



Speech by

**Andrew Cripps**

**MEMBER FOR HINCHINBROOK**

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## HEALTH AND HOSPITALS NETWORK BILL

 **Mr CRIPPS** (Hinchinbrook—LNP) (5.32 pm): The explanatory notes accompanying the Health and Hospitals Network Bill state that its primary purpose is to establish local health and hospital networks to deliver public sector hospital and other services in Queensland. This bill stems from a COAG agreement made in April last year. Under the agreement, local health and hospital networks will be established as independent statutory entities under Queensland legislation in order to devolve operational management of public hospitals to these local networks. The bill proposes to establish the local networks as the direct managers of a single or small group of public hospitals. The local networks are intended to be directly accountable for the performance of the hospital.

The explanatory notes accompanying the bill suggest that the proposed amendments will have major benefits for the health system in Queensland including improved responsiveness of service through greater flexibility and local decision making; more opportunities for local clinicians, health consumers and communities to be involved in service planning, design and priority setting for local services; improved accountability with clear lines of responsibility and new regular reporting on clinical and financial performance at the network and facility level; improved efficiency through the application of new funding models and the injection of expertise from new governing councils which will be responsible for managing the networks; and improved transparency as a result of community members having access to information about state and federal funding to the local networks, what the funding was provided for and how their hospital is performing in comparison with similar networks and health facilities. Given the aims of improving responsiveness, connecting local nurses, doctors and health consumers to local decision making; improving accountability and transparency; and creating a more efficient funding model, the explanatory notes accompanying the bill claim that, when the local hospital networks are implemented, the health system will be in a better position to meet the challenges associated with an ageing population and the growing incidence of chronic disease.

Of course, the great irony of the proposed initiative in this bill is that the Beattie-Bligh Labor governments have spent many years rubbishing the idea of decentralising the administration of health services and devolving the responsibility for delivering health services to local communities. They have railed against this idea for many years and have criticised the LNP for adopting and advocating the policy of re-establishing local hospital boards. The LNP has long advocated for Queenslanders to be given a greater say in how their local hospital is run and what health services are delivered to patients in their local community. The LNP has long recognised the need to give local communities more of a say on these matters after the Beattie-Bligh Labor governments had spent many years creating a central, bureaucratic hospital management model that took decision making away from the local community, reducing accountability, transparency and responsiveness to the detriment of patients.

The LNP has previously proposed the establishment of local health boards that would comprise doctors, nurses, community representatives and business leaders who would be accountable to the local community, be able to listen to their health needs and respond to them by making appropriate decisions at the local level. This proposal is in stark contrast to the model that the Beattie-Bligh Labor government has promoted which has seen decision makers and services move further and further away from their local communities, particularly as they relate to regional and rural communities in Queensland.

The LNP has always believed that we need to get local communities more involved, not less involved, in their local health services. The Beattie-Bligh Labor government has long run scaremongering campaigns about this policy. So it really is ironic to be here today debating a bill introduced by the same government that proposes to decentralise and devolve responsibility and establish local administration of the health and hospital system. This initiative must be a bitter pill for those opposite to swallow because it did not actually decide to adopt this LNP policy; the federal Liberal-National coalition and the Rudd-Gillard Labor government both adopted this policy. The Rudd-Gillard Labor government had no qualms about adopting the LNP's policy and it became part of its federal health reform package. Now that the policy is being implemented it must be very difficult indeed for Labor members in this parliament to reflect on their previous utterances and support a policy that empowers local communities and gives them more of a say about the delivery of health services.

One of the great tragedies of the Bligh government having to be dragged kicking and screaming to the implementation of this local hospital and health network policy is that, once again, the federal government is moving, albeit through a COAG agreement, to implement its policy in an area of public service delivery that has previously been the responsibility of the states. We know from the explanatory notes accompanying the bill that, under the COAG agreement, the Commonwealth will be providing funding for the operation of Queensland's hospitals. It is an admission that this government has mismanaged the health system in Queensland and that its management has been a dismal failure over the last 13 years.

I spoke in this House in May this year about serious concerns in my electorate regarding the availability of health services. On that occasion I tabled a petition supported by 485 constituents in my electorate relating to the decline in the availability of health services in their local communities. In particular, they expressed concerns about the withdrawal of basic services such as maternity and renal dialysis from hospitals in rural areas. Communities in my electorate are serviced by hospitals in Ingham, Tully, Townsville and Innisfail. There is no operational maternity ward at the Tully or Ingham hospitals. The Innisfail and Townsville hospitals, although servicing communities in my electorate, are outside of the boundaries of the Hinchinbrook electorate and, as such, there are no operational maternity wards in my electorate.

The Townsville Hospital is the closest maternity ward to Ingham; a journey of more than 100 kilometres. The Innisfail Hospital is the closest maternity ward to Cardwell; also a journey of more than 100 kilometres. Similarly, renal patients cannot access dialysis treatment at a hospital located in my electorate. Once again, patients from the Herbert River district must travel over 100 kilometres to the Townsville Hospital, while patients in the Cardwell district must travel over 100 kilometres to the Innisfail Hospital. No-one in rural and regional Queensland expects to be able to access complicated health services such as brain surgery or heart surgery at rural hospitals. However, Queenslanders in rural areas do believe and have an expectation that they should be able to access basic health services, such as maternity and renal dialysis, in their local community.

I am desperately hoping that the establishment of local hospital and health networks will improve the responsiveness of the local hospitals in and servicing communities in the Hinchinbrook electorate to the pressing needs of patients in that area. In my area that would be delivering a range of services focused on supporting seniors and their particular health needs. That means rehabilitation specialists such as physiotherapists, occupational therapists and speech pathologists who can support people and often their carers to achieve a certain level of independence and quality of life.

Nevertheless, in stealing the LNP's policy on local hospital boards, it is hardly surprising that the Rudd-Gillard government, ably supported by the Bligh government, has stuffed up its implementation in certain areas of the state. The consultation process with local communities in my electorate was absolutely appalling. I wrote to the Minister for Health months and months ago about this issue as it relates to communities in my electorate and to my knowledge I have yet to be extended the courtesy of a reply. The proposal under the National Health Reform process is to realign the existing Townsville and Cairns and Hinterland health service district boundaries so as to move the community of Cardwell in my electorate from the Cairns and Hinterland Health and Hospital Network into the Townsville Health and Hospital Network. The proposal is for the Cardwell district to be included in the catchment for the Ingham Hospital and the new Townsville Health and Hospital Network to the south instead of continuing to be included in the catchment area for the Tully Hospital and the new Cairns and Hinterland Health and Hospital Network to the north. I am very concerned that this realignment has been recommended by Queensland Health to the Commonwealth without fully considering the implications, not only for the people of Cardwell, but also for the people of Ingham and Tully. I cannot support the recommendation to realign the district boundary without much more information from Queensland Health about this new arrangement.

In the first instance, the consultation process with the local community was woefully inadequate. I am advised by the Cardwell Community Health Support Group that a Queensland Health employee contacted them the day before Queensland Health was required to have its recommendation lodged with the federal government requesting a meeting to discuss the issue. The Queensland Health employee

advised that they required a response from the group at that same meeting. I acknowledge that the Cardwell Community Health Support Group, backed into this corner, has supported at short notice the recommendation to include the Cardwell district in the Ingham Hospital catchment area within the new Townsville Health and Hospital Network believing it will result in better health service outcomes for the people of the Cardwell district. I have met with the Cardwell Community Health Support Group and I understand its reasons for supporting the recommendation. For some time the Cardwell community has expressed concern about the level of service afforded to it by Queensland Health's district management based in Cairns. The answer to this concern should be to improve services to Cardwell from the Cairns district, not to run away from the problem by transferring Cardwell to the Townsville district.

An example of this is when I spoke in this place in March 2007 about the refusal by Queensland Health to provide any support to the one and only doctor in Cardwell who has serviced the local community alone for several years on call 24 hours a day, seven days a week, month after month without relief; this in a community with a higher than average number of people of Aboriginal and Torres Strait Islander backgrounds, a higher than average number of people who are seniors and an above average number of people in the community on lower than average incomes. I believe there are a number of matters that have not been considered properly, nor enough information provided, for the Cardwell Community Health Support Group or myself to make a properly informed decision about this proposal. I actually contacted the director of nursing at both the Ingham Hospital and the Tully Hospital at the same time as this rushed consultation in Cardwell to inquire if they had been consulted in any way in relation to the recommendation for the Cardwell district to be included in the catchment area of the Ingham Hospital rather than the Tully Hospital and both advised that they had not.

Absolutely no consideration has been given to the capacity of the Ingham Hospital to accommodate an increase in its catchment area of some 1,500 to 2,000 persons from the Cardwell district. Conversely, what are the health service delivery implications of the loss of 1,500 to 2,000 persons from the catchment area of the Tully Hospital? The new Ingham Hospital was designed, budgeted for and delivered based on a current and projected catchment area of the population in the Herbert River district, not the additional Cardwell district catchment area. The former Minister for Health, now the Attorney-General and Minister for Local Government, only opened the new Ingham Hospital in mid 2009. Will additional beds, doctors, nurses, resources and facilities be provided to the Ingham Hospital to accommodate the additional patients from the Cardwell area? If not, the people of the Herbert River district may well experience an adverse outcome as far as their health service delivery is concerned and that would be totally unacceptable. Perversely, if this boundary realignment proceeds, the people of the Cardwell district may be no better off if Ingham Hospital is not provided with additional doctors, nurses, resources and facilities to cope with additional patients. It is absolutely critical that this question is answered before the boundary realignment is formalised.

The reverse question becomes pertinent for the Tully Hospital. Will a similar number of beds, doctors, nurses, resources and facilities be withdrawn from the Tully Hospital as a result of the excision of Cardwell and the loss of some 1,500 to 2,000 persons from its catchment area? This will undoubtedly result in an adverse outcome in terms of health service delivery to the people of the Tully district. Again such an outcome would be unacceptable. Again it is absolutely critical that this question is answered before the boundary realignment is formalised. Amazingly, if this boundary alignment goes ahead without the questions that I have raised in my correspondence to the Minister for Health and raised again in the House today, which have not been responded to, there is a real chance that the people of all three communities in the Herbert River district, in Cardwell and in Tully, could have an adverse outcome as far as the health services available to them are concerned.

I strongly object to the token unprofessional consultation process that was undertaken prior to Queensland Health recommending this boundary alignment to the Commonwealth. Again, while I respect the wishes of the Cardwell Community Health Support Group, I cannot presently support the recommendation in view of the lack of information provided and planning involved. The support group was placed in an impossible position and forced to make a hasty decision without adequate information available to it. This is no way to deliver health services to people and communities in my electorate or, for that matter, any community in Queensland. I would ask that the health minister have a very close look at this issue and have the decency to answer my representations on behalf of my constituents with a satisfactory answer.

Before I close I would like to touch on a point made by the member for Nanango in her contribution and that is in relation to the difficulties experienced in recruiting doctors to regional and rural communities. I do not believe, as was suggested by interjections from members opposite, that it ought to be extremely difficult to recruit doctors and specialists to regional and rural areas. For example, in the Herbert River district in my electorate we have a large number of general practitioners in residence, and we consider ourselves fortunate to be serviced by a large number. As I was saying earlier, just up the road in Cardwell there is only one and, presently, there is only one servicing the Tully community. That is a real concern. If

we had the facilities and the opportunities for both general practitioners and specialists to have available ongoing professional development at provincial hospitals and larger hospitals, such as the Cairns and Townsville hospitals in my area, and the equipment to ensure they can deliver those specialist services and general practitioner services, we would be much more able to attract general practitioners and specialists to regional and rural areas of the state.

I believe that specialists and GPs have an interest in being part of regional and rural communities. In my electorate we have safe communities, we have good schools, we have an abundance of popular recreational activities that suit the lifestyle of families and we boast natural attractions. If we were to combine the obvious benefits of raising families in regional and rural communities and we facilitated better opportunities with the provision of decent equipment and facilities in regional and rural communities, we would have much greater success attracting the services of both specialists and general practitioners to regional and rural areas of Queensland.