




Speech By
Dr Christian Rowan

MEMBER FOR MOGGILL

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APPROPRIATION (PARLIAMENT) BILL; APPROPRIATION BILL

Health and Ambulance Services Committee, Report

 **Dr ROWAN** (Moggill—LNP) (9.44 pm): I rise to address the budget estimates report No. 3 and the Appropriation Bill 2015 and specifically the Health and Ambulance Services Committee's area of responsibility in scrutinising the relevant estimates papers and proposed expenditure by the Queensland Minister for Health and Minister for Ambulance Services. I would like at the outset to acknowledge the hardworking parliamentary secretariat staff in preparing all the relevant information and documentation in order for the committee to be able to undertake its due diligence and governance responsibilities on behalf of not only my constituents in Moggill but also the people of Queensland. I also acknowledge my fellow committee members.

In this year's budget, there are a number of initiatives, public policy announcements and areas of proposed health expenditure which give me cause for great concern. Specifically, I am concerned about the proposed nurse navigator positions, whereby \$101.6 million is allocated over four years, with \$9.3 million allocated in 2015-16. It remains unclear to me the true evidence base for these positions, how they will be integrated into current clinical care models and whether their intended clinical contribution will translate into improved care outcomes for patients of the public hospital system and/or the taxpayers of Queensland.

Whilst fragmentation of health care, due to communication and coordination issues, can exist between primary, secondary and tertiary environments, funding specific new nurse navigator roles is yet to be a proven strategy to reduce unplanned hospital readmissions, enhance quality-of-life metrics or reduce length of stay within our hospitals. In fact, enhancing existing care processes and protocols and undertaking clinical redesign using existing staff could achieve a much more optimal clinical and financial outcome. In fact, the *Medical Journal of Australia* in its edition of 6 July 2015 published a study highlighting these exact concerns.

There is also a lack of information as to whether these roles are intended for hospitals in all urban, regional and rural contexts within Queensland, whether they will be full- or part-time and whether there will be complete transparency as to who was consulted on the formulation of this policy prior to its announcement and whether this policy was a part of discussions with, and a commitment given to, the Queensland Nurses' Union prior to the last election.

In relation to the establishment of a statewide Health Promotion Commission, whereby \$7.5 million is allocated over four years including \$600,000 in 2015-16, it is unclear to me as to the proposed governance and oversight arrangements for this commission as well as whether there has been appropriate and extensive consultation with relevant professional and general practitioner organisations including the Australian Medical Association and the Royal Australian College of General Practitioners. The Labor government also intends to mandate nurse-to-patient ratios. Again, without a

published framework factoring in acuity, complexity, geography and other relevant factors, financial wastage could result in no translatable benefit for patient safety and quality improvement within our hospital system. I am of the understanding that the government intends to mandate nurse-to-patient ratios for both the public and private healthcare sectors, and presumably this was also a commitment and an agreement struck between this Labor government and relevant unions prior to the last state election. And we all know this government is run by unions and is captive of left wing factions.

There also continues to be an underinvestment in inpatient and outpatient alcohol and drug services, despite an increasing prevalence of substance dependency disorders within our community. Illicit amphetamine use including ice, problematic synthetic drugs which mimic illicit drugs, over-the-counter codeine misuse, pharmaceutical drug dependence, alcohol fuelled violence and alcohol related disorders are continuing to cause alarm and require an enhanced specific package of funding for direct service provision and harm minimisation programs in many of our communities right across Queensland.

I would like to acknowledge the ongoing funding of the Queensland Mental Health Commission and the work of Dr Lesley van Schoubroeck and of the clinical drug and alcohol advisory committee of which I was a previous member. The Queensland Mental Health, Drug and Alcohol Strategic Plan 2014-2019 has the potential to make a real a difference if specific initiatives are appropriately funded.

There is also an allocated commitment in this budget to health information technology infrastructure, including hardware and software, and my concern and reservation relates to the capacity of the Palaszczuk government, like the previous Bligh government, to discharge its governance responsibilities without episodes like the payroll fiasco, the fake Tahitian prince episode or the Dr Jayant Patel saga. I would like to see a greater understanding and financial appreciation of the great challenges in health related to new and emerging infectious diseases, electronic clinical information management, workforce challenges in rural and remote Queensland, as well as funding for further research in genomics, genetics and translational pharmacogenetics.

Finally, at this year's estimates hearings we also saw a protection racket implemented in relation to the police minister, Jo-Ann Miller. The member for Bundamba's previous slur on the reputation of visiting medical officers still deserves a formal apology. My constituents and Queenslanders deserve better not only in relation to health but also in relation to infrastructure planning and the delivery of enhanced public transport services. There are no new plans. Debt still continues to grow despite the Treasurer's 'cheap tricks'. Queenslanders deserve better.

(Time expired)