



HOUSE OF ASSEMBLY

WEDNESDAY 27TH SEPTEMBER 2017

SOCIAL DEVELOPMENT COMMITTEE: INQUIRY INTO REGIONAL HEALTH SERVICES

Debate resumed.

Mr PEDERICK (Hammond) (11:15): I rise to speak on the inquiry into regional health services, which is the subject of the 40th report of the Social Development Committee. It was very interesting how this reference was established. The member for Stuart tabled the recommendation to have this reference in this parliament many years ago, in 2014, and since that time there has been quite a bit of negotiation around what exact reference points we would use.

There was certainly nervousness on the part of the government in relation to how much we were going to look into Country Health because Country Health, quite frankly, is something that this Labor government has not looked after at all well. I can remember decades ago campaigning out the front of this place to make sure that the Tailem Bend hospital stayed open, and many other events have happened over time.

It was a very interesting inquiry that went on for around 18 months. It was a complex inquiry and I would like to thank the people involved—the member for Fisher, the Hon. Jing Lee from the other place, the Hon. Kelly Vincent from the other place and the member for Torrens. I also note that the Hon. Gail Gago from the other place was Presiding Member of the committee. I certainly acknowledge the secretary, Robyn Schutte, and the two research officers, Dr Helen Popple and Ms Mary-Ann Bloomfield.

I absolutely pay my regards to the secretarial staff in coming forward with the recommendations, which did take much debate, and I certainly commend their work in getting this report in order. What this report highlighted to me was the simple fact of the total bureaucracy involved in delivering services into country South Australia—the seven layers of bureaucracy that people have to go through just to get services on the ground in their communities and with very little interaction with the health advisory councils.

There was a lot of discussion about health advisory councils and how they function throughout the state. Some are incorporated and some are not incorporated, and the government and certainly the department obviously have not communicated well to communities how much influence the health advisory councils can have in regard to health services in their community.

I am involved in several HACs in my community, and I have people co-opted to represent me on those committees. Sometimes, it feels like we are just juggling the balls in the air at another meeting and talking things around and not getting any real action on the ground. Let's hope that after this inquiry we do get some real outcomes and some real benefits for Country Health in South Australia.

One of the biggest issues is around fundraising and what happens with those funds going into Country Health. Over the years, many regions, many regional areas and many single town units have raised hundreds and thousands of dollars—it would amount to millions of dollars across the state—but there is just not the trust anymore about what happens to those funds if they are bequeathed to a health advisory council gift fund.

People are concerned that their funds could be siphoned off, so to speak, and go into something else. A lot of communities have set up other entities to put their bequests into, because people have—and I know this for a fact—been suspicious of donating money into these funds. They want those funds to be spent locally, and administered locally, on items that need to be put into their local hospitals and health care.

The issue here, quite frankly, is that this local fundraising should not have to happen, but for whatever reason there are gaps that have to be filled. I note that in Murray Bridge there was a visiting ear, nose and throat specialist who brought his own equipment to conduct his appointments. When he retired, the health advisory council had to come up with about \$30,000-odd to buy some equipment for a visiting specialist. There are all those kinds of concerns that come through.

A big concern was around the percentage of moneys that the Department of Planning, Transport and Infrastructure takes with repair builds and infrastructure builds in regard to Country Health facilities. One of the biggest frustrations—and I talked about it earlier in my contribution—is the simple fact that people feel that they are not part of the process because of the at least seven layers of bureaucracy in Country Health and the fact that they just throw their hands in the air and say, 'Well, what's happening anyway?' I hope that after this that health advisory councils can see what they can and should be able to do in relation to providing health care into the future.

The recommendations around getting a better direct reporting relationship between Country Health and local health networks and health advisory councils include looking at strategic plans appropriately; that the Country Health South Australia Local Health Network revisit the Community and Consumer Engagement Strategy to give health advisory councils greater input through the consultative process; that the Country Health SA Local Health Network recognises health advisory councils' continued input into the 10-year health plans by providing health advisory councils with progress reports on the 10-year health plans; and that, in regard to the annual combined Health Advisory Council Conference, health advisory council presiding members and the Minister for Health meet and discuss relevant matters at that conference.

We have certainly made recommendations, as I have indicated, around how local funds are currently and were previously raised by local communities and how they are held and spent, with particular regard to authorisation and decision-making. One recommendation (recommendation 13) is that the Country Health SA Local Health Network works with health advisory councils to develop a policy and procedure to ensure funds raised by health advisory councils and community organisations or individuals are spent on their intended purpose in order to improve clarity and transparency of processes. Certainly, I have talked about issues around budgeting and how much input HACs can have in regard to that.

In regard to the gift funds, there is a recommendation about lifting the amount that can be got from these gift fund accounts without requiring approval of expenditure from the Country Health SA Local Health Network or the Minister for Health from \$25,000 to \$75,000. There are certainly recommendations around health advisory councils participating in budget discussions and financial management in line with recruiting staff.

In regard to accident and emergency care, it is recommended that the Country Health SA Local Health Network revisits the findings of the 'Road to rural general practice' report commissioned from the

Rural Doctors Workforce Agency and in particular considers implementing the 'Road to rural general practice' model detailed in the report.

There are recommendations in this report about local health advisory councils having more input. I think they should have a lot more input into how we can attract and retain staff, such as the valuable nurses and midwives that we need, and also the attraction of doctors into rural areas across the state. Pinnaroo has not had a resident doctor for a long time—for years—and we need to find a way. There needs to be involvement at a local level, working with Country Health, to make sure that we get the services so vitally needed into the community. Let's hope that this report plays a role in that.