

Media release

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2,835,000 more kilometres, 311,000 more litres of fuel, and not enough beds: the real cost for ambulances and patients under the SA Country Health Care Plan

Rural South Australians and the state's already overstretched rural ambulances will face a staggering increase in kilometres travelled and fuel used in getting to the nearest acute care hospitals should the SA Government's proposed Country Health Care Plan be implemented, modelling undertaken by the Rural Doctors Association of South Australia (RDASA) has revealed.

RDASA's modelling also shows that SA's Country Community Hospitals will be many beds short of those needed to meet their increased patient load and will require extensive capital funding to ensure enough beds are available, should acute care services in the 43 affected rural hospitals be closed down.

The shortage of beds will leave SA's Country Community Hospitals dangerously above the clinically recommended 85% bed occupancy rate and thus unable to cope with unforeseen medical emergencies such as motor vehicle accidents and heart attacks. Yet the Plan includes no additional funding for extra acute care beds and ward space at any of these hospitals except Berri's, and even there the number of additional beds will go nowhere close to meeting the additional capacity required.

RDASA's modelling is based on the 43 rural South Australian hospitals which could lose acute medical inpatient services under the Plan, and is based on figures supplied in the SA Country Health Care Plan. The modelling has found that, with patients having to be transferred (either through self-drive or ambulance retrieval) to the *next closest* acute care hospitals, the following costs could result:

- **2,835,045 additional kilometres in return travel per year** would need to be travelled by patients (either through self-drive or ambulance retrieval) to access acute inpatient care or longer-term observation that they can already receive in their local hospitals.
- **311,855 additional litres of fuel per year** would be needed by either the patients or ambulances to get them to and from these distant hospitals.
- **36,663 additional hours per year** would be required of SA's volunteer ambulance staff in transporting patients to distant hospitals for the acute medical treatment or longer-term observation they currently can receive locally, and then getting the ambulance back to its return destination.
- **\$2,456,866 in additional fuel costs and ambulance officer time per year** would be incurred by SA's ambulance service in getting patients from the 43 affected communities to and from these distant hospitals.
- **5,258,920 additional kilometres per year** would need to be travelled by country SA families and visitors to see their loved ones *once only* while in acute care or under longer-term observation at distant hospitals (and then to return home) and to again make the same return trip to collect their loved one from hospital.
- **\$3,260,530 in additional costs per year** would be incurred by country SA families and visitors in travelling to distant centres to see their loved ones *once only* while in acute care or under longer-term observation at distant hospitals (and then to return home) and to again make the same return trip to collect their loved one from hospital. This doesn't take into account the cost to family members who are trying to keep their businesses or farms afloat while they travel to distant centres to visit their family members.

Modelling also undertaken by RDASA has shown that, under the new Plan, patients in 10 of the affected communities would face between 200 and 400 kilometre return trips to access acute inpatient care and, in the

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case of Coober Pedy, a 900 kilometre round trip. Patients in these communities and their surrounding regions can currently access acute medical inpatient care on their doorstep at their local hospital. The patients' families would also be forced to travel the same extra distances.

"If Health Minister John Hill reckons rural South Australians will have increased access to healthcare under the proposed Country Health Care Plan, he must be using a different type of calculator than we are" RDASA Vice President, Dr Peter Rischbieth, said.

"These figures show the enormous monetary, time and social cost this Plan will impose on South Australia's ambulance service, rural ambulance volunteers, rural residents and receiving hospitals. And given the 311,855 additional litres of fuel required in getting patients and their families to distant centres under this Plan, there will also be a very significant environmental cost.

"Of critical concern is the fact that SA's Country Community Hospitals will have nowhere near the number of additional acute care beds required to meet additional patient load following the proposed downgrading of the 43 affected rural hospitals. Apart from Berri, there is no additional capital funding allocated in the Plan to enable these hospitals to increase their bed capacity, and even at Berri the number of additional beds will go nowhere near the number needed to ensure that hospital can meet the anticipated blow-out in capacity. We estimate Berri alone will need 17 more beds than the Government is planning on providing.

"This has enormous safety implications, particularly if the available beds at these hospitals are all full and additional critical patients arrive at the hospital via ambulance following a serious road or farming accident, heart-attack or other life-threatening situation. We ask the Minister—where will these patients then be sent and what will be the impact on their chance of survival, particularly if they have already spent hours in the back of an ambulance travelling from their community (which used to have acute care capacity) to the next nearest hospital?

"Dr Alison Edwards from Port Broughton advised me today that, just this weekend, her hospital (one of the 43 under threat) received two patients from Port Pirie because the Port Pirie Country Community Hospital had no beds available! Yet under the Plan, Port Pirie Hospital will be required to take on more patients! No additional funding is being provided to Port Pirie to build this extra bed and ward capacity.

"While we disagree with some of the figures used in the Plan, we have considered it important to base our calculations on the Government's own figures to show just how ill thought out this Plan is, how expensive it will be to implement, and what a terrible impact it will have on rural South Australians. The SA Government has not provided this type of modelling to South Australia's rural communities—and we would question whether the Government has even undertaken this modelling or broader economic and social impact modelling on the affected communities.

"It is nonsensical to suggest that rural South Australians in the 43 affected communities will be better off under this Plan—they will no longer have access to acute care locally, they will lose doctors and nurses from their communities, they (or their local hospitals) will face much larger ambulance or fuel bills, their families will face much larger fuel bills in travelling to distant hospitals to see them, and SA's volunteer ambulance officers will need to put their paid jobs and family life on hold just so they can transport patients to access acute care in distant hospitals—care that, prior to the Plan's implementation, those patients could access in their own town.

"This Plan has been the definition of chaos from day one, and our calculations show just how much more money it will cost South Australian taxpayers and rural patients. It is time for Minister Hill and Premier Rann to can the Plan, buy a new calculator, and sit down in a constructive manner with South Australia's rural health professionals and rural communities to develop a Plan that actually increases their access to local healthcare rather than robbing them of it."

See RDASA's analysis of the cost impacts of the SA Country Health Care Plan at www.rdasa.com.au.
Dr Peter Rischbieth will hold a doorstop in Adelaide at 11am SA time Tuesday to discuss RDASA's analysis (this will be held outside the Australian Nursing Federation, 191 Torrens Road, Ridleyton).
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