



Speech by  
**Mr TERRY SULLIVAN**  
**MEMBER FOR CHERMSIDE**

Hansard 6 September 2000

**HOSPITAL WAITING LISTS**

**Mr SULLIVAN** (ChermSIDE—ALP) (6.32 p.m.): I rise to support the amendment moved by the Minister for Health and to reject the negative, whingeing half-truths of the shadow Ministry. The motive behind the original motion moved by the member for Maroochydore is contained in the motion which she tabled in the House this morning. She said that there are three issues for which she was going to condemn us that have placed dangerously high "press" on staff. That is right; that is what she had on her mind—the press. That is all she wants. She wants a cheap line and a publicity stunt. There is no level to which she will not stoop and there is no Queensland patient she will not use or abuse to get her name in the newspaper and to get a story up. It is unfortunate that the half-truths are abundant.

I will concentrate on the ICU beds, of which there are currently 126 in south-east Queensland, and this includes the intensive care, high-dependency, critical care and neonatal ICUs. When the current hospital redevelopment projects are completed, there will be 335 ICU beds. Because this is capacity to meet future needs, some of these beds may not be opened immediately or funded at this stage, but the capacity will be there when they are required. As the shadow Minister should know, that is good planning. We do not build just for what is needed now; we build in a capacity to grow. We do not fund unnecessary beds now, because that is a waste of money. We fund what is needed. Do we have a network to supply what is needed? Yes, we do. No patient in Queensland is denied access to an ICU bed. Queensland Health manages ICU bed availability on a Statewide network basis. There is quite a deal of flexibility in the system. The clinicians are able instantly to access information on the availability of beds. In those rare circumstances when an ICU bed is not available in a specific hospital, a bed will be provided at another nearby hospital. Intensive care is a highly specialised area and requires specialised staff and equipment. It is a waste of valuable resources to leave ICU beds open and to have staff when they are not needed. However, we have a system in place across the State to provide instant response on demand.

I will give a comparison between 1 July 1998, under Rob Borbidge and Mike Horan, and 1 July 2000, under Peter Beattie and Wendy Edmond, with respect to the Prince Charles Hospital in my electorate. Two years ago, under the coalition, 78% of Category 2 patients were receiving their treatment within the 90-day time frame. At that time, 138 Category 2 patients were long wait. Just a couple of months ago, under this Government, we had 99.7% of Category 2 patients receiving their treatment within that time frame, with only one Category 2 patient who was a long-wait patient. What is the comparison? Under the coalition, there were 138 long-wait patients at Prince Charles two years ago. Under us, there was one, and this was at a comparable time—1 July—two years apart.

The Beattie Labor Government's \$2.8 billion Statewide health building program will see ICU bed capacity increase in Queensland hospitals. For instance, the Royal Brisbane Hospital currently has 22 ICU beds available if needed. The new hospital will have 36 beds available if the need arises. And again, not all of those will be open and funded immediately. There is room for considerable growth. The Princess Alexandra Hospital currently has the capacity to open 21 ICU beds. The new hospital will have the capacity to open 30 beds if needed. The Logan Hospital previously had three ICU beds. Now that the new expanded hospital is open it has the ability to open six ICU beds if the need arises. Royal Women's had 58 beds available. The new redevelopment now has the capacity to open 166 ICU beds if and when the demand arises. The Prince Charles Hospital, in my electorate, currently has six general ICU beds but it has the capacity for eight beds if required. In addition, because of its specialty, there are 16 post-operative intensive care beds available to meet cardiothoracic surgical demands. Those figures simply put the lie to the things that the member for Maroochydore has been saying. What she has said is absolutely untrue. To say there are cuts in bed numbers and that beds are not available is an untruth.

Of course some beds will be moved from the centre of Brisbane to the outer areas where people live. Why should people from the Pine Shire and Logan and people in the electorates of the members for Albert and Caboolture, for example, have to travel to the Royal Brisbane Hospital when the Caboolture, Redcliffe and Prince Charles Hospitals can meet their needs?

Time expired.

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