




Speech By
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MEMBER FOR GREGORY

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MATTERS OF PUBLIC INTEREST

Rural Queensland, Health Services

 **Mr MILLAR** (Gregory—LNP) (12.26 pm): I wish to draw the attention of the House to the importance of Dr Rolf Gomes' Heart of Australia mobile cardiology clinic to my constituents and to plead with the health minister to join the dedicated private sponsors in becoming a funding partner of this important initiative for Western Queensland.

Australia's health system is one of the most admired in the world. Part of its success rests with the fact that it is a public-private partnership model. We direct our public money to addressing the needs of those who cannot participate in the private system. Many rural and regional Queenslanders carry the highest level of private cover in case of a medical calamity. However, their ability to participate in the private system is nonexistent because, until now, the private system is not physically present for them the way that it is for our coastal cousins. The Heart of Australia model changes all of that.

Historically, the only way to provide health care across an area as vast as Queensland has been as a centralised model of service delivery. That means that we travel—the many, the patients—rather than the few, the specialists. Year after year, this model has delivered a shameful gap in the health outcomes for rural patients. We continue to die younger because we are diagnosed later, receive less treatment and receive less education and support than do our city cousins. That gap in health outcomes is true across gender, all age groups, occupation and income levels. We cannot continue the same model and expect different results. We have a moral responsibility to explore ways of achieving better health outcomes for rural Queenslanders.

It is easy for those in the city to gloss over the true expenses for rural patients. Every time rural patients travel, they must leave their businesses and lose earnings. They must make arrangements for the care of their dependants. They must pay expensive travel and accommodation charges and face more transport expenses when they get to the city to receive treatment. They travel to unfamiliar cities, far from family and friends who could offer comfort and support.

If we are to achieve a more equitable health outcome, we must find a model that confronts these issues. Other members representing regional areas know this. That is why Lawrence Springborg was happy to support the establishment of the Heart of Australia when he was health minister. This centralised model was dictated not just by the tyranny of distances but because Queensland lacked modern infrastructure in the form of sealed roads and serviceable airports. It took someone looking at this with fresh eyes to see how successfully Queensland has addressed many of those obstacles in the 21st century—it took Dr Rolf Gomes. When the big Kenworth pulls into town, hydraulics unfold at the push of a button to reveal a modern clinic on wheels where rural patients can consult some of Queensland's top heart specialists without leaving their home town.

When I went looking for statistics for cardiovascular disease and outcomes for my constituents I came across the National Heart Foundation map for CVD in Queensland for 2014. Virtually all but a thin coastal strip was marked grey and labelled 'statistics unknown'. Heart of Australia has been driving into that big grey unknown area for years now. It has travelled more than 72,000 kilometres. It not only provides investigation and diagnosis but also the important follow-up checks and treatments that ensure quality outcomes. In the last year at least nine patients have required open-heart surgery. This is literally a matter of life and death.

The presence of the clinic in our towns has been welcomed by rural GPs. Dr Ewen McPhee will tell you that one of the issues facing rural GPs is professional isolation and the frustration when they try to help their patients have some control over the treatment pathways. Having top specialists visiting fortnightly changes this and makes our rural GP workforce more sustainable.

Minister Dick has said that Queensland Health already offers cardiology services in rural Queensland. This is not the lived experience of my constituents. CVD for them means long waits, often ending in emergency evacuations when they are already in cardiac arrest and when they return home there is limited or nil follow-up. The minister has also said that it is not a public hospital issue. I urge him to rethink this. By allowing private rural patients to access private health services he will free public health services to better serve public patients. I call on the minister to fund this important piece of infrastructure that is working in rural and regional Queensland. We should continue it because it saves lives and has direct benefits in regional Queensland.