



Speech by

Miss FIONA SIMPSON

MEMBER FOR MAROOCHYDORE

Hansard 21 August 2003

AUSTRALIAN HEALTH CARE AGREEMENT

Miss SIMPSON (Maroochydore—NPA) (12.14 p.m.) I move—

That all words after 'That this House' be deleted and the following be inserted—

'calls upon the Queensland state government to accept its responsibility for how it manages State-run Health facilities;

to publish its five-year forward estimates for the state Health budget;

to publish its liabilities to Treasury for the Health portfolio;

to be accountable to the public by publishing how it spends Queensland Health funding in delivering outcomes for patients; and

to match the Commonwealth's increase in funding and to guarantee that the Commonwealth Australian Health Care Agreement funding will only be used for health spending and not to fund the Premier's PR machine and budget deficits.

What we have is a government in bypass mode. With the worst winter crisis and with ambulances bypassing even the Royal Brisbane Hospital, this government has gone into bypass mode. It is always somebody else's fault. It does not want to accept responsibility for the management of its own health system.

I have talked to the College of Emergency Medicine and it has backed up its comments, which are already in the public arena, with regard to the crisis that is affecting emergency departments. The college president has already been publicly quoted saying that overcrowding in the emergency department at the Royal Brisbane Hospital has nothing to do with GP-type patients but a lack of beds. RBH bed numbers falling from 1,060 to 760 has caused the emergency department to block patients.

The college has gone on to confirm that it is wrong to look at the triage system, which rates people from one to five from highest acuity to lowest acuity, and say that the fours and fives are all GP-type patients. The college says that that is not the intention of the triaging system. It cannot understand where the government gets its figures that 50 per cent or 60 per cent of patients presenting to emergency departments should be seeing GPs.

The facts are that 10 per cent of patients, even with lower acuity, end up being admitted to hospitals after receiving treatment in emergency departments. Compare this with GP surgeries, where only one per cent get admitted to hospital. In other words, the patients who are still predominantly presenting to hospital emergency departments are there because they need to see somebody to be triaged. That is what the interstate research papers are showing.

If this state government is so worried about the crisis affecting the emergency departments in Queensland's public hospitals, why is it capping the number of presentations it expects to see in Queensland state public hospitals in the following year? In the last financial year, there were 750,000 presentations in emergency departments. After all the hullabaloo from the Premier, one would think that they had put some funding growth into emergency department spending and they would expect to have a higher number of people presenting. No, they have capped it at 750,000 patients next year.

Do they expect no growth or do they expect to send away patients who have the right to access public hospital emergency departments? I put it to this House that that is exactly their intention. We already know that the College of Emergency Medicine has disputed the government's stand that these patients presenting to emergency departments in the four or five category are GP-type patients. We already know that the Queensland Nurses Union in relation to Nambour Hospital has disputed the

government's assertions with regard to the emergency department and their bypass plans, and that they even put patients into mental illness wards even though they did not have a mental illness. The government says that is an acceptable plan.

It is time that this state government refused to go on bypass any longer and took responsibility. It is time it took its responsibility for funding their component of growth. We have seen in the budget papers that it has not done that. Why has it capped the presentation numbers for emergency departments in Queensland?

It was under Wayne Goss that Labor took away access to a range of services that used to be available, such as doctors providing outpatient clinics. Now we see that this government wants to rationalise, cap and close the gate on legitimate patients who have a higher rate of admission to hospital. It does not want to accept its responsibility.

I will deal with some of the issues related to the funding aspects of the Health Care Agreement. There are some very important things that I believe are essential in order to deal holistically with public health in this state. There does need to be structural reform. There is far too much bureaucracy both at a Commonwealth and state level. If there is a growth industry in Queensland Health it is the bureaucracy. The Health Minister is responsible for her bureaucracy being a rampant growing monster at the top end of the scale.

There is room for structural reform in the health care agreement. In fact, a very important component, the Pathways Home component—I have not heard the government talk about this—is about step-down rehabilitation. If the government wants to adopt a holistic approach to issues relating to public hospitals, it needs to deal with some of the preventive issues at the front end as well as the Pathways Home component. This agreement deals with that. I believe that is a huge positive. I support that and I support step-down rehabilitation processes.

If we are talking about a holistic approach, we also need to see a roll-out of hospital to home programs. We in the National-Liberal coalition have an emergency services plan and a plan to take a holistic approach to these issues. But to date this state Labor government has been a government in bypass; it does not want to accept its responsibilities. We have also had the Health Minister again callously defending a shutdown in beds under her administration. We are finding that that is another significant reason why patients are clogging emergency departments. They are unable to be admitted—taken off the trolleys in the emergency wards and taken up into the hospitals—because of a progressive shutdown in the number of beds that are available.

Once again we have also heard from this state Labor government that it does not support the private health insurance rebate. It is clear that it wants to see it scrapped. It is clear that it has no concept that the rebate has caused a significant shift of surgery, in particular from the public to the private health sector. I believe that Queenslanders have a right to have access to that service. Ultimately, the future of Queensland's public health service is having a cooperative arrangement with the private sector rather than trying to do it all themselves. We know that if Labor takes away the private health insurance rebate it will have a significant impact on our public hospitals.

Queensland Labor wants to make the private health sector less affordable, which will impact upon the public sector. More than 40 per cent of admissions in Queensland's hospitals are in the private sector. Between 1999-2000 and 2001-02 the number of people being admitted to Queensland's public hospitals fell by 19,267, while state health funding increased by \$82 million. At the same time the number of private health admissions increased by 73,903 patients. Those figures are publicly available. One has to ask: how does a Labor government spend so much in delivering less for the clinical areas of service? The answer is a lack of leadership in the state Health Minister's office and a lack of accountability. This state Labor government does better with its own PR machine than with the nuts and bolts of what really matters, and that is delivering clinical services.

I refer to another critical area of health care delivery in this state, the oral health program. Despite claims from this government that they have spent more and they have employed more people, even children, who have always been funded by the state government, are getting less access to oral health services.

It is time that we saw a real commitment from this government to openness and accountability. It is time that we saw this government commit to publishing its five-year forward estimates in Health. It is time that we saw on the table the secret deals that have been done with Treasury in clawback. During the estimates hearing of his portfolio, the Treasurer of this state said that there was not full funding of three of the key portfolios—which included Health—in the first year of their wage rise agreement. The Health Minister has gone on to say that that is not true, but it is in black and white and the Treasurer said it. So there is an unfunded wage rise that we know has been put under the carpet. That is another way that this government mismanages the state.

We know that there is a clawback of funds to Treasury and other secret deals. It is time that those deals were put on the table. It is time that the liabilities were put on the table, because the

seven per cent alleged increase in state health funding is not a seven per cent increase in real funding once we take those underlying liabilities back to Treasury. That is why it is very important that those matters be on the table not just for this year but for the number of outyears that those liabilities accept.

I want to return to the issue of emergency departments. Lives will be lost if this Premier thinks that he can force people who have a right to go to public hospitals away from public hospitals. The figures show clearly that 750,000 people presented in emergency departments in Queensland's public hospitals last year. Despite the population growth, despite the fact that the growth is in the higher levels of acuity as well and not just in the lower levels of acuity, this government has capped it. It has made a policy decision to close the doors, to put hospitals on bypass, to take the ambulances away from their core duty of being an emergency response team and have them running as ferries between hospitals. That is a disgrace. That is not the way to run Queensland. That is not leadership in the Health portfolio from the Minister for Health, and it is certainly not leadership or statesmanship from the Premier.

They knew that they were in trouble over how they have mismanaged these core critical areas. They needed a smokescreen, they needed a diversion, they needed a bypass for their own ministerial incompetence. That is why we see this motion before the House. The Australian Health Care Agreement does not see less money come to Queensland; it sees \$2.1 billion more in funding over and above—20 per cent over and above—the cost of inflation. The previous Australian Health Care Agreement delivered to Queensland \$1 billion extra. Yet we have seen a state Labor government with a focus on bureaucracy, with a focus on PR, with a focus on diversion, but not on delivering in those core and significant areas of health.

I urge members of this House to support the opposition's amendment, which calls for accountability and leadership in the way in which this government delivers this critical area of health services, which is primarily under the control of the Health Department in Queensland. This amendment calls for accountability in how those funds are managed and how those clinical services are delivered.

Ms Liddy Clark interjected.

Miss SIMPSON: I urge some of the members of the Labor Party who are yapping around the corners of the back benches to talk to some of the specialists in emergency care. There needs to be a holistic and proper approach taken to addressing this issue. Unfortunately, the Premier's approach is dangerous. It is threatening lives. There are a number of strategies to address emergency care, but they do not include capping the numbers of people accessing public hospitals and sending people away from the doors of hospitals. The answer is not to send people to a seat in a doctor's surgery when they have need of admission to a hospital bed.

I support access to affordable primary health care in our community, but I see a government that is not taking responsibility for those issues that are clearly within the realm of the public health system—the emergency departments. I have already referred to the higher admission rate, even from the so-called lower acuity level in the triage categories 4 and 5. The college has told me that we simply cannot say that those lower acuity categories should not be presenting at emergency departments. That is why I think it is dangerous to have a Premier making clinical decisions that the clinicians disagree with.