

**COUNTRY HEALTH**

Mr PICCOLO (Light) (11:33): I rise to speak against this motion because, as usual, these sorts of motions put up by the opposition are long on rhetoric and lack the detail or any credibility when you consider them.

Mr Venning interjecting:

Mr PICCOLO: Member for Schubert, I sat here quietly and listened to you; I would ask that you give me the same respect. The member for Schubert has outlined things that he would like to see done. I agree with the member for Schubert that a functional health service for regional and rural communities is important. I have no difficulty with that. However, I would actually go further: we need a functional health system for the whole state. So we need to stop playing this city versus regional and rural type of dichotomy; this sort of debate to try to divide the community. I am a member of the state parliament and I work for the whole state, because part of my community is urban and part of my community is rural and regional.

Mr Venning interjecting:

Mr PICCOLO: As I mentioned, I sat here quietly and listened to you; I would suggest you do the same.

An honourable member interjecting:

Mr PICCOLO: I suggest, yes. Only the Speaker can direct.

Members interjecting:

The DEPUTY SPEAKER: I am fully on top of my game. I am listening with bated breath.

Mr PICCOLO: What is lacking in the member for Schubert's discussion and also lacking, generally speaking, in the Liberal Party approach to health, among other things, is a discussion about sustainability of services. The key thing about equity for anybody in this state—whether you are in Gawler, the Barossa or Clare, etc—is to ensure that we have services for the long-term. The underlying sustainability of our health system is important. When the member for Schubert gets up and talks about equity, he ignores the second, very important, part of that equation. It is important to have equity within the existing service, but it is also important to have a service which is sustainable in the long term.

When you look through the Liberal Party's health policy and their pronouncements—they have ignored that. They make these ad hoc decisions, that are all over the place, about what should be done and respond to what may be at times popular things, but which are not sustainable. Unfortunately, the health system they left for us, when we came into government, was full of ad hoc decisions which we now have to repair, get back on track and maintain.

The reality is—as the member for Stuart said yesterday—that costs to the health system are actually increasing at a greater rate than the normal CPI. He is quite right. When you look at the graphs of increasing health costs and what is required to sustain it—and this house has been told by the minister a number of times—unless there are dramatic reforms, we will not have a health system. There will not be equity for anybody, irrespective of where you live in this state.

The first thing you need to ensure is that the health system is sustainable. This is what the whole health plan was about: firstly, the state health plan, secondly, the country health plan. What are the underlying themes of those two health plans? One is to make sure we can actually afford a system which all South Australians can access on an equitable basis. This means that there is a hierarchy of services acknowledging: firstly, the provision of services—in other words, what can be provided—and secondly, the demand for services. You need to match the delivery of services to where they are demanded, which is very important.

The fact that there are more facilities in an urban area should not surprise us as the fact is that there is more demand for them in metropolitan Adelaide. That does not mean that people in rural and country areas should not have access to that service. We need to make sure that we get those services as close to the people as possible. This is an important element of the health plan. The health plan is about having a hierarchy of services to make sure that you can provide any procedure or medical need at the closest possible position. This is what we did. We upgraded a number of country hospitals: Mount Gambier, Berri, Whyalla.

Mr Griffiths: You haven't done it yet.

Mr PICCOLO: Well, it is planned. The plan clearly states that those hospitals will be upgraded to maximise additional services; that is to say, there will be a greater range of services to those centres. Part of that hierarchy is to ensure that people have access to those services. In reality, not every service will be provided at every health facility. If the Liberals are suggesting that they going to do that, I would like to see the numbers and financials for that.

We have moved services to country people. For example, in Whyalla, I understand, there is a new dialysis unit, so people do not have to come to the city for that service, so that people in the country area can actually get that service. I also understand, but there was also a recent announcement in Gawler moving a number of chairs for cancer services more locally, so people are not—

Mr PENGILLY: Point of order, Madam Deputy Speaker. This is plagiarism. This is what the minister read out yesterday.

The DEPUTY SPEAKER: That is a very serious accusation, member for Finniss: very, very serious. Given that I—

An honourable member interjecting:

The DEPUTY SPEAKER: I think you'll find I'm talking. Given that I have not read the statement that you speak of, I cannot rule on such a thing. At this point, I think we will give the member for Light the benefit of the doubt, because I suspect that at other times in this place, members on my left might have done something a little similar. So—

Mr Pederick: Outrage!

The DEPUTY SPEAKER: Outrage, perhaps. We must accept this and move on. Member for Light, the call is yours.

Mr PICCOLO: I can assure the house that I am not plagiarising anything. I just happen to know something about the health system and I take an interest in it. I actually try to know what we are doing, particularly in my own electorate.

Mr Venning: What about the Barossa Hospital?

Mr PICCOLO: The Barossa Hospital was not in my electorate the last time I looked, member for Schubert. If you want to secede your electorate to me, I am happy to look at it. As I said, there is a hierarchy of health services, and, as I was saying before I was interrupted by the member for Finniss—

The DEPUTY SPEAKER: Yes, but you shouldn't respond to interjections either, so let's just carry on.

Mr PICCOLO: Madam Deputy Speaker, I wasn't, actually. He had a point of order.

The DEPUTY SPEAKER: Yes, you were. You were just then.

Mr PICCOLO: Thank you, Madam Deputy Speaker for your support—and guidance, of course. For example, we have moved a whole range of new services to those country hospitals, recognising (as the member for Stuart quite rightly pointed out yesterday) that, when people in the country have to come to the city for services, it does not just affect the patients but also their families and a whole range of people.

The government recognises that and that is why, wherever possible, we are decentralising a whole range of services in conjunction with this hierarchy of hospital and health services. We have tried to link services so they can come closer to the people who need them. Members should also know that we have introduced a number of cancer chairs in my own local hospital in Gawler, in recognition that when people come into the city for services it is very disruptive not only for the patient but also the family.

The first thing about equity is to ensure that you have a system that can be equitable, which the Liberals have given up on. They just make these ad hoc promises all over the place. As the member for Schubert said, by his own admission, for 15 years they have been talking about the Barossa hospital, but eight of those were under a Liberal government. Why wasn't it built in the eight years the Liberals were in government? My understanding of the Barossa hospital, acknowledging it is not in my electorate, is that it is being investigated for future delivery.

The other point about consultation is that, under the new proposal, the health advisory committees do consult with communities. It is an interesting point that, on the one hand, the member for Schubert accused the government of devolving its responsibility when it asked those committees to consult with the communities but, on the other hand, we do not allow those committees to be consulted with. You cannot have it both ways—although he tries to—but the reality is that the health advisory committees' role is to consult with the communities. My own health advisory committee, for example, has just prepared a draft 10-year plan for services required in that community, and it has consulted quite widely, and that is its role and charter, and I see no problem with that.

When you look at the motion, when you actually (as the post-modernists would say) de-construct it, it is lacking, as usual, in any accuracy and is just a mishmash, ad hoc range of statements that cannot be sustained. Neither their policy nor the health system could be sustained, should they be elected. So it was not unfortunate that the Liberal Party was not elected at the last election; it was very fortunate for the people of South Australia that they were not, because we can continue with these reforms to ensure that there is equity in the system for all South Australians, including regional and rural South Australians, and that we have a sustainable system which is there for all South Australians, not the sort of system that they would insist upon, which would be fewer services for all of us in this state.

Time expired.

The DEPUTY SPEAKER: Thank you, member for Light, and thank you for your introduction of the postmodern dialectic into our discussions. The member for Fisher.