



Country Health Care

Country Health Care Plan Motion and Speech - 24th July 2008

Mrs PENFOLD: I move:

That this house condemns the Rann government for implementing the Country Health Care Plan and not committing to a regional impact statement to assess the effects on communities where hospitals are to be downgraded.

Nowhere is this government's shallowness more clearly exposed than in this state's Country Health Care Plan. Had the government and its health minister followed its own published rules of what it claims it will do, a regional impact statement would have identified the injustices, inequities and outright stupidity of this plan before it had done so much damage to the community's morale. I have even had a threat of suicide as a result of it. One would hope that, after doing a regional impact plan, the minister would have had the commonsense to ditch the plan immediately, but there is no indication to date that there is that much commonsense among the government and its ministers, and the plan is still there with the ultimate goal of very much downgrading hospitals within the next 10 years.

'Sophistry' is described as a subtle, tricky, clever but false method of reasoning. It is what this government is good at. The setting up of a task force to go around the state now at taxpayers' expense ostensibly to listen to the people is a case in point. Nowhere has the minister, or anyone in the government, said that this will change anything. Some aspects of the original plan may be delayed, according to statements by the minister, but the outcome is still the same. It gives a false premise on which to base discussion and dialogue as any consultation really becomes irrelevant: it is only for show.

This is backed up by the CEO of Country Health SA, George Beltchev, who, on talkback radio on 7 July 2008 said:

[The task force] will work with local communities side by side and go through a very detailed and objective process looking at defining what services should be provided at each of what are called GP Plus emergency hospitals.

Nothing there about changing the original plan! The Minister for Health is very sensitive about people looking beyond the hype to the facts. Our Liberal leader said that the Nationals have deserted country people by signing off on the Country Health Care Plan. He said that regional South Australia is the state's engine room and that it is disappointing that the government and the Nationals cannot see that. Our leader further said:

When you look at where the wealth of this economy comes from, it's increasingly coming from aquaculture, from the wine industry, and now of course Mr Rann is out there talking up mining. All of it's in the country and yet the response is to take the benefits of that economic growth but they are not reinvested back into country communities. Now we think that's wrong.

A fired-up health minister reacted angrily, claiming that, 'We are going to build up services in the country so people have access to more health care services not less.' Remember the definition of 'sophistry': a subtle, tricky, clever but false method of reasoning. Unfortunately for the minister and his colleagues, country people are not so easily hoodwinked. Passive recruitment of doctors by this government on the excuse that they are in private practice is just not good enough. Country people want active recruitment of the doctors for our regional hospitals, and also for all the health workers who support them and the wonderful service they give. Passive recruitment is not good enough, minister.

The Nationals are going around pretending that they are representing country interests and that they are concerned about the country. Let us look at the facts. The National Party member in this house is the Minister for Regional Development (a Labor minister in the Labor government) who has wholeheartedly embraced the Country Health Care Plan. Another National, in the form of Mr Blacker, is announced as the head of the task force. He is also head of the Regional Community Council which meets regularly, we are told, with the Premier. They should have already had a say about this plan, but where were they when our hospitals were being put at risk?

It is no surprise that Mr Blacker supports his fellow National member, after all the Nationals are hanging on to their political power by their fingernails, and having him as head of the task force gives the member for Chaffey some political underpinning. It is an indication that the honourable member for Chaffey is feeling vulnerable and lonely. Next, the SA National Party leader jumped on the bandwagon to tell us what a wonderful thing the downgrading of country hospitals is for us—no surprise there. It seems that the Nationals are as good as Labor in using sophistry to cloak their actions that are so detrimental and negative for rural and regional South Australia.

The Nationals' leader is a relative newcomer to this state and has no understanding of the sacrifices that districts have made to establish their local hospitals that are now threatened by this party's collusion with Labor. He has little knowledge of the premature deaths due to having no accessible medical services that strengthen the resolve and activity of country people to provide themselves with a cloak of safety in a resident GP and a hospital. Daphne Freeman, in a letter, wrote:

Labor was closing country hospitals when it was last in office. This was a policy the Liberals inherited when elected in 1993 which was quickly rejected. Now Labor, with the support of the Nationals, is at it again. Berri is one of the proposed regional hospitals and suddenly Health Minister John Hill has found a Berri resident who recalls a supposedly Liberal secret plan to support his proposals. Good try, Mr Hill, but actions speak louder than words.

There is not, and never has been, a Liberal plan to close country hospitals.

Let's look at what a regional impact statement would have found if one had been done. The minister stated that most people will be no more than an hour from a regional hospital. That may be the case in the city, although one wonders if those living at Victor Harbor and the south coast centres will consider a drive to the city when needing medical attention as an improvement on what they have now. Mr Chambers of Cummins said:

The recent emphasis on the necessity of heart attack victims having treatment within the first hour and a half is about the amount of time to get an ambulance manned and driven 70 kms, then you promise treatment in a further 90 minutes at a regional super hospital. Not too bad, everything went according to plan but unfortunately the patient died in the meantime. Just another poor bugger dying because he was silly enough to live in a rural area. It is an indisputable fact that people living in rural areas have more premature deaths than city folk due to the distances and time spent in travelling.

South Australians are dismissive of Victoria—just look at the advertisement inviting people to come to South Australia—yet Victoria has a totally different approach to the delivery of primary health care in rural and regional parts of the state compared with South Australia's Labor/National government. Leon Byner on ABC Radio on 9 July 2008 said:

...you might be aware of a place on the border of South Australia and Victoria...Nhill is a town of about 2,000

people...The Victorian Government a little time back actually put in several million dollars to upgrade facilities...at the hospital...didn't go to the people of the Victorian region and say Nhill is not being used very much...let's put more resources at say, Horsham. Now across the border at a place in the Riverland called Loxton where you've got four times the population we've got a State Government that says, 'well, look, we need to have the hospitals in the major centres so we really don't want to spend money on most hospitals...'...a really interesting difference between the way we do business in South Australia in regional health and the way the Victorians are...you've got to ask the question, why?

The health minister claims that Labor's plan will improve health services. A regional impact statement would have determined the falsity of that belief. Mrs Doris Wedd, in a letter dated 7 July 2008 while sitting at the bedside of her son Peter, aged 42, who was on life support, wrote:

Peter played table tennis as usual on Thursday night May 22...by Friday evening after collapsing at home, family members were called urgently to assist in getting Peter to hospital...The doctor and staff on call at the Cummins Hospital did everything possible to assist Peter...with his deteriorating condition soon realised the need to get him to specialised help in Adelaide...via the Royal Flying Doctor Service...Peter arrived in the Intensive Care Unit of the Queen Elizabeth Hospital in the early hours of Saturday 24 May.

Doctors prepared the family for the worst on several occasions however after 6 weeks he is still with us all be it in an extremely fragile position...if on the night of May 23 we had had to wait for an ambulance to convey Peter to Port Lincoln, we have been told he would not have made it. There are many other towns further away from Port Lincoln and Cummins...and it is my belief that people will die in the event of emergencies such as ours.

A regional impact statement would have determined the disincentives that the Country Health Plan throws up for people to live and work in rural regional South Australia. As one small business operator wrote:

When interviewing prospective employees, the main things young family chaps ask about is what our school is like and is there a hospital and health services for my family? Without these services, it is very difficult to attract employees to the country towns and the loss of these services has a domino effect right through the community...causing the town to decline significantly.

It is readily acknowledged that men are generally reluctant to seek medical advice. Greater distances coupled with unfamiliar personnel and strange surroundings will inevitably mean men would be waiting until an illness was well advanced before seeking medical attention. This is another point that a regional impact statement would have picked up.

The difficulty that volunteer ambulance services have in attracting recruits would have been well documented by a regional impact statement. Volunteers now are dropping out because they cannot afford the time off work just to transport patients from one hospital to another. The state's health plan depends on volunteer ambulance services, however those who voted for the plan have no concept of how those volunteers operate, the problems that they face and the sacrifices that they make, whether self-employed or employees.

The nuts and bolts of primary health care have been totally ignored in the presentation of the plan. Prescriptions for medicines are easily obtained by those who live in urban areas. Consider for a moment the cost and struggle in travelling 240 kilometres or more just to get a prescription; an additional point that a regional impact statement would have added to its long list of disadvantages that the Labor/National health care plan places upon country people. I wonder if it will be possible to find out how much the government has spent on its advertising campaign trying to tell us that the Country Health Plan is a great piece of legislation? Vivonne Rusden of Ungarra, stated in a letter:

The arrogance of "We've joined the dots" is breathtaking. My long and considerable experience with public and private entities is that we do not even know where the dots are. This fact sheet is full of motherhood statements, assertions and future promises. It is very short on substance. How do you debate a mirage?...city-based policy makers ignore the impact of...

isolation, distance, low population base, poor or non-existent infrastructure and the extra human and financial

cost of implementing rules and regulations that have little relevance to rural communities. She states further:

Instead, your plan may be one more nail in our healthy rural lifestyle coffin. What will you city folk do when there is no flour for your bread?

Murray and Gail Wiseman of Lock put it more succinctly:

No amount of government rhetoric, advertising in TV and press, or many-paged (statistically inaccurate at times) Health Care Plans will alter the fact that rural medical services will be wound down to the detriment and despair of rural communities.

John Dickinson of Port Lincoln picked up on social justice among many other points when he said that, 'It is not merely a health matter it is also a social issue.'

The current lack of funding and shortage of staff in the current health system do not augur well for the future of health in this state, even before the Labor/National emasculation of country health. Alison Barnett of Port Lincoln brought that out clearly when she was prompted to write to the health minister regarding her nephew, aged 34, who is currently undergoing renal dialysis at the Royal Adelaide Hospital. Mrs Barnett said:

He was being dialysed in Port Lincoln prior to undergoing a kidney transplant, his third, in November 2006. Unfortunately this transplant, like the previous ones, was unsuccessful. Because of his treatment being carried out in Adelaide, his place on the Port Lincoln dialysis roster was lost. Over 18 months have now passed and Andrew remains in purgatory, receiving dialysis three days a week and living in temporary accommodation in the old nurses quarters at the Royal Adelaide Hospital. His accommodation consists merely of a single room, with a hospital bed and a chair. No creature comforts at all.

An example of social injustice.

The dialysis unit at the Port Lincoln Hospital was established through the fundraising efforts of the Port Lincoln people, who wanted this facility in Port Lincoln instead of having to relocate permanently to Adelaide, away from family and friends and the support that these give. A matter of great social justice. One of the prime movers was the late Natalie Bruza, an Aboriginal dialysis patient, whose courage, tenacity and care for others, despite her own health problems, was inspiring and an inspiration that will live for ever in the hearts of those who were fortunate enough to know her, which I did.

A regional impact statement would have picked up on these needs in the current delivery of health in this state and the many ways in which deficiencies will not be overcome by the state Country Health Care Plan. I ask the minister to drop his policy, and develop one that supports the country people of South Australia and its regions.

Appropriation Bill 2008 - Country Health 3 July 2008

Natural catastrophes of drought and fire have come and our small regional communities have coped. Low commodity prices, increased input costs and high exchange rates and communities have coped. But this Rann Labor government have done their utmost to isolate rural South Australia hitting us with their shared services plan, their country hospitals plan, their schools funding plan, their mental health plan. And most recently Minister Hill has foreshadowed a centralised goods and services procurement plan that will remove government contracts from small regionally based businesses. All this combined with a lack of funding in their budget for infrastructure while steadily increasing fees and charges across the board.

Our regional communities are like octopi. To some extent you can lop off a leg or two and they will survive recover and adapt. However as with any living organism you can kill them by removing their hearts or just painfully lopping off all the bits until they shrivel and die a long and painful death from starvation. Alternatively

with proper nurturing they will survive and thrive.

Premier and ministers, you are chopping off all our legs and our rural communities are reeling.

I have had people talking of suicide, of deciding not to stay in rural professional jobs, of not retiring and investing in the regional towns all because this Labor government has made them feel that they don't have a secure future. Towns are like the ecosystems that will not die because a few octopi have gone but killing one link in the system will eventually lead to the failure of other links and our towns will not be the good places to live in that they are now once the system collapses in the regions.

I was interested to note in the much and often heralded Government State Strategic plan that "Psychological Wellbeing should be equal or lower than the Australian average for psychological distress by 2014", stating that the audit committees assessment of this target was that it had been 'achieved'. Well I want to let them know that is not the case in the regions but then perhaps we don't count when it comes to the State's Strategic Plan.

The electorate of Flinders that I represent on Eyre Peninsula has 55,000 square kilometres and 33,000 people. It produces about 40% of the States grain and 65% of the sea food. Tourism and mining are only just beginning to make their mark on our States economy but this Labor government's population based funding model takes no account of the significant economic benefit that comes from our region nor the distances and difficulties that we encounter to achieve it.

We are the modern day peasants who have to suffer in silence with a government and media who couldn't care less about our well being so long as we continue to work hard and produce the real wealth that they can churn a few times in the city and live their comfortable well paid lives.

For some years I have toyed with the idea that Eyre Peninsula should secede from South Australia and go it alone. I am not alone in thinking along these lines with Julie Masters, from Wharminda, with tongue somewhat in cheek, writing in today's Port Lincoln Times. "In view of the apparent Labor Government's abandonment of support for regional South Australia – downgrading of country hospitals, deplorable loss of funding in public education, impacting mainly on country schools, lack of funding to maintain a decent road structure – the list is endless – I think it is time for radical change and propose that on Eyre Peninsula we draw a line and form our own territory. We could name it the Central Eyre Territory, have our own time (no more putting school children on the school bus in the dark), not pay the River Murray Levy every again, have the bulk of the fishing, aquaculture, agriculture (when not in a drought would be handy!) and the mining (we would take in Roxby Downs of course!) industry for support. We would be a true "country" territory that cares and understands about rural issues and living standards."

Two communities on southern Eyre Peninsula Tumby Bay and Cummins in particular were portrayed in the media only a few years ago as dying communities. The people in these communities decided that they weren't going to lay down and die and they didn't. With sheer tenacity, hard work and their can-do attitudes they fought back.

Cummins and Tumby Bay and all the other 41 small communities like them that are having their hospitals downgraded by this health minister in this government are not intending to go away and die now.

They survived largely because they had good hospitals, good schools with safe and caring can-do communities. People wanted to go and live in regional areas to do their business, to raise their children and retire.

In fact so successful has been the fight back that residential blocks of land in Cummins have been hard to source. Only today I received a call from a constituent who has been subdividing land in Cummins to meet demand. He is very concerned that as a result of the Government's decision people won't be able to retire in Cummins because there won't be the medical services available to support them.

Minister Hill speaks of 96% of the people of the State being within one and a half hours and 85% within one hour of a hub hospital as if this was not a problem and we are all grizzlers. But would 66% of the people who live in or near Adelaide drive the 83 kilometres to Victor Harbor to see their doctor about one hour away? The additional

time, lack of public transport and the high cost of fuel would have our metropolitan cousins screaming.

This is without the resultant job losses in hospitals and the fact that much of the shopping, fuel, food and accommodation would be sourced outside of the city. The social dislocation of friends and family not being able to visit, children, work and other commitments not being able to be fulfilled would be unacceptable. It wouldn't be acceptable to our city cousins and it is not acceptable to those of us who live in the country.

Perhaps they could call their volunteer ambulance service to take them to a hospital at Victor Harbor and back in their emergency? And when they are told to come back tomorrow or even worse next week and then have to stay in the town, will they expect to pay the cost and who will look after their families and pick up their children, and who will visit them in their hour of need!!

How audacious is this government that they plan on implementing cuts to the very core of our communities without even bothering to undertake a regional impact statement on the effect their decision will have on thousands of rural South Australians.

Mr. Rann must revisit his Pledge to South Australians. I remind him of his dot point number 3 – “better hospitals and more beds” pledge, and dot point six “We will cut government waste and redirect millions now spent on consultants to hospitals and schools – Labor’s priorities.”

I realise that Mr. Rann’s much touted and very expensive Thinker’s in Residence program isn’t labeled as “consultants” but I believe that thousands of regional South Australians who are having their access to quality local health services removed by his government’s decisions might wonder if it’s a very very very fine line when funds can be directed into programs such as that and away from funding country hospitals.

The former Health Minister’s policy statement 2003-2007 is quite clearly thrown out the window now. It was interesting to re-read in her policy document regarding equity where the policy stated “reducing the current inequities in health status between different sections of the population and providing equal opportunity to good health for everyone”. Clearly the current minister would add a little rider “as long as you live in very specific areas of the state or in metropolitan Adelaide.

And we have to wonder about the leadership and planning that goes into this state when we are told that \$100m is to be spent on upgrading AAMI stadium and more trams are to be installed at a cost of \$62m perkm and then we discover that \$4m is being wasted on office floor space in central Adelaide. The list of wasted opportunities and wasted taxpayers dollars is almost endless.

A doctor from Port Lincoln has assured me that there is no way that the Port Lincoln Hospital can cope with any more patients and I know that Whyalla is the same. He advised that currently about five more Doctors are required in Port Lincoln and that is without any more patients coming in from elsewhere to source their regional general hospital. He also pointed out that the country doctors are being actively sought by city and interstate practices with some offers over \$600,000 per year without much of the call out and overtime that doctors currently do in regional hospitals.

Only yesterday I received a call from a Port Lincoln resident who advised there is currently a three week waiting period to see a doctor in Port Lincoln and I envisage that this is only going to get worse. Meanwhile however people in our smaller communities do have good and timely access to their GP but for how much longer? Why would any doctor stay in a small community without their patients being able to access to the local hospital? Currently they have lifestyle and good financially viable practices but this government seems hell bent on changing that.

Many of my 16 communities happen to lie in the 4% recognised by the Minister, recognised as living further than one and a half hours away from a hub Hospital at Port Lincoln or Whyalla. Despite this, in answer to a question in parliament on 3rd April on the need for additional funding for our volunteer ambulances, the Minister stated that no extra costs are expected to be needed. In answer to a letter regarding improved assistance for patient travel we received a response that gave no answers nor any hope.

The Eyre Highway that passes through Ceduna, Wudinna and Kimba has more than 500,000 vehicles with around 1,000,000 people driving along it each year but as far as I can see these significant numbers of travelers are not taken into account. All of these towns are serviced by volunteer ambulance officers and emergency services.

A concerned volunteer visited me this week to let me know that the reimbursement for travel is 68c/km. This has recently risen from the 64c/km that was reimbursed when fuel cost 95c/litre despite the cost of fuel now being \$1.65/litre. He said that recently he had seven call outs with one of those being a pregnant woman whose waters had broken and who had to be transported past the local hospital to Port Lincoln. He asked, how can the volunteer ambulance service possibly cope, once the 43 hospitals are downgraded? Or if, as the Minister says at present patients are assessed at their local first aid centre, who will transfers patients to the general hospital particularly in emergency situations?

There will always be examples of patients who owe their lives to the quick professional action of local doctors, but this was brought home clearly only 10 or so days ago. Mark Dodd from Tumby Bay had a massive heart attack while speaking with his neighbour. While his neighbour drove Mark to the Tumby Bay hospital, his wife rang the hospital alerting staff to the impending arrival of an emergency patient. Mark was stabilised and flown to Adelaide where he underwent emergency surgery. He is currently recovering in the neurological ward following a stroke that occurred as a result of heart surgery but as the critical care nurse stressed to Mark's family, he would never have survived if he had not received immediate acute care treatment by the qualified staff at the Tumby Bay hospital. Mark's wife Monica, rang my office to tell me how important it is to maintain our hospitals and not downgrade them to first aid stations. Mark is living proof of that.

In this week the Minister has dissolved 51 health boards and introduced instead Health Advisory Councils or HACS giving himself complete responsibility and accountability for managing South Australia's public health system. It will be interesting to see how much heed the minister will take of his HAC's whose role it is to provide advice and advocacy on behalf of their communities needs. Minister are you listening to your HAC'S now? I think not.

But it seems the devil will be in the detail, which to date has not been forthcoming. The minister assures the good people of Cummins that "transport and accommodation support will be developed to help country people access the health care services they need when they have to travel". You can understand the skepticism when people hear these wonderful reassuring words as they are not backed up even with additional funding for the new status general hospital at Port Lincoln to be able to cope with the influx of patients. Its even more scary when the minister reassures us that "all country hospital emergency responses will be supported by SA Ambulance Service, The Royal Flying Doctor Service and the SA Retrieval Services to ensure country people receive timely emergency care and emergency evacuations and transport in line with best practice guidelines" when the minister hasn't anticipated any additional funds will be required to provide ambulance services.

Interestingly on this point the Minister states that "SA Ambulance have been consulted closely in the development of the Plan".

One wonders however if the SA Ambulance consultation has been the same in depth consultation that has apparently supposedly been undertaken with country doctors. Almost none.

The country health plan and its consultation has been eloquently summed up by my constituent Viv Rusden. "The arrogance of We've joined the dots is breathtaking. My long and considerable experience with public and private entities is that we do not even know where the dots are!" She further stated that "this fact sheet is full of motherhood statements, assertions and future promises. It is very short on substance. How do you debate a mirage? This increasing avalanche of city centric policies are invading our life and atrophying our social infrastructure to the point of extinction".

Minister Hill the people of South Australia don't believe your reassurances about better health services and outcomes for rural South Australians. They don't believe you are listening, they take umbrage to the glossy magazines and full page advertisements costing money that could be spent on better services.

They are angry at your arrogance in riding "rough shod over people who have worked their guts out since the 1930's to procure and help run efficient modern medical facilities" and I have been requested to ask you to come

and meet the people whose lives and towns are affected.

I quote "You should be visiting every community whose hospital is on your hit list and face the people at public meetings. After all it is your plan, you have told us often enough on radio."

At the end of the day, the message that is well and truly out there, to, taking a phrase from Labor's Gough Whitlam, "maintain the rage" something you can be assured country people will.

SA Country Health Care Plan 18th June 2008

Mrs PENFOLD (Flinders) (20:17): My constituents and I are feeling devastated by Labor's new Country Health Care Plan which downgrades 43 hospitals across regional South Australia, with eight on Eyre Peninsula. The country health plan states:

The population of Eyre Peninsula...and the West Coast will be served by the Port Lincoln Country General Hospital and by the Whyalla Country General Hospital. Cummins, Elliston, Streaky Bay, Tumby Bay [and] Wudinna GP Plus emergency hospitals—

I add Cleve, Kimba and Cowell.

—will provide emergency response and other services in line with community needs, which may include expanded primary health care services, aged care support, observation beds and respite/palliative care beds. The GP Plus emergency hospitals will over time develop closer links with the Port Lincoln General Hospital, Whyalla General Hospital and the Ceduna Community Hospital for inpatient care and specialised community and allied health services.

Birthing and surgical services currently provided in Cummins will be transferred to the Port Lincoln General Hospital over time. The current close relationship between Streaky Bay and Ceduna will continue for the provision of birthing services for Streaky Bay.

Surgical services currently provided at Streaky Bay will over time move to Ceduna to meet expected workforce shortages.

My feelings of disbelief followed by anger and those of the people of Eyre Peninsula are summed up in the many visits, phone calls, letters, emails and faxes to my office far more adequately than I can say with yet another speech about the concerns I feel for regional South Australia's people under this Labor government. In a letter to the Minister for Health from my constituents, Julie and Scott Crettenden, they state that it is the first time they have ever written to a politician but they are so distressed and angered at the news that the local hospital at Cummins is to have its services downgraded that they feel compelled to voice their concerns. They state:

You may not understand the strength of feeling about this issue, but in rural Australia the hospital is the heart of an area. My first job was as a cleaner at the Cummins Hospital. Both of our children were born there. My husband, a farmer, has had numerous occasions to visit and stay at the hospital; as have I for surgical procedures, or with an asthmatic toddler, or when our children were involved in a school bus crash. And last year my nanna passed away there.

Our hospital is staffed with people we know well, and who are key members of our community—any cuts to services will see many of them lose their jobs, and possibly they will leave the town. Our whole community is involved in fund-raising for our hospital because it's 'our' hospital.

Another constituent, Mrs Charlton, wrote the following:

If services are cut here we will probably lose Dr Quigley who is a fantastic doctor and his two part-time doctors Claire Rowe and Lexie Yuill. If this happens then we'll lose our chemist and probably our services of physios, podiatrists and dietician, then we won't be able to attract teachers with young families or expecting to have babies because of no proper medical or hospital services. Our town will die—there's nothing surer.

The tone of people living in isolated rural areas is one of extreme worry, and many have expressed their deep

concern that lives will be lost. I quote again:

This has the potential to issue a death warrant for many members of our community.

There is a concern about the availability of doctors who know their patients and community well. Again, I quote:

Farmers are going through tough times with the drought, cost of fuel and follow-on costs of fertiliser, transport, etc., and also more cases of mental depression than ever before. It is literally like a kick in the teeth when a plan comes out to take away even more services, such as the one you are proposing. It takes a lot of courage to operate a farm, and even more courage for a local farmer to go to the doctor to see about his depression.

The tone of the people who contact me certainly continues to echo that they are concerned about losing their well-loved, appreciated and admired doctors. I quote:

If these closures are implemented you will have lives lost. And not forgetting the large losses of doctors and staff, because they will not hang around to look after 'old folks homes' and/or staging centres for the transfer of patients to your large central hospitals—they will, I know, just simply retire. Words fail me...

Constituents Brian and Wendy Treloar question the mentality of these decisions. They ask what consideration has been given to the flow-on effect that taking away health services will have. They state:

Consider the role of a country GP, the role of relief doctors, visiting health specialists, visiting medical staff. What about the school without a doctor and a hospital? The policeman who won't come because he and his family have no medical service, chemists forced to close. Because according to you, Mr Hill, and your henchmen we can go to Port Lincoln for our treatment and our scripts. That is 66 km from Cummins and what about those who live out from the township—would you, Mr Hill, travel so far to get a prescription?

And how about the price of petrol today? My husband has had two heart attacks—he would not have survived the road trip to Port Lincoln. He had a blood clot on his lungs following surgery. He would not have survived the road trip to Port Lincoln. The local doctor on call saved his life.

There are numerous stories of people who would have died had full professional help not been available at our country hospitals. I call on the member for Chaffey and minister in this Labor government to stand up with her National Party President, Wilbur Klein, and publicly renounce the decision made by the Rann Labor government. As he said in an open letter to the Minister for Health:

If this policy proceeds, it will impact negatively on the ability of these communities to attract and retain quality health professionals, allied health workers, other professional services as well as new industry. The health and wellbeing of many country people will be put at risk and the very sustainability of these communities will also be put at risk.

I quote from another letter received today:

I wonder if you have any idea of the travel time involved for people within the area. There are no buses to catch you know, so we are unlikely to get there for \$2 to \$3, the cost of a city fare. Nor is there a ten minute wait for an ambulance that speeds out from a centre with a specialist crew on board. Our ambulance is manned by volunteers who get a call, travel from their homes to the town, then travel out to any required area. They respond as quickly and as well as they possibly can, but we need to know there is the best attention medically available at the hospital plus treatment. What a strain will you be placing upon these people, or do you intend to supply the paid ambulance staff? Your plan: off to the regional centre we go, cut off from family and friends. Have you checked the price of fuel for travel?

What about nursing staff? Most are locally sourced and there goes their employment. Their skills to manage significant illnesses are lost to the community, and what a loss to the rural community in general as they are lost to the health system. A care centre you indicate, but when I need care there will be so many patients from outside of our area sent to our hospital that the care I may need will be unavailable to me.

Your government seems to be biased against the rural communities. They are most productive, self-reliant people who are battling many adversities at the present time, drought, etc. You appear to favour those who do not help themselves. Our hospital needs to be available in its present capacity, or to be upgraded to encourage rural communities to again feel a part of this state you say is so great. We pay enough tax from this area to warrant that.

Finally, Wendy Treloar sums up the sentiments of country people throughout South Australia:

You are playing with people's lives, Mr Hill. People will die, Mr Hill, no question, people will die.

Question on notice:

AMBULANCE SERVICES 5 June 2008

Mrs PENFOLD (Flinders) : My question is to the Minister for Health. Can the minister advise how many of the additional 72 staff announced for the SA Ambulance Service to cope with the anticipated extra fallouts will be allocated to regional areas? In his media release dated 30 May it was announced that the money would fund a massive 96,000 extra callouts of paramedics over the next four years. Ambulance services in most regional areas are manned by volunteer officers, who are being increasingly stretched as their numbers dwindle, and hospital numbers are going to be reduced.

The Hon. J.D. HILL (Karna—Minister for Health, Minister for the Southern Suburbs, Minister Assisting the Premier in the Arts) : I thank the member for Flinders for her question because it allows me to highlight the fact that the government announced just last week that in this budget there will be \$26 million extra for ambulance services in our state. Those extra funds will do a range of things. They will allow us to employ an extra 70 or so staff, some of whom will be paramedics. It also allows us to purchase additional ambulances, so that there are more ambulances on the road—this is not replacement vehicles but more ambulances—and also additional vehicles which will be used to change the nature of the way ambulance services are delivered in this state.

At the moment, of course, when someone calls an ambulance an ambulance is sent out with a couple of officers in a very expensive vehicle and, often, the person is not necessarily carried to a hospital because they can be looked after. So a more modern ambulance service, which is what we are heading to, will be able to have a two tier approach—have a clinical service at the phone centre so triaging can occur, and vehicles other than an ambulance can be sent out with paramedics in them to provide assistance in the home and perhaps transfer to somewhere other than a hospital.

So it is a different system of doing business. The British health service works in this way. This will provide us with the extra capacity we need because, as we know, in South Australia as our population ages the demand for acute services is increasing at an enormous rate, and that applies to the ambulance services also. So these additional funds, the \$26 million, will help us expand the services that are required right across South Australia.

As to the proportion of those funds that will go in particular directions, I cannot give the member a specific answer but I am happy to seek advice for her.

PATIENT ASSISTED TRANSPORT SCHEME (PATS) 5 June 2008

Mrs PENFOLD (Flinders): My question is again to the Minister for Health. Will the government revise and raise the PATS (Patient Assisted Transport Scheme) reimbursement so that it reflects increases in costs associated with country people accessing medical attention?

A constituent who requires monthly specialist eye treatment is considering dropping the treatment and subsequently losing his sight because of the cost. He chooses to fly, because it is the cheapest option for him as it avoids the necessity of an overnight stay in Adelaide (it is unwise to drive for some hours after treatment) and he spends as little time away from work as possible so that his income is not further disadvantaged. He believes the reimbursement from PATS, which he appreciates, does not adequately deal with the current situation regarding costs and travel options. He points out that a visit to his eye specialist costs him \$300 to \$350, without

including the doctor's charges, while a metropolitan resident can access the same treatment for as little as \$10.

The Hon. J.D. HILL (Kaurua—Minister for Health, Minister for the Southern Suburbs, Minister Assisting the Premier in the Arts): I thank the member for the question. It is an important question. I can inform the house about a range of things that we are doing. I answered this in part in relation to the question that the member for Stuart asked me. The first thing we are doing is introducing a country health plan which will provide more services close to where people live. That seems to me to be the fundamentally most important thing we can do.

Something like 45 per cent of the money we spend on acute services for country people is spent in city hospitals, so there is a capacity, we believe, to transfer some of that resource back into country settings. Clearly, you cannot do that in every hospital but we have identified a range of hospitals where we can do that. The Port Lincoln hospital in the member's electorate is one of those sites where we want to expand services—

Ms Chapman interjecting:

The Hon. J.D. HILL: The Deputy Leader of the Opposition may wish to ask questions about this. That is fine. She may have a view that we should not expand services in the country. That is also fine.

She is entitled to campaign on that belief in the country and the city, anywhere she likes, but in our view it makes sense to put more services in country settings so that people who have needs can have them addressed closer to where they are. That is our commitment because we want to improve the health of country people. In relation to the PAT Scheme, originally it was the responsibility of the commonwealth government. I find it interesting that the opposition only asks questions about this when Labor is in power. They were in government for eight years and, to the best of my knowledge, did nothing to improve this system.

Mrs Penfold: You left us bankrupt.

The Hon. J.D. HILL: The old cry. The excuse for every single inaction in the eight years they were in government. Their excuse for everything. They cut through the services in the health system like a knife going through butter, cut back services everywhere in the South Australian health services and it is this government that is rebuilding the health services. We are attempting to get a better way of spending the available PATS funding.

Unfortunately, the member for Goyder is not here today, but he would be pleased to tell members that he has written to me, enthusiastically supporting a trial in country health transport that has just finished over on Yorke Peninsula. We are evaluating that trial to see if we can use the available funds to get a better outcome for people. I also understand that the current federal Labor government is examining the whole PATS issue as well, so a few things are being done which should help country South Australians.

COUNTRY AMBULANCE SERVICE UPGRADE 3 April 2008

Mrs PENFOLD (Flinders) (12 February 2008). What is the expected additional cost of upgrading the country volunteer ambulance service to enable them to cope with the increased load caused by reduced acute care hospitals and the lack of doctors on Eyre Peninsula, given there are only 'hub' hospitals at Port Lincoln and Whyalla?

The Hon. J.D. HILL (Kaurua—Minister for Health, Minister for the Southern Suburbs, Minister Assisting the Premier in the Arts): I am advised that: No additional costs are expected.

COUNTRY HEALTH SERVICES

4 March 2008

Mrs PENFOLD (Flinders) The Labor state government is finding ways of giving the remote regional areas of our state a Third World health service. I refer to the emasculation of health services in rural and regional South Australia, where Labor policies and agendas, such as the Health Care Bill that passed through the house today and its shared services initiative, are depriving people of basic health services and employment. Mothers are being forced to go hundreds of kilometres from their homes and, more particularly, away from their support networks to have their babies. There are doctors who have been delivering babies for years, including one from Tumby Bay, who said he now feels like half a doctor, since changes to health regulations insist that there must be an anaesthetist within 100 kilometres for a woman giving birth.

How can country hospitals attract and keep doctors and staff who have all the skills, when they cannot use them all? Is it a ploy to get them all to move to larger centres, thus deskilling large geographical areas of the state and greatly lifting the risk in times of emergency? The government is forever lifting the bar to suit its agenda to centralise but ignores the needs of the people. By making health services supposedly viable, more and more country centres are being deprived.

Using obstetrics as an example, I have been contacted many times regarding the inflexibility of the government's rules relating to birthing. Families are forced to wait for the birth closer to the hospital where their baby will be born. No flexibility is extended to families. Instead, the cold face of government bureaucracy insists that deliveries will occur in the closest regional government hospital—no taking into account that support networks are not available. Take, for example, a constituent of mine, pregnant with her third child. She was advised that she had to deliver in the Whyalla Hospital, disregarding the fact that grandma, who had been organised to care for two preschoolers, lives in Port Lincoln. The family could have stayed with grandma at no cost to the government but, instead, grandma, mum, dad and two preschoolers had to relocate to wait for the birth, paying for accommodation in Whyalla. So, not only are families being forced to go away to have babies but they must uproot extended families—to my mind, totally unnecessarily.

I have been told that the number of births by caesarean section is increasing. This is understandable when viewed against a family's life. By having a caesarean birth, a mother can set a time for the delivery and plan around it to cope with the many problems that going away from home and family creates. Cost is a big factor, as well as time, family disruption (such as getting children to and from school) and work responsibilities for a partner. What should be a simple matter becomes a logistical and financial nightmare at a time when drought, fire and cost pressures are already putting regional families under major pressure and fewer young people are choosing to live in country areas.

Questions of safety arise as a result of the government's current policies. The likelihood of road accidents increases as families stress about when and where to give birth. A woman at Wudinna arranged to have her baby at Kadina. She and her husband left, they thought, in plenty of time before the expected date of arrival. The couple got as far as the Port Augusta Hospital where she had her baby. She was fortunate; some babies are born in cars.

Small country hospitals generally have great facilities that are well maintained—often due to the generosity and hard work of local communities and dedicated staff who choose to be there and who understand just how wonderful our regional communities are. A hospital with both acute and aged care beds and staffed by a doctor and a trained health professional is a focal point in any thriving regional community. Overloading larger hospitals when smaller hospitals reduce their services is an issue. Bed availability can be doubtful, particularly when a maternity patient arrives unannounced; and patients may be discharged too soon in order to make a bed available.

The government's callous rejection of the health needs of those of us who live outside the metropolitan area is again demonstrated in dental surgery. Streaky Bay has a locally-based dental surgeon who has been refused permission to use the theatres at the local hospital. The reasons given are risk and the possibility of litigation, yet the risk and possibility of litigation should be no greater than in any hospital anywhere in the state. Government action is driving people away from dental care, leading to even more difficult and complex health problems.

The Patient Assisted Transport Scheme (a Liberal initiative) needs an update to suit changed circumstances arising from these Labor government practices. Volunteer ambulance services must be re-assessed for the same reason. Volunteers are being asked to leave their businesses, employment and families to undertake volunteer ambulance services (often at great personal effort and cost) for the benefit of their communities.

Time expired.

Herewith the rest of the speech.

However with larger centralised hospital services the job is now not just for emergencies and is even more time consuming as patients are transferred from smaller hospitals to the larger ones.

The state government is quick to blame the former Liberal federal government when, instead, the blame lies squarely on its own incompetence. The federal government pays for aged care and many of the other health initiatives in community based care. Is the state government gradually moving to dump all health care onto the federal government and to get out of all or any responsibility for health care and health services?

I quote from a constituent's letter "Streaky Bay is a growth town and has a huge tourism population. We need to be supported and, indeed, encouraged when we have so many of these health personnel available and such a stable situation. We have always been able to attract doctors. Our current doctor is in his 12th year and supervises many students yearly on training schemes."

If our state is to continue to progress then we need not only an increase in our population but also an increase in the number of younger people in our state.

However the Labor state government is foisting the regional areas of our state into third world health services through the decisions it makes. There is no encouragement for women to have babies and so lift the state's population, along with the consequent long term positives for South Australia and no encouragement for young people to populate our regional areas. ENDS

Health Bill 24 October 2007

Mrs PENFOLD (Flinders): I speak on behalf of the constituents in my vast electorate of Flinders who, once again, are the victims of this government's city-centric mentality—a government who, even today, admitted that 250 jobs will be removed from the region back to the city on another similar efficiency upheaval, with no understanding that one job lost in the country has a multiplier effect of at least six times, effectively leading to the loss of around 1,500 jobs in regional areas. A job lost in the city means the person gets another job in the city, whereas a job lost in the country means that they and their family have to leave, thereby affecting the whole regional economy. The Labor government, whose ethos is supposedly based on social justice, has again thrown justice out the window to favour itself with the metropolitan bureaucracy. We continue to hear rhetoric about the importance of the country regions and the value of the thousands of regional volunteers and how much they contribute to our state, but now, with one broad brush stroke, this government tells us that our volunteer board members really are not up to it, they do not cut the mustard, and they certainly are not intelligent enough to give proper governance to our hospital system.

Certainly, let us make volunteers feel good because they can go on an advisory board to provide advice to the minister about what is needed in their area, but it is only the minister and city-based bureaucrats who will be making any decisions. In fact, the board members will be gagged by the government from making any adverse comments to the very people they are supposed to be representing. It is laughable that these advisory boards will supposedly have access to the minister. What does that actually mean? Based on experience with the way government bureaucracies work, the minister will be even more removed from access to the people on the ground. But then, cynically, one must remember that it is the minister himself who will be appointing his HAC members, so perhaps we should expect some Yes Minister stalwarts who will not question the government bureaucrats or lobby for the local community. Heaven forbid that we have people who might rock the boat or expose shortcomings.

The gagging of customer advocacy groups under this government with withdrawal of funding continues (look at Consumer SA, Respond SA and the Australian Aiding Children Adoption Agency), as does the gagging of departmental employees, my most recent example being the government scientists who are not allowed to publicly comment adversely about the proposed Whyalla desalination plant. Even the press is being gagged wherever possible, with the Sentinel newspaper and ABC journalists in the last few days being advised that they could not attend SA Water consultation meetings being held across my electorate. It was 'invitation only' to what

should have been meetings open to the public. One of my personal assistants and his partner, who did apply for an invitation, did not get a response and did not know that the meeting was being held. I suspect they were weeded out as undesirables.

I am sure this government would be happier with all South Australians living concentrated in the confines of our City of Adelaide, using the super-efficient super hospitals and super schools or, at the very most, living in the regional cities. Everyone else is just a huge inconvenience. But, of course, the government does not want to do away with our volunteers, because who else is going to continue to privately fundraise to help keep services in the region, man the phones and the ambulances, not to mention the home support and transport services, and keep people in the bush earning the taxes and paying the charges and endless levies needed to support city bureaucracies? People in regions do not complain for complaining's sake. We do contribute significantly to this state's coffers. However, we are increasingly becoming more and more ignored.

Smaller country hospitals have been omitted from South Australia's Health Care Plan 2007-16, leading to the assumption that these hospitals are of no concern to the Labor state government, which actually appears to be planning for their demise. As the Lower Eyre Health Service stated, 'Generalities stated within the plan about country South Australia and, in particular, about smaller community hospitals in rural areas have meant that limited details are creating concerns about the implications of the entire health care plan.'

These concerns and assumptions are reinforced by past Labor action when previously in office. Labor made a start of downgrading country hospitals, but such was the outcry that the plan was suspended. In the meantime, we had a Liberal state government that supported and strengthened country hospitals and retained acute care services. A state government that governed for the whole of the state was greatly appreciated, and is being sorely missed. It is an indication of what would happen under a Labor federal government.

Small country hospitals that have been established through the tremendous sacrifice of those living in the district in order that their communities could have localised health care on Eyre Peninsula are clustered together to help gain further efficiencies. They work together in an integrated process of management and delivery that reduces wastage and management costs, but that is not what Labor really wants. Labor wants control, just as tyrants and dictators seek absolute control. Now, with the new hub concept, only Port Lincoln, Ceduna (some time in the future) and Whyalla are to be upgraded to provide services for the Eyre Peninsula region. Even then, will the state government really provide the funds needed?

In Port Lincoln, many services are now inadequate. The dialysis service does not even provide for the local need, with people having to go to the city. There are no resident psychologists and, even with a local gaol, no forensic psychologists. Mental health across the region, with the drought, is at crisis point. Many of the small regional hospitals elsewhere in the state are private hospitals, and I am beginning to think that this is the only way in which we will be able to keep adequate health services in our regions, particularly if the federal government will provide some help; otherwise, they will become aged care homes. The federal government has already provided the Wudinna and Tumby Bay hospitals with the funds to build properly equipped modern health centres.

I personally thank all the volunteers who have served so faithfully and well on hospital boards and auxiliaries. The work they have done for nothing in the country will have to be paid for in the city under Labor's empire building.

The Chairman of the Generational Health Review, Mr Menadue, is quoted in The Advertiser as saying:

The long-term solution must be to get people out of hospitals and develop alternative areas of care in terms of super clinics that can attend to minor surgeries, minor accidents, and a whole range of services.

However, without acute care hospitals and doctors, there is no trained person and no equipment to attend to minor surgeries, minor accidents and other matters. Mr Menadue's use of the words 'super clinics' shows his aim quite clearly—an aim that has been adopted and is now being pushed by Labor, since it fits with its party's ethos of controlling everything. Super clinics will not exist in the bush, and the outcome will be a drop in health care as people try to treat themselves, which often has disastrous results, rather than seek medical help that is hours away. We already have a higher death rate than those fortunate enough to live in the city, and this bill will only

compound the problem.

This is the state of health delivery that this government is trying to put forward as an advance. It will not meet the current challenges and demands of health—at least, not in the country—which is one of the claims made by the government with respect to the necessity for the changes. On Eyre Peninsula, we already have an excellent system of home and community care, which is funded by state and federal governments. A comment was made to me that the city just does not have the volunteers to provide the kind of service that we are able to provide at a minimal cost in the country, where every dollar is stretched far beyond what is the case in metropolitan areas.

This bill shows yet again that Labor cannot be trusted. It is yet another example of Labor's deceitfulness in making public statements along one pathway while planning the opposite action. The government's health reform documents, which were published in June 2003, stated: 'There will be no forced closure of local boards in country South Australia.' Not only is closure on the agenda, but the total abolition of local boards is the aim of this government—and, dare I say, the complete abandonment of small country hospitals for the delivery of acute health care, including obstetrics.

Small country hospitals have worked together cooperatively in management and service delivery for many years. Each country hospital is a centre for its respective district, providing a mantle of safety to that particular region. I use the phrase 'mantle of safety' deliberately. It is a phrase that was used by the Reverend John Flynn to describe his vision for what became the Royal Flying Doctor Service, bringing health care to remote and isolated Outback South Australia. This is happening at a time when, because of the hub system proposed, retrieval of patients back to the bigger hospitals will be needed more than it ever has been since the small hospitals were first built. These retrievals are mostly carried out by way of fixed wing aircraft on Eyre Peninsula, and the local hospitals have to pay for them. I ask the minister: who will pay for them now? At the briefing we were given, the bureaucrats were unable to tell me. I do not think that they would have been aware that the cost is not covered (as are helicopter retrievals close to the city) by the government through the emergency services levy.

It has been proved many times over that the most effective, efficient—and, in the case of health, safe—management, is where decisions are made as close as possible to the action. This government's blinkered and inflexible move to centralise everything is a recipe for poor service delivery at the coalface, inevitable waste and mismanagement through the layers of bureaucracy and, ultimately, a reversion to a Third World standard of health care delivery for those who live in the geographic majority of the state. With the increase in mining activity, it would seem to be commonsense that our country hospitals and health services should be maintained and increased, not slashed to non-existent. The Lower Eyre Health Services submission on the Health Care Bill to the Minister for Health states: 'Limiting the effectiveness of any region through eroding its health services has significant implications for the future survival of these regions.'

The government has failed to state how a unified single public health system will improve the coordination and integration of services in country South Australia. Government bureaucracy is noted for its poor financial performance. This lack of financial performance cannot be laid at the feet of departmental heads and staff, since they are constrained by a great many (often petty) rules that they must obey and, of course, the minister, or ministers, who also have a big say in the management. Local boards know about the increased costs of time, travel, training, freight and recruitment in country areas. However, the 'one size fits all' scenario is this government's requirement.

Certainly, this bill gives the minister great control, which may be exercised against the advice and commonsense of departmental officers and local knowledge. In fact, by the time the various councils and committees are set up, more of the scarce health dollar is likely to go into administration located in the city than is now the case. The sweeping changes in governance issues are not being put in place to save money or to deliver better health care but only to fulfil the Labor Party's culture and goal to centralise and control and, ultimately, to eradicate freedom

The changes to the ambulance service again demonstrate the city-centric, limited outlook of the Labor government and ministers. It is obvious that they look at ambulance services as vehicles being driven by paid personnel over sealed streets to transport people from home to hospital, or to attend accidents—which, again, occur on sealed roads. Country ambulance services are provided by volunteers: no volunteers, no ambulance. Volunteers undergo training, giving freely of their time and expense, to gain accreditation for their communities at no charge. Driving in all weather on unsealed country roads for hours, not minutes, requires expertise that drivers

do not always have and, therefore, it presents dangers not found on sealed roads. A driver unused to corrugations, for instance, can easily overturn a vehicle, and this happened to a Swiss couple on an outback South Australian road and the couple and their infant were killed.

The recent fatality that occurred on the unsealed Wirrulla to Glendambo Road outside of any council area was attended by Streaky Bay's volunteer ambulance service. They had to drive to the accident, deliver first aid, then drive back to Ceduna Hospital with the victims and then back to Streaky Bay before returning to their homes or place of employment, a distance well over 40 kilometres.

Emergency services work and train together, each appreciating the skills and responsibilities of the various services. This close working relationship will not be enhanced by the proposed changes; however, it may be put in jeopardy by an extended chain of command. It is easy to see why Labor does not want local boards of health since this would erode their control, but it is the seamless delivery of health care that boards provide, including links to the areas that are seldom written into law. One of these areas is the contact between the public, the health services of the hospital, ambulance or whatever, and the decision makers.

The local board is the primary point of contact between consumers, carers and the community and the local health service. The proposals for advisory councils do not adequately pick up this role. It has been recognised for decades that the advances in medical science mean that no government can ever fund health so that every procedure or treatment that can be done scientifically can be paid for. In other words, choices about what is done and where the health dollar will be spent have to be made.

Therefore, it is more imperative now that the hospital auxiliaries and support groups continue their volunteer work and fundraising activities. Port Lincoln hospital is classed as a regional hospital, yet fundraising is essential. A local doctor in Port Lincoln paid for an expensive machine out of his own pocket so that he could treat his patients. This is not an isolated incident. Hospital boards are being duped into becoming fundraisers rather than the local linkage between consumers, carers and the community with the responsibility to maintain and develop local priorities.

The current strong connection between the hospital board and the community spills over into the greater support for volunteer ambulances, St John's, the CFS and the SES services and the like. Local contact encourages residents to volunteer for their health services. Overall, this bill is another example of Labor's ability to increase bureaucracy and the number of public servants required to administer the bureaucracy in the city with a corresponding decline in the number of workers at the coalface. Our state and our people deserve better.

PROPOSED COUNTRY HEALTH BILL FURTHER ISOLATES COUNTRY FAMILIES 4 July 2007

Member for Flinders Liz Penfold urged country people to have their say about the future of their hospitals by commenting on the proposed 'Health Care Bill 2007' that has been released for community consultation.

This proposed Bill only gives country people a choice between two unacceptable options which is really no choice at all, Mrs. Penfold said.

"Country people are just a huge inconvenience to this city centric government."

"The Minister states in his press release, 'The changed governance structures **will eliminate the existing fragmentation** within the public health system, reducing duplication and they'll deliver a more efficient system when it comes to meeting the needs of South Australians.' He then goes on to say, 'The objective is to **consolidate services** and make sure our health services are working in tandem so resources are being used efficiently, and **the best outcomes** are achieved.'

"I ask the Minister, the 'best outcomes' for whom, because it certainly isn't for country people."

The Boards will become Health advisory Councils (HACS) only, and from the Minister's press release, will

'perform a range of advisory, advocacy and fundraising functions related to their local communities.'

"This sounds to me like no power and all responsibility particularly for funding back on our small communities," she said.

We will be given a choice whether these HACS will be incorporated and hold the assets for all country hospitals or just a single entity called a Country Health Community Asset Authority CHCAA but either way according to the Minister's press release, such a body would be, **'required to consult** with and have the agreement of the local HACs **prior to making decisions to dispose of real property'**.

"It is laughable that Hill's Bill apparently aims to 'ensure' assets of local country communities are retained. All that is required is for the CHCAA to consult with and have agreement of local people before making decisions to **dispose** of real property. And so they should! After all, many of our forebears have worked hard to pay for those assets and I have no doubt that without the support and power of local hospital boards, agreement to dispose of assets will be far easier to obtain."

"So the message is clear from the Minister. If the community and the Federal Government don't take responsibility for these small country hospitals, be assured that the State won't be!"

"The proposed bill will isolate country health to further prop up the government's city-centric agenda," Mrs. Penfold said.

"We have metropolitan super schools sucking the lifeblood out of our education system and now the government is hell bent on centralising health with their proposed Adelaide based super hospital. Super departments, all based in Adelaide, will run our state that are completely out of touch with country reality."

"The recent daylight saving consultation was an example of 'who cares' how life for people living beyond Gepp's Cross is affected," she said.

Mrs Penfold believes that the government are merely paying lip service to country people under the guise of supposedly unifying administration and relieving country hospital boards of their responsibilities.

Under the Bill local 'Advisory' boards will be required to fundraise for local services although the sweetener is that supposedly these 'advisory boards will provide advice for the whole of country South Australia'."

Mrs Penfold believes that it is the government's agenda to do away with acute services, including obstetrics in country hospitals and instead downgrade them to nursing home status that will require Federal funding supplemented with local fundraising and possibly some input for lower level 'wellness' services from the State.

The draft bill can be viewed at www.health.sa.gov.au