Speech by

Mrs J. SHELDON

MEMBER FOR CALOUNDRA

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QUEENSLAND HEALTH

Mrs SHELDON (Caloundra—Lib) (6.32 p.m.): I wonder what this government would do if it did not have the federal government to blame, because so far in the five years that the Labor Party has been in government not one minister has ever taken responsibility for anything, and the prime example of that is the Minister for Health.

Could I correct one of the various pieces of misinformation that came from the other side, and that was that Malcolm Fraser cut Medicare. In fact he enhanced Medicare. In no way did he cut it. I suggest those members who know nothing about political history go back and have a look at it. I would like to speak to the House about the responsibility of this state government to provided adequate health care to this state, which it certainly does not. I will deal particularly with the dental services, or should I say the nonexistent dental services.

I received this information from a person who used to be extremely prominent in the public dental health service. He says—

Dear Mrs Sheldon,

Your Private Members' Statement of 26 February 2003 and Privilege exchange with the Minister for Health of 27 February 2003 raised the matter of delayed access to dental treatment; and extended to the misleading response by the Minister.

Beyond the issue of delayed access to oral health services, which you had raised previously ...

in a question—

there is the serious matter that Queensland Health, via the Minister, has repeatedly provided false and/or misleading information to the Queensland Parliament about the delivery of oral health services. This ... can be documented from a study of Annual Reports, Estimates Committee Reports, and the answers to Questions on Notice.

...

A recent example is the answer provided to QON No. 1348-2002 submitted by the Member for Robina ...

The lack of transparency and accountability is extraordinary, to say nothing of the intention to deny appropriate services.

Various points were raised in the minister's various responses. It states—

'(1) Patients seeking emergency treatment ... will be able to access appointments via a Call Centre ... to ensure that priority is given on the basis of emergency need only.'

This is misleading because Queensland Health has pursued a policy of minimal service by falsely nominating all new patients as demanding emergency treatment. Unless they are prepared to cooperate, they are put on a waiting list for two to four years.

And don't we know it! I think I have told this House on a number of occasions that is the average waiting list to be seen by a dentist.

Another point raised is the following—

'(4) In 2001/2002, Queensland Health provided more funding per person for oral health services than any other state, being around $31 compared with the Australian average of $18.'

That is what the minister said. The person from the public dental health service states—

Once again, this is misleading information. At $31 per person and a budget of $110 million, Queensland Health is apparently funding 3,548,000 persons for oral health services—the entire population. This is patently untrue because financial eligibility criteria apply for adults. Approximately one-third of adult Queenslanders are eligible for and may use public sector oral health services.

In the answer to QON No. 170-2001, the Minister stated that 'In 1999-2000, the average cost of emergency courses'—

for dental services—

'was $120.88. The average cost for general services was $311.33.'

This is a very interesting point when the government says how much it is giving to the Sunshine Coast health services. The answer continues—

The Sunshine Coast Health Service District notional cost per patient for the School Dental Service is $46.67'. (These costs were previously stated to be consistent with the State average).

That is blatantly wrong. It further states—

Given that the School Dental Service visits all schools (at 76 per cent consent rate), access to oral health services, and the service outcomes, should be specified separately for schoolchildren and adults. Further, as only one-third of schoolchildren examined need curative services, there is another compelling reason for separate analysis and evaluation of outcomes.

Another point reads—

'(5) As more privately insured people are accessing private dentists, this sector is attracting public sector dentists with higher remuneration packages than can be offered by the public sector.'

These are the real facts.

Over the past 50 years, many hundreds of dentists working in the public sector have resigned to enter private practice. The fee-for-service private sector is fundamentally different from the public sector which should be committed to public service, to benefit the public, at public expense.

The public sector attracts dentists interested in public service, the advancement of public oral health, the provision of services which challenge their skills and knowledge—

Time expired.