1st July 2008
Estimates Questions

Regional Impact Statement – permission not to do one

Ms CHAPMAN: I will ask my final question on country health and the plan. The plan is out for consultation. We will pass the budget for it in two days in this parliament, so the funding will be allocated. The plan will issue today to the head of Country Health SA, and over the next month he will distribute budgets to each of the health/hospital units; and the minister has identified today with some more specificity the services they will provide in the future.

At this stage there has been no environmental impact statement, other than as the minister indicates. There has been a general impact on the regions—I think that is obvious—some of which has not been documented. Government policy is that a regional impact statement must be done in relation to these plans. I ask again: minister, are you going to do one or are you going to get permission from the Premier not to do one?

The Hon. J.D. HILL: The deputy leader thinks she has found some sort of an Achilles heel in our approach here. I say again: this is a 10-year strategy.

Ms CHAPMAN: Do you want to debate it?

The Hon. J.D. HILL: You can debate it with me at any time, deputy leader. This is a 10year strategy. We will be building up services in a range of communities and there will be positive impacts on those communities. In relation to the communities which are already losing services, obviously there are negative impacts on them directly because those services are going as a result of doctors' retiring or resigning, or for whatever reason not delivering the services they used to. For those people there is no back up. When the doctor who delivers those services (which might include birthing and surgical services) goes there is nothing in place for those people now. They have to make do with whatever arrangements to which they currently can get access.

Under our strategy they will have a place within 90 minutes for 96 per cent of them which will have better health care services and better hospital services than they currently have. I am happy to have a regional impact statement in the sense of being able to demonstrate where improvements are and what employment arrangements will be effected over the course of this plan. Largely, they will be positive. The deputy leader will be very disappointed when she sees the plan.

Regional Impact Statement

Ms CHAPMAN: I refer to page 7.34: Country Health. In relation to consultation on the Health Care Plan, you indicated, minister, that there is an opportunity for feedback and, in fact, feedback forms have been made available for the community to tell you what they think about this proposal. As was highlighted at a meeting in Peterborough the other night, there is no address on the bottom of the form to send it to. When one of the attendees asked what the address was, the officer from your department did not know and suggested that they look on the website.

My question is in relation to general consultation. Has any regional impact statement been done on the plan itself and, if so, by whom? Will you make it available?

The Hon. J.D. HILL: The Deputy Leader of the Opposition of course starts with a trivial matter and tries to suggest that somehow or other it is indicative—

Ms Chapman interjecting:

The CHAIR: Order! When the member asks questions with debate contained within them, the minister will respond in a like manner. If the member wishes to make a grievance, the house offers plenty of opportunity for her to do so. Rather than having this crossfire going on between the member and the minister, the committee would be better served if she allowed the minister to answer the question she has asked.

The Hon. J.D. HILL: I was making the point that it is unfortunate if an address was left off the form. These things happen from time to time, and it is always regrettable. However, I would have thought that the public of South Australia know how to contact the health minister. I was asked about this in a radio interview a week or so ago, and I made an apology at the time and said that people could send the form to me at Parliament House.

I can assure the Deputy Leader of the Opposition that plenty of people have worked out how to contact me as Minister for Health, so I do not think that it has in any way reduced the capacity of individuals to communicate or make contact with me. Obviously, we will take all those views on board.

As I say, we are still consulting on this, so it is impossible to say at this stage what the impact will be anywhere because it is out for consultation. The document has been published and, as you would know, one of the issues (and this is always the case when you go through consultation) is that if you go out broadly to the community and say, 'We are going to consult you over something,' they ask, 'What is it you plan?' So, you tell them roughly what it is you plan and then they say, 'You haven't consulted us.' You can never win with these things.

We have now said that we have come up with our plan, that this is it in broad terms and that it contains a whole range of options and things we want to talk to the community about. We have now come up with more specific information to try to provide clarity, certainty and confidence in the community, but we will not have a totally clear idea until after the consultation process and we have considered all the things people have had to say—because we do listen to what they have to say. At that point, we will be able to determine precisely what the impact will be particularly in the community.

Once again, this is a 10-year strategy and not something that will be dealt with in a very short period of time. Things will evolve. The point I make now and have made many times is that this is precisely what has been happening in country South Australia: over time, services in country towns have diminished in various ways. Smaller country communities have been losing doctors, birthing and obstetrics. For example, in the South-East, in Bordertown, over the past 10 years that community has lost two specialist general surgical services, local GP surgical and anaesthetist services, obstetrics, and two longstanding general practitioners. That is just in one country hospital. That is not as a result of any—

Ms Chapman interjecting:

The Hon. J.D. HILL: The point I am making is: without any planning, without any thinking, and without any kind of effort, these quite significant services have disappeared from Bordertown, largely driven by workforce issues. At Kingston, for example, in the past 10 years, obstetrics and minor surgery have gone.

The Hon. J.D. HILL: To bring it to a conclusion, the question was: are there regional impact statements? I was demonstrating that changes have been occurring in country health over time as a result of workforce changes that have been unplanned. They have had big impacts on local communities. For example, as I indicated, obstetrics has gone from Kingston hospital. Who has planned that and what arrangements were put in place to deal with those situations? In the past, we have had individual hospital boards that have dealt with the services in their particular region. What we want to do is put in place a general system so we can anticipate these changes and make

allowances in a positive way so that there are extra services provided in perhaps fewer centres, but at least those services are provided.

The regional impacts of all the changes that I have just described (and I could go through every hospital and tell you what is happening) have never been assessed, and no allowances have been made. It has just been allowed to drift on. We are planning to have a process in place so we can manage change in a sensible way and, at the end of this consultation process, we will give greater clarity to the community about what is intended and the rate at which the changes may occur. As I have indicated, in the vast majority of what we are calling GP Plus emergency hospitals, there will be no change, or very little change at all.

Regional Impact Statement

Ms CHAPMAN: My next question is: having not done a regional impact statement on the Health Care Plan, when will you be doing one, because it is government policy to do that on any change of services in the regions; and will you make it available?

The Hon. J.D. HILL: I have just said to the deputy leader that we are going through the process of developing in detail how this strategy will pan out over a period of time. There is an implication that I am obliged to do some particular kind of report in relation to this. This is something that will evolve over a period of time. It has been worked out in collaboration, I would hope, with the community. I have given clarity about how this will work in relation to individual hospitals. I have set up a task force, and I am sure it will give me advice about the implications of the proposed changes on the communities.

The point is that change is happening, anyway, without any consideration of the consequences on any of those communities. We want to develop a strategy which takes into account potential changes and maximises the services that we can continue to deliver. The Country Health Care Plan document which I presented a month or so ago gives a very good account, I think, of the impact on country South Australia of the arrangements that we currently have in place and the health outcomes for people in country South Australia, which are less good than for people in the city, and our goal will be to ensure that, over time, we can improve on that.

Country Hospital Budgets

Ms CHAPMAN: I refer to Budget Paper 4, Volume 2, page 7.34 with respect to country health. The minister made a statement in a previous answer about the proposed services for each of the 43 hospitals in certain categories, and I note those. The last 17, of course, are those that are to have their services significantly reduced and, clearly, they are on notice as of today.

Given that the minister has indicated that there is to be consultation about the services (and, in general, the Country Health Plan) until the end of July, and notwithstanding that we are passing the budget bill in two days, have the 2008 and 2009 budgets been prepared for each of the country hospitals and, if not, when will they be provided and, if so, when can the minister provide those budgets together with a copy of the 2007-08 budgets for each of those hospitals or health services?

The Hon. J.D. HILL: The advice I have is that the CE will be issuing the general health budget to the Director of Country Health SA, Mr Beltchev, today. Mr Beltchev will then work on the allocation amongst the individual hospital units over the next month. So, in about a month's time we should have that detailed information.

Ms CHAPMAN: As a supplementary question,

Ms CHAPMAN: My question, minister, as a supplementary, is that if that information is distributed to the member hospitals as such from country health (which is to be released today) within a month, will they receive that before the consultation period closes at the end of this month?

The Hon. J.D. HILL: The point about the consultation process and the plan for country health, which the deputy leader, perhaps, does not understand, is that this is a 10-year strategy for changes in country health, not a 10-minute strategy. So, clearly, the budgets will need to be allocated before the end of that process. There will be, I expect, some relatively minor changes in the next six months or so in some of the country health areas, but this is something which will evolve over time.

I know it is not in the political interests of the opposition to understand this, but what we are trying to do is to improve country health services so that there is a strategy in place which means that, wherever you are in the country, you have access to better health services. There are some very small health units which do not have a lot of capacity now—and we have seen this in the past—and which have been threatened when workforce changes occur. Sometimes it is impossible to replace individual doctors. We have seen a lot of hospitals which used to perform surgery and obstetrics but which no longer do so because of workforce changes in those communities.

If those changes happen dramatically—that is, overnight—what does that local community do to access health services? At the moment there is no strategy to provide them with any means to get access to those services; they have to do as best they can. What we want to do is to have a strategy in place so that we can plan for the changes which we know are inevitable and ensure that there are better services available closer to where people live.

Country Health Reports

Ms CHAPMAN: I refer to page 7.34; still on country health. With the budget for country health having a gross extra funding for this forthcoming year of only $4.2 million—in fact, a net amount increase of $2.74 million—and the minister's announcement today that a number of hospitals will actually lose services, and a list of 17 particularly, the minister would be aware that notwithstanding the government's claim that better health services will be provided for country people, it is claimed that, in fact, there will be 2,835,000 more kilometres for country people to travel, 311,000 more litres of fuel and not enough beds in the draft plan that is currently out there. It is claimed, in the modelling, that that is actually going to add to the burden, both in cost and in health, to country people.

The Country Health SA: Annual Report 2006-07 states that, over three reports, it has spent $57,900 in preparation of those reports. Doubtless, there have been other reports during the last financial year (ending yesterday) in preparation for the modelling and some explanation as to justify the government's position, claiming better health, better access, etc. Will the minister table the reports prepared by Country Health SA, or his general department, that he says justify the better health outcome for country people, and will he do it this week so that there is some opportunity for country people, before the end of their consultation at the end of this month, to have a look at it?

The Hon. J.D. HILL: That is an extraordinary question from the deputy leader. It starts with an analysis of a statement made by an outside group (politically allied to the Liberal Party of South Australia), it then passes through the budget without much of a reference and then demands the tabling of reports. Let me go through all of those issues.

The Rural Doctors Association, I think, has to make a decision whether it is part of the solution or part of the problem. The exaggerated claims that they have been making—and this most recent set of claims about transport is another example—have been scaring people in the country. They need to decide whether they are going to be part of the solution of developing a better set of health services for people in the country or whether they are running a political campaign on behalf of their friends in the Liberal Party. It seems to me that is the option that they have chosen to date.

Can I say about their analysis of the amount of transport required: they are totally wrong. They have based their analysis on a lot of assumptions which are absolutely untrue, and there is not one skerrick of reasonableness in the claims that they have made. They have criticised me for not providing sufficient information, yet I have written to them and I have offered to go through all of the information and have officers in my department go through that information. They have rejected that offer. They purport to be an objective organisation, yet their putting that particular document out today is absolutely wrong.

In fact, the results will be the reverse of what they are suggesting. There will be less travel for people in the country. Already I am advised that in 2007-08, as a result of some of the changes we have made by increasing services in some of the bigger hospitals, there have been 1,500 fewer case-weighted separations of country people in metropolitan hospitals. In other words, that is 1,500 fewer case-weighted separations—that is the way these things are managed—occurred in the city than otherwise would have, and those people (however many individuals there are involved) will have had services provided to them in the country. So, the evidence is that the approach we are taking is actually working. More work is happening in country South Australia and, under our proposals, more still would occur.

There will be less need for people to travel to the city. Their proposition that people will need to catch ambulances from various locations because somehow or other there will be fewer emergency services, I once again absolutely categorically deny. It is not our intention—and it never was our intention—to reduce the level of emergency services. In country South Australia, people will still be able to attend local hospitals if they have an emergency situation.

Of course, whether or not there are doctors there depends very much on the individual doctors. We have seen many examples over recent years of country communities that have not been able to recruit doctors and, for a couple of years, there have been no doctors although nurses have been available. Those arrangements will still be in place. That will be backed up by a better managed and better integrated SA Retrieval Service which will bring together the resources of Flinders Medical Centre, the Royal Adelaide Hospital, the Flying Doctor Service and the Ambulance Service to support people in country South Australia who have emergencies which are such that they need to be taken to Adelaide. That is precisely what happens now.

We want to build up a different approach to country passenger transport. We have trialled a new approach on the Yorke Peninsula with the passenger assisted transport service which has a bus service which collects people from their towns and drives them into Adelaide at a very minimal cost (a contribution of $10) so that people do not have to drive. They are taken to the hospital in Adelaide where they need to go and we would like to see that service rolled out across country South Australia. It is a great saving for people—they do not have to drive, they do not have to pay the petrol costs, so it is a reduction in the burden that is on them.

More people can access it than have been accessing the existing PATS service and, as members would know, under the existing PATS service you get no compensation for the first 100 kilometres of petrol costs. So, under this service, you pay the $10 and you get picked up—not from your front door but from a place in your town—driven to the hospital and then returned home. It is a much better service and they are much better transport arrangements. As we put more services into country South Australia, we will be able to build up those kinds of transport services to link communities to country towns, rather than people having to come to the city.

I absolutely 100 per cent reject the analysis done by the RDA to date as totally fallacious. There will be far less country travel as a result of the plan that we are developing—once again, over 10 years, not over a short period of time.

SA Ambulance services

Ms CHAPMAN: I refer to pages 7.34 and 7.37 and, for the minister's benefit, the latter relates to the SA Ambulance Service. The increase in funding from 2007-08 to 2008-09 is some $3.37 million. Given that the minister has said that he does not think there will be any extra huge demand, I suppose that means he will not put any extra real money into it. What is concerning is a footnote on this page which suggests that someone is making an assessment that services previously defined as urgent are now going to be defined as non-urgent. That is at footnote (a) where it states:

> ...changes to call assessment procedures for cases linking with the Royal Flying Doctor Service have resulted in the reclassification of a number of cases from urgent to non-urgent.

My question is: who are the people assessing cases previously defined as urgent and redefining them as non-urgent, which is the cheaper option? What qualifications do they have?

The Hon. J.D. HILL: The Royal Flying Doctor Service is a third party, which we fund. As to who has made the decisions in relation to classifications, I will have to take it on notice. This is not something that has been done to reduce the level of service. It is about better providing services to people who need them.

In relation to ambulance services generally, the budget provides an additional $24.8 million over the next four years to assist with service delivery model changes to help meet the anticipated extra demand for ambulance and health services. It also provides an additional $1.8 million for an automated vehicle-location system. That means that the call centre will know where ambulances are and can better direct them to the closest location. It also means extra ambulances.

In this budget, we also fund 96,000 extra callouts for paramedics over the next four years. As we know, as the demand for health services increases, we have to provide more services. We want to not only invest more money in services, but we also want to make sure that we use existing resources as wisely as we can. So, there is a reform component in that system as well.

PATS

Ms CHAPMAN: Still on ambulance services, you have at this stage identified that it is expected that the PAT Scheme will be used more. I notice that there is not much more for SA Ambulance in the budget. On the last day of parliament, minister, you were asked to explain how much of this extra $24 million is actually going to be spent in Country Health SA. You could not answer it then, but what is your answer now?

The Hon. J.D. HILL: Work on that is still being determined. As I said, the CE will be providing Country Health SA with its overall budget, and the allocations will be determined over the course of the next month. I hope that, in the next month or so, we can give you a breakdown of all those figures. In relation to the PAT Scheme, we are actually putting more money into PATS every year as growth and demand goes up. What we want to do is use those resources in a better way. The trial in Yorke Peninsula has demonstrated that that can be done. So, within an existing funding envelope, we want to provide better services to more people.

The current PATS arrangement is worked out by giving a petrol allowance for every kilometre over 100 kilometres travelled by a patient. So, they pay the first 100 kilometres themselves and then we give them a subsidy for every kilometre beyond that. It does not apply to people who need allied or dental health services, or some other services, as well. It is limited in scope and it only kicks in after the first 100 kilometres and it does rely on people driving. Of course, many people when they are ill do not want to drive.

The arrangement we are trying to put in place is to have a bus service which picks them up in their own community, charges $10 as a flat fee (or thereabouts), takes them to the door of the hospital and then returns them to their own community. It will cover a broader range of people. Within the same financial envelope we will be able to provide a much better service.

Whether we are in government or you are in government, there is only so much money we are able to put into health. At the moment, as I indicated at the very beginning, we are putting up health funding again by about 8 or 9 per cent. We are doing it every year. Eventually by 2032 the entire state budget will be spent on health. So, as well as putting additional money in, we have to work out how to use the existing resources more wisely. The PATS scheme changes that I referred to is an example of that. In relation to the ambulance services, we will work that out over the next month or so as we develop the country health budget generally.

Ms CHAPMAN: I have a supplementary question, Mr Chairman.

The ACTING CHAIRMAN (Mr Rau): Please, let's not go down that track. Is it genuinely a supplementary question?

Ms CHAPMAN: It is genuinely a supplementary question. We are talking about the ambulance services, and with the minister obtaining these budgets that he is going to fly out over the next month, I just ask that the statewide retrieval service—

The ACTING CHAIRMAN (Mr Rau): If it is genuinely a supplementary question, go ahead.

Ms CHAPMAN: I ask the minister to also provide the current budget and the 2008-09 budget for the statewide retrieval service, which is the third arm of the provision of services to get people in and out of the country for their health services. That is at the Royal Adelaide and the Flinders Medical Centre.

The Hon. J.D. HILL: I will ask Dr Sherbon to talk about the statewide retrieval service, which I understand is in its early stages. I am happy to take that on notice and try to find whatever information we have, but I will get Dr Sherbon to comment on that.

Dr SHERBON: The statewide retrieval service is in stage 1 of the three stages of its formation. In this stage 1 process there will be greater coordination between the existing retrieval services, the coordination point within the department (Director of Statewide Retrieval), and its various partner organisations, such as the RFDS and the South Australian Ambulance Service.

There is no distinct entity at this point that is the statewide retrieval service; it is an aggregation of existing retrieval services, so it does not get a defined budget. As we move into stage 2, which will be a much more distinct corporate entity (in the second half of this year), we will be moving to a more distinct corporate entity, with centralised retrieval and operations. By the next financial year we will have a distinct budget for that entity as it is created over the next six months.

Berri/Whyalla Hospitals

Ms BEDFORD: I again refer to Budget Paper 4, Volume 2, page 7.12: new funding for the redevelopment at the Berri and Whyalla hospitals. How does this fit in with the reform of Country Health Care in country South Australia?

The Hon. J.D. HILL: As the member would know, we are planning to increase the capacity in country health South Australia, in particular build capacity in four general hospitals at Berri, Whyalla, Mount Gambier and Port Lincoln. This is a 10-year strategy and, of course, we want to make sure that a broader range of services is available in the country. Country general hospitals will be the main centres of their surrounding areas and will deliver acute services across an identified catchment, meeting their majority of acute in-hospital treatment needs of the residents in the local community and the surrounding districts.

These centres will be developed to retain as much secondary level acute activity as possible so that only people requiring very highly specialised or complex care will be required to travel to Adelaide. The country general hospitals will offer services, including inpatient and day rehab, gerontology, urology, an enhanced range of orthopaedic services, specialised palliative care, in-hospital services, renal dialysis, paediatric specialists, early intervention services in mental health, chemotherapy, intermediate mental health care, acute care beds, short stay options, and a range of other services in the community for people experiencing mental health problems.

I have already gone through the figures. We are spending $41 million at Berri and $15 million at Whyalla, and the works will commence in Whyalla this year and be completed in 2010-11. The Berri works will commence in 2009-10 and are due for completion in 2011-12. The planned redevelopment at Whyalla includes: the provision of an integrated theatre suite, including day of surgery admission facilities and day surgery unit; upgraded high dependency unit; additional in-patient beds to enhance palliative care and mental health services; expanded rehabilitation services; and the provision of facilities to support day oncology services. In the Riverland, at the Berri hospital, it includes: provision of an expanded accident and emergency service; additional operating theatres; establishment of a renal dialysis unit; additional in-patient beds to enhance obstetric care; palliative care; mental health services; expanded rehabilitation services; and the provision of facilities to support day oncology services.

Reason for Country Health Plan

Ms SIMMONS: I refer to Budget Paper 4, Volume 2, sub-program 3.6, Portfolio Statement 7.35. How will the Country Health Care Plan improve services for people in small country towns?

The Hon. J.D. HILL: The government's Country Health Care Plan will lead to improved services in country hospitals, more funding for country health, improved facilities and fewer people who need to travel to Adelaide for treatment. It will not lead to any hospital closures and will ensure that every hospital has access to emergency services. As I have been saying from the very beginning, this is a 10-year strategy, not a 10-minute strategy.

This plan has been released for consultation with the community. Of course, no matter how much you release for consultation there will always be complaints that there is too much detail or not enough detail. In this case, many people have told me that there is not enough certainty about what will happen for GP Plus emergency hospitals under the plan, even though we have made it clear that this is something on which we wish to consult. Given this uncertainty, I believe that further information needs to be provided to communities about our intentions in relation to these hospitals.

Today I inform the community that, of the 43 GP Plus emergency hospitals, 13 hospitals which have a stable workforce, population and activity will continue into the future with the current services available. I will name those hospitals: Kingston, Port Broughton, Cleve, Coober Pedy, Wudinna, Laura, Maitland, Mannum, Meningie, Penola, Riverton and Tumby Bay. In order to be absolutely clear, no material change is expected in the next 10 years (and that is as far as we are planning) as a sustainable, stable workforce is predicted and an established service profile is present. Medical acute admissions would be maintained. A mix of aged and acute care services will continue in these hospitals. These sites do not currently deliver birthing and/or surgical services.

I also indicate that three hospitals which have a stable workforce, population and activity range of services, including birthing and/or surgical, will continue their current service profile, as well. They are Crystal Book, Jamestown and Bordertown. Material change in the existing service profile, including birthing, surgical and acute medical admissions, is not expected during the 10 years of the plan, unless there is a dramatic change in workforce sustainability or compliance requirements related to safety and quality. So, we are not predicting any change in those three hospitals either.

There are 13 hospitals that undertake birthing and/or surgery that may change over the 10 years, subject to workforce and safety and quality compliance, but will maintain medical acute admissions. They are: Quorn, Peterborough, Streaky Bay, Booleroo Centre, Cummins, Kapunda, Strathalbyn, Balaklava, Renmark, Yorketown, Mount Pleasant, Loxton and Waikerie. Those are where we will keep a watching brief, but we would not expect that there would be much change over the 10 years—and that is, once again, subject to workforce and safety and quality compliance.

There are issues, of course, in relation to the Barossa, where there are two hospitals at the moment, and we will conduct a business case to see whether or not a new hospital should be developed. We are also upgrading the Berri Hospital.

There are 14 hospitals and two remote services where medical acute admissions may change over the 10 years, subject to workforce and safety and quality compliance. Those hospitals are: Elliston, Eudunda, Karoonda, Snowtown, Cowell, Hawker, Kimba, Lameroo, Tailem Bend, Orroroo, Burra, Gumeracha, Pinnaroo, Barmera, Leigh Creek and Woomera. The changes may occur as the services are not sustainable as they are, due to low activity, medical workforce retention issues or for other reasons.

This group needs to develop a service profile in consultation with local HACs, local government, local clinicians and the local Country Health SA executive staff. None of these sites delivers birthing and/or surgery at present. These GP Plus emergency hospitals may have the greatest opportunity to shift to an alternative workforce model than the traditional 2 by 2 by 2 nursing requirements. All services deliver co-located residential aged-care, which requires a minimum workforce.

This list of hospitals, which will also be the subject of ongoing consultation, really reflects that one of the key factors of our plan is to ensure that good quality services are still available in the country even as the workforce changes over the next decade. Most of these changes will happen in any case as the workforce changes. Each hospital has been categorised by the current and likely future workforce, current inpatient activity and safety and quality compliance. However, all categories are dependent on access to sustainable resident medical and nursing workforce and compliance with safety and quality requirements.

In regard to the last two categories of hospitals where changes may happen over the 10 years of the plan, subject to workforce and safety and quality compliance, I am today announcing that I will appoint a GP Plus emergency hospital task force to consult with the communities, doctors and nurses with respect to the future profiles for the GP Plus emergency hospitals—and, in particular, these are those likely to see some changes over the next 10 years. A prominent independent person will chair that group and we will seek representation from doctor groups, nurses and community leaders across country SA. I will also invite the Rural Doctors Association to participate in that task force.

The task force will take into account quality and safety, workforce consideration, local population, health needs, proximity of the hospital to a neighbouring community or general hospital and the duplication of activity in integrating with the work of the statewide clinical networks. The task force will commence this month and will work on these issues over the following six months. As each location is considered, the task group will systematically work through, in consultation with local HACs, local government and local clinicians, the role of each of the GP Plus emergency hospitals and two remote services.

I hope that this further information helps to clarify the situation regarding the GP Plus emergency hospitals and make clear the point that this was a 10-year strategy, not a 10-minute strategy, and that we will be able to work with local communities to get the outcomes that are in their best interests.

I am trying to find for members a statistic that indicates the change of services that has already happened over the last 10 years without any planning, which really highlights the need to have a strategic approach in relation to this, because what we see is ad hoc changes occurring without any kind of backup system in place to look after the communities. We are planning a consolidated approach so that, if individual hospitals lose services because of workforce changes, there is a system in place to ensure that services are still available to them. (I might find it during the course of the day.)

SA Country Health Care Plan
Country Health - Budget Reply - Vickie Chapman
Wednesday 18 June 2008

Ms CHAPMAN (Bragg—Deputy Leader of the Opposition) (12:55): In May 2006, Treasurer Foley announced to South Australia that the state budget was under such financial pressure as a result of public health costs in this state that he would have to delay the budget for 2006 until September. He would need to get some advice from some financial guru in New South Wales. That is how difficult was the situation facing South Australians.

We now know that in the same month the Premier and the Minister for Health were meeting to plan a $1.9 billion hospital build down the other end of North Terrace. That is the truth of it. The truth of it was that they delayed the budget because of their own financial mismanagement when, behind closed doors, they were developing a plan to build a $1.9 billion hospital, which we do not need, down the other end of the street.

Come the 2007 budget, what did we have? The day before the budget, we had the Premier wheeled out, 'Razzamatazz Rann', with the big announcement, the glossy brochures, the lovely models, the website pages, and all the plan for the big new hospital. Modbury Hospital, Queen Elizabeth Hospital and Repatriation General Hospital all got a belting but, of course this was overshadowed by this magnificent, new, suddenly affordable, massive hospital.

This year, in the 2008 budget, we actually see the other side of the ledger, and the other side of the ledger is that country health is gutted. Minister Hill, an hour and a half after this parliament got up last week, after the big announcement of the budget—infrastructure and all the grand plans of the government—slipped the Country Health Care Plan onto the website. What a despicable act of deceit not even to have the guts to produce that plan while the parliament was sitting.

It was nothing like the year before, with the metropolitan health plan, big new glossy hospital, and Razzamatazz Rann out there. What has happened this year? This year it is sneakily posted onto the website without a word. If it was such a damned good idea, why is the minister out there now, with paid advertising, trying to convince South Australia that this is an important initiative for the future wellbeing of people in the country and for the health of the whole plan for the management of public hospitals in this state? The reason is that it is not a good idea. This is a despicable act and a stab in the back for country people in this state.

What is the plan? The plan is to enhance four hospitals first, and they are conveniently in three locations where the only representation of the government is: in Whyalla, in Berri and in the South-East. They get the enhanced hospitals. They had to have a fourth, and they could not completely ignore Port Lincoln, because 35,000 people live there. That is their idea.

The second part of the equation is that 43 hospitals have to decrease their services down to GP Plus centres. What about the fourth level? This is absolutely hysterical. In Andamooka, Leigh Creek—the list goes on—they do not even get a GP Plus centre: they just get someone who flies in and flies out every now and again—an absolute GP minus. That is the plan.

What other possible reason could there be for the Country Health Care Plan to be published 1½ hours after the budget was released last week and after the parliament got up? The Minister for Health would have us believe that it was because the government needed an extra six months longer than it had indicated, namely, by December 2007, to consult with the public. It needed extra time so that is why they needed the extra period. I will come back to that.

I will give another explanation. It is because the government had to get rid of the critics. Who are they? They are the hospital boards of the hospitals across South Australia—the people who have been responsible (until the Health Care Act abolished them) for the services provided in their hospitals, the employment of people in their hospitals and the management of assets in their hospitals.

These three very important responsibilities were quarantined and protected under the act from interference by the minister. How do you get rid of the critics, the voice piece of these boards? You abolish them. And that is exactly what the Health Care Act did. In addition to that, legislation was passed previously making the Chief Executive Officer of the Department of Health the employing authority for the more than 20,000 employees in our hospitals and health department—and to ensure that came into operation with the transfer of responsibility in the Health Care Plan, that had to get through.

That is actually the real reason. The government had to silence the people by getting rid of the advocates who were appointed as the board members. That is another reason, I suggest, why the government snuck that out in between. It axed the boards and it had to gag the workers (because, of course, they will be employed by the department) to ensure that there is silence against the tide of anger.

If he had been out there today on the front steps of Parliament House, the minister would understand that the country people of South Australia do not accept this, and they voiced that very clearly. If he has people at the Kangaroo Island Hospital and the Kapunda Hospital and people at the proposed rallies all around South Australia, the minister will get a very clear message that the country people will not be silenced over this.

His idea of consultation, which he claims was the basis for the delay in the introduction of this plan which is ongoing, is utter nonsense. It is simply not accurate to suggest that there is consultation. If members opposite do not believe me, listen to this. Just this week, Dr David Senior, an experienced general practitioner and a member of the government's Clinical Senate (the advisory group to government representing clinicians across South Australia), resigned. He has made public that he strongly believes that the Clinical Senate, this body of clinicians and bureaucrats, has been misled by the so-called consultations over the last few months. Such is the depth of concern that has been raised that this doctor has resigned from the one remaining voice, I suppose, of the clinicians to the government that they have been misled about this. He is a highly respected doctor, and I commend him for being brave enough to come forward.

Secondly, Mr George Beltchev, the head of Country Health SA, stationed at Port Augusta, is going to all these public meetings around South Australia and telling people what they will get. There has not been any consultation. The list of people that the minister announced today as having been consulted is not accepted out there. This is not consultation.

Thirdly, Dr Tony Sherbon, the Chief Executive of the Department of Health, and one of the second senior bureaucrats, Dr Panter, have been scheduled already for a national conference in September to tell Australia about the success of the reforms in restructuring in South Australia. I have received an invitation to the conference. So, it is utter nonsense that the minister comes in and tells us that the government will still be consulting about the Country Health Care Plan. That is absolute rubbish!

The government already has a national conference organised to replicate this disaster around the country. It is little wonder that Dr Peter Rischbeith of the Rural Doctors Association has called for the Prime Minister to intervene in South Australia to ensure that this plan is axed, because he knows that this is not consultation and that this will not work. The minister had the opportunity today to tell us of just one of the 43 hospitals that is about to be downgraded to GP Plus centres that has asked for it. He had that opportunity, but, of course, there is none.

Not one mother has rung me and said, 'I live in the country with a sick child, and I want you to get rid of services at my local hospital.' Not one doctor has rung me and said, 'This would enhance the teaching opportunities and workforce for South Australia and medical services for country people.' Not one nurse has rung me and said, 'Close my hospital so that I have to get in a car and drive miles to the next town to keep my job.' Not one resident in South Australia has rung me and said, 'This is an important initiative. We want to donate the services of our hospital. We want to cut the budget to enable the state government to build the Marjorie Jackson-Nelson Hospital.' Not one. The minister was not able to identify today one person who has come forward and said, 'This is what we want for the country.'

The final and really cruel twist in this is that the minister talks about staying out there and consulting. We know that the budget papers were approved in cabinet a month ago. They were signed off, proof read, printed and presented here last week. This health plan has been identified in and referred to in the budget papers that are weeks old. There is no excuse for this not being there. And talk about consultation. The figure allocated for country health acute services in this year's budget—printed and approved by this government for 2008-09—is $250,518,000, which is less than in 2007-08.

Why is this so important? Because even to maintain the same level of standard of services in the country, even if the government were to transfer some to the four hub hospitals and cancel some in the others (and let us assume that was a good idea), why is it that the minister can announce that less money will be spent this year, not even any provision for what is necessary just to keep up with the increase in salaries and wages of these people? This is what exposes the lie of the government that it is out there still consulting about this. It has done the work, it has made the decisions, it has added up the money, and it has featured it in its budget. It is there in black and white.

This consultation is bureaucratic bulldust, and the minister needs to be brought to account for this. It is totally unacceptable that the very doctors who are relying on having hospitals so that they can continue to treat patients in country South Australia, so that they can continue to teach the next generation of health professionals, today delivering a very clear and repeated message, namely, if there are no hospitals in these towns, there will be no doctors, there will be no future workforce, there will be no towns, and there will therefore be no provision for the future wealth of this state.

One-third of the population lives in country South Australia. If any pinhead in the Department of Health had looked at a map of South Australia they would have known that most country people live east of Port Augusta and north of Keith and would have realised what a stupid idea it was to put these four hub hospitals outside of the zone within which it is easier for them to get to rather than go to Adelaide.

One-third of them live out there in the country of South Australia, yet they are given in this budget one seventh of the acute hospital care budget. The budget this year will be $3.8 billion. In rough figures $1.8 billion will be spent on some public health, policy work and bureaucrats. The other $2 billion will be spent on acute care hospitals. Of that, $1,780 million will be spent on the eight or so hospitals here in metropolitan Adelaide and only $250 million (one seventh of the total acute care budget) on 68 hospitals out in country South Australia. Is that fair? Is that equitable? No, that is a disgrace!

So, for the government to say this is a health care plan that will enhance and provide better health for South Australian country people is an absolute furphy. It is a gross misrepresentation of what they are about to slash and burn in the country, and they must be brought to account for it.

The government says it is necessary to do this because of the cost pressures on government for the provision of health services. I want to remind the house that this is the seventh budget of the government and, notwithstanding its mantra about this, the total health budget as a percentage of the total state budget has gone from 24 per cent to 29.2 per cent. Where is this ever-exploding proportion of the budget? Education, incidentally, has stayed about the same. It has actually dropped a little bit since the member for Taylor was the Minister for Education, but that is hardly

surprising since we have fewer children coming into our public school system and we have more people using the public health sector. That is logical. The alarmist mantra of the government is not met by the fact that there is an explosion of health costs that are going to ravage and haemorrhage the state budget balance, and that is simply not replicated.

The second thing the government says is that there is already a shortage of workforce in country regions so they need to change the model. We would also look at this. We understand that in some areas there are shortages. But we have looked at the city as well, and there are shortages here. Of course, there will be a heck of a lot of shortages come 2016 when they have build the Taj Mahal on the western end of North Terrace and they cannot staff that.

So I say that it is not acceptable to replicate one set of health workers with another set and say, 'We are missing a doctor or a nurse here.' If they cannot get them to the country, how will they get the other people—the dieticians, the counsellors and the other allied health service people who will advise us how to keep healthy so that we improve the health profile? It is simply not going to happen. It will evaporate, and it will be another excuse for them to then to wind down the GP Plus emergency centres, because there will be no GP left, there will be no-one else going out there to provide the advice and counselling in the education centre role they want. Meanwhile, the staff who are actually already out there, thousands of them, will have to drive miles to get a job in another town.

The other thing the government says is that the bed occupancy rate is really low in country hospitals, that it is 40 per cent to 50 per cent, on average, of bed occupancy rates. So, if a hospital has 10 acute care beds at any one time, perhaps only four or five patients are in them. Well, wake up Mr Hill, Minister for Health. He should go to the Royal Adelaide Hospital, the Modbury Hospital and the Queen Elizabeth Hospital, to name a few, and see the rows and rows of corridors where there are empty rooms. There are beds in storage that are not being occupied. In fact, if the minister was honest, he would know that his own hospital at the Royal Adelaide, when his government came to office, had 850 beds, operational. It is down to 650. He is out there pretending what a good bloke he is going to be by opening an 800 bed hospital in 2016, but the truth is we are going to get fewer beds there.

It is an absolute insult to country people to think that they have beds open that have a major operational cost in their budgets, to think they will have all these nurses sitting around reading *Women's Weekly*. It is just an absolute nonsense. It is an absolute insult to these people to think that they are wasting all this money. They are some of the most efficient and best-run hospitals in the state and if the minister was not listening to those mindless morons in his department he would understand the basics about the provision of services and that, when you close services, you do not have them in place—and bear in mind his Berri and Whyalla enhancements are not even going to be ready for 2010-11 while he slashes in the meantime.

But any brainless dimwit, any complete pinhead, would understand that if you create this problem we will have more people turn up in the city. He says it would be a good thing to get them back out in the country. I agree with him, but his program on this is going to be devastating for country people but also will create a massive increase in the number of people in the city. You already have to wait, on average, 6½ hours in an emergency department in a metropolitan hospital. How much worse is it going to be? You already have to wait over thee years on the public elective surgery list to get a hip replacement. You already have to wait 37 months to get a set of dentures on the denture list. It is not going to make it better: it is going to make it worse. And these people are going to have to line up behind that. So the bed occupancy rate is not valid.

The final thing the government says is that people out in the country smoke more, are apparently fatter, have poorer health, and have more chronic diseases. I agree with that. The data is there, and it is true. But do they think that the local GP, or the people who are working in allied health, are not actually already giving advice on these things? Of course they are. When someone comes in and has a problem with smoking, doesn't a doctor say to them, 'Look, mate, you are going to have to give up smoking because this is a problem'? Of course they do!

So, saying that these people have to have primary health care is fine, but not at the expense of acute care. Clearly, from what the minister has repeated today, country people are older, sicker and poorer—and they have to put up with the drought in the meantime—and he is going to take away their acute care services because he says they need to learn to give up smoking, lose weight, change their diet and all those other primary things, as though this will be some panacea with respect to health.

I have piles of letters in my office from people who are outraged by this proposal, and when the first child dies because they have an asthma attack and cannot get help, and when the first person has a heart attack, those letters will go straight to the minister, because those deaths or any medical trauma that concerns country people will go straight to his desk.

The minister will pay a political price for this ridiculous program which he wants to impose on country people, who, I remind the house, constitute a third of the state's population. They are out there paying taxes, as the minister knows. They are out there creating wealth for this state. The Premier barks every day about the mining future of this state, and what is he doing? He is ravaging the infrastructure that is the very chance of keeping the country alive.