



Speech by

## Miss FIONA SIMPSON

MEMBER FOR MAROOCHYDORE

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Hansard 22 June 2001

### BUDGET DEBATE 2001

**Miss SIMPSON** (Maroochydore—NPA) (11.16 a.m.): In rising to speak in the limited time of this budget debate, I will endeavour to cover some of the major areas concerning the health and tourism portfolios and issues specific to the Sunshine Coast region and my electorate of Maroochydore, although I will seek to go into greater detail in the estimates committee hearings.

The increase in health spending in real terms in this budget compared to actual spending for 2000-01 is only about 2.3 per cent. The state's contribution—\$2.34 billion—is a 2.2 per cent increase. The Commonwealth's contribution of \$1.5 billion is a 4.6 per cent increase on actual spending from its contribution from the previous year.

Even taking into account the very welcome Commonwealth grants for the Comprehensive Cancer Centre, it is clear that federal government increases in spending overall to Queensland outstrip the Queensland state government's increases in funding. For all this Labor state Health Minister's complaints about the federal government, she clearly has let Queensland down by failing to ensure that health is a high enough priority within her own government.

I acknowledge there are some worthwhile initiatives in the health budget—interestingly, a number of which were also coalition commitments at the last election. However, as a whole this budget is a dud for the engine room of the acute health care system in Queensland, because it fails to deliver in the areas that matter most to Queenslanders: their free public hospital system.

Acute in-patient services are budgeted to increase in spending by only about 1.9 per cent on the previous year of actual spending. For the Commonwealth the increase is about 4.6 per cent on actual spending. This will mean that hundreds and hundreds of Queenslanders will continue to languish on waiting lists, they will continue to wait for surgery for far too long, or they will be on the secret waiting lists—the waiting lists you have when you do not have a published waiting list—hundreds and hundreds of people waiting just to see a specialist. Every member in this place would know that is true. They would have people approaching them who cannot even get on the surgery list because they are still waiting for a specialist appointment.

One gentleman—I have mentioned him before—Charles Sims, told me that he had waited nearly 20 months just to see an eye specialist, and now he will have to wait up to a year longer for the cataract operation. He could wait altogether around three years for his operation. And this is happening in parts of Queensland where the Health Minister has continued to ignore the concerns about getting people off the secret waiting lists and onto the actual surgical waiting lists. But there are obviously many other procedures that do not even qualify to be on the surgical list—many other medical procedures and surgical procedures that do not actually appear on those lists. Consequently, we find that there are people who can wait years just to see a specialist.

Let us look at acute in-patient services, where the state has calculated a 1.9 per cent increase in funding. This is minuscule considering the thousands of people who require assistance through the state health system. The government can find funding for other things such as \$280 million for the redevelopment of Lang Park. It does not mind raising taxes for that. It can find money to build a footbridge in the middle of Brisbane. When the cost of that project blows out to a level higher than the increase the government is putting into dental spending, it does not have a problem with that. But

when it comes to addressing acute in-patient services in this state, the government has not made that a priority area.

Let us look at the issue of jobs. This government talks a lot about jobs. But let us look at the jobs and the staffing levels in the Health Department. This government boasts about jobs, but when you get beyond the rhetoric, when you actually start to look at the figures, there is an estimated increase of only 120 extra staff across the whole of the Health budget in the next 12 months. Members opposite should be a little bit concerned about that, because that means that there are a lot of doctors, nurses, allied health professionals and other support staff who will be working extremely hard to try to help Queenslanders get access to a quality health system, but they will not be getting the assistance they need through the state budget because they have not been funded for it.

The state government talks about extra youth health nurses, which will be welcomed. It talks about seven extra full-time specialists, which does not seem like a lot given the problem with getting access to specialist appointments. It talks about 500 graduate nurses. However, if you look at the actual full-time equivalent staffing increases for the next year, there are only 120 extra positions. That is less than a 1 per cent increase across the staffing levels of the Health Department, which is barely covering the number of people leaving the service. That means a lot of nurses, a lot of doctors, a lot of allied health and support staff who will continue to absolutely bust their guts to do their best and look after people are not getting help from this government because it has not considered this a high enough priority.

We can also look at the way the budget papers are presented. It has been typical of this minister to provide as little real detail as possible when it comes to the budget process. There is a lot of talk about accountability and transparency and very little actual detail when it comes to the way that the budget papers are presented to allow a comparison from year to year. We certainly see this once again in the way that the budget papers are presented. The Health Department has a habit of changing the way in which weighted separations for episodes of care are presented in the budget papers. Year after year, you find that there is a different set of criteria sitting behind it so that you cannot actually do a direct comparison.

Let us look at some of the things that are listed. I note that a lot of the footnotes are, quite frankly, designed to be fairly useless. If you talk about trying to present papers for the general public—realising that it is not only members of parliament who read these documents but also members of the general public and members of the health service—you will realise that these documents are designed to conceal what is really happening. The number of occupied bed days, according to the department's own figures, went backwards in the last 12 months. The number of same day episodes of care also went backwards. We all know that this health service has been overworked. When you get to the weighted separations, you find that there has been a significant increase, but the footnote says that there has been a change in the way things are measured. So once again, there is no transparency. When it comes to the footnotes, they do not actually provide the calculations, the details and the comparative benchmarks so that you can do direct comparisons.

Let us talk about capital spending. I welcome seeing extra spending on the state's nursing homes to bring them up to standard. I believe in the last budgetary year the accreditation process was supposed to have been completed detailing what had to be done. However, there is only about \$10 million in this budget over the next 12 months out of a promised \$120 million. I understand that that \$120 million is over five years. As the \$311 million Capital Works Program this year will carry over approximately \$56 million from unspent capital funds of last year, you realise that this first installation of the upgrade work for nursing homes is relatively small. I would like to see more detail as to the roll-out of those upgrades, because we all recognise that it is desperately needed to ensure that the elderly and the frail are well looked after in this state.

I want to speak about the capital works budget. We know that there has been a fall-off in capital works spending. But when we see the unspent fundings in the capital works budget for health, a significant portion of the unspent funds were actually in the mental health capital works area. In fact, about half of the allocated mental health capital works budget was not spent during the last financial year. So mental health has been put on the backburner in Queensland in the last year when you consider that a significant portion of the capital works program for that area is running behind. It is extremely disappointing that the Beattie budget papers reveal that that \$30 million has been unspent and that there are further delays. I believe that is a bungle on the part of this Health Minister, who should have been driving that program.

The Baillie Henderson Hospital redevelopment has had about \$1.6 million slashed from its budget, and it is running behind schedule, with some \$7 million of its total \$13.1 million allocation still to be spent. The Prince Charles Hospital acquired brain injury unit at Sandgate was listed in last year's budget for \$2.3 million of spending and completion in 2000-01. It still has \$2.17 million of spending to go. Other projects running behind schedule include: upgrades to Mosman Hall in Charters Towers—\$1.3 million to complete; Royal Brisbane Hospital rehabilitation and dual diagnosis unit—also

running behind schedule; the \$1.15 million Townsville psychogeriatric unit—still \$881,000 to be spent, and it is also running behind schedule; and the \$37 million Wolston Park complex still has \$21 million of works to be completed, compared with last year's estimate of \$9.6 million to be completed. There has been a \$1.4 million increase in the cost of this project, but overall a significant balance of the project is still to be completed, despite last year's forecast. I believe that this is very disappointing, given the importance of the mental health program and the need to continue to drive these services and make them available to this vulnerable class of people.

I would also like the Premier to explain to Queensland his broken election promise of 50 drug rehabilitation places. During the election campaign, Premier Peter Beattie promised an additional 50 residential drug rehabilitation places to be based in Cairns, Townsville and Mackay. Yet they were not delivered in the budget papers. In the first of Mr Beattie's broken promises this term, he has let the people of north Queensland down badly. We see that while there is reference to 30 beds, there is no clarity as to where they are. Mackay seems to have missed out in this particular round. Certainly, that detail has not been provided in the budget papers. I believe that the Premier has to explain this to the people of Queensland.

We, as the coalition before the last election and certainly as the National Party opposition now, have a strong belief that there needs to be a significant increase in the amount of funding put into drug prevention and drug rehabilitation. Areas like the Sunshine Coast virtually have nothing.

**Mr Copeland:** And Toowoomba.

**Miss SIMPSON:** Toowoomba—nothing. Many other significant regions have been left out and forgotten.

Given the time limitations, I want to address briefly some of the problems at a number of hospitals. At Nambour Hospital, I know of patients who have waited seven or eight hours just to be admitted. They have sat around waiting for a bed. These are very sick, very frail people. That is not an uncommon situation. Once again, the problem with beds being closed and the problem with staff not being available is that patients suffer. This problem has certainly been increasing. There is a desperate need for a real increase to the base funding of that hospital, a real increase to the real staffing numbers at that hospital and health services across the Sunshine Coast.

We also need a dental health clinic in Maroochydore. This is a major regional centre, identified as such in government papers, and yet the government has not actually provided that facility. Townsville Hospital is a real concern. The need for the specialist acute unit has still not been dealt with. We recognise that this needs to be planned for and put in place. The people in this region are a long way from Brisbane. This is a tertiary-level hospital. Those services need to be catered for.

There have been cries of desperation from staff and the community as they know that orders have been given to downgrade the services at Maryborough Hospital. The services are being siphoned away to Hervey Bay. There are not even transport networks in place so that people can visit their sick loved ones or, if they themselves are sick, gain access to the services in that town.

A number of other hospitals—Gympie, the Gold Coast, Royal Brisbane, Prince Charles, Princess Alexandra and a number of hospitals in regional centres—have significant issues with their base funding for their real staffing levels. There has been an allocation for only 120 extra full-time equivalent staff across Queensland hospitals. All of those hospitals know that someone is losing out, because that increase is not adequate to deal with the pressures that they are trying to cope with.

I would like to address tourism as well. Whilst there have been increases in funding to regional tourism organisations, which is welcome, for the past three years the tourist budget has been in decline. That is reflected in a decrease in state contributions in this budget of \$517,000 and a decrease of \$3.6 million compared to the 1999-2000 budget. I believe that if we are to grow jobs in this state, we need to invest in industries such as tourism—not only in the marketing structures for tourism but in the infrastructure as well. The GST money comes back to the states and there is the increasing potential for funds out of that growth tax. I say to the Treasurer that we need to realise that the more money that we spend on certain industries, the more potential they have to raise revenue for the benefit of Queensland. In other words, we invest not only in those industries but also in the revenue stream that comes from that industry. Tourism is one industry where I believe we need to put more spending into marketing and more spending into infrastructure in recognition that this spending will grow jobs in Queensland. I believe that it is extremely important that that growth tax goes back into the industries that have the potential to grow jobs in Queensland so that there is a greater social outcome.

In the very brief time that I have left to me, I would like to address issues that affect the Sunshine Coast region. This region is lumped in with the Gold Coast and the areas west of Brisbane in the Moreton statistical division. Under this government, across the state capital spending has fallen from \$5.2 billion in the 2000-01 financial year to \$5.1 billion this year. But the Brisbane area goes against the trend. The government will increase its capital spending in Brisbane from \$1.95 billion to \$2.1 billion this year. Significantly in the Moreton statistical division, which covers the Sunshine Coast

and Gold Coast, last year funding for roads fell by about \$89 million. Overall, capital works across a number of portfolios fell.

I also believe that the statistical model is outdated. The Sunshine Coast and the Gold Coast should be separate statistical divisions so that, for the sake of good planning, good growth and accountability, when communities are making appeals to the government for infrastructure, we can refer to more accurate social demographic indicators. I appeal to the state government to assist me in my campaign to have those statistical divisions altered, because I believe that they do not serve us well.

I would like to address other issues that affect my electorate. The cancer centre for the Sunshine Coast is something very dear to my heart. It cuts right across the political divide and across many areas of the Sunshine Coast. Not that long ago I tabled a petition in this parliament from thousands of Sunshine Coast people calling for radiotherapy services to be available on the Sunshine Coast. I acknowledge that there has been an extension of outpatient services to patients, but once again I urge the state government to make sure that they enter into negotiations with a private provider who is setting up an office opposite the Nambour Hospital so that those Sunshine Coast people who are very sick with cancer do not have to travel to Brisbane for their treatment.

We also have a desperate need for a youth centre in the central Sunshine Coast areas of Maroochydore and Mooloolaba. I know that people in the hinterland are lobbying for such a centre, but the reality is that there are literally hundreds of kids on the streets at Maroochydore and Mooloolaba. Most of them are great kids but there are some less than desirable elements among them. They are creating tremendous problems. Many of those young kids are vulnerable and they need access to their own infrastructure so they have a place to go where it is safe, where there is access to organised activities and which recognises that they have a place in our society. There has to be something better than what is currently available for them on the streets.

In terms of roads, although I mentioned that Brisbane has been given a significant increase in capital funding, there is some funding for planning for work to be done on the Sunshine Motorway, but there is no indicative funding for it. In fact, even the Kawana arterial was not mentioned in the budget papers. Funding for that may be tucked away somewhere in the budget, but it is not actually a line item in the budget papers, which is interesting to note. The Maroochydore road needs to be upgraded. I acknowledge that the Minister for Transport and Minister for Main Roads has asked the Maroochy Shire Council to put in a submission. I would certainly urge the Maroochy Shire Council to do that because I think that it is time to look at demaining some of the main roads in that area. That way, the council can look at ways in which some of that capital that comes to them along with that demaining process could be used on other road infrastructure and projects within their own areas.

Arterial roads are built to move the greatest number of people as possible, and some of the other roads really should return to being local roads. I believe that option should be considered. I urge the Minister for Transport and Minister for Main Roads to receive that submission from the Maroochy Shire Council, and I hope that the council makes such a submission.

Police numbers continue to be of concern. The reality is that there has been a significant increase in population on the Sunshine Coast. I do not believe that the policing numbers model actually reflects that increase, as evidenced by the way in which funds for policing are allocated throughout the state. I certainly urge the Police Minister to consider that the Sunshine Coast area experiences a terrific influx of tourists and that, as the Sunshine Coast area is a very large region, police have to travel a lot further in their duties than police who are stationed in urban areas.

There is also a need for upgrades in public transport. We are yet to see significant funding for the operational side of CAMCOS. I urge this government to take that up, because I believe that integrating the public transport and upgrading the motorway—

Time expired.

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