




Speech By  
**Charis Mullen**

**MEMBER FOR JORDAN**

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Record of Proceedings, 23 February 2022

### **HEALTH AND OTHER LEGISLATION AMENDMENT BILL**

 **Mrs MULLEN** (Jordan—ALP) (4.15 pm): I rise to make a contribution to the Health and Other Legislation Amendment Bill 2021. The bill before us makes a range of amendments to improve the operation of health portfolio legislation, including in the critical areas of mental health, information sharing and confidentiality. I am very pleased to see expansion of the Viewer, Queensland Health's read-only application, which displays a consolidated view of patients' clinical and demographic information from a range of systems. I know how frustrating it can be as a patient when you have to repeat your health story over and over again. The changes proposed by the legislation will allow a range of allied health professionals to also have access to patient information, including audiologists, social workers, dietitians, speech pathologists and a range of other health professionals.

The department provided examples of a number of real-life case studies that demonstrate the positive impact that this increased access could contribute to patients, to their family and to an efficient and effective health system. It is clear that a range of safeguards are in place to manage privacy, including significant fines for unauthorised access and ensuring that access is only available through the secure portal known as the Health Provider Portal. The changes proposed to the Mental Health Act are also aimed at improving processes for patients and continue to deliver rights based approaches in mental health care in Queensland.

We know that the past two years have presented a huge challenge to our community's health and to health systems. Health systems across the world have had to change, sometimes literally overnight, and in Queensland tens of thousands of staff across the health system mobilised together to ready Queensland. As everyone in the chamber recognises, Queensland was the first jurisdiction in Australia to declare a public health emergency on 29 January 2020, and we moved quickly to activate established disaster management arrangements enabling planning for changes in service delivery to ensure continuity of care and preparations to lift health system capacity for the surge of cases we experienced across our state.

Our government committed an additional \$1.2 billion in health funding to support the health response to the pandemic. This additional funding supported the expansion of fever clinics, more paramedics and ambulance services, new infrastructure for and better utilisation of existing hospitals, expansion of community screening, contact tracing and 13 HEALTH services, the backfilling of health staff exposed to the virus, additional regional health services and more aeromedical services for regional remote communities as well as the provision of elective surgery in both public and private hospitals.

As my colleague the member for Bundamba outlined in his address, there has been incredible investment in the West Moreton region. I thank the minister for her support. Whether it is our brand new hospital in Springfield for which plans are currently with council for approval, the satellite hospital in Ripley, the mental health facility currently being built or the alcohol and drug rehab facility, these are all vital services for people in my electorate. I cannot wait to see them all delivered by a Labor government.

We are at the point of the pandemic, after two long and difficult years, when we can take a small moment to reflect on how far we have come in Queensland. At the height of the Omicron wave, Queensland recorded 928 hospitalisations and 71 ICU admissions instead of the worst-case scenario modelling of 5,000 hospital beds at the start of the Omicron peak and up to 500 ICU beds. Early indicators are that, despite a significant and highly contagious variant in Omicron, Queensland's early preparedness meant that it was well prepared to lead the public health response and manage the impact of the pandemic on the delivery of health services.

We must of course also reflect on the fact that this cruel virus has now taken the lives of 505 Queenslanders, and our deepest and most heartfelt condolences must go to the families who grieve the loss of their loved ones. The Omicron variant has also challenged our testing regimes, our supply chains and our general sense of safety and comfort here in Queensland after two years of relative freedom.

I want to acknowledge the work of our mighty health workers. For me personally it is the incredible efforts of those in West Moreton Health and Metro South that service the Jordan electorate, whether in testing, vaccination delivery, health in the home or in our hospital. I am very grateful to each and every person in every field who has been part of our COVID-19 response.

As the Premier announced, 4 March will see a further easing of restrictions across Queensland. There is a degree of cautious optimism in our communities as we emerge from the last two years of the pandemic. It is hoped that COVID-19 will in fact become an endemic and allow us to move on with some confidence with ongoing vaccination protection.

Whilst here in Queensland we have sought to continually improve our health systems, as evidenced by the bill before us, a critical area of early intervention in health is, of course, in primary care. I fear the federal government is failing when it comes to the everyday health of Queenslanders and it is failing some of the most vulnerable in our community.

I recently attending the Logan public hearing held by the parliamentary Health and Environment Committee into the provision of primary, allied and private health, aged care and NDIS care services and its impact on the Queensland public health system. I would like to thank the committee for visiting the Logan region, which is representative of the burgeoning outer metropolitan areas of South-East Queensland, with its own unique needs and challenges.

We know that access to general practitioners is becoming increasingly difficult, and this has been exacerbated during COVID-19 and most recently during the Omicron wave. In general, GPs are increasingly reporting they are working longer hours and seeing more complex patients, including a higher number of patients per day. The Deloitte Access Economics General Practitioner Workforce Report 2019 found that Australia is heading for a significant undersupply of GPs in both urban and rural areas by 2030. The report highlights that there will be a 37.5 per cent increase in the demand for GP services between 2019 and 2030. By 2030 there is projected to be a shortfall of 9,298 full-time GPs, with the deficiency of GPs to be most extreme in urban areas with a shortfall of 7,535 full-time GPs—that is, 31.7 per cent—by 2030. It is clear that the number of new general practitioners entering the market will not keep pace with increasing demand for health care. One of the determinants of the shortfall results from limitations on the number of overseas trained medical graduates.

Patient waiting times for both GP and allied health appointments are lengthy—sometimes several weeks to months and, in some cases, not available at all. I am regularly contacted by my local constituents despairing at the inability to access GP appointments for themselves or for their family members. Only last year in Springfield we saw the sudden closure of a super clinic that had serviced local patients for over a decade. Those patients were advised that their health records would be transferred to a clinic in Forest Lake—four suburbs away. Service consultation availability and affordability are significant barriers for people.

I have a particular concern for our outer metropolitan regions. As we know, there are substantial differences in access to primary health services between outer metropolitan growth areas and established inner and middle suburbs. In general, communities living in outer metropolitan areas are more diverse, with variable but substantial CALD, refugee and Aboriginal and Torres Strait Islander populations, have poorer health outcomes, lower socio-economic status and less access to health services. Private billing models, common in primary health care, form barriers to people seeking care. Outer metropolitan areas have fewer general practitioners so patients have to wait longer for appointments, becoming sicker as they wait.

General practitioners have little choice but to work longer hours to see as many patients as possible, even though they are treating patients with complex needs that require more effort and resources to manage. Over the last eight years the Morrison government has repeatedly cut and undermined Medicare, but in 2019 Scott Morrison also cut the access of outer metro and regional Australia to bonded and overseas trained doctors, making GP shortages much worse.

Federal Labor has, of course, taken up the fight for our local communities, confirming that, if elected, they will expand the overseas trained and bonded doctor access to Medicare, ensuring more GPs work in outer suburban and regional centres such as Ipswich. Labor will do this by designating areas like Ipswich as distribution priority areas for these GPs through the Modified Monash Model. I want to particularly thank our federal members—Shayne Neumann MP, member for Blair, and Milton Dick MP, member for Oxley—who have been incredible advocates and have been campaigning strongly on this issue since 2019.

Only a few days after Labor's announcement, the Morrison government finally caved in to the pressure and announced they would support the changes to the model. Access to GP services should not be reserved for those who live in our biggest cities—something the Morrison government has had to finally concede, but only because there is an election around the corner.

I wish to commend the Minister for Health and Ambulance Service for her strong commitment to progressing continual improvements to our health system in Queensland, as evidenced by the legislation before us. I also wish to thank the minister for her incredible work during the most challenging period that we have faced in Queensland—with an Omicron wave, increased infections and, sadly, more reported deaths. I know the toll that this takes, and I wish to place on the public record my appreciation of her efforts and those of her staff and the department. I commend the bill to the House.