

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

Submission No: 26
Submitted by: Health Services Union NSW/ACT/QLD
Publication: Making the submission and your name public
Attachments: See attachment
Submitter Comments:



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

HSU members and the services that they provide are an integral part of health care in Queensland. They work across aged care, Aboriginal and Torres Strait Islander health services, the private health system, private pathology, and mental health services. Over the past two years, the COVID-19 pandemic has placed new pressures and challenges on health care delivery in Queensland, and this inquiry provides an opportunity to reflect on how the system is functioning. In preparing this submission, we surveyed our Queensland members to hear their views and experiences.

Aboriginal and Torres Strait Islander Health Services

Surveyed HSU members working in Aboriginal and Torres Strait Islander health services reported varying satisfaction with the availability and resourcing of Queensland Health services in their communities. Concerns were raised about the availability of ambulances or community transport for clients requiring transport to public health services in regional areas. Additionally, the availability of mental health services in the public health system was raised as an issue impacting on the clients HSU members work with.

The introduction of a vaccine mandate requiring workers in healthcare settings to be fully vaccinated against COVID-19 from 15 December could cause particular disruption to staffing levels in Aboriginal and Torres Strait Islander health services. These services are essential for culturally sensitive care and health promotion. Recent news reports have highlighted the inconsistent COVID-19 vaccination coverage across Indigenous communities, especially in regional areas of North Queensland where first dose coverage ranges from 60 to 86 per cent¹, with some areas of the Cairns region reporting fully vaccinated rates lower than 50 per cent². According to *Guardian* tracking of COVID vaccination rates among the population, as of 5 December, 44.61 per cent of Queensland's Indigenous population (over 12 years of age) were fully vaccinated. This compares to a rate of 78.36 per cent for non-Indigenous Queenslanders (over 12 years of age).³

This creates concerning risks for the near future as border restrictions are set to ease before Christmas. So far Queensland has managed to avoid much of the worst of the pandemic. This also means that the biggest challenges are forthcoming. It is of the utmost importance that Queensland

¹ Major, T. 2021. 'Criticism of slowing Indigenous vaccination outreach program as border reopening nears', *ABC North Queensland*, 30 November. URL: <https://www.abc.net.au/news/2021-11-30/covid-vaccine-program-criticism-health-aboriginal-indigenous-qld/100654630>

² Clark, L. 2021. 'Concerns over low Qld Indigenous vax rates', *The West Australian*, 10 December. URL: <https://thewest.com.au/news/coronavirus/concerns-over-low-qld-indigenous-vax-rates-c-4900292>

³ Guardian Australia Vaccine Rollout Tracker (accessed 5 December 2021). URL: <https://www.theguardian.com/australia-news/datablog/ng-interactive/2021/dec/10/covid-19-vaccine-rollout-australia-vaccination-rate-progress-how-many-people-vaccinated-percent-tracker-australian-states-number-total-daily-live-data-stats-updates-news-schedule-tracking-chart-percentage-new-cases-today>

Health is prepared to support communities and work with Aboriginal and Torres Strait Islander organisations to ensure that service provision and health care is not interrupted, and vaccination is accessible and encouraged.

Aged Care

The impacts of the COVID-19 pandemic, coupled with the release of the Aged Care Royal Commission's final report and recommendations, have laid bare the true state of aged care in Australia, and Queensland has been no exception. Aged care workers navigate serious understaffing and under-resourcing issues, making it difficult to provide the care that they know that their residents need. Their jobs are precarious, their skills are undervalued, and prospects for career progression are virtually non-existent – but despite this, they have shown up to work prepared to go above and beyond to look after their residents in the midst of a global pandemic.

Understaffing in aged care was already a concern before the COVID-19 pandemic. The HSU submission to the Royal Commission into Aged Care Quality and Safety drew attention to the chronic underfunding of the aged care sector, one of the major effects being inadequate staffing levels. The Royal Commission highlighted this issue in its Interim Report.

Working 'short' due to funding constraints has a significant impact on the aged care workforce and their ability to deliver high quality and safe care to residents. Adding more duties, like visitor checks or additional cleaning, to an already excessive workload can only be detrimental to residents and aged care workers.

Residents are forced to live in an environment in which their immediate health needs are not appropriately catered for, and they are provided very limited 'lifestyle' opportunities to enjoy themselves. As a consequence of short-staffing, residents are frequently found lying in their own faeces or wet beds. Staff are unable to provide timely responses to resident's buzzers and requests for help. Resident's and their families pay exorbitant fees expecting the highest level of care but are provided with sub-standard treatment by virtue of facilities being understaffed.

Aged Care Supervisor

Residents are missing out on showering; some are not being fed and not getting the attention they deserve. Not enough help in the dining rooms for meals, unable to monitor what residents are eating or if they are eating. Some days the morning tea and afternoon teas are unable to be delivered as the care staff are too busy with the personal care.

Carer

The lack of staff affects not only the physical, but the emotional and psychological well-being of residents. Aged care workers are acutely aware of residents' needs for personal attention, and their inability to provide it causes distress all around.

Residents are lonely and saddened because they look forward to seeing and talking to someone who's not in a hurry.

Care Service Employee

Lifestyle staff so short that activities are constantly being cancelled. Residents miss out on social activities because of it.

Food Services Worker

Residents needs company, need someone who answers their buzzers when they need help. Residents should not be left alone staring at the television or at the window most of the time. They need a home where there is always someone they can talk to. Not to be left alone with too much loneliness till the end of their lives.

Care Service Employee

Staffing levels in aged care have impacts beyond the sector. When appropriate staffing levels are not maintained, public hospital and ambulance resources must be relied on.

In a survey of our members the HSU conducted for the purposes of this submission we asked our aged care members: 'How reliant is your workplace on public health services, such as ambulances or hospitals, to meet your clients/residents' needs?' In response 87.5 per cent said their facility was 'very reliant' or 'somewhat reliant. Further, 25 per cent reported that more than once per week they were having to call ambulances or arrange for clients/residents to be treated at hospitals due to inadequate access to GPs or other health professionals.

Private Pathology

Private pathology services provided an important resource for Queensland Health's COVID-19 response. As a result, workers in private pathology saw massive increases in workload and changes to the patterns and nature of their work due to their role. Feedback from HSU members highlighted the stress that this upheaval has caused.

Very stressful and overworked. Away from my family for extended times. Working on days off and extended hours.

HSU member working in private pathology

COVID-19 outbreaks bring about heightened fear and uncertainty in the community. Private pathology workers staffing pop-up testing clinics regularly bear the brunt of this community anxiety, often with very distressing outcomes. Workers report facing abuse and aggression from community members at testing clinics, but often find themselves on their own, without provision of security staff. The story of one particular HSU member is illustrative. While she was working at a drive-through testing clinic, a member of the public refused her simple instruction to wear a mask. He became increasingly belligerent, getting out of his car and spending some 45 minutes verbally abusing the worker and videotaping other people. During the incident our member had no security staff to assist her, no alarm or CCTV, and although a call went in to management there was no response until well after the incident. Unfortunately, this experience is not isolated, as we saw in the responses to our survey.

Massive impact[s] during times of community [transmissions] – longer hours, rapid change amongst the team, uncertainty and fear, increase in poor behaviour from community members/patients.

HSU member working in private pathology

I feel battle fatigued and used by my company.

HSU member working in private pathology

Conclusion

While Queensland has been largely sheltered from the worst effects of the pandemic so far, all parts of the Queensland health system will face new challenges in the wake of border restrictions easing. Increased community transmission of COVID-19 in Queensland is to be expected, but the situation remains uncertain and will depend on vaccination rates and the nature of new variants such as Omicron. The concerns raised by HSU members in this submission are only going to intensify. Urgent steps must be taken to increase COVID-19 vaccination rates among Aboriginal and Torres Strait Islander populations, as they face disproportionately poorer health outcomes. Where private pathology services are engaged to assist in the COVID-19 response, they must be resourced and staffed appropriately. Already overworked and under-resourced, aged care workers will have to navigate heightened transmission risks in their workplaces. Queensland Health has an important role to play in supporting other health services through these challenging times.