




Speech By
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MEMBER FOR GREENSLOPES

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HEALTH LEGISLATION (WAITING LIST INTEGRITY) AMENDMENT BILL

 **Mr KELLY** (Greenslopes—ALP) (8.11 pm): I do not support the Health Legislation (Waiting List Integrity) Amendment Bill 2015. I start by expressing some frustrations that are often expressed to me by other healthcare professionals and ones that I express myself. The services that we provide and the jobs that we do are incredibly complex. Measuring efficiency and effectiveness is an incredibly difficult task.

To have the entirety of one's efforts, whether one is in psychiatric care, in community health services, a midwife, a rehabilitation nurse, in aged care, boiled down to a single number of a waiting list and for that to be the sole measure that people attempt to use to measure the efficiency and the effectiveness of the healthcare system is quite frankly frustrating in the extreme. There are so many numbers to think about in health. We are wise to consider them all.

I will not go through them all. There is a unit in Queensland Health, CARU, which collects over a thousand pieces of data. There are many ways to measure the effectiveness and efficiency of our public health systems. The length of stay of rehab patients and the numbers who return or do not return is one way. Life expectancy would be a good way to think about the effectiveness of our health system. We have seen a steady increase in that. The average age of people when they need to go into high-level care would be another way to look at this. The average age of the workforce is very important to how we are managing our health system. The number of people with diabetes and the infant mortality rates at age five are others. The list could go on and on and on.

I am glad that we have a minister who understands that health is more than just one single number. He understands the entire health journey. He understands the role preventive health plays. He has restored funding for it. He understands rehabilitation and community services and the role those services play in rehabilitating people and keeping people in their own communities. He understands the role of community organisations in playing an invaluable part in health education and preventative health services. That is why he restored the funding to many of those organisations.

I fully support having sound wait-time policy. I certainly think it has to be done in a manner that is transparent and accountable. I also support having access to sound data. As I have said already, I think there is a lot more data than just this one number that we seem to be wanting to chase.

This bill really does nothing to assist in achieving these things. To accuse the government of having no plan and then to stand in here and say that our plan is to simply create a bureaucracy which replicates a service that is already being delivered and replicate functions that are already being delivered and to pass it off to somebody who does not want it and has admitted they do not have the expertise to do it and does not have the resource to do it seems the height of ludicrousness to me.

This bill is poorly thought out. It was extremely clear from the hearings that there was a lack of consultation with key stakeholders. We had all of four submissions. Three out of the four rejected this as an approach. The third sent us a one line email in support. I was not quite able to gauge the level of support there.

As I said, this legislation proposes to take on a function that is already performed by a body within Queensland Health. That body is CARU. As we learned in the committee hearings they are frequently audited by external and independent bodies. The bill proposes to shift this to another body.

Mr Butcher: Why would you double up?

Mr KELLY: Why would you double up? I will take that interjection. I could not give the member an answer to that, particularly when the other body has said they do not have the resources, they do not have the expertise and they certainly do not have it within their current scope and charter to perform these functions.

CARU, the current body in Queensland Health, was acknowledged by the submitters and witnesses as being efficient at their job. They do not just simply report one single number so that we can race off and use that to denigrate the good work of the many, many people who work in our health system. They actually use that information to drive clinical decision-making in the organisation. So they are not merely gathering data they are actually using that data to make decisions to improve the efficiency of the delivery of services in our public health sector.

That body is extensively audited for accuracy and usefulness of the information. That body has said and Queensland Health has said that even if this legislation were to pass they would continue their current role because that data is used for clinical decision-making. That results in improved outcomes for patients.

So why would we go down this path of pointless duplication? In the committee hearings the member for Caloundra could not adequately outline either the scope or the reasons for the audit. The proposal seemed to be that we have some sort of open-ended audit that can be added to at any time. There really is no indication why we need more monitoring when the current systems of reporting involve health and hospital services, Queensland Health and several federal bodies monitoring this data and all being externally audited.

There seems to be little thought given to the mechanics of this process, as was evident by the time frames proposed. Given that the scope was poorly defined, the Health Ombudsman said in evidence that he could not even give an indication of the capacity of his office to meet the stated time frames.

This legislation, in my opinion, is about politics and not sound wait-time policy. CARU and several other bodies that currently perform this role do a very sound and professional job in an open and accountable manner. In fact, any member of the House, with their computers and phones buzzing away in front of them, can go to the Queensland Health website and access this information. It is there.

Mr Butcher: It's not that hard, is it?

Mr KELLY: It is not that hard at all, member for Gladstone. I will take that interjection. Even I can do it.

This bill, at its heart, is about trying to make it easier for those opposite who are not that good at maths, know very little about managing health care to grab a number and use it to make the community feel as though our entire healthcare system is failing. As I have already said, healthcare professionals are sick and tired of the good work that they do across the entire spectrum of health care being boiled down to one single number.

A government member interjected.

Mr KELLY: Absolutely. Here is a number that we should remind the community of which demonstrates that those opposite are not serious about sound wait times or any other health policy—the 100,000 people we found on the waiting list for the waiting list when the Palaszczuk government was elected.

Managing our healthcare facilities and monitoring and improving performance are incredibly complex. The health system should not be judged on one performance measure. I know how important it is to have sound waiting list data, but I know there are many other ways to measure health outcomes. As I have already said, CARU collects over 1,000 pieces of data and actually uses it to improve our healthcare system.

There are many numbers, as I have said, in health care, and we as healthcare professionals often get caught up in our numbers. We love our systematic reviews. We love our research articles. But we have to always bear in mind that at the end of every number is a real live human being.

Returning to the issue of the waiting list for the waiting list, I am pleased that we have a minister who understands the entire journey. I am pleased that he has taken real action to bring the waiting lists down.

This bill is poorly constructed. There was clearly no consultation with stakeholders. There was no understanding of our current system. In fact, there was no understanding of the problem that they were trying to solve because, quite frankly, it did not exist. What did exist was a desire to play political games. What this government is doing is tackling the serious and challenging issues of promoting, maintaining and restoring health. I will not be supporting this bill. This bill does nothing to achieve its stated objectives.