




Speech By  
**Craig Crawford**

**MEMBER FOR BARRON RIVER**

---

Record of Proceedings, 24 February 2016

### **HEALTH LEGISLATION (WAITING LIST INTEGRITY) AMENDMENT BILL**

 **Mr CRAWFORD** (Barron River—ALP) (9.27 pm): Tonight I rise to talk about another health bill—something that is always dear to my heart. I begin by thanking the member for Caloundra for taking the time to introduce this bill. We have had many discussions in this House and the member for Caloundra and I have had many discussions in relation to things around health. We agree on many areas, but it probably comes as no surprise that tonight is not going to be one of those occasions.

I thank the committee for looking into this bill. It must have been a little bit challenging given that it only had four submissions. With regard to all of the committee work that I have done as part of the Finance and Administration Committee, generally we are overwhelmed with submissions and have had to deal with trying to shorten them and summarise them. But four submissions would have been a challenge. It honestly would have been a challenge to try to work out what people really thought about this issue. Members who have spoken before me have said that three out of four of those submitters opposed the bill.

The first point that I took from the report was the chair's comments on page 5 which I found quite alarming where she stated that the Health Ombudsman was not consulted on the potential new function during the development stage. That to me really rang an alarm bell—that is, why would you not consult the very person who is going to be at the forefront of delivering this? Should we actually pass this legislation through the House this evening?

To digress a bit but to give a bit of background to my involvement with wait times, in 2011 I was working as a paramedic. The minister for health back in those days, the Hon. Geoff Wilson, invited me to join a committee comprised of specialist doctors, nurses, triage nurses, coordinators, some paramedics and some other members of Queensland Health. The committee was called MEDAI—the Metropolitan Emergency Department Access Initiative. It was formed over a six- to eight-month period and it was designed purely to look into what was going on in Queensland hospitals, predominantly metropolitan hospitals but it also took into account some regional areas. I was the only member of that committee who came from anywhere outside the south-east corner.

One of the tasks of that MEDAI committee was to try to work out what was happening in our emergency departments. The terms of reference that we began with were fairly concise in that we were focused on the emergency department door and what was happening inside emergency departments. But we realised very quickly that the issues that were occurring in Queensland emergency departments were further widespread inside the health system, which introduced us to what happens in the wards, what happens with discharge, what happens with the patient journey and, certainly, waiting times for elective surgery.

One thing that was very clear to me was that, in many of our hospitals, there is a constant battle between the need for beds for people who have elective surgery demands and people who need beds because of emergency department demands. Like many things, when there is give on one side, there

is take on another side. So if we were to apply a huge amount of pressure to hospitals to increase their uptake from the emergency department to reduce ambulance ramping, that would mean that there would be fewer beds available for elective surgery. In the opposite case, if we were to apply pressure to hospitals to improve their elective surgery rates, then the emergency departments would suffer the consequence.

The MEDAI committee was very much focused on how we could improve the pathway for patients arriving at hospitals, predominantly at emergency departments, but it took into consideration what was happening around the edges. The take-away message for me was that, when wait times blow out, our front-line emergency department staff pay a good deal of the price. I know that a lot of emphasis is given to paramedics, but our emergency department staff are the ones who really cop it from all sides. When things are going bad in a hospital, it is the emergency department consultants, all the emergency department doctors irrespective of their level, the nurses, the triage nurses, the administrative people, the cleaners and the security guards who pay the price. In relation to this bill and any other bills like it that come before the House that relate to hospitals, in whatever decision we make we have to consider who is going to pay the price. I fear that this bill will not address the issues that we are trying to address and will leave our front-line staff out there to pick up the pieces.

I want to refer to duplication and the administrative burden on the HHSs. I believe that this bill, if passed, will certainly give the Health Ombudsman the power to audit and report on waiting time data, but it would duplicate the department's role as the systems manager. The management of data collection is integral to the role of the department. 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 best practice approaches. The department's management of data collection supports its role in improving health services. It enables meaningful analysis to inform decision-making and the delivery of system-wide improvements across the patient journey.

Elective surgery data has also been used to analyse Queensland's use of elective surgery urgency categories and benchmark against other jurisdictions in order to develop national elective surgery urgency categories and progress service improvements. I believe that, in light of the department's understanding of elective surgery and specialist outpatient service delivery and departmental activities and projects relating to service improvement, the department's role in collecting and validating elective surgery and specialist outpatient data is appropriate.

The bill would create additional imposts on hospital and health services. I believe that hospital and health services are doing quite a capable job out there. I deal with the HHS in my area quite regularly. I feel their pain. I understand what they are going through. I believe that services would be required to establish new processes and information systems to enable them to routinely submit data to the Health Ombudsman. The bill would also require HHSs to respond to any request from the ombudsman in carrying out its function to audit the accuracy of the data provided by the HHS. I believe that this is a further burden on the HHS's resources. I believe that the HHSs are already achieving the goal of what we have set them to do. I do not believe that this bill will assist them or the people of Queensland in any way, shape or form. I oppose the bill.