




Speech By
Aaron Harper

MEMBER FOR THURINGOWA

Record of Proceedings, 24 February 2016

HEALTH LEGISLATION (WAITING LIST INTEGRITY) AMENDMENT BILL

 **Mr HARPER** (Thuringowa—ALP) (9.43 pm): I rise tonight as a member of the Health and Ambulance Services Committee to give my contribution to the Health Legislation (Waiting List Integrity) Amendment Bill. Our objective was to examine that the Health Ombudsman was an independent reviewer of clinical waiting times for Queensland patients in our public health service and that he manages an audit of wait-time matters and provides certainty in clinical waiting times. We have heard plenty of times tonight that that is not his role.

Where does one start after the member for Mudgeeraba just said that in their time in government they calmly and reasonably tried cleaning up the previous Bligh Labor government's 'basket case'—I think were the words she used—of a health system. Can I say firstly—

Mr Seeney interjected.

Mr HARPER: You're out of your seat! Madam Deputy Speaker?

Mr Cripps interjected.

Mr Dick interjected.

Madam DEPUTY SPEAKER: Order! The member for Thuringowa has the call.

Mr HARPER: The first initiative of those opposite was to sack many nurses and health staff throughout the system. No wonder they created a waitlist for a waitlist. My learned colleague the member for Barron River discussed the issues that surrounded our previous profession in Ambulance Services of MEDAI, the Metropolitan Emergency Department Access Initiative, and the need to stop ramping. It was the work of the previous Labor government that started those recommendations.

Mrs Frecklington interjected.

Mr HARPER: The previous government did initiate some of those recommendations, but not all of them. Importantly, what it identified was the front of house, the start of the patient journey, and that patients could not get through the hospital because of the backlog within the clogged hospital system under the previous government's initiatives. We needed to unclog that problem that the previous government had created.

With respect, those opposite did try, with a wait-time gimmick, to say that they were going to fix people up, but it did not work. When our health minister commenced in February 2015 over 100,000 Queenslanders were waiting longer than clinically recommended to get a specialist outpatient appointment with a diagnostic test. It is important, to ensure elective surgery occurs on time, that we get people in front of a specialist. That is almost half the 229,000 Queenslanders on the waiting list for the waiting list. Within six months, with some dedicated effort, the government was able to reduce this number to just above 80,000. This is still too high, and clearly more work needs to be done, but it does show that, unlike the previous government, we are not going to hide behind wait-time gimmicks. This

legislation is yet another gimmick. It will divert dollars and, importantly, staff towards pointless reporting instead of dollars and staff going towards getting people seen by specialists and getting to their surgery.

There was much consultation with key stakeholders, particularly the health department, the Clinical Access and Redesign Unit, or CARU as it is commonly known, and the Health Ombudsman himself. I note that the previous government wanted the Health Ombudsman to provide an audit of clinical waiting times. Why? Could the previous health minister not answer the questions himself so he created a waitlist for a waitlist? I think so. He did not even consult with the Health Ombudsman on the proposed change to the waitlist audit process.

I point out that the importance of sound wait-time policy, transparency and accountability in wait-time data reporting is not in dispute. Whilst our committee supports sound wait-time policy and transparency and accountability in wait-time data reporting, a number of issues were identified with this bill in its current form that led government members to query whether the bill would meet its stated objectives. There has been plenty of debate over the years on wait times for healthcare services provided by the Queensland government. In truth, the fact remains that the LNP could not provide public confidence in wait-time guarantees and patients were simply being recategorised. I experienced, within the first few months of being elected as the member for Thuringowa, presentations of constituents that had been on a waitlist for a waitlist and recategorised. Those patients are emotionally drained from waiting and waiting.

Mrs Frecklington interjected.

Mr HARPER: Actually, we got them fixed, thank you, member. We got them through the system and it was great to help out those people in need. The fact remains that waitlists and wait-time data are a live issue. We know that the health minister takes this very seriously and in 2015 commissioned the Hunter review to examine the governance, organisational structure and capability gaps within the health department. The department advised that it is currently implementing recommendations contained within the Hunter review and that the implementation will further define and strengthen the role of the department as the independent systems manager to provide clearer lines of accountability between HHSs and the Department of Health.

For the information of members, wait-time data is already published online by Queensland Health. It is also published in annual reports. I particularly note that the Clinical Access and Redesign Unit, CARU, plays a fundamental role. Its core fundamental role is improving the flow of patients through the health system by removing bottlenecks and providing clinical redesign support and advice. CARU manages key statewide data collections, including elective surgery and specialist outpatient data, to provide meaningful analysis to inform effective decision-making. Data is also published on the Queensland Health website on a monthly basis for the 61 hospitals and there is more reporting than that. For each of the 16 HHSs, the Queensland Health website publishes a quarterly report on the percentage of patients whose length of stay in EDs was within four hours; the total number of patients who waited longer than clinically recommended for surgery; the percentage of patients who received surgery within clinically recommended time frames; the number of people who waited two years and over on general-care waiting lists; and a number of other reporting statistics.

I do not think I need to do more than point out that in the committee hearing the Health Ombudsman stated that, if accepted, the bill would simply duplicate the existing quality assurance data already collected by CARU. More importantly, he also stated—and I should know because as a member of that committee I asked him directly—that it was not a core function of his office, which of course is to investigate health complaints. The bill would give the Health Ombudsman the power to audit and report on wait-time data, again duplicating the department's role as a systems manager. The management of data collection is integral to the role of the department as a systems manager in a number of ways. The department uses the data to monitor the delivery of health services in accordance with each hospital and health service agreement and inform purchasing decisions based on the best practice approaches.

I am running out of time so I will come to the point: the bill would create additional imposts on hospital and health services. They would be required to establish new processes and information systems to enable them to routinely submit data to the Health Ombudsman, again creating duplication. This would further burden the hospital and health services' resources, which are better used to improve clinical services, and monitor, manage and improve the efficiency of the service it provides. Of the four submissions received by the parliamentary committee, three opposed the bill. The Queensland Nurses' Union submission opposed the bill. The Together union submission opposed the bill. The Director-General of the Department of Health opposed the bill. I note that the member for Caloundra referred to the apparent support of the Australian Medical Association in 2012 for this approach, yet the AMA made no submission. I note that the Health Ombudsman himself, who is the subject of the bill, gave testimony to the committee. Again I asked him about this; it is not his core function.

This government is working with health professionals to develop a genuine and realistic approach to wait times at all points in the patient journey. In our first budget, we provided additional funding of \$361.2 million over four years to tackle the significant number of specialist outpatient long waits. In March 2015, we announced an extra \$30 million of funding, which has been delivered to fund more than 10,000 additional specialist outpatient appointments. Labor and our minister are getting on with the job of tackling the wait-time gimmick left by the previous government. I do not support or commend the bill to the House.