



COMMONWEALTH OF AUSTRALIA

PARLIAMENTARY DEBATES



**HOUSE OF REPRESENTATIVES**

**BILLS**

**Health Insurance Amendment (National  
Rural Health Commissioner) Bill 2017**

**Second Reading**

**SPEECH**

**Monday, 20 March 2017**

BY AUTHORITY OF THE HOUSE OF REPRESENTATIVES

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## SPEECH

<p><b>Date</b> Monday, 20 March 2017  <b>Page</b> 2357  <b>Questioner</b>  <b>Speaker</b> Littleproud, David, MP</p>	<p><b>Source</b> House  <b>Proof</b> No  <b>Responder</b>  <b>Question No.</b></p>
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**Mr LITTLEPROUD** (Maranoa) (15:53): Today I am quite proud to stand in this parliament and support this great bill, the Health Insurance Amendment (National Rural Health Commissioner) Bill 2017. But I should also commend those opposite for their bipartisan support in ensuring that this bill is passed. It is an important issue, particularly for my electorate of Maranoa, a rural and remote electorate that takes up 43 per cent of Queensland. I do commend those opposite for coming on this journey with us.

But I have to express most of my gratitude to our Assistant Minister for Health, Dr David Gillespie, my National Party colleague, for what he has put in place—building on the work done by Senator Fiona Nash, as his predecessor, many years ago, to make rural health an issue and bring it to the forefront in Australia—and for making sure that today we bring forward legislation that will actually improve the lives and wellbeing of people living in regional and remote Australia. That is something we should be quite proud of as a parliament. I am, as a National Party member, very proud to be part of a party that understands the importance of rural and regional Australia. It is about making those communities out there communities of choice to live in, and that does not come without having a proper health service. Dr David Gillespie has done an outstanding job in this, and he should be commended for what he has done. So congratulations, Dr Gillespie.

I think it is also important to recognise that this bill is about actually getting back to having the grassroots drive the outcomes, and not having Canberra go out there and tell the people of rural and regional Australia exactly what they should have. This is about letting the community drive the outcomes and putting in place an environment where a commissioner can connect with the local community to be able to drive the outcomes that they are looking for—not what Canberra is looking for. We are not the holders of all knowledge and wisdom. We actually need to embrace our communities out there to get a proper understanding—not to come in here and give lectures about what should be happening, but to actually encounter those professionals who are out in regional and rural Australia who will actually be able to give us the insight required to make the proper policy settings to take regional and rural health to a new level.

The bill also builds on the work of my state colleague Lawrence Springborg, who is the former state minister who actually instituted local health boards in Queensland to drive health outcomes from the grassroots up. That is a really important piece that has had significant outcomes for people in my electorate by ensuring that there is a community board that drives the outcomes and tells Brisbane exactly what they require with respect to the outcomes that they need, whether that be an X-ray machine in Barcaldine or a CT scanner in Warwick. So this is building on what our National Party and LNP colleagues have done in Queensland, and I think it comes down to two words: common sense. That is what our electorate wants from us. They want commonsense outcomes to come out of this place that will actually drive better lives for each and every one of them.

Under this bill, the health commissioner will also be specifically charged with the responsibility for developing and promoting training and career opportunities for health practitioners across regional and remote Australia. This is an important piece to me in particular. I have an electorate that is 43 per cent of Queensland. It is important to be able to lure young doctors coming out of university at the start of their careers, or even those at the end, to come out and impart their wisdom and be part of our community, to ensure that we actually get the right outcomes. That is very important to me.

In fact, in Queensland, we are probably a little further ahead—as we normally are—with respect to the national rural generalist pathway in Queensland. In fact, a good friend of mine, Dr Tom Gleeson, who I saw on Saturday at the Roma airport, was one of the first ever to be appointed. He will be in Canberra in a couple of weeks to impart his experience of what this has done for him but also for the community of St George that he lives in. Dr Gleeson is a young man who was educated in Charleville, went away to university and now has come back to his community. He is prepared to give his expertise and skills to make the community of St George a better one for each and every one of those who live there.

These are the sorts of things that we need. We need to have pathways to entice and incentivise people to come back, and to give them a pathway into not just being a GP but into general surgery, obstetrics, anaesthetics and even mental health, which is a significant issue right across regional and rural Australia. So creating this pathway will enable the commissioner to work with the government to validate these practitioners as an absolute necessity in the rural and regional and remote areas of this country. It builds on the great work that the health professionals, not only in Maranoa but right across rural and regional Australia, are undertaking on a daily basis.

I am quite fortunate to live in an electorate where I feel very safe that, if something untoward were to happen to me and I were to need medical services, I would be looked after by some of the best practitioners in this country, if not the world. In fact, I have had the need to use the Warwick base hospital, and I can assure you that my family and I were nothing less than impressed by the professionalism and hard work that those people are putting in to a regional community such as Warwick. So this builds on that.

This initiative will also ensure that we get more timely and acute diagnosis of the issues of people in regional and rural Australia and their health concerns and sicknesses. In many ways, it will also lead to taking the pressure off metropolitan services by providing people who are able to identify those issues. Having them being able to extend further than being a GP is very important to ensuring that we get better outcomes. This pathway program is an exceptional outcome for the people of rural and regional Australia, and I can assure you that Dr Tom Gleeson will epitomise what is the very best of that. He is very proud to be somebody who is a product of Maranoa. He has been given the opportunity to come back and expand his career and to go past being a GP. Getting the professional acknowledgement and satisfaction of being able to extend past the basic services of a GP is important, and enticing him and his young family back to St George to contribute to that community in such a way I think speaks volumes of that program and of what the commissioner will continue to do.

The commissioner will also be tasked with providing the health minister with crucially important advice on rural health reform. As I said earlier, it is important that outcomes are driven from the community up and not from Canberra to the community. We need to encourage the community to become part of the solution on this, and what this step will do is open that up to ensure that there is a conduit for this commissioner from the community back to Canberra so that the outcomes that we give are ones that will actually make a difference. I have no doubt that this will lead to far better outcomes for communities in my electorate like Charleville, Chinchilla, Longreach or Kingaroy, or for any other regional or rural community right across Australia. This is an exceptionally proud moment for me to stand as part of this parliament and be able to say that we are actually going to improve the lives and wellbeing of so many rural and regional Australians.

I think it is also important to acknowledge that what this has the potential to do, as I said earlier, is not only to give more acute and timely diagnosis of sickness for people in regional and rural Australia; it also has the potential to cut the cost of patient travel times and funding for people in regional and rural Australia. We have to pay a significant amount to get people from regional and remote Maranoa into Brisbane or Toowoomba, into a larger centre, so this has potential around cost savings for the people of regional and rural Australia and ensuring that our health costs do not continue to blow out.

It is also important because it acknowledges that electorates like Maranoa are the engine room of this economy. Agriculture is booming and these communities are booming. The reality is that we have to make them communities of choice, and we will not be able to decentralise people away from major cities unless we can provide good health services, good education and a job. The National Party has again been at the forefront of ensuring that we put in place policies that decentralise, that incentivise people to move out and take the opportunities that are out there in rural and regional Australia. This measure is another cog in that wheel to ensure that our communities can become communities of choice for those who want to live out there.

It is also important to acknowledge that our outcomes in rural and regional Australia are not as good as those in metropolitan areas. The Australian Institute of Health and Welfare found that rural Australians have higher rates of death, particularly as a result of coronary heart disease, motor vehicle accidents and emphysema. The institute hypothesized—and I think we all know—that access to services is likely to be the core contributor. There are currently 409 medical practitioners for every 100,000 people in the cities, compared to only 253 per 100,000 people in remote areas. Yet the rate of emergency admissions for surgery is highest for the very remote areas, at 22 per 100,000, which is almost twice the amount of admissions to city hospitals at 12 per 100,000.

Sadly, that reality does not surprise me. On my travels around my vast electorate of Maranoa, one of the prevailing concerns for people living in that area is the provision of health services. Over the last 30 years, the incidence of cancer has climbed from 383 per 100,000 to 504 per 100,000 in 2008, before decreasing slightly to 407 in 2017. In terms of mortality, over the same period the rate has decreased from 209 per 100,000 to 161 per 100,000. That is to be expected with the research and innovation occurring in the health space in terms of cancer diagnosis and treatment. Let us not forget the importance of the provision of the right advice from our health experts, first and foremost, in terms of preventative screening and assessments and, obviously, treatment. That is where people with the dedication of Tom Gleeson come into effect.

It is important to acknowledge that, despite the decrease in mortality rates across Queensland, the Western Queensland PHN mortality rates for cancer patients over the five-year period from 2009 to 2013 was 206.6 per 100,000. This rate of mortality is far higher than that of the Brisbane North PHN, at 167.8, and the Brisbane South PHN, at 183.2. The Gold Coast PHN has a mortality rate of 169.1. In fact, the only PHN across the country that has a result worse than the Western Queensland PHN is the Northern Territory, which records a rate of 210.7 per 100,000. To allow these statistics to continue to grow and the gap to continue to widen would be a travesty, and it is something that we as a government—and even the opposition, as they have, quite rightly, supported this bill—cannot allow to happen. We have to stand strong and firm on this and make sure that we walk hand in hand with our regional and rural communities to ensure that we are able to provide an environment in regional and rural Australia where their health outcomes are not disadvantaged because of their postcode. What this initiative says to the people of my electorate and to all people living and working in regional and rural Australia is that, with access to quality health care, it does not matter where you live.

It is also important to acknowledge that it is about preserving that precious human capital that we need in regional and rural Australia and developing it. It is about them not leaving regional and rural Australia, knowing that we have a good health system, that we have a good education system, that the job opportunities are there and that they understand that the opportunities that are provided in regional and rural Australia will give them the opportunity to have a career, to start a business and to raise a family, and that they can get that with the same equity as those in metropolitan Australia.

This is an important day for the people of rural and regional Australia. It is important that we took this step. We will continue to evolve this measure as rural and regional Australia evolves. It is important that we as a government, no matter the persuasion, continue to acknowledge that and to be fluid as those circumstances change. I am proud to be part of a National Party, a coalition government, that has brought this to the fore.