



Speech by

John-Paul Langbroek

MEMBER FOR SURFERS PARADISE

Hansard Wednesday, 17 October 2007

MOTION: HEALTH SYSTEM

Mr LANGBROEK (Surfers Paradise—Lib) (5.30 pm): I move—

That this House notes the failures of the Beattie/Bligh governments with regard to elective surgery, specialist outpatients, emergency departments and failed management systems and applauds the initiative of planning for more community management in hospitals, in contrast to the federal takeover advocated by Labor.

This morning the Premier made an astounding statement regarding the state of health in Queensland. The Premier's glowing report card of public hospitals would be warmly welcomed by the Queensland coalition if it were in any way true. Unfortunately, reality exposes the Premier's rant as merely smoke and mirrors. In fact, for the dozens of people who wasted their day today by waiting for treatment in emergency wards or had their elective surgery operation cancelled or were told that they were not on the specialist outpatient waiting list, the Premier's deceptive words are downright cruel.

We just have to look at the statistics to see that the Premier's statement is nothing but empty rhetoric. There are three pillars of a good public health service: elective surgery, specialist outpatients and emergency medicine. They are buckling under pressure as a result of the state Labor government's bad management, shortsighted vision and lack of investment in health. The most recent Queensland public hospital performance report exposed the state's burgeoning waiting lists. In June there were 35,000 Queenslanders waiting for elective surgery. A quarter of these patients are still waiting for treatment beyond the national safe standards.

So whilst the Premier and health minister are constantly putting out statements and press releases suggesting otherwise, there has been no real marked improvement in elective surgery waiting lists two years after the introduction of the government's much-vaunted Health Action Plan which the Premier spoke about this morning. That is just one waiting list. The independent Specialist Outpatient Review Committee chaired by Professor Ken Donald uncovered another 144,000 patients waiting to see a public specialist. The interesting statistic from that report—and I table this page—is that of the 144,000 people who are on the list only 32,000 actually have an appointment. There are 112,000 who cannot even get an appointment. That means that 112,000 people are waiting to get on a list, to get on a list, to get on a list. The outpatient waiting list rate of increase is quadrupling the rate of Queensland's population growth.

Tabled paper: Document titled 'Outpatients Waiting by Facility, Queensland Public Hospitals, number of new patients waiting for an outpatient attendance as at 1 March 2007 and number of new and repeat patients seen 1 July 2006 to 31 December 2006'.

This is a significant concern considering these patients have not even made it to the elective surgery waiting list. Effectively, the 32,000 are waiting to get on the waiting list, let alone the other 112,000 who cannot get anywhere. Some of them will be waiting literally a lifetime. I say that because the health minister has conceded that because of the state's lengthy waiting lists some of these patients will never see a doctor. Bureaucrats have stamped their files 'never to be seen' and bumped them off the list. But they have not told the patients this. These are the devious ways that the health minister is doctoring waiting lists so that it looks like he is doing his job. Another crafty measure to manipulate waiting lists as part of the announced audit of the specialist outpatient waiting list is writing to patients advising them to go back to their GPs to confirm that they still want to be on the list. I table a copy of a letter to a patient that states—

If you do wish to stay on the waiting list we ask that you contact your general practitioner and request that an updated referral be written and forwarded to the clinic.

Tabled paper: Extract from letter, dated 21 August 2007, on behalf of Specialist Outpatients Administrator, in relation to orthopaedic clinic waiting list.

Patients should not have to get another referral just to stay on the waiting list.

Let us look at the other pillar of the public health system, emergency departments. By national standards, category 2 emergency patients should be treated within 10 minutes. Only 71 per cent of Queensland's emergency patients are treated within this time. Category 2 and 3 patients, who are classified as urgent, should be treated within 30 minutes and 60 minutes respectively. Here in Queensland, only a third of patients are treated within this time. Clearly these figures show that the Premier's glowing report of the public health system does not make the grade.

The Premier and health minister often praise themselves for publicly disclosing these statistics but they fail to mention that they are actually required to by law. Since the Davies and Forster royal commission and report respectively they have been compelled to do that. If their hand was not forced on the issue I guarantee that they would not be releasing this information, as they were not releasing this information before 2005.

The Premier likes to talk about her government's Health Action Plan, but despite the Premier's statements this morning we are yet to see any real substance behind the spin. It seems to be the Labor way—a government-by-slogan approach where it hides behind trite catch-phrases with no real policy to back them up. We just have to listen to the federal opposition leader to understand what I am talking about: 'education revolution', 'national health reform plan' and 'building prosperity for the next decade'. The federal opposition leader, like his state Labor mates, is big on rhetoric but short on detail.

Using yet another slogan, Kevin Rudd talks about 'ending the blame game', but his state colleagues are not playing the same game. The Premier and her senior ministers are all too happy to blame the federal government for their problems, which essentially underscores the insidious problem within this Labor government. We just have to look at the health system. This year the health minister, Stephen Robertson, has exploited every opportunity to talk about how the Commonwealth government is short-changing the states on hospital funding. In his absence this morning the Premier championed the health minister's cause. 'Our public hospitals', she said, 'are failing because the feds aren't giving us enough money.'

Apart from the Commonwealth's \$42 billion spending on state government run public hospitals, the federal coalition invests billions into delivering better health care through Medicare, the Pharmaceutical Benefits Scheme, the provision of aged-care places, private health insurance and private hospital funding. In fact, federal government health spending has increased from 15 per cent to 22 per cent of the total budget; GP bulk-billing rates are at record highs for children, rural and regional patients and people over 65 years of age. More than 10 million Australians are now privately insured thanks to the federal government's Private Health Insurance Rebate. The problem with this state government is that it has underfunded spending on public hospitals. The Premier acknowledged as much this morning by saying that the health budget is now double what it was 10 years ago. This government has been in power for eight years and clearly has been underfunding the health system.

The federal coalition recognises that the state-run health systems are not giving patients the best clinical outcomes. That is why the Howard government is taking a new approach to public health care by giving communities a greater say in the provision of health services. Community based hospital boards will re-empower communities by decentralising the system, strengthening clinical networks, as well as improving government accountability. My federal colleagues believe that the best decision-making is made on the ground. This is not something the Premier or the health minister agrees with. They think power should be concentrated in Charlotte Street. By contrast, Kevin Rudd would like to see more centralised power, but he wants to take it off the states and devolve it to Canberra. 'The buck will stop with me,' he says.

I would be interested to see how the federal opposition leader plans to be accountable to and attuned to the needs of every hospital in Australia, particularly since his state colleagues have been unable to do so. We know that health ministers in other jurisdictions have rejected that the federal government needs to take over hospitals in accordance with Kevin Rudd's plan. The health minister has slammed the federal coalition's plan for more community involvement in hospital administration, but he has been coy on his thoughts about a federal Labor takeover.

The Australian Medical Association, however, does not believe that a federal Labor government will deliver better health outcomes for Queensland patients. In fact, President Rosanna Capolingua supports the system which facilitates greater community involvement and responsibility to Canberra. I table a media transcript of comments by Dr Rosanna Capolingua a couple of weeks ago when this issue was raised—

The AMA has always supported the concept of local boards.

The health minister was very happy to embrace the AMA's position on state and federal government funding but was not so happy to quote Rosanna Capolingua when it came to the concept of local boards.

Tabled paper: Extract from AMA media transcript, in relation to local hospital boards.

Finally, the Premier spoke about recruiting an additional 6,000 doctors, nurses and allied health workers over the past two years. I received an answer to a question on notice just in the last month that showed how many Queensland Health staff have left in the last year alone and the answer was nearly 4,700. Nearly 10 per cent of Queensland Health staff are leaving the system every year, which is well above the three per cent separation in police and five per cent in education.

Queensland Health has clearly not turned the corner on health, as the Premier would have us believe. It is important that Queenslanders understand the choices that are being offered to them: a federal takeover as advocated by Kevin Rudd, the opposition leader, or a local takeover as advocated by Tony Abbott, the federal health minister, who has been clearly funding this state government adequately over the last number of years and is prepared to negotiate a new health agreement in the new year. This state government has clearly been underfunding public hospitals and is errant in the way it spends its money and it needs to be held to account for it by the people of Queensland at the upcoming federal election.