



Speech by


**Hon. Andrew Cripps**

**MEMBER FOR HINCHINBROOK**

Hansard Wednesday, 20 June 2012

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## **HEALTH AND HOSPITALS NETWORK AND OTHER LEGISLATION AMENDMENT BILL AND HEALTH LEGISLATION (HEALTH PRACTITIONER REGULATION NATIONAL LAW) AMENDMENT BILL**

 **Hon. AP CRIPPS** (Hinchinbrook—LNP) (Minister for Natural Resources and Mines) (9.13 pm): I am pleased indeed to rise to contribute to the debate on the Health and Hospitals Network and Other Legislation Amendment Bill. For the benefit of the new members of the House, the reason I am particularly pleased, and the Minister for Health when he introduced this bill expressed a degree of personal satisfaction in doing so, is that the amendments contained in it will implement a longstanding LNP policy to decentralise the decision-making process for the delivery of healthcare services across Queensland—something that is long overdue. Under these new reforms, hospital and health boards will oversee the already established hospital and health networks across Queensland. This means that these boards will now be responsible for the performance—

**Mr JOHNSON:** I rise to a point of order, Mr Deputy Speaker. I cannot hear the member for Hinchinbrook.

**Mr DEPUTY SPEAKER:** Order! If members are going to leave the chamber, do so quietly or else return to your seat. The member for Hinchinbrook has the call.

**Mr CRIPPS:** Thank you, Mr Deputy Speaker. As I was saying, these reforms mean that the boards will now be responsible for the performance of the hospital and health services under their control. The legacy of the previous Beattie and Bligh Labor governments in the area of health is shocking. The Newman LNP government has been left to clean up one of Australia's poorest performing health departments. The former Labor government was completely unable to handle the important task of managing as fundamental a government service as Queensland's hospital and health system. Labor created a massive centralised bureaucracy in an attempt to control everything, but all it did was create a permanent administrative paralysis.

With this model came a reduction in accountability, responsiveness and transparency, all at the expense of patients and taxpayers. A pertinent example of this was the disgraceful downfall of former Labor health minister Gordon Nuttall, who was caught out failing blatantly to take action during one of Queensland Health's darkest moments. It is my opinion that the appointment of the member for Southern Downs as health minister is a ray of hope for Queensland's health system at this very difficult time.

The health and hospitals network and other legislation amendment bill moves to sweep Labor's old, blundering, bungling bureaucratic system out the door. It will be replaced with a new model that focuses on community involvement and aims to restore confidence in Queensland's health and hospitals network. Responsiveness to local needs will return under these reforms, and that is a critical element of the bill for my electorate of Hinchinbrook on which I will elaborate further at a later time.

The decision-making process implemented by this bill will once again be transparent and accountable, whereby the decision making will be local and will involve the boards and appropriate staff. The previous state Labor government consistently rejected the idea of decentralising the administration of health services in Queensland. Labor has always rubbished the proposal of re-establishing local hospital boards—a proposal that the LNP has always so strongly supported. The LNP has previously proposed the establishment of local health boards that would consist of clinical staff, community representatives and business leaders who had worked with and listened to the local community and who would ultimately be accountable to the local community.

What a stark contrast these reforms are to the model created under Labor, where decision making was shifted further and further away from local communities, particularly in regional and rural areas of the state. This resulted in medical services moving further and further away from many regional and rural communities that so desperately needed them. Returning to local health boards, so strongly opposed by Labor, is now becoming a reality thanks to the conviction of the Newman LNP government, which is determined to empower local communities and is committed to improving our health services.

As I have mentioned before, the LNP has long advocated for Queenslanders to be given a stronger voice in relation to how their local hospitals are operated and what health services are delivered in their local community. As a local MP in a rural and regional seat, I am no stranger to trying to tackle the symptoms of Labor's failure in the health portfolio. In my electorate of Hinchinbrook I have received an endless stream of correspondence—phone calls and emails—from concerned constituents relating to the decline in local health services under the former Labor government. In good faith I have previously spoken in this House about the serious concerns raised by my constituents. I think the circumstances of my electorate really highlight the problems in Queensland's health and hospital system, because even though I represent a regional and rural electorate it is not a remote electorate.

I would hate to think what the challenges in the health system in the truly remote electorates in this state like the electorates of my colleagues the member for Warrego or the member for Gregory or the member for Cook would be, given that they are remote electorates as opposed to my electorate, which is a regional and rural electorate. Communities in my electorate are serviced by hospitals in Ingham, Tully, Townsville and Innisfail and the problems these health facilities have encountered under the former Labor government are unfortunately many and varied. In particular, patients in my electorate have expressed concerns in the past about the withdrawal of basic services such as maternity, renal dialysis and rehabilitation from the smaller hospitals in my electorate. For people in the Hinchinbrook electorate, the closest operational maternity wards are located in the Townsville and Innisfail hospitals which fall outside the boundaries of my electorate. There is no operational maternity ward in either the Tully Hospital or the Ingham Hospital. That means there is no operational maternity ward in any public hospital located in my electorate, which stretches 300 kilometres along the coast of North Queensland. As I said before, imagine how the people of the truly rural and remote electorates like those of the member for Gregory or the member for Warrego or the member for Cook feel when a regional and rural electorate like mine on the coast does not have an operational maternity ward located within the boundaries of the electorate.

Similarly, there is no access for any renal dialysis treatment in my electorate. Again, the closest facilities are either at Innisfail or Townsville which are outside the boundaries of my electorate. In practical terms, what does this mean for the people of Hinchinbrook, remembering that it is only a regional and rural electorate and not a remote electorate? To get access to maternity services, residents in Ingham need to travel more than 100 kilometres to Townsville. Residents in Cardwell must travel more than 100 kilometres to Innisfail. It is the same for any patients needing renal dialysis treatment. Residents in the Herbert River district have to travel over 100 kilometres to Townsville and residents in Cardwell, over 100 kilometres to Innisfail. This is a massive impost on those patients and it costs a great deal of money for the state of Queensland under the patient transport subsidy scheme. The establishment of local health and hospital networks will go a long way towards creating a process whereby a hospital can be responsive to the needs of local communities, including in my electorate of Hinchinbrook.

In the Hinchinbrook electorate this would mean prioritising a range of services focused on supporting seniors and their particular health concerns. That means the expertise of rehabilitation specialists such as physiotherapists, speech pathologists and occupational therapists being sought after to attend to the needs of the local community. For many years there has been a community desire to have a greater role in the delivery of health services at the local level. This desire will be facilitated in this bill by the provisions allowing for the creation of ancillary boards for individual hospitals within a hospital and health network region. They will exist to provide advice to the regional hospital and health boards on the operations of specific hospitals or health services within their region and will once again comprise locals who will be able to provide advice and support on relevant health matters.

The bill will also amend the act to enable hospital and health services to employ staff once the service is prescribed under regulation, providing hospital and health boards can demonstrate to the government that they are able to take on this responsibility. To ensure equitable pay and conditions across

Queensland, a state-wide approach to enterprise bargaining and award arrangements will remain in place. Adding to the responsibility of the local boards, the government aims to transfer land and buildings to hospitals and health services if they can prove that they are capable of taking on the responsibility of taking ownership of these facilities. It is imperative that accountability arrangements exist and that there are strong lines of communication between these hospital boards and their CEOs. The government will therefore require each hospital and health board to establish an executive committee of the board to work closely with the health service CEO to oversee strategic issues and to oversee clinical and community engagement. Importantly, membership of the executive committee will include clinical members of the board.

For the overworked, underresourced staff at the hospitals and medical facilities in the Hinchinbrook electorate—and indeed across Queensland—these reforms will do much to bring back their confidence in a health system that has continuously failed them under the previous Labor government. They can have confidence that they will be listened to in relation to the circumstances in which they work in the health facilities in Queensland. Finally the state is awarding more control of the operations of our health and hospital system back to local communities. Finally our sick health system is on the mend under the stewardship of the member for Southern Downs, the health minister. I congratulate the health minister on this very positive step forward for the health system in Queensland and I look forward to working with the newly announced chairmen of the health and hospital network boards for Cairns and Hinterland and Townsville, Mr Bob Norman and Mr John Bearne respectively.