



Speech by

## Miss FIONA SIMPSON

MEMBER FOR MAROOCHYDORE

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Hansard 6 September 2000

### HOSPITAL WAITING LISTS

**Miss SIMPSON** (Maroochydore—NPA) (6.02 p.m.): I move—

"That this House condemns the Beattie Labor Government for allowing hospital waiting lists to grow, for cutting back on intensive care beds, and for bad management practices that have placed dangerously high pressure on staff."

The Beattie Labor Government is cheating public health patients while spending money on art in hospitals and building a \$13m Brisbane footbridge. The Beattie Labor Government and Health Minister Wendy Edmond have done a fudge job on surgery waiting figures and are falsely claiming that things are improving, while the correspondence and phone calls to many members' offices show a different story. They are failing to disclose the true state of surgery waiting lists because they have broken a promise to improve access to specialists for appointments by actually reducing access in many hospitals. There is a waiting list to get on the waiting list.

Let me quote from a Gold Coast man who, in his letter of 8 August this year, took offence to a remark by the Minister for Tourism, Merri Rose, in which she stated publicly that 98% of all Category 2 patients at the Gold Coast Hospital were being seen within the appropriate time. The constituent enclosed a copy of a letter sent to him from the Gold Coast Hospital after he had tried to obtain an appointment for an orthopaedic problem. The letter from the hospital states—

"We have received a referral letter requesting an appointment for you with a specialist for your orthopaedic problem. Due to the increased number of patients accessing the Gold Coast Hospital services, it has become necessary to issue appointments in order of priority. Your referral has been categorised as a Number 2 which is the next available appointment. However, we are unable to give you an appointment date at this time as clinics are fully booked for some months."

The constituent then comments in his letter that Minister Rose must have been misrepresenting the situation in her media statement because, he said—

"It would be very easy to claim 98% success rate when people can't even get an appointment."

Similar situations are occurring right throughout Queensland, but I will quote another example of the Bundaberg man whose wait for a hernia operation defies the Government's claim that only 11 Category 2 patients were waiting for semi-urgent surgery at the Bundaberg Base Hospital. A Health spokesman said only last week, according to the News Mail, that there were no patients in Category 1 and just 11 Category 2 or semi-urgent patients waiting. The article states—

"But the 49-year-old disabled pensioner, who requires surgery to correct a painful hernia, said he went to make an appointment this week and was told he would have to join a queue behind others who had been waiting since last October.

"They showed me the list to prove there were hundreds of people before me on the category two list," he said."

Then there is the Nambour Hospital. The surgery waiting list says that there are 91 patients awaiting eye surgery. But the official report does not tell what the local GPs know, and I will table a document which shows that the actual wait time to see an ophthalmologist before even being considered for the surgery list is nearly a year.

This disgraceful situation has been raised time and again with this Health Minister, but she does not seem to be concerned at all. I refer members to the Health Minister's comments on 29 February 2000 when she said—and I quote directly from Hansard—

"Category 3, the non-urgent, the ones that often actually cure themselves if they wait."

The Minister is wrong. There are tens of thousands of Category 3 patients in Queensland, many in pain and discomfort, and they are not curing themselves. There are hundreds of Queenslanders who are slowly going blind while waiting for cataract surgery through the State hospital system because the Minister does not think Category 3 surgery is important.

I want to put a human perspective on this by quoting a letter written on behalf of one of those elderly Category 3 patients who lives in north Queensland. This woman was accessing services through Cairns.

**Mrs Edmond:** It just goes to show what a joke you are.

**Miss SIMPSON:** I am quoting the Minister directly from Hansard. I repeat: according to the Minister, Category 3 are the non-urgent, the ones that often actually cure themselves if they wait.

**Mrs Edmond:** You are not quoting directly from Hansard.

**Miss SIMPSON:** That is a direct quote from Hansard. This Minister has no consideration for those who are waiting longer than they should.

This north Queensland woman was accessing services through Cairns. Mrs X, we will call her, was told she had to wait for two to three years for public surgery in Cairns. So this elderly pensioner decided she had to go private. Members should note that the Beattie Government's surgery figures as at 1 July 2000 showed only 34 people waiting for eye surgery in Cairns, which highlights the absurdity of the Government's spin-doctoring. It does not add up. Her friend writes—

"Mrs X's vision is now so poor she can hardly see. She is an artistic woman who used to paint and write. These passions are no longer available to her because of her condition. Her little cottage is a haven of serenity, cleanliness, peace and artistic arrangement. For two years she has scrimped and saved and gone without necessities of everyday life to find the money, saving \$150 per fortnight from her pension ... Is there nothing the Queensland Government Health system can do for this lady? Mrs X has given me permission to petition on her behalf. Her eyesight is poor to say the least, and giddiness excludes her from much mobility ... Is this what our prized free Queensland Health system has now bureaucratically become?"

Unfortunately, Health Minister Wendy Edmond has virtually admitted that the Beattie Government has no intention of treating tens of thousands of Queenslanders, people who wait on the non-urgent, Category 3 surgery waiting list. The Government's indifference has been exposed by the Minister's extraordinary claim in the Parliament that Category 3 patients can often cure themselves if they wait. It is no wonder that waiting lists are growing in this State. It appears that the Government's strategy is to leave people as long as it can in the vain hope that they will cure themselves.

There is also the situation with acute patients and intensive care units. But first of all let us look at the full extent of Category 3 numbers around the state. There are 45.5% of Category 3 patients waiting too long at Bundaberg; 15.6% at Caboolture; 51.1% at Cairns; 46.8% at the Gold Coast; 22.8% at Ipswich; nearly 27% at Toowoomba; 37% at Townsville, and those are only the ones who have been put on the list, because, as I mentioned before, there are thousands who have been kept off the list due to the fudging of the figures because people cannot get access to the specialists to even get on the list.

Let us look at the mismanagement with regard to intensive care beds. Despite the protestations of the Health Minister, there have been significant cutbacks in funded and staffed respirator capable intensive care beds in Queensland, particularly at the tertiary level in Brisbane. Patients who require ICU treatment definitely cannot cure themselves. I referred to the cutbacks in operational ICU beds during the Budget Estimates process last month, and I quote this directly for the record in case the Minister trips up again over the difference between currently operating and staffed ICU beds and future planned capacity within the new hospitals. I said—

"I refer to the fact that, under your administration, there has been a reduction in ICU beds at Royal Brisbane Hospital from 22 to 14, and I am talking about respirated ICU beds; at Princess Alexandra from 20 to 14; at Prince Charles from 10 to 7; and Redcliffe Hospital is supposed to have five ICU beds under the so-called reversal of flow, but there are only three ICU beds operating. This is a compromise of care, Minister, and you should be aware of it, because there are examples where people are not receiving the best clinical care because of it."

I will now quote from an article in the Sunday Mail which backs up my claim about the reduction in ICU nurses and the reduction in operational beds as a result, which is having an adverse impact on patient care. The article states—

"The doctor said one patient was recently brought to a major teaching hospital after a cardiac arrest but was not able to be admitted to the ICU ward. Instead he died in the emergency department."

That is the shameful and disgraceful situation under the Beattie Labor Government. It has its priorities wrong; it is putting the funding into the bureaucracy.

The Opposition also raised the issue of the Toowoomba Hospital's ICU, which has lost capacity and which was closed at weekends. The Opposition stands by the claims that it made during the Estimates process that one patient who suffered an out-of-hospital cardiac attack did die at the Royal Brisbane Hospital in the emergency department and was not admitted to the ICU because of a lack of respirator capable ICU beds.

In regard to the second patient referred to during Estimates, he was initially unable to be admitted to Redcliffe Hospital's ICU because it was full and he was also unable to be admitted to Royal Brisbane Hospital's ICU due to another critical problem. At the time the Royal Brisbane Hospital had a power brownout and a failure of the back-up power system. Staff had to hand ventilate some patients and therefore could not accept the patient from Redcliffe. I understand that the ambulance carrying the patient had to turn back to Redcliffe Hospital where an ICU bed was eventually made available.

The cutback in ICU beds to a level well below the national standard is sheer stupidity, particularly given that elective surgery is still supposed to be a major activity of public hospitals and the fact that, along with trauma surgery, elective surgery accounts for between 25% and 50% of the activity generated in ICUs. The alternative of placing people back into non-ICU ward settings prematurely is happening contrary to best clinical practice, according to clinicians—

Time expired.

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