system had a great deal of resources, it was reasonable to use small units of 10, 14 or 15-bed wards. It is important now to achieve maximum capacity and throughput within the hospitals, so there will be a closure of beds that cannot be used, but you cannot produce the occupancy rates which are necessary. We would hope, as well as reducing the beds, to occupy them better than we do. Hospitals are 24-hour seven-day a week businesses, but there is no doubt that they are still run very much on a five-day week basis. There is still capacity within the system to use our hospitals, which are open seven days a week, better than we are using them, or to close wards on weekends, to achieve higher occupancy rates of the available beds. All aspects will be looked at.

Mr. ASHENDEN: They are all under review at the moment?

Mr. McKay: Yes.

Mr. ASHENDEN: What would be the cost per day of a vacant bed in a hospital, say, a non-teaching hospital as compared with a teaching hospital?

Mr. McKay: We have the figures of a daily occupied bed, and the rate is \$226 at the Royal Adelaide Hospital rising to \$343 at the Children's Hospital. That refers to occupied beds for last year. One would argue that, if we are not reaching optimum occupancy rates, a daily bed cost of \$200 would be a reasonable figure. In intensive care units, it could rise to \$500 a day. The answer is not just to fill the beds to achieve the occupancy rate. It is to make sure that we have sufficient beds which are properly used, so we make sure that we have sufficient beds and use them effectively, not provide excess beds and fill them inappropriately.

Mr. ASHENDEN: Does this explain the current policy being adopted at Modbury Hospital?

Mr. McKay: Modbury Hospital is a good example. There are sufficient beds there. The hospital board has taken the view that it should be sensible about how those beds are used, and it has applied those criteria. It has achieved good occupancy rates. They have improved. They are not using extra beds. They have opened a psychiatric unit rather than let it be there empty. I think it does.

Mr. BECKER: I note that the Health Commission Annual Report for 1979 was not tabled until July 1980. Is there any indication that we will not have to wait so long in future for the annual report?

The Hon. Jennifer Adamson: There is. I have indicated to the commission my concern that the report is presented so far after the event as to make a critical examination of the report in relation to the year that it deals with rather out of date by the time it occurs. However, there is nothing in the Act to indicate that the report should be presented by a given date. I have indicated to the

commission that it should be a more prompt reporting, and I believe that in the forthcoming 12 months that will occur.

Mr. BECKER: You have no idea when it is likely to occur?

The Hon. Jennifer Adamson: I know what I have asked the commission to do, and I have confidence that the commission will do it. I understand the Chairman is in a position to make a commitment regarding the tabling of the report.

Mr. McKay: I have come from a system where the annual Health Commission Report of New South Wales is always tabled in October when the final financial figures are available, so that it is reasonable, and we will be aiming for that sort of time table in future. We hope this year to have it before Christmas, and to improve next year.

The Hon. Jennifer Adamson: All the statistical and financial information which will appear in the report is already available to Parliament in terms of the blue document which I have tabled, so a large part of the commission's report has been presented to Parliament already.

Mr. BECKER: On page 127 of last year's annual report, there is a chart which compares health expenditure per head of population in South Australia with the figure for Australia as a whole. The chart shows that South Australia is well ahead of the rest of Australia. In 1967-68, expenditure in South Australia was \$20 per head, and for the whole of Australia it was \$22 or \$23. In 1975-76, for example, in South Australia it would have been about \$145 per head, while the Australian average was about \$138. In 1977-78, the expenditure would have been about \$210 for South Australia and \$178 for the whole of Australia. Will the Minister explain the justification or the reasons for this trend?

The Hon. Jennifer Adamson: My first response is that it is quite clear that efforts by the previous Government in respect of cost containment were either non-existent or unsuccessful. It was only towards the end of its term of office, and after the exposures of the Public Accounts Committee report, that any strenuous effort was made at cost containment. This phenomenon of costs being higher in South Australia than in respect of the Commonwealth has been highlighted in the interim report of the Royal Commission of Inquiry into Hospital Efficiency and Administration, and the efforts being made now to bring South Australia into line with other States, and, if possible, to achieve a better record of cost containment are evidenced in the Government's policies and in the Budget. I will ask my Chairman to elaborate on the reasons for these cost increases.

Mr. McKay: It is self-explanatory in terms of the expenditure curve and the development of services in South Australia. Much of the major expenditure during the mid-1970's related to Flinders Medical Centre, and probably a belief that the population of South Australia would continue to develop and grow. When that did not occur, we got a corresponding decrease in terms of the health dollar per head of population, or an increase in terms of the gap. I think the last two years would have seen significant changes in the pattern, and that is why it is important for us to produce an annual report that indicates that.

In looking at the Jamieson Committee of Inquiry, on current figures South Australia has dropped from top or second on the totem pole in terms of the most expensive State down to the middle. The overall figures are weighted very heavily by Queensland, which has a low rate of expenditure per head of population for health and

hospitals. We are below Western Australia and on a par with Victoria, so we have come down the totem pole in terms of health costs. I think we will continue to see that trend, as we will have to, given that we will have a commission of inquiry which will bring down recommendations about variants in terms of health expenditure overall.

The commission is looking at developing resource allocation formulas based on population. This is happening in the United Kingdom at the present time, where regions are being funded on an allocation basis, where an allocation per head of population, weighted for various factors such as socio-economic factors, age, etc., is provided in terms of the health resources. We could see something like that happening in health services in terms of Federal funding, so it is important for us not to be too far above the national average; otherwise, we will be in a position of having to make even greater economic decisions in terms of the health delivery system.

Mr. BECKER: It is not so much a matter of how much we spend but what we spend it on. I do not know how in the health area, like some other areas such as education and welfare, you can convince certain sections of the community that you do not have to spend millions of dollars to achieve an effective result.

The Hon. Jennifer Adamson: The honourable member says that he does not know how it can be done, and I agree. It is a great challenge. I think the work the commission is currently doing in terms of identifying the operational costs of units within hospitals will, when it is completed (in a sense it will never be completed, because it is an on-going function), or at least when it is well established, enable the boards of those hospitals which at this moment do not know the cost centres within their hospitals (I am talking about the large teaching hospitals), and also enable the commission and the Government and consequently the community itself to identify where the high costs are occurring and to make judgments as to whether or not those costs are warranted.

I refer the honourable member again to the preliminary statement that I distributed at the outset of these proceedings which suggests that, where we have no information as to the aggregate cost of, for example, renal services or cardio-thoracic services, we have no way of knowing whether greater benefit would be brought to a greater number of people if these costs were diverted to a different service or a different form of delivery. When we have the facts, people can make responsible decisions. The commission is engaged very much in a fact-finding exercise.

Mr. McKay: I think the other issue of convincing the public is important. I think there is a dawning on the public in terms of the investment in scientific medicine and so on, and we are now seeing a turning to alternative medicine. You will be aware of the upsurge in these sorts of things that has happened in the last few years. I think there is an opportunity to start explaining this issue, and we as a health system will do a lot more about informing the public so that they are aware of the choices that can be made.

Mr. BECKER: Has the Health Commission been able to quantify the savings made following the findings and recommendations of the Public Accounts Committee in relation to the Hospitals Department? I did a rough rule-of-thumb exercise that showed that, if the majority of those recommendations were accepted and implemented, we could look at a saving of about \$14 000 000 a year without affecting the quality of patient care. I believe the previous Minister made a statement that a considerable number of the recommendations had been adopted, and

there was an actual saving in the first six months of about \$7 000 000. I also believe that in about early 1978 the then Minister, the Hon. Mr. Banfield, started cutting back and announced cut-backs in about February of that year of about 8.5 per cent, and they were in basically some of the areas in which the Public Accounts Committee had recommended there be greater restraint. I wonder whether there has been any opportunity at this stage to identify savings.

The Hon. Jennifer Adamson: Yes. If we use 1977-78 as a base year, health expenditure in South Australia has been reduced by \$30 000 000 until 1980-81 by comparison with the expenditure which would have occurred had not the cost containment recommendations been implemented.

In other words, the rising graph of expenditure would by now have taken us over the \$400 000 000 mark, and in fact the member for Hanson's reference to \$14 000 000 per annum is uncannily accurate in terms of the fact that over two years it has, in effect, been \$30 000 000.

Mr. ASHENDEN: On page 311 of the Auditor-General's report for 1980, under "financial control", there is the following statement:

The implementation of improved budgetary control procedures and management information systems, at present under consideration, is essential if management is to make selective reductions in future appropriations.

The P.A.C. in its fourteenth report relating to financial management of the Hospitals Department states, on page 6:

The complete lack of effective systems of budgetary control to contain spending to real needs applies to most Government departments, and the Hospitals Department is no exception.

When is it anticipated that the improved budgetary control procedures will be introduced in the area to which we are referring at the moment?

The Hon. Jennifer Adamson: I will ask my Chairman to respond to that.

Mr. McKay: I think there has been a start. In terms of this year, for example, we previously mentioned that hospitals had a preliminary budget at the beginning of the financial year. This gave them an opportunity at least to operate over 12 months with a budget. I would not, in all honesty, claim that that budget has been arrived at by the best possible method, and I think we have a way to go. The study being conducted at the Royal Adelaide Hospital is an attempt to break down that \$75 000 000 that goes into the Royal Adelaide Hospital into its components so that we can look and see whether it is reasonable to spend \$3 000 000 on this activity or \$2 000 000 on that activity, or whatever. We have broken it down into over 290 components. We will be running those same cost allocation studies on the major hospitals in the metropolitan area over the rest of this financial year, and we would hope at the end of next financial year to have a very sensible and organised system of actually arriving at what budgets should be for the activities and objectives of those institutions. Given that, it is a matter of controlling within that system and reviewing performance, and I think we have the tools to do that. It is a five-pronged attack: we have to improve the budget, we have to improve the information flow and systems that are coming from the institutions, and we are moving into the computerisation of management information systems within the hospitals to give us that control, and I think a time table. You asked for a date. I guess that we have a three-year plan to get us to the point where we can say that we have absolute control over the situation, but we will be implementing improved procedures over that period of time.

Mr. ASHENDEN: It sounds to me as though obviously

there are a lot of people involved in this, which is good. Could you explain who is being involved in this, as it sounds as though it is virtually right through the department. Is that a correct assumption?

The Hon. Jennifer Adamson: I will ask my Chairman to respond to that specifically, but I should point out to the honourable member that this whole programme is, in effect, implementing the Government's policy of programme budgeting, and it is only programme and performance budgeting which will enable the commission to extract and identify the kind of information that is needed both to achieve the proper financial control of hospitals and also to achieve what the member for Hanson referred to, namely, a recognition in the public mind of what is real value for money in terms of the health dollar.

Then the public will be able to compare the sums spent on various programmes, the outcome of those programmes (and that is what evaluation is all about) and determine through the elected Government, whether such and such a programme needs more or less resources. I shall ask the Chairman to identify the various people in the various health units at the commission, not by name but by function, who are involved in this process.

Mr. McKay: Generally, there is an understanding in the system. What we have been talking about today is that the money has run out. In terms of the health system, we are in a zero-growth situation. As a consequence of that, the health units themselves understand that it is no longer appropriate that they will be getting the money they ask for every year. Accordingly, there is a general recognition even within the health units themselves that they must have better budgetary and management systems to be able to make their decisions about where they want to put their money.

We have a situation now, and a climate within the commission of the health system where everyone is involved in this aspect. Within the commission itself, we have our own finance section; we have a management review group that was put into being as a result of the Parliamentary Accounts Committee's findings, and that group is working on these aspects. We have all the institutions involved in it. In terms of the Royal Adelaide Hospital study, I have been able to borrow some people from the Health Commission in New South Wales with whom I was working on a similar sort of programme before I came to South Australia, and we have introduced that same system over here. So I think we can say we are in a much better position than we have been in the past.

Also, there is an understanding in terms of the decision-makers in this system, in this case the doctors, who are very much the persons who press the button as far as the health dollar is concerned. I think there is starting to be an understanding on the part of the medical profession and the teaching areas that costs must be taken into account. I think all these activities in fact have brought the commissions to understand that they cannot just order, say, a great battery of pathology tests or a great battery of other diagnostic tests or to use certain sorts of treatment. If we can get those commissions to be involved in cost consciousness, and nursing staff and so on, I think we can achieve patient care with reduced costs without reducing the quality of patient care.

The Hon. Jennifer Adamson: I have attended a session at the Royal Adelaide Hospital (and I understand that similar sessions are conducted at other teaching hospitals) in which a clinical audit or review is conducted by a certain member of the hospital staff—a team or unit leader—in the presence of large numbers of hospital staff, and the manner of dealing with certain cases is identified and the cost involved in the form of treatment prescribed is also

identified. By this means, health professionals can very clearly see how their individual professional decisions affect the costs of their hospitals.

For example, it is apparent that, as there is a new intake of interns, pathology tests take a steep rise and, of course, that is the result of new and inexperienced graduates relying on tests to back their own judgment, and that is a very natural reaction. However, when those interns can see the costs they are incurring as a result, it enables them to possibly pursue other options and to seek advice from other members of staff. I have given only an isolated example which may help the Committee to understand how the health professionals themselves are very much involved in this process, and I believe it has not only economic benefits but also very sound clinical benefits as well.

Mr. RANDALL: I refer again to the South Australian Health Commission Annual Report for the year ended 30 June 1979. At page 141, it is stated that a 10-storey building providing 416 beds was completed at the Home for Incurables at a cost of \$15 000 000. What is the present average daily occupancy of those beds?

The Hon. Jennifer Adamson: I do not have that precise information with me, but I shall obtain it before the end of the Committee and provide it to the honourable member.

Mr. RANDALL: I refer to page 577 of the provisional statement which concerns preventive health care and education. I know that this is an area of much interest to the Minister because I know that Government policy is along the lines of promoting preventive care, and I am very happy to identify myself with this area. I, too, would like to see as much finance as possible allocated in this area. However, I am also a realist. I refer to a couple of areas, first, the running of immunisation programmes as a preventive measure. I believe local government takes this on board to a fair extent. Can the Minister say what sort of financial help or manpower help that we, as a State Government, provide to local government?

Dr. McCoy: The responsibility for providing immunisation services is shared among a number of different people. General practitioners would probably provide the greatest coverage, then there are local boards of health that also provide services in very many of the council areas, and then there are nurses employed directly by the commission in the communicable diseases control section who are also involved in providing service at the Immunisation Centre at Norwood and in instructing other staff in local council areas on immunisation techniques.

Mr. RANDALL: An area of preventive health care which is of concern to me is in relation to developing community concepts of self-help in health matters. Lumped together in this area are drugs, alcohol and smoking. While I am not advocating a campaign to stamp out these habits, I believe that community awareness of the problems caused by alcohol, for example, can be counterbalanced through education to the benefit of the community as a whole. Can the Minister outline some of the areas in which the Government is working?

The Hon. Jennifer Adamson: First, I shall deal with drugs other than alcohol. As the honourable member would know, the Government established a Cabinet sub-committee to determine the best way of using the resources of the Government and voluntary bodies to expand health education and preventive health measures in this area. That Cabinet sub-committee established an inter-departmental committee, and that committee is working away.

It has been given considerable resources by the Government. The Alcohol and Drug Addicts Treatment Board is servicing that committee, and it will report to me

and make recommendations on a quarterly basis as to the best way of organising voluntary and statutory bodies to work together at a community level, and that means within local organisations in neighbourhoods, through churches and through all kinds of community groups in an endeavour to embark upon a public education programme.

Regarding licit drugs, notably tobacco, only this week the National Heart Foundation is conducting a smoking alert week designed to encourage women, particularly, either to give up smoking or not to take up the habit. The commission has provided some of its resources to assist the foundation to organise that campaign.

In respect of alcohol, the Alcohol and Drug Addicts Treatment Board deals principally with treatment, but also with prevention. The Health Promotion Unit of the Health Commission deals principally with health education with regard to a responsible approach to alcohol and smoking. I will ask the Chairman to outline some of the measures proposed in respect to that.

Mr. McKay: This year, we have appointed a new Director of the Health Promotion Unit, who will take up duty towards the end of November. He is a widely recognised figure in the field of health promotion. He is coming from the United Kingdom. I hope that this will herald a positive effort by the commission to develop these areas. We intend to expand the unit to make it very much the centre for resource development in this area. We also intend to launch next March (unfortunately, the Bureau of Statistics could not do it earlier) a major survey on smoking in South Australia which, we believe, is the No. 1 preventable cause of disease in the community. We will undertake next March a major survey into the smoking habits and attitudes of South Australians that will provide the base for the campaign on which we can attack this No. 1 problem.

Mr. RANDALL: Is it possible for the Minister to place some monetary value on the programme?

The Hon. Jennifer Adamson: The Government has already allocated \$150 000, as I said earlier, to the work of the Cabinet subcommittee, the Drug Education Liaison Committee. The sum to be allocated to the Health Promotion Unit for the current year has not been determined. The salary for the Director of the unit has been allocated, and that is \$24 000 for that part of the year which will remain after his appointment. I believe that he is expected to take up his appointment in November. I am sure that additional resources will be allocated to enable him to fulfil some of the policies that will be developed over the remainder of the financial year.

In response to the earlier question, I did not mention that the Government has allocated \$160 000 to the Alcohol and Drug Addicts Treatment Board for the establishment of a drug-free therapeutic community, to be set up in Joslin. The programme will include detoxification assessment over a two to three week period, the individual attempt to acquire a habit of regular activity through a school programme, occupational therapy, support activities and work, and it will encourage the participants in the programme to re-establish contact with their families in the community at large. The programme cannot be likened strictly to the Odyssey programme that operates in New South Wales, but its goals are the same, namely, to rehabilitate addicts.

The ACTING CHAIRMAN: The honourable member for Napier.

Mr. RANDALL: Mr. Acting Chairman, on a point of order, we indicated earlier that we were following a certain line of questioning. The Government members were questioning regarding preventive health care and

education, and we have not finished our questioning. I seek your leave to allow us to continue with that area of discussion.

The Hon. Jennifer Adamson: The Director of the School Dental Health Service is now in the Chamber. The questions asked earlier by the member for Henley Beach and the member for Brighton that I could not answer may now be put to him.

[At this stage Mr. H. D. Kennare, Director, Dental Health Services Branch, South Australian Health Commission joined the Minister at the table.]

The ACTING CHAIRMAN: I cannot uphold the point of order. Procedural motions take priority over other questions. The member for Napier.

Mr. HEMMINGS: I move:

That the resolution carried earlier today, namely, that any member present in the Chamber may ask a question at any time during the vote "Minister of Health, Miscellaneous, \$178 141 000" after prior consultation with the Chair, be rescinded.

The ACTING CHAIRMAN: Are there any speakers?

Mr. SLATER: I second the motion.

The ACTING CHAIRMAN: It is not necessary to second the motion. Are there any speakers on the motion?

Mr. BECKER: I oppose the motion.

Mr. LANGLEY: You're a great believer in fair play.

Mr. BECKER: I have had about 10½ years on the Opposition benches, and if the member for Unley wants to talk about fair play, I can assure him that one of his colleagues, a Minister, said that the Opposition had no rights. I do not uphold that principle. The Opposition has rights, and so has every member. The honourable member should not try to deny me or any other member those rights.

Mr. LANGLEY: The Opposition doesn't have rights today, too.

Mr. BECKER: This is where we have to put the things down in simple terms so that the member for Unley can understand. When moving my motion, I explained that the member for Mitcham sought an opportunity to ask questions. He undertook to conclude in 10 minutes, certainly no longer than 15 minutes. Because the Opposition decided to walk out, he continued for longer. He got the message that he had had fair play.

As far as the Estimates Committees and the whole purpose of the exercise is concerned (I am sorry that we have to embarrass the Minister and her departmental officers by wasting time in debate in going over the whole issue again), I believe there should have been a briefing session of all members nominated to the Committee. I believe that all members should have been briefed by the officers of the House on what was its role and what was expected of the Committee. It is obvious from the performance of Opposition members that they did not know what was expected, and there was difficulty for independent members to ask questions when they wanted to do so. That has come out during the course of the Estimates Committees procedure over the past week.

I cannot see anything wrong with the request today to grant the member for Mitcham that opportunity. Yesterday, I told the member for Flinders that, if he wanted any questions asked in Estimates Committee A, I would be prepared to ask those questions in his name. I cannot see anything wrong with that if a member believes that he has not got the opportunity. As everyone knows, the Health vote is different from the rest of the Budget. If democracy is to work, I believe that no member should be denied an opportunity to seek information during the course of the Estimates Committees. That has appeared extremely difficult in relation to the Health vote.

I believe that Government members have had to take over, not only today but on other occasions during the Estimates Committees, particularly in Estimates Committee A. It was evident from the word "go" last week that Opposition members were unable to ask the questions that one would have expected of members trying to probe and to open up government through the process of the Estimates Committees. We heard so much from the Labor Party during its 9½ years of office about open government, and we saw so little of it demonstrated in this Chamber.

Mr. HEMMINGS: Talk to the Chief Secretary.

Mr. BECKER: We do not need to talk to anyone. We know the record of the Labor Party and what it tried to do to the Public Accounts Committee after its report on the management of the Health Department.

Mr. HEMMINGS: On a point of order, Mr. Acting Chairman. I think we are discussing the rescinding of a motion which allowed sideliners to take part in the questioning of a Minister during sessions of the Estimates Committees. We are not regurgitating the kind of nonsense that the member for Hanson has always been prone to put in this Chamber. If we are talking about getting on with the job, surely we should get down to having a vote on it and, hopefully, a few Government members will support our motion and we can get on with the business.

The ACTING CHAIRMAN: Order! There is no point of order. The honourable member for Hanson is entitled, in the debate on the motion before the Chair, to canvass the reasons for the original motion.

Mr. BECKER: I get very disappointed when the member for Napier asks questions in this place, rises on a point of order, and then sits down with a stupid look on his face and laughs and carries on.

Members interjecting:

The ACTING CHAIRMAN: Order!

Mr. HEMMINGS: On a point of order, I think the comment of the member for Hanson that I sit down with a stupid grin on my face reflects on me, and I ask that the remark be withdrawn.

The ACTING CHAIRMAN: I ask the honourable member for Hanson whether he wishes to withdraw.

Mr. BECKER: If you ask me, Mr. Acting Chairman, I will.

Mr. HEMMINGS: On a point of order, Mr. Acting Chairman, I would like a complete withdrawal, not just because you are asking for it, but a complete withdrawal.

Mr. BECKER: I will withdraw, but here and now, with everyone in the Chamber as my witness, I say that, after raising the previous point of order, the honourable member cannot deny that he did laugh, and he carries on, and this is his practice every time he raises similar issues.

Members interjecting:

Mr. BECKER: I do not make out that I am a comedian, but I know that the honourable member thinks that he is.

Mr. HEMMINGS: You are classed as a sick joke.

Mr. BECKER: I have often thought that members of Parliament should be subject to psychiatric examination before they come into this House. I am convinced that the honourable member would not pass.

Mr. HEMMINGS: I am sorry. I will take the smile off my face.

Mr. BECKER: Probably wind! I believe that the Parliament should persist with the Estimates Committees, and I am genuine in moving the motion I have moved today. I believe the member for Mitcham was entitled—

Mr. HEMMINGS: You were told—

Mr. BECKER: If the member for Napier wants to interject continually with innuendoes that are not true, let him repeat them outside the House. I was not told, nor

was I instructed. I did it because I have always believed, as the member for Unley knows, in open government. I have done that since the day I came here.

Mr. LANGLEY: Didn't you speak with other members of the Committee?

Mr. BECKER: I asked other members of the Committee to support the motion. I do not have to adopt standover tactics. If they do not want to support it, that is their prerogative. I will be consistent; I believe that we should persist with the Estimates Committees, and I have called for them consistently over the years. The Opposition numbers in this Committee can be made up from members representing other political Parties, or from individuals. If the Opposition is genuine about the finances of the State, I believe its members should have remained in the Committee this afternoon. They could have objected had they wished, because that is their right, but by walking out they demonstrated the childishness and the attitudes we have come to expect from Trades Hall.

Mr. RANDALL: The people of South Australia should be told that four members of the A.L.P. this afternoon went on strike in this Chamber: the member for Napier, the member for Gilles, the member for Unley, and the member for Whyalla. I think it is of interest to the public that, while the Estimates Committee was sitting this afternoon, questioning the Minister on the Health vote, four Parliamentarians went on strike. It is a significant characteristic of that Party that, when its members disagree, they all, from their union days, believe the only way to solve the problem is to go on strike. That has been indicated clearly today. They have come from the union movement, and they have clearly indicated—

Mr. LANGLEY: On a point of order, Mr. Acting Chairman, can the member for Henley Beach say what trade union I have come from?

The ACTING CHAIRMAN: There is no point of order. I ask members of the Committee to hear other members in silence so that the debate may proceed with a minimum of delay, so that the business of the Committee can be dealt with.

Mr. RANDALL: I do not intend to repeat what I have said, because I think they have got the message, and I hope the people of South Australia will get the message. I was rudely interrupted in my questioning of the Minister about preventive health care measures. The record will show that, while members opposite were not present this afternoon, members on this side asked significant questions relating to the Health vote.

What about the other independent members in this House? Are they to have an opportunity later this evening to ask questions of the Minister? As a Committee, we decided earlier this afternoon that we would stick with it. We have stayed on it, and those outside the Committees have had a chance to ask questions. This seems a logical approach. People know where I stand, and the points I made earlier about having opportunities and behaving logically. I do not want to get caught up in the illogical approach demonstrated clearly by members opposite. They lost their argument, and their illogical approach to that was to go on strike.

I wonder whether the time limit they have set will be maintained, and whether we will finish the debate on the Health vote between 8 and 9 p.m. I wonder, too, whether they will uphold that arrangement or whether the Tourism vote will be sacrificed. It will be members opposite who are doing the sacrificing. They have been absent from this House for 3½ hours, because they walked out on their opportunity to ask questions and to put points of view. We had an effective Opposition in the person of the member for Mitcham, who sat in the Opposition benches and

effectively questioned the Minister in a manner far superior to that of members opposite.

Mr. HEMMINGS: Did you ask him any questions about Glenside, because he might be there one day?

Members interjecting:

The ACTING CHAIRMAN: Order!

Mr. RANDALL: I will ignore interjections. I am keen to get on with the questioning and to listen to what the Minister has to say in regard to the Government's policies of preventive health care.

Mr. SLATER: As I said in the original debate, it is sad that we have come to this situation. The precipitator of the whole episode has been the member for Hanson, in trying to get over an agreement that was made between the Opposition and the Government in respect to Committee members having the option to question the Minister and sideline members, whether independent, Government or Opposition members, having the opportunity to ask questions at the conclusion of the Committee's deliberations. That has taken place on the previous four days during which both Committees have met.

I admit that I misunderstood the Acting Chairman's deliberations in regard to the motion. I understand now that your intention, Mr. Acting Chairman, was to give members of the Committee preference to continue questioning the Minister and, if no questions were to be asked, the member for Mitcham or any other member would be given the option to ask questions. I also understand that guidelines were laid down for the Chairmen of the Committees indicating that Committee members would have preference in asking questions and sideline members would be given the opportunity to question prior to the conclusion of the vote.

Unfortunately, the whole matter has been precipitated by the member for Hanson, for what reason I cannot understand, because he has been one of the most vocal members in this Chamber in regard to the member for Mitcham, so he has not run particularly true to form this afternoon in patronising the member for Mitcham and giving him the opportunity to question. My Party misunderstood the decision of the Chair.

I will repeat once more for the member for Henley Beach, who may find it difficult to understand, that I understood that the Chairman, in his decision this afternoon, said that preference would be given to members of the Committee in regard to further questions. That statement was misunderstood. As I said, we now realise that that was the position, so we are prepared to return to the Committee. I hope that the member for Hanson will assist in the deliberations of this Committee instead of being the hindrance that he has been this afternoon.

Mr. BECKER: I rise on a point of order. I object to the remark made by the honourable member that I have been a hindrance. I have not been a hindrance. I said earlier that I wished to ask five questions, and I indicated that I would be prepared to withdraw those questions if you, Mr. Acting Speaker, agreed to my motion. You did not. I now wish to ask about 12 questions.

The ACTING CHAIRMAN: There is no point of order.

Mr. ASHENDEN: I support the motion moved by the member for Napier. I believe that justice has been done and the aim of the original motion has been achieved, in that members who are not on the Committee have been given their democratic right to speak before this Committee and to question the Minister. That is what I wanted to achieve when I supported the previous motion. This could have been achieved under normal budgetary lines, and I stress that this is why I supported the original motion. Members opposite now want to save political

face, and I do not mind accommodating them. For the good of the Committee and of the Parliament, I support the motion so that the original intention of the Committee system can be fulfilled. This is a principle of the utmost importance, and it is a principle that I recognise in supporting members opposite.

Mr. MAX BROWN: The member for Todd has graciously intimated that he will vote in favour of the motion, but I cannot allow the occasion to pass without challenging the member for Hanson. That member would know better than anyone that, for 10 years while in Opposition, he experienced a situation in which the tail wagged the dog, and there is no doubt about that. We all know that there is a maverick in the Parliament, and, once there is a maverick, anything goes. To think that the member for Hanson, after experiencing 10 years of that situation, should support that maverick and have the gall to stand up and say that we have been wasting time is the greatest affront I have ever experienced since I have been in Parliament.

I say to the member for Hanson that the Labor Party, since it has been in Opposition, has made perfectly and abundantly clear to that maverick that it has no intention of being wagged by him. Four Parliamentarians from the Opposition walked out today simply because of that. I warn the member for Hanson that, even though he may have the numbers, we have no intention of allowing the member for Mitcham to wag the dog—none whatsoever. I could dwell on the member for Henley Beach, because he said that Parliamentarians went on strike. The member for Henley Beach can say what he likes, but I assure him that, if an episode of that kind is repeated during Estimates Committees, there will be another strike. The gem of it all is that the member for Henley Beach said that Government members had asked significant questions of the Government. I have not heard so much rubbish in all my life. As I said earlier, I believe that this decision is vital. The member for Todd has given a clear indication about his intentions, and I hope that we can return to the *status quo*; I also hope that this situation will not occur again.

Mr. GLAZBROOK: Those people who are listening to this weird debate must wonder what it is all about, because we have been subjected to innumerable speeches from members opposite about a simple principle of decency.

Mr. HEMMINGS: You described it as rubbish.

Mr. GLAZBROOK: No, because I believe that there was a purpose in the motion that was put this morning, I really believed that some rationale could have been brought into this Committee to show how we could accept some variation to the system. When the member for Napier was talking to the motion, he said that the Minister's answers would be interfered with and, if an outside person asked a question, the Committee would be upset. We have seen nothing of that upset this afternoon. The Minister has answered the questions that were asked of her, and the member for Mitcham was able to ask his questions. The Committee was not disturbed. Now, members opposite are asking for a principle that was passed by a majority of the Committee to be rescinded, thereby denying other members of this Parliament the option to approach the Chair to have a say.

[Sitting suspended from 6 to 7.30 p.m.]

Mr. GLAZBROOK: Before the adjournment, I was expressing an opinion that I thought that the action that we had taken in passing the motion earlier was one to bring some rationale into the system under which we are working. I think that every member has certain rights to

express points of opinion and ask questions in the House. I have endeavoured to interpret Sessional Order 15 which gives members of the House not being members of the Committee the right to participate in the proceedings of the Committee, but they do not have the right to vote. What worries me about the Opposition's motion to rescind our earlier motion, which was passed by a majority of the Committee, is that it is tantamount to giving permission to one person to speak. If by numbers the rescission of the motion goes through what we are, in fact, saying is that the member for Mitcham was given a right to speak, and now we let bygones be bygones. This means that the member for Semaphore and the member for Flinders cannot be afforded the same right. The decision could have gone the other way, but what I am saying is that if we are being consistent in allowing one person to speak, at the discretion of the Chairman, why should we now deny that right to other members of the House?

Government members were trying to bring some rationale and logical thinking into the argument. Members of the public listening to this debate could be excused for thinking that we do not know what we are talking about, because that is what it sounded awfully like. I am saying that there was some reason to the rationale. There was nothing devious about giving the Chair the right to allow a member to speak if a particular area of questioning had finished, and that is what we tried to do. The motion was simply to bestow on the Chair that guideline; that was all. There was no connotation of coercion or anything else involved at all. I took my interpretation from Sessional Order 15 which, incidentally, was the basis of the Acting Chairman's decision.

If the motion to rescind the original motion is carried, I want to say on record that I apologise to the member for Flinders and the member for Semaphore for not giving them the same opportunity as was given to the member for Mitcham.

Mr. LANGLEY: What about our back-benchers?

Mr. GLAZBROOK: The honourable member likes to interrupt, but he should carefully listen to what I am saying. If members of the Opposition on the Committee carry on beyond a reasonable time in asking questions, I apologise to the member for Semaphore and the member for Flinders that they were not given the same rights as were afforded the member for Mitcham. Therefore, I oppose the motion for rescission on the basis that we afforded one person the opportunity to speak, but then we would deny that opportunity to others.

Mr. Evans: The idea of having Estimates Committees is a great move, and members should be doing all in our power to make them work. What happened today is something that concerns me deeply. I believe the motion caused conflict this afternoon. I have no doubt that the member for Mitcham had prepared statements ready for the press that he wanted to get on; he was going to get publicity in any event, no matter what action any other member took. Whether he got on early or late, or even if he did not get on he would have obtained publicity, because he always gets the co-operation of the morning paper. He is virtually guaranteed that publicity, and we all know that.

If the Committees are going to work we must avoid political conflict that occurs, and I believe there has been a lot of political questioning that has gone on and not necessarily questions on the lines under review. With regard to the motion to rescind the resolution passed this afternoon, I hope that the motion is rescinded without any division, that members accept that something occurred that should never have occurred, especially at such an early stage of the Estimates Committees. On 27 August

1980, the member for Playford said in this House:

I do not want to canvass any of the ground covered by previous speakers, except to say that the point raised by the member for Mitcham in relation to clause 15 seems a valid one. I think the words are otiose anyway. If we strike out "at the discretion of the Chairman", we are losing nothing. The Chairman must, in the nature of things, have control of the proceedings. Nothing is lost, and everything seems to be gained. I move:

That the words "at the discretion of the Chairman" appearing in clause 15 be struck out.

The member for Playford later said by way of interjection that there was an excess of caution in relation to this, and the Premier replied:

Nevertheless, it can do no harm, and I assure the member for Playford that it is certainly not the intention of the Government in drawing up these orders, that there should be any undue influence or discrimination against a member who is not a member of the committee.

I believe it was clear what the Premier's intention was. As a Parliament, we accepted the motion and the words "at the discretion of the Chairman" were removed from clause 15, although we all knew that the discretion of the Chairman should remain.

I walked in this afternoon just at the end of the debate on the original motion when you, Mr. Acting Chairman, were saying why you were going to take a particular decision. The point that the Labor Party representatives made earlier, that they had perhaps misunderstood your reasons, is quite valid because you did say that you would retain the discretion as Chairman to give the Committee members the first right, and then use your discretion if need be to let other members ask questions. You said that you would retain that discretion and would give the right to members of the Committee first.

There is no doubt that we have all learnt that the present practice is not perfect—far from it. We have found many errors with the present practice and if I were not a member of the Committee I would not be happy with the practice whether I was the member for Flinders, the member for Mitcham, or the member for Semaphore, or just a back-bencher of either Party. The system does need looking at. However, up until now, in the main, people have used the Committees for political expediency. There have been hundreds of hours spent in preparing answers to questions on financial matters, but very few questions on financial matters have been asked. Because we have tended to drift that way as political Parties, I now ask that we rescind this motion and that we proceed to ask questions on financial matters, that we forget about policy, and that we worry about matters of finance, and that Committee members take on the responsibilities given to them in this respect.

I say to my colleagues that what happened this afternoon was indeed unfortunate. We would be wise to come back to the starting point so that later the two major Parties will recognise the need for the smaller Parties to be allowed some questions at the end, and to give them that opportunity before the debate concludes. I hope that the motion will be passed, so that we can go back to where we were before the original resolution was passed.

Mr. Mathwin: I register my support for the motion. I believe that the Committees were appointed to enable their members to question the Ministers and the heads of departments present at the table. I believe that the Committees have been working and, to my mind, improving during the short period they have been operating. In the Chamber in which I have spent most of my time, the improvement has been considerable. To me, the changing of the rules on the penultimate day was most unfortunate. I hope that the Committee will see fit to

support the motion. Together with the member for Fisher, I believe that there is a need for a change in the rules, and this can be done with agreement by both sides. A considerable improvement should come about.

Mr. BECKER: The motion I moved this afternoon was moved in good faith only. Another motion was moved later drawing the Premier's attention to the problem of there being only one line in the health vote, and a copy of that motion should be on the Opposition benches. It was all done in good faith, and I stand by it.

Mr. HEMMINGS: I will try to enlighten the Committee on the developments that have taken place this afternoon. Under the good offices of the Deputy Leader of the Opposition, who tried successfully to bring Opposition members into this Chamber to discuss the Estimates, it was more or less agreed about 5.15 p.m. that a motion would be moved to rescind the motion moved earlier. We agreed to come back to the Chamber and to debate a motion to rescind the earlier resolution. We, on this side, spoke briefly; I merely moved the motion to rescind. We spoke to it until 6 p.m., without a vote being taken. It is now about 7.45 p.m. and, bearing in mind that, if Opposition members take the examination beyond 9 p.m., Government members will say that the undertaking given by the Opposition previously, that we would not ask questions beyond 9 p.m., was not given in good faith. There are many areas we need to discuss. The member for Todd undertook before 6 p.m. that he would vote for the rescission. Speeches have been made by other Government members, and I would hate to think that they were made to prolong the debate.

We have exactly 1¾ hours in which to go through the remainder of this \$173 000 000 vote on health. The member for Henley Beach said in the Chamber earlier that the undertaking I gave was a false one and would be broken at any time. We do not intend to break that undertaking referred to and I hope that, when I conclude, we will continue to examine the Minister and at least try to repair some of the damage this Parliament has suffered in the eyes of the South Australian public.

The Opposition believes that the stand it took this afternoon will be vindicated by, I hope, the vote that will carry the rescission of the previous motion. It is all very easy for inexperienced members to say that we are bringing politics into this matter. We are talking about a principle on which the Parliament as a whole agreed on a set of rules, which were taken out of the hands of the Parliament, and a contrary decision was reached. There is no criticism of the Minister. I am sure that she, in the remaining 1¾ hours, will try to answer the questions we ask tonight. Today's situation has proved that there needs to be more than a fleeting look at the guidelines if we are to proceed along these lines in discussing the Budget. There needs to be a careful look, and more than good faith, because I think that good faith has broken down in this Chamber this afternoon.

Motion carried.

The Hon. Jennifer Adamson: Earlier in the afternoon, questions were asked by the member for Henley Beach and the member for Brighton about the School Dental Service. I was unable to answer them, but the Director is now in the Chamber. If those members would put their questions again, they can be answered.

Mr. GLAZBROOK: Regarding country school dental services, I indicated a problem that had been drawn to my attention regarding the area where school dental services, once installed, had been to the detriment of the township's own dentists.

In the case I quoted, the situation in Streaky Bay, the resident dentists (I understand two in number) have left

the township, so the provision of school dentists has caused the township to be left without a resident dental care service. Is there any room for school dental services to be handled by contract staff as against school dentists working to the detriment of private dentists in the country?

The Hon. Jennifer Adamson: Dr. Hugh Kennare, Director of the School Dental Service, can provide the answer for the member for Brighton.

Dr. Kennare: The Commonwealth Government has had a firm policy not to introduce fee for service systems but rather to provide school dental care through a salaried system. The reason it has given for this is that, first, in every experience of such service so far (and it has quoted the National Health Service in the United Kingdom, the Medicare service in the United States, and the Adolescent dental benefits programme in New Zealand) there has been no cost containment. All of these services have experienced a high degree of over-prescription or over-servicing, which has meant that there has been no cost control at all. If we look at what is happening now through the School Dental Service in this State, in 1975 the cost per child per annum was \$62; over the intervening years between 1975 and 1979, it has been reduced to \$51 per child per year. If we adjust for inflation and take that in terms of 1975 dollars, that would be \$33. At the same time, we have worried a lot about the problem that the member for Brighton has mentioned, and we have attempted in this State to overcome that problem.

That has been done successfully so far in two places—Waikerie and the Pinnaroo-Lameroo area. In both of those cases there was a solo practitioner. In one case the practitioner had facilities provided by local government. The School Dental Service came to the assistance of both of those dentists by employing them on a part-time basis in a mobile school dental clinic. Those dentists have happily developed their practices while they have been paid on a sessional basis for employment in the School Dental Service. This has been the South Australian attempt to get around this problem of the Commonwealth Government's policy. We have attempted to do this at Streaky Bay, and it is really only this week that we have found out that for 1981 what I hope will be a successful programme will be implemented. A dentist has agreed to take on the work in the private practice at Streaky Bay while at the same time taking on a sessional appointment for two days a week with the School Dental Service to provide care for school children.

Mr. RANDALL: My question relating to dental health care for schoolchildren arose because it was reported to me that children were having fillings that were not necessary. What guidelines are provided to prevent over-utilisation of services? Pensioners looking for service are having a significant waiting time while children have a short waiting time. We have established that the Minister will get me an answer for these queries later, but is there over-utilisation, what guidelines are there to prevent it, and, if there is a possibility of over-utilisation, could pensioners have access to school dental clinics?

The Hon. Jennifer Adamson: The School Dental Service has kept excellent records of the utilisation rate for all categories of service. Whilst they are too detailed to read out in whole, I feel sure that Dr. Kennare can use part of this information to demonstrate to the member for Henley Beach that, far from being any over-servicing, there has been a firm and tight control over servicing.

Dr. Kennare: Records are kept of every service provided. Statistical information is recorded in a table which I have and which I can quote for the services provided per 100 patients. I will take perhaps two or three

examples, those that are most pertinent, such as radiographs, because, after all, this is the first time in the history of any nation that we have had all children receiving dental care and being exposed to radiography of this kind. The School Dental Service, being extremely conscious of this, has been very careful about its radiation hygiene and practice. Radiographs taken per 100 children in 1975 totalled 72.8. That figure has progressively dropped to 29.4 radiographs per 100 children across the State.

The member for Henley Beach mentioned fillings as being one item where there may have been over-servicing. The number of fillings in primary schoolchildren's teeth has dropped from 111 in 1975 progressively through to 78 in 1979. For permanent teeth, it has dropped from 100 to 51.6. This is due to a number of factors: the reduced rate of disease that has come about as a result of fluoridation, preventive care by the School Dental Service, and a general reduction in dental disease rate.

The honourable member asked how we review this. The service has what is called an operations policy review

committee that is studying the statistical evidence returned to the service by clinics, districts and regions on a term basis (that is three times a year) on which performance is assessed, and all the relevant data is discussed by headquarters staff with regional and district dental officers and their staff. The comparisons are made from clinic to clinic, region to region, right across the State. If there are any variations or deviations from the normal in services rendered, this becomes very quickly evident and questions are asked, the matter discussed, and, if there appears to be any deviation from our operational policies with what represented the criteria for taking radiographs or doing fillings, this becomes a matter for discussion with the person concerned and, generally, it is not difficult to get consensus across the State. I would be very confident in saying that we would have a high degree of uniformity across the State in this regard.

The Hon. Jennifer Adamson: In view of the importance of the figures that Dr. Kennare has, I seek leave to have them incorporated in *Hansard*. They are purely statistical.

Leave granted.

SOUTH AUSTRALIA SCHOOL DENTAL SERVICE

SERVICES PROVIDED PER 100 PATIENTS

The numbers of services per 100 patients in 1975, 1976, 1977, 1978, and 1979 were as follows:

Services Provided	1975	1976	1977	1978	1979
Radiographs	72.8	45.9	38.6	33.8	29.4
Prophylaxes	106.8	115.9	101.3	72.4	27.6
Topical Fluoride	84.2	94.4	67.4	47.2	25.0
Filling (Primary)*	111.0	111.1	103.3	86.7	77.9
Filling (Permanent)*	100.2	110.1	88.5	63.5	51.6
Pulpotomy (Primary)	14.6	13.1	11.6	9.0	8.2
Pulpotomy (Permanent)	0.2	0.2	0.1	0.1	0.06
Root Canal Treatment					
Extractions (Primary Teeth)	0.5	0.7	0.4	0.3	0.3
Loose	5.3	4.9	4.9	4.7	4.5
Pathological	11.7	11.2	9.8	7.4	6.1
Orthodontic	11.6	11.6	11.3	9.9	10.1
Extractions (Permanent Teeth)					
Pathological	1.7	2.0	1.2	0.6	0.5
Orthodontic	4.6	4.7	4.3	3.7	3.7
Temporary Dressing	32.2	27.6	21.1	16.4	12.0
General Anaesthetic	0.2	0.2	0.5	0.4	
Orthodontic Appliance Care	2.1	3.8	3.8	3.2	3.5
Mouth Guards	0.3	0.8	1.1	1.2	1.3
Miscellaneous Operations	5.1	8.0	6.8	7.5	8.9
Sealant	0.4	0.4	2.8	5.7	1.8
1 Full Denture					
2 Full Dentures					
1 Partial Denture					
2 Partial Dentures					
Full Denture/Partial Denture					
Prosthetic Modification					
Dental Health Education/ Consultation—					
Child: Individual	96.8	124.6	115.8	133.3	138.0
Small Group	1.9	3.9	5.3	4.5	4.6
Class	2.1	3.7	5.7	5.2	6.6
Parent: Individual	21.2	34.6	48.7	70.3	85.0
Group	0.1	0.4	0.5	0.6	0.5

*Indicates the number of teeth filled, not the number of fillings placed.

S.D.S. OPERATIONAL COST PER PATIENT
(1975 dollar values)

Year	Cost \$
1975.....	62.58
1976.....	56.89
1977.....	46.71
1978.....	40.03
1979.....	33.00 (estimation)
1980.....	30.00 (estimation)

NUMBER OF CHILDREN TREATED PER ANNUM
(South Australian School Dental Service)

Year	Number Treated	
1968.....	3 742	
1972.....	23 745	
1973.....	29 475	
1974.....	36 585	
1975.....	42 026	} 42 % increase
1976.....	59 631	
1977.....	80 989	
1978.....	105 938	
1979.....	133 877	
1980.....	145 000 (estimation)	

The Hon. Jennifer Adamson: The possibility of pensioners using the School Dental Service was not addressed, and Dr. Kennare may wish to respond to that.

Dr. Kennare: I think the question related to pensioners, and since pensioner treatment is not a matter for the School Dental Service, I could not really take that up.

The Hon. Jennifer Adamson: That being so, the question of pensioner dental care is being referred to the committee of inquiry, and I expect the result of its inquiries to be made public in a reasonably short space of time.

Before the evening break I undertook to get information for the member for Todd regarding page 141 of the report of the Health Commission for 1979 relating to the Home for Incurables and the bed occupancy rate of the 10-storey building. Because of the time, it was not possible for us to contact the management of the Home for Incurables, but there is a high level of occupancy of beds in the 10-storey building, probably more than 90 per cent. More than 200 beds are still vacant in the west wing of the home, and they have been vacant for some years now. The commission is currently pursuing the recommendations of the committee of inquiry (which I appointed) into the Home for Incurables regarding the best use to which those beds can be put. The various options canvassed by the committee are being costed by the commission, and I expect that it will not be long before those beds are put to use.

Mr. LANGLEY: The Minister mentioned "several years". How many years will it be before the Home for Incurables will be in that position?

The Hon. Jennifer Adamson: I am informed that the beds were ready for occupation in 1978-79.

Mr. LANGLEY: That is not several years; it is one year.

The Hon. Jennifer Adamson: Two years.

Mr. LANGLEY: I have been in close contact with the Home for Incurables, because it used to be near my district.

The Hon. Jennifer Adamson: I accept the honourable member's correction. He is quite right. It seems, from an observer's point of view, that the situation has gone on

longer than it has, but, as he has rightly pointed out, it is two years.

Mr. LANGLEY: Much of the funding has come through Telethon as an area of public money.

The Hon. Jennifer Adamson: The capital cost of the wing was 100 per cent Government-funded, I am informed. The money was not raised by private contributions, as the honourable member suggests. That is the capital cost of the building; I am not referring to the equipment or furnishings.

Mr. LANGLEY: I thought that Telethon had put the hospital about four or five years in advance of the general programme of the Government at the time. I think the hospital was further advanced because of Telethon and the three-to-one Government subsidy.

The Hon. Jennifer Adamson: I was not in office at the time the building was constructed, and I will refer the question to Mr. Bansemer.

Mr. Bansemer: It is my understanding that the Miss Industry Quest rather than Telethon makes considerable donations to the Home for Incurables. Much voluntary money has gone into the home over the years, and I think this money was largely used in the furnishing and equipping of the buildings constructed on the site.

Mr. LANGLEY: Can I get details of how the money from Telethon and public subscription was made up?

The Hon. Jennifer Adamson: The capital cost of construction of the 10-storey wing was Government-funded, but the furnishings and fittings were provided through public subscription and private donations through the Miss Industry Quest, which is conducted, as I understand it, by the South Australian Chamber of Commerce and Industry. Whether or not there was an input from Telethon I do not know, but certainly the Miss Industry Quest is the principal means by which the Home for Incurables raises its funds.

Mr. MAX BROWN: Now that we have made so much progress, I want to get back to where we were at about 11.10 a.m. I want to deal with the role of the Health Commission. I know that the member for Henley Beach has kept going for half a day on the basis of in-depth probing of the Minister, but even so I still want to get back to the Health Commission.

The ACTING CHAIRMAN: It would be very appropriate for the honourable member to get back to that.

Mr. MAX BROWN: I want some assurance from the Minister that the Health Commission, through the Minister or the Government, will give real consideration to any public hospital board that might, because of its financial situation, put to the Health Commission or the Minister a substantial claim for additional funding. I believe that, in real terms, the present Budget represents probably the most severe financial cut-backs that this State has experienced for some years. If any Government severely cuts back on financial spending in any area, it means only one thing: it can make substantial cuts only of manpower. If manpower is cut back, ultimately that represents cuts in services. At page 561 of the yellow book, the following comment appears:

The Health Commission has a specific responsibility for management and co-ordination of the South Australian Health System. The objectives of the Health System are:

To promote the health and well-being of the population—and I think this is most important—

To provide quality, comprehensive, co-ordinated and readily accessible health services to all the population of South Australia.

That has not been done in the hospital in my district, for instance. Despite the fact that the previous Labor

Government probably spent more money in the health area than did any other State Government, we were still behind in that regard, and there is no doubt in my mind that, if the Government carries out this Budget through the Health Commission, we will be further behind. If the Health Commission, through the Minister, is not prepared to carry out the suggestion that I put, there is no doubt in my mind that by 1981 we will be in serious trouble in relation to our health care requirements. I hope that the Minister will consider my proposition. It is no good her saying that the plan of attack is to provide adequate health services to the people of South Australia while at the same time making cuts of \$3 500 000 or \$4 000 000.

The Hon. Jennifer Adamson: The burden of the honourable member's question was whether the commission would consider a request of any public hospital board (and I take it that the honourable member means a former Government hospital that is now incorporated) that may require additional funding, and the answer is "Yes". The commission negotiates with all hospitals, having provided preliminary budgets, to see whether those budgets are adequate and sufficient or whether additional funds are absolutely necessary and can be demonstrated to be necessary. It would help me and my officers if the member for Whyalla could identify a particular hospital, because most preliminary budgets have been agreed to by the boards. If the honourable member has a particular hospital in mind that he believes is experiencing difficulties, I shall be pleased if he would identify that hospital so that either I or my officers can give reasons why certain sums have been allocated that may not be in accordance with the complete wishes of the board for larger sums.

Mr. HEMMINGS: I understand that the adviser responsible for dental health came before the Committee at short notice, and I ask whether the Minister will reiterate the statements made that school dental services will cover all primary school children in 1980, bearing in mind that the money available from Canberra is only \$3 470 000, as opposed to the \$3 900 000 that appears on appendix 1 of the Estimates of Expenditure.

The Hon. Jennifer Adamson: As I have already indicated (and I might have done so during the absence from the Committee of the member for Napier), there is now universal coverage of all primary schoolchildren in South Australia in respect of dental health services. An additional five clinics have been set up, and I identified these clinics before the evening break. I take it that the member for Napier was referring to page 106 of the Estimates and querying the Commonwealth contribution of \$3 200 000 for 1979-80.

Mr. HEMMINGS: I refer to page 106 of the Estimates. The 1980-81 Federal contribution has been given as \$3 900 000, but, when the Federal Budget was brought down by Mr. Fraser, an amount of \$3 470 000 was shown. In view of that reduction, does the Minister still maintain that all primary schoolchildren will be covered for dental health services at the end of 1980?

The Hon. Jennifer Adamson: I understand that the explanation is that there are Commonwealth funds in hand on a trust account that would make up the difference, but I ask Dr. Kennare to elaborate.

Dr. Kennare: I notice that the difference between the actual funds for 1979-80 and the estimates for 1980-81 is not significantly different—it is about \$9 000. The actual net cost to South Australia is given in appendix 1.

Mr. HEMMINGS: I am referring to the fact that the Federal Budget as handed down by Treasurer Howard allocated \$3 470 000 as opposed to the sum of \$3 900 000 mentioned.

The Hon. Jennifer Adamson: I believe that I answered the member for Napier when I said that there are already funds in the trust account that would account for the difference between what was identified in the Federal Budget as this year's contribution and the sum identified in our Estimates as the total Commonwealth contribution. That is an accounting differential, which can be explained by the fact that there are funds in the account.

Mr. HEMMINGS: I do not wish to pursue this in depth, because we have other important things to do, but the figure that was given to this House as the estimated Commonwealth contribution for 1980-81 before the Federal Budget was handed down was \$3 900 000, but after the Federal Budget was handed down we ascertained that the contribution to South Australia for dental services for schoolchildren would be reduced to \$3 470 000. Is the Minister saying that she was aware that there was to be a reduction? Did Mr. Howard inform the Minister that there would be a reduction, and, therefore, was the estimated figure loaded to cater for that reduction? The Estimates were given some time late in July or early August before the Federal Budget was brought down but, since the Budget was brought down, I have ascertained that the Commonwealth contribution to the State of South Australia will not be \$3 900 000 but \$3 470 000. Will the Minister say whether she had prior information that there would be a reduction to this State for school dental services?

The Hon. Jennifer Adamson: I am trying to provide the answers that the honourable member seeks, and I am doing so on the advice of my officers because we are talking about specific accounting matters. I am told that the school dental programme, which will indeed provide universal care for all primary schoolchildren in the current year, is expected to get through the year on about \$7 000 000 and the funds provided by the Commonwealth will be sufficient, when they are matched by the State.

I am also told that the funds in the trust account were carried over from the previous year and, irrespective of the time the Federal Budget was brought down, that was the situation in relation to the trust account.

Mr. Barsemer: There are Commonwealth funds at any time in the Treasury trust accounts which carry from one year to the next. It is a product of presenting statements on a cash basis; it is difficult to show cash on hand in that situation. The Commonwealth funding for the school dental programme has been held to a cash standstill. In South Australia we are endeavouring to cope with that situation by reallocation of resources within the school dental programme, primarily from training to service delivery, as mentioned earlier in the day.

Mr. HEMMINGS: I note at page 106 of the Estimates of Expenditure that there is no South Australian contribution to Aboriginal health services and that there is an increase of some few thousand dollars to Aboriginal health. Can the Minister say whether funding is being received from the Commonwealth Government for the Aboriginal health workers training programme for 1980-81, bearing in mind that the Minister, in answer to a question I put on notice, replied that funding would be received this year and that the training programme would be proceeded with?

The Hon. Jennifer Adamson: With regard to the estimates on page 106, the Aboriginal health services are in fact 100 per cent funded by the Commonwealth, and that is the reason why there are no payments listed in respect of South Australia in those columns. However, in respect of the Aboriginal health worker training unit, the Commonwealth has made funds available. Those funds were offered initially in 1977-78, but were not taken up in that year by the then Government. They were offered

again in 1978-79, and in an effort to develop a programme under which use could be made of these funds, the Health Commission consulted with the Aborigines who would be participating in the programme in an effort to ensure that there was agreement on both sides as to how it should be conducted.

Those consultants took longer than expected and, in my opinion, longer than they should have taken, with the result that in 1978-79 the funds were not taken up, either. In the current year, the Minister of Aboriginal Affairs has advised me that he expects that funds will be made available later in the year but, as the programme is now in a position where it is ready to go, I have asked the commission to fund it entirely through the commission until funds come through from the Commonwealth. The programme has not yet started, but it is structured in a form so that it can commence shortly. It will commence because I place a very high priority on that and have ensured that it proceeds even with full State funding until the Commonwealth funding comes through.

Mr. HEMMINGS: It is very good news that the Minister is prepared to place her faith in that funding being available. I do not say that in any facetious way, and I think the Minister shares my concern that there should be a training programme for Aboriginal health workers. If the Government is prepared to fund this training programme until funds come from the Commonwealth, can she say where the funds will come from and how much it will cost the State until it is reimbursed by the Commonwealth?

The Hon. Jennifer Adamson: Some of the funding will come by way of salaried officers who are already employed within the Commission. I shall ask Dr. McCoy to provide the specific information about the anticipated cost of the programme.

Dr. McCoy: The anticipated annual cost of the programme is \$61 000. This provides for the salaries of two staff members; one is a clinical educator and the other is an adult educator who would be appointed in the Department of Further Education and seconded to the Aboriginal health unit from where that person would work. Some \$27 500 in other costs is associated with the training programme which would provide for training aids, travelling costs to bring the Aboriginal health workers to block study groups in towns and in selected country areas, and to provide for the travelling expenses of those two educators who will be appointed and who will start their work early in January next year.

The Hon. Jennifer Adamson: I point out to the member for Napier that any additional money needed for this programme from State sources would have to come out of the item listed under the heading "Reserves" on page 2 of the blue book, namely, \$1 622 000.

Mr. HEMMINGS: As I understand it, the sum originally allocated in 1978-79 and in 1979-80 by the Department of Aboriginal Affairs was just as short of the \$200 000 to be made available to this State for the training of Aboriginal health workers. I am quite happy that the Minister is going to take a punt, if I can use that word, and proceed with the education programme for Aboriginal health workers, but \$70 000 is a reduced sum, compared to the original sum offered by the Department of Aboriginal Affairs.

I made a few inquiries when the Federal Budget was brought down, and I understood that the Department of Aboriginal Affairs had been disappointed that the State Government submission had arrived late, and it seemed that it would miss out. I was also informed that the Minister (to her credit) had tried to correct the situation. Without going into the question of who was responsible, why has the sum been reduced considerably from just

under \$200 000 to \$60 000? The adviser has just talked about the salaries and expenses of educators and advisers, rather than the sum that would be paid to Aborigines so that they could enjoy the benefits of a training programme that would no doubt benefit their race.

The Hon. Jennifer Adamson: I believe that the disparity between the original grant (and I will take the honourable member's word for it as being about \$200 000) would have included the payment to the Aboriginal health workers, 41 of whom are now employed by the commission, and the funds for those salaries are made available by the Commonwealth. It is highly improbable that the sum of \$200 000 would ever be allocated exclusively to a training programme. The sum to which the honourable member is referring would have encompassed the salaries of the Aboriginal health workers themselves. The question we are now addressing is the salaries of the people who train those workers; that is a much smaller sum, and would have been included in the original estimate of, say, \$200 000, but it can now be separately identified as \$61 000. I give that answer in good faith, but I will investigate to see whether the situation is any different and, if it is, I will advise the honourable member.

I take this opportunity to seek the indulgence of the Committee. The line of questioning in regard to Aboriginal health brings to mind a statement made by the honourable member previously in the House which I would like to correct, namely, that having indicated to the House that I was going to conduct a tour of Aboriginal health services, I visited only one settlement. That occurred because the planned visit, which was conducted in conjunction with a tour of the Royal Flying Doctor Service, had to be cut short because the New South Wales Minister of Health changed the date of the Health Ministers' conference. I propose to go back and visit the settlements and to see the manner in which the Aboriginal workers are fulfilling their functions on the settlements.

Mr. HEMMINGS: The Minister may be aware that I am concerned (and I am sure she shares my concern) about the staff of Aboriginal health workers and community health nurses in the north-western reserves. We have had considerable correspondence on this matter. Whilst the funding comes from the Federal Government, is that Government reimbursed for any periods during which Aboriginal communities are left without the full complement of community health nurses, or does that money go into State revenue?

The Hon. Jennifer Adamson: I am advised that the answer is "No, the Commonwealth is charged with the actual costs of the programme." I will ask Mr. Bansemer to elaborate.

Mr. Bansemer: The commission seeks reimbursement from the Commonwealth in respect of the actual costs incurred. If a person was absent from his post and continued to be paid, those charges would be made against the Commonwealth as part of the programme, because specific people are designated. The fact that no service was being provided at the time would not entitle the Commonwealth to reimbursement, under the terms of the programme.

The Hon. Jennifer Adamson: If the honourable member proposes to move on from Aboriginal health to another subject, I would like to conclude this discussion by saying that I believe that there have been serious deficiencies in the administration of Aboriginal health in South Australia. I have discussed those deficiencies with the Chairman and required that action be taken to upgrade the Aboriginal Health Unit and to improve its management and administration. To that end, the commission is arranging for the secondment of a senior

Commonwealth officer from the Department of Aboriginal Affairs to act as executive officer for the proposed management committee of the Aboriginal Health Unit and to devise a constitution and structure that will enable that unit to be incorporated. When we achieve that, and I hope that it will be soon, as far as I am aware it will be the first such self-managing Aboriginal Health Unit in Australia. It will be formally incorporated under the Health Commission in the same way as other health units, hospitals and community health centres are incorporated. The honourable member may rest assured that there will be full participation by Aborigines in the management and decision-making structure of that incorporated unit.

I have given approval for the incorporation of the Aboriginal Health Unit to proceed. I have been advised by the commission that the target date for incorporation is 1 April 1981, subject to the development of an acceptable constitution and the selection of a board of management by that time. I have asked the commission to proceed with the appointment of an interim management committee to oversee the affairs of the unit until incorporation. The unit will be greatly assisted by the secondment of this experienced Commonwealth officer, and I certainly hope that, by this time next year, I shall be able to advise the Estimates Committees of new developments and of a sound structure and a genuine progress being made in terms of Aboriginal health in the remote areas and also in the settled areas of South Australia.

Mr. HEMMINGS: I hope that the survey will result in my Questions on Notice being answered soon. I should like to think that the Minister, acknowledging my interest in Aboriginal health, will perhaps provide me with a regular briefing of what is going on.

Bearing in mind the time, I will move on to deficit funding institutions. The one that concerns me particularly at the moment is the Institute of Medical and Veterinary Science, which has been allocated a considerable sum. We have no idea what has been budgeted for 1980-81, but the figure for 1979-80 was \$3 159 800. Can the Minister give the Committee information on any sums of money received from outside bodies by the I.M.V.S. in the period 1979-80?

The Hon. Jennifer Adamson: I have not got the figures in front of me in relation to 1979-80. The annual report of the institute carries information in relation to grants. As the honourable member has said, the allocation from the commission to the institute last year was about \$3 200 000. I am not able to inform him at this stage of this year's allocation, because it has not been finalised. The commission is conducting discussions with the institute about savings which it might make. There has been a strong desire on the part of the commission to ensure that the institute keeps its charges to recognised hospitals at the same level as applied last year.

In relation to grants from private organisations, according to the Auditor-General's Report (page 236) for the last financial year the amount was \$289 037. That is a lump sum, and I take it that the honourable member is seeking a break-down and identification of those organisations which provide research funds. I should like to take that question on notice and get information from the institute, which I shall be pleased to do.

Mr. HEMMINGS: The Auditor-General's Report does not really give information regarding outside funding from different companies. The Minister may be aware that I have been concerned for some time about claims by certain members of the council of I.M.V.S. regarding funding received in no way being related to the reports issued by I.M.V.S. The Minister may be aware (and perhaps the member for Hanson, as Chairman of the

Public Accounts Committee, would want to look at this matter) that the latest report was for the period 1977-78. Perhaps it is indicative of previous reports and following reports, but, looking at that report, the money received on the specific grants account totalled \$133 555, and from that, apart from what I will describe as Australian-based bodies—for instance, the Australian Meat Corporation, the Australian Wool Corporation, the Australian Research Grants Council, the Australian Equine Research Grants Council, and the South Australian Department of Agriculture and Fisheries—there was little money from outside bodies. In fact, in the period 1977-78, only \$11 003 came from outside bodies, that is, bodies from within Australia which are not governmental, or bodies from overseas.

There have been claims that a certain officer within I.M.V.S. has said within the Industrial Court, under oath, that he has received personally, on behalf of I.M.V.S., more than \$400 000 over the last few years. I think it is important to bear in mind that we contribute just over \$3 000 000 of taxpayers' money, and we should know exactly where the money is going, how it was received, and what it will be used for. I cannot pick up, from the previous reports, how the money comes into I.M.V.S.

I would have thought that the Minister, knowing my interest and that of the House in the institute, would have some information which could be available to us so that she could answer questions. This is no criticism of the Minister, but this afternoon the Speaker's Gallery was packed with public servants but, after a certain incident, the number diminished somewhat. One would have thought that, bearing in mind my interest and that of the Opposition, there would be someone from I.M.V.S. prepared to give the Minister advice.

If the Minister says that she cannot give me the information I seek, I must accept that I will receive it at some later date. We know that the report is due to be issued, because the Minister has said that to one of my colleagues in another place. I would have thought that she would have certain information before her tonight to answer questions from the Committee. If there is nothing she can give us tonight, I must proceed in a one-sided debate and keep asking questions, and the Minister will then say that she will give the information to me on notice. I would appreciate her comments.

The Hon. Jennifer Adamson: Dealing first with the number of commission officers available to answer questions, the Committee will appreciate that the Health portfolio is so vast and complex that it is difficult to determine who should be available and what the line of questioning might be. That has been demonstrated already. I considered whether the Director of the School Dental Service should be here and concluded that any specific questions probably could be answered by other commission officers. That turned out not to be the case, so the Director was called in here and came some distance to attend.

In relation to questioning on other matters in which the honourable member has shown an interest, I have ensured that the relevant officers to answer those questions have been here throughout, but the questions have not been asked. Questions on issues relating to I.M.V.S. were asked this afternoon while the honourable member was out of the Chamber. At that stage I could and would have called the Director to answer them had there been time. Clearly, there is no such opportunity at this stage. I can say that grants from all sources are recorded by the institute and entered into a trust account. These moneys are subject to annual audit by the Auditor-General, and they are listed in the annual reports of the institute.

I would think that any information that the member for Napier is seeking could be obtained without difficulty from the annual reports of the institute. If there is information in relation to the report of previous years which has not yet been issued, quite obviously as soon as it is published it will be available to anyone who seeks it. I am at a loss to understand why the member for Napier cannot comprehend the information that is contained in the annual reports of the institute, because that has been subject to the Auditor-General's scrutiny and, quite clearly, it is in order, otherwise questions would have been raised by the Auditor-General. The fact that questions were not raised indicates that, in the opinion of the Auditor-General, the grants to the I.M.V.S. from outside bodies are in order.

Mr. HEMMINGS: I detected a slight note of cynicism in the Minister's reply. The Minister often says that I cannot comprehend reports and balance sheets, and I sometimes go home thinking that perhaps she is right but, looking at pages 236 and 237 in the Auditor-General's Report, I can find no reference to grants other than under "Receipts, grants from the State Government," with a sum of \$3 212 700, and a sum of \$289 037 for specific purposes, so there is nothing in the Auditor-General's Report dealing with grants from outside bodies, whereas the report from the I.M.V.S., apart from the glossy pictures that show people cutting up things, gives a breakdown under the specific grants, and that is the kind of information that we are seeking.

I quoted allegations that have been made that the Deputy Director of the I.M.V.S., Dr. R. G. Edwards, stated that he attracted \$400 000 to the I.M.V.S. Where would we find that \$400 000? Dr. Edwards also said that he had received \$25 000 from Hoffman la Roche, a drug company from Basle, Switzerland. We have not been able to find that sum in any form whatsoever in the Auditor-General's Report. If the Minister is now saying that the questions dealing with the I.M.V.S. will have to be taken on notice (and I accept that), can she say where we can find in the 1979-80 report that a sum of \$25 000 was received by the I.M.V.S. from the Hoffman la Roche company of Basle, Switzerland?

The Hon. Jennifer Adamson: I understand that a global figure of \$400 000, as cited by the member for Napier, was referred to funding for the division of clinical chemistry from external sources, and that Dr. Edwards had an involvement in obtaining those funds. This information is not contained in the Auditor-General's Report. These

figures have been published individually in the annual reports of the institute and have been available for scrutiny for some time; the figures would have to be extracted from annual reports over a period, as I understand it. There was a specific grant of \$25 000 from Roche Products, and I do not know whether that is the company to which the honourable member referred.

I do not have that annual report, but I do have a document that indicates the amount shown in the annual accounts of the institute for 1978-79, which clearly indicates that this information will be published in the forthcoming report. The member for Napier may be unduly suspicious of Dr. Edwards's reference to a global sum, which can be identified in individual amounts through reference to a series of annual reports, but I shall be pleased to establish those details for the honourable member.

Mr. HEMMINGS: We are now getting somewhere in regard to the situation at the I.M.V.S. Is the Minister saying that the statement made by the Deputy Director of the I.M.V.S., Dr. Edwards, at the Industrial Court that he had personally attracted \$400 000 into the I.M.V.S., and specifically the sum of \$25 000 from Hoffman la Roche, is correct?

The Hon. Jennifer Adamson: I have a document that identifies clinical chemistry specific grants from the years 1969-70 to 1979-80, and I am happy to have that document, which is purely statistical, incorporated in *Hansard*. The total grants over that period amount to \$378 167, and I believe that that figure could be allied to that global figure of \$400 000; it appears to be near enough. This total figure is detailed in terms of annual contributions, and the sources of those contributions are given, as well as the officer of the institute who received the contributions in respect of research work. The contributors come from, among others, the National Health and Research Council, with a grant of \$1 000 in 1970-71; the Anti-Cancer Foundation, with a grant of \$9 000 in 1979-80; Control Data, with a grant of \$53 155 in 1969-70; and Roche Australia, with grants of \$3 500 in 1973-74, \$5 000 in 1974-75, \$1 100 in 1976-77, \$25 000 in 1978-79, and \$25 000 in 1979-80, totalling \$59 600. I hope that that is sufficient detail to indicate to the honourable member that these figures are available on the public record, and I seek leave to have the table incorporated in *Hansard* without my reading it.

Leave granted.

Attachment II

CLINICAL CHEMISTRY SPECIFIC GRANTS
1969-70 to 1979-80

GRANT FUNDING	1969-70	1970-71	1971-72	1972-73	1973-74	1974-75	1975-76	1976-77	1977-78	1978-79	1979-80	Total \$
N.H. & M.R.C.—J. B. Edwards		1 000	1 000									2 000
N.H. & M.R.C.—T. C. Durbridge				10 000	55 500	11 500	19 936					96 936
—T. Durbridge/B. Duncan					2 722							2 722
N.H. & M.R.C.—R. G. Edwards				1 361								1 361
N.H. & M.R.C.—R. Conyers/A. Rofe										10 310	6 262	16 572
Abbott Laboratories—												
Research							3 250					3 250
Travel							150					150
Anti-Cancer Foundation—												
Conyers											9 000	9 000
Pilot Project										650		650
Control Data	53 155	5 288		3 000		2 000						63 443
Eisai Corporation	4 361		9 621	11 559	5 000	4 000		100				34 641
Roche Australia					3 500	5 000		1 100		25 000	25 000	59 600
Gist Brocades—Research								1 000				1 000
Australian Department of Health—												
Research								750				750
Riker Laboratories—								1 600				1 600
Travel P. Phillips												
Technicon							25 000			12 500	25 000	62 500
Hewlett Packard—Travel												
C. Hann								1 789				1 789
Tosco Pty. Ltd.—Travel												
R. White									200			200
J. Pfrimmer Ltd.—Research									10 803			10 803
Smith, Kline & French—												
Equipment										5 000		5 000
Beohringer Manheim—												
Research										4 000		4 000
Miles Laboratories—												
Research										200		200
Total \$	57 516	6 288	10 621	25 920	66 722	22 500	48 336	6 339	11 003	57 660	65 262	378 167

Mr HEMMINGS: The Opposition does not intend to question the Minister further in regard to this line. I would be flogging a dead horse if I debated the situation in which we are left tonight, but we said earlier this morning and later this afternoon that we would leave at least an hour for other members who may want to ask questions of the Minister.

I see that there is a marked lack of members, bearing in mind that we were talking about the principles of democracy and everything else. I imagine that the member for Mitcham is safely tucked up in bed at the moment, but that is the good luck of the member for Mitcham. Opposition members do not intend to proceed with questioning any longer; there are further questions which we would like to ask the Minister, but we will have to resort to the normal Notice Paper procedure, and I am sure the Minister will be forthcoming in giving her replies, although I hope I will not have to wait as long as I have waited for replies concerning Aboriginal health. We have kept our part of the bargain.

The ACTING CHAIRMAN: Order! Are there any further questions?

Mr. HEMMINGS: I was just winding up, Sir. We do not intend to proceed any longer in our official Committee capacity. It is rather disappointing—

The ACTING CHAIRMAN: I wish to advise the member for Napier that there is no provision in Sessional Orders for a winding-up speech as such by a member of the Committee. If the honourable member has questions he wishes to direct to the Minister, that is all right. I draw the honourable member's attention to the fact that he should direct questions to the Minister.

Mr. HEMMINGS: My final question to the Minister is, bearing in mind that we have been gagged and stifled, can the Minister, in view of the fact that she has given us a considerable amount of information that other Ministers have not given this House (I think the Minister has given a lot of information and has given us ammunition that we can use in the coming months), please inform this Committee whether she intends to urge her fellow Ministers to provide the same facilities to future Committees?

The Hon. Jennifer Adamson: I would leave to the judgment of my colleagues the way in which they provide information. I should add, in response to the member for Napier's "wind up" speech, that I have been deeply disappointed that the Opposition has deliberately deprived itself of the opportunity to gain information which would have been freely made available by me and my officers. Also, I would say in respect of the information which the honourable member believes can be used as ammunition that I do not believe that that is the function of the Estimates Committees. Of course, the information can be used in whatever way any member wishes, but I warn the honourable member that if there is an attempt to use the information given today, to be used against the Government, the honourable member may well find that it could well backfire and damage him severely.

Mr. BECKER: On a point of order, Mr. Acting Chairman, I seek leave to make a personal explanation.

The ACTING CHAIRMAN: I shall allow the member for Hanson a brief explanation.

Mr. BECKER: Mr. Acting Chairman, you cannot rule whether it will be brief or not, but my explanation will be brief. I refer to the innuendo in the comments made by the member for Napier. There was no attempt by anyone to gag anyone else. It was never done. I wish to advise the member for Napier and members of the Opposition that I have a further 12 questions I could have asked the Minister of Health, but I have refrained from asking any questions

since the Opposition members came back into the Chamber so that they would have an unrestricted chance to question the Minister. I would have thought they would appreciate that offer from members of the Government.

The ACTING CHAIRMAN: Most members have referred to the lack of time for intense questioning, and I think it would be as well if the Committee proceeded forthwith to the purpose for which the Committee is here—to question the Minister at the table.

Mr. GLAZBROOK: I have been asked to ask a question. During Jeremy Cordeaux's talk-back programme yesterday comments were made by some members of the community, including doctors, police, school teachers, welfare workers, and some health workers and parents indicating that the broad abuse of pill popping antihistamines, tranquillisers and, more importantly, barbituates gave cause to the view that this practice was now a major problem. A doctor from the Queen Victoria Hospital stated yesterday on that programme that from his experience this was now the No. 1 problem in relation to youth.

He also stated that some members of the medical profession and some pharmacists were abusing the privilege of those positions in prescribing and making up scripts for people who simply should not have them. Some of these medications are then sold to children, some are taken from parents, some are stolen, and so on. There is an obvious urgent need for the recognition of the dangers associated with this practice. Educationalists and psychologists have indicated that it must be done prior to children reaching 10 years of age. Therefore, will the Minister indicate how much money is to be allocated in the Health Commission budget for educative purposes and what specific action the commission intends to take to utilise the allocation of these funds?

The Hon. Jennifer Adamson: In terms of the specific sums, I shall refer the question to my Chairman. If he is unable to provide a precise answer now, an answer will be forthcoming. However, matters were raised by the honourable member in prefacing his question that I think ought not be allowed to pass without comment, namely, the reference to the abuse of professional ethics by inappropriate, and by implication, deliberately inappropriate prescription. If there is any evidence of that, rather than making allegations on talk-back, I would urge anyone who detects any evidence of that to report such a situation immediately either to the A.M.A. or to the Medical Board of South Australia, or both. I ask Dr. McCoy to comment on the overall problem, and I shall then ask Mr. McKay to give an indication of the sums which will be spent by the commission on the kinds of education which is obviously necessary to overcome the problem.

Dr. McCoy: The commission has two principal activities in addressing this problem, which is of great concern to the commission itself and to everyone in the community. Within the Department of Pharmacy Services of the commission, there is an officer whose sole task is the surveillance of prescriptions for narcotic drugs, and his role is to detect evidence of abuse of prescriptions and to then bring counselling services to bear on those who are over-prescribing or to report breaches of the law to the Medical Board.

In the pursuit of that task, evidence is frequently adduced in relation to the prescribing of non-narcotic drugs because of the close relationship between this officer and private pharmacists. When that situation is detected, again either a counselling exercise is commenced or there is also the possibility of the making of a formal complaint to the Medical Board.

With regard to the question of the general role of the commission, in detecting the problem of drug abuse within the community there is a very close relationship between the health education resources of the commission and the formal Education Department officers so that programmes can be developed within the schools to help to overcome this problem. The particular sums of money are not known to me.

Mr. McKay: It is difficult to come down with specific funds because, as Dr. McCoy has indicated, a good number of agencies are working in this field, and this makes it difficult to give an overall Government expenditure in terms of education of drug-related issues. As Dr. McCoy has said, we are providing the resource to the Education Department to provide the material whereby teachers teach the children. That is the appropriate way to do this, because we would not want to enter into competition with the Education Department. We are strengthening the commission's Health Education Unit, especially the Health Resources Unit, which will produce the material that other people can use. It is our strategy and tactic to use local government, voluntary agencies and others we can find basically in the field and support them to deliver the services. That unit at present is funded to about \$250 000 a year, and I anticipate that this will rise considerably over the next couple of years. In addition, the Alcohol and Drug Addicts Treatment Board is involving itself in education issues, and the recently-formed committee has a budget of \$150 000 to co-ordinate drug-education activities.

The ACTING CHAIRMAN: There being no further questions, I declare the examination of the vote completed.

South Australian Health Commission, \$19 000 000

Acting Chairman:

Mr. J. W. Olsen

Members:

Mr. E. S. Ashenden
Mr. H. Becker
Mr. Max Brown
Mr. R. E. Glazbrook
Mr. T. H. Hemmings
Mr. G. R. A. Langley
Mr. R. J. Randall
Mr. J. W. Slater

Witness:

The Hon. Jennifer Adamson, Minister of Health.

Departmental Advisers:

Mr. B. V. McKay, Chairman and Chief Executive Officer, South Australian Health Commission.

Dr. W. T. McCoy, Assistant Commissioner, Health Services, South Australian Health Commission.

Mr. A. J. Bansemer, Senior Finance Officer, South Australian Health Commission.

The ACTING CHAIRMAN: There being no questions, I declare the examination of the vote completed.

Tourism, \$3 328 000

Acting Chairman:

Mr. J. W. Olsen

Members:

Mr. R. K. Abbott
Mr. E. S. Ashenden
Mr. H. Becker
Mr. Max Brown
Mr. R. E. Glazbrook
Mr. G. R. A. Langley
Mr. R. J. Randall
Mr. J. W. Slater

Witness:

The Hon. Jennifer Adamson, Minister of Tourism.

Departmental Advisers:

Mr. B. Oldman, Acting Director of Tourism and Marketing Manager, Department of Tourism.

Mr. K. C. Rossiter, Manager, Research and Development Branch, Department of Tourism.

Mr. G. Ashman, Senior Administrative Officer, Department of Tourism.

The ACTING CHAIRMAN: I declare the proposed expenditure open for examination.

The Hon. Jennifer Adamson: I apologise for the absence of the Director of Tourism, who had long-standing arrangements for annual leave which coincided with the Committee.

Mr. SLATER: Regarding "Travel Promotion and Tourist Officers, Accounting, Clerical and General Staff", I note that we voted \$1 175 181 last year, actual payments were \$1 182 455, and it is proposed that the payments will be \$1 308 795. We have information from the programme papers that there will be an increase in staff in various aspects of the department. Can the Minister elaborate on the additional staff and the personnel currently employed within the department?

The Hon. Jennifer Adamson: The additional staff are in respect of the redeployment following the disbandment of the Publicity and Design Service, and this accounts for three officers. The Public Service Board has agreed to this redeployment. Additional assistance was required in the Melbourne office to cope with the anticipated response which, I am happy to say, occurred to the VISA campaign. It was felt that it was necessary to provide back-up to the Melbourne office to enable it to respond efficiently to the consumer demand in Victoria resulting from that campaign. In addition, senior marketing staff have been appointed in Melbourne and Sydney. Those additional staff do not necessarily take account of what decisions may be made following the current review into the Department of Tourism.

Mr. SLATER: Is it proposed to establish an office of the department in Perth in the near future, and will personnel from this State be employed in that office?

The Hon. Jennifer Adamson: As the honourable member will no doubt know, it was during his Government's term of office that the question of an office in Perth was first raised, and approval in principle was given for the opening of such an office. When the matter was raised with me, I gave a similar approval in principle, and the reason why the office has not yet been opened is that the location of tourist offices is critical to their success, as the honourable member would realise. Possibly more so than applies to any other retailing operation, a tourist agency or travel office must be in the right location. The Public Buildings Department was asked by the Department of Tourism to continue to monitor the availability of appropriate office space in Perth, and that

has been done.

I was recently informed that an ideal location is available, and I indicated that negotiations should proceed. I have not yet had any advice on the outcome of those negotiations, so I am unable to say that an office will be opened in Perth. However, provision has been made for such an office and, unless there is a decision that it may be more advantageous for South Australia to use those funds on the use of an office in New Zealand, which could be a desirable move, I will simply await the outcome of the appropriate location being available.

Mr. BECKER: I refer to tourism research. In late 1978, from a report entitled the Green Triangle Region, an economic development study was published. This was a joint study undertaken by the Victorian and South Australian Governments. I note that the South Australian report made a number of recommendations on the development of the South-East of our State, which, I think, as we all agree, has a great deal of potential.

Many of the recommendations relate to further tourism development, based upon the philosophy of upgrading infra-structure and making individuals and organisations aware of the opportunities as well as promoting the region more actively. I will quote some of the recommendations: on page 21 of the report, section 3.2.2 stated:

Development of the tourism industry in the region should be accorded a high priority. A strong regional tourist organisation to investigate proposals and initiate activities should be established. It is recommended that the South Australian Government markedly increase the level of financial support available to such a regional tourist organisation to enable it to employ a full-time locally based tourism co-ordinator.

Then, 3.2.3 went on with various recommendations, including the following:

- investigation of the development of Mount Schank as a major tourist attraction.
- evaluation of the possibilities for development of the Coonawarra wine area to attract more tourists.
- evaluation of how existing facilities in the region can be adapted to accommodate conventions and determine the organisational resources required to cater for the convention market.
- investigation of the potential for further development of Robe to attract more tourists and to reduce seasonal fluctuation in tourism.

Then, later, 3.2.5 states:

It is recommended that the Division of Tourism [now Department of Tourism] commence during 1978-79 a comprehensive tourist signposting programme in the South-East region.

Then, later, 3.2.6 states:

It is recommended that the Division of Tourism [now Department of Tourism] immediately upgrade and revise the published promotional material for the South-East region—in particular prepare a touring map/brochure.

The Hon. Jennifer Adamson: I will ask Mr. Oldman to give details of the manner in which the recommendations have been implemented. I would like to refer, first, to the Green Triangle Report, produced by the Department of Economic Development. The previous Government had allocated \$100 000 to implement certain of the recommendations. That \$100 000 was allocated specifically to the South-East. That undertaking was made not long before the 1979 State election. Included in that allocation of \$100 000 was funding specifically for research.

On assuming office, this Government examined the whole question of regional tourism and looked at the efforts made by regional tourist associations throughout the State. At that stage, the South-East did not have a

properly constituted or incorporated regional tourist association, and it was determined that in order to promote tourism Statewide the regions themselves would benefit greatly from incentive based grants to enable them to carry out promotion, development, and provision of information services. So that \$100 000, or at least a substantial part of it, which the previous Government had indicated would be directed solely into the South-East, was used to provide a system of grants to regional tourist associations, which has been widely welcomed by the associations throughout South Australia and by the industry as a whole. I believe that it has served to upgrade regional tourism. The fact that the South-East was not, at that stage, fully constituted meant that it got its share of that total very late in the year. In respect of the recommendations, I will ask Mr. Oldman to provide the details.

Mr. Oldman: The details, as exemplified in 3.2.2, relate to the development of the tourist industry in the region. As the Minister has explained, before this could be done there was a change in Government. The Government provided regional funding for promotional purposes for seven regions in 1979-80, and it proposes to extend the support to eight regions in the present financial year. Turning to 3.2.3; all the studies listed under this part have been completed. They are now subject to discussion between the Department of Tourism and the local government bodies concerned, and also, in some cases, with private investors. Turning to 3.2.5; this relates to tourist signposting. This programme has been completed by the Department of Tourism and is now being progressed by the Highways Department and implemented with the local government bodies concerned. In the case of 3.2.6; a new promotion brochure for the South-East was published only about two months ago, and the department has only recently released a new State tourism map which includes an excellent section of the South-East of the State.

Finally, the expenditure proposed in the South-East this year is a base grant of \$4 000 and a one-for-one subsidy of \$16 000—that is, of course, provided that the regional authority as incorporated can satisfy the department with the projects it puts up for funding.

Mr. ABBOTT: Will the Minister say how much has been spent on the VISA programme to date and what ongoing financial arrangements are being provided for this programme?

The Hon. Jennifer Adamson: Whilst I can provide that information in broad terms, I will refer the question to Mr. Oldman, who can provide specific detail. It may be, in fact, desirable for the details to be incorporated in *Hansard*. Would the honourable member be happy with that?

Mr. ABBOTT: Yes.

The ACTING CHAIRMAN: Is the Minister seeking leave to incorporate?

The Hon. Jennifer Adamson: I am checking that the documents are available. We have information in a form that I think *Hansard* might find rather difficult to incorporate. There is no shortage of information; it is a question of the manner in which it is presented. It may be desirable for Mr. Oldman to provide broad detail and then seek leave to table the detail that we have. I can make additional detail available: for example, the bookings in various newspapers and the cost of those advertisements. Is that the kind of information that the honourable member is seeking?

Mr. ABBOTT: Whatever the Minister finds most convenient is acceptable to me.

Mr. Oldman: A large part of this promotion depends upon giving away VISA kits to those would-be visitors

who apply as a result of advertisements in the interstate and local press. Those VISA kits cost approximately \$33 000 for 50 000. That excludes an amount that we are putting into the State tourism maps. We have had 150 000 tourism maps printed. If proper account is given to the maps that also go into the kits, approximately \$50 000 has been spent on 50 000 kits—they are approximately \$1 each.

It is hard to be precise because, in some cases, those who ask for a VISA kit tick a square in the advertisement and also receive a brochure of the State's inclusive tour programme and this, obviously, boosts the cost. Inclusive tour programmes are produced for quite a wide distribution. The VISA kits are only part of that distribution, so to say accurately what has gone into VISA kits would be difficult. In terms of press and television advertising, I can tell the Committee what it is planned to spend in total.

The total campaign in Victoria will be \$232 777, for television and press, and in New South Wales \$225 083, for television and press. In South Australia the amount will be \$63 639, and in Queensland \$7 644.

Mr. SLATER: That is money allocated for an on-going campaign?

Mr. Oldman: Yes.

Mr. SLATER: How long will the campaign run, specifically in relation to the media in Victoria and New South Wales? To be effective, it must be run over a period of time.

The Hon. Jennifer Adamson: The campaign basically will have two thrusts, one which is being undertaken at the moment over a period of weeks, and another in March. The September-October period is when holidaymakers are deciding about summer bookings, and in March they will be making decisions about September bookings.

Mr. Oldman: The television campaign has been running since 14 September and will phase out in the third week of this month, and there will be a second burst in both Melbourne and Sydney in March.

Mr. GLAZBROOK: A few years ago, the Department of Tourism had available to it the use of one vehicle for all purposes other than that assigned to the Director. In marketing this State, the department, to my knowledge, has had in the past one outside representative. This year I noticed in the Budget papers, first in the explanatory notes, that the number of regional liaison officers has been increased to two, and that there is an allocation for purchase of motor vehicles of \$26 000 as compared with \$14 000 last year. How many vehicles does the department now have for the use of the sales force, and how many representatives are out on the road selling the State on a full-time basis, and where are they located?

Mr. Ashman: The department has six vehicles in total: four located in Adelaide, one in Melbourne, and one in Sydney. We have a sales officer representative in Adelaide, Melbourne and Sydney, each having a vehicle at his disposal. The sales officer services the travel agents and other tourist-type areas, and requires a vehicle for that purpose. We propose to get an additional vehicle when we get an extra regional liaison officer, because he will be required to do a fair amount of country travelling.

Mr. GLAZBROOK: How many outside sales representatives do you have in Adelaide?

Mr. Ashman: One sales officer as such, full time.

Mr. GLAZBROOK: Are there any provisions for increasing the number of sales representatives?

The Hon. Jennifer Adamson: Any decision about increasing the number of sales representatives would depend on the outcome of the review. At this stage I would not be willing to predict what that might be.

Mr. GLAZBROOK: Are the cars in Melbourne and Sydney available to the representatives so that they can get out during the day or all day, or are the cars required, as they were in the past, at our bureau when there was only one car and the representative in Adelaide could not get out, if the car was being used by research or by other personnel in the department, and had to queue up for use of the car. Does that happen in Melbourne and Sydney?

Mr. Oldman: The representative has absolute use of the car in Melbourne, Sydney and Adelaide, which is not to say that occasionally, when the Adelaide representative is in the office and something has to be done, it cannot be used. However, in Melbourne and Sydney the representative has absolute use.

Mr. MAX BROWN: Regarding tourist promotion, it would be fair to say that I commend the Minister for the advertising promotion that is going on in the Eastern States. South Australia has missed out for too long, simply because overseas tourists go to the eastern part of Australia and do not come here. Obviously, this programme is designed to try to attract tourists from Queensland, New South Wales and Victoria. If the programme is proceeded with, does the Minister plan to introduce a package deal in regard to the whole of the State? Will the advertisements relate to visits to Adelaide or will a situation, similar to that which obtains in the tourist trade all over the world, be worked towards? Will there be a package deal so that areas like the Barossa Valley, Kangaroo Island, Mount Gambier, and the north of the State may benefit?

The Hon. Jennifer Adamson: Before responding to the honourable member's question, I take this opportunity to say how much I appreciate his remarks and the remarks made publicly by the Opposition spokesman on tourism in support of the VISA campaign; this response was exactly what I and the department had hoped for—a united approach. I am conscious that I have not yet fulfilled my undertaking to supply all members of Parliament with additional copies of the maps so that they can distribute them through their electoral offices and do what they can as individuals to get behind the campaign. I express genuine gratitude on behalf of the Government in regard to the enlightened and generous approach that the Opposition has shown to the campaign.

Regarding the honourable member's suggestion in regard to package tours, I point out that this proposal was commenced two years ago in respect to Beaut Tours, which is the vehicle that the department uses to sell a package to any interstate consumer. As I recall, almost every region mentioned by the honourable member is included in the Beaut Tours package. The 1980 package is soon to be launched, and it includes an excellent selection of tours. I have just been informed that Whyalla is not part of that programme, but perhaps that oversight could be corrected in due course.

The good thing about Beaut Tours is that there is increasing interest on the part of private operators and, of course, this is in the face of fairly severe criticism earlier on by private operators, but they are now getting behind Beaut Tours, wanting to be involved, and it is a package that is selling very well indeed.

Mr. SLATER: I appreciate the remarks the Minister has just made in regard to the co-operation we have extended in the campaign, and I also express my appreciation for the T shirt that was sent to me. I might mention in passing that it is three sizes too small, but nevertheless, I will try to make some arrangements to have it changed. I refer to "Payments to consultants for services" where the sum of \$77 000 is proposed for 1980-81. I take it that that is in respect of the review that is being undertaken by the

Public Service Board and the consultants Rob Tonge and Associates. Can the Minister say whether the amount of \$77 000 will be the full total of payment to the consultants for that service or whether an additional amount will be incurred in regard to expenses outside of payment to the consultant?

The Hon. Jennifer Adamson: I should explain that the sum provides for payments to consultants for conducting the review of departmental operations which amounted to \$70 600 and it also includes payments for the services of a part-time journalist in the department for 22 weeks amounting to a sum of \$6 400. That payment was required following the disbanding of the Publicity and Design Services Branch; a journalist was needed in the department to prepare certain material. That consultants' fee embraces both those figures. A set limit was determined by Cabinet for the consultants' fees and that amount is in total, including all expenses, and it will not be exceeded. However, in saying that, I want to leave the possibility that, depending on the nature of the recommendations of the review committee, I might be willing to recommend to Cabinet that the consultants be retained at some future date to oversee and monitor the progress of the implementation of the recommendations. I mention that because it seems to me a sound policy that people who have been engaged to study a situation and make recommendations should be given the opportunity to see those recommendations through.

Also, I should emphasize, in respect of that figure of \$70 600, that the comprehensive nature of this review has surprised me. I would not have believed that so many people could have been interviewed by the consultants and the Public Service Board representatives in the time available. They have really covered the State. I understand that they have interviewed the member for Gilles and, if they have not done so, I hope they will because we are seeking the opinions of everyone. I know that members of my tourism policy committee have interviewed the member for Brighton and the member for Fisher, and I dare say that, during the course of the interviews, the full extent of the nature of the investigation was made clear.

Mr. ASHENDEN: I want to express to the Minister some concern that perhaps there is political bias in her department in that members on this side of the House should also have been provided with T shirts. Perhaps the Minister's political favouritism is rather obvious, and we feel that, in the interests of neutrality, we could have had some, and perhaps officers of the House could have had them, too. Would the Minister care to comment?

The Hon. Jennifer Adamson: That is a very good idea that I shall be pleased to take up. The honourable member has jokingly raised a suggestion which has been taken further by the department. I have asked the department and the agency to consider ways and means by which the VISA campaign can be reinforced through marketing methods. There has been a demand for the T shirts. They were provided initially for the purposes of the initial promotion, but there has been such a demand that a manufacturer has approached the department for the right to produce those T shirts, and I am pleased that they are now available at \$7 each at T Shirt City in King William Street. I think that the member for Todd will have to come up with his \$7, because we are in a tight budget situation.

In addition, there is a multitude of other ways in which this form of promotion can be used, such as litter bags for cars that can be distributed from retail petrol outlets with the VISA promotion; travel bags that could bear the VISA

logo; the logo can or will be used on the neck of wine bottles, and in restaurants in the same way as the bankcard logo is used at the entrance; and it can be inserted in the corner of menus. We welcome approaches from any commercial interest that is involved in the area of tourism to adopt the VISA logo and use it in whatever way will reinforce the campaign.

Mr. ABBOTT: Is it anticipated that any jobs will be lost as a result of the restructuring of the Tourist Bureau?

The Hon. Jennifer Adamson: That would be in direct conflict with Government policy, and it will not happen. I envisage that there may be some restructuring that could result in retraining. It may be considered that people presently engaged in one form of activity in the department should be involved in some other form of activity. I say that without wishing to pre-empt the review committee's recommendations or to canvass any of the options it may consider. Obviously, there will be changes in the department, and that will mean that staff may need to be trained to fulfil functions that they are not presently fulfilling. There will certainly be no jobs lost: I give that absolute assurance.

Mr. GLAZBROOK: Regarding subsidies towards the development of tourist resorts, last year the main recipients of those subsidies were district councils and corporations, which received them for the upgrading of caravan parks. Can the Minister indicate the range of areas that this subsidy level could take in, and say how many applications have been received from within the State for subsidies towards the development of tourist resorts?

The Hon. Jennifer Adamson: The policy of the department in relation to the application of tourist development grants is to ensure that there is adequate development of tourist facilities and attractions consistent with anticipated or existing demands. In the past, caravan parks have been seen by the department to be the most appropriate way in which that objective can be fulfilled, but other desirable objectives can be achieved by the application of those grants. They can create a framework for further development by private enterprise, by providing the basic infra-structure in visitor facilities sufficient to ensure visitor satisfaction—and that could mean anything from look-outs in the right place to the provision of toilet facilities, assistance for upgrading certain appropriate parks or local attractions, and so on.

Another objective could be to assist the resources management objectives established by other Government departments for orderly planning. It is important to emphasise the impact on tourism which other departments have. Without wishing to pre-empt the inquiry, I feel sure that a recommendation will be made for far greater integration of the policies of other Government departments, and those that come quickly to mind are Transport, Local Government, Environment, and Marine and Harbors, all of which have a strong impact on the infra-structure provided for tourism. An additional objective is to establish and maintain liaison with local government and community organisations, and involve them in the tourist industry.

I think it would be helpful to the Committee if I were to table the schedule of subsidy payments for 1979-80, listing the organisations that received grants, the projects that benefited from the grants, the sums approved, and the payments made. There is considerable information there, and, rather than go through it, I seek leave to have it incorporated in *Hansard*.

Leave granted.

SCHEDULE OF SUBSIDY PAYMENTS	Final Reconciliation	
	Finance Available	\$480 000
	Spent	\$480 000

Organisation	Project	Approval	Payment	To Pay 1980-81	Underspent
		\$	\$	\$	\$
Port Broughton District Council	Port Broughton Caravan Park	46 396·48	46 396·48	—	—
Waikerie District Council	Waikerie Caravan Park	4 088	4 088	—	—
Waikerie District Council	Waikerie Caravan Park	72 500	72 500	—	—
Victor Harbor District Council	Victor Harbor Caravan Park	17 000	17 000	—	—
Yorke town District Council	Coobowie Caravan Park	60 500	60 500	—	—
Mannum District Council	Mannum Caravan Park	8 000	8 000	—	—
Clare District Council	Christison Park Caravan Park	25 000	25 000	—	—
Peterborough District Council	Peterborough Caravan Park	49 891	49 891	—	—
Port Elliot and Goolwa District Council	Port Elliot Caravan Park	75 000	—	75 000	—
Elliston District Council	Waterloo Bay Caravan Park	24 000	—	24 000	—
		<u>\$382 375·48</u>	<u>\$283 375·48</u>		
Port Elliot and Goolwa District Council	Public Toilets—Hindmarsh Island	8 250	8 250	—	—
Department of Tourism	D.O.T. Amenity Plans	1 824·52	1 373·10	—	451·42
Port Germein District Council	Melrose Toilets	10 000	10 000	—	—
Highways Department	S.A. Border Signs	2 000	1 525·26	—	474·74
Lincoln District Council	Coffin Bay Lookout	7 576	6 329	1 247	—
Kanyaka-Quorn District Council	Pichi Richi Railway	8 000	8 000	—	—
Peterborough District Council	Peterborough Railway Preservation Society	60 000	60 000	—	—
Unemployment Relief Scheme	Australian Railways Historical Society	20 000	20 000	—	—
City Council Mount Gambier	Engelbrecht Caves	2 000	2 000	—	—
Tanunda District Council	Heineman Park	12 500	12 500	—	—
Victor Harbor District Council	Kleinings Lookout	32 000	17 269·16	14 730·84	—
City Council Mount Gambier	Lakes Walking Trails	2 500	—	2 500	—
Hallett District Council	Hallett Public Toilets	9 175	5 000	4 175	—
Berri	Berri Tourist Office	30 000	30 000	—	—
Victor Harbor District Council	Public Toilets	2 200	2 200	—	—
Lacepede District Council	Tourist Information Bay	3 750	—	3 750	—
Australian Railways Historical Society	Purchase of coaling facilities	42 000	12 178	29 822	—
Department of Tourism	Amenity Block Plans	5 000	—	5 000	—
		<u>\$258 775·52</u>	<u>\$196 624·52</u>		
	Approved	\$641 151	\$480 000	\$160 224·84	\$926·16
	Less Unclaimed	—	—	—	—
		<u>\$640 224·84</u>	<u>\$480 000·00</u>		
	Available	\$480 000·00	—		
	Carry Over to 1980-81	<u>\$160 224·84</u>	<u>\$160 224·84</u>		

Mr. GLAZBROOK: Most councils and many other areas of tourist development believe that the door is not open to them because the theme has gone on for so long of development of caravan parks and toilet blocks. Is there any way in which the knowledge which the Minister has just imparted to us could be spread to enlighten those involved in tourist development works who could certainly apply for subsidies?

The Hon. Jennifer Adamson: There were projects other than caravan parks, and as an example I cite the lookouts at Meningie, Waikerie, Mannum, and Ridley, the fencing of the railway dam at Quorn in association with the Pichi Richi railway project, and the upgrading of Paxton Cottages at Burra, which was a very important project. These are some of the projects for 1980-81, looking to the future. The upgrading of the old gaol at Robe was another

project, as well as improvements to the paddle steamer *Industry*, improvements to the Loxton Historical Village, and others. I think I have given sufficient examples to indicate that we are by no means concentrating exclusively on caravan parks.

Mr. ABBOTT: How many applications have been received from businesses associated with the tourist industry for finance or other assistance from the Government, and how much money has been allocated for this purpose?

The Hon. Jennifer Adamson: There are no grants to private industry through the Department of Tourism, and any applications made to the department by the private sector for assistance by way of grants are always referred to the South Australian Development Corporation.

There have been numerous inquiries in the past 12 months and I am not sure how one could categorise those that are genuine and go through to the point of application to the Development Corporation and those that are made more in a spirit of hope and anticipation.

Mr. Rossiter: I am not able to comment on the number of applications from the tourism sector that have been made to the Development Corporation for Loan fund assistance or the success rate of those applications; that information would be available within the Development Corporation and is not open to the department.

Mr. BECKER: What consideration has been given to maximising the VISA campaign this weekend, which is a holiday weekend? I understand that several major sporting events will take place, the most important being the State of Origin football match (and the Labour Day Cup may be interesting to those who follow the horses). A considerable number of people will be coming into the State from around Australia, so this weekend would provide an excellent opportunity for sporting organisations to make the members of the teams from other States aware of the campaign, and perhaps a small gift promoting the State could be given.

I was particularly pleased that the Premier recently approved my suggestion of making available State badges to sporting people and others who go overseas. I suggest that banners or some advertising could be carried out at places such as the Adelaide Airport (while there is nothing there at the moment), the railway station (the luggage facilities there are the worst I have ever struck), the bus depot, and Football Park, which would provide an excellent opportunity to promote this campaign to a wide audience in this country, considering the fact that television stations will send highlights of the game throughout Australia.

The ACTING CHAIRMAN: Before calling the honourable Minister to answer, I draw attention to the time and I indicate that the Committee still has to consider one more vote.

The Hon. Jennifer Adamson: Nothing has been organised in relation to providing material to people who are members of sporting teams, and I emphasise that our resources are being put into bringing people to the State. Once people arrive, there is not much cost benefit in giving them promotional material that has been designed to get them here in the first place. However, there is immense benefit in our demonstrating the warmth of South Australian hospitality; this will ensure that visitors return and also that they recommend the State to their friends. That is why it is so important to heighten the awareness of South Australians of what the State has to offer and to the fact that their natural attributes of friendliness and hospitality are some of our most valuable attractions.

The suggestion to promote VISA at the Adelaide Airport, the Adelaide railway station and the bus depot is worthy of merit, but difficulties and complications are involved. However, there is no reason why a poster should not be prepared as a welcome message to all visitors, and I am sure that that suggestion will be considered.

The ACTING CHAIRMAN: There being no further questions, I declare the examination of the vote completed.

Minister of Tourism, Miscellaneous, \$218 000

Acting Chairman:
Mr. J. W. Olsen

Members:
Mr. R. K. Abbott
Mr. E. S. Ashenden
Mr. H. Becker
Mr. Max Brown
Mr. R. E. Glazbrook
Mr. G. R. A. Langley
Mr. R. J. Randall
Mr. J. W. Slater

Witness:
The Hon. Jennifer Adamson, Minister of Tourism.

Departmental Advisers:
Mr. B. Oldman, Acting Director of Tourism and Marketing Manager, Department of Tourism.
Mr. K. C. Rossiter, Manager, Research and Development Branch, Department of Tourism.
Mr. G. Ashman, Senior Administrative Officer, Department of Tourism.

Mr. SLATER: Will the amount of \$120 000 for tourist associations be used for subsidies or grants to regional tourist associations? Is a dollar-for-dollar subsidy involved?

The ACTING CHAIRMAN: In view of the time and in view of the fact that there is no discretion by the Chairman to change Sessional Orders in relation to the adjournment time, I ask the Minister to supply a reply later for the honourable member. There being no further questions, I declare the examination of the vote completed.

ADJOURNMENT

At 10.2 p.m. the Committee adjourned until Thursday 9 October at 11 a.m.