

MATTERS OF PUBLIC IMPORTANCE

Health Services

[Ms RISHWORTH](#) (Kingston) (4.33 p.m.)—I am surprised at the opposition's proposal for discussion as a matter of public importance the need to provide the most vulnerable people access to adequate health care and health services. The previous Howard government's record was poor. I would describe the previous government's action as malaise at best. On their watch the number of GPs decreased significantly. In some areas of my electorate of Kingston there is one GP per 5,000 people. This means that many people are waiting up to three or four weeks to see a GP. If you cannot get in to see a GP, how are you going to access other services—specialist services, dental services and even allied health services like psychologists? The number of GPs has been declining over the last 11 years and the previous government did nothing about it.

The stories that I heard as I went around the shopping centres and the electorate were very clear. People wanted something done about GP numbers. In addition, they wanted something done about the decrease in bulk-billing services. I heard story after story of people who knew something was wrong with them but they could not afford to go to the doctor because of the lack of bulk-billing services in the electorate—that was if they could actually make an appointment to see their local doctor. The previous Howard government did not pay any attention to GP numbers or GP services and left the most vulnerable people at risk.

Then there are the elective surgery waiting lists. A significant number of people in my electorate who need new hips or knees have complained to me about how long they have had to wait. This has had a significant impact on their lives. They have not been able to exercise and engage in other preventative health strategies to maintain their general health. This is causing chronic long-term problems for them and their families. Often they rely on their families and friends to look after them. The previous Howard government did nothing about elective surgery waiting lists. It walked away and left people waiting for up to four years. It left the most vulnerable people unable to access this vital surgery.

In addition, as has been the general conversation here today, public dental waiting lists have grown enormously over the last 11 years. I visited Noarlunga, where the local dental service operates, and spoke to the people in the queue. They had waited months to get the first initial check and had been waiting years for treatment. They were frustrated and annoyed. One woman told me that she had had one treatment and required another treatment and she went to the back of the queue, waiting another two years to have her teeth checked. She did not have a chronic condition; she just had bad teeth and could not afford to see a dentist.

The previous Howard government ignored the plight of those people in our community who needed dental health care. They ripped the guts out of the Commonwealth dental health system and, as a result, many vulnerable people in our community cannot afford to go and see a dentist. They do not have a chronic condition but live with teeth problems which have exacerbated health issues and also psychological issues. A number of people said to me not having their teeth fixed not only upset them in terms of their health care but lowered their self-esteem. They were feeling vulnerable because they did not have the confidence to talk with people and get on with their lives. This has had a significant impact on people. On the Howard government's watch, the public dental waiting list and the public dental health scheme were neglected.

Over the years the Howard government also reduced its funding to the states when it came to public hospitals. It did not index the amount of funding and did not adjust for inflation. As a result, the funding went, on average, from a contribution of 45 per cent to 41 per cent. This has left the states struggling, and electors in my area have made it clear that they want contributions from the Commonwealth. They have been very clear about this. They know that Mr Howard and his government let them down when it came to health care. They are very pleased that Labor have started discussing with the state governments how we can best cooperatively improve health care.

The Liberal Party has always been pushing towards full privatisation of the health system—a user-pays system, an Americanised system—where the doctor will ring the insurer before they undertake treatment. We have seen the other long-term planning of the Liberal Party and the previous Liberal government when they talked about the boards that were going to run their hospitals. They were going to have local boards to run their hospitals; that was their first policy position. Local boards were going to be paid, then they realised how much money that would cost, so they were voluntary local boards. This was no real planning; it was flip-flopping on health care and not talking about services on the ground. In contrast, Labor has a clear and long-term plan to ensure that we have adequate health care in this country and that it reaches the most vulnerable people.

Labor have announced GP superclinics, and I am very lucky to have one in my electorate. This initiative will provide adequate infrastructure to attract GPs to areas of need. It will focus on prevention and lessen the burden of disease. It will be intrinsically involved in training GPs so that we can boost GP numbers and ensure that they are servicing our communities. It will integrate allied health care, which is so important, to ensure that we are providing a holistic program when it comes to health care. It will include psychologists, podiatrists and physios. But the most important thing about these GP superclinics is they will be a localised response, responding to the community's needs when it comes to health care.

In South Australia the state government has a model of a GP Plus clinic, similar to a GP superclinic. We have found that in the postcode where the GP Plus clinic is there is a 13 per cent reduction of presentations to the accident and emergency unit at the local hospital. This is a real improvement in ensuring that people are getting treatment when they need it and are not overburdening the hospital system.

In the last election, Labor announced—as the Minister for Health and Ageing has already mentioned—a big elective surgery package which will fundamentally reduce waiting lists. In South Australia we received in excess of \$13 million and many electors in my electorate have welcomed that. They see this as a true contribution to cooperative arrangements between the state and the Commonwealth governments and they believe it will make a difference.

In South Australia, in addition to addressing GP shortages, during the election the Rudd Labor government pledged \$10 million to the Flinders Medical Centre to improve their training facilities. I am pleased that we will be honouring that promise by ensuring that the training facilities for medical students at Flinders Medical Centre, at Noarlunga medical centre and at the Repatriation General Hospital will be expanded so that we can train more doctors.

In addition, Labor has announced a dental care plan which will invest millions of dollars to address the problem of public waiting lists. It will ensure that those

most needy will be able to get dental care. We are also taking a very proactive stance on preventative health. I am pleased about this, because the Howard government did nothing when it came to preventative health. We are looking at preventative dental care for teenagers; we are looking at tackling binge drinking. These are both examples of preventative strategies, which were neglected under the Howard government. This is very important in ensuring that not only the burden of cost in health is reduced but also people live happier, healthier lives.

Labor are also doing a huge amount of work in encouraging nurses to get back into the workforce. Many nurses have left the workforce and it is important that we do attract them back. As I have mentioned before, we have a genuine commitment to work with the states to deliver the next funding agreement, ensuring that public hospitals are adequately funded. States will need to establish that the money is being spent well and that they are providing satisfactory outcomes.

I am disappointed that the shadow minister for health is not here to hear this. I would like to take this last moment to commend the minister for health on her proactive stance and commitment to health and also on turning up to debates on time, which is something that the previous health minister failed to do. I do commend the minister for—*(Time expired)*