




Speech By
Leanne Linard

MEMBER FOR NUDGE

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HEALTH LEGISLATION (WAITING LIST INTEGRITY) AMENDMENT BILL

 **Ms LINARD** (Nudgee—ALP) (8.21 pm): I rise to speak in opposition to the Health Legislation (Waiting List Integrity) Amendment Bill 2015. The main objectives of the bill as set out in the explanatory notes are to establish the Health Ombudsman as the independent reviewer of the clinical waiting times for Queensland patients in the public health system and to provide certainty in clinical waiting times for Queensland public hospital patients and allay concerns as a result of being on a waiting list longer than necessary.

To achieve its objectives, the bill proposes to establish the Office of the Health Ombudsman as the independent body to review and publish waiting time data. The committee sought written submissions on the bill and held a public hearing. Four submissions were received from the Department of Health, the Queensland Nurses' Union, the Directors of Physiotherapy Services and Together Queensland. The Health Ombudsman also provided verbal evidence before the committee hearing. The committee was unable to reach agreement on whether the bill should be passed.

I would like to say from the outset that the importance of sound wait-time policy and transparency and accountability in wait-time data reporting is not in dispute. It is imperative that the people of Queensland have confidence in the public health system and the accountability of its reporting and data processes. What is in dispute is whether the bill is based on sound policy, whether the bill achieves its stated objectives and whether the bill serves the best interests of Queenslanders. I believe genuinely that the bill fails all of these tests.

The Department of Health is the custodian for elective surgery and specialist outpatient waiting list information in Queensland. The department manages these key statewide data collections to ensure that appropriate data is captured to fulfil clinical and business needs across the 16 hospital and health services and the department. Elective surgery data is collected in accordance with the national minimum data set, agreed upon for mandatory collection and reporting at a national level. Specialist outpatient data is collected in accordance with data parameters set in Queensland as no such national data set or standard is currently in operation.

Waitlist data, used primarily by hospital and health services to deliver clinical treatment and care, is similarly collated and stored centrally by the Department of Health. Each HHS has dedicated staff, including business practice improvement officers, surgery coordinators and clinicians to input and oversee the quality of this data. This collected and validated data is provided to external organisations such as the Productivity Commission for use in its annual report on government services and the Australian Institute of Health and Welfare for use in its annual report on elective surgery waiting times. There is no argument as to the imperative nature of this data. This data, in the form of more than 1,000 measures of the activity and performance of Queensland Health's 62 reporting hospitals, is also published on the Queensland Health Hospital Performance website by the department, making the information publicly available and readily accessible.

The stated objective of the bill before the House is to provide for the independent review of waiting time data, but there are already well-established processes currently for independent auditing of hospital and health services' activities relating to reporting of waiting times. The Department of Health's collection and reporting of performance information is independent of the hospital and health services as the services are independent statutory bodies. These data collection measures are subject to robust assurance processes within the hospital and health services and the department, made more so by the implementation of recommendations contained in the Hunter Review.

It should also not be forgotten that the Queensland Audit Office provides an independent auditing function through its reporting to the parliament on the efficiency and effectiveness of public sector finances and administration. The bill before the House proposes to give the Queensland Health Ombudsman the power to audit and report on waiting time data. This not only has the potential to duplicate the department's role as system manager but also is inconsistent with the functions of the Office of the Health Ombudsman. In response to the question from my colleague the member for Thuringowa: 'Do you consider this function aligns with your existing functions under the act?' Mr Atkinson-MacEwen, the Queensland Health Ombudsman, who was not consulted during the development of the private member's bill, stated—

I do not see it sitting comfortably with the existing functions, because the existing functions are around managing health complaints and, fundamentally, protecting the health and safety of the public. Waiting lists are an important management tool for elective surgery, for specialist services and dental services ... they are a management tool to allow HHSs and the department as well, and others, to look at how best to use the ... resources they have in the best possible way ... That is not my jurisdiction. My jurisdiction is health complaints ...

The department's management of data collections 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. It informs purchasing decisions based on best practice approaches. The department's role in collecting and validating elective surgery and specialist outpatient data is appropriate in light of the department's understanding of elective surgery and specialist outpatient service delivery and departmental activities and projects relating to service improvement.

My colleague the member for Moggill and deputy chair of the committee stated that this bill is premised on a sound evidence base. At no time has the case been made during the member for Caloundra's introductory speech, in the explanatory notes, in submissions provided to the committee or during evidence provided to the committee during its public hearing that there is an issue with the transparency, accountability or integrity of waitlist data and a desire or need to duplicate this function in the Office of the Health Ombudsman.

The member for Caloundra during his introductory speech advised that the bill arose as a result of AMAQ policy submissions prior to the 2012 Queensland election. Of the four submissions this bill elicited, the AMAQ made no submission to the committee. Of the four submissions received, three opposed the bill. The member further advised that a key objective of the bill is to provide certainty in clinical waiting times for Queensland public hospital patients and allay concerns as a result of being on a waiting list longer than necessary. But the bill does not seek to amend any current waitlist policies. It does not address waitlist performance. It does not require that any new waitlist data be collected. In fact, owing to the lack of specificity in the bill, including the format of the data, how the data should be provided and the scope of the data to be provided, the bill suggests a scheme where a far more limited overview of waiting time performance would be provided. The time frames contained in the bill were also of serious concern as even the most basic auditing of wait-time data of the 16 HHSs could not be satisfactorily completed within the time proposed.

It is ironic to me that the government that spent millions of dollars on advertising and spin about the waitlist is now the opposition proposing to ensure and guard its integrity. It would appear that this bill is once again the LNP playing politics with the waiting list, rather than making a genuine effort to deliver improved services or accountability on behalf of the people of my electorate and across Queensland.

What we do agree on is that Queenslanders deserve the very best health care in times of sickness and injury. What we do agree on is that we need to work with health professionals to develop a genuine and realistic approach to wait times at all points in the patient journey. And what we should agree on is that we need to engage in honest dialogue with the people of Queensland regarding these services.

This government is committed to those ends. In our first budget we provided additional funding of \$361 million over four years to tackle the significant number of specialist outpatient long waits. In March last year, the health minister announced an extra \$30 million funding which has delivered more than 10,000 additional specialist outpatient appointments. In April and October last year, the Minister for Health convened wait-time summits which brought together health professionals from all parts of the

state who deal with waiting lists on a daily basis to discuss and build consensus on how to address the challenge of wait times at all points in a patient's journey.

On 4 May 2015 the government announced that an additional \$30 million in funding would be provided from existing resources over the next two years to clear the backlog of patients waiting longer than clinically recommended for an outpatient appointment with an ear, nose and throat specialist by June 2017.

Regardless of our divergent views, I acknowledge the robust debate the committee had on issues surrounding this bill. I would like to convey my appreciation to the department and three additional submitters to the bill for their input and to the committee secretariat for their assistance in the committee's consideration of the bill.

To return to where I started, the importance of sound wait-time policy and transparency and accountability in wait-time data reporting is not in dispute. The people of Queensland must have confidence in the public health system that serves them and the accountability of its reporting and data processes, but I do not believe that this bill in its current form serves that public interest. It duplicates existing functions, seeks to address an issue that the case has not been made for, and it seeks to divert the Office of the Health Ombudsman from its original purpose. I cannot support the bill.