



REPORT OF INQUIRY INTO

**DELIVERY OF HEALTH SERVICES
ON THE YORKE PENINSULA**

Sixth Report of the

ECONOMIC AND FINANCE COMMITTEE

Tabled in the House of Assembly on Thursday 18 September 2025 and ordered to be published

First Session, Fifty-Fifth Parliament

FOREWORD BY THE PRESIDING MEMBER

This inquiry was established as the result of a petition submitted to the South Australian House of Assembly in 2023, requesting a study of the delivery of health services on the Yorke Peninsula. Beginning in November 2024, the inquiry received 86 submissions and heard from witnesses in Adelaide, Yorketown and Wallaroo. The Committee heard from nearly 30 individuals at the two public hearings on the Yorke Peninsula, as well as from several organisations and stakeholders.

One of the petition requests was an examination of the classification of the Wallaroo Hospital within the Yorke and Northern Local Health Network, as it is the primary hospital on the Yorke Peninsula. Classifications are determined for certain facilities and services at hospitals, with most services at Wallaroo Hospital being resourced at Level 2 or 3. A number of submissions and witnesses stated that the services at Wallaroo Hospital needed to be upgraded, with a limited number of beds, particularly in the Emergency Department. It was also highlighted that some specialist services, such as a radiology, were not available at Wallaroo on a 24/7 basis. Representatives from the Local Health Network told the Committee that the plan was to establish Wallaroo as part of a triangular hub alongside hospitals in Port Pirie and Clare, with similar levels of service delivery.

The petition also requested for the Port Pirie Hospital to be transferred from the Yorke and Northern Local Health Network to the Flinders and Upper North Local Health Network. There were submissions and testimony which suggested that the Port Pirie Hospital drew resources away from hospitals on the Yorke Peninsula and people were unlikely to travel to Port Pirie for treatment when travelling to metropolitan Adelaide was preferable, with an underlying assumption that removing Port Pirie Hospital from the YNLHN would result in the redistribution of a similar level of resources within a smaller network. The Committee heard that Port Pirie Hospital was critical for maintaining levels of resources, staff and institutional knowledge within the YNLHN.

Additionally, the Committee received submissions and witness statements on several other issues concerning health services on the peninsula. A problem faced across the region is a lack of personnel, including doctors, nurses and allied health professionals. This meant that hospitals are at risk of being understaffed, people cannot access GP appointments in a suitable timeframe and specialist services are not available, as well as early intervention and health monitoring measures being inaccessible to many. The lack of health practitioners on the Yorke Peninsula partially stems from difficulties in recruiting to and retaining staff on the peninsula, especially when other regions in South Australia and nationally also have staff shortages. The Committee heard that incentives are needed to attract staff to the Yorke Peninsula, while also addressing workload and safety concerns amongst existing staff.

Distance on the Yorke Peninsula was raised as a significant issue during the inquiry, with many people choosing or needing to travel to Adelaide for treatment. This may be due to a lack of suitable appointments on the peninsula or that the services (particularly specialist ones) are not available in the region. Further to this, there were numerous reports of people needing to travel long distances to Wallaroo, Maitland and Kadina from the southern part of the peninsula. These travel requirements put strains on patients, as well as their loved ones, and presents further risks to the residents of the Yorke Peninsula. A lack of travel options was highlighted, with many depending on the Patient Assistant Transport Scheme or volunteer-driven ambulances.

Many specialist services are limited on the Yorke Peninsula, including mental health services, antenatal and post-natal care and palliative care. In many of these cases, the Committee heard, that people need to travel significant distances (such as to Wallaroo or Adelaide) to access them, or face substantial waits in accessing the necessary services. This had led to a call by residents on the Yorke Peninsula for a greater investment in staff and facilities to provide greater services that are more locally accessible.

To address the issues raised by the inquiry, the Committee has made a number of recommendations. These can be found at the beginning of the report, with explanations for each recommendation in the report's conclusion.



Mr Eddie Hughes
PRESIDING MEMBER
MEMBER FOR GILES

LIST OF RECOMMENDATIONS

The Economic and Finance Committee recommends the South Australian Government:

1. Consider investment to upgrade services at Wallaroo Hospital, including increase in the number of beds and 24/7 on site radiology services
2. Maintain Port Pirie Hospital within the Yorke and Northern Local Health Network
3. Investigate options for development of Emergency Department facilities at Yorketown and Maitland Hospitals
4. Call on the federal government to explore incentives for GPs to join or establish medical practices on the Yorke Peninsula
5. Investigate methods for supporting the maintenance and possible expansion of the YNLHN's Rural Doctor Program
6. Explore incentives for early career nurses and metropolitan-based nurses to relocate and work in the YNLHN, such as subsidised accommodation
7. Consider development of further training opportunities for nursing and allied health staff to increase specialist knowledge amongst health staff on the Yorke Peninsula
8. Examine possible increases in subsidies provided by the Patient Assistance Transport Scheme, as well as decreasing the complexity of applying for subsidies via the scheme
9. Explore possible changes to the Patient Assistance Transport Scheme to take into account continuity of care
10. Explore options for expansion of volunteer ambulance crews in the region
11. Call on the federal government to investigate investment in community-based mental health practitioners and well-being hubs on the Yorke Peninsula
12. Investigate investment in mental health support in hospitals to assist with mental health presentations at Emergency Departments
13. Explore options for safety upgrades at hospitals to help protect staff and patients
14. Consider the establishment of Child and Family Health Services across Yorke Peninsula, particularly in towns in the southern region
15. Investigate options for expanding palliative care services on the Yorke Peninsula
16. Explore options for community support for digital health and telehealth services

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THE ECONOMIC AND FINANCE COMMITTEE

The Economic and Finance Committee (the Committee) is established pursuant to the *Parliamentary Committees Act 1991* (the Act). The Committee's main function is to consider matters in relation to state finances or economic development (excluding statutory authorities), along with other specific statutory functions referred to it from other Acts of Parliament. It is the 'Public Accounts Committee' of the South Australian Parliament and, as such, is a Member of the Australasian Council of Public Accounts Committees.

Membership for this Inquiry comprised the following in the 55th Parliament:

Mr Eddie Hughes MP (Presiding Member)

Ms Nadia Clancy MP

Mr Matthew Cowdrey OAM MP

Ms Lucy Hood MP

Mr Stephen Patterson MP

Hon Anthony Piccolo MP

Mr Sam Telfer MP

Parliamentary Officer to the Committee:

Ms Jessica Watson (until 16 May 2025)

Mr Shannon Riggs (from 19 May 2025)

Research Officer to the Committee:

Dr Evan Smith

FUNCTIONS OF THE COMMITTEE

Pursuant to section 6 of Act, the functions of the Economic and Finance Committee are:

(a) to inquire into, consider and report on such of the following matters as referred to it under this Act:

- (i) any matter concerned with finance of economic development;
- (ii) any matter concerned with the structure, organisation and efficiency of any area of public sector operations or the ways in which efficiency and service delivery might be enhanced in any area of public sector operation;
- (iii) any matter concerned with the functions or operations of a particular public officer or a particular State instrumentality or publicly funded body (other than a statutory authority) or whether a particular public office or particular State instrumentality (other than a statutory authority) should continue to exist or whether changes should be made to improve efficiency and effectiveness in the area;
- (iv) any matter concerned with regulation of business or other economic or financial activity or whether such regulation should be retained or modified in any area;

(b) to perform such other functions as are imposed on the Committee under this or any other Act or by resolution of both Houses.

The Committee has ongoing responsibilities under the following South Australian statutes:

- Emergency Services Funding Act 1998
- Passenger Transport Act 1994
- Gaming Machines Act 1992
- Public Corporations Act 1993
- Motor Accident Commission Act 1992.

REFERRAL PROCESS

Pursuant to section 16(1) of the Act, any matter that is relevant to the functions of the Committee may be referred to it in the following ways:

- (a) by resolution of the Committee's appointing House or Houses, or either of the Committee's appointing Houses;
- (b) by the Governor, or by notice published in the Gazette; or
- (c) of the Committee's own motion.

Furthermore, pursuant to section 16B of the Act;

16B—Referral of certain petitions to Committee

(1) The House of Assembly or the Legislative Council must, on presentation of an eligible petition by a member of the relevant House, refer the petition to an appropriate Committee.

(2) In this section—

eligible petition means a petition of not less than 10 000 signatures that complies with any relevant requirements of the Standing Orders of the House in which it is presented or the Joint Standing Orders (as the case may require).

MINISTERIAL RESPONSES TO COMMITTEE REPORTS

Pursuant to section 19 of the Act, if a report contains recommendations, the Minister with responsibility in the area concerned is required to respond within four months and include in the response statements as to:

- (a) which (if any) recommendations of the Committee will be carried out and in the manner in which they will be carried out; and
- (b) which (if any) recommendations will not be carried out and the reasons for not carrying them out. The Minister must cause a copy of the response to the Committee's report to be laid before the Committee's appointing House within six sitting days after it is made.

TERMS OF REFERENCE

The Economic and Finance Parliamentary Standing Committee has been referred the Eligible Petition 45. Narungga Rural and Regional Health Care. The Economic and Finance Committee has resolved to inquire into and report on the delivery of health services on the Yorke Peninsula and specifically investigate:

- (1) the classification of the Wallaroo Hospital;
- (2) the most appropriate Local Health Network coverage of the Port Pirie Hospital;
- (3) factors impacting the delivery of health services on the Yorke Peninsula and especially in relation to access and equity; and
- (4) any other matter relating to health services on the Yorke Peninsula.

1. BACKGROUND

1.1 Petition

On 15 November 2023, a petition regarding health services within the electorate of Narungga was presented to the House of Assembly by Fraser Ellis MP, carrying 10,688 signatures. Pursuant to section 16B of the *Parliamentary Committees Act 1991*, the Clerk of the House of Assembly referred the eligible petition to the Legislative Review Committee for its consideration.

In May 2024, the *Parliamentary Committees Act 1991* was amended, with the House in which the petition was presented could now determine the most appropriate Committee to consider the petition. On 12 September 2024, the petition was referred to the Economic and Finance Committee by the House of Assembly.

1.2 Terms of reference and conduct of inquiry

On 14 November 2024, the Economic and Finance Committee resolved to inquire into and report on the delivery of health services of the Yorke Peninsula and specifically investigate:

- 1) The classification of the Wallaroo Hospital;
- 2) The most appropriate Local Health Network coverage of the Port Pirie Hospital;
- 3) Factors impacting the delivery of health services on the Yorke Peninsula and especially in relation to access and equity; and
- 4) Any other matter relating to health services on the Yorke Peninsula.

The closing date for submissions was 7 February 2025, with the call for submissions advertised in *The Advertiser*, *Yorke Peninsula Country Times*, *The Recorder* (Port Pirie), *Whyalla News*, *Transcontinental* and *InDaily*, as well as on the Parliament of South Australia's website and social media accounts. The Committee received 86 submissions and conducted 4 hearings (two in Adelaide and two on the Yorke Peninsula), with 28 individuals, as well as 12 organisations and stakeholders, giving oral evidence.

1.3 Demographics of Yorke Peninsula

Yorke Peninsula is part of the Yorke and Northern Local Health Network (YNLHN). It has one of the largest regional populations in the state outside of metropolitan Adelaide (just over 30,000) and according to the Barunga West, Copper Coast and Yorke Peninsula Councils, it is 'one of the few regional areas expected to grow at or near the statewide average over the next 20 years, with projected growth of 17.5 per cent by 2041'.¹ The region has a large agricultural base and a significant tourism industry, with Tourism SA stating that in 2023, over half a million people visited the Yorke Peninsula.² The development of a mining project at Ardrossan, estimated to be operational within the next few years, is anticipated to bring further movement of people to the region.

¹ Barunga West Council, Copper Coast Council and Yorke Peninsula Council, Submission 69, p. 2.

² Tourism SA, 'Yorke Peninsula – Regional Profile', <https://tourism.sa.gov.au/media/atfokbpt/yp-december-2023.pdf> (accessed 14 April 2025).

As the Peninsula is a popular retirement destination, the population is older than the state's average, 'with the median age of the resident population being in the age bracket of 55 – 64 years old' and 'the proportion of the resident population aged 65 or older expected to increase by 8.7 percentage points between 2026 and 2041'.³ At the same time, the Yorke Peninsula also has a higher birth rate than the state average, with more than 320 babies born to mothers living on the Peninsula each year between June 2018 and June 2023.⁴ Furthermore, there is a higher proportion of Aboriginal and Torres Strait Islander people on the Yorke Peninsula, 'with 3.5 per cent of the resident population being Aboriginal or Torres Strait Islander, compared with 2.4 per cent of the statewide population'.⁵

In their submission, People's Health Voice, a project assisted by SACOSS, stated:

The Yorke Peninsula (YP) faces significant healthcare challenges due to its unique demographic composition and geographic isolation... The region has a higher proportion of elderly residents, individuals with chronic disease, and families with young children than the metropolitan average, and discussions with community revealed that these factors - compounded by workforce shortages and infrastructure limitations - contribute to severe inequities in healthcare access for patients on YP compared to their Adelaide metro counterparts.⁶

The demographic composition of the Yorke Peninsula and their needs upon the health system are exacerbated by the seasonal influx of visitors to the region, particularly over the summer period, which puts an additional strain on the Local Health Network. A submission by SACOSS also suggested that the health profile of Yorke Peninsula residents showed more risk factors when compared with metropolitan Adelaide, with adults in the region more likely to experience:

- three or more longer term health conditions
- living with preventable chronic diseases including diabetes, heart disease, lung disease and cancer
- high blood pressure
- obesity and higher waist circumference
- smoking
- risky drinking (age standardized rate of 37.0 vs 18.3 in Adelaide)
- not meeting daily recommendations for physical activity
- high or very high psychological distress⁷

The Yorke and Northern Local Health Network services the Yorke Peninsula, providing for 28,566 residents on the Peninsula (out of a total population of 76,962 within the LHN).⁸ The LHN employs 496 people on the Yorke Peninsula (out of a total 2,012 employees), including at three hospitals (out of a total of 16) and two aged care sites (out of a total of 15).⁹ In 2023-24, there were 6,076 acute inpatient admissions within the Yorke Peninsula (34.5 per cent of total admissions), 15,237 emergency department presentations (37.9 per cent of total

³ Barunga West Council, Copper Coast Council and Yorke Peninsula Council, Submission 69, p. 2.

⁴ Barunga West Council, Copper Coast Council and Yorke Peninsula Council, Submission 69, p. 2.

⁵ Barunga West Council, Copper Coast Council and Yorke Peninsula Council, Submission 69, p. 2.

⁶ People's Health Voice, Submission 60, p. 5.

⁷ SACOSS, Submission 61, p. 5.

⁸ YNLHN, Submission 75, p. 2.

⁹ YNLHN, Submission 75, p. 2.

presentations) and 10,421 community and allied health referrals (36 per cent of total referrals).¹⁰

¹⁰ YNLHN, Submission 75, p. 2.

2. CLASSIFICATION OF WALLAROO HOSPITAL

Wallaroo Hospital is one of three hospitals on the Yorke Peninsula, alongside hospitals at Maitland and Yorketown. According to the Yorke and Northern Local Health Network, in the year 2023-24, Wallaroo Hospital recorded 9,878 Emergency Department presentations (with 52 per cent of these presentations being classified as Triage 4 or 5), 3,360 acute inpatient admissions and 106 births.¹ The YNLHN states, 'The top three (3) reasons for acute inpatient admissions were Renal Dialysis, General Medical, and General Surgical.'² In comparison, Maitland Hospital recorded 1,894 acute inpatient admissions and 2,889 Emergency Department presentations in the same period, while Yorketown Hospital recorded 822 acute inpatient admissions and 2,560 Emergency Department presentations.³

In 2022, the population of the Wallaroo Hospital catchment area was 16,643, with 14.5 per cent of the population aged 14 years and under and 32.4 per cent aged 65 years and over. Compared to the broader South Australian population, the Wallaroo catchment has a higher proportion of person aged 45 years and over, particularly those over the age of 65.⁴ The catchment area for Wallaroo Hospital is significantly larger than the catchment areas for Maitland Hospital (5,359 in 2022) and Yorketown Hospital (6,564 in 2022).⁵

Alongside emergency medical care, acute inpatient care and outpatient community care, Wallaroo Hospital provides surgical and maternal and neonatal care services. Since 2021, Wallaroo Hospital has also implemented:

- Increased chemotherapy services to two days per week due to rising demand
- Specialist nursing positions, including a Stoma Nurse and Prostate Nurse
- Expanded medical imaging services
- Longer clinic hours for SA Pathology
- Becoming a recognised stroke receiving site
- A Mental Health Clinician for inpatient and ED presentations
- An upgraded Helipad
- Expansion of South Australian Virtual Emergency Service and telehealth capabilities.⁶

In his submission, Fraser Ellis MP stated that Wallaroo Hospital is 'the major local hospital for all residents of the Yorke Peninsula', adding, 'It is comically undersized for a major hospital serving a large geographical area, what I would say, is a large, aging population'.⁷ Mr Ellis called for Wallaroo Hospital to 'be prioritised for a major redevelopment and expansion'.⁸

In its submission, the South Australian branch of the Australian Nursing and Midwifery Foundation (ANMF) described Wallaroo Hospital 'the central hub for a range of essential health services such as birthing, radiology and surgical interventions, as other services across the peninsula are downsized or removed'.⁹ The ANMF further stated that 'when there is no Medical Officer coverage and only an Extended Care Paramedic available', higher acuity

¹ YNLHN, Submission 75, p. 11.

² YNLHN, Submission 75, p. 11.

³ YNLHN, Submission 75, p. 11.

⁴ YNLHN, Submission 75, p. 9.

⁵ YNLHN, Submission 75, pp. 9-10.

⁶ YNLHN, Submission 75, p. 13.

⁷ Fraser Ellis MP, Submission 52, pp. 1-2.

⁸ Fraser Ellis MP, Submission 52, p. 2.

⁹ Australian Nursing and Midwifery Foundation (SA Branch), Submission 80, p. 2.

cases are referred to Wallaroo from the hospitals at Maitland and Yorketown.¹⁰ The Healthy Ardrossan Action Group made a similar point in its submission about Wallaroo Hospital being a hub for certain services on the Yorke Peninsula, such as x-rays, providing a necessity to residents without making a trip to Adelaide.¹¹

Tim Neumann, the Infrastructure Services Director for the Copper Coast Council, told the Committee:

Wallaroo is our only hospital service in the Copper Coast region and it is currently at capacity. It is under-resourced, both operationally and financially. Our bed numbers that sit at about 21, they are consistently full and at times pushed beyond their limits...

The Wallaroo Hospital is a major infrastructure asset, but it must keep pace with the demands of our growing community. The Wallaroo Hospital needs to double its beds and staff numbers to become a substantial regional facility that the community of the Copper Coast and the greater regional area can rely on and trust for the health care that we as the residents deserve.¹²

The importance of the Wallaroo Hospital to the community on the Yorke Peninsula was reiterated by many individuals. One submission that the hospital was 'not only for residents from Wallaroo, Moonta and Kadina', but for the people of lower Yorke Peninsula as well, needing it for surgery and overnight accommodation.¹³ Another submission called it 'our "last man standing" for a higher level of health care for our local Yorke Peninsula region'.¹⁴

Recognising its importance, the Committee was told that the hospital needed to meet the needs of the Yorke Peninsula communities. As one submission put it:

Yorke Peninsula is well known as a noted and beautiful holiday area with weekends and holidays the population increasing dramatically. At these times there is always the probability that there will be accidents and emergencies anywhere from Corny Point to Wallaroo yet no suitable hospital facilities are always available.¹⁵

Another submission made a similar point, stating:

Wallaroo Hospital lacks the capacity to service health needs of the Copper Coast region. It needs expansion, upgrades and staff to properly fulfill its reason for being there for its community and also the people in extra need from Southern Yorke Peninsula.¹⁶

A significant number of submissions argued that Wallaroo Hospital was insufficient to cope with these growing needs. A submission from Kadina Medical Associates wrote that a

¹⁰ ANMF, Submission 80, p. 1.

¹¹ Healthy Ardrossan Action Group, Submission 49, p. 3.

¹² Tim Neumann, Infrastructure Services Director, Copper Coast Council, *Committee Hansard*, 28 March, 2025, p. 42.

¹³ Doreen Brook, Submission 12, p. 1.

¹⁴ Janet Cameron, Submission 19, p. 1.

¹⁵ Pauline Woods, Submission 31, p. 1.

¹⁶ Neil Longbottom, Submission 11, p. 1.

'significant concern with the current hospital is infrastructure' as it had 'outgrown its suitability for our population and needs'.¹⁷ Their submission continued:

We are often at capacity. At times, patients are left to share rooms or bathrooms with potentially infective patients. This is nowhere near best practice.¹⁸

A lack of space for patients, in terms of both beds and rooms, was also mentioned by other submissions, with one saying, 'Throughout the hospital there are areas that are cluttered with equipment such as trolleys, rehabilitation equipment and lifters', which posed 'safety hazards for staff and patients'.¹⁹ This submission added further, 'There is an increased need for more suitable consulting space that is safe, accessible and confidential.'²⁰

There were many calls amongst the submissions for the Wallaroo Hospital to be upgraded, with one submitter suggesting '[t]here has been minimal upgrades to the Hospital & ED since I gave birth to my children 26 & 22 years ago.'²¹ Amongst the items to be addressed in a suggested upgrade, submissions proposed the following:

- Additional beds
- Private patient rooms
- Additional bathrooms
- Replacement of air conditioning system
- Dedicated storage areas for equipment
- Areas for treating patients with mental health or drug issues²²

Kadina Medical Associates also highlighted that services at Wallaroo Hospital had been disrupted by broken infrastructure, such as faults in the operating theatre air filtration system, and this needed to be attended to. Their submission alleged that these infrastructure issues had impacted upon services at the hospital, claiming:

We also have a visiting Orthopaedic doctor who would be willing to undertake joint replacements at Wallaroo Hospital – specifically with the support of our new multidisciplinary rehabilitation – however, is unable as the sterility of the operating theatres are not up to standard.²³

The original petition, tabled by Fraser Ellis in the House of Assembly, called for the 'urgent elevated reclassification of Wallaroo Hospital to a level befitting its status as the major hospital for the Narungga electorate servicing the largest constituent catchment area in the Yorke and Northern Local Health Network'.²⁴ A number of submissions agreed with the reclassification of the hospital, with the presumption that this would be complemented with an increase in funding. In its submission, the YNLHN stated that the levels of service at Wallaroo Hospital were 'at the highest level or equal to the highest level within YNLHN', comparable with Port

¹⁷ Kadina Medical Associates, Submission 38, p. 2.

¹⁸ Kadina Medical Associates, Submission 38, p. 2.

¹⁹ Sue Bussenschutt, Submission 76, p. 6.

²⁰ Sue Bussenschutt, Submission 76, p. 6.

²¹ Julie Schilling, Submission 62, p. 1.

²² Jan Cooper, Submission 20, p. 2; Kadina Medical Associates, Submission 38, p. 2; Sue Bussenschutt, Submission 76, p. 6.

²³ Kadina Medical Associates, Submission 38, p. 2.

²⁴ Eligible Petition 45, *House of Assembly*, 55/1, 15 November, 2023.

Pirie and Clare Hospitals, and were 'similar to other comparable service types in the other large rural hospitals and health services across South Australia'.²⁵

According to the Wallaroo Service Plan, released in 2019, Wallaroo Hospital has Level 2 emergency services, medical inpatient services and mental health inpatient care, as well as Level 3 maternal and neonatal services, surgical and anaesthetic services, low risk chemotherapy services and geriatric medicine (aged care) services. It also has Level 4 ambulatory care.²⁶ Roger Kirchner, Chief Executive Officer of the YNLHN, told the Committee that 'there are very few level 4 services across the state', using the level of obstetric services within the network. He explained:

We haven't got a level 4 obstetric service in the network because to have that you need to have not only an obstetrician or GP obstetrician there and the nurses and all those, you also need a number of paediatricians based locally. I think the only ones that I am aware of is that certainly Port Augusta is a level 4, and I think Mount Gambier might be a level 4 obstetric service.²⁷

Speaking to the Committee, Fraser Ellis contrasted Wallaroo Hospital with Port Pirie, stating:

the Port Pirie hospital is resourced at a level 3 emergency and Wallaroo level 2. Port Pirie hospital is resourced at level 3 medical inpatient services, whereas Wallaroo is level 2. Port Pirie is already resourced at level 4 cancer care services and Wallaroo is only level 3.²⁸

Roger Kirchner said, 'Our vision is we would like to see certainly Port Pirie and Wallaroo at that same level of service delivery from an acute point of view' and this would need to be built up incrementally, as not to overwhelm staff or the system.²⁹ The YNLHN advised in its submission that transitioning to a higher classification for particular services would require the 'attraction, development and retention of a sustainable qualified workforce to respond to more complex patient needs' and a '[s]ufficient demand for services to ensure the workforce can retain skills and confidence', as well as '[a]ccess to interdependent clinical support services' and a '[s]ignificant investment in resources'.³⁰

²⁵ YNLHN, Submission 75, p. 4.

²⁶ SA Health, *Northern Yorke Peninsula Health Service (Wallaroo): Service Plan* (Adelaide: Government of South Australia, 2019) pp. 4-5.

²⁷ Roger Kirchner, CEO, YNLHN, *Committee Hansard*, 27 March, 2025, p. 12.

²⁸ Fraser Ellis, Member for Narungga, *Committee Hansard*, 27 March, 2025, p. 2.

²⁹ Roger Kirchner, CEO, YNLHN, *Committee Hansard*, 27 March, 2025, p. 12.

³⁰ YNLHN, Submission 75, p. 4.

3. THE LOCAL HEALTH NETWORK COVERAGE OF THE PORT PIRIE HOSPITAL

In the original petition tabled in the House of Assembly, one request made was for 'Port Pirie [to] be reclassified out of Yorke and Northern Local Health Network into Flinders and Upper North LHN for improved resource allocation for all hospitals within the electorate of Narungga'.¹ The Port Pirie Hospital is one of the main hospitals within the Yorke and Northern Local Health Network, alongside Wallaroo and Clare Hospital. The Yorke Peninsula is one part of the catchment area of the YNLHN, which stretches to Orroroo in the north and Burra in the east.



Figure 1: YNLHN catchment
Source: YNLHN, Submission 75, p. 5.

Many submissions stated that Port Pirie was not the preferred option for people on the Yorke Peninsula if seeking treatment options beyond Wallaroo, with most saying that travelling to Adelaide was a more efficient option. One submission stated:

Port Pirie is further in distance and time than Adelaide. There are less specialists, services and accommodation available and Port Pirie already services and enormous portion of S.A.²

¹ Eligible Petition 45, *House of Assembly*, 55/1, 15 November, 2023.

² Keryn Dawes, Submission 36, p. 1.

Another submission said that it was more desirable to travel from the Yorke Peninsula to Adelaide, rather than Port Pirie, as it was a more effective use of their time:

People like myself hardly ever go to Port Pirie as we may as well drive an extra half hour and go to Adelaide where we have access to more shops, businesses, medical facilities, specialists etc. (a lot of local people have children at Colleges/Uni in Adelaide so will also opt to go there instead of Port Pirie for medical appointments).³

In his submission, Fraser Ellis MP claimed that the 'feeling amongst the community' on the Yorke Peninsula was that Port Pirie Hospital 'receives preferential treatment at the expense of Wallaroo Hospital (and, to an extent, Maitland and Yorketown)'.⁴ Mr Ellis stated that Port Pirie Hospital was 'not the major hospital for residents of the electorate of Narungga' and that few would travel there, with most choosing to travel to Adelaide.⁵ In his testimony to the Committee, Mr Ellis said that Port Pirie had approximately 52 beds, compared to approximately 21 at Wallaroo, but had similar catchment areas.⁶ He also suggested that Port Pirie attracted far less tourists than the Yorke Peninsula.⁷ He asserted:

So I contend that Port Pirie is getting a better deal than we are getting and that we would be far better off localising our health service and making Wallaroo the major hospital for our peninsula, where you can go to get the majority of your services and then, if needed, go on to Adelaide, as opposed to Pirie and then on to Adelaide, which is in the wrong direction.⁸

One of the suggestions that Mr Ellis made in his submission was for Port Pirie Hospital to be moved into the adjacent Flinders and Upper North Local Health Network, as FUNLHN 'only has six hospitals currently under its jurisdiction, compared to 18 hospitals being operated by Yorke and Northern'.⁹ For Mr Ellis, it seemed 'more equitable for Flinders and Upper North to take extra responsibility', which would 'enable Wallaroo Hospital to be promoted to the primacy it deserves in our LHN'.¹⁰

This assumption that shifting Port Pirie Hospital from the YNLHN into the FUNLHN would mean that Wallaroo Hospital would become the primary hospital for the YNLHN was also referred to in several submissions. One submission advocated:

If Pt Pirie Hospital were to be rezoned to the Flinders and Upper North Local Health Network, it would allow Wallaroo Hospital to become the major hospital for Yorke and Lower North Health Network and be funded accordingly. This would help to address the growth and expansion required on Yorke Peninsula and specifically at the Wallaroo Hospital.¹¹

Another anonymous submission made a similar claim:

Consideration should be given regarding Port Pirie Hospital's potential inclusion in the Flinders and Upper North Local Health Network,

³ Julie Schilling, Submission 62, p. 1.

⁴ Fraser Ellis MP, Submission 52, p. 2.

⁵ Fraser Ellis MP, Submission 52, p. 2.

⁶ Fraser Ellis MP, Member for Narungga, *Committee Hansard*, 27 March, 2025, p. 2.

⁷ Fraser Ellis MP, *Committee Hansard*, 27 March, 2025, p. 2.

⁸ Fraser Ellis MP, *Committee Hansard*, 27 March, 2025, p. 2.

⁹ Fraser Ellis MP, Submission 52, p. 2.

¹⁰ Fraser Ellis MP, Submission 52, p. 2.

¹¹ Sue Bussenschutt, Submission 76, p. 2.

reflecting its vast community reach in those areas. This change would also allow Wallaroo to become the major hospital for the Yorke and Lower North Health Network and funded appropriately, equally mirroring its community reach.¹²

In their submission, the Australian Nursing and Midwifery Federation (SA Branch) noted that both Wallaroo and Port Pirie Hospitals were a significant distance for many people on the Yorke Peninsula and there were challenges when transferring patients to Port Pirie from the smaller health sites on the Peninsula.¹³ The ANMF stated, 'with the population around Wallaroo and further down the Peninsula growing rapidly, having the lead hospital for the region closer makes social and economic sense'.¹⁴ However, the ANMF qualified this by adding, 'feedback from members did not strongly advocate for Port Pirie Hospital either remaining as part of Yorke and Northern LHN or to be moved to be part of the Flinders and Upper North LHN'.¹⁵

In their submission, the YNLHN acknowledged that there was the perception that removing the Port Pirie Hospital from the Local Health Network would increase the focus on the remaining hospitals within the network, particularly Wallaroo Hospital.¹⁶ However the YNLHN countered this perception, stating:

Removing YNLHN's largest hospital will remove a large portion of clinical and corporate leadership, expertise and corporate history for the wider YNLHN that may impact future performance and continuous improvement.¹⁷

Roger Kirchner, YNLHN's Chief Executive Officer, told the Committee that due to the funding arrangements for the Local Health Network, if Port Pirie Hospital was moved to another network, 'you would lose about... \$90 million out of that bucket, but the actual running costs for the network would remain similar'.¹⁸ From the network's point of view, Kirchner said:

there would be far more unintended negative consequences to actually remove the largest funded facility from the network. Given that Port Pirie makes up around about 30 per cent of our budget base—that is around \$86 million to \$90 million—to actually take that up out of our funding bucket, so to speak, we think would leave us with a reasonably small LHN that would be difficult to sustain.¹⁹

These comments seem to challenge the presumption that the YNLHN would receive the same level of funding without the inclusion of the Port Pirie Hospital and that this could be redistributed to Wallaroo Hospital.

Another impact of moving Port Pirie Hospital out of the YNLHN would be 'an increased challenge to attract and retain clinical and non-clinical staff in a smaller network', as the YNLHN currently allows flexibility of movement for staff between Port Pirie, Wallaroo and Clare, as well as the smaller sites in the network.²⁰ This flexibility between the major hospitals

¹² Anonymous, Submission 83, p. 2.

¹³ ANMF, Submission 80, p. 2.

¹⁴ ANMF, Submission 80, p. 2.

¹⁵ ANMF, Submission 80, p. 2.

¹⁶ YNLHN, Submission 75, p. 5.

¹⁷ YNLHN, Submission 75, p. 6.

¹⁸ Roger Kirchner, CEO, YNLHN, *Committee Hansard*, 27 March, 2025, p. 10.

¹⁹ Roger Kirchner, *Committee Hansard*, 27 March, 2025, p. 9.

²⁰ YNLHN, Submission 75, p. 6.

in the LHN allows the re-allocation of clinical staff to maintain essential clinical services, particularly when needed to sustain medical coverage at short notice, and providing specialist services to smaller communities by pooling resources with the larger hospitals.²¹ The YNLHN stated in their submission, 'Removing PPRHS [Port Pirie Hospital and Regional Health Service] resources will mean the Mid North communities and wider YNLHN will have less economy of scale to recruit to specialised roles'.²²

The YNLHN also warned that a change of LHN boundaries may impact critical pathways between the clinical support services based at Port Pirie, such as pharmacy and pathology, and the YNLHN.²³ The YNLHN additionally noted:

Services such as the National Disability Insurance Scheme or Home Care Packages would become less viable due to overheads being shared across a smaller number of packages. It is well recognised in the area of aged care that scale is required to ensure service viability.²⁴

The YNLHN told the Committee that they were looking to establish Port Pirie, Wallaroo and Clare as hubs within the network, which would then support the smaller sites around each hub, which would mean that people on the Yorke Peninsula would not be required to travel to Port Pirie for more complex treatment, but would allow the LHN to pool its resources, such as staff.²⁵

The Committee heard from a retired nurse from Yorketown who acknowledged that it would be very difficult to annex Port Pirie from the LHN, but the pooling of staff, via the Centralised Staffing and Recruitment Team (CenSTaR) and highlighted by the YNLHN's testimony, often didn't stretch to Yorketown Hospital. They said:

They've got a great system of CenSTaR. It doesn't work down here at Yorketown because there are no casual staff that they can ring up and say, 'Oh, so and so is sick, can you come in to work?' No, no, that's left up to a current nurse who is already doing her maximum number of shifts, and then she is going home and she is looking after family, looking after other people, or it might even be helping run the family business or running the farm, or anything like that, so then they are putting that on hold to come in to cover a shift. There are no casual staff that we can actually access. Pirie is beautiful, they have a lot, and they have 10 other sites that they can pinch from. We've got nothing down here; we are too far away.²⁶

²¹ YNLHN, Submission 75, p. 6.

²² YNLHN, Submission 75, p. 6.

²³ YNLHN, Submission 75, p. 7.

²⁴ YNLHN, Submission 75, p. 7.

²⁵ Roger Kirchner, *Committee Hansard*, 27 March, 2025, pp. 10-11.

²⁶ Jenny Treloar, *Committee Hansard*, 27 March, 2025, p. 30.

4. FACTORS IMPACTING HEALTH SERVICE DELIVERY ON THE YORKE PENINSULA

The Committee received over 80 submissions from the community relating to health services on the Yorke Peninsula, as well as hearing from nearly 30 individuals at hearings in Yorketown and Wallaroo. The community raised a number of issues regarding Yorke Peninsula's health services, including the presence of emergency departments on the peninsula, the availability of beds, staffing numbers, waiting times for health services, travel on the peninsula and to Adelaide, ambulance services on the peninsula and the availability of specialist services. This section of the report outlines some of the main issues raised by the community and their impact upon people on the Yorke Peninsula.

4.1 Lack of Emergency Departments on the Yorke Peninsula

The primary Emergency Department for the Yorke Peninsula is at Wallaroo Hospital, with more limited Emergency Department services at Maitland and Yorketown Hospitals. Maitland Hospital allegedly does not have a doctor on-site at all times, with one submission claiming:

On occasions when patients have attended the Maitland Hospital A&E they have been assessed by paramedics, or in the absence of any doctors onsite, the RN on shift is required to use the 'SAVES' program to remotely get assistance/advice on patients from a doctor elsewhere, and give the necessary treatments under advisement within their scope of practice. Not ideal scenarios.¹

Since the closure of the Ardrossan Community Hospital, Maitland has seen an increase in activity, with suggestions that '[s]taff are obviously not coping with the large number of presentations through their accident & emergency on a daily basis'.²

The South Australian Council of Social Services (SACOSS), alongside the People's Health Voice (PHV) project, undertook a survey of Yorke Peninsula residents regarding health services on the peninsula and stated that community members had raised several examples of 'the inaccessibility of timely, high quality emergency care, particularly on the Southern Yorke Peninsula'.³ This included some hospitals working beyond capacity resulting in unsatisfactory emergency care' and delays in emergency care causing people to drive to Adelaide or other regional centres to access immediate care.⁴ From this, People's Health Voice mentioned that some community members 'experienced being turned away by their closest hospital, and then questioned as to why they were attending a different hospital given that they live "outside the area" because that second hospital is already working beyond capacity'.⁵ Fear of not being able to readily access emergency care had an impact on people's mental health, behaviours and lifestyle choices on the southern Yorke Peninsula. For example, People's Health Voice reported:

we spoke with many older community members who had lived on the SYP all their lives and who believed that remaining on the Peninsula as they aged was 'unsafe and unsustainable' given the inaccessibility of acute

¹ Annette Lodge, Submission 50, p. 2.

² Anonymous, Submission 65, p. 1.

³ SACOSS, Submission 61, p. 6.

⁴ SACOSS, Submission 61, p. 6.

⁵ People's Health Voice, Submission 60, p. 6.

(and primary) care support. We also heard from parents who experience anxiety around emergency access to the extent that they limit their children's activities, e.g. climbing, sport or exposure to dietary allergens that may risk health emergencies, based on an understanding that an ambulance will often be 1.5 hours away.⁶

This has, according to the PHV/SACOSS survey, resulted in some giving up 'the expectation that residents can rely on timely emergency care anywhere on Yorke Peninsula.'⁷

4.2 Number of beds in hospitals on the Yorke Peninsula

In addition to the lack of emergency departments on the Yorke Peninsula, there is a concern about the number of beds available in the hospitals on the peninsula that do offer emergency care, primarily Wallaroo Hospital. Several submissions said that Wallaroo Hospital urgently required more beds and had not grown to compensate for the population growth the region had experienced. For example, one submission stated:

Wallaroo hospital is in desperate need of more beds. When built in 1988 it was a 21-bed hospital and here now in 2025 it's the same, despite the area growing, the population aging, increased visitor numbers to the area and the shift in socio economic status of the local communities.⁸

A submission by the Councils of Barunga West, Copper Coast and Yorke Peninsula noted that medical (non-emergency) admissions at Wallaroo Hospital had 'grown by an (compound annual) average of 13.2 per cent per annum between 2023-14 and 2022-23', which demonstrated the increased pressure upon the hospital and also reflected the lack of other medical care options in the region.⁹

Some claimed that a lack of beds at Wallaroo Hospital had led to people being discharged early from hospital or transferred to Adelaide. This can then be a safety issue for those discharged, or an added pressure on hospitals in Adelaide.¹⁰

4.3 Lack of healthcare professionals and staff on the Yorke Peninsula

A significant problem for healthcare on the Yorke Peninsula is a lack of staff, from GPs to nurses to specialists. This puts pressure on the system at all points and contributes to existing staff feeling overstretched and burnt out. This makes it difficult to retain necessary staff on the peninsula and increases the problems in recruiting further staff to the region.

4.3.1 Lack of General Practitioners

In their submission, SACOSS stated that the 'Yorke Peninsula region has fewer GP services than other regions of South Australia, particularly in its southern parts', with only 92.3 GPs per 100,000 people, compared to 135.5 in Adelaide and 113.2 in the rest of the state.¹¹ The Committee was told that there was a lack of GPs in many of the major towns across the peninsula. One submission said, 'Prior to Christmas last year the Yorketown Medical Practice

⁶ People's Health Voice, Submission 60, p. 6.

⁷ People's Health Voice, Submission 60, p. 6.

⁸ Sue Bussenschutt, Submission 76, p. 3.

⁹ Barunga West Council, Copper Coast Council and Yorke Peninsula Council, Submission 69, p. 4.

¹⁰ Julie Schilling, Submission 62, p. 2.

¹¹ SACOSS, Submission 61, pp. 6-7.

had two doctors leave (husband and wife) leaving only one very long serving part time doctor'.¹² Since the departure of these two doctors, another submitter wrote:

there have been occasions when I have not been able to get an appointment with a GP here, and have needed to travel 30 minutes to Minlaton or 60 minutes to Maitland, like so many others - this is country driving, not city driving, so many kilometres and much fuel - just to have a GP consult.¹³

For many, the lack of GPs in Yorketown has meant that the hospital has 'become the district's first port of call'.¹⁴

It is a similar situation in other towns. Medical HQ, a medical practice with branches in Maitland and Ardrossan, wrote that there is currently only two part-time GPs and one part-time Australian College of Rural and Remote Medicine registrar at their Maitland site, which is 'insufficient to service the community'.¹⁵ This results in patients needing to travel to other places for appointments and treatment, as well as the inability to GPs from the Maitland branch to provide services to the Maitland Hospital to alleviate pressure on hospital staff.¹⁶

According to People's Health Voice, the consequences of a lack of GPs on Yorke Peninsula, especially in the southern areas, include:

- Patients attending over-stretched hospital emergency departments for minor issues when they cannot access appropriate primary care
- Individuals delaying or choosing not to attend GP appointments for screening/preventative health care, resulting in chronic conditions being disproportionately undetected, or detected late
- Patients feeling pushed into telehealth appointments, which are inaccessible to many for reasons of poor connectivity and low levels of digital access and literacy
- Parents having to wait to bring their children to the appointments required for timely referrals to paediatric early-intervention supports¹⁷

People's Health Voice also claimed that some people living with chronic disease had been 'asked to respect a "one question per appointment policy" at one overstretched medical centre as a means of managing patient waitlists', which means that people with complex health needs are possibly not being met.¹⁸

Amidst the broader lack of GPs on the Yorke Peninsula, Medical HQ in Ardrossan was able to tell a more positive story as well. While twelve months ago, MHQ Ardrossan only had two part-time GPs and a part-time ACRRM registrar, but due to the senior GP being willing to train registrars and international medical graduates, the site has now increased its staffing to include one full-time GP and full-time international medical graduate.¹⁹

¹² Mick O'Connell, Submission 6, p. 1.

¹³ Anonymous, Submission 39, p. 1.

¹⁴ Jenny Oldland, Submission 40, p. 2.

¹⁵ Medical HQ, Submission 22, p. 2.

¹⁶ Medical HQ, Submission 22, p. 2.

¹⁷ People's Health Voice, Submission 60, p. 8.

¹⁸ People's Health Voice, Submission 60, p. 9.

¹⁹ Medical HQ, Submission 22, p. 2.

4.3.2 Lack of hospital staff

Similar to the situation that the Yorke Peninsula faces in terms of GP coverage, the hospitals on the peninsula also suffer from a lack of doctors and nurses. Many of the submissions acknowledged the hard work being done by the doctors and nurses at these hospitals, praising their commitment in the face of adversity. One submission provided the following scenario:

I have witnessed firsthand the overworked staff who do an amazing job. On one occasion the senior nurse walked into my room where 3 other nurses were frantically trying to stabilise a patient who had messed his bed, with buzzers sounding constantly in the passageway at around 1am in the morning and she burst uncontrollably into tears and had the shakes. Another nurse sent her away to have a break. Meanwhile as this was after hours, and due to the cleaning rules, the nurses couldn't get to use the cleaner's gear so used bed sheets to mop up the mess which had also spread to the shared ensuite. Because it was the weekend, both our room and the ensuite could not be cleaned properly till cleaning staff came in on the Monday.²⁰

The Australian Nursing and Midwifery Federation stated that there has been a 10.5 per cent increase in patient presentations at the Wallaroo Hospital ED since 2021, with a 49 per cent increase in Triage Category 1 presentations, a 25 per cent increase Triage Category 2 presentations and 19 per cent Triage Category 3 presentations.²¹ Despite these increases, the ANMF said, 'staffing levels have not been adjusted accordingly, resulting in understaffing and inability to meet the required nurse-to-patient ratios', which puts both patient and staff welfare at serious risk.²² The ANMF claims that staff at Wallaroo Hospital 'have repeatedly raised concerns in relation to inadequate staffing levels to safely manage the patients within their care', citing times when there were only 3 members of staff to accommodate 15 patients on the ward, as well as pressure to accept more ED patients as the department was 'under excessive demand' and pressure to accept elective theatre patients early 'which has significant safety concerns about the assessment and management of potentially high acuity cases'.²³ Appearing before the Committee, representatives from the ANMF said:

We know, for instance, in one of the worksites in Yorke Peninsula that one registered nurse can be responsible for 17 patients and then responsible for the emergency department as well, as well as any incoming calls from concerned community members about their health and status, which really is unsustainable in terms of workload and their ability to feel like they can safely and comfortably provide adequate service to the community that they are serving.²⁴

The Committee was told of similar issues at Yorketown Hospital. According to one anonymous submission, it was not unusual for there to be no doctor at the hospital and this shortfall to be accommodated with 'the less-than-ideal solution of an extended care paramedic on overtime'.

²⁰ Ian Eglinton, Submission 16, p. 2.

²¹ ANMF, Submission 80, p. 3.

²² ANMF, Submission 80, p. 3.

²³ ANMF, Submission 80, p. 4.

²⁴ Adjunct Associate Professor Elizabeth Dabars, CEO/Secretary, ANMF (SA Branch), *Committee Hansard*, 15 May, 2025, p. 57.

The submission added, '[a]t night, there are only two nurses on shift, so if there is a sick person in ED, the rest of the hospital is under/unstaffed'.²⁵

This understaffing can lead to fatigue and burnout amongst nurses. This is a particular issue in regional and rural areas, such as the Yorke Peninsula, where resources are more limited, meaning greater demands on staff.²⁶ Anecdotally, the Committee heard that there were a number of staff leaving, 'feeling overwhelmed and disillusioned with concern for their patients and themselves'.²⁷

4.3.3 Reliance on locums

The shortage of doctors as GPs or in hospitals has allegedly led to a reliance on locum doctors on the Yorke Peninsula. Several submissions stated that the use of locums hindered continuity of treatment for patients and did not allow for the building of relationships between doctors and patients. As one submitter wrote:

The local medical centre is forced to utilise short term locum doctors who, whilst appreciated, offer no longer term security to residents of the area who historically have been comforted by doctor / patient relationships that go beyond one consultation.²⁸

The People's Health Voice survey reported that 'the constant stream of new doctors has meant that patients are regularly consulting a provider with whom they do not have a relationship, who does not know their history [and] who is unfamiliar with the local context'. This includes a lack of knowledge of the availability of local allied health supports, the local administrative systems (such as the Patient Assistance Transport Scheme) or local community infrastructure (such as parenting groups).²⁹

Another anonymous submission highlighted that locum doctors were often reluctant to refer patients onto specialist services as they would not be able to conduct follow up appointments if required, encouraging patients to see their local GP for referrals or follow up appointments. The submitter said, 'Whilst this in theory sounds like a good plan it often doesn't go to plan with patients unable to get into see a GP for weeks [and] offered phone consults only'.³⁰ Dr Hodgetts from People's Health Voice told the Committee:

People also felt that when locums came and went so quickly there really wasn't space to raise complaints if there were any issues with those people, because they felt there was no point: there would be somebody new next time. That leaves people feeling particularly vulnerable and often accepting what they described as substandard care.³¹

4.4 Wait times for medical services

The shortage of GPs on the Yorke Peninsula has meant an increase in waiting times to obtain an appointment, with SACOSS noting that 'the community reported long waiting lists that were

²⁵ Anonymous, Submission 1, p. 1.

²⁶ ANMF, Submission 80, p. 5.

²⁷ Sue Bussenschutt, Submission 76, p. 6.

²⁸ Matthew East, Submission 15, p. 1.

²⁹ People's Health Voice, Submission 60, p. 15.

³⁰ Anonymous, Submission 65, p. 1.

³¹ Dr Katherine Hodgetts, Senior Project Officer, People's Health Voice, *Committee Hansard*, 1 May, 2025, p. 34.

up to 4 weeks in some areas'.³² For example, one submission, discussing the Yorketown Medical Practice, claimed that 'the opportunity to see a GP at the centre is becoming very difficult', with '[n]o advance bookings being taken even when required to make a follow-up appointment after returning from surgery in Adelaide'.³³ Another submission, talking about medical services in the Ardrossan area, wrote, 'Generally it seems the wait time to get an appointment for a doctor is often 2 weeks'.³⁴

The Committee was told the need for a doctor's appointment for script renewals and referrals to specialists added to the waiting list for GPs in the region, which is similar to experiences in other places across the state. One submission complained about 'the need to see Drs for repeat referrals to specialists, and repeated script renewals when patients are long term users, clogs waiting rooms and unnecessarily overloads Doctors'.³⁵ Another said, 'Procedures for repeat scripts need re-assessment as having to make a doctor's appointment can introduce long delays and consume valuable doctor's time'.³⁶ A further submission wrote that they could not get an appointment with their local doctor in Maitland and instead ordered scripts online via Instant Scripts.³⁷ One witness who had moved in 2024 to Yorketown told the Committee that trying to get a revised asthma plan for their son, they were told by the Yorketown Medical Practice that the practice was not taking new patients and could not provide a plan.³⁸ The witness declared:

Shouldn't everyone have access to a GP, especially if this is the only clinic in the town? Shouldn't we welcome new residents with open arms and give everyone access to quality health care?³⁹

SACOSS stated that the waiting times for a doctor's appointment meant that many 'have no option but to attend GP practices in Adelaide, thus incurring significant travel and accommodation costs that widen health inequities'.⁴⁰ Their submission added:

When community members need to take whatever appointments are available or endure long waits, there is no continuity of care, relationships are weaker and mutual trust is undermined, leading to poorer and less efficient care.⁴¹

For those who cannot travel to Adelaide and need to wait for an appointment with a local GP, People's Health Voice said, 'those delays are having some really serious knock-on effects', such as delays in obtaining referrals for early intervention or vital supports.⁴²

A factor that compounds this problem is a lack of bulk billing doctors and medical practitioners on the Yorke Peninsula. SACOSS suggested 'some community members in the Yorke Peninsula region are delaying or avoiding GP visits because they cannot afford Medicare gap payments', with private health insurance coverage on the peninsula being 39.1 per cent, which is lower than coverage rates for the Adelaide region at 47.1 per cent.⁴³ As some people are

³² SACOSS, Submission 61, p. 7.

³³ Jenny Oldland, Submission 40, p. 2.

³⁴ Judy-Anne Foster, Submission 43, p. 1.

³⁵ Keryn & Kath Dawes, Submission 36, p. 2.

³⁶ John Bauer, Submission 41, p. 2.

³⁷ Sally Young, Submission 35, p. 1.

³⁸ Alex Buchanan, *Committee Hansard*, 27 March, 2025, p. 24.

³⁹ Alex Buchanan, *Committee Hansard*, 27 March, 2025, p. 24.

⁴⁰ SACOSS, Submission 61, p. 7.

⁴¹ SACOSS, Submission 61, p. 7.

⁴² Dr Katherine Hodgetts, *Committee Hansard*, 1 May, 2025, p. 32.

⁴³ SACOSS, Submission 61, p. 9.

unable to pay the Medicare gap, they are choosing to present at emergency departments which adds further pressure on hospitals in the region. Dr Velardo from SACOSS told the Committee that the 'stark shortcomings in regional bulk-billing GP services' needs to be addressed, advocating for a Priority Care Centre or Medicare Urgent Care Clinic in the region.⁴⁴

4.5 Recruitment and retention of doctors and medical staff

The Committee heard that there were many concerned about the ability to recruit suitable staff to work on the Yorke Peninsula and the difficulty in retaining staff. This was the case for doctors, nurses and other allied medical staff. Regarding the shortage of GPs and the prospect of recruiting one to the region, one submission expressed frustration at the lack of success:

The Yorketown Medical Practice is already using two recruitment agencies to try to recruit overseas doctors and some agencies to get locum doctors. The Friends of the Yorketown Hospital are prepared to make welcome packs available to potential doctors and a range of methods to support the integration of new doctors into the community are being explored. Already there is a furnished house available for a newly arriving doctor. The community can only do so much.⁴⁵

Other submissions suggested that there was a lack of appetite amongst prospective GPs for after hours on-call work, which is sorely needed in the region.⁴⁶ Roger Kirchner from the YNLHN said that funding is not necessarily the issue in recruiting GPs to the region, but 'it's actually getting GPs who are prepared to work in a country practice'.⁴⁷ Mr Kirchner spoke of the LHN's Rural Doctor Training Program, headed by local GP Ellie Daniel, which has been recently established and described as an 'exciting initiative'.⁴⁸ The Rural Doctor Program is aimed at recruiting junior doctors to the region, with generalist training pathways, as well as supported accommodation and other incentives.⁴⁹ The thinking behind the program, he explained, was 'if we have the opportunity to train country people for country positions, there is a much better chance into the future that we will have a better workforce than we have had in the past'.⁵⁰

There were also concerns about the recruitment of hospital staff. Some submissions noted that the work conditions may not be attractive to potential recruits. For example, the Healthy Ardrossan Action Group stated:

We are currently investigating Nurse Practitioners and see them as very capable, but most likely not attracted to be standing by, to perform emergency care at all hours of the night and weekends. And of course, there needs to be more than one at work for security reasons.⁵¹

⁴⁴ Dr Stefania Velardo, Senior Policy Officer, SACOSS, *Committee Hansard*, 1 May, 2025, p. 30.

⁴⁵ Mick O'Connell, Submission 6, p. 1.

⁴⁶ Healthy Ardrossan Action Group, Submission 49, p. 2; Annette Lodge, Submission 50, p. 2.

⁴⁷ Roger Kirchner, CEO, YNLHN, *Committee Hansard*, 27 March, 2025, p. 8.

⁴⁸ Roger Kirchner, *Committee Hansard*, 27 March, 2025, p. 8.

⁴⁹ YNLHN, *Rural Doctor Program*, sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/careers/working+for+sa+health/our+services/working+at+ynlhn/rural+doctor+program/rural+doctor+program (accessed 12 June, 2025).

⁵⁰ Roger Kirchner, *Committee Hansard*, 27 March, 2025, p. 11.

⁵¹ Healthy Ardrossan Action Group, Submission 49, p. 2.

Meanwhile People's Health Voice said that staff with a view to making a permanent relocation to the region are 'often dissuaded by relentless workload expectations'.⁵²

At the same time, other lifestyle factors were raised as barriers to recruiting staff. People's Health Voice mentioned a 'lack of housing, childcare and family-friendly amenities' was another reason that people were unwilling to relocate to the Yorke Peninsula for work.⁵³ The ANMF submission emphasised that the 'availability of affordable and suitable housing for staff moving to rural areas is critical' as '[m]any areas are becoming too expensive and out of range for many health care staff to afford to buy their own home'.⁵⁴ The ANMF also cited the availability of childcare places across the peninsula as a deciding factor for people seeking work there.⁵⁵ The ANMF recommended that '[s]ubsidised housing needs to be consistently available to nurses and midwives to encourage and support relocation'.⁵⁶ Terry Wendelborn from the Yorke Peninsula Health Advisory Council made a similar point, stating 'there need[s] to be more resources to give nurses accommodation that's sufficient and suitable for purpose'.⁵⁷

The ANMF mentioned that paid incentives used to attract staff to regional areas did not go far enough. The ANMF's Director of Campaigning and Membership Growth, Roslyn Hewlett, said:

These incentives that people in these areas are having are not actually making it that they get paid more than a nurse who sits in metropolitan; it's actually compensating them—and not totally, just half-compensating them—for all the extra expenses: the petrol, the groceries, everything else that they do for choosing to live in these rural areas.⁵⁸

Adjunct Associate Professor Elizabeth Dabars, the CEO of the ANMF's SA branch, further added that the ANMF was 'very surprised very disappointed' about the attempts to provide financial incentives in South Australia, arguing that the amounts provided were not incentives, but 'cost recovery for your shift cost'.⁵⁹ The ANMF warned that South Australia risked losing regional staff to Victoria or other Eastern states if they did not compete with what these states were offering.

The YNLHN told the Committee of new appointments and recruitment programs that are currently in place. This included a new Head of Emergency at Wallaroo Hospital, alongside four ED salaried consultants and a new neonatal roster.⁶⁰ Another initiative is the Allied Health Cadetships offered by the YNLHN, which allows the LHN to 'employ staff in an allied health assistant-type role whilst they are studying their allied health qualifications, and then at the end of their qualification period they graduate and... offered positions across the network'.⁶¹ Mr Kirchner also told the Committee about the Transition to Professional Practice Program (TPPP) which supports nursing staff in their first year out of study and currently has over 30 participants.⁶² Furthermore, the YNLHN has developed a relationship with the Northern

⁵² People's Health Voice, Submission 60, p. 16.

⁵³ People's Health Voice, Submission 60, p. 16.

⁵⁴ ANMF, Submission 80, p. 7.

⁵⁵ ANMF, Submission 80, p. 7.

⁵⁶ ANMF, Submission 80, p. 8.

⁵⁷ Terry Wendelborn, Yorke Peninsula Health Advisory Council, *Committee Hansard*, 27 March, 2025, p. 20.

⁵⁸ Roslyn Hewlett, *Committee Hansard*, 15 May, 2025, p. 62.

⁵⁹ Adjunct Associate Professor Elizabeth Dabars, *Committee Hansard*, 15 May, 2025, p. 62.

⁶⁰ Roger Kirchner, *Committee Hansard*, 27 March, 2025, p. 8.

⁶¹ Roger Kirchner, *Committee Hansard*, 27 March, 2025, p. 12.

⁶² Roger Kirchner, *Committee Hansard*, 27 March, 2025, p. 12.

Adelaide Local Health Network and the Lyell McEwin Hospital, including a rotation arrangement for nursing staff between the two networks.⁶³

Speaking to the Committee, Fraser Ellis MP welcomed these programs but said:

The problem is it's coming late. We need a supercharger, we need a turbocharger to address the shortcomings that are literally on our doorstep. This batch will go through—that's excellent—the next batch needs to be bigger and the next one needs to be bigger again. We need to really turbocharge it, because beneath the pause—to say that I'm not exaggerating—we are on the precipice.⁶⁴

The ANMF also warned, specifically in relation to the TPPP, that a number of facilities in the region are heavily relying on recently graduated nursing staff and there needed to be skilled and more experienced staff to support them.⁶⁵

Several submissions and witnesses suggested that newly qualified doctors, nurses and allied health staff should be required or encouraged to commit to a period of employment in regional areas to address recruitment issues. The Commonwealth government currently offers a reduction of Higher Education Loan Program (HELP) debts for health practitioners that live and work in rural and remote areas around the country.⁶⁶

4.6 Travel requirements for treatment

The Committee heard from multiple submissions and witnesses about the significant travel undertaken by residents on the Yorke Peninsula for healthcare purposes. This includes travel from different sites on the Yorke Peninsula and also to Adelaide. The need for patients on the Yorke Peninsula to travel significant distances for treatment has a major impact on the patients, their families and the healthcare system that supports them, such as those involved in transporting patients. As one submitter stated, 'One cannot measure the amount of stress on patients and carers/loved ones when having to endure the tyranny of distance and the constant wait for health care'.⁶⁷

Some travelled to Adelaide because it was believed that there was a higher quality of care in the metropolitan area. One submission said:

The bottom line is that if a person is requiring medical attention in our area, their options are infinitely better in utilising what metropolitan Adelaide has to offer, even more so if they have the capacity to get themselves there. Even for emergency requirements, sports injuries and alike the patient would get a far greater level of service by driving to Adelaide with the undiagnosed injury or complaint than taking chances by

⁶³ Roger Kirchner, *Committee Hansard*, 27 March, 2025, p. 8.

⁶⁴ Fraser Ellis MP, Member for Narungga, *Committee Hansard*, 27 March, 2025, p. 5.

⁶⁵ Roslyn Hewlett, Director of Campaigning and Membership Growth, ANMF, *Committee Hansard*, 15 May, 2025, p. 60.

⁶⁶ Department of Health and Aged Care (Cth), *HELP Debt Reduction for Rural Doctors and Nurse Practitioners*, https://www.health.gov.au/sites/default/files/2023-09/fact-sheet-help-for-rural-doctors-and-nurse-practitioners_0.pdf (accessed 13 June, 2025).

⁶⁷ Marie Smith, Submission 23, p. 3.

utilising the emergency services provided at Wallaroo Hospital – factual and probably true for 95% of circumstances.⁶⁸

The People's Health Voice survey noted that patients reported a better understanding of managing chronic conditions than on the Yorke Peninsula.⁶⁹ Furthermore, the same survey seemed to show that many routinely attended a GP practice in Adelaide 'as a result of not being able to access timely appointments closer to home'.⁷⁰ Dr Hodgetts from People's Health Voice told the Committee that these experiences shaped people's behaviour and their faith in healthcare on the peninsula:

So many residents told us that they now just drive directly to Adelaide in emergencies. They don't wait, they don't call; they just go. Others change how they live, because they don't trust that emergency care will be there when they need it.⁷¹

Many are required to travel to Adelaide for specialist services as these services are not available on the Yorke Peninsula. Some of these specialist services, such as radiology or pathology, are offered at Wallaroo Hospital, but only from Monday to Friday, which means that some have chosen to drive to Adelaide if these services are needed on the weekend or public holiday.⁷² One submission highlighted that radiology is needed on the weekends on Yorke Peninsula, as there are many who play sports and 'the last thing we want to do is have to drive to Adelaide at night or on a weekend for an x-ray or scan because they have been injured'.⁷³

Kadina Medical Associates argued that a lack of services outside of hours put patients on the Yorke Peninsula at risk, saying:

if a patient requires an urgent CT of their brain out of hours, they are transferred to Port Pirie Hospital for a scan, and then returned to Wallaroo via ambulance transfer. Stroke management is time critical, transfer to and from Port Pirie makes Code Stroke beyond time criteria for reversal interventions.⁷⁴

Similar to wait times for GPs causing some to seek appointments with doctors in Adelaide, the wait for some services, such as radiology, has meant that people often opt to travel for more timely treatment. One submitter described his experience:

Unfortunately my elbow did not really improve and I decided to see my GP again around the 18th November. More x-rays and ultrasounds were ordered. I rang Jones Radiology in Wallaroo for an appointment there [and] next available time was January 2025. Now I had a six to eight weeks wait to have x-ray and ultrasound performed. I asked Jones Radiology if I could get an earlier appointment somewhere in Adelaide. They did arrange an appointment at Calvary in Adelaide for the 20th November which I attended.⁷⁵

⁶⁸ Matthew East, Submission 15, p. 1.

⁶⁹ People's Health Voice, Submission 60, p. 14.

⁷⁰ People's Health Voice, Submission 60, p. 8.

⁷¹ Dr Hodgetts, *Committee Hansard*, 1 May, 2025, p. 32.

⁷² Jan Cooper, Submission 20, p. 1.

⁷³ Julie Schilling, Submission 62, p. 1.

⁷⁴ Kadina Medical Associates, Submission 38, p. 1.

⁷⁵ Lance Rawlinson, Submission 10, p. 1.

Other submissions noted that they travelled to Adelaide because they required treatment not available on the peninsula. Ian Henderson, who needs regular dialysis and was previously treated for peritonitis, wrote in his submission:

any presentation I make to the Wallaroo ER (or any APD/Haemo patient) even if not renal related, and if I have to be admitted, I must be transferred to the RAH [Royal Adelaide Hospital] to enable dialysis to be carried out. This regional transfer of patients creates a burden on the city-based resources and any service done in Adelaide attracts additional costs through the Patience [sic] Assistance Travel Scheme (PATS).⁷⁶

Several submissions were concerned about the need to travel to Adelaide for treatment, but there were also submissions that raised the issue of people on the southern part of Yorke Peninsula having to travel to Wallaroo Hospital, as closer hospitals, such as Maitland or Yorketown, are unable to cope with patient demands.⁷⁷ One submission living at Edithburgh commented that while Wallaroo Hospital was 'fast becoming the centre for health services in Yorke Peninsula', it was 'a distant option for most residents or tourists in the Southern Yorke Peninsula region'.⁷⁸ They explained:

To get there, is a minimum of a 100-minute travel each way therefore requiring a whole day trip or an overnight accommodation which is limited. The roads are not surfaced appropriately and are unsafe in certain areas... Wallaroo is viable for a radius of 100 km. The Yorketown facilities need to be upgraded to cope with patients within a 100 km radius, too.⁷⁹

People's Health Voice reminded the Committee that for people travelling significant distances to Wallaroo Hospital, they are not only arriving with their immediate concern 'but also with a huge amount of trauma and anxiety from the journey that got them there'.⁸⁰ Dr Hodgetts explained:

They may have been to another place along the way where they were turned away; they may have experienced a long and difficult drive. So the triage at Wallaroo is not just looking at the presenting issue but they are also dealing with people under a considerable amount of stress, and that makes that triage process much more difficult and much more time-consuming, which in turn can have knock-on effects in terms of how many people they are able to get through and the wait times that people experience when they get to Wallaroo.⁸¹

Another problem for travelling for health services on the Yorke Peninsula is a lack of transport options, particularly for those who are not able to drive themselves or be transported by a family member or friend. SA Health operates the Patient Assistance Transport Scheme (PATS) which reimburses people in regional areas who travel more than 100 kilometres for medical treatment, helping to cover the costs of driving, public transport or air travel, as well as accommodation. However the People's Health Voice survey found that there was 'significant dissatisfaction' with the scheme, including:

⁷⁶ Ian Henderson, Submission 17, p. 8.

⁷⁷ Raelene Rowe, Submission 24, p. 1; Tessa Martin, Submission 82, p. 1.

⁷⁸ Keryn & Kath Dawes, Submission 36, p. 1.

⁷⁹ Keryn & Kath Dawes, Submission 36, p. 1.

⁸⁰ Dr Hodgetts, *Committee Hansard*, 1 May, 2025, p. 34.

⁸¹ Dr Hodgetts, *Committee Hansard*, 1 May, 2025, p. 34.

- Community members (especially elderly people) being unaware of the scheme, or felt underequipped to successfully lodge reimbursement claims;
- Patients being denied reimbursement if attending services beyond the nearest provider, even if nearest provider is inappropriate for the care required; and
- Eligible people avoiding engaging with the scheme as the stress of applying for reimbursement (and justifying their expenses) being actively detrimental to their health.⁸²

Furthermore, SACOSS stated that 'the scheme in its current form does not equitably meet the needs of vulnerable patients and their families, as subsidies do not reflect the true financial and emotional strains incurred through travel'.⁸³ SACOSS added, 'it has been ten years since the accommodation subsidy was lifted to \$44 per night and petrol subsidies are not indexed to CPI', while there is also 'currently no provision to support travel for carers'.⁸⁴ This creates significant out of pocket costs which 'can create a significant financial burden for patients, perpetuating and potentially exacerbating health inequities in the region'.⁸⁵

Additional transport is provided by Care in Motion (previously Community Care and Transport) which is staffed by volunteers and offers private vehicles and a bus service to Adelaide, as well as to various sites on the Yorke Peninsula. However, service can be limited and cannot cater for some patients due to age or health issues.⁸⁶

The Committee was told that there were also inadequate ambulance services on the Yorke Peninsula, for both emergency and non-emergency transportation. The South Australian Ambulance Service (SAAS) relies on volunteers in the region and there was much praise for their efforts, but it was acknowledged by several submissions that the number of volunteers was 'dwindling' and volunteers were being overstretched.⁸⁷ As one submission said, 'Our already overworked ambulance volunteers are doing a sterling job but it is made even more demanding having to transport gravely sick or injured patients to Maitland, Wallaroo or even Adelaide'.⁸⁸ People's Health Voice told the Committee that community members were reticent to volunteer for ambulance duties 'because the demands are unsustainably onerous', while existing volunteers were rethinking their commitment 'owing to cost of living pressures and the impact of taking time off work to meet volunteer training and duty requirements'.⁸⁹

The complexities of providing ambulance coverage across the peninsula was acknowledged by community members, but, as the People's Health Voice survey conveyed, ambulance and paramedic shortages in the region had a serious impact on community safety and wellbeing.⁹⁰ The Healthy Ardrossan Action Group stated that they had had discussions with the SAAS and recognised the 'limitations with the cost of professional personnel availability, particularly after hours, over weekends and holidays and in rural situations', but called for greater investment in ambulance services in the region, such as an extra ambulance vehicle and incentives for volunteers from the community.⁹¹ A joint submission by the councils for Barunga West, the Copper Coast and the Yorke Peninsula suggested similar:

⁸² People's Health Voice, Submission 60, p. 12.

⁸³ SACOSS, Submission 61, p. 11.

⁸⁴ SACOSS, Submission 61, p. 11.

⁸⁵ SACOSS, Submission 61, p. 11.

⁸⁶ ANONYMOUS, Submission 1, p. 1; Neil & Kathryn Haddow, Submission 9, p. 1.

⁸⁷ Don Hosking, Submission 29, p. 1.

⁸⁸ Raelene Rowe, Submission 24, p. 1.

⁸⁹ People's Health Voice, Submission 60, p. 7.

⁹⁰ People's Health Voice, Submission 60, p. 7.

⁹¹ Healthy Ardrossan Action Group, Submission 49, pp. 1-2.

Noting the challenges experienced in securing sufficient medical coverage to support accident and emergency services, greater capacity within the South Australian Ambulance Service (i.e. paid paramedics and resources) would present a more feasible alternative where coupled with greater capacity being made available at Wallaroo and (over time) Maitland hospitals.⁹²

4.7 Mental health services on the Yorke Peninsula

Accessing mental health services is a challenge across South Australia, including the Yorke Peninsula. The Councils of Barunga West, the Copper Coast and the Yorke Peninsula, citing Australian Institute of Health and Welfare data, stated that the region recorded one of the lowest rates in the state for Medicare-funded mental services in 2022-23, with 2,517 services per 10,000 people.⁹³ At the same time, the region had a rate of 24,844 prescriptions per 10,000 people.⁹⁴ 'The disparity between the two', the Councils argued, 'is evidence of the acute shortage of mental health services available on the Yorke Peninsula'.⁹⁵ Kadina Medical Associates stated that mental health problems were prevalent in rural and remote areas, with the 'added complexity of socioeconomic disadvantage, stigma and limited service provision locally result[ing] in poorer outcomes for our patient population'.⁹⁶ Their submission claimed that the 'wait time for a publicly funded psychologist is 12 months' and these wait lists are only shortened by mental health clinicians, 'often nurses of counsellors who are thrown into consulting patients beyond their risk management capacity'.⁹⁷

According to SOS Yorkes, a suicide prevention community organisation, the current mental health support for youth on the peninsula is 'grossly inadequate' and there were significant delays in accessing support from Child and Adolescent Mental Health Services (CAMHS).⁹⁸ There is an outreach service provided by the Women's and Children Health Network, but SOS Yorkes said that this 'does not meet the growing demand for services', while Kadina Medical Associates pointed out that the nearest Headspace service was in Adelaide.⁹⁹ SOS Yorkes stated:

Many families report waiting periods that exacerbate mental health challenges, particularly in crisis situations... The limitations in acute and crisis care across Yorke Peninsula hospitals undermine the safety and well-being of residents and visitors alike.¹⁰⁰

Many submissions called for an increase in investment for mental health services on the Yorke Peninsula. The Barunga West, Copper Coast and Yorke Peninsula Councils called for visiting specialists, as well as exploration of the possibility of permanent specialists in the region.¹⁰¹ SOS Yorkes recommended in their submission the establishment of a mobile Headspace service, alongside resources to improve access to mental health services for primary school-

⁹² Barunga West Council, Copper Coast Council and Yorke Peninsula Council, Submission 69, p. 4.

⁹³ Barunga West Council, Copper Coast Council and Yorke Peninsula Council, Submission 69, p. 5.

⁹⁴ Barunga West Council, Copper Coast Council and Yorke Peninsula Council, Submission 69, p. 5.

⁹⁵ Barunga West Council, Copper Coast Council and Yorke Peninsula Council, Submission 69, p. 5.

⁹⁶ Kadina Medical Associates, Submission 38, p. 2.

⁹⁷ Kadina Medical Associates, Submission 38, p. 2.

⁹⁸ SOS Yorkes, Submission 57, p. 2.

⁹⁹ SOS Yorkes, Submission 57, p. 2; Kadina Medical Associates, Submission 38, p. 2.

¹⁰⁰ SOS Yorkes, Submission 57, p. 2.

¹⁰¹ Barunga West Council, Copper Coast Council and Yorke Peninsula Council, Submission 69, p. 5.

aged children (under 12), particularly those awaiting CAMHS support.¹⁰² They elaborated on this further in their testimony before the Committee, calling for safe spaces or wellbeing hubs in places such as Yorketown and Minlaton which 'could provide trained peer mentors to support individuals and connect them with the appropriate services', recognising that '[e]arly intervention is crucial in addressing our region's mental health crisis'.¹⁰³

SOS Yorke also suggested that broader understaffing issues had an impact on the delivery of mental health services on the peninsula, with a need to strengthen acute care capacity through improved staff resourcing.¹⁰⁴ The ANMF stated that '[m]ental health nurses are among the most acutely short-staffed positions' and that there was 'an urgent need for investment in adequate mental health facilities to provide proper care and support, helping to reduce the over-reliance on emergency departments'.¹⁰⁵ To address this, ANMF recommended:

a larger number of appropriately funded community-based mental health nursing services which extend scope of practice for mental health nurses that can deliver a timely, flexible, tailored response to consumers' needs including addressing the current gap in accessing after-hours mental health care.¹⁰⁶

There were calls for both digital and face-to-face mental health services. The Yorke Peninsula Health Advisory Council's Terry Wendelborn noted that there is 'probably more of a proclivity amongst younger people to feel comfortable accessing e-services, as so much of their life is done by interacting with telephones and technology', but also stated, 'there still really is a place for face to face, particularly in regional communities where people are used to relating to each other at the footy club, the pub or wherever and having a conversation'.¹⁰⁷ Ann Clothier from SOS Yorke said that there ideally would be a mix between digital and face-to-face services, but highlighted that 'e-services are not reliable on the southern Yorke Peninsula or at Moonta Bay' and there are times when it is better to discuss and listen in person.¹⁰⁸

4.8 Safety of staff and patients

The Committee heard from representatives from the South Australia branch of the Australian Nursing and Midwifery Federation, which stressed that safety for staff and patients was a significant issue on the Yorke Peninsula, as well as across the YNLHN, with mental health, drug and alcohol abuse leading to complex and potentially dangerous presentations at hospitals. One member, Megan Hoile, told of how she was attacked at Yorketown Hospital in November 2024 by a woman with two knives, who chased the nurse through the hospital, with only a chair used for self-defence.¹⁰⁹ She described the experience:

There were two staff members on and we thought all our patients on the ward were being stabbed whilst we were locked in a room waiting 45 minutes for the police to arrive. We rang our on-call management who was in Adelaide and apparently that's okay they don't need to be in the area. We had no-one to come and help us. We had no idea what this

¹⁰² SOS Yorke, Submission 57, p. 5.

¹⁰³ Ann Clothier, CEP, SOS Yorke, *Committee Hansard*, 27 March, 2025, p. 16.

¹⁰⁴ SOS Yorke, Submission 57, p. 5.

¹⁰⁵ ANMF, Submission 80, p. 8.

¹⁰⁶ ANMF, Submission 80, p. 8.

¹⁰⁷ Terry Wendelborn, *Committee Hansard*, 27 March, 2025, p. 21.

¹⁰⁸ Ann Clothier, CEP, SOS Yorke, *Committee Hansard*, 27 March, 2025, p. 16.

¹⁰⁹ Megan Hoile, *Committee Hansard*, 15 May, 2025, p. 58.

patient was doing through the hospital. We knew she still had a knife. I had knocked one knife out of her hand with a chair but we knew she was still rampaging around the hospital. We couldn't get to our patients, we couldn't lock off areas, we couldn't do anything. We just hoped that she didn't attack anyone.¹¹⁰

Despite this incident happening several months ago, the witness claimed that measures have not been taken to increase the safety of staff and patients at the hospital. She said:

Since then we have had some doors installed that still do not open or shut. They are just left completely open. There are no swipe cards still, which was phase 1. It was seven months ago and it's still not finished, funding is still not approved. It's a disgrace and it needs to be sorted out, because someone is going to die. We have had multiple mental health incidents at the hospital since; thankfully no-one has been hurt.¹¹¹

Adjunct Associate Professor Elizabeth Dabars stated that safety issues have been raised with the Local Health Networks on a number of occasions, through the Safety Learning System (SLS), but there is a feeling that changes have not been made. The Committee was told that the ANMF had been advocating a 10-point safety plan for years, but this seems not to be implemented, despite being adopted into the enterprise bargaining agreement. They elaborated on this point:

What we see is people saying, 'Yes, we're going to do it,' or 'We will do it,' or 'We are doing elements of it,' but when you speak to people on the floor it's a completely different story. People say, 'We've been advocating for this and nothing has changed.'¹¹²

This, the ANMF warned, had resulted in a lack of trust amongst hospital staff in the SLS and the ability of the LHN to introduce effective safety measures. Safety concerns then becomes an issue for staff retention and recruitment. As Megan Hoile said, 'We can't get nurses to come to the country, because why would you come to the country and work when you might not go home to your family in the morning?'¹¹³ The opening statement provided by the ANMF reiterated this point: 'It does nothing to recruit or retain people if they are in fear of their lives and their health and that of their patients'.¹¹⁴

4.9 Obstetrics, antenatal and post-natal care on the Yorke Peninsula

The Yorke Peninsula has experienced a higher birth rate than the state average in recent years, with more than 320 babies born to mothers living on the Peninsula each year between June 2018 and June 2023.¹¹⁵ Wallaroo Hospital is the only hospital on the Yorke Peninsula with obstetrics and maternity facilities. According to the YNLHN, Wallaroo Hospital recorded 106 births in the year 2023-24.¹¹⁶ However, the Councils of Barunga West, the Copper Coast and the Yorke Peninsula claimed that '[d]eclines in childbirth, obstetrics and gynecological [sic] admissions have also been recorded in recent years, despite the increase in the number of

¹¹⁰ Megan Hoile, *Committee Hansard*, 15 May, 2025, p. 59.

¹¹¹ Megan Hoile, *Committee Hansard*, 15 May, 2025, p. 59.

¹¹² Adjunct Associate Professor Elizabeth Dabars, *Committee Hansard*, 15 May, 2025, p. 59.

¹¹³ Megan Hoile, *Committee Hansard*, 15 May, 2025, p. 59.

¹¹⁴ Adjunct Associate Professor Elizabeth Dabars, *Committee Hansard*, 15 May, 2025, p. 59.

¹¹⁵ Barunga West Council, Copper Coast Council and Yorke Peninsula Council, Submission 69, p. 2.

¹¹⁶ YNLHN, Submission 75, p. 11.

births being recorded to women living on the Yorke Peninsula'.¹¹⁷ The Councils, as well as other submissions, suggest that this is partly due to patients with higher risk pregnancies being relocated to Adelaide.¹¹⁸

The lack of antenatal support on the Yorke Peninsula was raised in several submissions. One submission said:

Many families here are also put under a lot of stress when a new member of the family is due to come into the world. Mothers are advised to stay in Adelaide for weeks before baby is due, which means families are split, or grandparents are called upon to care for older siblings either in Adelaide, or the home on Yorke Peninsula. Our city relations do not need to leave their homes until they are in established labour. Imagine the uproar if they were required to leave their homes and families, or uproot their families, weeks ahead of the impending delivery.¹¹⁹

SACOSS also stated in their submission that there were 'situations in which expectant parents seeking to avoid an emergency birth can incur considerable travel and accommodation costs if they choose to stay in Adelaide to be close to their birthing hospital as their due date nears'.¹²⁰ The Committee heard from People's Health Voice that some expectant mothers travelled to Adelaide for prenatal appointments and would be eligible for PATS, but they did not have the mental load to engage with the system and chose to bear the travel costs themselves.¹²¹

The submissions also highlighted that there were no obstetrics or maternity care on the southern Yorke Peninsula, with expectant mothers needing to travel to Wallaroo to give birth. The People's Health Voice submission noted that the distance from places on the southern end of the peninsula to Wallaroo 'has significant safety consequences for communities whose birth rate is growing'.¹²² This included 'situations whereby, labouring women from SYP are driven by their partners during the night, often at unsafe speeds, for over two hours in order to reach their birthing hospital' or 'situations in which SYP women are not able to reach Wallaroo, and instead give birth at under-equipped locations on the way'.¹²³ Dr Hodgetts told the Committee, 'Despite the risk, this increased risk of complicated or traumatic birth on the peninsula, there is extremely limited access to in-person mental health support for families during that critical postnatal period'.¹²⁴

There were further concerns about the lack of post-natal care services on the Yorke Peninsula, including no permanent Child and Family Health Service (CAFHS) for the southern part of the peninsula. The People's Health Voice submission said that 'there is currently a 3-month wait for appointments with CAFHS staff who travel to the area', alongside 'an 8+ week wait for infants' 6-month developmental check-ups'.¹²⁵ SACOSS reported that CAFHS clinics in Yorketown and Warooka had closed in recent years and this meant 'families must attend the

¹¹⁷ Barunga West Council, Copper Coast Council and Yorke Peninsula Council, Submission 69, p. 6.

¹¹⁸ Barunga West Council, Copper Coast Council and Yorke Peninsula Council, Submission 69, p. 6; Kadina Medical Associates, Submission 38, p. 3.

¹¹⁹ Anonymous, Submission 39, p. 1.

¹²⁰ People's Health Voice, Submission 60, p. 11.

¹²¹ Dr Hodgetts, *Committee Hansard*, 1 May, 2025, p. 35.

¹²² People's Health Voice, Submission 60, p. 11.

¹²³ People's Health Voice, Submission 60, p. 11.

¹²⁴ Dr Hodgetts, *Committee Hansard*, 1 May, 2025, p. 32.

¹²⁵ People's Health Voice, Submission 60, p. 11.

Maitland clinic (only running once per month) or the Minlaton clinic (running twice per month) for child health and developmental checks'.¹²⁶ The People's Health Voice submission claimed:

In the absence of an accessible CAFHS clinic, there have been parents in Yorketown asking staff at the local Foodland to weigh their babies at the cash register so that they could track their healthy growth. We understand that this circumstance has since led to the purchase of baby weigh scales by the Yorketown Community Hub for use at their mothers and babies' group.¹²⁷

Another incident mentioned by People's Health Voice was 'an account by a new mother of twins who – in the absence of a Yorketown CAFHS clinic – travelled an hour with her toddler on a bumpy road after a c-section birth to attend her twins' 6-week developmental check.'¹²⁸ These stories, the submission declared, were 'indicative of the ways in which parents and newborns are left vulnerable when basic, routine care... is only available to those able to travel considerable distances as frequently as once a fortnight', which impacted on people's finances, health, caring and employment responsibilities.¹²⁹

SACOSS stressed that a lack of services in the region 'contributes to deterred care engagement and delayed developmental checks, as well as decreased support for early intervention, which places local children at a clear disadvantage'.¹³⁰ Their submission also emphasised that research 'shows that women with postnatal depression and anxiety are less likely to access support when faced with logistical barriers (e.g. travelling alone with an infant, lack of childcare and limited support).'¹³¹ One witness, who had recently had a high-risk pregnancy, described the separation from services that expectant and new mothers felt on the peninsula:

I have often felt isolated and needing support but trapped at home. I know local mothers are even considering to relocate off the Yorke Peninsula because of the lack of healthcare resources and to further support their families.¹³²

4.10 Palliative care

At the other end of the life-cycle, there were concerns expressed about the lack of palliative care options on the Yorke Peninsula. Using AIHW data, the joint council submission stated that 'average annual palliative care admissions grew more than ninefold between the periods of 2018-19 and 2022-23',¹³³ but there has not been the facilities to properly care for these patients. One submission said that this meant 'stressful searches for a nearby bed in a nursing home which may be many, many kilometres from the patient's loved ones'.¹³⁴ The closure of the Ardrossan Community Hospital in recent years has exacerbated this problem and aged care facility at Ardrossan does not have the necessary staff to offer palliative care.¹³⁵

¹²⁶ SACOSS, Submission 61, p. 8.

¹²⁷ People's Health Voice, Submission 60, p. 10.

¹²⁸ People's Health Voice, Submission 60, p. 10.

¹²⁹ People's Health Voice, Submission 60, p. 10.

¹³⁰ SACOSS, Submission 61, p. 8.

¹³¹ SACOSS, Submission 61, p. 8.

¹³² Karlee Parsons, *Committee Hansard*, 27 March, 2025, p. 25.

¹³³ Barunga West Council, Copper Coast Council and Yorke Peninsula Council, Submission 69, p. 6.

¹³⁴ Marie Smith, Submission 23, p. 2.

¹³⁵ Annette Lodge, Submission 50, p. 3.

Wallaroo and Maitland Hospitals are the only hospitals on the Yorke Peninsula that seem to offer palliative care, with money raised in the local community for this.¹³⁶ However a submitter claimed that there was still 'no designated room' at Wallaroo Hospital for the palliative care patient and their family, who were then 'allocated a small room and a tiny portable was wheeled in for the spouse so they could be together'.¹³⁷

In his submission, John Sandercock wrote of his own experiences and hopes for improved palliative care on the peninsula:

However, I still have Pancreatic Cancer, and whilst my condition is currently stable, it can change at any time, and quite rapidly. There is every chance I will require more chemotherapy, which is hard enough for any family to contend with, without the additional worry of no emergency help close by. I also face the very real prospect of requiring palliative care in the not-too distant future. I currently cannot receive this care within the community we have been a part of for more than forty years. I understand there is one palliative care bed available at the CYP Hospital. I hope this one & only bed is available when my time comes... We also deserve to be able to choose to die within the community in which we have lived, with support from our family & friends – not in a bed miles away surrounded by strangers.¹³⁸

4.11 Digital health services and technological barriers

In recent years, telehealth and digital health services have grown in South Australia and they are viewed as 'an important and valued aspect of rural healthcare access', but, People's Health Voice suggested, 'the benefits of telehealth are not shared equitably across Yorke Peninsula'.¹³⁹ People's Health Voice reported that they had heard from people in the region who did not have access to devices capable of supporting telehealth appointments, did not possess the digital skills or confidence to access telehealth options, or lived in regions where digital coverage was not robust enough. This included 'many older residents that they have felt "pushed into telehealth because of where they live" despite not having the requisite digital skills to engage on digital platforms'.¹⁴⁰ SACOSS told the Committee that the 'Yorke Peninsula LGA has significantly lower levels of digital inclusion (Index point 62.4) than the state average (Index point 72)', which is largely driven by the age profile of the community, but also by the infrastructure supporting digital activity in regional areas.¹⁴¹

With many facing difficulties accessing digital health services, it has been alleged that some are choosing to forego online appointments or 'have had to seek "tech support" from friends, family or community workers', which are circumstances that could 'undermine confidentiality and patient autonomy'.¹⁴² SACOSS stressed that 'digital health services should not be regarded as a substitute for face to face services within regional communities' and said that people to 'have the choice to access services physically remains foundational to service delivery', but also emphasised that digital services 'must be grounded in the understanding

¹³⁶ Rodney Thomas, Submission 67, p. 1; Sue Bussenschutt, Submission 76, p. 5.

¹³⁷ Sue Bussenschutt, Submission 76, p. 5.

¹³⁸ John Sandercock, Submission 33, p. 2.

¹³⁹ People's Health Voice, Submission 60, p. 13.

¹⁴⁰ People's Health Voice, Submission 60, p. 13.

¹⁴¹ SACOSS, Submission 61, p. 10.

¹⁴² People's Health Voice, Submission 60, p. 13.

that people require a wide range of resources and skills to navigate digitized healthcare'.¹⁴³ The ANMF stated that digital health services, including telehealth, were 'a proven strategy for rural and remote services and must continue to be supported to improve equity and access', while also noting that these services 'must be fully funded, supported and staffed appropriately'.¹⁴⁴ The ANMF called funding to improve digital services, including 'access to basic infrastructure, reliable equipment and services (e.g., internet, Telehealth), and provide education, training and support services for patients and providers.'¹⁴⁵

¹⁴³ SACOSS, Submission 61, p. 16.

¹⁴⁴ ANMF, Submission 80, p. 10.

¹⁴⁵ ANMF, Submission 80, p. 11.

5. RECOMMENDATIONS

The Economic and Finance Committee recommends that the South Australian Government:

1. Consider investment to upgrade services at Wallaroo Hospital, including increase in the number of beds and 24/7 on site radiology services

The Committee heard that the Wallaroo Hospital, one of the hubs of the Yorke and Northern Local Health Network, needs an upgrade, with a limited number of beds, despite being the primary Emergency Department for the northern Yorke Peninsula and the only maternity ward on the peninsula. Important services at the hospital, such as radiology, are currently not available on a 24/7 basis, which is a particular issue on weekends and public holidays. The Committee recommends that consideration be given to an upgrade of services to expand the number of beds and services available at Wallaroo Hospital.

2. Maintain Port Pirie Hospital within the Yorke and Northern Local Health Network

The Committee heard from several submissions, including from Fraser Ellis MP, suggesting that the Port Pirie Hospital be moved from the Yorke and Northern Local Health Network to the Flinders and Upper North Local Health sites, due to resources being seemingly concentrated in Port Pirie rather than other sites on the Yorke Peninsula. Furthermore, it was claimed that people would prefer to be transferred to services in metropolitan Adelaide, rather than be directed to Port Pirie. There was an assumption that if Port Pirie Hospital was transferred from the YNLHN, there would be a redirection of a similar level of resources to sites on the Yorke Peninsula. The Committee also heard from the Yorke and Northern Local Health Network, which argued that this redirection of resources was not likely to occur if Port Pirie Hospital was moved out of the YNLHN and that Port Pirie Hospital was critical for ensuring a pool of services, staff and institutional knowledge within the Local Health Network. The YNLHN told the Committee that the priority was to make Port Pirie Hospital part of a tripartite hub alongside Wallaroo and Clare Hospitals, which would allow a smoother distribution of resources across the network.

3. Investigate options for development of Emergency Department facilities at Yorketown and Maitland Hospitals

Currently the primary Emergency Department on the Yorke Peninsula is at Wallaroo Hospital, with more limited ED facilities at Yorketown and Maitland, with the latter impacted by the recent closure of the privately run Ardrossan Community Hospital. It should be investigated whether it is feasible to develop Emergency Department facilities at Maitland and Yorketown Hospitals to provide more effective ED services for the Central and Southern Yorke Peninsula regions.

4. Call on the federal government to explore incentives for GPs to join or establish medical practices on the Yorke Peninsula

Many submissions to the inquiry highlighted a lack of GPs on the Yorke Peninsula, with suggestions that it was hard to recruit eligible doctors to work in the region, due to factors including workload, accommodation issues and lack of services for accompanying families

(such as childcare). Some community groups have contributed to efforts to recruit more GPs to region, including the provision of fully furnished accommodation, but successful recruitment has been limited. An exploration of what incentives could be offered to potential GPs is needed to recruit suitable doctors to the Yorke Peninsula, which is also competing with other regions in South Australia and other states around the country.

5. Investigate methods for supporting the maintenance and possible expansion of the YNLHN's Rural Doctor Program

The YNLHN's Rural Doctor Program looks to provide an alternative approach to the recruitment of doctors to the region by training local doctors who have a preference to remaining in country practices. The new program shows early promise, but methods should be explored to ensure that it is a sustainable program beyond this, with the possibility of expanding the program if it is deemed successful over a determined timeframe.

6. Explore incentives for early career nurses and metropolitan-based nurses to relocate and work in the YNLHN, such as subsidised accommodation

The Committee was told that while incentives were in place to recruit nurses to working in the YNLHN, these incentives were viewed as cost recovery for their shift work, rather than a financial enticement. To compete with recruitment in metropolitan Adelaide, as well as the Eastern states, greater incentives should be explored, such as subsidised accommodation.

7. Consider development of further training opportunities for nursing and allied health staff to increase specialist knowledge amongst health staff on the Yorke Peninsula

It was highlighted that many of the nursing and allied health staff employed within the YNLHN are recent graduates and there were times when specialist knowledge was sought from another site. Consideration should be given to programs that provide opportunities for nursing and allied health staff to undertake further training to increase their specialist knowledge.

8. Examine possible increases in subsidies provided by the Patient Assistance Transport Scheme, as well as decreasing the complexity of applying for subsidies via the scheme

The Patient Assistance Transport Scheme (PATS) provides subsidies for patients needing to travel over 100km for medical treatment, primarily in this case travel from sites on the Yorke Peninsula to metropolitan Adelaide. The Committee heard that the subsidies for petrol and accommodation have not kept pace with the increases in the cost of living. The Committee was also told that the application process to request the recovery of costs is complex and that many eligible patients were not claiming subsidies as they did not want the stress of applying for reimbursement. The subsidies offered by PATS should be increased to reflect the rise in travel costs, particularly concerning petrol and accommodation. The application process should also be streamlined to encourage greater usage by eligible patients.

9. Explore possible changes to the Patient Assistance Transport Scheme to take into account continuity of care

It was raised in some submissions that another issue with the Patient Assistance Transport Scheme was it required patients to visit the nearest eligible provider, rather than a preferred provider. There are numerous reasons, including existing relationship with provider, preference for male or female provider, languages barriers, or past trauma, in explaining why a patient may seek a specific provider and this should be catered for by the Assistance Transport Scheme, rather than limiting patients to a provider determined by distance.

10. Explore options for expansion of volunteer ambulance crews in the region

Similar to other organisations in regional South Australia, there is a decreasing pool of volunteers for the South Australian Ambulance Service on the Yorke Peninsula and the demands of volunteers' time were increasing. The Committee also heard that there were a limited number of ambulances available on the peninsula, traversing over significant distances. A possible action to address to these problems might be a payment scheme for volunteer ambulance drivers in the form of an honorarium or stipend and the feasibility of such a scheme could be investigated. The acquisition of vehicles for the expansion of the ambulance fleet on the Yorke Peninsula may also be explored.

11. Call on the federal government to investigate investment in community-based mental health practitioners and well-being hubs on the Yorke Peninsula

The Committee heard from health practitioners and community organisations about the lack of mental health services on the Yorke Peninsula, including a shortage of early intervention strategies to address mental health issues before presenting at Emergency Departments. One strategy suggested in the submissions was the establishment of well-being hubs or safe spaces within communities on the peninsula, staffed by suitable mental health practitioners, which could act as a first point of contact for people concerned about their mental health. The example of headspace, a youth mental health service with drop-in centres in metropolitan Adelaide, was cited as a possible example to follow. The viability of establishing spaces of these kind in towns across the Yorke Peninsula, such as Wallaroo, Yorketown and Ardrossan, should be considered.

12. Investigate investment in mental health support in hospitals to assist with mental health presentations at Emergency Departments

The Committee was told that there had been an increase in mental health presentations at hospitals, exacerbated by drug and alcohol issues. Dealing with these presentations often requires expertise and extra demands on available nursing staff. Investment in further mental health support at hospitals on the Yorke Peninsula to manage presentations at Emergency Departments should be explored.

13. Explore options for safety upgrades at hospitals to help protect staff and patients

Nursing staff at a number of hospitals within the YNLHN told the Committee about safety issues at these hospitals, particularly arising from mental health presentations. These included threats to both patients and staff. The Committee heard that while some safety measures were being implemented, these were allegedly inadequate and safety upgrades were urgently needed. Measures, such as the installation of safety doors and safe spaces for staff in case of emergencies, should be given timely consideration.

14. Consider the establishment of Child and Family Health Services across Yorke Peninsula, particularly in towns in the southern region

Several submissions highlighted a lack of Child and Family Health Services (CAFHS) on the Yorke Peninsula, especially on its southern part. Regular contact with CAFHS is important for the well-being of the child and parents in the weeks and months after a birth, including for the measuring of milestones, early detection of any issues and identifying signs of post-natal mental health issues. Mothers who have recently given birth may feel more isolated and this can be intensified by distance on the Yorke Peninsula. The establishment of permanent Child and Family Health Services should be considered to ensure the health and well-being of young families on the Yorke Peninsula.

15. Investigate options for expanding palliative care services on the Yorke Peninsula

The Committee was told that there were limited palliative care services on the Yorke Peninsula and with a growing older population on the peninsula, the need for end-of-life care will be an increasing concern for the community. Options for expanding palliative care services at various sites on the Yorke Peninsula should be investigated to address this issue for the peninsula's aging population.

16. Explore options for community support for digital health and telehealth services

Digital health and telehealth services are increasingly used across the state and can provide a range of services without the need for a face-to-face appointment, including specialist referrals and the routine provision of prescriptions. However these options are not always preferable by patients and also may be difficult to use in regional areas, where the infrastructure for digital services may not be stable and there are lower digital literacy rates. Options should be explored for community support for these services, including the possibility of hubs that provide on-site equipment and support for digital health services in towns across the Yorke Peninsula.

APPENDIX 1 – LIST OF SUBMISSIONS

1. Anonymous
2. Weerona Hotel Patrons Club
3. Natalie Bruce
4. Wallaroo Community Development Association Inc
5. Dennis Smith
6. Mick O'Connell
9. Neil and Kathryn Haddow
10. Lance Rawlinson
11. Neil Longbottom
12. Doreen Brook
15. Matthew East
16. Ian Eglinton
17. Ian Henderson
18. Leonie Donaghy
19. Janet Cameron
20. Jan Cooper
21. A. Schmidt
22. Medical HQ
23. Marie Smith
24. Raelene Rowe
26. Anonymous
27. Colin and Jillian Davey
28. Andrew Male
29. Don Hosking
30. Sarah Clifford
31. Pauline Woods
33. John Sandercock
35. Sally Young
36. Keryn Dawes
37. Helen Rodda
38. Kadina Medical Associates
39. Anonymous
40. Jenny Oldland
41. John Bauer
42. Peter Moore
43. Judy-Anne Foster
44. Susan Horne
45. Anonymous
46. Philip and Jan Geytenbeek
47. Anonymous
48. Amie Price
49. Healthy Ardrossan Action Group
50. Annette Lodge
51. Ashley Rowe
52. Fraser Ellis MP
54. Maurice Saint
57. SOS Yorkes
58. Mark Filmer and Leah Hoyle-Filmer
60. People's Health Voice
61. South Australian Council of Social Service
62. Julie Schilling
64. Sharon Weare
65. Anonymous
67. Rodney Thomas
68. Joanne Barrie
69. Barunga West, Copper Coast and Yorke Peninsula Councils
71. Anonymous
72. Jennifer Treloar
73. Anonymous
75. Yorke and Northern Local Health Network
76. Sue Bussenschutt
80. Australian Nursing and Midwifery Federation
82. Tessa Martin
83. Anonymous
84. David Wilson

APPENDIX 2 – HEARINGS

27 March, 2025 (Yorketown Council Chambers)

List of witnesses:

1. Ellis, Fraser, Member for Narungga
2. Kirchner, Roger, Chief Executive Officer, Yorke and Northern Local Health Network
3. Badenoch, Julianne, Governing Board Member, Yorke and Northern Local Health Network
4. Clothier, Ann, SOS Yorkes
5. Wendelborn, Terry, Member, Yorke Peninsula Health Advisory Council
6. Taheny, Louise
7. Buchanan, Alex
8. Parsons, Karlee
9. Clerke, Lyn
10. Harvey, Julia
11. Haddow, Neil
12. Stockings, Peter
13. Curnow, Liz
14. Treloar, Jenny
15. Dawes, Keryn
16. Waller, Phillip
17. Braund, Darren
18. Hughes, Katie

28 March, 2025, Wallaroo Town Hall

List of witnesses

1. Hosking, Don, Chair, Healthy Ardrossan Action Group
2. Lodge, Annette, Committee Member, Healthy Ardrossan Action Group
3. Rowe, Nigel, Committee Member, Healthy Ardrossan Action Group
4. Neumann, Tim, Infrastructure Services Director, Copper Coast Council
5. Willson, Daniel, Chief Executive Officer, Regional Development Australia, Yorke and Mid North, Copper Coast and Yorke Peninsula Councils
6. Longo, Lyn
7. Schultz, Margaret
8. Ladner, June
9. Bussneschutt, Sue
10. O'Dowd, Penny
11. Holmes, Catherine
12. March, Stephanie
13. Rooney, Helen
14. McBride, Terri
15. Roberts, Leonie
16. Dodd, Robyn
17. Sandercock, John
18. Voumard, John

1 May, 2025, Old Parliament House Chamber, Old Parliament House

List of witnesses

1. Hodgetts, Katherine, Senior Project Officer, People's Health Voice, SACOSS
2. Tilley, Susan, Senior Policy Officer, SACOSS
3. Velardo, Stefania, Senior Policy Officer, SACOSS

15 May, 2025, Old Parliament House Chamber, Old Parliament House

List of witnesses

1. Brooks, Riki, Member (SA Branch), Australian Nursing and Midwifery Federation
2. Dabars, Elizabeth, Chief Executive Officer, Australian Nursing and Midwifery Federation
3. Hewlett, Roselyn, Director, Campaigning and Membership Growth, Australian Nursing and Midwifery Federation
4. Hoile, Megan, Member (SA Branch), Australian Nursing and Midwifery Federation
5. Williams, Nicola, Director, Professional Practice in Nursing and Midwifery, Australian Nursing and Midwifery Federation
6. Wood, Louise, Member (SA Branch), Australian Nursing and Midwifery Federation