



Speech by

Mr T. SULLIVAN

MEMBER FOR CHERMSIDE

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PRINCE CHARLES HOSPITAL

Mr SULLIVAN (ChermSIDE—ALP) (12.26 p.m.): The Prince Charles Hospital is a world-class, world-renowned cardio-thoracic hospital. Its reputation is that of not only the leading cardio-thoracic hospital in Queensland but also one of the leading hospitals in Australia. It is also well regarded around the world.

In the mid 1990s, the then Goss Labor Government started a major, 10-year rebuilding program for Queensland's hospitals, and a two-year planning process was put in place, at the end of which it was determined that the Prince Charles Hospital would have a dual role. It would maintain a role as a specialist cardio-thoracic hospital but would be developed as a community hospital to serve the residents and patients of Brisbane's northern suburbs. This made a lot of sense because, as the northern suburbs of Brisbane have one of the highest populations of over 60s and a great demand for medical services, the Prince Charles Hospital, with its vacant land and ready access, stood out as an excellent place to develop a community hospital—to put the beds and the services where the people were. This gave great hope to people on the north side of Brisbane.

I am sad to report today that an act of betrayal and a callous disregard for people has in fact seen this situation change. The people of the northern Brisbane suburbs have been duded by the previous Health Minister and the former coalition Government. In the next few minutes I will outline part of the planning processes that occurred in the early 1990s and I will inform the House of what is actually occurring at the hospital now. People can then judge for themselves how they have been betrayed by the former Health Minister, Mr Mike Horan, and his leader, the Honourable Rob Borbidge.

I refer to documentation which is produced largely by the Health Department or from Health Ministers' offices. In recent weeks I asked the Health Department for information on this matter and I was told that there was no such planning available, that no such material existed. That has raised the question of why material which I had and which came out of Ministers' offices and from the Health Department as little as two or three years ago is now supposedly not available or not able to be produced by public servants. I will be raising a question later as to whether the former Health Minister determined that certain material was to be destroyed or simply not to be accessed.

I refer to the Metropolitan Hospital Services Plan, Queensland Health, December 1994, subtitled "A Plan for the coordinated development of hospital services in the metropolitan area". I will be reading extensively from this and two or three other documents. The introduction on page 2 of that plan states—

"This Plan provides the framework for a major upgrading and redevelopment of hospital services in the Brisbane metropolitan area over the next decade."

It goes on—

"The State Government has committed \$1.5 billion over 10 years to rebuild and enhance hospital and health services across Queensland."

It continues—

"... a plan was needed to coordinate and guide future hospital development in Brisbane."

It goes on—

"This plan uses the most sophisticated modelling of its kind presently in use in Australia and is based on the most up to date planning information and methodologies available. It takes into account a range of factors including population growth, admission patterns, trends in length of stay, patient flows, demographic changes and technological advances."

The document continues—

"The Ten Year Plan recognises that Queensland will not need any additional beds between now and the year 2001. This is because, while the population is expanding, the average length of stay in hospital is reducing, so that more people are being treated more rapidly in the same number of beds.

However, a better distribution of beds is required to cater for the rapidly growing population centres north and south of the city. Health services must be established and built up in these population growth areas to provide people with access to necessary services close to where they live.

The implementation of this plan involves moving beds away from central city locations to areas of population growth. This means an expansion of services at The Prince Charles, Caboolture, Logan, Queen Elizabeth II and Redland Hospitals."

Those are excellent health planning principles. They make a lot of sense for the rapidly growing areas to the north and south of Brisbane, which are not only the fastest growing regional areas in Australia but in all other OECD countries. Page 3 of the plan states—

"However, while the major metropolitan teaching hospitals will have their bed numbers reduced to take account of changes in the provision of services, their role will not be reduced.

Rather, hospitals such as Royal Brisbane and Princess Alexandra will have their roles enhanced as centres of excellence and the State's major tertiary teaching and referral hospitals. Over the remainder of this decade, both the Royal Brisbane and Princess Alexandra Hospitals, along with the Royal Women's and Royal Children's, and the Mater public hospitals complex, will undergo major redevelopment to improve the physical fabric of the hospital system and to upgrade services and conditions for both staff and patients."

This plan was not a matter of stripping away services from some hospitals and leaving them bare; it was about moving beds close to where the population needed them while retaining the tertiary and teaching aspects of the major hospitals intact and enhancing them. Page 23 of the Hospital Services Plan mentions the implications for other regional hospitals. It states—

"Together, the Royal Brisbane Hospital and The Prince Charles Hospital will form the nucleus of acute hospitals for the Region. To support the transfer of non-tertiary services to The Prince Charles Hospital and support its future role in providing non-tertiary services to its local catchment population, approximately 108 non-tertiary beds will be transferred from the Royal Brisbane Hospital to The Prince Charles Hospital. Details of the services which should be provided at The Prince Charles Hospital are provided as part of the profile for that hospital."

The key point is that it is the non-tertiary services that are being referred to. The plan was that the basic community-based services for the hospital would be transferred. Pages 24 and 25 of that plan detail what the future role of the hospital should be and state—

"In the future, The Prince Charles Hospital will have a dual role. It will be developed principally as a hospital to serve the Brisbane North community, especially those areas of most rapid and substantial growth which are in the northern part of the Region. The Hospital will continue to provide a supra-regional tertiary service in cardiology and cardiac surgery.

Tertiary paediatric cardiology and cardiac surgery services will be retained at The Prince Charles Hospital."

Page 25 of the plan states—

"The Prince Charles Hospital will predominantly develop a range of secondary level services in conjunction with home, residential and ambulatory services to enhance continuity of care and convenience of access. The hospital will have a core of tertiary cardiac services, as outlined above."

It then spells out in more detail what those services will be.

This was a plan that was not just for the Prince Charles Hospital but for health services right across the State. I will table that plan with other documentation. I will table also a letter from the then Minister for Health and a document called Improving Our Health—Ten Year Health Services Plan For Queensland 1994-2003 in which those principles are again explained. I will also table a media release from the then Minister for Health, Mr Ken Hayward, dated 15 January 1995, which explains how the Logan, Caboolture, Redlands and Prince Charles Hospitals are set to expand under a new State Government metropolitan hospital plan. It mentions that this is the result of almost two years' work by Queensland Health and is a long-term strategy that demonstrates the Goss Government's commitment

to health services. In that document the then Minister gave a warning that has proved prophetic. He stated—

"I don't believe, for one moment, that what we are proposing will be easy, or that it will be accepted unanimously by the range of groups which have a vested interest in how public health services are delivered, but I am certain that these proposals represent the best future for patient services in the metropolitan area."

The previous Minister for Health changed those plans and the Prince Charles Hospital will now not have any community facilities as planned. He has stripped away these resources from the people of north Brisbane and betrayed them. He did that because he did a deal with the AMA that he would retain as many services at the Royal Brisbane Hospital as possible if it kept quiet and did not rock the boat. Through that deal with the AMA he has betrayed the patients of north Brisbane. He has spent half a billion dollars at the RBH, some of which was unnecessary and should have been spent at the Prince Charles Hospital. He has not provided the best service planning for the people of north Brisbane, who will judge not only the then Minister for Health, Mr Horan, but also his leader, Mr Borbidge, for betraying them and for disregarding their health care for their own callous reasons.
