



Speech by

Andrew Cripps

MEMBER FOR HINCHINBROOK

Hansard Wednesday, 29 November 2006

MEDICAL BOARD (ADMINISTRATION) BILL; HEALTH SERVICES AMENDMENT BILL

Mr CRIPPS (Hinchinbrook—NPA) (8.48 pm): I rise to make a contribution to the Health Services Amendment Bill 2006 and the Medical Board (Administration) Bill 2006 being debated today as cognate bills. The Health Services Amendment Bill seeks to expand the objects of the act to include health promotion and protection; insert a set of guiding principles into the act which reflect the key elements of the current health reform agenda; align the act's organisational provisions with Queensland Health's new structure including clearly articulating the respective roles of the chief executive area, general managers and district managers; authorise area general managers to employ health service employees in their health service areas in addition to the director-general as is currently the case; enable the creation of statewide health services by Executive Council approval to operate across districts and areas; replace district health councils and health community councils where health community councils will focus on community and consumer engagement and monitoring quality and safety in hospitals; and create a health executive service, incorporating area general managers, district managers and other health executives who are not part of the Public Service.

The primary objective of the Medical Board (Administration) Bill 2006 is to facilitate the provision of responsive administrative and operational support to the Medical Board of Queensland. It is proposed that this objective will be achieved principally by establishing an independent statutory body known as the Office of the Medical Board. The core business of that office will be to provide support services exclusively to the board in accordance with a service agreement negotiated with the board.

With respect to the provisions of the Health Services Amendment Bill 2006 and the replacement of district health councils with health community councils, in October I wrote to the Minister for Health with concerns about the large increases in the size of the health districts covering my electorate of Hinchinbrook provided for by this bill.

The northern section of my electorate, which was previously covered by the Innisfail Health Service District, will be amalgamated with two other health service districts—Tablelands and Cairns—to form a new Cairns regional health district. Similarly, the southern end of my electorate has been serviced as part of the Townsville Health Service District. It is now to be amalgamated with the Charters Towers and Bowen health service districts to create a new Townsville regional health district.

I am concerned that this change will increase the centralisation of decision-making processes in these health districts and remove local knowledge and understanding about local circumstances from the management of health services in these areas. The current district health councils will also be replaced by new health community councils. In the letter I wrote to the Minister for Health, I inquired about the autonomy and scope of jurisdiction of these community health councils and the membership of these councils, again from the perspective that it is important to maintain local knowledge about health service delivery. I note with interest that recommendation 5.1 of the *Queensland Health Systems Review* recommends that the current 37 health districts be retained. Although the government has chosen not to accept this advice, I hope that it will at least make a real effort to maintain considerable local representation

on the community health councils to allow the community to have a real input into the delivery of health services at a local level.

Recently the minister replied to my letter and has assured me that the benefits of these changes will flow through to improved health service delivery and enhanced community participation. To the minister's credit, he says in his letter to me that, to guarantee against disenfranchising communities, a health service district will be able to have more than one health community council. Indeed, the minister advised that he intends to retain the existing 37 councils as well as establishing new councils should the need arise. Further, the minister advised that in rural and regional areas, rural and regional health coordinators will be appointed in each health service area to ensure local knowledge and interaction. As such, there appears to be some recognition that there needs to be local input into the delivery of health services to the community. We will have to be vigilant while this new framework is implemented to ensure that that occurs.

In my maiden speech in this place I raised my concern about the delivery of health services in the Hinchinbrook electorate. I specifically mentioned the long-awaited upgrade to the Ingham Hospital, which the Beattie government has been promising for a long time but has not yet built. Having said that, an active consultation and planning process has occurred. I believe that the construction of the new Ingham Hospital will happen sooner rather than later and I will welcome that facility when it is finally constructed.

Mr Robertson: As you should.

Mr CRIPPS: We are going to start before Christmas, are we not, Minister? That was the commitment, anyway. The local community was very concerned about the number of beds that will be provided in the new Ingham Hospital. The master planning study that was completed in 2003, based on the data from 2000-01, advised that the number of beds at the redeveloped hospital should be 28. There was a strong reaction against this suggestion. It was pointed out that the catchment area for the Ingham Hospital extends north to Cardwell and south to the Northern Beaches area in Thuringowa city. With the well-documented problems at the Townsville Hospital, this made sense. There certainly was an opportunity for a greater range of services to be delivered at Ingham Hospital to patients from that large catchment area. A subsequent review of that master planning process in 2005, using updated data from the 2002-03 year, confirmed that point of view and increased the number of beds to 32. A further review in February of this year revealed that this concept of an extended catchment for the new hospital was given greater validity and the number of beds was settled at 34, although the master plan for the upgraded hospital now includes the capacity to increase the number of beds in the hospital to 44 in an emergency situation.

Certainly, the redeveloped Ingham Hospital could have the capacity to deliver day surgery procedures to relieve the significant pressure on Townsville Hospital. People in the Ingham area, in the Northern Beaches area and up to Cardwell who are travelling to Townsville could receive their minor procedures in Ingham and reduce that pressure on Townsville Hospital. There is an increasing demand for a range of health services. Chemotherapy treatment is required by a very large number of Queenslanders, including those who live in the catchment area of Ingham Hospital. Perhaps this treatment could be offered at Ingham Hospital, at least in the initial stages of the treatment process.

The need for a dialysis unit at Ingham Hospital has also been discussed at length. It was an issue during the most recent election campaign. The dialysis unit at Innisfail Hospital was installed with six chairs after the local community worked very hard to raise the money and secure a commitment from Queensland Health. As I understand it, these chairs are always occupied. In Ingham, along with the catchment area that I have spoken about, there is a significant demand for dialysis. I request that the minister have a good look at the number of individuals requiring dialysis in the Ingham district and the catchment area to ascertain if a dialysis unit could be justified.

Certainly, my friend the minister for communities, who campaigned extensively in my electorate during the election campaign, was reported to have made an announcement in Ingham that Queensland Health planned to include a renal dialysis unit at the Ingham Hospital if sufficient patient numbers could be determined. On 26 August 2006 the minister for communities was quoted in the *Herbert River Express* as stating—

My understanding is that Queensland Health is refusing to budge... as of yesterday, that's not true anymore. I've spoken to the Health Minister who says the redevelopment plan of the Ingham Hospital will include provisions to establish a dialysis unit. The redevelopment would be such that there will be room in the future to be used for dialysis. The next thing will be to identify the need for dialysis. I would not be surprised that the full number of people needing dialysis has not been identified.

So that is the challenge that we have in front of us. The minister for communities went on to encourage the community and their local authority—and I think he was referring to the Hinchinbrook Shire Council—to continue pressuring Queensland Health so that it does not take its eye off the ball. I am happy to take the advice of the minister for communities on that point. So I am raising this matter with the minister here today, and I am sure the minister has his eye on the ball.

As I understand it, the commitment from the government is to spend \$30 million on the redevelopment of Ingham Hospital. Services such as ultrasound and diagnostic digital services, if they

could be achieved, would complement the reopening of the maternity ward at Ingham Hospital. There have been a couple of instances where mothers have given birth on the side of the road between Ingham and Townsville. They are required to make a one hour and 15 minute dash when the time arises. For obvious reasons, that is unsatisfactory.

The Ingham district has a strong need for a well-equipped respite and rehabilitation centre at Ingham Hospital, especially as there are a large number of older residents in the area. For cultural reasons, many older residents in the area are not easily convinced to leave their family home to go to large centres such as Townsville to get support services and care. There are wonderful people—

Mr DEPUTY SPEAKER (Mr Wettenhall): Order! I ask the member for Hinchinbrook to direct his comments to the provisions of the bill and keep his remarks relevant.

Mr CRIPPS: Certainly. There are wonderful people in the local Blue Nurses organisation and other groups who provide great support for many people and their families who are under pressure to care for their elderly relatives.

Another thorn in the side of people who need to access health services in regional and rural areas is the Patient Travel Subsidy Scheme. With the withdrawal of more and more health services from smaller hospitals, more and more patients are required to travel long distances to receive treatment. It is not just the amount of the subsidy that is inadequate; the accommodation subsidy is also inadequate. The process involved in applying for the subsidy is also very complicated. That creates difficulties for many people for whom this subsidy, while not enough, is necessary so that they can afford to receive their treatment. There has to be more effort made in this regard, as often the people who depend on the small subsidy that is offered under the PTSS are on low or fixed incomes. Many people in my electorate approach me about this issue. It is not a high-profile issue, but it is something that affects the lives of ordinary people. It bites into people's incomes when they have to make three round trips to Townsville from Ingham or to Cairns from Tully if they are very ill and need, for example, frequent dialysis treatment. It means that these people are on the road for at least seven or eight hours a week, and we all know that fuel is not cheap. With those concerns on the record and conveyed to the minister, I conclude my contribution.