



Speech by

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MEMBER FOR MUNDINGBURRA

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AUSTRALIAN HEALTH CARE AGREEMENT

Ms NELSON-CARR (Mundingburra—ALP) (12.48 p.m.): I have just been sitting here listening to the appalling tirade from members on the other side.

Mrs Carryn Sullivan: Bring back some commonsense.

Ms NELSON-CARR: We will bring back some commonsense. I cannot believe they can get it so consistently wrong. They just do not get it at all. How can all states and territories be that wrong? It is not possible.

Opposition members interjected.

Ms NELSON-CARR: They are all Labor. They care about people whose lives are at risk. I do not think any of those opposite understand what the term 'capping' means. We do not ever turn anyone away from our emergency departments and nor will we. Go and look up 'capping' in the dictionary.

The members opposite do not understand the word 'matching', either. If the Commonwealth government matched what we put in, we would be way better off. Members opposite need to look that up in the dictionary as well. As far as accountability goes, when I read back on the history of the government on the other side of the House, accountability did not exist.

Ms Phillips interjected.

Ms NELSON-CARR: There was no accountability. We publish all our lists. They are there for Queensland to see. I do not think the opposition has a clue what it is talking about. This is an extremely serious issue and it will affect all Queenslanders—their families and their children.

This week I have spoken twice with a particular emphasis on Townsville, because that is where I live. I have called on Peter Lindsay to stop telling lies. This is what this campaign is all about. It is a federal campaign. The member for Herbert in Townsville, Peter Lindsay, has used, at taxpayers' expense, huge amounts of dollars to send out this absolute rubbish, this propaganda, which is nothing other than untruths and lies. It is also quite defamatory. It is appalling. If we accept this new health care agreement, we will have a litany of serious problems that will affect not only our hospitals but also our entire health system.

The Prime Minister himself has publicly stated that we are all going to be short-changed. Maybe members opposite have not heard him say that, but it has been written. Opposition members should look it up. Prime Minister Howard's vision is that he would like to continue to fund private health insurance companies at the expense of our public hospital system. By letting the insurance companies raise their premiums by 20 per cent over two years, John Howard recognised that growth was at least around 10 per cent a year. For Kay Patterson to come out and say that we are doing well at getting 17 per cent over five years means that they either do not understand, they do not know their maths or they are kidding themselves. I think it is the latter.

The member for Herbert in Townsville supports this, as do members of the opposition. Talking up extra GP services is nothing other than a joke. In my electorate of Mundingburra, which has about 27,000 people, there is one GP service that unconditionally bulk-bills. How are people living in the suburbs who do not have a car or families who are earning less than \$500 a week going to access that one health service? They are not going to be able to. Where are they going to go?

Mr Terry Sullivan: Also, the federal government is limiting the number of GP provider numbers, so in growth areas they cannot even get to a GP.

Ms NELSON-CARR: That is correct. I would like to talk further about that. Today in the *Townsville Bulletin* the Australian Medical Association Townsville President, Dr William Frischman, who has been very vocal on this issue, was reported to have stated that the comments made by the Premier yesterday were 'just another case of Beattie wriggling out of his state government responsibilities'. What a great line. The article states—

Dr Frischman said the bulk billing issue was just going 'around in circles'.

He went on to say—

The fact remains the Medicare rebate (is) totally unrepresentative of the GP's time.

And further—

A standard 15-minute consultation is worth \$52 to a GP and the rebate doesn't even cover half of that.

He continued—

If Mr Beattie wants bulk billing as the answer, let him find the billions to allow that to happen.

He goes on to say—

Mrs Carryn Sullivan interjected.

Ms NELSON-CARR: I know; it is a joke, is it not? He further said—

This is just another case of Beattie deflecting the aim away from the State Government's public hospital system to the Federal Government.

I have heard that said about four times this morning.

Ms Nolan: It is really a case of the GPs working out ways that they can make more money.

Ms NELSON-CARR: No, there are some good GPs out there. Thank goodness Dr Barbara Dignam, who is the Director of the Townsville Division of General Practice, said that the issue also centred around the actual availability of doctors. According to the article, she said that emergency departments saw all patients, as the minister has just said, regardless of the level of care they required, which often led to long waiting times for non-urgent cases. Dr Dignam also said—

The Federal Government is just going to have to come to the party.

Thank goodness for Barbara Dignam. She further said—

Increased funding is needed.

She also said—

Access to medical treatment is difficult where there is a GP shortage, such as in Townsville.

For GPs to remain in practice and seeing patients they need to run an efficient small business—some choose to do this by seeing a higher numbers of patients for shorter consultations and many bulk bill other services.

Other practices choose to provide longer consultations and need to charge fees.

The Medicare rebate, which is a Federal Government insurance scheme for patients, is insufficient as a sole source of income to support a general practice which sees many patients whose care needs longer consultations.

The current system of health care cards does not address the needs of working parents with young families, especially low income, one-worker families.

That is the truth. Thank goodness for Dr Dignam.

Let me explain how it works. The Department of Health and Ageing uses a ratio of one to 1,404 full-time equivalent doctors per head of population as a benchmark measure. This is an initial consideration to determine whether an area should be classified as a district of work force shortage. For instance, Thuringowa has, therefore, become classified as an area of work force shortage. In February 2003 the federal government changed the status of Townsville to enable overseas doctors to work in the city. Two New Zealand doctors and one doctor from Fiji are employed by The Doctors Townsville, which is a clinic which bulk-bills and has an after-hours service. However, this decision alone has created significant stress within the local medical community. Why would that be? Doctors in Townsville have been looking for provider numbers and have applied for them and they have been knocked back.

The GP population in Townsville-Thuringowa is relatively young, with 84 per cent of GPs below the age of 50. Four doctors retired in June 2002. That was due to the medical indemnity crisis. A significant number of other doctors are also expected to retire at the end of June 2003. The local division of general practice recognised that there was a significant shortage of doctors, particularly in Townsville, and made the following recommendations to Minister Kay Patterson when she visited Townsville in May 2002. The idea was to nominate Thuringowa as an area of work force shortage and thus enable the Townsville division of general practice to use overseas trained doctors in after-hours services, on-call services and have the required Townsville provider numbers. Collaboration and communication with the division was necessary with regard to the provision of work force data for RRAMAs 2 and 3. Practice nurse PIP for provisional regions would assist with capacity building. The

other thing we needed to do was increase GP training numbers for JCU and for provincial and rural students.

Before I conclude, I would like to say that what we would like the federal government to do with this motion is to at least listen to us and give us the time to be able to reform a number of areas. We need to extend the trials that will benefit patients and reduce pressure on hospital emergency departments. We need to build on measures that will address the shortage of residential aged care beds. We need to ensure patients receive uninterrupted care as they move between GPs, hospitals and the community based services. We need to develop a national elective surgery access strategy. We need to use new technologies to improve record keeping. It is all logical. We need to overcome the shortage of health professionals and ensure proper coverage in rural and regional areas and outer suburbs. We need to improve indigenous Australia's access to health services and we need to discuss these practical proposals with Mr Howard. What we do not need is to accept the health care agreement as it is.

As I said before, under the proposed changes to Medicare any families earning more than \$32,300 a year will miss out on bulk-billing and doctors will increase their fees for visits that are no longer bulk-billed. The rate of bulk-billing by GPs has plummeted by 11 per cent under John Howard. That means that more than 10 million fewer GP visits were bulk-billed this year compared to when John Howard came into office. Do not forget that it is less than seven years ago under Labor that we had GPs and we had Medicare.

The average out-of-pocket cost to see a GP who does not bulk-bill has gone up by 55 per cent since 1996 and, of course, as a result of that public hospitals are under greater pressure because people are finding it harder to see bulk-billing doctors. Pharmaceuticals is another story. Look at what has happened there. We are being ripped off by the Commonwealth government. We cannot support this. We cannot fund security at the expense of people's right to a free hospital system and a free health care system.

I ask the opposition to consider our motion with sincerity, and help save Queenslanders' lives. I am very proud to support the Premier's motion.