

## HEALTH CARE BILL

14 February 2008

**The Hon. A.L. EVANS:** This important bill fundamentally changes the way we operate our country hospitals and potentially will have a significant impact on the delivery of health services in the bush and regional areas. Family First believes every person is entitled to just and equitable access to quality health services and is committed to providing opportunities for all families, particularly our under privileged and isolated person's and aged persons and those in remote and rural centres to receive appropriate medical care. The focus of the bill, the minister said, is in response to one of the recommendations of the Generational Health Review report, which has been repeated on a number of occasions as: Clearly identified fragmentation and duplication of planning, funding and governance arrangements as major inhibitors to the development of a coordinated health system and a systematic approach to improvements in health outcomes in South Australia.

In June 2003, following the release of the report, the government stated clearly that 'there will be no forced removal of local boards in country South Australia', and yet the government in this bill is doing exactly that, and proposes to combine a large number of hospital boards—I believe 44—into a centralised structure. The Better Choices, Better Health final report of South Australia's Generational Health Review, published in April 2003, was chaired by Mr John Menadue AO, who has been quite vocal in his opposition to regional boards. He has previously said of these boards: 'They maintain little fiefdoms, silos, they look after their own patch and resist integration'.

I will take this opportunity to disagree with Mr Menadue because, frankly, my dealings and discussions with members of the country hospital boards have left me satisfied that they are doing a wonderful job with limited funding and with sometimes mind-boggling logistics, staffing or other problems that arise from

being in the country, particularly when we are talking about the far Outback. The local boards know the people, the country and the difficulties that the Outback faces, and there will clearly be something of a loss if the boards are centralised in Adelaide.

This bill has seen community consultation over about a two-year period, with a draft bill being issued on 1 August 2007 to stakeholders. The government has given some concessions. However, in essence, the bill still abolishes hospital unit boards and introduces centralised decision making. The Ambulance Services Act 1992, the Hospitals Act 1934 and the South Australian Health Commission Act 1976 are all repealed.

The ambulance services are brought under the direct responsibility of the Minister for Health rather than emergency services. There are new licence provisions for ambulances and private hospitals. A health performance council is set up to protect consumers, which also has power to set up health advisory councils across the state—which, however, will operate in a solely advisory capacity.

All the while, the primary argument for this bill has been the Generational Health Review. As the member for Bragg in the other place has pointed out, however, there are glaring omissions from the governance structure proposed in the report and the one found in this bill. The bill clearly cherry picks one facet of the report but, as the member for Bragg stated, fails at every level to implement other key recommendations—the regional structure for the country to retain a real voice in health service deliveries and, with that, the capacity to remain directly involved.

The removal of hospital boards, along with the centralisation of (on one figure) 25,000 employees of the Department of Health, fails to acknowledge the key role that these boards have had in country communities since the settlement of South Australia. Contracts for goods and services, presently supplied locally in many

regional hospitals, will go to the city. Further, the bill fails to recognise the deep community bond that many country towns have with their hospitals and health services. Often the hospitals are set up at great cost and by the sweat and tears of those locals. Individual businesses and councils in the areas support their hospitals and, in centralisation of the boards, something of the local connection is lost.

In July last year, the Renmark Paringa Council and the Renmark Hotel chose to stop providing financial support to the Renmark hospital because of the uncertainty regarding this legislation. Community organisations raise money for hospital wards, beds, gardens and so on, and if management goes to Adelaide how many community groups will stop raising money, with the view that the hospital is no longer really theirs?

A further issue raised by a constituent refers to the Menadue report's reference to integrated community care centres, which will provide 'expert 24-hour, seven-day medical, nursing and allied health cover, and triage to ensure individuals can have most of their health needs met locally; and an accessible intermediate step between local communities and state-wide referral hospitals for patients who require complex diagnostic or treatment procedures'. I understand that the current plan is to locate these centres in Port Lincoln, Whyalla, Berri and Mount Gambier. Places such as Roxby Downs, Kangaroo Island and the Far North are excluded. The concern is that these hospitals will now officially be recognised as only an intermediate step between local and major state hospitals.

The statewide referral hospitals will increasingly be the only ones capable of dealing with certain cases. I understand already that, due to a backlog in obtaining Flying Doctor services, rural patients are being flown to hospitals such as the Royal Adelaide Hospital for treatment but are unable to obtain a flight home. As a result, many beds are taken up by patients from the Outback who

should otherwise be discharged. Increasing centralisation will only increase this problem, unless sufficient funding is granted to the Flying Doctor.

The Balaklava and Riverton District Health Service is among the most vocal critics of the bill before us today. I also have letters from Booleroo Centre imploring Family First to oppose the legislation. This is a government that believes in centralisation and, in essence, big government. The Minister for Transport in a 13 November press release noted the government's 'opposition to privatisation by bringing asset ownership back to government.'

We have seen, very recently, the centralised bureaucratising of the SSABSA board and control taken of our rail networks, along with the formation of the Marxist-sounding Rail Projects Directorate. This sort of health care legislation is not new, either. Previous Labor governments have also sought to centralise health care, most notably after the Bright report in the 1970s. Of course, on the other hand, the government has a mandate to do such things and Family First will support measures that are honestly designed to reduce waste.

It is fair to say that Family First does have a number of serious concerns about this bill. We are not completely closed to it, however, if the government can show clearly during committee that this bill is in the best interests of the rural sector. In saying that, Family First will support the second reading of the bill and will listen closely to arguments during the committee stage.