

Inquiry into the provision of primary, allied and private health care, aged care and NDIS care services and its impact on the Queensland public health system

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Primary and Allied Health care:

Allied Health services are limited in the Cape and Torres regions. This under-resourced workforce has been clearly identified in the **Discussion Paper for Consultation: Rural Allied Health Quality, Access and Distribution, Options for Commonwealth Government Policy Reform and Investment, Office of the National Rural Health Commissioner**. The literature review revealed “ *The main findings suggest that there is a significant maldistribution in the current allied health workforce despite increasing graduate numbers, and there is strong unmet need for more allied health services in rural and remote Australia*” (page 6)

In the Torres and Cape HHS, this under-resourced work force has resulted in long waiting lists for Allied Health professionals, limited outreach to communities in the region and prioritisation of Allied Health services so that patients with primary prevention, disability and rehabilitation needs often not being met. Accordingly functional ability, health and wellness measures are suboptimal.

Torres and Cape HHS has the largest footprint of Allied Health in the region. Services are provided from hub sites at Cooktown, Weipa and Thursday Island with outreach to communities on a regular but limited basis. This is limited due to the restricted staffing levels available, and the expense of travel to these small communities. The system is underfunded for the provision of adequate allied health services. There are some services that are not available eg psychology intervention, social work intervention in communities

Allied Health have a significant contribution to make to individuals’ health and well being in primary health including prevention, diagnosis, intervention and rehabilitation. There are very few private providers in the region, and for some professions Queensland Health is the only provider in this region. The burden of chronic disease is highly prevalent in our region where 69% of our population are indigenous, and communities are remote. In 2014 the ATSI residents in this region experienced 2.4 times the expected burden of disease and injury, based on Queensland non indigenous rates. Approx. 74% of our admissions to hospital are ATSI patients.

There are programs of service that are not provided as a coordinated, cohesive service in the region eg Palliative Care, Domestic & Family Violence.

There is a lack of capacity to provide primary prevention and well being services across the spectrum of Allied Health professionals who should be available more regularly and more frequently to residents of the remote communities.

Whilst Telehealth is a useful tool in providing care, it does not meet the needs and is not culturally acceptable for many clients. It is important that clinicians understand the communities that they work in, build rapport with their clients and gain trust – in order to deliver a meaningful and effective service. This requires consistent, face to face contact and quality service delivery.

Funding for programs or projects is often allocated on a per capita basis – and this does not recognise and provide for the geographical spread of communities necessitating travel expense, and also the high proportion of indigenous population necessitating more intensive resource due to the high burden of socioeconomic and health issues.

Aged and NDIS care:

NDIS is underutilised in the Torres and Cape. While there have been some private providers providing services – these have not generally been well accepted as providers are often not well connected to communities, and telehealth has limited effectiveness for these clients where the therapist does not have the necessary level of cultural awareness and understanding, and does not have Health Workers working with them and the family. Queensland Health is the provider of last resort for NDIS clients – and while we are able to see some clients with disability, there is a significant number who are not receiving services.

In particular Early Intervention for pre-school age children is lacking and this obviously has major adverse consequences for these children through life. Torres and Cape HHS submitted a proposal to NDIA in 2019 for funding to provide adequate services to children in the Torres region – but this was not accepted by NDIA. This is particularly disappointing and frustrating as there is significant underspend by NDIS in this region. Children in metropolitan areas have access to a range of health professionals – and a choice of health professional for a particular profession. There is no such equity of access in rural and remote areas.

Aurukun is an example of the situation in our communities where the NDIS Dashboard shows 10 or fewer participants per provider by age group 0 – 24 years, by high and low level of function, and for autism/Developmental Delay/Intellectual Disability and Downs syndrome. Clearly these clients in the community may not be diagnosed in the first place, and if they are – there is no provider available for intervention. The situation is similar for most other communities in the Torres and Cape catchment.

There is a small residential aged care ward at each of the facilities in Cooktown and Weipa, and there is an Aged Care Facility run by Blue Care on Thursday Island. Community services vary across the area in providers and breadth of service available. The population of 65+ age group is predicted to increase by 53% between 2018 – 2026. There is no dementia specific facility in the Cape. Management of these aged and vulnerable people often necessitates sending them off country to a larger centre – where they do not have their family in close proximity. It is particularly important to indigenous people to remain on country, and die on country. The expense of bringing someone who has passed back to their community is considerable – and a burden for most family or communities. There is a need for extra residential and respite facilities in the region, and dementia specific facilities with appropriate staffing.

Private health care system

There are a very limited number of private practitioners offering services to clients in the Cape and Torres. Most of these are FIFO, and do not have connection to communities, or good communication with the HHS.

The HHS, ACCHOs and RFDS have the largest health provider footprint in this region – these are all government agencies. The vast majority of people in this region do not have private health insurance.