



Speech by

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Hansard 17 September 1999

1999 STATE BUDGET

Miss SIMPSON (Maroochydore—NPA) (11.19 am): Lives will be lost under the Beattie Labor Government's breakneck plans to radically restructure the Queensland Health Department. Already, the health of patients has been seriously compromised because they are being blocked from treatment at the State's major tertiary hospitals under the new zonal system, which is driven by cost cutting and not by best clinical practice. It is not good health administration to close services in one place, such as the Royal Brisbane Hospital, and, based on postcodes, to move patients to other hospitals if alternative services are not yet available at that level.

We already know from one recent tragic event where a gunshot victim was shuttled between the Caboolture, Redcliffe and Royal Brisbane Hospitals that the services in the outlying hospitals are not yet funded or staffed at a level to enable them to accept certain types of patients. However, because it is so difficult to get some people with the "wrong" postcodes into the Brisbane tertiary hospitals, their treatment and their lives are being endangered. In relation to the case of the gunshot victim, a concerned doctor has stated—

"(The) ambulance initially took him to Caboolture Hospital where the first entry in the chart at 12.15am reads 'Ischaemic Leg' (lack of blood flow). The patient was then transferred to Redcliffe Hospital and prepared for emergency vascular surgery at 2.30am—however the vascular surgeon was not available and patient subsequently arrived at RBH 3.45am and finally had vascular surgery 4.15am.

As a result of prolonged ischaemia, the leg was partially amputated—the need for amputation probably would not have arisen had the patient been taken directly to RBH following the 9.45pm wounding."

This is a human tragedy. I recount it only because it is in the public interest. I am calling on the Health Minister to order a moratorium on these changes to allow for proper consultation with clinicians and the public. If she does not, similar tragedies will occur again. More people will be treated according to postcodes and not clinical need, and lives will be lost. The Minister has to wake up to the fact that it is already happening.

The processes are in place that make it extremely difficult for people outside Brisbane to get access to the tertiary hospitals and it is increasingly difficult for people within Brisbane because acute services are being closed down. I stress that it is not the fault of the doctors or the clinicians when they have not been consulted about this new system, and I mean really consulted by talking to them and finding out what is in the best interests of patients. The feedback I am getting is that people are extremely concerned that patients will either lose their lives or will suffer very severe health outcomes. The public has not been consulted either.

I believe in the concept of providing services to people closer to where they live, but I do not believe in stopping patients from accessing the State's tertiary hospitals based on postcodes. Some outlying hospitals have not been funded to take this forced shift of patients. They may rely on one or two specialists who are on call 24 hours a day to give them coverage for certain specialties. Honourable members should remember the Redcliffe example. The patient was prepped for emergency surgery at 2.30 a.m., but the specialist was not available. This is a bigger issue for the smaller hospitals, because they do not necessarily have a pool of specialists to draw from at short notice, as happens in Brisbane.

As the patient load increases, so does the need for other specialists and their support teams of trained health professionals.

However, there are further examples of the RBH and other Brisbane hospitals being told to say no to patients in need, resulting in doctors ringing around to find out where they can send patients. That is happening now and the Health Minister must understand that problems are occurring right now. I was horrified to see in today's Courier-Mail that four intensive care beds have been closed at the Royal Brisbane Hospital and that three have been closed at the Prince Charles Hospital. These are tertiary services. They are not being closed because of a lack of staff but for budgetary reasons. That is why patients are already having a hard time accessing Brisbane hospitals for acute services.

What on earth is this Government doing? It is the grossest stupidity for the Government to rush ahead with the downsizing of services and access not only for Brisbane patients but also for patients outside Brisbane. Why are the men in black, the pen pushers in the lofty heights of the Health bureaucracy and the Treasury Department, making decisions about Queenslanders' health care without talking to clinicians or the public? Why are they in such a rush to restructure the hospitals? Firstly, the men in black are moving while they have a weak Minister at the helm who will do what they say.

The story behind this restructure goes back to the enterprise bargaining agreement, EBIII, and the deals that were done with Treasury and the Cabinet Industrial Relations Committee to pass the most expensive industrial agreement that this State has ever seen. Full-year implementation for EBIII is \$135m. I will come back to EBIII and the Budget black hole in Health in a moment, but firstly I want to address the Budget related issues of the secret health review that went to Cabinet in June this year.

The secret slash and burn Health report from the Health Strategy Advisory Project was born out of the process of looking for ways to save money in the department in order to fund the increased wages bill. Following the Cabinet Industrial Relations Committee meeting on 16 November 1998, the Premier directed the Director-General of the Office of the Premier and Cabinet, the Under Treasurer and the Director-General of Health to provide a report on strategies to address current and future health issues in Queensland.

The high-level subcommittee recommended health industry consultants Dr Peter Brennan of MA International Pty Ltd and Mr Ray Blight of Bankers Trust Australia to undertake the task. They were appointed in January 1999 to assist with the project. On 20 April 1999, the Cabinet Budget Review Committee was advised of the establishment of a ministerial task force, chaired by the Premier and comprising the Treasurer and the Minister for Health. Also, a chief executive steering committee was established, chaired by the Director-General of Health and comprising the Director-General of the Office of the Premier and Cabinet and the Under Treasurer, with input from the Director-General of Employment, Training and Industrial Relations and the Public Service Commissioner also being required. Also established was an implementation working group to progress the implementation of the recommendations of the Health Strategy Advisory Project.

The steering committee and the implementation working party met on a number of occasions to consider the report's recommendations. These strategic recommendations were taken to Cabinet on 28 June this year under the signature of Premier Beattie, the Health Minister and then Treasurer Hamill. They are very significant, because these recommendations have never been rejected by Cabinet; in fact, they were endorsed.

What were the recommendations? We are seeing the fruits of the report that was undertaken in secret and without consultation with any of the stakeholders in this current Budget. First Mr Beattie said that the report had only been noted. However, as we are seeing, the report is already having an effect on the hospitals. Equity return was a recommendation of the report. The report actually used the words "capital charge" in the same context as equity return. First Mr Beattie said it was noted, then it was rejected, and then maybe some of it was accepted.

As we know, the Premier's own staff later admitted that none of the secret report—a secret report on a radical restructure of the Health Department—had been rejected at Cabinet. Section 11.14, recommendation 15, of the report referred to asset management and capital charging. It stated—

"The equity return envisaged in the management for outcomes system will encourage managers to quit surplus assets."

It goes on to say that it will "assist them to scale down 'overbuilt' or redundant assets."

I ask the question again today: will the Premier or the Health Minister identify which Queensland hospitals are overbuilt and which Queensland hospital has been regarded as a redundant asset? As a result of the Beattie stealth tax, which is right across all capital, how many nurses, cooks and laundry workers' jobs will be lost?

The Premier referred to making lazy equity work faster and harder. Can he tell me which hospital he wants to flog off, because ultimately we are not talking about the stock market or a commercial sector. We are talking about social infrastructure and delivering services to Queenslanders. Where are

these lazy blocks of land that are going to deliver 6% a year back to Treasury? Let us look at the way the Government is implementing this Beattie stealth tax. It has 40 hectares of prime land at Herston. This prime real estate must be worth a mint now that it will be valued and there will be a 6% tax on it. Does that mean that other land around the State will be flogged off as compensation for return on the investment at Herston? This is like a retrospective mortgaging of the very health assets of this State. One day a person thinks he has no debts and the next day he wakes up and finds that the Government has permanently hocked his assets. This measure will eat into the recurrent funding of the Health budget.

Property markets will dictate the future of hospital budgets. The men in black from Treasury will be peering over the shoulders of every district manager. It will be like a noose around the necks of those trying to balance the budgets and deliver core services. Those managers will know that they have to make a 6% return on their capital assets—on all of their x-ray machines and so on. Everything that they have has been mortgaged in retrospect.

This is worse than National Competition Policy for the bush. This is the way in which the Government is going to close country hospitals—places that are essential to anchoring medical services in those communities. Country hospitals have always been anathema to those who believe in economic rationalism, centralised hospital services and delivering services in high population areas. These people do not understand that services have to be provided in low population areas because that is the only way to anchor health services there and provide a certain level of service.

We know that there was a secret report prepared in respect of Nanango and that the future of the Nanango Hospital is threatened, but what about Murgon, Wondai and Gin Gin? What about a whole raft of Queensland hospitals? I know that the Government has already been looking at closing the Forsyth Hospital. The Maryborough Hospital is way behind in its redevelopment and is looking for ways to claw that back.

The outpatients clinic at the Bundaberg Hospital has been closed. The Government is looking at ways of closing beds at the Gladstone Hospital. The Gordonvale Hospital is also under threat of closure. The outpatients clinic at the Warwick Hospital is under threat. The Malanda Hospital is set to close. The Sarina Hospital is under threat as a real hospital service to the community. Twenty beds have been taken out of the Sandgate Eventide nursing home.

I turn to the other recommendations of this report which are being effected in this Budget. There is a new layer of bureaucracy. It is amazing: when there is a crisis in health, the Labor Government spends more money on the bureaucrats. There is a new layer of fat-cat bureaucracy—the new zonal managers, who will be paid salaries of \$180,000 each. These managers are not based in the country; they are based in hospitals such as Royal Brisbane and Princess Alexandra. They are out there already enforcing changes which are budget driven, not clinically driven. This sounds the death knell of the public health service as we know it.

I do not have a problem with a wage increase for our hardworking health professionals, but they were lied to when the Government said that EBIII would not affect their job security and that it was fully funded. It was not fully funded and jobs are going from our hospitals. Honourable members should remember that EBIII cost \$135m in full-year implementation. They should also remember that the Premier said that there had been a \$200m increase in the budget for the Health Department this year.

According to Budget Paper No. 4, after adjusting for the \$165m Beattie stealth tax, or equity return, the increase is \$138.1m. However, if we subtract the increased cost of wages and conditions through EBIII, which is \$135m in full-year implementation, there is not a lot of change left. Even if we take into account that the \$31m wage increase in 1998-99 actual was the first stage of EBIII and that the \$105m wage bill increase listed in the Budget papers for this year was the next stage, hospital budgets will go backwards unless services are cut. All of this is at a time when demand is increasing, as it has been fairly steadily for a number of years. That is not a surprise.

On the figures presented to the Parliament, there is no doubt that the jobs which are currently being shed at a number of hospitals are as a result of the unfunded EBIII agreement. After the BST or equity return is factored in, the budgetary increase is 7.3%—not 6%. After population growth and inflation is factored in, the budgetary increase is as little as 0.18%. That is pathetic, but it is also extraordinary that the big winners out of the Beattie Budget are the Premier's Department, the Department of State Development and the Department of Communication. It just goes to show that it does not matter how much money a Labor Government is given; it will always misspend it. We see that with this Labor Government, which is taking Queensland into the red with this Budget in the tradition of failed Victorian Labor Premier John Cain.

In the Health portfolio, the coalition in Government operated under the old Goss/Keating Medicare agreement with \$1.3 billion less funding than this Government has. This Beattie Labor Government received a record \$1.3 billion increase in Health funding from the Federal Government, but

it has spent that on increased bureaucracy and mismanagement at the highest level. I find it mind-boggling that Labor could take so much money and let it blow away in the wind so quickly.

The report talks about performance indicators. The lack of detail in the Budget papers on these so-called performance indicators is quite pathetic. Let us look first at the Labor Government's extra \$3m for drug and alcohol rehabilitation. Where are the Government's priorities? It is spending an extra \$58m in the Premier's Department while the drug and alcohol area is allocated only an extra \$3m, and the involvement of the community sector in delivering better rehabilitation services has been totally ignored. There is a need for across-Government involvement in a new drug strategy to involve the community sector. It should be targeted at youth drug users and at prevention measures.

Methadone is a fat lot of good to young people who are using amphetamines and who have poly-drug problems. Honourable members should look at the type of drug rehabilitation services the Government has been pouring its money into in the past few years with very little effect. It is not addressing the poly-drug use problems of young people. Methadone does nothing to address the amphetamine use problems of young people. It is about time we had rehabilitation services which were targeted at the majority of drug users, which is those under the age of 30. That so little money has been allocated to one of the most pressing health needs in this State is absolutely appalling. This should be compared with what has been allocated to the Premier's Department. That is where the increase has been and that shows where this Government's priorities lie.

This Budget has been discredited. This Budget is not delivering better services for the people of Queensland. Unfortunately, there is also a black hole in the Health Department's budget. The so-called budget increases spoken about by the Health Minister will not even cover enterprise bargaining agreement commitments. It will not cover the needs of the drug and alcohol rehabilitation services. It will not stop intensive care and acute services in Brisbane being shut down. It will not stop the disaster which is the Royal Brisbane Hospital.

I have clinicians pleading for the Government to put a moratorium on the changes that are already being implemented and which are literally affecting people's life and limb. Already there are people who cannot get into some of these hospitals. There was another example of that in the last few weeks. A person with an acute infection of the tonsils could not get into a hospital on the south side. Attempts were made to get this person into a hospital in the central zone, which is just across the Brisbane River. Initially the Royal Brisbane Hospital would not accept the person either. I think eventually, after much ringing around, the doctors finally found a bed.

The problem is that the Government is cutting acute services. It is not just secondary services. Services in outlying hospitals are not yet in place. This is an absolute time bomb waiting to explode. We are already seeing the effects. I cannot believe that a Government that has been given so much money can blow it so quickly. Its focus has been on building the bureaucracy and feeding the fat cats, and the jobs of nurses and doctors in these critical care areas are being lost and not replaced.

I have heard some most distressing stories about highly professional people being pushed out the door by covert means at some of our tertiary hospitals in this State. These are people with decades of experience in caring for people. They are people who do not get their names onto the front page of the papers, but they are crying out and saying that this will be an absolute disaster. As a result of these proposals, ambulances will be bypassing hospitals in the way they did in southern States and in England.

These outcomes will be millstones around the necks of the Health Minister and the Government, because people's health and lives will be affected. We have seen it with the tragedy of a gunshot victim being taken to three different hospitals before he finally received treatment after a number of hours. This delay resulted in the partial amputation of a leg. Doctors said that if the person had received appropriate treatment quickly by going first to the Royal Brisbane Hospital that would not have happened. This is not a laughing matter. People's lives depend on an effective and efficient system. They do not depend on a Government making changes by stealth, behind closed doors and having not even talked to the people who are at the coalface of service delivery. This Government is rushing through changes which will ultimately cost people's lives.
