Mr MARSHALL (Dunstan—Leader of the Opposition) (14:49): My question is to the Minister for Health. Can the minister confirm that the 62 beds at The Queen Elizabeth Hospital north and south pods will be relocated to make way for rehab services from Hampstead?

The Hon. J.J. SNELLING (Playford—Minister for Health, Minister for Mental Health and Substance Abuse, Minister for the Arts, Minister for Health Industries) (14:50): Sorry, the 62 beds—

Mr Marshall: —at The Queen Elizabeth Hospital’s north and south pods will be relocated to make way for the beds that are coming from the Hampstead Rehabilitation Centre.

The Hon. J.J. SNELLING: I will need to check and I am happy to get the information back to the Leader of the Opposition.

Mr MARSHALL (Dunstan—Leader of the Opposition) (14:50): I will move on to my next question, in that case, also to the Minister for Health. Given that physical exercise is a key component rehabilitation for people who have sustained a spinal cord injury, why has a physical education department been left out of the rehabilitation facilities at The Queen Elizabeth Hospital?

The Hon. J.J. SNELLING (Playford—Minister for Health, Minister for Mental Health and Substance Abuse, Minister for the Arts, Minister for Health Industries) (14:50): We’re working with consumers about what the needs for spinal patients will be at The Queen Elizabeth Hospital when it is relocated to The QEH. I find it quite understandable that there may be some concerns, but I’m confident we can work through these. One of the important components of the changes that we’re making for patients with spinal injury is to actually start their rehabilitation far earlier.

In fact, the new Royal Adelaide Hospital will have rehabilitation beefed up substantially, and patients with severe spinal injury will be able to begin their rehabilitation at the new Royal Adelaide Hospital far sooner than currently happens when, essentially, they have to wait until they are transferred to Hampstead for their rehabilitation to begin in any substantive way. We are very confident that this new service will be to the benefit of patients with spinal injuries, but my department is working through any concerns consumers have about what facilities will be available to them.

Mr MARSHALL (Dunstan—Leader of the Opposition) (14:51): Supplementary, sir: is the minister aware of Paraquad SA’s concerns regarding the downgraded facilities that will be put for rehabilitation at The Queen Elizabeth Hospital? They believe that, in fact, a physical education department is fundamental to the needs of people trying to rehabilitate.

The Hon. J.J. SNELLING (Playford—Minister for Health, Minister for Mental Health and Substance Abuse, Minister for the Arts, Minister for Health Industries) (14:52): They have written to me and I will get a reply back to them addressing their concerns, but we’re very happy to meet with them and talk with them about any concerns they have, so we can reassure them that, far from being a downgraded service, it will be an upgraded service. It will be far and away to the benefit of patients with both brain injuries and spinal injuries.

Mr MARSHALL (Dunstan—Leader of the Opposition) (14:52): Is the minister therefore suggesting to the parliament there is no downgrade, that there won’t be a loss of gym with full-time staff as there is currently at the Hampstead Rehabilitation Centre and that those facilities will be put down at The Queen Elizabeth Hospital? If that is the case, where will they be located?
The Hon. J.J. SNELLING (Playford—Minister for Health, Minister for Mental Health and Substance Abuse, Minister for the Arts, Minister for Health Industries) (14:52): I reiterate what I've said and that is that we are not downgrading services to patients with spinal injuries.

Mr MARSHALL (Dunstan—Leader of the Opposition) (14:53): Can the minister outline to the house what consultation he undertook prior to the decision to remove the physical education Department from the facilities going forward?

The Hon. J.J. SNELLING (Playford—Minister for Health, Minister for Mental Health and Substance Abuse, Minister for the Arts, Minister for Health Industries) (14:53): I can't add to what I've already said and that is that I'm happy to work through these issues with consumers. I understand Paraquad have some concerns and I'm more than happy to work through these issues with them, to reassure them. It is certainly not my intention to do anything that would be to the detriment of patients recovering from spinal injuries, and I'm very confident, with the changes we're making, that this will be far and away to the benefit of patients with spinal injuries.

Mr MARSHALL (Dunstan—Leader of the Opposition) (14:53): Would the minister therefore consider reinstating a physical education department at The Queen Elizabeth Hospital site with a gym and full-time staff?

The Hon. J.J. SNELLING (Playford—Minister for Health, Minister for Mental Health and Substance Abuse, Minister for the Arts, Minister for Health Industries) (14:53): As I said, I'm more than happy to sit down and talk with consumers to reassure them, to hear any views that they have and any concerns that they might have, and to do anything at all that is practical in order to address any concerns they might have.

Mr MARSHALL (Dunstan—Leader of the Opposition) (14:54): A further question to the Minister for Health: how will the proposed brain injury and spinal injury units cope with 19 fewer beds at The Queen Elizabeth Hospital than the 53 beds these units currently have at the Hampstead Rehabilitation Centre?

The Hon. J.J. SNELLING (Playford—Minister for Health, Minister for Mental Health and Substance Abuse, Minister for the Arts, Minister for Health Industries) (14:54): I don't hold with that reduction. I would need to check with that reduction that the Leader of the Opposition alleges. I know there is concern about the change in the number of beds for spinal patients from 25 to 22, but I am very confident that with improvements in rehabilitation and particularly with our engaging patients far earlier in their recovery that we can, in fact, provide for a lower length of stay which is going to be to the benefit of the patient, and it means we can get better use of the beds we have.

Mr MARSHALL (Dunstan—Leader of the Opposition) (14:55): Can the minister explain to the house how many beds will be reduced from both the brain injury and the spinal injury units? My understanding is there is a total of 19 beds. The minister has just explained to the house that it is two or three. Can we have some clarity around this issue please?

The Hon. J.J. SNELLING (Playford—Minister for Health, Minister for Mental Health and Substance Abuse, Minister for the Arts, Minister for Health Industries) (14:55): I do not know about brain injury, but I have been advised about spinal injury. It is probably anticipated that the number of beds will be 22 and are 25 at the moment, but we are very confident that with improvements in rehabilitation, and in particular engaging patients in their rehabilitation far earlier than currently happens, that will more than provide for any increase in capacity we will need.
As always with bed numbers, we provide the number of beds that we need based upon presentations that we have and we are always able to flex up the number of beds to make sure that patients who need to be accommodated can be accommodated. Spinal injuries and brain injuries will be no different from anywhere else, and if we need extra beds at any time because we have an influx in the number of patients requiring a particular service, we will make sure those patients get looked after.

Mr MARSHALL (Dunstan—Leader of the Opposition) (14:56): How is it, minister, that we can have a reduction of almost 40 per cent in the number of beds both between the brain injury and the spinal injury units and no diminution of services? If it was so simple to be treating these patients with fewer beds going forward, why hasn’t this been in place in the past?

The Hon. J.J. SNELLING (Playford—Minister for Health, Minister for Mental Health and Substance Abuse, Minister for the Arts, Minister for Health Industries) (14:56): I don’t hold necessarily with the Leader of the Opposition’s allegation that there is a 40 per cent reduction in beds. I will need to check with brain injuries, but with regard to spinal injuries it is potentially a very small reduction because we believe we will be able to get better use of those beds by engaging patients in their rehabilitation much earlier. I think this is something that should be applauded.

Mr MARSHALL (Dunstan—Leader of the Opposition) (14:57): Will the minister come back to the house tomorrow and confirm the reduction in beds for both the brain injury and the spinal injury units in South Australia going forward?

The Hon. J.J. SNELLING (Playford—Minister for Health, Minister for Mental Health and Substance Abuse, Minister for the Arts, Minister for Health Industries) (14:57): I am more than happy to come back to the Leader of the Opposition with advice about bed numbers, but as—

Mr MARSHALL: We’re still getting answers to questions asked years ago.

The Hon. J.J. SNELLING: Because you ask such inane questions. As I constantly state—

Members interjecting:

The Hon. J.J. SNELLING: Inane questions, yes. Inane questions, that is what I said. Inane questions.

The SPEAKER: The member for Kavel.

The Hon. J.J. SNELLING: The simple issue is—

Mr Marshall interjecting:

The Hon. J.J. SNELLING: Poor old Warren, yes. With regard to bed numbers, not only in brain and spinal injury but right across our health system, our bed numbers depend upon activity. If we have a greater number of presentations then we flex up the number of beds. Bed numbers is not a static thing that is set in stone. We always increase the number of beds if we have a greater number of presentations and so, likewise in these clinical areas that the Leader of the Opposition is referring to, if ever we needed additional capacity for patients recovering from brain or spinal injury, then we would simply flex up the number of beds to make sure we could accommodate those patients.