



Speech by

Liz Cunningham

MEMBER FOR GLADSTONE

Hansard Wednesday, 29 November 2006

MEDICAL BOARD (ADMINISTRATION) BILL; HEALTH SERVICES AMENDMENT BILL

Mrs CUNNINGHAM (Gladstone—Ind) (9.07 pm): I rise to speak to the Health Services Amendment Bill and the Medical Board (Administration) Bill 2006. While I am conscious of time, there are a couple of matters that I want to raise in relation to health. As the minister knows, health has been an issue of ongoing concern in my electorate since I was elected. We have seen ward closures at the hospital. Whilst I acknowledge that mechanisation and changed medical procedures are partly responsible for those changes, the people in my community continue to be concerned about what they perceive as a diminishing health service. The changes that are proposed to the health service districts have been—and I have already raised this in this parliament—of some concern to me, although I have met with the medical head based in Rocky, Dr Bill Beresford, and I have been quite impressed with his attitude towards the provision of services in the region. I am hoping that the actuality equates to the discussions that we have had and his aspirations for the general area. The specialist services to our region have been more difficult to access over time. I know that when our health district was under Rockhampton the last time we only received the dregs of the funding that was allocated to that district as a whole. I think there was Gladstone, Rockhampton and Biloela in the district at the time; there may have been one other hospital. But the bulk of the funding went to Rockhampton. With regions like Gladstone growing, the community certainly was frustrated at the diminution in services.

As I said, the meeting with Bill Beresford was productive in that he does not seem to have that intention. I will certainly rely on him to follow through with what he said. He also supports the retention of the Boyne Valley clinic. It is a newly opened clinic. Gordon Nuttall was the minister when it was opened. It has been a real boon for that community. That community is growing as a result of a lot of people shifting out of the coastal area because of cost and relocating to the Boyne Valley. The clinic does a wonderful job. I have already checked with the new regional structure to ensure ongoing support for the Boyne Valley clinic.

This legislation proposes to place within the legislative framework the reduction in districts from 37 to 20. I am hoping that, as the minister's speech and other public announcements have indicated, the intention of the reduction from 37 to 20 is to centralise some of the services—such as administration—which will result in cost savings, but I do hope that that comes without any diminution of services to the community.

We have a high level of need for radiologists in the Gladstone electorate. Some radiological services are not provided to patients on the weekends because of cost and a lack of radiologists, and when that service is subsequently provided during the week it is often found that the patient really did need radiological services earlier. We would like to see a number of specialties reintroduced into the area, and I am looking forward to this new structure and the new leadership that Bill Beresford will provide to achieve that.

We continue to have a high need for a full dialysis program in the Gladstone region. It is difficult for us to keep our statistics up simply because people move away and they find that the trip to Rockhampton

three days a week, with a round trip of 110 kilometres, plus the time needed for the dialysis too wearing on both the dialysis patient and the carer. We would keep those communities together if we could access a full dialysis service. With a specialist now residing in Rockhampton I believe it is an important service to have extended.

I look forward to working with the minister to see improved services at the Gladstone Hospital. It is a region that has a lot of young families, a lot of problems in terms of mental health services—I know that we are not unique in that respect—a need to continue to protect paediatric services, gynaecological services and all of those things that are basic to the health and welfare of the community. There is a continuing concern, as the previous speaker, the member for Hinchinbrook, stated in relation to the level of PTS. I put a question on notice to the minister yesterday in relation to that matter. Whilst I know that there is not a bottomless bucket of money and that the PTS is not a full compensation payment for the cost of travelling to specialist services, I think everyone will acknowledge that the cost of travel has increased exponentially. The cost to families of overnight or weekly accommodation if they have to access specialist services out of town is rather large. I have always believed that providing specialist services to outpatients and general access to specialists would be much more financially economical if the patient list was bulked up and the specialist visited the Gladstone Hospital.

I am not sure whether the new structure the minister is putting in place will work. I do trust, however, that the minister will review the process after 12 months and ensure that the goals that he intended to achieve are being achieved and, if not, that he will have the foresight to change the structure so that those goals of providing better health services and accessible health services to the community—the rural and regional community as well as the south-east corner—can be achieved. With those comments I support the bills.