

CRITICAL REGIONAL HEALTH SERVICE DELIVERY

MOTION THREE

The LGAQ calls on the State and Federal Governments to work together to seek innovative solutions to immediately address the critical shortages in health service delivery being experienced by Australians living in regional, rural and remote areas.

DESIRED OUTCOME

For the State and Federal Governments to implement an interim contemporary framework to address critical shortages of medical, nursing and allied health staff, in the short term, which are presenting an unacceptable risk to regional communities.

The motion seeks that the State and Federal Governments prioritise an effective contemporary framework to build a sustainable, high quality health workforce that is distributed across the country not based on population numbers but based on demonstrated need.

The current model for provision of health care professionals and services is not working.

An urgent solution is needed to ensure critical roles across regional Queensland and regional Australia are filled.

Current inadequate service levels have led to a protracted lack of continuity of care for patients across regional Queensland and regional Australia which in some instances has led to extremely poor health outcomes.

BACKGROUND

The pressing and persistent challenges faced by Australians residing in regional, rural, and remote areas regarding access to adequate health services has eroded health outcomes for regional Australians.

The geographical expanse of Australia presents a unique set of healthcare challenges, with individuals in remote areas often grappling with limited access to medical facilities, specialists, and resources.

This has resulted in disparities in health outcomes, prolonged wait times, and compromised quality of care.

There needs to be urgent intervention from State and Federal governments to remedy the failing systems.

At the core of this requested collaboration lies a commitment to innovative thinking and solution-oriented strategies that delivers revised healthcare models that ensures adequately funded and resourced health services for regional communities.

By leveraging combined resources and diverse perspectives, communities seek government to devise novel approaches that can be swiftly implemented to ameliorate the existing healthcare deficiencies.

This includes development of robust partnerships with academic institutions, research centres, incentives to attract healthcare professionals to underserved regions.

The focus extends beyond mere stopgap measures; it endeavours to establish sustainable, long-term solutions that can serve as a blueprint for future endeavours in healthcare reform.



CASE STUDY/EXAMPLE

As a result of growing community discontent, in November 2019, Isaac Regional Council established an advocacy platform from which it could represent its communities in relation to health services

The advocacy platform identified fundamental concerns and deficiencies in the provision of medical services, hospital services and allied health services such as:

- The current model of allocation of medical professionals to rural and remote communities is inadequate;
- That, current clinical services planning for hospitals and allied health services does not satisfy demand generated by the true population of Isaac's communities (i.e. inclusive of permanent non-resident workers); and that
- Provision of resources to Isaac region hospitals is inadequate and not sustainable.

Whilst there is collaboration of local government, Mackay Hospital and Health Services, Primary Health Networks and local community on the ground, interim models to ensure locums are available at Isaac region local hospitals have been unsuccessful.

In one of our communities, Clermont, 1 locum doctor at the hospital had to service 3,000 plus residents and provide a general practice surgery. This led to workforce burn out due to

excessive time on call and instances of professional isolation in attempting to provide a health service to community.

Isaac region is a region that supports many high-risk industries and therefore has a high consequential risk and does not have the medical infrastructure or adequate medical staffing to respond to critical incidents as and when they occur.

This is further amplified with the Modified Monash Model classification being based on the Australian Statistical Geography Standard Remoteness Areas framework which again uses population and distance to define remoteness and classifications in its modelling.

When population's such as Isaac's are not considered as true population (that is the permanent resident population and permanent non-resident population) the cumulative impact of modelling of funding and health workforce placement leads to critical service level impacts which are being experienced across the region, with very real human outcomes.

The inadequate service levels have led to is a protracted lack of continuity of care for patients across the region which in some instances has led to extremely poor health outcomes.