



Speech by


**Jann Stuckey**

**MEMBER FOR CURRUMBIN**

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## HEALTH AND HOSPITALS NETWORK BILL

 **Mrs STUCKEY** (Currumbin—LNP) (12.54 pm): I rise to speak on the Health and Hospitals Network Bill 2011 introduced by the Minister for Health, the honourable member for Ferny Grove, on 16 June 2011. The bill is part of the Council of Australian Governments' national health reform and paves the way for a number of significant changes to Queensland's health system. The primary purpose of this bill is to establish local health and hospital networks to deliver public sector hospital and other health services in Queensland. Queensland's 16 current health service districts, which provide administrative and oversight functions for public hospitals, will transition to the new local health and hospital networks.

One would like to think that Bligh's Labor has finally woken up to the wisdom of having local hospital boards, but closer to the truth is that the offer of some \$1.8 billion was too tempting to refuse by this debt-ridden government, so it embraced the idea—an idea it ridiculed previously when the LNP articulated this policy intention years ago. Furthermore, the move to local health and hospital networks is an admission of failure by this toxic Bligh Labor government in regard to its management of Queensland's public health system over a period of virtually two decades. Labor's track record has been abysmal, but rather than fix the problems it adopted a revolving-door attitude, so when things went bad they changed the minister, told seriously overworked doctors to drink more coffee and failed to pay nurses and other health workers for months on end.

I find it fascinating to hear Labor members say that the Bligh government is transforming health with the provisions in this bill. That is not what they said when the LNP proposed a similar strategy. You have to wonder how they can lie straight in their beds at night. They have become so good at charlatan-like behaviour that they no longer know good from evil or truth from fabrication. There is indeed a hollow and malevolent existence, and the voters in Queensland are well and truly aware of it.

I commend the shadow minister, the honourable member for Caloundra, for his contribution leading the debate on this bill for the LNP and for his firm grasp of the implications and concerns with regard to what he calls a 'complicated exercise' that involves three levels of government structures at national, state and local levels. He has foreshadowed amendments.

Networks will be created at statutory bodies responsible for the delivery of public health services in Queensland and will be independently and locally controlled by an expertise based governing council. These de facto hospital boards, which have long been LNP policy, will be held directly accountable for hospital performance under a performance and accountability framework. Expertise is to be drawn from areas such as health management, business and financial management and law, as well as persons with clinical, primary health care, health consumer and community health experience. I am told that advertisements for people to nominate for positions on the councils are already appearing in publications, even though the bill has not yet passed. If that is the case, this presumptuous and supercilious Labor government has taken arrogance to a new level. Networks will be responsible for carrying out their operations efficiently, effectively and economically, including planning, undertaking minor capital works, monitoring and improving quality, managing performance, providing data and consulting with health professionals and the public. The employment of health service workers will remain with the state, as will a number of other factors. In essence, Labor's attempt to copy the LNP's local hospital boards policy falls

short in that the government will merely convert existing health service districts into local hospital networks. Instead of opting for smaller and more manageable groups of three or four hospitals, as was the original intent of the national health and hospitals reforms, we can expect to see groups of 10 to 20 hospitals per network at a regional level.

As a former nurse and a co-director of a small medical practice, I maintain a keen interest in health. As part of the organising committee of the 'save our hospital' rally in 1998, which saw 4,000 people take to the streets of the Gold Coast with an SOS calling for the Gold Coast Hospital to be rated as a category A hospital to attract more training opportunities for future specialists, I am well aware of the value of community participation in our local public hospitals. I am also well aware of the strong community and medical profession support to maintain the existing Southport hospital site for health care initiatives, as our bed capacity requirements will still be wanting when the new university hospital opens. Gold Coast residents welcome the new hospital with its training facilities, but were unimpressed to learn that the government planned to discard the existing Southport hospital. Granted it is an ageing building, but surely it could be well used for any number of non-acute health care services such as a step-down from acute care, a hospice, a medical research centre or an aged care or mental health facility.

The Gold Coast is Australia's sixth largest city and over five million visitors traverse our airport each year. Add to that the drive market and the population swells dramatically. Tourism visitors get sick, too, which is a fact that Labor does not seem to grasp or, more likely, does not want to grasp. Increasing medical demands on the southern Gold Coast and Tweed region, which is over the border in New South Wales, are placing pressure on the only public hospital in our midst at Tweed Heads. There were several discussions as to whether the Tweed should be included in the Gold Coast network or remain in New South Wales, as the final decision found. Numerous health services are provided by the Tweed Hospital to Gold Coast residents. In fact, residents in the Currumbin electorate would be in strife without access to it. That is the reality of our cross-border region. Reports indicate around 6,000 Queensland mothers are crossing the border each year to give birth at the Tweed Hospital, which is around 50 per cent of all births at the hospital. In general, around 40 per cent of all patients at the Tweed Hospital are Queensland residents. This indicates a severe lack of public health resources available for the southern Gold Coast. As cross-border activity reaches unprecedented levels, with some 42,000 car movements between the Tweed and the Gold Coast each day, adequate health care and health services are priority issues for residents in this region.