



Speech by

**Mrs J. SHELDON**

**MEMBER FOR CALOUNDRA**

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Hansard 12 November 1998

**HEALTH AND OTHER LEGISLATION AMENDMENT BILL**

**Mrs SHELDON** (Caloundra—LP) (5.24 p.m.): I rise to support the Opposition's spokesperson and to oppose the Health and Other Legislation Amendment Bill. Parts of the Bill are quite reasonable in what they achieve, such as the establishment of the Queensland Pap Smear Register and the associated infrastructure necessary to maintain an effective cervical screening program in Queensland. That concept is very good. There is no doubt that Pap smears and regular screening have reduced the number of serious side effects associated with cervical cancer, which, if untreated or not detected early, is a sure killer.

My concern in relation to the legislation is the issue of confidentiality. I have heard what has been said. I would ask the Minister, in her reply, to allay any fears that I may have in that regard. Although I agree with the register and the fact that there will be a follow-up for patients, I believe it is essential that their confidentiality can in no way be breached. As we have seen, even on the Medicare computer, that can and has happened.

I am concerned about the changes in the transfer of the majority of the statutory public health power from the Chief Health Officer to the chief executive officer of Queensland Health. I cannot see why that has been done. To me there seems to be no need for that change. To have the Chief Health Officer as a totally independent person who can report to the Minister, the Parliament and the public is very much in the public interest. I am very much surprised that a Labor Minister has done this. That sense of accountability is important for the public, for the people Queensland. The Minister of the day, whoever he or she may be, will have greater control if a totally independent health officer is reporting to him or her. It is essential that that person be a doctor. I know that our current CEO, Dr Stable, is a doctor and certainly a good one at that. It is essential that that office holder be a medically qualified person. I do not see enshrined anywhere in the Bill that future CEOs have to be medical practitioners. It is quite conceivable——

**Mrs Edmond** interjected.

**Mrs SHELDON:** I could not see that.

**Mrs Edmond** interjected.

**Mrs SHELDON:** Then how is there any guarantee that the chief——

**Mrs Edmond:** Because the CHO is a medical practitioner who still provides advice to the Minister. You clearly do not understand the changes. None of that changes.

**Mrs SHELDON:** With all due respect, I think I do clearly understand what this is about. It is essential that the situation stays.

**Mrs Edmond** interjected.

**Mrs SHELDON:** The Minister is changing it. The fact is that there are separate reporting changes as well.

**Mrs Edmond** interjected.

**Mrs SHELDON:** Perhaps the Minister may explain why she thought it was necessary to do it. That is my fundamental question: why make change for change's sake?

**Mrs Edmond:** Because the legislation in 1996 made a mess of what was there before.

**Mrs SHELDON:** That is a political nonsense answer. The fact of the matter is that the CHO system has worked well for a long period. Why change the system?

**Mrs EDMOND:** When it went out to regions and back to districts you forgot about the CHO and the position.

**Mrs SHELDON:** The fact is that this is not an attempt to improve public health but a wish to curtail the powers of that particular person. That is my major concern. I do not know that anything the Minister has said so far has allayed that concern. When public health is involved, that position should be separate. Health is a massive department. It covers a very large and wide range of matters. The current system in relation to the Chief Health Officer should continue.

Some of the other changes appear to be quite technical and relate to specific aspects. I am concerned about sections of this Bill that relate to reporting to the Parliament. I am a little surprised that the Scrutiny of Legislation Committee let the legislation through in its current form. Fundamentally, we have to be sure that there is an accountability process, particularly in relation to people's health and the accountability of bureaucrats, politicians, Parliaments and Governments. In no way can public health be intruded upon for any reason—be it incompetence, negligence or political interference.

I have some general concerns about what is happening in the Health Department. Certainly, I have some concerns about the Labor Party pork-barrelling its electorates to the detriment of others. Nowhere is that more evident than on the Sunshine Coast. In the Budget, there were considerable cuts to the capital works expenditure on the Caloundra Hospital and the Nambour Hospital. One could say that there is now a real go-slow on the capital works expenditure, and there is really no need for that at all. There has been considerable and detailed planning both for the Nambour and Caloundra Hospitals. The amount of money that was proposed in my Budget to be spent in this financial year on capital works should have been spent. It just means that these works will be dragged over a longer period. There is no guarantee that they will be finished even in the next financial year. Meanwhile, the public, the people who require these health services, are not getting them as quickly as they should. Everybody knows the growth that is occurring, and continues to occur, in Nambour and all the other Sunshine Coast areas. So I have grave concerns about this go-slow process. I urge the Minister and anyone else involved to work on these capital works as quickly as possible.

I am very concerned that the incorporation of community health and child health takes place at the new hospital complex at Caloundra. Certainly, community health is housed in an appalling building and has been for a long period. In fact, I think the building is most probably at the condemned stage. I would not like to think that that service continues to operate in that building any longer than it absolutely has to just so that capital works can be spent elsewhere.

If one looks at the capital works expenditure in the Budget, one would see that spending on the Nambour Hospital redevelopment was slashed by \$3.6m this year. Only \$1.9m is to be spent on one of the major hospitals in this State. The coalition's Budget allocated \$5.5m. Now we have this continuing controversy about the slowing of the redevelopment of the nurses' old home in Nambour. That is an absolute nonsense. The building should be razed to the ground, anyhow. I do not know why all this nitpicking is going on. The Government should raze the building, build the extensions to the hospital and stop the fiddling around.

**Mrs Edmond:** Are you saying we should just ignore the Heritage Council?

**Mrs SHELDON:** I am saying that if any Government or bureaucratic department seems to be deliberately waylaying implementing advancement for the general public, then the Minister of the day—the Health Minister—should be looking after the health interests of the people rather than passing the buck and saying, "It is not my fault, it is the Heritage Council. Speak to them." I think that the Minister is taking the easy option. It is easy for the Minister to blame someone else such as the Heritage Council instead of acting in her capacity as the Health Minister and making sure that that hospital continues.

I am also considerably concerned about the downsizing of \$6m in the capital works to be spent on the redevelopment of the Caloundra Hospital. We are talking about a lot of money: down to an allocation of \$1.9m from \$8m. I have to express the concern of my own community that this has occurred. They cannot see the need for it. In my electorate, we have two very active and able hospital groups within the community. One is the hospital auxiliary and the other is the hospital improvement committee. Over the years, those two groups have worked extremely hard and spent a lot of time and effort in getting the redevelopment of this hospital. They represent the general community. I think that it is essential that they are reassured that the money will be spent, and spent in a timely manner, and that they will get the health services that they have been waiting for for quite some time.

However, this unfortunate slowdown of capital works spending seems to be somewhat endemic throughout the department—to the tune of something like \$47.49m in the redevelopment of four of our major Brisbane hospitals. Certainly, if one compares the spending announced for the Herston hospital complex, the PA Hospital, the Mater Children's Hospital and Redlands Hospital in the coalition's 1998-

99 Budget with the spending in Labor's Budget, one sees the following reductions: under Labor, spending on the Herston hospital complex is down by \$4.221m, spending on the PA Hospital is down by \$22.523m, spending on the Mater Children's Hospital is down by \$18.624m, and spending on the Redlands Hospital is down by \$2.122m.

Quite obviously, this is a way in which the Labor Government is controlling its capital outflow. Daily, we hear promises about what is going to go in here and there across a wide spectrum of portfolios. I happen to know exactly how much money is in the budget and how much money can be spent. Those announcements sound great, but I would say to people to not hold their breath until they see the delivery of the capital works. By that time they may well be grey and old.

When I referred to those hospitals, it came to mind the work that the previous Health Minister, the Premier and I had done—in fact, the whole coalition Government—in rebuilding all of these major hospitals in Brisbane: the Royal Brisbane Hospital, the PA Hospital and the Prince Charles Hospital. Over the years, what needed to be done had been put off. We took the bit between our teeth, got the capital together and made the provisions for the next 10 years for that capital so that those hospitals could be rebuilt in an economic way and also so that the staff could work in improved working conditions. When one really thinks about it, it was a pretty massive Hospital Rebuilding Program. I think that the current Minister is very lucky to have inherited it. The hard work had really been done: the stream of money had been put in place and all the hard work on the redevelopment had been put in place. That takes a while until bricks and mortar actually start to appear. I certainly encourage the Minister to continue the work—in fact, the vision—of the previous coalition Government in the spending and the building of these big hospitals.

As well, we have the extensions to many of the existing hospitals, such as the redevelopment of the Townsville Hospital. We agreed to shift the entire hospital—and, of course, that should have been done in Cairns instead of the hotchpotch that is currently in Cairns—to a new greenfields site so that a new hospital could be built. We also enabled the beginning of the medical school. This week, I was somewhat appalled to hear the Minister speaking about the coalition's lack of commitment to the medical school in the north. It was a total and full commitment. In fact, I was at meetings in Canberra with the Prime Minister and the Federal Health Minister, Minister Wooldridge, to ensure that we would get that medical school. We had to ensure a certain amount of funding and commitment, and we did that. We found the money to do it. The Federal Government then said that it would create the places.

In a State as big as Queensland, it makes commonsense to have a medical school close to the patient need. Hopefully, the training of those students in the north will mean that, when they graduate, they will stay in the north and go out to work in the regional and country areas. In fact, the previous Labor Government could have done that during its term and never did. The coalition Government did. I think that it is incumbent upon this Government to see that that commitment is carried through fully.

When the coalition left Government, more money had been spent on Health than ever before. Nowhere was that more obvious than in capital works. I would like to think that the health of Queenslanders is going to be looked after as well by this current Government as it was being looked after by the coalition Government, although to this point there is no indication that that is going to occur.

I support the words of the shadow Health spokesperson on this Bill. In terms of questions of accountability, I urge the Minister to make sure that the public is looked after. I also urge her to make sure that capital works progress. As I said before, I think the concept of a register for cervical screening is very important. I just caution on the question of accountability. I also have some concerns about what is happening to the Chief Health Officer.

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