




Speech By
Rob Molhoek

MEMBER FOR SOUTHPORT

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HEALTH AND OTHER LEGISLATION AMENDMENT BILL

 **Mr MOLHOEK** (Southport—LNP) (4.44 pm): At the outset I would also like to acknowledge the great work rural health professionals do. My son is a rural health specialist in the seat of Gregory and currently the acting district medical officer in the Emerald Hospital as well. I believe that the Minister for Health was out there just a couple of weeks ago and popped in and said hello. It goes without saying that as a dad I am very proud of my son and daughter-in-law and the work they do in Queensland Health. I want to add to the many voices in this House who have commended health workers and frontline workers right across the state for their incredible hard work, their commitment and their dedication through particularly the past couple of years and the challenges that they have faced in dealing with the pandemic. In many areas they have not had to deal with it but they have nonetheless had to be prepared, and just being prepared for the inevitable has created stresses and tensions for many of our health workers.

I rise also to speak in support of this bill. I note that the LNP is not opposing the bill and that most of the amendments and changes that are proposed are fairly uncontroversial. I want to pick up on the comments that the member for Greenslopes made around ECT, electroconvulsive therapy. The other day in a public hearing of the Mental Health Select Committee—I can talk about this as it is a matter of public record—a family came and shared very deep and personal aspects of their journey with their son. I am so grateful and humbled that they were prepared to come and share their story with us. I am sure they too would support what is proposed in this legislation by way of amendments.

They also raised with us the need for greater support for families who have family members with mental health issues, particularly in extreme cases where ECT is required. They reflected on the need for perhaps a centre of excellence to be established here in Queensland. There are services available, but there is no one central service that acts as a centre of excellence for those families who do have family members who need this sort of therapy. They certainly expressed the view that there would be benefits in having such a centre because there would be other families and specialist trained doctors, nurses and other allied health workers with the specialised skills to provide the best possible care.

The other issue in the legislation that I did want to touch on relates to the ability of allied health professionals to access the Viewer to achieve better health outcomes for patients. This issue surprisingly has come up a number of times through the health inquiry as we have travelled around the state meeting with health services and speaking with doctors, general practitioners and allied health workers. One of the challenges we have is that in areas that can ill afford a duplication of services, or have to order or require additional services or extra tests when the tests may well have already been conducted, there are significant issues around information flow. That runs across a range of platforms, including My Health Record and the actual records that are maintained by Queensland Health and the IT systems that they run. At times there also cases where patients are released from public hospitals, and when they go back to see their local GP a week or two later the GP has no information about their health visit because there have been significant delays in uploading or sharing discharge summaries and information. Right across the board, apart from the many other issues that are raised in this House

from time to time, there certainly is a need for greater information sharing between the public health sector and the private health sector, particularly in regional, rural and remote Queensland, where services are really at a premium. That would also, on occasion, save duplication.

We heard GPs talk about occasions where a patient would come to see them, they would identify a need, they would refer them to the local public hospital because that is the only place they could have those tests undertaken in some of the remote and rural areas of the state, and then because of the system they would be required to make another appointment to see a GP within the public system, who would then arrange for the tests, and then sometime later the patient may go back to their private GP and those test results would not be available because of shortfalls in the system.

I probably digress a bit from the point of this particular amendment. It actually deals with the ability to share information in respect of mental health. The amendments also talk about information sharing with the Ambulance Service and privacy provisions. All of those things need to be in place, but we are in an era now where we have smart devices and we can access so much information. In fact, these days when you have a pathology test or X-ray, some clinics will send a password and a file to your phone and you can click on it, type a password in and control and maintain your own health records. There is certainly a need for the health system to take a bit of a leap forward, particularly in a state where resources are stretched and distances are so great. We absolutely need our general practitioners, public health doctors and allied health workers to have the best possible access to information.

The amendments deal with a range of other issues. There is quite a bit of detail around amendments to the Ambulance Service Act. I commend our frontline workers and paramedics for the work they do. Information is so important. On Monday of this week, representatives from the paramedics were at the public hearing into mental health and they said that information and data is important to them in their call centres. There has been a sharp increase in the number of people requiring mental health support and the demand from people with mental health issues. Some of those people are well known to the Ambulance Service.

I was pleased to hear that they have embedded within the service trained psychologists and workers who from time to time are able to access important information through the Viewer and other systems and then use that information to talk with the person on the phone and identify whether they are a person at risk and an ambulance needs to be dispatched or they are a person who has a tendency to call the Ambulance Service a bit too frequently. Given the challenges we have seen in the last two years or more with ambulance ramping and the demand on the Ambulance Service, anything we can do to improve the systems within the Ambulance Service and that sharing of information between the public health system is so important. That goes without saying.

I could talk for an hour about some of the issues within Queensland Health. They are well documented here in the House and they have certainly been well discussed in the media. It is a great privilege to be on the Health and Environment Committee. While we did not get to review this bill because we are busy with the health inquiry, I want to pass on my thanks to the committee that reviewed this and to the parliamentary staff for the work they continue to do. I acknowledge that it has been a trying time for everyone as some people have had to do their work remotely. Some of the committee staff have had to work from home and still provide information, resources and support. I pass on my thanks to them as well.