

# Q&A: SA Health Shadow Duncan McFetridge

What does the Opposition plan for health in South Australia? *medicSA* spoke to SA Shadow Health Minister **Duncan McFetridge** about his party's plans to rebuild the Royal Adelaide Hospital on its existing site, if elected; how a Liberal government would spend the money it proposes to save; what other hospitals and country South Australia can expect; and bringing back hospital boards and reducing bureaucracy in health ...

“*The Liberal Party initially put forward three plans for rebuilding the Royal Adelaide Hospital (RAH) on its current site (costed at \$1.4 billion, \$950 million, and \$800 million). The current plan is for a rebuild for \$700 million, in contrast to the government's proposed \$1.7 billion new hospital. What is the rationale on choosing the less expensive option? We will be wanting to get the best bang for our buck on any health spending, whether it is providing equipment for doctors and nurses, and for the benefit of patients, or it's building a hospital. Why would you spend \$1.7 billion on building – and it actually will be a lot more than that by the time it is finished in 2016 ... why would you spend that sort of money when you have a perfectly good, working, world-class hospital down at the Frome Road precinct?*

John Hill keeps saying that we are going to have to wait 11 years for the Liberals to finish [our rebuild]. You won't have to wait 11 minutes – you have a wonderful hospital already. There are areas that need to be improved, there are areas that need to be upgraded, and there are certainly some areas where we can rebuild, and the initial costs have been able to be reduced by refining our plans. We are very confident that what we have got as a proposal is deliverable and will give a wonderful result for South Australians.

*The current Liberal plan to rebuild the RAH predominantly involves additional accommodation space being built on the existing site, but there are other areas of the hospital that people argue need to be rebuilt or improved upon, at least to meet future needs. Is that part of the Liberal Party's plans?*

Every hospital in SA does need to be upgraded, redeveloped, [and have] new equipment. Just as the Liberals did

start, when they were in government, [work at] The Queen Elizabeth (TQEH) the Lyell McEwin, and at Flinders, we will continue to upgrade and redevelop those hospitals. We will also continue to upgrade and redevelop the RAH, as is required. This is not new – every hospital around the world needs to be upgraded and equipment changed to make sure that the best health service is being



delivered ... you can't have Florence Nightingale wards in 2010, and so we will be doing that, not just at the RAH but every hospital in SA.

*Do you have a plan in place for expanding or upgrading those areas at the RAH that are not going to continue to meet our needs?*

Upgrading individual departments in individual hospitals is a moving feast. The need to do that will be something that is looked at as part of an overall maintenance and improvement plan for health in SA. It will depend on what developments there are in medical technology, and in patient care, as to when things need to be changed and when they will be changed. It will also

depend on how much money is available at the time. We understand there is over a quarter of a billion dollars blow-out in the health budget in SA, and it is only halfway through the financial year.

*Are you confident of having the RAH rebuilt by 2016?*

The rebuild of the RAH is one that we'll get underway as soon as we possibly can – as soon as we know how much money we have got to spend – and we are going to make sure we are going to get best bang for the buck, whether it is through a public-private partnership or a government borrow and spend.

*In terms of the plans that are currently on the table, are you confident that if you were to win the upcoming election, that would be the hospital design you would go with – it would not need further refinements?*

We have consulted with a lot of architects, we have consulted with deans of medical schools ... we have consulted with engineers, we have consulted with doctors. We have talked about what is there and what we need ... We are not architects, we are not engineers – that's why we have been talking to them – but

we are very confident that what we have proposed is very, very similar to what you will end up getting. If we can improve it, obviously we will do that.

*The \$1 billion proposed saving from a \$700 million rebuild of the RAH, in contrast to the government's plans for a new hospital, would that money saved be quarantined to all go into health?*

The leader, Isobel Redmond, has already publicly stated that \$500 million will be available for rural and remote health, country health. That is a statement that the leader has already made, and that is what is required in SA ... The other \$500 million will go into improving health facilities and equipment as necessary, in consultation with hospital boards and doctors. ▶

*Would the \$500 million for rural and remote health go towards service delivery, new infrastructure ...?*

The capital spend that we would be saving is going to be delivered into upgrades of hospitals. If there are new hospitals that – and I know the government has been looking at a hospital in the Barossa – now, if the business case is there, we will certainly be looking at those sorts of things, so that we can provide the best health services that we can for South Australians. It will be providing both buildings and equipment ...

*Doctors report that the Women's and Children's Hospital (WCH) does not have sufficient space to cope with the current and future demand on its services. What plans would you have for the WCH?*

We will continue to develop the WCH and redevelop it in just the same way as we have with other hospitals. It is interesting to see that Mike Rann, in one breath, says that you cannot build up, you cannot redevelop, rebuild on site, yet at the Gilbert Building at the WCH the government is about to put another three floors onto that building, so you can expand the WCH by building up, just as they do overseas. Vertical integration of hospitals is much more efficient than big, flat, wide sprawling hospitals ...

The WCH is a terrific hospital, but like all hospitals, you do need to keep spending money on the latest technology, upgrading services, making sure that the hospitals are functioning as well and efficiently as they possibly can.

*You have previously mentioned issues with the amount of bureaucracy in the health system and the need to reduce it. If elected, how would your government reduce bureaucracy in health?*

What we will be doing is making sure we end the closing of beds, opening offices syndrome we see in many health services, and particularly in SA we are seeing evidence of that, with the numbers of bureaucrats just burgeoning.

What we will be doing is getting rid of the centralisation, getting rid of the regions, giving back to the community their hospital boards, so that they can have a say in what is going on, and so that hospital managers and doctors and nurses at the coalface, where the money should be going – not into bureaucrats in ivory towers – they are the ones that

should be able to make the decisions and run those hospitals for the best advantages of South Australians.

*Do you have any plans for the other hospitals in SA?*

Hundreds of millions of dollars have been spent on the TQEH, the Lyell McEwin, at Noarlunga and at Flinders. There is money that has been spent at Modbury and needs to be spent at Modbury. We will not be just centralising all of the hospital spend at the railyards.

We will be making sure that whether you live north, south, east or west you will be getting a good hospital, a good general hospital with a range of facilities, as close to your home as we possibly can, so that you are not having to travel across town, you are not having to line up for hours and hours to wait in overcrowded emergency departments.

*Do you have any plans about developing an integrated e-health system that includes general practice and the private sector, as well as the public sector?*

I went to a presentation recently on SA-NT DataLink, dealing with the transfer of confidential information between the NT and SA, and a lot of that focussed around health information and health records ... The sharing of information to stop duplication of testing, examinations [etc] is something I think we really need to look at.

Obviously ensuring patient confidentiality and privacy is paramount, but at the same time the medical profession should be able to look at records, look at tests, look at diagnoses that have been made, so we are not repeating needlessly any of our procedures and investigations, that do take up a lot of money, so that money can then be used to deliver frontline services ... e-health is an absolute winner.

*If successful at this upcoming state election, what would you hope to be able to say about the health system at the next state election?*

The moment I am able to get my hands onto the real picture in health in SA is when we will be able to develop a timeline to deliver for South Australians. At the moment, we don't know how much money is there and the mid-year budget review has not come out yet [at the time of interview].

[Once] we are able to find out exactly what is going on, then we will be able to put timelines on when we will deliver, because we shouldn't make promises we can't keep. But what I can say is that we'll make sure that we deliver for South Australians the best health system that we possibly can, get the best bang for their buck, and make sure our emphasis is on frontline health services, not on centralising health services in Adelaide, propped up by a massive bureaucracy.

So in 2014, going into an election as the health minister, I would be more than proud to be able to say to South Australians, we have done our very best to deliver a health system that not only do you want, but you deserve ...

*What can country South Australians expect in terms of the health services they could access under a Liberal government?*

Country people are doing it tough, whether it is water, whether it's agricultural prices, or whether it is just the tyranny of distance. We want to make sure that country people will have the best access to the closest and best hospital system that we can provide. You shouldn't have to travel hundreds of kilometres for relatively straightforward procedures and investigations, you should not have to come to Adelaide every time you want some investigation or procedure. You shouldn't have to travel even to large regional towns for many of these procedures that could be done within a community hospital. The Liberal government is very focussed on that.

We will be giving all the hospitals their boards back – particularly country hospitals need their boards back. They know what is best for their communities, they know what is deliverable ... they realise you can't have a heart transplant in every hospital, but they do know that you should be able to deliver, at Renmark, accident and emergency services. There is a cost with all of this, but we do need to make sure that we are able to deliver services as close as practicable to the scene of where the action is.

*Shadow Minister Duncan McFetridge was interviewed by Eva O'Driscoll. Questions and answers have been edited, and are not reproduced in full, due to space constraints.*