



Sub 38

Discussion Paper Feedback

TITLE OF SUBMISSION: *Response to Economic Development Committee Issues Paper No. 3: Inquiry Into developing Queensland's rural and regional communities through grey nomad tourism*

Queensland Health supports the submission on the basis that the following amendments are made:

Issue: In rural and remote areas of the state there is limited access to General Practitioners (particularly after hours). Community Health centres and public hospitals would therefore be the primary point of contact if non-urgent medical attention was required.

Observation: In the 2008/09 financial year, 4.4% of hospital admissions of people aged over 65 years from interstate were in hospitals classified as being in remote or very remote areas of Queensland.

Similar proportions of people aged over 65 years from interstate are accessing Queensland Health Emergency Departments, compared to persons who are residents of Queensland. Unfortunately this data is only available from the larger Peer Group A and B hospitals however it does highlight that hospitals in recognised tourist regions such as Cairns, Gold Coast and Hervey Bay are more heavily accessed by this population group.

Whilst this represents a very small number of patients overall, there may be a high demand on services in peak tourist seasons.

Recommendation:

Health Service Districts incorporate the seasonal impact of grey nomad tourism into policy and planning activities.

Encourage travellers to carry suitable supplies of prescription medication with them. Ensure vaccinations are up to date. Encourage comprehensive health checks prior to embarking on long trips.

Issue: Many rural and remote areas of the state have difficulties attracting medical and allied health staff.

Observation: The Grey Nomad population may include highly trained health professionals whose skills could be beneficial to the communities they visit.

For example, Queensland Health is currently examining the feasibility of establishing an internal, state-wide nursing/midwifery locum management service that would provide support to Queensland Health's rural & remote facilities.

Other workforce models include the Allied Health Professional Enhancement Program (AHPEP) which is focused on providing professional development opportunities in the bush as well as locum programs for doctors.

Persons who are travelling through Queensland with appropriate skills and registration may be able to participate in such programs and therefore become a viable workforce alternative.

Recommendation: Queensland Health continues to examine innovative workforce solutions for rural and remote areas.

Issue: Sudden and transient increases in community populations.

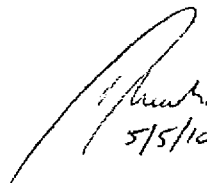
Observation: Health and other community services may not be prepared for sudden influxes of population, particularly in small, rural/remote communities.

Recommendation:
Health Service Districts to develop contingency plans for seasonal and/or unexpected demand for services such as seasonal tourism influxes, epidemics, natural disasters etc.

The contact officers names to be added to the consultation addendum and the date this consultation was undertaken are:

Prepared by: Michelle Willis
Title: A/Manager, Policy and Access Team, Older People's Health and Extended Care Unit
Branch: Primary, Community and Extended Care
Ph: 32340795
Date: 30 April 2010

Cleared by: Kathryn Beacham
Title: A/Director, Older People's Health and Extended Care Unit
Ph: 32474849
Date:



5/5/10