Speech by

Mike Horan

MEMBER FOR TOOWOOMBA SOUTH

Hansard Thursday, 29 October 2009

HEALTH AND OTHER LEGISLATION AMENDMENT BILL AND HEALTH PRACTITIONER REGULATION NATIONAL LAW BILL

Mr HORAN (Toowoomba South—LNP) (2.55 pm): The legislation that we are debating cognately covers a lot of aspects. I will firstly deal with the Health Practitioner Regulation National Law Bill, which deals with patient safety and the health and wellbeing of the public through a more flexible and sustainable health workforce. I note that it is another cog in working towards the full implementation of a national scheme for 10 health professions. A further four will be included in two years time. Dental technicians and speech pathologists who are currently registered in Queensland have not been included in the national scheme but will continue to be registered on a state basis.

Speech pathology is a very important profession. Very often young children who are falling behind developmentally only need speech pathology to learn to speak and communicate well, and it takes away their lack of confidence and helps them keep up. Otherwise they are always behind, and that affects them when they become teenagers and later when they go to work.

I wanted to mention a very important issue we have in Toowoomba and south-west Queensland. I think I have spoken about this in parliament before. I have made a deputation to the minister at a community cabinet. The issue is people who have had polio. It is a finite number of people. Since the advent of oral Sabin, polio is not an issue in Australia. There are about 105 of them in Toowoomba and south-western Queensland—out as fair as Quilpie and up to Kingaroy. Many are finding that the effects of polio are coming back on them in older age particularly with regard to their limbs, bones and so forth.

There is another aspect to this. Many of these people had very sad childhoods. We hear of people who have been institutionalised. They were little kids at the time. The large percentage of the polio cases in Queensland were on the Southern Downs. Sister Elizabeth Kenny was very famous for the work she did in trying to provide rehabilitation for these kids. She was widely recognised in America.

A lot of these little kids were taken to places like Mount Lofty, which was an old nursing home facility. They were away from their families for a long time whilst they were treated or tried to recover. For many of them it was very lonely and sad. The conditions were not good. In some cases these little kids were put into iron lungs to assist them with their breathing. They would be hooked up to a motorised pump. They had a difficult childhood and a very difficult illness to overcome.

A proper specialist assessment is needed to be made of these people—and I have spoken to the minister about this issue—associated with a multidisciplinary rehabilitation system. I know—possibly since we spoke—that some funding of around about $800,000 was provided to put together this unit. Two of the three staff have been employed. I know that the downstairs area that they looked at at the Mount Lofty Heights Nursing Home was not suitable, because these people need to be able to be near the door. Many of them have difficulty getting up and have difficulty walking. In some cases some of them have had to go back to using callipers and walking sticks as a result of their post-polio syndromes. So it is important that we are able to find a place where these various professions that we are talking about in terms of their registration today, which are so important, are able to be brought together to provide that care. But, first of

all, these people need an assessment, and that assessment needs to be done by a highly skilled specialist. I have spoken to the minister about this issue. There is such a specialist at the Toowoomba Base Hospital. I reiterate that I am talking about a finite number of patients who are elderly—about the same number of people who have MS. The MS association is able to provide a support worker for these people. That is what we need for those post-polio people—a system of assessment and a system to provide the rehabilitation and treatment that they need.

The other bill that we are debating in cognate covers mainly issues to do with smoking, the safeguard of patients with regard to the professional misconduct of medical practitioners and the mandatory reporting of such misconduct and also issues relating to the Health Quality and Complaints Commission. Other speakers have mentioned the amendments that this bill makes in relation to smoking. It is amazing how community attitudes to smoking have changed. I think it is great to see the reduction in the incidence of smoking and the way in which so many people now understand the enormous array of dangerous, lethal and debilitating conditions that they can suffer from as a result of smoking. Sometimes those conditions can occur from smoking in childhood.

In one of my first rugby league contracts, the club I went to had a player/coach whose job we all envied, because he was a Rothmans rep. In those days, it was a glamourous job. There were girls who went around with him to sportsmen functions. Everyone at those sportsmen functions received a complimentary packet of Rothmans at their table. That is how much times have changed. You just would not even consider doing that now.

Smoking related illnesses such as stroke, heart disease, lung cancer and other cancers such as tongue cancer and facial cancer are just terrible and they place a huge burden on the health system. We only have to look at the forms that people have to fill out when they go to see their GP to see that one of the first questions that is asked is, 'Do you smoke?' Insurance companies ask the some question. It is a major issue in our society. Unlike other activities that are dangerous to your health, such as eating fatty foods or drinking too much alcohol, smoking can affect other people.

This legislation looks to protect children in cars. Although it would perhaps be a difficult law to police, I think the intent is good. It creates the ethos that it is not right to smoke in a confined space with other people, but particularly with children who are not able to say, 'Don't do that' or do not have the power to stop people from smoking around them. So I think this amendment is a good safeguard protection for our children. It also enhances the message about smoking. This bill increases the accountability of the Health Quality and Complaints Commission in terms of requiring it to provide impact assessment statements before it amends any standards. That independent commission plays a very important role.

I want to bring to the attention of the parliament, and particularly to the minister, an issue regarding the quality care of patients at the Baillie Henderson Hospital in Toowoomba. Over the years the role of that hospital has changed dramatically. Once we had a mental health system whereby there were thousands at Baillie Henderson, thousands at the facility in Goodna and many up at Charters Towers. With the advent of the 10-year mental health plan, those types of facilities now provide only secure care, long-term care or chronic care. Hospitals are now used for short-term care—that is, for around about a 10- or 11-day length of stay. We also have community health care for those who are being treated for their illness in the community.

There is a secure unit at Baillie Henderson and there are other units for some extremely difficult, chronic and long-term cases. I want to talk about the issue of 13 patients at that facility—the numbers have diminished over the years because of age—with an intellectual disability who have been kept in a ward called Browne ward for many years. Their numbers have gradually dwindled down to 13. There is a proposal to amalgamate the people in that ward with the people in another ward called the Morris-Mouatt ward.

The patients in the Morris-Mouatt ward have extremely difficult conditions or illnesses. As a result, certain things are not able to be there—buttons, zippers, pillows. There have to be very safe conditions in that ward because of the nature of those people's illnesses. There is a concern by people who really care that, by amalgamating the wards and putting those people who have an intellectual disability into the Morris-Mouatt ward, that will decrease their ability to have the best life possible. If members understood the nature of the two wards, the nature of the conditions or the illnesses of the people involved, they would understand what I am on about. Those who know and understand Baillie Henderson and some of the difficult cases that that hospital deals with would understand what I am saying.

So I ask the Minister for Health to have a compassionate look at this matter. I know that the issue is to do with the age of the facility, contemporary care and possible concerns from the official visitor, but I think we should listen to those people who really know and understand the effect that the movement of those 13 patients with intellectual disabilities into this other ward will have. I have provided some detail to the minister, which his staff would have noted. I think this issue has to be looked at very carefully, because there is very genuine concern that this move into the Morris-Mouatt ward would reduce the lifestyle or care of those patients with intellectual disabilities. I understand the change and the need to have contemporary

and modern facilities, but I think the nature of the mix of patients is what will bring down the quality of life for those people with intellectual disabilities if their ward is merged with that other ward.

I refer to the ongoing issue of dental waiting lists. I notice that the matter of the registration of dentists and dental technicians is contained in the first bill that we are debating. The main issues that I wanted to speak about today were the issue of the post-polio people and the potential problems of merging those two wards at Baillie Henderson Hospital.

I have a personal view that the continued enlargement of the health districts is not the best and optimum system of management. Toowoomba's health system is run from Ipswich. The head of the region is based in Ipswich. I am a great believer in a flat management system: the smallest number of chiefs possible and the maximum number of people actually providing patient care. I believe that a person in the position of regional coordinator could look at issues such as whether there is a shortage of health professionals in a district, arrange for people to visit where necessary or undertake recruitment. I am very disappointed to think that the Toowoomba health district is not being run from there. We are a city of almost 100,000 people. Our council employs about 160 people. We are almost the capital city of South-Western Queensland with many services such as education, health, legal and accounting, mining and agriculture. Our city should be able to have a CEO based in Toowoomba so that things can be done.

I mentioned earlier the issue of trying to get together this rehabilitation facility for people post polio, amputees, spinal injury victims, stroke victims and so forth. So much time has been taken since the money has been available going through issues of business cases, finding a location, getting the wrong location and then going through another business case as to how to market it and promote it to those who need it and GPs. We need someone in charge who can say, 'This is what has to be done. This is the direction from the minister's office.' Let us go out and do it rather than go for many months without the service being available or a patient being seen.

I look forward to the debate on the amendments brought forward by our shadow minister, who has looked through these lengthy bills in great depth and has proposals that can enhance what is being put forward here. I join with the shadow minister in supporting these two bills.