




Speech By
Joseph Kelly

MEMBER FOR GREENSLOPES

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HEALTH TRANSPARENCY BILL

 **Mr KELLY** (Greenslopes—ALP) (12.56 pm): I support this bill. Like all Australians who watched the *Four Corners* report, words fail me—I am not sure whether it is shock or disgust—but to see professional colleagues behaving in the way they behaved during that program was utterly shocking to my wife, who is also a nurse, and me when we watched that program. We both felt that our profession needed to have a good, long, hard look at itself and think about what we can do to make sure these things never happen again.

To a certain extent I have seen nurses left in very difficult situations with poor training, poor support and poor pay. While there is no excuse for behaving in the way those nurses behaved, there is an understandable reaction that some people have to being treated like that at work. I hope that the royal commission gets to the bottom of some of that. We just heard the member for Hinchinbrook talk about the problem in regional areas and the disparity between various health sectors. The Queensland Nurses and Midwives' Union has a solution: pay everybody a decent wage and you will get decent people who want to work in all of those facilities.

I noted the calls yesterday by the member for Caloundra for a holistic response and to take the politics out of this issue. I deeply respect the member for Caloundra when he says those things, because I have worked with him on many difficult issues when I was on the health committee. He did take the politics out of things and tried to look at good policy, so I respect it when he makes that call. I agree that ultimately what we want is a royal commission that gives us an holistic solution to this problem and one that we can all commit to as a nation, but it should not preclude our state government from taking actions that we can take now in the immediacy to try and resolve some of these problems. If the royal commission then finds those are on the wrong track or we need to adjust those, then they can be adjusted. But there is no excuse, just as the nurses and management in those places should not step away from trying to improve their practices right now.

The member for Nicklin was correct yesterday in pointing out that every single situation is unique, and he tried to suggest that that would somehow lead to ratios not being applicable or useful in an aged-care facility. I agree that every situation is unique and managers need to adjust staffing in relation to each unique situation, but the reality is that in aged-care facilities in this day and age the people who are being referred to aged-care facilities all have extremely high and complex needs. They are people who require very complex nursing care. To be honest, to deliver that will be made much, much easier by having defined ratios.

 **Mr KELLY** (Greenslopes—ALP) (4.00 pm), continuing: It was a good lunch and I am glad to be back speaking about nursing, one of my favourite topics. As I was saying in response to the member for Nicklin's contribution around aged-care facilities, he is correct: every aged-care facility is different.

That does not mean that we do not need staff ratios in those nursing homes. We do know that the majority of people—in fact, I would say all people—who end up in aged-care facilities these days have complex and high care needs.

There is a vast network of community service organisations that support people to stay in their own home. The whole focus of our acute and primary healthcare system is to keep people well and in their own home. I think the My Aged Care system is absolutely and utterly failing to achieve that objective. Anybody who has attempted to navigate that—as I have on behalf of patients and more recently on behalf of my elderly mother—knows that it is a system that is completely and utterly failing. The federal government needs to take urgent action in relation to that system.

In response to the member for Caloundra's call to keep the politics out of this debate, this is not a political call; this just needs to be fixed. If the My Aged Care system works properly—I think its objectives are right—it will keep people in their own home. I think that is a very admirable objective.

I am proud to be part of the Palaszczuk Labor government. It is a nursing government. It is the government that introduced ratios. It is the government that introduced nurse navigators. A nursing government is a government for patients. When you get things right for nursing and midwifery, you get things right for patients.

I refer to ratios. We know now that they save lives. They have been operational and the research results are in: they are saving lives in Queensland Health. I note the earlier interjection from the member for Maroochydore, who called out, 'What's going to happen in state-run nursing homes?' I say to her: when this bill passes there will be ratios in state-run nursing homes. We know from the research that that will save lives. I very much support that aspect of the bill.

Finally, I turn to the aspects of the bill that deal with information about facilities. We must bear in mind the decision-making processes et cetera that precede a person being placed into a nursing home. When those decisions are made by the individual—if they are able to do that—by their family or by their EPOA, a time frame is placed on those people finding accommodation. For private hospitals it is about 35 days. They have an acute-care certificate. It is often difficult to get a second acute-care certificate, so there is a fairly tight time frame. Bear in mind that you have probably never done this before in your life and your family members have probably never done this before in their lives, but you have to find a place in a fairly short period of time. With public hospitals there is potentially even more pressure. If there is pressure to free up a bed, they will be looking for a place as fast as they possibly can.

What people need when they are looking around and comparing facilities is information. We know from microeconomics that if you want markets to work—if you want consumers to be able to make sensible and good decisions about the use of resources—you need good information. That is what this bill is calling for. The bill allows people to make good decisions by providing them with good information. We should always remember that that microeconomic principle is based on the rational consumer. I argue fairly strongly that a consumer facing the pressure of 35 days or fewer to find somewhere to spend the rest of their days and who may have severe health problems is probably not a rational consumer. In my opinion, the more assistance we can give to families and the more help we can give to people making these changes in life the better. I commend the bill to the House.