

Hansard

29th October 2008

HEALTH CARE (COUNTRY HEALTH) AMENDMENT BILL

Second reading.

The Hon. R.L. BROKENSHIRE (20:24): I move:

That this bill be now read a second time.

This is a simple bill. To put it in a nutshell, what it proposes is to put into legislation the guarantee that the Premier made in a press release to rural and regional people in South Australia with respect to ensuring that we do not see hospitals and health services further downsized or closed.

I have had personal experience with the McLaren Vale Hospital, working with the community there. For 11 or 12 years we had to work very hard to ensure the survival of that hospital, and it is interesting today to see that, thanks to the volunteers and the dedicated support of the staff—the medical fraternity, the nurses and health care workers—against all odds the McLaren Vale Hospital is doing reasonably well and delivering great services for the community of McLaren Vale and the surrounding environs. However, the fight to keep that hospital open is just one example of the importance of ensuring that we have legislation that gives certainty to health care in rural and regional South Australia.

Frankly, the background to this bill is the deeply unpopular Country Health Care Plan that the Hon. John Hill put forward to the South Australian rural community earlier this year. I could not believe that the government actually put that plan up, given that many of the Hon. John Hill's constituents use the McLaren Vale Hospital. Outside of the fact that he has been Minister for Health in South Australia for some time and would have visited a lot of rural and regional hospitals, I thought he would have noted the lessons going back a decade or more with respect to the importance of rural health. Clearly there was massive community opposition to the plan, especially the aspect of it that would have reduced a large percentage of hospitals to what are called GP Plus centres.

I commend the government, and I will continue to do so, when credit should be given. As an example, the Berri hospital needed expansion. Rural and regional people need dialysis machines, and they need to have a good cross-section of surgeons attending hospitals in the regions to look after patients and perform operations; they do not need or deserve, as taxpayers, on an equity basis, to have to come to Adelaide for surgery that could easily be delivered in country areas. However, the compromise is a bit like the super school proposal: shut down a lot of schools, damage communities and local areas, and then expect people to be able to access services further away from their loved ones. Remember, there are not a lot of transport services in country areas, either.

We are at least 95 per cent sure (if we could get an FOI with some accuracy we would probably say we are 100 per cent sure) that not even a regional impact statement was done for the government's health care plan. To me that shows complete arrogance

when it comes to how the government made its decision to look after rural and regional people.

Family First offices, and both my colleague and myself, have been inundated leading up to the final announcement and back flip from the government in terms of protests about what was proposed for country South Australians with the Country Health Care Plan. After the community uproar, and Family First—and also, I admit, the opposition—working to raise the profile of the wrongs contained in the plan, the government did make some amendments to its decision-making. Of course, we are still waiting for Mr Blacker to come up with his final report in terms of the Country Health Care Plan.

Rural and regional people began to say that they were not going to accept that any further—and I have to quickly say that it was not just rural and regional people. One of the things governments need to remember is that there are city cousins and country cousins; a lot of people living or working in Adelaide have family in, or themselves came from, the country, so there was also wide support in metropolitan Adelaide to ensure that adequate health services were provided to country areas.

Instead of the government listening, it spent \$400,000 of taxpayers' money—not government money. The budget line in Premier and Cabinet for expenditure on political propaganda/advertising is not the Premier's money; it is not the Cabinet's money; it is not the government's money: it is the taxpayers' money. It is money that the hardworking people of Adelaide and the country deliver to the South Australian government of the day.

Through the drought and all the other pressures that are occurring in rural and regional South Australia at the moment, we saw the government still opposing the message from country people and spending \$400,000 on full page ads in stock journals and rural press—you name it; it was there—stating how good the country health plan was. The country people were never going to accept that, and nor should they. I will spend more time on this when we get to the third reading.

Finally, when common sense prevailed, the government did realise that it had made a mistake. It brought in Mr Blacker and some other people, to work with the community, and the Premier made a guarantee. The Family First bill enshrines the government guarantee into legislation. Without something in writing, a guarantee is no more than a shonky used car salesman's assurance that the vehicle has had one previous owner (a lovely lady) looking after that vehicle.

Bank guarantees are in writing. A guarantee has consequences if it is not complied with, and means that some person other than the principal is in strife if the person defaults. We believe the Premier and the health minister are making the promise, and it is the remaining members of the parliamentary Australian Labor Party who are the guarantors.

I will put on the public record that if the Liberal Party were in government and it went down this track—and I acknowledge that it would not, because it has a focus on rural and regional South Australia; it has a focus on looking after country people—I would be opposing it the same way.

Without going through all the clauses, given that we have a long sitting night tonight, I simply say to my colleagues in this house that I have a copy of the Premier's press release which talks about a guarantee: a guarantee that there will be no reduction in health services in rural and regional South Australia and that, in fact, over time there will be an improvement and there will be more doctors and nurses allocated.

What Family First is saying is, 'Well, Premier, thank you for that press release and thank you for that guarantee.' As a farmer and a country person myself, there is enormous pressure in the country at the moment. There is pressure in the city too, but there is enormous pressure in the country, and they do not need to have to lie awake at night thinking about whether or not their hospital is safe.

The garage sale in a couple of weeks at McLaren Vale Hospital is an example of where they will raise thousands of dollars to get a new piece of equipment. That is what they do in the country: they raise enormous amounts of money for equipment. They are worried about all of these things; they do not need to worry about whether the government is going to close their hospital.

We do have checks and balances in this bill. We are not silly. If the community at some stage signs off with the government of the day that that hospital is no longer required, then there is provision within our amendments for that hospital to close, but only after the community that pays the taxes signs off, not the other way, where a bean counter in Treasury says to the health minister, who is under pressure, 'We have a solution for you and your government, Mr Minister. We will give them a bit here and we will rip a heap out of the rest of the state.' That is effectively what the country health plan was about.

Having had the privilege of the emergency services ministry at one stage, I can tell members that the only reason why we still get volunteers—remembering that the absolute majority of ambulance officers in the country are volunteers—is that if they get into desperate trouble they know that a town very close to where they are will have a doctor and a hospital—with those golden minutes in a devastating situation that they arrive at—that can save that person's life. Those people will not continue to look after their local ambulance service and we will not see doctors staying in regions to practise to the high degree for which they are trained unless they have a guarantee.

So, it is pretty simple. The Premier has guaranteed it in a media release. All I am asking my colleagues in both houses to do is to enshrine that guarantee in the media release into legislation so that rural and regional South Australians can go to bed at night knowing that, if something adverse happens, they have the same opportunity as people in Adelaide to save their lives or those of their families and loved ones.

I commend these amendments to the council. I will not spend any more time on this matter now. I thank my colleagues for their indulgence in letting me put this to them tonight, and I am happy to speak to any of the amendments as we debate this bill. I appeal to them to support this measure, because it guarantees some security for rural and regional people who, at the end of the day, put a lot of blood, sweat and tears into being part of the South Australian economy, community and social fabric that we have been used to. Let us keep that social fabric, that economy and that rural community as vibrant as we possibly can in the future.

Debate adjourned on motion of Hon. J.M.A. Lensink.