




Speech by

Dr Chris Davis

MEMBER FOR STAFFORD

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HEALTH AND HOSPITALS NETWORK AND OTHER LEGISLATION AMENDMENT BILL AND HEALTH LEGISLATION (HEALTH PRACTITIONER REGULATION NATIONAL LAW) AMENDMENT BILL

 **Dr DAVIS** (Stafford—LNP) (4.46 pm): I rise to support the Health and Hospitals Network and Other Legislation Amendment Bill and Health Legislation (Health Practitioner Regulation National Law) Amendment Bill cognate debate. As a former general manager of a rural and regional hospital board, I understand and welcome the benefits envisaged in this legislation, as already outlined by the Minister for Health and the member for Redlands.

Suitably qualified and motivated board members can add greatly to the effectiveness, efficiency and accountability of local health and hospital services. In my experience, the following aspects are particularly beneficial. Firstly, board members understand their local community and can draw on that knowledge, particularly their all-important knowledge of people. They bring a wealth of expertise often drawn from successful careers in the professions and business amongst other useful backgrounds. Thirdly, they advocate for local patients and families, and work with local service providers to identify the best ways to ensure the quality, quantity and productivity of local services. They are of course the all-important face of the community which can be very valuable in attracting, retaining, supporting and motivating employees.

In looking to the future, it is helpful to review the past. In 1936 the Queensland Hospitals Act formally grouped hospitals in a district under the authority of a board. The then Queensland Health secretary and later Premier, Ned Hanlon, stated the objective was to give the general public the best possible service at the least possible cost. So the goal posts have not moved in at least the last 76 years, which begs the question why boards were abolished by the Goss government with the aid of Kevin Rudd in the early 1990s. Perhaps the most objective answer can be found in the 2005 Queensland Health Systems Review, also known as the Forster review, to which I was an adviser. In that report the reintroduction of local boards was considered and decided as follows—

... the most pressing argument against the creation of separate hospital authorities and associated boards today is the unprecedented need to properly integrate public health services across Queensland. There are now also many whole of government legislative, financial and human resource imperatives which are more appropriately managed at a statewide level.

The quote continues—

The environment in which public health services are delivered today is also more complex than when Hospital Boards existed. The range, type and modes of health services delivered are far more specialised and increasingly provided outside of acute hospitals. Local Hospital or Health Boards are no longer relevant or appropriate for the management of health services.

Of course a lot has changed since 2007 and indeed it is very reassuring, looking at the bill before the House, that all of these issues have been considered and provided for in the bill. So, effectively, we have the benefit of hospital boards. Through the restructuring of Queensland Health and awareness in this bill, we get the best of all possible worlds. We also, of course, in setting up these boards need to recognise that boards will provide and demand accountability at a local level and their work will indeed generate transparency that will place demands on government. Acknowledging and dealing with these pressures is

far better than trying to ignore or suppress them, as the previous government did with many dysfunctional consequences, and indeed having this open and transparent approach to our health services is a beneficial and fundamental responsibility in our democratic system.

The greatest pressure on our health system is certainly not new, but it is growing in magnitude and so requires the energetic and skilled interventions that this new legislation provides for. The biggest challenge is financial. The Health budget, at around \$11 billion, is already the largest slice of our recurrent expenditure. We need to add to that healthcare cost inflation, which, unless tamed, threatens to consume the entire Queensland state budget within a couple of decades, leaving nothing for other vital state government activities. So the health and hospital boards are a vital part of finding and implementing solutions to the financial and other challenges. That will involve finding the most appropriate models of care within the available budget and the service agreements to be negotiated with the boards. That will involve sitting down with these key community stakeholders, patients, family support groups and local healthcare professionals.

The boards will require the tools they need to do their vital work. They will particularly need reliable activity and financial data to evaluate performance relative to their peers. Until now most public hospital and community services have been block funded, but under the new models we will be moving to activity based funding using so-called efficient pricing models as determined by a national pricing authority. In my experience there is always some lively debate about the assumptions and other factors that influence these figures and the boards will need good data to argue variances and, most importantly, drill down on any practices that may be inflating their costs.

The disastrous payroll system imposed on Queensland by Labor is an example of how much work we need to do to get the systems in place that will support a sophisticated, modern public healthcare business. The Labor Party failed to deliver not only on payroll but also on other vital systems needed to improve patient safety, quality of care and costs. This observation is not intended to detract or distract from the benefits of boards but simply to alert the House of yet another task ahead of this government. We can be very grateful that members in this House have the collective understanding and experience to address those issues that have been neglected for years under a failed Labor government.

Of course, the most important asset is people, and the boards have the huge advantage of actually starting out with that most important resource, particularly the local communities and patients who will identify the models of care that will achieve optimal health outcomes. Another great resource for the new boards are the dedicated nurses, doctors, other health professionals and other workers who sustain our community and hospital services. As the member for Redlands observed, they experience the enormous frustration and even, at times, anger when failure to operate our health services properly denies patients the services they need or, even worse, harms or kills them. Our professionals have a great ability and enthusiasm to act on behalf of their patients to implement better ways of delivering services, and that will now become even better with the power and ability of the new boards.

The boards have this opportunity and responsibility to re-energise and re-engage with our excellent staff so that our public hospital and health systems can get back to delivering high-quality and efficient health care. The new boards will also have a vital role in working with Medicare Locals to ensure that the enormous expertise and contribution of general practitioners and their teams is applied for maximum benefit to keep people well and, where possible and appropriate, to avoid hospital admissions and return patients home safely when indicated. Local boards are also ideally placed to work well with their local non-government healthcare organisations.

In summary, this bill is a positive development that is an essential part of preparing our public health and hospital services to best manage current and future challenges. This direction will need to be complemented by the delivery of relevant obligations by a slimmed-down and redesigned Queensland Health, and the work in that regard has already begun. Indeed, the Newman government has the ability and responsibility to turn Queensland's public health and hospital system from a poisoned chalice to a best practice exemplar. This bill is a vital component of that process and, under the direction and leadership of the health minister, I am convinced that we will deliver it. Accordingly, I commend these bills to the House.