




Speech By
Charis Mullen

MEMBER FOR JORDAN

Record of Proceedings, 26 May 2022

HEALTH AND ENVIRONMENT COMMITTEE

Report, Motion to Take Note

 **Mrs MULLEN** (Jordan—ALP) (3.26 pm): I am pleased to support the motion. I begin by thanking the members of the Health and Environment Committee for their work on this important and guiding report. The thorough and detailed examination of key aspects of our health system here in Queensland, the number of hearings undertaken and the willingness to reach out to many communities, particularly in regional Queensland, is evidenced by the number of recommendations that have been made: 40 in total. These recommendations have the capacity to create significant and positive change in the Queensland health system if there is a willingness to engage on the part of the Australian government. I have great optimism that, under a federal Labor government, that willingness will be there and finally there will be an opportunity to make things better, not only in our national health system but also in aged care and the NDIS.

As mentioned, the report is comprehensive. It tackles a vast array of important issues in addressing the provision of primary, allied and private healthcare, aged-care and NDIS care services and the impact that this is having on Queensland's public health system. It is difficult to address all of the issues and recommendations raised in this report, but I would like to focus on a few key elements. The first issue is funding.

Australia's healthcare system is underpinned by Medicare. For those on this side of the House, this is a simple premise: we believe in Medicare, we will always support Medicare and we will continue to protect Medicare. If there is one thing Scott Morrison knew how to do it was to slowly and diligently destroy Medicare, our aged-care system and the NDIS because the LNP fundamentally do not believe in any system that offers a hand up. That is not in their DNA and it does not sit right with them, even for those who claim to have Christian values. Even Anne Ruston, who is tipped to be the new Liberal deputy leader, has some views on Medicare that send shivers up the spine of any person who supports Medicare. Her comments, 'Medicare in its current form is not sustainable into the future without some change being made,' and, 'We do need to seek some alternatives for how we are going to make Medicare sustainable into the future,' clearly show where our health system was heading.

The National Health Reform Agreement recognises that the responsibility for health is shared between the Australian and state governments. The NHRA also recognises that all governments have a responsibility to ensure the systems work together effectively and efficiently to produce the best outcomes for people, including interfaces between health, aged care and disability services regardless of their geographic location. The NHRA provides that the Australian government funds 45 per cent of efficient growth in public hospital services, with the states and territories funding the remaining 55 per cent. Accordingly, as the report points out, in theory the Australian government should fund a portion of any increase in the use of public hospital services. However, national growth in Australian government funding for public hospital services is capped at 6.5 per cent per year, including both price and volume

growth. Queensland Health has stated that with health price inflation increasing as a result of COVID-19, the funding cap means that in future years the Australian government is likely to fund little if any of the growth in public hospital services arising from the increase in the public market share.

Queensland Health stated that it is critical that the Australian government waive the funding cap to ensure that it pays for a share of the increase in public hospital services. We know why that increase is important—because we are seeing the adverse impact that significant gaps in the provision of primary and allied health care, aged-care services and NDIS are having on Queensland's public health system. We see an increase in presentations at public emergency departments; an increase in potentially preventable hospitalisations and avoidable hospitalisations due to a lack of aged-care and NDIS services; older patients becoming long-stay patients in public hospitals; and people with a disability becoming long-stay patients. Only recently, the health minister revealed that currently 512 public health beds are being used for long-stay patients.

Impacts on our health system are not unique to Queensland, despite the opposition's reluctance to admit this. This is a national concern and it has a national impact. Last time I checked, we had a national government. I commend all of the health ministers on all sides of politics who have been arguing the case for increased health funding. On Tuesday, New South Wales Premier Dominic Perrottet declared that 'the people never get it wrong' and welcomed Labor's election victory as a chance to have fresh conversations on health reform. Isn't that telling?

The committee arranged a public hearing for this inquiry in Logan. I thank them for doing this. The member for Logan and I attended this hearing. Logan, like Ipswich and Moreton Bay, is representative of the burgeoning outer metropolitan areas of South-East Queensland with its unique needs and challenges. We see access to general practitioners become increasingly difficult, exacerbated during COVID. GPs report that they are working longer hours and seeing more complex patients, including a higher number of patients per day. I have previously raised this issue in the House. It is a really important issue for my community. The report of this committee will do something about it in terms of a national government that understands, a Labor government.