



## Speech By Lachlan Millar

## **MEMBER FOR GREGORY**

Record of Proceedings, 21 March 2018

## HOSPITAL FOUNDATIONS BILL

**Mr MILLAR** (Gregory—LNP) (12.13 pm): I, too, want to make a short contribution to the Hospital Foundations Bill 2018. It goes without saying that our hospital foundations are critical pieces of funding infrastructure for our health facilities right across the state. I pay tribute to people who serve on hospital foundation boards. They are usually people who tirelessly give up their time. They are usually busy people but they know that hospital foundations need to exist and that they need to raise critical funds, whether it is for cancer research, whether it is for additional equipment in hospitals or whether it is for making sure that everybody in Queensland has the opportunity to have a first-class health system.

The bill looks at two key objectives: to repeal and replace the Hospitals Foundations Act 1982 with a more streamlined and contemporary legislative framework. This is achieved by providing for the objects for which foundations may hold and manage property; the establishment of foundations and boards for foundations; and matters relating to the administration and oversight of foundations and boards for foundations. I note that the Darling Downs Hospital and Health Service expressed concerns that the money raised by local foundations will be diverted away from supporting the local HHS and put towards broader health services in the local community. Sure, broader health services in the local community are important but we also have to make sure that we have the facilities and funds to run our hospital and health services.

If we take Central Queensland for example, one of the biggest issues we face in Central Queensland is that Emerald has the second highest uptake of the Patient Travel Subsidy Scheme in the state. However, the administration of the scheme needs urgent review and the framework is outdated. We have to continue to have the funds to make sure that the Patient Travel Subsidy Scheme works.

Another issue where these hospital foundation boards play a critical role and where we need additional services, taking into account the Darling Downs Hospital and Health Service's concerns and this is one of the biggest issues we face in Central Queensland, certainly in Emerald and in Longreach in the central west and Central Queensland hospital and health services—is the dire need for dialysis machines. These people should not be forced to travel all the way to Rockhampton multiple times per week to undergo dialysis. I think it is incredibly important that we provide additional funds to make sure that people in Western Queensland have the services of dialysis machines.

I had a constituent whom I have known for a very long time—a big contributor to the community in Emerald—come to see me about two years ago about a situation where he needed to undertake dialysis. He is forced to jump on a bus in Emerald on a Monday and travel to Rockhampton to receive dialysis and then travel back to Emerald on a Tuesday. He then has to do that again on a Thursday and Friday and does not get back to Emerald until the weekend. He is away from his wife and family and he is at an age where it is getting a little harder to get around. The concerns raised by the Darling Downs Hospital and Health Service that funds raised by the local foundation will be diverted away from supporting the local HHS is something that we need to consider—that we do not divert those funds away. Right now, if we could get a home dialysis machine placed in the Emerald Hospital, people would be able to stay in their local community and receive their dialysis. I think that is important. I think that is a very serious thing that we need to consider.

I have a couple of constituents in Longreach who have to receive dialysis treatment and they have to travel all the way to Rockhampton to receive that dialysis treatment. That is a nine or 10-hour trip by bus. They then have to stay overnight, receive their treatment and then get back on a bus and head back to Longreach. That is a 20-hour round trip. A dialysis machine would take away that unnecessary travel. Longreach is the hub of the central west. It is the hub of the Central West Hospital and Health Service and board. There are people living at Stonehenge, Jundah and in the outback, in the Channel Country, who will need that sort of treatment later in life. Rather than them moving away from their community and having to live on the coast, we could keep them in our community and give them that sort of treatment.

Rural and regional Queensland has some of the most talented medical staff in the state, but we have to continue to fund the infrastructure upgrades. It means making sure that hospital services and hospitals such as Emerald continue to have those upgrades. There seems to be evidence of a backlog for elective surgery at Emerald. Some constituents are reporting having to wait up to three months for elective surgery. We are very fortunate that Emerald can receive elective surgery. I would like to thank the former member for Southern Downs and former health minister, Lawrence Springborg. When he was health minister he had a huge focus on rural and remote health. He made sure that people living in Emerald or Longreach received the treatment that they needed to receive.

**Ms Pease:** It is a pity that he didn't worry about the people at Wynnum-Manly when he shut down the Moreton Bay Nursing Care Unit.

**Mr MILLAR:** I am talking about regional and rural areas, and this is important to people in regional areas. I take that interjection from the member. I do not know whether the member has been out in rural or remote areas, but we do not have the specialists that there are here. We do not have instant access to health facilities.

Ms Pease interjected.

Mr Power interjected.

**Mr DEPUTY SPEAKER** (Mr Whiting): Order! I remind members to stick to the long title of the bill. Let us proceed and let us not be so noisy.

**Mr MILLAR:** As I was just explaining, people who live in rural and remote areas do not have access to specialists. Whether it is dialysis, cardiology or mental health issues, we do not have access to specialists. We have a huge issue in rural and Western Queensland with children who have special needs whose parents have to travel to Brisbane to see a specialist. I take the interjection from the member, but just remember that people who live in Western and rural Queensland do not have the instant access to the population of specialists that there are down here.

What I am trying to explain is that we are lucky that some elective surgeries can be done in rural and Western Queensland. I thank former health minister Lawrence Springborg for his focus on rural and remote health because that was important. It had been lacking for a very long time. In places like Emerald Hospital prior to the actions of Lawrence Springborg, the former member for Southern Downs and a former health minister, people could not have their babies in the Emerald Hospital. Maternity facilities were in Rockhampton and they had to travel from their family, friends and loved ones to be able to give birth. I acknowledge Lawrence Springborg, a former health minister, for his focus on rural and remote areas. He should be acknowledged for that and we should thank him for that because he had a focus on that.

It is important that the health needs of everyone in Queensland are met. I pay tribute to the Central Queensland Hospital and Health Board, their members and staff and the Central West Hospital and Health Board as well. They do a fantastic job in such a big area. I think they do the best they can, but we need more funds and more infrastructure placed in those health and hospital areas to ensure that people in rural and remote areas receive the treatment they need when it comes to medical treatment or health specialists.