



Speech by

Miss FIONA SIMPSON

MEMBER FOR MAROOCHYDORE

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HOSPITAL EMERGENCY DEPARTMENTS

Miss SIMPSON (Maroochydore—NPA) (6.00 p.m.): I move—

That this parliament condemns the Beattie government for its failure to properly resource emergency departments in our hospitals with the result that 19 of 21 hospitals are failing to meet the required treatment standards, and that this failure in emergency response is being compounded by the government's refusal to address increased demand for ambulance services resulting from the ambulance tax.

Five years ago I would have said that the priority challenge for Queensland Health and its hospitals was its ability to service the elective surgery lists but that generally emergency work was being undertaken within acceptable time frames based on the feedback of emergency staff and patients. However, that has changed. Today, emergency departments are another example of a Labor government breaking critical social services through mismanagement and lack of leadership.

Lengthy elective surgery waiting times are still a major challenge despite the Beattie government's claims to the contrary, as I know people who are going blind as they wait for up to six years for eye surgery. Today, hospital emergency departments, too, are increasingly struggling to treat and admit true emergency cases within clinically acceptable time frames. In fact, in an internal, not publicly published, copy of the department figures from the June quarter, 19 of 21 of the state's major hospitals failed to meet the required standards for category 2 or 3 emergency patient treatments.

Furthermore, in the last two years some of the state's major hospitals have been put on bypass a number of times when they are full, meaning that they will not receive more patients and that ambulances have to keep driving and are taken out of the emergency response network for longer as they take patients elsewhere. That has included the Royal Brisbane Hospital, Nambour, Logan, the Mater and a number of other hospitals. This was never a regular routine of the past but now, even without extraordinary natural or man-made disasters, it is becoming a standard practice to bypass hospitals which have the skill level but not the beds, due to the mismanagement of the state hospitals under this Beattie Labor government.

There are two issues to understand here. Firstly, the Health Department's own figures show that many true emergency patients—not people with stubbed toes and coughs—are not being treated in time and, secondly, they are increasingly waiting longer to gain admission to a hospital bed.

To explain for the benefit of members here, category 1 patients must be seen immediately as they are resuscitation cases, as we would expect. Category 2 must be seen within 10 minutes and category 3 within 30 minutes. As for category 4 and 5 patients, those who should be seen within an hour and two hours respectively—who the Premier dangerously pronounces should not even be at a hospital but seeing a GP instead—they require hospitalisation at up to 25 times the rate of a true GP-type patient who walks into a doctor's surgery.

By the way, the Premier's claim that 60 per cent of patients in emergency departments—category 4 and 5 patients—should all be seeing their GPs instead of going to their hospital has been rejected by the College of Emergency Medicine and the AMA. I think his comments are in fact a pretty blatant attempt to shut down universal public access for people who are clearly still on average far sicker than true GP-type patients. His intention is about trying to manage the media rather than to manage the problem. People need timely hospital treatment and a bed, not the Premier's expensive PR machine.

While I am on the point of the Premier's tricky media excuses as to why the problems in the emergency departments are not his fault, I will give members some timely examples of why they are. On the Sunshine Coast the greatest growth—about a 30 per cent increase in two years—is in the numbers of most acute patients at Nambour Hospital compared to about 12 per cent in lower acuity emergency cases, categories 4 and 5. The reason is that they have not been funded for population growth and the network of surrounding hospitals has been downgraded in regard to the level of work that they are staffed and funded to undertake.

This is certainly the case with Gympie Hospital and Caloundra Hospital, and it is getting worse. Gympie Hospital now does not have any emergency surgical services. I table a letter which the National Party candidate for Gympie, Christian Rowan, has drawn to my attention. It is a letter from the Gympie Health Service District in which the acting medical superintendent says—

I would like to stress that we currently do not offer any emergency surgical services at this hospital.

It is an utter disgrace that Gympie is not able to do that. That also means extra time on the road for the region's ambulances and longer waiting times for patients in need.

These are the issues that the Beattie government may try to blame the man on the moon for, but they are the responsibility of the state government. This government is also responsible for the reduction in the number of beds at the Royal Brisbane after the recent upgrades. The number of beds at that hospital has fallen from 1,060 to 760. This means that that hospital has gone on bypass due to a lack of available beds. Emergency department patients have had three meals or more a day in the emergency department rather than in the ward. This is being repeated at a number of other hospitals.

On the issue of GPs in the community, let me be clear. I strongly support the need for accessible and affordable GP coverage in Queensland. However, for the Beattie government to use it as an excuse to fund football stadiums ahead of the state's emergency departments is callous, dishonest and dangerous. The GP issue in the community does not explain why sick people are sometimes waiting days to get admitted to a hospital bed—a state responsibility—after presenting to the emergency departments. It does not explain why GPs who I am talking to, who are referring their patients to the local hospital because they need hospital level care, are complaining that it has never been so hard to get a patient a bed.

It also does not explain why the Beattie Labor government failed to fund one new staff member in the 2003-04 budget for emergency departments—I refer members to the estimates *Hansard*—even though the New South Wales government announced \$124 million extra in emergency department funding over the next four years. In contrast, the 2003-04 Beattie government budget announced only \$2.2 million to fully fund the 16 or so emergency staff who were employed last year, not this year, across 38 health districts.

It does not explain why the retiring state Health Minister failed to plan and fund for new emergency department staff in 2003-04. It also does not explain why her budget papers had capped estimates of emergency department presentations in Queensland at the same level as last year. It does not explain why Redland Hospital was treating only 53.5 per cent of category 2 patients in time and 39.9 per cent of category 3 patients—the worst in the state—or why 44.5 per cent of category 2 patients at Royal Brisbane and 42.3 per cent at Logan were not treated in time. These were not GP-type patients. The list goes on.

We will talk about Townsville. Interestingly, in the last quarter Townsville Hospital saw a fall in the number of category 4 and 5 patients, yet we still see that 40 per cent of category 3 emergency patients fail to be seen in time. Nearly one-third of its patients waited 12 hours to get access to a hospital bed, yet this government has not acknowledged the problem and put a plan in place. In the meantime, there are hospitals within hospitals in emergency departments, where we should be treating emergency patients rather than having to serve three square meals a day and provide other services that should be provided in the wards. That is creating great additional stress.

Even though the Beattie government has received a record income from stamp duty and all of the GST revenues raised in Queensland, it is not funding the hospital emergency departments for growth. I have asked the Health Minister in this parliament what her plan was for emergency departments in light of the fact that 19 of 21 hospitals are failing to treat category 3 true emergency patients in time, and she had no plan. She had only plenty of personal abuse and family anecdotes. After I embarrassed her by revealing the Redland Hospital figures, she later announced that it will have a building program, which will be nice and very welcome. However, we also want to see new staff. The building program does not start until the end of next year. This Health Minister still fails to release her emergency department plan for Queensland because she has no plan.

Time expired.