



Speech by  
**Murray Watt**

**MEMBER FOR EVERTON**

Hansard Wednesday, 11 November 2009

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**MOTION: RURAL AND REGIONAL HOSPITALS, FUNDING**

**Mr WATT** (Everton—ALP) (5.46 pm): I am taking the unusual step for a government member in a 5.30 debate of actually speaking in support of the motion. All government speakers will be speaking in support of the motion, and we will be voting that way.

**Mr Wellington:** Hear, hear!

**Mr SPEAKER:** It is good that we are all in furious agreement.

**Mr WATT:** Perhaps I should sit down right away then. I know that the member for Ashgrove is keenly awaiting the rest of my speech, so I suppose I should continue for her benefit if no-one else's. My opening comment is one that I made at a recent function I attended on behalf of the Deputy Premier—a dinner to recognise the winners of the Queensland Rural Health Scholarship Scheme, which provides a scholarship to university students who are prepared, at the completion of their training, to spend time working in rural areas of Queensland. I made the comment at that function that, in my view, rural and remote Queenslanders have exactly the same right to a high-quality health system as those of us who live in the south-east corner. That of course does not necessarily mean that exactly the same kind of service can be provided in a remote location as can be provided in the middle of an urban centre. We have to be a little bit flexible about where and how the service is provided, but there is no doubt that those Queenslanders have the same right to a high-quality medical service as anyone else does.

As I mentioned, I had the pleasure of representing the Deputy Premier at that dinner recently and I heard a lot of interesting stories from doctors who had spent time working in remote areas. I heard stories about having to deliver babies for the very first time with the only instruction being provided over the telephone by another doctor in a city location. That gave me some insight into the very different circumstances that remote Queenslanders face in receiving health services. However, I am pleased to say that, despite the challenges of providing health services in remote areas, the Bligh government is delivering a better and more modern health system for all of Queensland.

We are building hospital infrastructure and delivering more beds in regional Queensland, in our regional hospitals and smaller hospitals as well. The Bligh government is investing in our regional health services in the regional centres and our smaller services where rural Queenslanders live. We are delivering these services directly into our regional centres and smaller rural communities, and we are using high-tech modern health innovations like telehealth to deliver specialist services from larger centres. The Bligh government is building, rebuilding or upgrading 46 public hospitals across the state, many of which are in major provincial cities and many of which are in smaller rural settings.

Given that other government members are planning to speak throughout this debate about the major hospital redevelopments that are occurring in their areas, I will leave them to speak about those major hospital redevelopments but want to give a couple of examples of some of the new building programs that are going on in hospitals in smaller rural settings around Queensland. For instance, our \$41.4 million Ingham Hospital redevelopment was officially opened on 6 July 2009. It has delivered new operating theatres, an inpatient ward, a new emergency department, a pharmacy, community health and

dental services to the residents of Ingham and its surrounds. Further works are continuing on site and will reach completion in early 2010.

In the area of maternity services, Charleville Hospital, along with a couple of other regional hospitals, has just received \$1 million to expand the maternity services that it provides. During 2009 we have opened more newborn and family drop-in services in Mackay, Hervey Bay and Mount Isa and clinics in Bundaberg, Caboolture, Kingaroy, Longreach, Proserpine and Emerald will commence in the next few months. I think they are good examples of where the Bligh government is rising to the challenge of delivering quality health services to people throughout the state. Innisfail Hospital has increased doctor numbers from six to eight in recent years.

**Mr Pitt:** Hear, hear!

**Mr WATT:** I know the member for Mulgrave is a keen supporter of that hospital. On average, that hospital has hired an extra nurse each year. Kingaroy Hospital has 85 more clinical staff than it did just five years ago, including an additional seven doctors. These regional hospitals are at the front line of health services for rural and regional Queenslanders.

There have already been some comments made about the Patient Travel Subsidy Scheme that exists in Queensland. We recognise that it is not necessarily perfect and that there is always room for improvement, but I would like to remind the House that Queensland's minimum distance eligibility threshold is the most generous of any scheme in Australia. Last year, expenditure on this program was over \$34 million.

We know that we can do more to support patients who need to travel to access health services. That is why in July 2007, in recognition of higher petrol prices, we increased the patient travel mileage subsidy from 10c to 15c per kilometre. The Bligh government is serious about health services in the bush.