



STRENGTHENING GP SERVICES IN ISAAC

KEEPING RURAL HEALTH STRONG AND COMMUNITIES LIVEABLE

The Isaac region is home to towns that work hard and support Queensland's economy every day. Our communities are proud, resilient and tightly connected. But access to reliable local healthcare is becoming harder. The stability of GP services in our towns is now at a turning point.

When a community loses its GP, it does not only lose a medical service. It loses confidence in the future of the town. Families leave. Workers relocate. Hospitals are strained. Clubs, schools and small businesses feel the flow-on effects.

This is why strengthening GP services in Isaac matters. It is about keeping rural communities strong, liveable and supported.

↓ WHAT IS HAPPENING NOW

For many years, towns like Clermont and Dysart have relied on a dual-role GP model where doctors provide care in both the clinic and the local hospital. This has worked. It has kept rural hospitals open and ensured people can see a doctor locally.

However, this model is now under pressure.

In Clermont, the long-standing service structure has been disrupted. Local planning toward a new community GP clinic was interrupted, and the town is working through a temporary arrangement while a long-term solution is found.

In Dysart, the long-serving GP who supports both the clinic and hospital is approaching retirement. Without early planning, Dysart may face the same challenges Clermont is experiencing now.

Across the region, the challenges extend beyond inland towns. Along the Isaac Coast, communities stretch across more than ninety kilometres and have no direct access to health services. Care is delivered by a small not-for-profit provider that operates without consistent medical support or infrastructure. Residents travel long distances for basic care, and local volunteers shoulder responsibilities that should

sit within the health system.

These issues do not represent isolated events. They reflect what is happening across regional Queensland.

↓ WHY IT MATTERS?

When GP services fail in regional towns:

- Hospital presentations increase.
- Retrievals and transfers rise.
- Locum costs escalate.
- Workforce and families relocate.
- Communities become less stable.

Maintaining local primary care protects rural hospitals and avoids higher long-term costs. It supports the economic and social strength of regional Queensland.

Stable GP services keep towns liveable and liveable towns retain workers that in turn supports industry that supports Queensland's.

→ WHAT WE'RE ADVOCATING FOR

We are seeking a collaborative approach with the State to ensure that rural health services are designed with rural realities in mind.

We ask for support to:

1. **Finalise a workable model for Clermont** that keeps both the GP practice and hospital service stable.
2. **Begin planning** now for Dysart so the community is not left without a GP when retirement occurs.
3. **Improve coordination** between Mackay HHS and the Primary Health Network so service planning reflects how rural towns operate.
4. **Allow flexibility in service models** so the dual-role GP arrangement remains recognised as a viable and practical rural solution.