



HOUSE OF ASSEMBLY

THURSDAY 18TH MAY 2017

TRANSFORMING HEALTH

Mr PEDERICK (Hammond) (11:22): Thank you, Madam Independent Deputy Speaker. I rise to speak on the motion from the deputy leader (the member for Bragg):

That this house expresses its concern at the systematic reduction in acute health services for the people of the western suburbs through the government's Transforming Health program, and in particular—

(a) the downgrading of the emergency department and intensive care unit services at The Queen Elizabeth Hospital;

(b) the reduction in The Queen Elizabeth Hospital's cardiac services; and

(c) the degradation of the hospital's current services by a lack of proper provision for the transfer of rehabilitation services from the Hampstead Rehabilitation Centre site.

I want to speak about what has been happening under Transforming Health. Certainly, on this side of the house we have been extremely concerned about what has been happening in the metropolitan area with downgrades across the board. Even with the new Royal Adelaide Hospital, we see that they cannot build a hospital, on a clear-field site, that has a big enough emergency department. It is totally outrageous.

I heard only the other day that this hospital was planned as they built it because the planners were not given the time to draw up the plans for the whole hospital. What a disgrace! No wonder it had 50,000 faults to be remedied during the construction. It is an absolute disgrace that a hospital that will have 30 per cent of regional patient use does not have an emergency department that will be fully functional. It is just ridiculous and shows the disjointed way in which this government works on the health system in this state.

What will happen with The Queen Elizabeth Hospital is that it will no longer be a general community hospital: it will be a rehabilitation and a multiday, elective surgery centre. Under Transforming Health, there will be a cut in capital works spending of more than \$100 million, down to \$22.4 million. There will be a downgrading of the hospital emergency departments. We have a theme here, Madam Independent Deputy Speaker, and you are used to this out at Modbury.

Patients with life-threatening conditions, stroke and heart attack will bypass the hospital. The member for Colton admitted this, and this is exactly what will happen. I have talked about this many times in this house, where paramedics will basically need a scroll-down list to come down from the back of their ambulances. They will have to be alert as to what day of the week it is as to where they take a stroke patient, a heart patient or a patient with some other life-threatening condition.

What is happening under Transforming Health is that specialists are being cut from hospitals and being put in one central hospital, depending on which day of the week it is. It is going to be a real tragedy. Haematology and inpatient respiratory beds will be relocated to the new Royal Adelaide Hospital. Both of its cardiac catheterisation laboratories will close and its cardiac inpatient capacity will be heavily reduced or even closed under the plan. Most of the services provided at the Hampstead Rehabilitation Centre are supposed to be integrated into The Queen Elizabeth Hospital site.

I have just talked about the new Royal Adelaide Hospital emergency department not being up to speed even before it is opened. The Queen Elizabeth Hospital's emergency department is being downgraded, with life-threatening emergencies diverted to other hospitals. As I was just discussing, in a medical emergency when minutes matter, you may have to drive farther and wait longer to get the help that you or your loved one needs.

The government's own figures show that ambulance trips for western suburbs patients needing critical care will on average rise from 11 minutes to 21 minutes; that is almost double, and that is the government's own numbers. Almost half of the most serious cases that come into the emergency departments do so under their own steam; ambulances cannot triage them. As a country member, I know that a lot of the time we do our own emergency travel when we can because sometimes it is quicker to get in the vehicle and drive yourself, or a friend or your partner can drive you, to the local hospital.

In regard to rehabilitation services, the bulk of the rehabilitation services currently provided at the Hampstead Rehabilitation Centre will be crammed into unworkable spaces at The Queen Elizabeth Hospital. For example, the spinal injury unit from Hampstead Rehabilitation Centre will be squeezed into buildings with about one-quarter of the internal space, meaning there will not even be room in the corridor for two wheelchairs to pass, the loss of an open campus that facilitates mobility and family time and, rather than adding to The Queen Elizabeth Hospital, the Labor government is compressing incoming services on top of current services that are available there.

The number of beds at The Queen Elizabeth Hospital will fall by 28, from 311 beds to 283 beds. The knock-on effect will see a number of the hospital's current core services displaced from purpose-built facilities. They will be put into smaller unsuitable facilities, including palliative care and geriatric care. The Labor government's plans do not meet the health minister's commitment that the facilities at The Queen Elizabeth Hospital for rehabilitation will be as good as, if not better, than those at Hampstead. Labor's plans have been widely condemned by clinicians and clients.

The most recent South Australian government plan for The Queen Elizabeth Hospital, the latest of 12 plans, was released for consultation in November 2016 but has not resolved all the issues yet. In regard to cardiac services, the western suburbs is the epicentre of cardiac disease. There have been 64 heart-related admissions per 10,000 people in the western suburbs, whereas in the eastern suburbs and Hills they are one-third lower. The western suburbs has one of the highest concentrations of older Australians anywhere in the nation.

The Queen Elizabeth Hospital is losing at least 24 and possibly all of the 30 cardiac beds and both of its cardiac catheterisation laboratories and surgery will close. The Lyell McEwin Hospital is adding one catheterisation laboratory while The Queen Elizabeth Hospital loses two. The head of SA Health, Vickie Kaminski, stated that the new Royal Adelaide Hospital's outpatient facilities will be unable to meet the expected demand. She even suggested that The Queen Elizabeth Hospital's outpatient services will be used to support the new Royal Adelaide Hospital, increasing pressure on The Queen Elizabeth Hospital service. That was mentioned on ABC 891 on Monday 15 May 2017.

Since the last election, the state Labor government has cut more than \$100 million from the capital works budget for redeveloping The Queen Elizabeth Hospital and redirected that money to other hospitals. The \$20 million being spent on capital works is primarily to rebuild the facilities that will be abandoned with the closure of St Margaret's, the Hampstead hospital and the Repatriation General Hospital, and it is an absolute disgrace that Daw Park is being shut down.

Clinicians have also suggested that the relocations to The Queen Elizabeth Hospital will need about \$120 million in capital investment, not \$20 million that the government has allocated. Car parking at The Queen Elizabeth Hospital is already difficult, and the government's plans will see a net loss of 34 car parks.

In relation to the background of The Queen Elizabeth Hospital, it is a 311-bed acute-care teaching hospital and has a catchment of 250,000 in western Adelaide. It opened in 1954 and, as previously stated, there are more than 2,500 staff employed. There are over 40,000 emergency presentations, 36,000 inpatient admissions and around 16,000 surgical procedures each year. These are vital services to the western districts that will be cut by the state Labor government.

As regional members, we see the cuts being made to city hospitals and, as Transforming Health is being rolled out across the country, we fear—as we have done for decades—what is in store for country hospitals. Most recently, we have seen the proposed cuts to services at Yorketown Hospital, and we have seen the Keith and District Hospital threatened with closure because of a lack of funding from the state Labor government.

Between 25 and 30 years ago, I was on the steps of this very place protesting that the Labor government wanted to shut down the Tailem Bend District Hospital—my local hospital. We have a lot to fear in this state. We have a lot to fear about hospital closures and downgrading services. The government can build a \$2.4 billion hospital but cannot get it right by building an emergency department that will cope with the present demand, let alone the future rising demand.

Time expired.