




Speech by

Darren Grimwade

MEMBER FOR MORAYFIELD

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

 **Mr GRIMWADE** (Morayfield—LNP) (8.05 pm): I rise to contribute to the debate on the Health and Hospitals Network and Other Legislation Amendment Bill 2012. I am concerned about the way that Queensland Health has been heading in this state. Let me state in the House tonight that this is in no way reflective of the doctors, nurses, ambulance workers or any other employee working in front-line services who work around the clock in a very professional way and with the poor resources they have been given in a genuine effort to provide patient outcomes to the best of their abilities to those in our communities.

In my contribution to this debate I would like to look at the benefits this bill can bring to the Morayfield electorate in relation to patient outcomes more specifically. Throughout my campaign and subsequently at community listening posts, local constituents have told me they are concerned about the Caboolture Hospital and the emergency department within it. Those who followed my campaign will know that I released a six-point local plan. On a flyer that I distributed during the campaign I noted improved local health outcomes as one of those six points. Part of that plan was to support and establish local hospital boards to give greater control over our local health services to our community and allow front-line service providers at the coalface, such as our doctors and nurses, to have a greater say in what changes need to take place to ensure better patient outcomes.

I would like to provide some details on the hospitals that service my electorate. The Caboolture Hospital is struggling to keep up with demand. I am advised that the Caboolture Hospital is rated among the poorest performing group of hospitals in Queensland based on information that I obtained through the department. The stats that I have been provided with indicate that only 46 per cent of all patients are seen within the clinically recommended times. They also highlight that only 48 per cent of patients requiring an in-patient stay were transferred to an appropriate bed within eight hours.

The situation with elective surgery is not much better. There are currently 590 patients waiting on elective surgery lists for this particular hospital, and they are the ones on the official waiting list. As we have heard, there are a number of patients who were moved off the official waiting list under the previous government in an effort to make the statistics look a lot better to the general community. I will provide a local example of this. Recently a constituent wrote to me and advised of his personal circumstances. The letter this gentleman wrote to me states—

Early last December I received a letter from my hospital saying that because of an extra long waiting list of category 3 patients my name was being removed and surgery denied as my case wasn't considered urgent. They didn't check with me. They simply cancelled my position on the waiting list and said if it becomes urgent I would be reconsidered after applying once more again. After calling the number on the letter, I was advised a total of 3,000 patients are on the cancelled category 3 list.

Unfortunately, that story is not too uncommon. I have also been in contact with a constituent who advises me that they have been on a waiting list in our local region for two years for a knee reconstruction. I was also contacted by a lady who advised me that she had had a stroke in 2010 and had to have surgery

which involved the removal of part of her skull. She is still on the waiting list to have surgery in 2010 to have plates or a skull reconstruction. As members can see, the health system in our local area is just about on life support itself. Adding to the frustration of my constituents is the never-ending wasteful spending of the previous Labor government. Not only did we see a fake Tahitian prince running off with bags of gold undetected; we have also recently been advised that the Health payroll disaster will now cost around \$1.2 billion to fix—money that should be poured back into local patient care and resources to support our hardworking front-line service providers at the Caboolture Hospital and all over Queensland. Throughout my election campaign I was contacted numerous times by nurses and others who were not paid during the Health payroll debacle. The stories they told me and the sacrifices they had to make for their families were amazing. Government debt, as we have already heard, is \$100 billion. The interest we pay on that is \$685,000 every hour. Again, this is money that should be poured back into the regions to ensure that there are appropriate patient services at the Caboolture Hospital.

I was conducting one of my listening posts around my electorate on Monday of this week. I regularly do this throughout my electorate in that I advertise to those in my community that I will be available and accessible for them to come to talk to me. During this particular occasion I was approached by a gentleman who was an ambulance officer. He approached me and the first question he asked was, 'What are you doing about the Queensland Ambulance Service? What are you doing about bed block? What are you doing about ramping at Caboolture Hospital? More so, what are you doing about the emergency departments in our local hospital?' As I stood there stunned trying to answer some of these questions, we got into a discussion about the previous Labor government and the last 10 years during which he worked in the Queensland Ambulance Service and the experiences that he had. The discussion went on for quite a while. He was disgusted to the point that he will officially be writing me a letter so I can pass it on to the appropriate minister and have his questions answered accordingly. I gave the gentleman an undertaking. I told him that I would go away and find some details for him in relation to the local situation, and I obtained details from the department in relation to ambulance ramping at the Caboolture Hospital. I am advised that the Caboolture Hospital is regularly on bypass and that recent statistics released indicate that only 67 per cent of all patients taken to the emergency department were transferred off an ambulance stretcher within 30 minutes. The details of what I have provided in this speech in relation to the Caboolture Hospital emergency department, elective surgery waiting lists and ambulance ramping all show that this hospital is definitely critically ill.

I have had the privilege of speaking to many people in the health department, of whom many work in the Caboolture Hospital as nurses, doctors, support staff and ambulance officers. They all agree that the management and decision-making process for our local hospitals would be far better off if this was handled locally and decentralised from senior bureaucrats in George Street. This bill will allow local professionals on a board to make decisions that will specifically be in the best interests for our local hospital rather than a one-size-fits-all approach, as it is currently. This will bring increased patient outcomes to our region.

I take this opportunity to welcome Dr Paul Alexander, who has been appointed as the chair of the Metro North Hospital and Health Board. Dr Alexander is an experienced senior medical officer with 32 years experience across clinical executive posts and has held board positions in military, private practice, commercial and of course not-for-profit organisations. With this sort of experience heading the board in our local area, I can assure the locals that we are in good hands. Hospital and health boards will restore community trust and confidence across the health sector. This is great news for our local community and for the 142 doctors and 551 nurses currently employed and working at the Caboolture Hospital. This bill will ensure the local community will have a greater say in how public health sector services are run in our region.

Firstly, it is important that these local boards will contain professionals, business leaders, mums and dads, doctors, nurses and a whole range of people who will bring various skills and attributes to the board to make these important decisions. Secondly, it offers value for money for services. It allows us to deliver services around our local area within the budget provided rather than delivering services that are not required under a budget received from George Street. It is because of this that I will be voting in favour of these bills. There are some exciting times coming for those working in our local hospitals, and I look forward to working with these professionals to ensure increased patient outcomes for our local area. I commend the bills to the House.