

## **Inquiry into the provision of primary, allied and private health care, aged care and NDIS care services and its impact on the Queensland public health system**

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**HEALTH & ENVIRONMENT COMMITTEE****INQUIRY INTO THE PROVISION OF PRIMARY, ALLIED AND PRIVATE HEALTH CARE, AGED CARE AND NDIS CARE SERVICES AND ITS IMPACT ON THE QUEENSLAND PUBLIC HEALTH SYSTEM**

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**Introduction**

This review is an opportunity for regional Queenslanders to finally have their say and point out the flaws in our State's health system and the disparity in services provided to regional Queenslanders than those on offer to South East Queenslanders, which must be addressed urgently.

Health is without doubt the number one issue in all regional electorates.

Many North Queensland local Government areas have a growing, ageing community and readily available health care services are vitally essential.

However, in my 17 years as an MP my office has consistently received complaints on the lack of specialists, GPs, mental health services and basic life-saving medical equipment in the region, which has drastically increased over the last few years.

Despite what the Government says, health services have been declining in regional Queensland for years.

We are constantly fighting for access to the same health care services that those living in major cities in the south-east take for granted.

In some region's patients don't have access to basic life-saving services or must travel hundreds of kilometres just to see a GP.

The public are tired of the blame game we have constantly been subjected to between our various levels of government on who is at fault in the decline of medical services in Queensland, particularly regional Queensland.

The single mum who can't access dialysis in her hometown or the family who has to relocate to Brisbane so their child can undergo chemotherapy, do not care which level of government has dropped the ball on delivery health services equitably and fairly.

I have no doubt most people will have similar stories to tell, and many of them will not be pleasant.

I truly hope and encourage the committee to lay bare the cold hard truths about our declining health care system, particularly in regional Queensland and that this inquiry provides the recommendations required that will make a difference.

Otherwise it will just be another wasted inquiry, which will do nothing but waste reams of paperwork.

### **VAD Laws and Impact on Palliative Care Medical Services in Queensland**

I provided a submission to the Health & Environment Committee on the VAD Bill 2021. The full submission can be accessed via the link below.

<https://documents.parliament.qld.gov.au/com/HEC-B5E1/VADB2021-DBF8/submissions/00001344.pdf>

This is highly relevant to this inquiry as the introduction of this bill will have a severe impact on Queensland's public health system.

In my submission I highlighted the impact the Bill will have on already limited palliative care services throughout the state, particularly in regional Queensland.

Cynically, I believe the state government are attempting to find an easy way out and the least expensive option through the introduction of the VAD Bill 2021.

The governments priority and attention should be focused towards significantly more investment to fund adequate Palliative care, particularly in regional Queensland

Under-funding and poor resourcing of the palliative care sector means the only choice Queenslanders will have is VAD.

Access to treatment and high-quality palliative care is seriously limited due to lack of funding, regional disparity and too few qualified experts.

Hospitals, especially public hospitals, are struggling to meet patient demand. People who rely on the public system are at a significant disadvantage with lack of access to high quality palliative care.

Palliative Care Queensland and the Australian Medical Association in their submissions to the Committee and publicly through the media, called for an additional \$275 million annually to deliver adequate palliative care in Queensland.

Instead, the government ignored the advice of these highly reputable bodies and increased funding to ONLY \$34million per year, over the next 5 years, which is far short of the \$275million yearly required to meet basic care and protect our most vulnerable in our society.

I cannot help but conclude that the motivation for the Government in the introduction of the VAD Bill has nothing to do with compassion, but is a smokescreen to attempt to ignore its responsibility

to our vulnerable Queenslanders and save hundreds of millions in palliative care funding for our aging population.

Facts you must know about palliative care:

1. Evidence provided to a Queensland Parliamentary Committee back in 2013 indicated there was significant unmet need for palliative care in Queensland and this gap was continuing to grow.
2. In 2013 the Health Department's own reports admitted Queensland palliative care services were already stretched, with referrals to services increasing annually by 20 per cent while funding was only expected to increase by an annual 12.9 percent. More recent reports reveal only a 5.6% funding increase between 2013/4 and 2019.
3. A 2016 review of the National Palliative Care Strategy found that there are significant barriers to access to palliative care services for a number of people within the population, particularly for Aboriginal and Torres Strait Islander peoples.
4. As at 2018 Queensland had approximately 49 FTE palliative care specialists for the state. To meet Palliative Care Queensland's recommendation of 2 FTE specialist palliative medicine physicians per 100,000 population, Queensland would need 101 FTE palliative care doctors.
5. A 2019 QUT report estimated that between 51,000 to 71,000 of the total population in Queensland require palliative care services. For people over 65 years old, between 52,000 and 57,000 would require palliative care services.
6. Queensland ranks low among the other states for the number of publicly funded in-patient palliative care beds per capita, and though efforts are being made in digital/telehealth to connect specialist palliative care to regional and remote areas, face to face access is significantly limited. For example, the town of Mackay with a population of 125,000 has no specialist palliative care physician.
7. Of the 49 recommendations made in Victoria's inquiry into end of life choices, 30 related to the improvement of palliative care funding and access, and only a single recommendation related to the introduction of assisted suicide. Palliative Care Victoria requested an additional \$65 million per annum to implement the recommendations, but it received only half this amount. The Victorian state government only committed an extra \$71.9 million, over a 4-year period, and only after the euthanasia and assisted suicide legislation had been passed.
8. 105 of Australia's 148 palliative medicine specialists (70% of the profession) wrote an open letter in 2017 to Victorian and NSW MPs, saying that euthanasia advocates "actively and deliberately undermine" public confidence in palliative care.

## Vaccination Mandate

The State governments vaccination mandate policy has already had a severe impact on front line medical services throughout the state, which is likely to affect the delivery of services in the long-term.

As reported at the end of November 2021 approximately 2,400 public health staff were yet to be vaccinated and faced being sacked when the mandate came into effect on the 17<sup>th</sup> December, while a further 3,700 unvaccinated workers remained on leave.

Regional Queensland, from my understanding has the highest rate of unvaccinated public health staff, which adds further pressure on an already struggling public health system.

The mandate has not only affected front public health services, but has already had a major impact on ancillary home care services for the elderly and disabled.

Several agencies providing support services in Far North Queensland have either been forced to close their services or strip back significantly.

This is placing lives at risk because these valuable services which were already operating at full capacity are no longer able to deliver services due to the vaccination mandate.

A stark example of how the Vaccine Mandate is affecting valuable home care organisation services in regional Queensland is Radcare Support Services.

Radcare Support Services is a home care package provider based in Ravenshoe on the Atherton Tablelands who provide home care support to close to 150 elderly clients across the tablelands.

They employ 53 staff, some of whom have made the choice not to be vaccinated. Some of these workers have been with the organisation for over 10 years.

The organisation has worked with ALL staff – vaccinated or unvaccinated to be able to continue to deliver services, however they estimate they will have to close their doors by the end of January 2022 if the mandate is not revised or withdrawn.

The Government fails to fully understand how difficult it is to find specialised workers in this area in regional Queensland. The organisation has advertised on multiple platforms for position for several weeks without a single application.

The organisation has complied with all safety regulations in relation to Covid including full PPE wear and have written to the Health Minister through my office appealing for a change in policy including the use of Rapid Antigen testing on a daily basis for employees who are unvaccinated.

This would include daily temperature checks and full PPE when visiting clients. This issue is multiplied across ALL health, aged and disability support services and will create a sever burden on the public health system in the short and long-term if the policy is not urgently reconsidered.

## Health Issues – Regional Queensland

I have outlined below the various Health related issues facing my Hill electorate alone:

1. Lack of parking at Innisfail Hospital and Atherton Hospital (including pick up and drop off):
  - In a town that has an aging population, patients are being forced to walk more than 4 blocks, uphill, in severe heat during summer because there are little parking spaces available for patients at or near the Hospital.
  - I have received hundreds of complaints and warnings from the community that elderly patients are being placed at a severe health risk.
  - Options for parking near the hospital have been provided several times to the health ministers office with little response.
  
2. Referral system – Wait times:
  - The current CHHHS patient’s referral system is seriously flawed and placing people's lives in jeopardy.
  - Under the current system, serious medical cases have to wait for more than six weeks before they even get on a wait list.
  - This means a client may become chronically ill or even die before their referral is seen by a clinician.
  - CHHHS began changing the previous referral system back in 2016.
  - At the time referrals were sent directly to the hospital where the procedure was to take place.
  - It took only a number of days before an appointment time or notification of being placed on a wait list was received by the client.
  - Now, under the changed system the patient doesn't hear anything for up to six weeks, so they don't know if the hospital has even received their referral from their GP. Front line staff are being abused and GPs greatly frustrated. It has to change.
  - There would be very little cost involved in returning the referral system to how it ran previously.
  - All referrals would be sent by GPs to the relevant hospital where the procedure would take place;
  - There it would be given a category; put on a waitlist and the patient sent a letter of notification.
  - This would be done within two weeks at most, instead of 6 weeks or more.
  - Qld Health is in breach of The Australian Charter of Healthcare Rights which states that clients should "receive safe and high-quality health services, provided with professional care, skill and competence".
  - Our present referral system falls well short of this.
  - We are already struggling with access to health care services in regional Queensland, losing doctors and nurses and long waitlist to even see a GP in some regions, now we have to put up with a referral system that doesn’t work and causes significant delays and could lead to more deaths.
  
3. PTSS (Patient Travel Subsidy Scheme):
  - Because of the lack of specialists close to where a patient resides, they are often forced to then go to other hospitals outside of their immediate region.

- PTSS is then denied to the patient, because the terms of PTSS states that travel is funded to the closest hospital, however in regional Queensland the patient is often unable to access specialist services, within a reasonable time frame
  - Another fault of the PTSS system is when travelling from the Tablelands to Cairns. Travel km is different depending on which route is taken, however the PTSS only pays for the shortest route.
4. General Wait-times:
- Receiving written advice about your wait times and category are extremely can be long and then actually obtaining an appointment to see a specialist can go on for months and that's before you even find out if surgery will be offered
5. Shortage of ENT (Ear Nose Throat) specialists in CHHS:
- We have received several complaints on this issue.
6. Public Dental:
- It is difficult for patients to receive regular treatment and obtain appointments across the electorate.
  - there is also an issue at Atherton Hospital about the lack of close toilet facilities for patients (they have to walk up the hill to the main ADH entrance to go to the toilet)
7. Dialysis Treatment:
- Currently Dialysis treatment is not available at Tully Hospital:
  - There are currently 12 patients requiring daily dialysis treatment in Tully.
  - With the aging and indigenous population patients are transferred to Innisfail Hospital by bus
8. Lack of Specialists:
- Need for specialists in hospitals such as Atherton so that patients from outlying areas (e.g. Ravenshoe/Mt Garnet) don't have to travel to Cairns where they often have to stay in motel accommodation overnight and then travel back the next day
  - Desperate need for doctors and specialists in area (ENT, Eye (cataract), orthopaedic, dialysis)
9. Public Transport:
- A lack of public transport services in regional Queensland makes it very difficult for patients to get to appointments.
  - If travelling to Cairns patients often have to be away from home 2-3 days at a time to cover all medical appointments.
10. Mission Beach Medical Services:
- Popular tourism district, attracting large tourism numbers annually
  - Medical centre has recently closed.
  - Existing GP is no longer taking on any additional clients
  - Nearest GP/Public Hospital is in Tully which is over 30minutes drive away – no public transport in operation between Mission Beach and Tully.
  - Tully GP's are not accepting new clients so this places extra pressure on Tully hospital, particularly during tourism season.

## Summary

Poor government policy in relation to the vaccination mandate has severely damaged the delivery of health services in Queensland, which will be difficult to recover from in the medium to long term, particularly in regional Queensland.

This must be taken into consideration when formulating recommendations for the improvement of health care services throughout regional Queensland.