



Speech by

Miss FIONA SIMPSON

MEMBER FOR MAROOCHYDORE

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HEALTH FUNDING

Miss SIMPSON (Maroochydore—NPA) (12.14 p.m.): It is time for some honesty in the health debate which is less about buckpassing and more about taking responsibility. In the last federal health agreement Queensland received \$1 billion extra. The next agreement provides \$2.1 billion more—not less—than the last agreement. That is a 20 per cent increase over and above inflation and comes in addition to the windfall increases in GST.

The Beattie Labor government has bungled the ambulance funds and the Families Department, and now Health is in crisis under its infamous Health Minister Wendy Edmond. Under the spotlight is not only how much the federal government commits in direct grants but also how much the Queensland state government will commit over the next five years.

For the first time in history the state is being asked to say how much it will spend over the next five years and to match the funding of the Commonwealth. I want to see how the funds are committed to and spent properly and directed to where they are needed—not bureaucracy, not the Premier's advertising campaign and \$20 million PR machine and not the secret paybacks to Treasury which make a mockery of government claims of a seven per cent increase in Health.

I actually agree that there needs to be structural reform in the delivery of health services in Australia and particularly in Queensland. There is too much duplication of bureaucracy, overlapping of responsibilities and lack of continuity of care. However, there is also a lack of ministerial responsibility here in Queensland, with a Health Minister who only this morning defiantly defended the lack of available beds in the public hospital system, even though patients cannot get admitted to hospital beds during the critical time of winter pressure.

Winter comes every year, yet the growing shortage of available medical beds for acutely ill patients is not keeping pace. A young Sunshine Coast woman with a chronic physical illness was recently admitted to a mental health ward because of this bed shortage. The official response was, 'That's okay.' It is not okay. Not only was this the wrong clinical placement for this young woman; it denied mental health patients acute care. The government's response is excuses, not answers. In the winter of 2003, not only did Queensland see a record number of hospitals going into bypass due to this bed shortage; we had a state health minister who also went into bypass.

Let us look at this issue of emergency department care. We would not have a problem in emergency departments if the Premier employed more real doctors and fewer spin doctors. The greatest growth affecting emergency departments is not from people needing a GP but from true emergency type patients. I table figures from Nambour Hospital which show, despite the Premier's spin, a 30 per cent increase in urgent and emergency patients—categories 1, 2 and 3. These people do not have stubbed toes; they need hospital beds. In fact, as a proportion of emergency patients, numbers of true emergency patients for this hospital and others are growing at a greater rate than GP patients. Yet the hospital does not have the available beds to admit these patients. According to the Health Minister this morning, they do not need them. She is wrong.

Emergency departments are a state responsibility, yet Queensland public hospitals will get only an extra \$2.2 million in this state's budget, while New South Wales will add more than 14 times that amount to its emergency department budget. The Queensland government is reaping an extra \$400 million in GST payments, but health is not the priority for that spending.

Royal Brisbane Hospital, the state's largest tertiary hospital, even went on bypass recently. Yet the emergency department under this minister has cut medical staff numbers and available beds. The great winter plan is to shuffle patients via ambulance rather than to open beds. This is unfair to patients, staff and ambulances. This takes ambulances out of the available emergency response net. This is a lose-lose situation.

Let us look at the private health sector, which Labor wants to make less affordable by removing the private health insurance rebate. More than 40 per cent of admissions in Queensland hospitals are in the private sector. The number of people being admitted to Queensland public hospitals fell by 19,267 between 1999-2000 and 2000-01, while state health funding increased by \$82 million. At the same time, the number of private hospital admissions increased by 73,903 patients. One has to ask how a Labor government can spend so much in delivering less to the clinical areas of services. The answer is lack of leadership in the state Health Minister's office and a lack of accountability.

Time expired.