

HOUSE OF ASSEMBLY

WEDNESDAY 13TH MAY 2015

Health Care (Administration) Amendment Bill

Mr PEDERICK (Hammond) (17:05): I rise to support the Health Care (Administration) Amendment Bill 2015. This bill was tabled by the minister on 11 February 2015 and is the same as the 2013 and 2014 bills which lapsed when parliament was prorogued in both years. Some of the issues that this bill deals with include fees for services provided by the South Australian Ambulance Service not involving ambulance transport. Section 59 of the act allows the minister to set fees by notice in the gazette to be charged for ambulance services which is defined in a way which is limited to transportation in an ambulance.

The history of this is that, since July 2010, fees for ambulance services not involving transportation have been levied under the Fees Regulation (Incidental SAAS Services) Regulations 2009 and the Fees Regulation Act 1927. This obviously involves the fees around Treat no Transport. The bill also allows fees to be set under the Health Care Act 2008 by inserting in the act almost identical words to the current regulations. The key difference is that the bill provision additionally says that fees can be fixed for any other matter prescribed by the regulations.

Also, part of the bill provides for the employment of clinicians in the Department for Health and Ageing, and the aim of the amendment is to allow health professionals employed under the act to be employed under their relevant professional award if their position requires them to engage their professional skills, qualifications and clinical knowledge. There have been some concerns expressed that this provision is too broadly worded and could apply to someone with health experience but lacking professional skills.

Also, as has been indicated by some members in this place, the bill provides for proclamations to dissolve three now non-operational incorporated associations and transfer their assets to the appropriate incorporated health advisory council. The bill provides for the transfer of assets of three non-operational incorporated associations, namely, Lumeah Homes Inc., Miroma Place Hostel Inc. and Peterborough Aged and Disabled Accommodation Inc. The transfer of the assets to their local country hospital sites was attempted at least 10 years ago (this was before the Health Care Act was in existence), but the transfers were never legally effected, even though the hospitals involved supported the transfer. Under this bill, it will allow for these assets to be formally transferred to the appropriate local HACs—the Lower North HAC, the Lower Eyre HAC and the Mid North HAC.

The next couple of amendments are ones that can certainly affect rural constituents. One of them states:

...a body under the Act does not need to be providing services and facilities specifically to an incorporated hospital for the undertaking of that body (or part thereof) to be transferred to the incorporated hospital;

It continues:

...functions, assets, rights and liabilities can be transferred from one incorporated hospital to another, without the incorporated hospital to which those first belonged being dissolved;

That can certainly have an effect on local communities. As long as it is operated in a transparent way I cannot see any issues, but it is when these things are done without local consultation that the trouble starts. Also, in removing section 49(5) of the act it states:

...which allows the Minister to determine a constitution for the South Australian Ambulance Service as the functions and powers of the South Australian Ambulance Service are clearly set out in the Act.

The bill is also about clarifying when disclosure of information can be made legally and adding 'substitute decision-maker' to the list of persons who may request or provide consent for information about a person to be released.

The previous bills have been supported by the South Australian Salaried Medical Officers Association, the Australia Medical Association and the Australian Nurses and Midwifery Federation. Certainly the local health care that we get in our local communities is absolutely vital, especially for rural constituencies like the seat of Hammond. We have only two hospitals directly in my electorate, those being at Murray Bridge and at Tailem Bend, but there are also some hospitals close by which my constituents would attend. They are at Strathalbyn, Meningie, Mannum, Victor Harbor and Mount Barker. Obviously if there needs to be more treatment or it is an emergency situation which needs treatment at a hospital in Adelaide—it could be the Adelaide hospital or the Flinders Medical Centre—people can go straight through to those hospitals.

Over my time living at Coomandook, to have those medical services only 20 minutes up the road (such as at Tailem Bend) has been absolutely vital for the wellbeing of people in our community and certainly the bigger hospital at Murray Bridge in looking after the good people of Hammond, as well. It has not come easily. There have been times when there were threats by Labor governments to close some of these small hospitals around the state. I have mentioned this before in this place that, in fact, between 25 and 30 years ago there was a protest on the steps of this place, protesting about the possible closure of the Tailem Bend Hospital. Thankfully, the hospital was not closed because it does provide a vital service.

As has been mentioned by the member for Chaffey, a lot of these rural hospitals now incorporate a large area of aged-care wings, and that is certainly the case at Tailem Bend. Essentially, the majority of the hospital is for aged care and that obviously attracts federal funding, which spreads the funding stream and makes the whole operation viable. They are teamed up as the Coorong Medical Service with the Meningie hospital, which has a similar arrangement. They have Jallarah Homes for aged care, which is at the hospital, but at Tailem Bend the aged-care section it is housed in what were the old hospital wards and rooms.

I think this is something people really need to understand about country areas. We have seen, sadly, the Mallala hospital shut down recently, and we have seen

ongoing issues at Keith. These community hospitals provide a vital service for acute or subacute care—and I can guarantee it. We had three generations of Pedericks in Taillem Bend one day. I had my youngest son sitting on my lap—he was only 18 months old; he is 14 now, so it was a little while ago—and we fell into a header box. I forgot that the top lip of the header box was hinged and, sure enough, in I went. I ended up with about 22 stitches in my right arm. Thankfully, he only had a small cut on his head, which I worked out came from him being held so tightly against my chest that he hit his head on the pen in my pocket. My father was also in for one of his far too regular stints in hospital.

Hospitals are vital to the community for acute and subacute care, but they also play a role in the aged-care scene in this state. They give vital service in making sure that loved ones are not too far from where they were working or living, and it provides options. As we all get older, these services are going to be demanded more and more as people's lifespans extend. As you get older, you like to think that your lifespan might extend a bit longer than what you thought originally.

Hospitals provide a vital service, and these services have come under threat over time. It has certainly been a challenge to attract some doctors and chief medical staff out to regional hospitals. It is not in my electorate anymore, but at Karoonda they had the challenge of getting a hospital. I believe it is being looked after by a doctor from Mannum at the moment, about three days a week. Even though it is not ideal, it is far better than not having a service at all.

The workings of a country doctor have changed so much. Dr Phil Gooden would have been delivering babies who would have been born around the same time I was born, which was a couple of days ago. When you had a country doctor like Dr Phil Gooden, they had to look after the road crashes all night, deal with their operations or appointments all the next day and maybe do it all again the next night, and that is just what happened. They had nurses and other appropriate staff helping them to conduct their work. Thankfully, things have got better.

I want to congratulate Bridge Clinic on its most recent expansion, which I believe is the most successful clinic that is actually owned by the doctors involved operating in Australia, not just South Australia. As a regional clinic, it does great work and attracts many visiting specialists, so it saves people that trip through to either the Royal Adelaide Hospital or Flinders hospital. I commend the doctors, clinicians and administration staff who make that place work.

There are many issues in health, and we have seen what has happened recently with what I believe is essentially the minister just looking at budget savings in regard to the health needs of our state. Look at what is happening at the forefront of health. We understand that, with bureaucratisation of health, central office staff numbers have increased by 167 per cent over the last 10 years. How does that add up when the health minister is going to cut front-line services at our main metropolitan hospitals, because he is basically trying to save money on specialists. So you only have a stroke specialist at one hospital, you probably have a cardio specialist at another hospital, and they are only there certain days.

If you get picked up by an ambulance, I firmly believe they need a scroll at the back of the ambulance so the paramedics and volunteers can check at whatever

time of day which hospital they can transfer a patient to. It has got to the point where it is almost simpler in the country, because they have done this for years. For instance, if you go to Tailem Bend, they have been well used to saying, 'Do we send them through to Flinders or the Royal Adelaide?' I believe it will cause a lot of issues in the future.

The good people of Hammond have already been affected by the lack of triage at Goolwa Medical Centre. Previously, people could go to the Goolwa Medical Centre and most likely see their own doctor—or at least a doctor they know quite well—who would triage them if there was an incident. That service will no longer be available; and all that will happen in Victor Harbor, which can be another half-hour drive away. To me, that could be the difference between life and death, and that was indicated by the support of a community forum we held in Goolwa where 250 people turned up. There are aged-care facilities in Goolwa and there was a whole range of concerns about whether this will work. The same thing has happened in Yankalilla in the electorate of the member for Finnis. It is centralising services, whether it is in a regional area, or in the city. That is what we are seeing with these changes to health.

Minister Snelling indicated that his reason for getting rid of the Repat is that he wanted to centralise services. It is 15 minutes from the centre of Adelaide; how much more central do you want? For regional people, that means nothing. I am sure for most people in Adelaide it does not mean much at all either. It does not add up. The issue with the Daw Park Repatriation Hospital is all about real estate, and I think it is a disgrace on the part of the local member. One of the latest announcements about the future of the Repat came during the week that we were commemorating the centenary of ANZAC from a former SAS lieutenant colonel—you can work out how much honour is in that, and we have seen how that has gone in this place.

What I would like to do is commend all the people who work in the health services, and I would like to see more and more funding going into front-line services. If there are going to be cuts, they should be taken out of that overinflated bureaucracy. The unions will say, 'But that will affect front-line services.' Well, why does it have to expand by 167 per cent in 10 years? It is outrageous.

When you have the health minister come out to your electorate, there is strict protocol and you are shepherded around like a sheep, following on, making sure you do not see something you are not supposed to see. When you live in a community and your kids play footy in a community, if you need to go to hospital with them—and I have in the past, and probably will in the future—you see the hospitals, warts and all. And you do see some issues.

There are certainly some good things happening because of need—because of doctors not being attracted to some country areas like Pinnaroo, for example (which used to be in my electorate, but is not at the moment), and also attracting visiting doctors to Lameroo. The distance work that nurses and nurse practitioners can do with video equipment and that sort of thing is a great step, but it has only come about because the right provisions are not in place to attract professionals to those sites.

In the old days, nurses, teachers, doctors and livestock agents—people who were raised in the city—would be transferred to a country location. There used to be things like country bonds, and that type of thing, in certain professions—and most of them never came back. I know that nurses and teachers, for example, might head over to the Far West Coast, for example, or the Murray Mallee, or the South-East, and if they go to the footy club—or whatever—the rest is history; they end up marrying a local bloke and have a fantastic time. I say to people: reach outside your comfort zone and get into the bush because it is a great place to be. Even if some people only work at those sites for a little while, at least they have had a taste of what it is like to operate in country areas.

I would also like to congratulate the rescue helicopters that operate. The member for Fisher has worked directly with these helicopters; he has been on board. The work that they do is so commendable in saving lives and saving what otherwise could have been far worse news for families. Many a time, you hear about an accident that might not be on a major road—get the helicopter in, land it, pick up the patient or patients, and get them to the services that they need. It is fantastic work and highly commended, and it sometimes occurs in very challenging conditions when they take off and land.

On this side we commend the bill. I will be interested to see how it works in reality. I will also be interested to make sure that it does not have any adverse effects, certainly in my case, on regional communities and particularly the community of Hammond.