Speech by

Fiona Simpson

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HEALTH SERVICES AMENDMENT BILL; HEALTH PRACTITIONERS LEGISLATION AMENDMENT BILL

Miss SIMPSON (Maroochydore—NPA) (5.03 pm): I rise to speak to the cognate debate on the health bills. The opposition acknowledges that there are aspects of these two pieces of legislation which are acceptable and which we support. Unfortunately, when there is a cognate debate over a variety of issues there are matters which we cannot support.

Queensland Health and the future of health services in our state are two of the most important issues that we are facing today. We have consistently said that major reforms need to be made to the way business is done with regard to health service delivery in this state. First and foremost, there is a need for openness and accountability. There should be no more cover-ups and no more secrecy. Unfortunately, there has been nothing tabled in this legislation that indicates this government is committed to overcoming that very nasty and very real culture of bullying which has seen many good people leave Queensland Health and our hospitals.

Ms Molloy: Garbage!

Miss SIMPSON: I hear 'garbage' from the member, but she should look at the figures showing the actual retention rate of medical students in Queensland Health. There are very poor take-up rates compared with the number of graduating students, and I think that more can be done to attract graduating students into Queensland. More can be done to retain staff but the fundamental issue of the culture of bullying needs to be addressed. The fact is that the hierarchical approach to health has really damaged many people who have served at the front line of delivering health services—

Ms Molloy: Where?

Miss SIMPSON: Obviously this member has not read the concerns regarding what happened at Bundaberg, nor the concerns regarding other hospitals. She has not got a clue as to what has happened within Queensland Health. I have talked to amazing people who have worked almost 24/7 in delivering services in this state. They are doctors and nurses and—

Ms Molloy interjected.

Miss SIMPSON: Obviously the member for Noosa has not got it—that there is a bullying culture in Queensland Health. This is still something which is destroying the morale of good people who want to stay and deliver services. While there is this culture of cover-up and this denial from government members, they are not going to fix the problem. At the end of the day, health services are a people business—delivering to constituents, delivering to members of the public. It is not only the quality of the service, it is remaining compassionate to people's needs. The same is true of those front-line health service providers—allied health, medical and nursing staff. This culture of bullying still has not been addressed fundamentally in what we have seen tabled in this parliament.

There have to be stronger provisions in the whistleblowers act. There needs to be more recognition that this culture of bullying has meant that good people have left. We had the situation—which the member for Noosa seems to forget—where Dr Patel went on a reign of terror in Bundaberg because staff were too terrified to speak publicly. There was something terribly wrong. It is not simply a doctor who was out of

control; it is a system that has failed people. I am horrified to think that it has got to the stage where people have literally been butchered at the hands of an inept and inappropriate doctor. How many other times have people not been able to have their voices of concern heard because of this cover-up and this culture of denial?

I note that these bills move on the commitment of the government to change zones to areas. There is an interesting history behind this bureaucratic reshuffle. I remember when Wendy Edmond, as the then health minister, brought in the new zonal management system. At the time she tried to make out that it was not a change; that zones already existed. But she did not declare that what had previously existed was coordination districts which enabled people to coordinate services across districts. When the zonal managers were appointed, they were appointed to positions that did not exist at that level and instead existed with wages under her control that I believe were in excess of $120,000 to $130,000 a year. So they were significant management positions. I do not know what on earth those zonal managers are currently paid, but essentially she instituted the zonal management system under that high level of bureaucracy.

This government is now changing the zones to areas. I certainly welcome the minister's feedback as to whether the base for the central zone, which goes way up north—I think it covers beyond Rockhampton—will still be in Brisbane. Two of the three zones in Queensland which are now becoming areas have had their bases in Brisbane, and I would certainly welcome the minister's feedback as to where they will actually be headquartered and what that is going to mean.

The criticism that the opposition has is that there has been no real reform of the way that bureaucracy administers Health. While I know that there are many good administrators and bureaucrats, the concern has been that it is very top heavy. I remember trying to access the data on how many people were employed in corporate office once, and that was an interesting exercise.

I found out that it was something akin to discovering how meat is marbled with fat. People could never really get a handle on it because of all the little games and charades and walls that were put up to accessing that data. There were situations where people were working within corporate office in Brisbane but they were technically employed by the districts; their point of employment was not in corporate office. There were significant numbers of people whose point of employment was not where they were working.

I understand that there can be systems of secondment, but it has been made into an art form so that it is very difficult to establish the size of the bureaucracy in this government. I think another thing that has been made into an art form is the large number of project officers and consultants and the tendency to have a very high number of people off line doing non-clinical work. It is of concern that there still has not been an opening up of the books in regard to the real size and nature of the way that the bureaucracy, vis-a-vis clinical services, has operated. That is a major concern.

The issue of the publishing of lists and clinical indicators has been something that we, as the National Party in coalition with the Liberal Party, took as key policy platforms to the last state election. I refer members to the extensive health platforms that we released during the last election campaign. The government said that it was publishing indicators, but one of my criticisms of it was that it was not publishing the wait times for cancer services. It was not publishing the wait times for things like colonoscopies. Basic treatments and basic access to service indicators were not published. The government was not publishing the specialist waiting lists and the outpatient appointment waiting lists, which was badly distorting the real wait times for surgery in this state.

It is well and truly on the public record that the opposition was at the forefront of raising the problem that the real waiting lists were fudged by the fact that there was a waiting list to get on the waiting list. It was a hidden waiting list. We addressed that issue in published documents that we released in our announcements during the last state election campaign, which reaffirmed the commitments that we gave up to that point.

The waiting lists in Queensland under this government have been an absolute joke. The cruel thing is that it has actually distorted the way that health funding has been allocated. I want to address that in relation to the emergency services and the clinical indicators. I would welcome the minister's feedback as to whether he will also be publishing the wait times within the emergency departments. The only way that I have been able to get that information in the past is from leaked documents from clinical staff at the forefront of delivering services in these areas. Their concern was that with emergency services many people who needed to be admitted to a bed were not being admitted to a bed; they could in fact be waiting on the floor, occupying a trolley. They could have three meals a day and spend days in the emergency department but, technically, they were not admitted patients. Clinical staff had this additional workload over and above the high-level pressure that they already experienced dealing with trauma patients and a range of other emergency issues.

One of my concerns in relation to the emergency departments in this state is the furphy that it was just people who were not going to their GPs who were blocking up the emergency departments and that is why this government did not put in place a plan to address a breakdown of the timeliness of responses to people in emergency departments. Someone may not need to be seen within 10 minutes or be within the

zero time frame—those who need to be resuscitated, that is, the first category—but they may still have a condition which, although it may not be life threatening, may leave them in extreme pain which their GP cannot deal with. They still need to be in hospital and be seen by an emergency department. There are people in category 3 and particularly categories 4 and 5 who may not have high-level urgency but who are still classified as hospital type patients because of the range of services that hospitals provide that are not provided by a GP. Certainly accessing after-hours radiology services is hard enough in the public hospital system; it is not necessarily going to happen with GP services.

I raise the issue that there needs to be an emergency department plan which adequately addresses the funding needs of our emergency departments throughout Queensland to overcome this problem where hospitals are on bypass that should not be on bypass. This means that ambulances are on the road longer because of the congestion in the emergency departments and the lack of beds and the fact that they cannot admit patients and deal with them at emergency departments.

I would welcome the minister's feedback as to whether he will be publishing the indicators about wait times and the clinical indicators surrounding the wait times and services in emergency departments. If we do not have that, we cannot see whether the funding is adequate to address those concerns, but we do see the fallout in regard to burnt-out staff, patients who are waiting too long and ambulances that are on bypass. We have seen Nambour Hospital on bypass so many times it is just ridiculous. Certainly starting to publishing those bypass figures would go a long way to bringing some greater scrutiny and focus on how those resources are being allocated.

I mentioned before the need for figures relating to other treatments, such as cancer radiation therapy, to be published as well. There needs to be a consistency of format and better clinical indicators and targets in the annual report within the budget process. From year to year the health estimates are examined, and the Ministerial Portfolio Statements are always changing. The lack of cohesiveness from one statement to the next means that, once again, it is blocking appropriate scrutiny because whenever someone queries why things have gone up and gone down the government claims it is apples and oranges, but it is just a little bit too convenient.

I say to the minister that when changes are made to those statements there should be a very clear statement outlining the real impacts of changing those formats so that there is an interpretation of that rather than just a little dot point footnote that does not provide the detail, so there is an explanation and interpretation of those transitions. Ultimately there needs to be some really meaningful Ministerial Portfolio Statements and targets that mean something. Then we will be able to have consistency across the MPSs from year to year. This is so that that process has merit rather than just chewing up the trees of the forest and backing up policy documents of government but essentially meaning nothing with regard to a trail of information that enables appropriate analysis of the budgets and also the outcomes in clinical indicator performance standards from year to year.

The state opposition has also been very clear that we wanted the Auditor-General involved in performance auditing. The health was an area that we have had major concerns about for a number of years. I welcome any additional publishing of information here but, as I say, there has to be consistency in the way that information is presented so that these loopholes in claiming that people cannot compare one year to the next, which happens every year, can finally be addressed. When changes need to be made to the way that data is collected and presented, there is a need for interpretive documents that give a clear indication of what that means.

I would like to restate my commitment to the free public hospital system. I am amazed that Labor Party members and this Premier could even entertain the idea of going away from a free public hospital system and going to a system instead where potentially people are means tested to get in the front door. It is the thin end of the wedge. It is the start of the slippery slope. Who is going to be stopped from going there? Middle-class Australians—the mums and dads out there with a mortgage working flat out to try to get their kids through school and provide a solid family life? They may not be on the dole but they are certainly working hard, and they are working hard to put their kids through school. Are they the ones who are going to find that they have to turn up with their tax return to prove that they can get access to health services in Queensland?

The government said that it is looking at the elective surgery lists. What is next? Emergency departments? There is already a situation—admittedly it has operated for a long time—with ambulances regarding the tiers of fees that may be paid if someone is in a true emergency. Someone may not have been up for a fee, but they might have been up for a fee in a range of other situations. I think it is really dangerous when people have to argue about whether they should have access to the free public hospital system. I think it is really dangerous when the state Labor government and members opposite claim that they are out to save Medicare and yet they seem willing to entertain this idea.

Not too long ago the state government said that it was not going to privatise public aged care beds in Queensland and then started to do exactly that. Not too long ago—in fact, I think it was 1998—the state government actually made a cabinet submission to take up recommendations for flogging off aged care

beds in Queensland. The state government then came out and said, 'No, we didn't do that. That is not our position.' What happened next? In Hervey Bay aged care beds were sold off to private providers for undisclosed amounts.

Now that is happening in Yeppoon. It could potentially happen in other parts of Queensland. I am concerned about the Sunshine Coast. The distress this causes for people who do not know whether they will have a home is quite considerable. This distress has been caused by the fact that this recommendation is on the decks of parliament again. It never went away. This government is looking at flogging off aged care beds from the public system. It causes a lot of distress. I have received calls about this. That facility on the Sunshine Coast is not even in my electorate; it is based in Nambour. People are very upset about it. I can understand that.

I have major concerns that this government is looking for scapegoats for fixing the very real problems in our health system. We are committed to again seeing more localised management of our health services and our hospitals—a re-empowering of our health staff in local communities. Health is a people business. Communities feel strongly about their health and hospital services and they do not appreciate decisions that can be made at a local level being made behind closed doors, without consultation and often with a devastating impact upon their local communities.