



### Country Health Care Plan Motion and Speech - 24<sup>th</sup> 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 Tumbly 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 Tumbly 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 per km 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 3<sup>rd</sup> 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.