




Speech by  
**Curtis Pitt**

**MEMBER FOR MULGRAVE**

Hansard Wednesday, 20 June 2012

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

 **Mr PITT** (Mulgrave—ALP) (10.10 pm): I rise to make a very brief contribution to the cognate debate on the Health Legislation (Health Practitioner Regulation National Law) Amendment Bill 2012 and the Health and Hospitals Network and Other Legislation Amendment Bill 2012. As outlined by the shadow minister for health, the opposition will not be opposing these bills, particularly as the latter essentially reflects the original Health and Hospitals Network Act 2011 in purpose—introduced and passed by the previous Labor government. We support the recommendations by the committee, including that the bill be amended to define ‘clinician’ for the purpose of membership of a hospital and health service board and executive committee and to clarify the functions, accountability and reporting arrangements for ancillary boards.

In speaking to this bill, I want to put on record my thanks to the many hardworking men and women working in health services and hospitals in Far North Queensland, including those at Innisfail Hospital, Babinda Hospital, Gordonvale Hospital, Yarrabah Primary Health Centre and, of course, the Cairns Base Hospital. It is with some amazement that I heard the member for Cairns criticising Queensland Health for not building a new hospital on another site. He is correct that the former Treasurer and member for Cairns, Keith De Lacy, mooted a relocation of the Cairns Base Hospital to a greenfield site years ago and was severely criticised—including at the time by the member for Cairns’s former employer, the *Cairns Post*, if memory serves, as well as radio announcer John MacKenzie. No doubt the conservatives jumped on the bandwagon and opposed it as well.

The decision was made that a redeveloped Cairns Base Hospital will remain the primary hospital for Cairns and Far North Queensland for several years to come. Health services planning for the Cairns and hinterland district has shown a need for more than 165 additional beds by 2016-17 in the Cairns area. This includes the very important almost half-a-billion-dollar redevelopment of Cairns Base Hospital which was part of a two-pronged strategy that Labor took to the 2009 election. The other part was securing land for a future hospital on the south side of Cairns. This became a reality on the Mann’s farm site at Edmonton, gazetted in December 2010.

By the end of the redevelopment of the Cairns Base Hospital in 2014, it is estimated that more than 2,600 construction jobs will have been generated. Yes, the member for Cairns accurately quoted me. It might as well be a new hospital, being built and redeveloped from the inside out, with new radiation oncology services, the medical imaging department, the installation of the MRI, a new cardiac catheter lab, an expanded emergency department and more. In parallel, services were relocated to the Cairns North Community Health Facility, which includes sexual health and oral health, and the Australian Red Cross Blood Service.

The new hospital board for the current Cairns and Hinterland Health Service District has an important job on its hands to continue to drive this redevelopment and the future workforce and

infrastructure needs of people in Far North Queensland. This includes the need for a south Cairns hospital. I worked hard to secure the land for a future health facility at Edmonton, and the Queensland Infrastructure Plan clearly outlines the government's intention to open a new health precinct at Edmonton between 2015 and 2021, with a brand-new hospital for south Cairns to follow.

I was on the public record on numerous occasions disagreeing with my own government and with the 'experts' who say we might have to wait until 2020 for an Edmonton health facility. I maintain that we need to see something on the ground much sooner. I think the demand is there and the case is also strengthened by recommendations in the disaster management planning for the region to use an Edmonton facility as a backup to the Cairns Base Hospital in case of natural disaster. I will continue to argue for this because I am committed to delivering long-term, sustainable health outcomes not only for my local community but for our entire region.

Another of the areas of focus that the Cairns Hospital board will have to take a close look at is the LNP's ever-shifting position on tier 1 funding for the Cairns Base Hospital. Labor has consistently and clearly committed to an independent review of the funding situation and that if the experts recommended tier 1 status then that is what would happen. Only a week and a half after the election, the health minister said he was committed to fulfilling pre-election promises but needed to make sure a tier 1 status would 'fit the need' before he would go 'rushing in'. But true to form, prior to the election, the LNP was prepared to lift people's expectations sky-high in order to get a vote but now it has retreated to the Labor position, which it lambasted during the campaign.

The now member for Cairns and other LNP candidates made an irresponsible promise to deliver tier 1. I was there at the health forum where this was guaranteed. The LNP is on the record as promising tier 1. If the LNP's \$15 million over four years is meant to put the Cairns Base Hospital 'on the pathway' to tier 1, how long will it take to actually become a tier 1 hospital?

I continue to support a population and demographically based funding model, but I know that, while changing tiers may mean more funding for some activities, it could mean less money for those specialist services in Cairns that they have been trying to build up. A lot of the new specialist services that currently receive extra start-up funding under the present arrangements are also at risk of losing funding under a different tier. In some cases that change might make the services nonviable, and obviously nobody wants to see that happen. Labor made the decision to await the expert funding review before making promises around tier 1 funding. I believe that politicians should not choose winners and losers in health funding. I would be very keen to hear the Minister for Health's response to that.

We only need to take a look at the LNP's emergency department policy announced during the election campaign. We see that, of the 27 hospitals the LNP lists as benefiting from their policy, Innisfail and Babinda miss out entirely. I would have thought that Innisfail and Babinda residents would expect to at least get a mention. Over the last three years the Labor government has continued to deliver more services sooner and closer to home for the Cassowary Coast. A CT scanner secured for Innisfail Hospital in 2009 at a cost of \$448,000 has recorded 2,913 uses since installation in January 2010, giving local patients the benefit of having enhanced radiology services closer to home. Mothers and their babies in the region have benefited through an extended midwifery service available through Innisfail Hospital, which provides a visiting service to all new mothers in the first few critical weeks after birth.

Last year, Innisfail, Tully and Cardwell locals gained access to an internationally renowned specialist dietician for the first time with the appointment of Tony Burgos. The residents of Innisfail, Babinda, Tully, Mission Beach, Fishery Falls and the Aboriginal community of Jumbun were included in a pilot program to prevent the onset of type 2 diabetes. In Babinda, Labor put in place a medical model that increased the number of doctors in town from one to three, giving all the right to private practice, and ensured the continuation of the local GP service, which is now being run by Queensland Health.

Like the member for Rockhampton, I want to thank the Minister for Health for taking the time to call me personally to speak about those people who had nominated for local networks at the time and to seek my advice. While I did not expect my advice to be taken, I did appreciate the gesture and the professional way in which it was undertaken. I mentioned to him the importance of having people who have a genuine understanding of Aboriginal and Torres Strait Islander health needs and the need to have people from a range of backgrounds. In particular, I mentioned that membership of local boards should include representatives from mental health carer and consumer groups to allow them to have a direct link to the way acute mental health services are provided by local hospitals.

Like the member for Gregory, I know there is a need in all parts of Queensland to provide support for those who are suffering mental ill health, or who may do so in the future. I also suggested that there is an important link that needed to be recognised between the hospital and people with a disability. My suggestion was that there are regional disability councils in place right across Queensland that have people with the expertise to make a real contribution. In the same way, once this new government looks at the groundbreaking work the former Labor government did in the area of mental health, a formal link may

exist between whatever model of a mental health commission the LNP puts in place and our local hospitals.

As I said at the outset, the Health and Hospitals Network and Other Legislation Amendment Bill furthers the legislation enacted by Labor's Health and Hospitals Network Act 2011 by decentralising the control by Queensland Health and providing more power to the local level. Further, it puts in place the revised funding arrangements under the National Health Reform Agreement. I commend both of these bills to the House. Once again, I congratulate the new health minister for his professional approach that he took in calling all local members at that time.