




Speech By
Hon. Cameron Dick

MEMBER FOR WOODRIDGE

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HEALTH LEGISLATION (WAITING LIST INTEGRITY) AMENDMENT BILL

 **Hon. CR DICK** (Woodridge—ALP) (Minister for Health and Minister for Ambulance Services) (7.54 pm): I rise to make a contribution in this debate on the Health Legislation (Waiting List Integrity) Amendment Bill 2015 and make it clear to the House that the government will be opposing this private member's bill primarily because it is unnecessary. At a time when the pressures on our health system in Queensland are increasing through the double whammy of cuts to federal funding of the health system, both in Queensland and across the Commonwealth—I remind all honourable members that there will be \$11.8 billion less—

Ms Farmer: Shame!

Mr DICK: I take the interjection from the member for Bulimba. It is a shame. It is a disgrace, as a matter of fact. There will be \$11.8 million less in the period 2017-18 to 2024-25 than we thought, as well as an ageing population which means we have to be smarter about how we run the health system. We have to put money into the front line not into more bureaucracy. I find it deeply ironic that the LNP, which professes to be the party of smaller government, seeks to create an additional bureaucracy within the bureaucracy as set out in this legislation. It does not seek to improve the performance of the current public sector. There is no desire to improve the current system. It is just that we create another burden on our health system.

Ms Farmer: They're the ones who talk about red tape.

Mr DICK: I take the interjection from the member for Bulimba. They talk about red-tape reduction all the time. I will not have our health system bound up in red tape. The members opposite lecture to the Australian Labor Party and other political parties about reducing red tape when they want to create another bureaucracy in the largest and most complex department and system in the state, being Queensland Health. This proposal would create duplication, increase costs and reduce efficiency, all without improving the quality, integrity or transparency of data. It comes from people who have had at the very best a cavalier attitude towards waiting lists. The signature policy of those members opposite when in government about waiting lists was centred around a public relations campaign designed to convince people that they were getting their surgery on time.

Mr McArdle: How dare Lawrence reduce the waiting list!

Mr DICK: I will take the interjection from the member for Caloundra. I have been saying it for a year, but it does not matter how long you say it or how often you say it, they refuse to listen. The reason that the waiting lists came down was because of the money that came through from the federal Labor government. National partnership agreements poured money into the public health system in Queensland. Quite disingenuously and dishonestly the signature reduction in waiting lists that the member for Southern Downs uses is the reduction in dental long waits. I have tabled in the parliament not just the national partnership agreement but the implementation plan. Lawrence Springborg did not

even have to work out how to do it. It was done by the Commonwealth. Money came in from the Commonwealth and then he was told how to do it.

Even the Leader of the Opposition when he was health minister could read the implementation plan and do that. Of course, their strategy focused on getting surgery on time to people who had already been accurately diagnosed. The 100,000 people waiting longer than the clinically recommended time for an outpatient appointment were simply ignored under the wait-time gimmick. It was a sleight of hand designed purely for public relations purposes. Yet those opposite want to come into the House tonight and lecture us about integrity in public waiting lists.

We have acted: \$361 million in our first budget over four years directly focused on the long waits in the public health system. I will not support a legislative measure that will tie up our public health system and not free it up to do the important work that it is required to do. It will create an extra layer of bureaucracy that will take money away from front-line services. Front-line services are the priority of this government. At the moment Queensland Health is a national leader in health performance reporting and is transparent in its activities, publishing timely, accurate—

Mr McArdle: Thanks to Lawrence Springborg!

Mr DICK: I will take the interjection. The member for Caloundra says, 'Thanks to Lawrence Springborg!' If they are a leader in transparency why on earth would they apply another bureaucratic machine over the top of it? If he wants to take credit for it, good on him. It is not true, but if he does why put in more bureaucracy? It is a stunt.

Ms Fentiman interjected.

Ms Enoch interjected.

Mr DICK: I take the interjections from the member for Waterford and the member for Algeester. They know it is a stunt. Every member on this side of the House knows it is a stunt. It is designed as a fig leaf to try to cover over their failure when they administered the Health portfolio. Under this bill, each of the hospital and health services would be required to develop, test and implement new data extracts. So here we go: another workload for the 16 hospital and health services.

Ms Farmer interjected.

Mr DICK: I take the interjection from the member for Bulimba. What about the patients? The patients get nothing out of this. There will be new bureaucracy on the hospital and health services through what would have to be provided to the Health Ombudsman. If the member for Caloundra does not think this is going to cost money, he has no idea how the health system runs. Of course the hospital and health services would have to properly resource this with extra staff, funding and other resources that would be better directed towards patient care.

There are already well-established processes for independent auditing of hospital and health service activities relating to the reporting of waiting times. The collection and reporting of performance information is undertaken by the Department of Health, which is independent of the hospital and health services as statutory bodies. What the opposition fails to recognise is that the system has changed. We have 16 hospital and health services that now deliver health services. As the Minister for Health, I do not run hospitals anymore. They are run by a board and an executive of hospital and health services. As the Minister for Health, I am part of the system management. That is how the system works.

The central department has very close oversight of what happens. Why? Because each year the department provides funding to the hospital and health services through a service level agreement and then expects that money, delivered under agreement, to be used for the purposes of that agreement to deliver front-line services. The way we monitor it is through reporting through waiting lists. That is what we do in the department: central oversight. The strong centre helps hospital and health services to deliver better health outcomes. Of course, there is a further check on the independence of the evaluation of what we do through the Queensland Audit Office, which also provides parliament with an independent auditing function through its reporting on the efficiency and effectiveness of public sector finances and administration.

It is appropriate that in this regard any changes to the Health Ombudsman's functions are considered before we do anything. The government will be opposing this bill because it is duplicative and would increase the administrative burden on our hospital and health services. As I have said, under the Hospital and Health Boards Act 2011, the department is responsible for the overall management of the public sector health system. The collection and validation of waiting-time data and other forms of performance data is a management tool and that function is appropriately performed by the department as the system manager. In my view, it would not be feasible or appropriate for the department, as the system manager, to rely on the data published by another agency. Accordingly, the department would

need to continue to require hospital and health services to provide data, including that relating to elective surgery and specialist outpatient appointments.

The bill demonstrates a lack of understanding of the current environment with regard to waiting-list reporting and Queensland Health's activities and initiatives in this area. The creation of hospital and health services as statutory bodies, legally independent from the Department of Health, has eliminated potential conflicts of interest. In addition, the coverage of elective surgery and specialist outpatient performance reporting on the hospital performance website has increased significantly. You can go to the hospital performance website and see the data already. That is what all members of parliament and all members of the Queensland community can do.

The department has a leading role in improving healthcare services provided in Queensland public hospitals, a role that is central to its function as system manager. Data collections are used by the department to harness information to deliver systems-wide improvement across the patient journey. That is what we are focused on: the patient journey, from a patient going to a GP all the way through the system, including outpatient appointments. We are not ignoring 100,000 people waiting in the waiting room, left behind by Lawrence Springborg, but are deeply engaging in that process, all the way through outpatient appointments, diagnostic testing, surgery if necessary and then recovery and return to the community. That is what this government will do. We will focus on the front line with data that is already reported—

Ms Fentiman interjected.

Ms Enoch interjected.

Mr DICK: I take the interjections from the member for Waterford and the member for Algester and I thank them for their support. They know that this is the wrong bill for Queensland and it should be opposed by the House.

(Time expired)