



Speech by

**DESLEY BOYLE**

**MEMBER FOR CAIRNS**

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**CARDIAC CATHETER LABORATORY, CALVARY HOSPITAL**

**Ms BOYLE** (Cairns—ALP) (12 p.m.): I rise to speak about an innovative and very important new health service for the people of Cairns and the far north of Queensland. It is an initiative of Queensland Health and one on which I happen to be well informed. I refer to the establishment of a cardiac catheter laboratory at the Calvary Hospital in Cairns. Through a contract which has now been signed, this facility will serve both public and private patients.

As the former chair of the regional health authority, I am aware of two earlier proposals put to the Health Department for a cardiac catheter laboratory in Cairns. Neither of those proposals was successful. In fact, on both occasions cardiac catheter laboratories were approved for Townsville. This has been a fairly difficult pill for the people of Cairns and the far north to swallow.

We understood why the first laboratory was established in Townsville. It is geographically more central and we understood that the first facility should go there so that people in the northern half of our State could have access to this important diagnostic and treatment facility. It was harder when the second proposal for Cairns and the far north of the State was lost. It appeared to us that people in Brisbane do not realise that it is not just a matter of people in Cairns having to go to Townsville for treatment, but people from the far-flung communities of Cape York, the Gulf of Carpentaria and the Torres Strait. These people have difficulty accessing services in Cairns and they are particularly disadvantaged by being required to spend further time travelling to Townsville.

Another difficulty that will now be solved by the establishment of this service in Cairns is the problem of the waiting list. Yesterday a Mrs McGilvray of Cairns was prepared to tell her story in the Cairns Post about how she has been waiting since December for an angiogram at the cardiac catheter laboratory in Townsville. Twice her test has been delayed and her best guess at the moment is that it will be May, if she is lucky, before she is able to travel to Townsville.

Mrs McGilvray's situation is, unfortunately, common. It has been a common problem in areas of small populations. In having to wait for specialised services, people have to put up with periods of considerable disruption to their lifestyle. They are unable to make plans until the diagnosis has been completed and treatment undertaken. As we all understand, people in such a situation live with a level of anxiety. This is difficult for not only the patients but also their families.

It is good news that, having a facility in Cairns, people in the far north of the State should not have to endure such waiting periods in the future. I understand that the start date for the cardiac catheter laboratory in Cairns is July. However, that is a matter for the authorities at the Calvary Hospital to determine.

This unit is only proceeding on the basis of a contract between Queensland Health and Calvary Hospital. These public/private arrangements are easy to support in principle, particularly in regional areas where the population base will not support some of the sophisticated and costly health services that we would all like to have close to home. Our present health system cannot afford such facilities. Patients in the Cairns area can use this public/private facility and this is obviously a positive and appropriate direction for the department to take.

The public/private arrangement means that patients can be looked after closer to home. They are with their families and are not worried about having to travel elsewhere for diagnosis and treatment which are likely to be speedier. Disruption to people's work, social and family life will be minimised. There will also be a reduction in anxiety and concern over a patient's future health.

The public/private arrangement is a cost effective arrangement, though a difficult one to negotiate. The benefits for the private health sector—in this case Calvary Hospital—are apparent, particularly as we have seen a decline across Australia in the membership of private health insurance funds. As a result of the decline in membership many private hospitals have faced funding difficulties. Australians wish to have a choice between private and public health services. In this case the two services will work together and, as a result, Calvary Hospital will benefit and at the same time the public patients will be cared for.

In negotiating a contract between public and private health services we need to recognise that they are two different systems. The private health system is smaller and much more segmented, but is much quicker, therefore, in making decisions. It is much more based on the private business paradigm of getting on with the job without the imperatives of accountability and size that the public sector must face. It is easier for a private health business, such as Calvary, to reach a future plan and to have the details ready for negotiation than it is for the public sector. In making such an arrangement, the public sector has the normal concerns of ensuring that proper standards are met. This is particularly important when we are dealing with people's lives and wellbeing.

However, in making these arrangements between public and private sectors there are particular imperatives that the Minister has had to take into account, including: ensuring access for all people from across the far north; ensuring access to the facility regardless of income or any other socio-demographic factor; ensuring that the approach offered by a private sector institution will be suitable to public sector clients; ensuring that there are no differences in the services provided and the way the services are provided to public and private sector clients; ensuring that the costs are reasonable for the public sector to bear; and ensuring that there are sufficient numbers to support a contract that will last well into the future.

These negotiations have taken some time. Several times I have been disappointed with the comments of Mr Frank Tuohy of Calvary Hospital when he has expressed his frustration over the time being taken in the negotiations by Queensland Health. I believe that his frustration, so expressed, reflects his understandable ignorance of the public system and of the important standards of accountability with regard to service and financial management. These standards are far more difficult for the Minister than they are for Mr Tuohy, who has only a single hospital under his management. Nevertheless, those comments of frustration about how long the negotiations have taken have spoilt the news, to a degree, for people in Cairns and far-north Queensland.

The situation is as follows. We have a negotiated contract for the Calvary Hospital to provide public patients as well as private patients with the services of a cardiac catheter laboratory. So long as Calvary Hospital's plans run to time, this service will commence in July this year. This is great news not only for people such as Mrs McGilvray who are suffering difficulties and require diagnostic tests and treatment but also for their families and many others of us who know that the time will come when we or those close to us will require these services. It is great news for the people of Cape York and the Torres Strait because it brings the services closer to them.

I congratulate the bureaucrats in Brisbane who have negotiated this contract with Calvary Hospital; they deserve the commendation of all people in far-north Queensland. I particularly thank the Minister for Health, Wendy Edmond, who has insisted that this contract proceed, despite the difficulties, in full awareness of the advantages of this advance for the people of far-north Queensland. On behalf of very many people in north Queensland, I thank the Minister and her staff. This facility will be well received.

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