Speech by

John Hathaway

MEMBER FOR TOWNSVILLE

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

Mr HATHAWAY (Townsville—LNP) (5.30 pm): I rise today to speak in support of the Health and Hospitals Network and Other Legislation Amendment Bill 2012 and the Health Legislation (Health Practitioner Regulation National Law) Amendment Bill 2012, which are being debated cognately. The opportunity to speak to these bills as a government member of the Health and Community Services Committee is greatly welcomed. At the outset, I must say how appreciative I was that my initiation into the committee process was conducted in an extremely collegiate and bipartisan fashion. It made our committee's task that much simpler and pleasant.

I will first speak briefly to the latter bill. The review of this bill was quite simple and ostensibly transitions Queensland's medical radiation practitioners and occupational therapists across to a single national registration. For the information of honourable members of the House, the medical radiation practice profession includes those practitioners who use diagnostic radiography, radiation therapy and nuclear medicine technology such as diagnostic radiographers who operate x-ray and other radiation producing and imaging equipment which is used for diagnostic, monitoring and treatment purposes; radiation therapists who operate radiation therapy equipment to deliver therapy to destroy or injure cancer cells or relieve the symptoms of cancer; and nuclear medicine technologists who use and administer radioactive materials to diagnose and treat diseases or physiological changes.

Honourable members of this House would be more familiar with the other profession that this bill deals with—occupational therapists or OTs. OTs assist persons with restrictive physical or psychological conditions to participate in everyday or chosen life activities. Patients often include persons recovering from illness or injury, persons with a disability or persons suffering the effects of ageing. I note for the benefit of the House that, with the passage of this bill, and as of 1 July, most of the 150 medical radiation practitioners and the 100 occupational therapists in the Townsville Hospital and Health Service District will, by registering once and renewing yearly, be able to work across all Australian states and territories.

I would now like to turn my attention to the Health and Hospitals Network and Other Legislation Amendment Bill 2012. Like the chair of the Health and Community Services Committee, I would like to acknowledge on the public record my gratitude for the briefing that was provided to us by Queensland Health and also the contributions to the review by the Royal Australasian College of Surgeons, the AMA Queensland, the Queensland Nurses Union and General Practice Queensland.

These contributions were extremely beneficial as it gave us the opportunity, under an extremely tight time frame, to review what will amount to the most significant redirection and reframing of hospital and health services in a generation of Queenslanders. Additionally, it will ensure that Queensland is positioned and ready in order to meet the appropriate time lines of the National Health Reform Agreement.

Without the passage of this bill Queensland will remain mired in a legacy health system created some two decades ago by the then Goss, or was it the Rudd, state Labor government—a legacy that has largely become inefficient, expensive, regionally inequitable and perilously perched at the abyss of catastrophic failure. The failure of this bill would also present an untenable risk for the state of Queensland in securing Commonwealth funding for hospital and health services.

I must admit that, in reviewing this bill in the committee, there was a sense of travelling in a DeLorean sports car with Michael J Fox in *Back to the Future*. Honourable members of this House will recall the almost halcyon days when the Queensland health system, under its local hospital boards, was the envy of the other states of this country. I am further reminded of those days every time I buy a Golden Casket ticket. Why did a Labor government all those years ago decide to play lotto with the health of Queenslanders? I will tell you why. It is in their DNA. It is Labor's big government, nanny state and centralised control mantra that has brought our health system to its knees. It was about bureaucratic and inequitable regional outcomes that were focused on process and control rather than on the most important part of any health system, the patient outcomes. Labor's decision all those years ago to remove hospital boards was about ensuring the health of their union affiliations and providing a prophylactic for subsequent elections. Only Labor could take a working health system, diagnose it and prescribe a cure that was invariably worse than the symptom.

It may be worthwhile, for the benefit of honourable members, if I provide a brief description of the Townsville Hospital and Health Service District. Through this short review I will demonstrate the benefits that this new bill will provide to the health of the people of Townsville and North Queensland.

The Townsville Hospital and Health Service District is the largest regional district in Queensland. Arguably, the Townsville Hospital is the largest regional hospital in Queensland, if not Australia. The Townsville Health Service District boasts no fewer than 18 hospitals and community health services and two residential aged-care facilities. It provides hospital and health services to a population of 650,000, of which 10½ per cent is Indigenous. The supported population or patient catchment is expected to increase to a little over 800,000 by 2016.

The hospital, due to its geographic location, is largely tertiary in all aspects, except in its categorisation by Queensland Health. Accordingly, it has an extremely broad casemix that is accessed by the people of Townsville, the north and, in particular, the more remote rural, regional and Indigenous communities. Generally, it provides all procedures less transplants, acute burns and acute spinal. In these latter specialties, it does provide the equally important and very necessary aspects of initial diagnosis, stabilisation, onward movement and complex patient transfer to specialty facilities in the south-east. On the return of these patients, it provides rehabilitation and reintegration treatment both as in-patient and outpatient services.

Over the last 10 years, the Townsville Hospital has seen an annual increase in separations of 6.1 per cent per annum, emergency department attendance of 5.7 per cent per annum and occasions of service of 4.23 per cent per annum. Although Townsville has an Indigenous population of approximately seven per cent, the Townsville Hospital and Health Service District provides services to an Indigenous community of approximately 10.5 per cent from its catchment area. This represents a 60 per cent higher ratio of Indigenous patients than that experienced in the south-east. This may explain to some degree the inadequacy of Indigenous health support measures provided by policies that are framed by experts in Brisbane or Canberra.

Equally at play, and with similar levels of understanding by the policy makers in the south, are the northern impacts of geographical dislocation, remoteness, climate differences and disease vectors that create a significantly different demand pattern for our health services. For example, the Townsville Hospital and Health Service District has a far greater demand for regionally distributed services and remote dialysis as a result of a greater incidence of diabetes from amongst its patient catchment. Our demographic has higher levels of chronic diabetes, and its associated disorders, because of our Indigenous population mix and the lack of access for many of our communities to reliable, affordable, fresh and healthy food options. Consequently, the current allocation of resources for dialysis machines, specialist staff, healthy living educational staff based on broad state averages is insufficient to make headway in overcoming this health trend.

Throughout the campaign period and more recently as a member, I have been advised by a number of people, both patients and senior medical clinicians, on issues with the inflexible approach—and in its worst manifestation regional discrimination—to access to health services routinely enjoyed by Queenslanders here in the south-east. This has been brought about by a system of centralised control that is more concerned with and measured by its adherence to process rather than, as I mentioned, regional patient outcomes.

For example, I have been advised of prostate patients who have been unable to access robotic surgical treatment, which in many cases provides a better course of treatment with significantly reduced times of hospitalisation and convalescence. Honourable members from the regions should note that three of these robotic machines are available only in the south-east and, while I welcome the Campbell Newman government's changes to the patient travel subsidy, ultimately North Queensland prostate patients in this category have been unable to access the PTS, regardless of how many cents per kilometre they would get, due to the availability of conventional prostate surgery. Accordingly, some northern Queensland prostate sufferers only have the option of the more invasive conventional surgical technique, complete with its lengthened hospitalisation and convalescence times.

More recently I was advised by a senior eye specialist on the delay in the procurement of very necessary machines for opthalmic surgery. I am advised and I note that similar machines are readily available here in the south-east. The story is quite repetitive. However, until the arrival of these machines in the north, such treatment locally remains beyond the reach of northern public patients. While I am advised that this is in the process of being remedied, I understand that the delay was due to the equipment procurement being centrally managed by a public servant in the south-east.

My reason for raising these issues in the House today is to demonstrate the benefits that this bill will provide for the health of North Queenslanders. The bill will enable the establishment of a Townsville Hospital and Health Board that will be appointed, tasked with and held accountable for the provision of hospital and health services to Townsville and North Queensland.

I welcome the Minister for Health's comments when introducing this bill. He talked about his—and also our party's—long-held view on the decentralisation of resources and with it the devolution of responsibility and accountability to local hospital and health boards. In his introductory comments on 17 May the minister gave an example of how this bill could provide for flexibility in solutions to overcome delay in service. Similarly, under the amended act, the Townsville board may utilise the power granted by the act to overcome issues of access to renal or dialysis services to better meet the needs of its patient demographic.

Additionally, the amendments contained in the bill enable and regulate the establishment of ancillary boards. These boards will better empower and inform the parent board. From a regional perspective, they can serve to keep the parent board informed of the directions, the community's desires and also the performance of a subordinate health facility or service. It is through this local engagement that local communities can have a greater say in the direction and provision of their health services.

The amended act directs the hospital and health boards to develop and publish a clinician engagement strategy and a consumer and community engagement strategy. The latter must be developed in consultation with health consumers and members of the community. In the case of the Townsville health district, this would also enable the engagement of James Cook University's Faculty of Medicine, Health and Molecular Sciences to better engage a pathway of mutual benefit in the areas of local training, internship and registration. It would also be hoped that this would lead to a higher level of regional employment for our local graduate clinicians.

Further, I believe that as a result of the amended act there will also be significant synergies and benefits available to the local health network through such a close relationship with James Cook University, particularly in the area of keeping abreast of the latest developments for those particularly nasty tropical health threats and vectors. The engagement and knowledge sharing will only be further enhanced by the establishment of the Australian Institute of Tropical Health and Medicine at James Cook University. These are risks that can and will not only impact on the health of Queenslanders but also have the very real potential to impact on the economies of North Queensland, Queensland and, indeed, Australia. The risk profile that these threats present is clearly recognised by the Campbell Newman government in his commitment to the provision of $42 million for the establishment of this institute. As provided by the act, the establishment of the Townsville Hospital and Health Board with its community engagement requirements through its regional co-location should enhance the awareness of its clinical employees to remain well informed and prepared for any emerging tropical threat trends.

In speaking in support of this bill, at the outset I was particularly damning of Labor's management of the Queensland health system over the last two decades. I detailed that through its mantra of centralised management it has led the system to the precipice of catastrophic failure. In my condemnation of its scant regard for the patients of North Queensland, I state for the public record that I reaffirm my support for the clinicians and the front-line workers of North Queensland who have, despite all of this, continued to deliver health services to their patients as effectively as their resources and leadership from the south-east have permitted. In fact, I see this bill as a recognition of their talents and commitments as it will empower them,

through their board, to provide demographically tailored, regionally focused and effective patient outcomes.

Overall, this bill seeks to achieve devolution through a decentralised management construct. It will enable local and community engagement for communities that will no longer accept the cookie-cutter approach to health services. On that note, I commend both bills to the House.