




Speech By  
**Shane King**

**MEMBER FOR KALLANGUR**

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

 **Mr KING** (Kallangur—ALP) (9.17 pm): I rise tonight to speak against the Health Legislation (Waiting List Integrity) Amendment Bill 2015. I congratulate the committee, chaired by my colleague the member for Nudgee, and all those who participated.

The Office of the Health Ombudsman is Queensland's independent health service complaints agency. It enables Queenslanders to complain about a health service provided to them, a family member or someone in their care—just in case people did not realise what it is actually supposed to do. This bill would increase the scope of responsibility of the Health Ombudsman, and additional resources would be required to undertake the additional function. I will talk more about that later.

There is a risk that any new data extract developed for the Office of the Health Ombudsman may not reconcile with data used or published by the Department of Health as the data snapshot may be taken at different points in time. If the same point in time is not used for both of the data extracts, the result will be different without either extract being any more accurate than the other. If, on the other hand, the snapshot of the data for each extract is taken simultaneously, the function of the audit will be a duplication of existing processes and will not provide any benefit at all. I do not understand why you would want to do that.

During development of the private member's bill, the Health Ombudsman was not consulted about its proposed new function to audit and report on waiting time data. If he had been, we may be debating some better legislation today. At the public hearing on the bill the Health Ombudsman advised the Health and Ambulance Services Committee that he did not want this added power. In fact, when he was asked by the member for Thuringowa whether he considered that this function aligns with existing functions under the act, the Health Ombudsman replied—

I do not see it sitting comfortably within 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, for example, but they are a management tool to allow HHSs and the department as well, and others, to look at how best to use the always limited resources they have in the best possible way to deliver the services they need to deliver. That is not my jurisdiction. My jurisdiction is health complaints, particularly around whether or not the service delivered was reasonable and whether or not it puts the public at risk.

The ombudsman, Mr Atkinson-MacEwan, also considered that there would be considerable costs associated with the new function, including recruitment of specialist staff, building new information systems and conducting the audits. He went on to say—

Currently, this is an audit role that does not sit inside my organisation. I would have to obtain the resources from somewhere to do it. I do not have the resources in-house at this stage to do this work.

The LNP seems very keen to make changes to the health system now it is in opposition. Let us look back at what it did for waiting lists when it was in government. The wait-time guarantee, otherwise fondly known as the 'wait-time gimmick', is the legacy of the member for Southern Downs. He left

Queenslanders in the waiting room. When the Palaszczuk government came to office, we discovered that more than 100,000 Queenslanders had been waiting longer than clinically recommended to see a specialist at an outpatient appointment. The wait-time guarantee had a number of flaws. First, it failed to take account of the entire patient journey which relegated, as I said, over 100,000 people to waiting longer than clinically recommended for a specialist outpatient appointment. Second, the exemptions provided under the wait-time guarantee made the program effectively meaningless for many Queenslanders. Third, the program provided \$77 million over three years for advertising, consultants and bureaucracy but not did provide a single cent for the provision of additional services in any Queensland hospital.

**Mr Hart** interjected.

**Mr KING:** The steady improvement in elective surgery wait times over recent years has been delivered—if you listen you may learn; you may become a better person if you listen—as a result of increased federal funding and national partnerships which specifically targeted and funded elective surgery—national partnerships. It had nothing to do with the wait-time guarantee, which was announced on 23 November 2014 and was not due to commence until 1 February last year.

**An opposition member** interjected.

**Mr KING:** You talk about it like it was the thing that saved everyone. It did not do anything. Now let me talk about action taken by Labor on health since taking office. The Palaszczuk government is working with health professionals to develop a genuine and realistic approach to wait times at all points in the patient journey. In our first budget, we provided additional funding of over \$360 million over four years to tackle the significant number of specialist outpatient long waits. In March 2015 we announced an extra \$30 million funding, which has delivered more than 10,000 additional specialist outpatient appointments. The number of patients waiting longer than clinically recommended for a specialist outpatient appointment has fallen to around 85,000 as at 1 January 2016. In contrast, when we came to office, as has been said, the Palaszczuk government discovered that more than 100,000 Queenslanders had been waiting longer.

**A government member:** Disgraceful!

**Mr KING:** It is disgraceful. That was almost half of the 229,000 Queenslanders who were on the outpatient list—almost half of them—waiting as at 1 January 2015. Prior to our first budget, the government announced a number of initiatives to start the process of tackling the significant number of specialist outpatient long waits. On 10 March 2015 our government announced that an extra \$30 million funding would be made available to hospital and health services from existing resources to deliver additional activity by 30 June 2015. This was to fund more than 10,000 additional specialist outpatient appointments. On 29 April and 7 October 2015 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 of the patient journey.

In May 2015 we announced an extra \$30 million in funding to be provided from existing resources to be used over the next two years to help clear the backlog of patients who were waiting longer than clinically recommended for an outpatient appointment with an ear, nose and throat specialist. This was especially helpful to a young constituent of mine who waited for years under the last government for ENT surgery which severely impacted his employment and consequently his mental health. I am pleased to say that the young gentleman was operated on in November 2015 and is now in good health and gainfully employed with a far more positive outlook on life, and I commend the minister for his actions to help this.

I had a flick through the committee report on the bill and noticed that three of the four submitters did not support the bill, but who would? I note that the majority of LNP members do not even want to speak to the bill. Further to the ombudsman's concerns—because I would have to speak about what a union said—Together Queensland addressed the issue of resourcing in evidence presented to the committee. Its submission states—

Advice from our members is that approximately 4 FTE are involved in this function within CARU.

CARU is the Clinical Access and Redesign Unit, as I found out. It continues—

However this workload is spread across 11 staff who perform other functions that require a similar skillset. There is no clear manner in which resources could simply be transferred and, in any event, staff in the area may not be willing to transfer to the Ombudsman.

It is likely therefore that the Ombudsman's office would need to recruit and train staff (at least 4), as we understand the Ombudsman does not currently have any staff that possess the required skillset.

Is that trying to introduce red tape and waste? I would say yes. It continues—

The Ombudsman's current functions in addressing complaint and regulating health practitioners is very different to the technical and specialist role of reporting the wait list, currently performed by CARU.

Together Queensland considered the bill moves an existing function from an area of substantial expertise with no demonstrated benefit. Also, the objectives of the bill would not be met through reducing reporting frequency and moving the responsibility to monitor wait times to the Health Ombudsman. The submission continues—

Together members value the critical role of the Health Ombudsman in hearing patient complaints and monitoring the service delivery from health care providers and professionals and providing confidence to the public and community around complaints. The Ombudsman's office is well placed to do this work. There is a potential for the Health Ombudsman already to look at complaints from patients regarding service delivery and service access for patients however system-wide patient flow matters are not currently in scope.

In conclusion, a review into the role of the Health Ombudsman is currently being undertaken by the Department of Health as a result of an election commitment of the Palaszczuk government. The scope of the Health Ombudsman's functions should not change until this review is complete. I cannot recommend that this legislation be passed.