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Mayor Darren Power

20 December 2021

Committee Secretary  
Health and Environment Committee  
Parliament House  
George Street  
Brisbane Qld 4000

Dear Sir/Madam

**Submission to the 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**

Thank you for the opportunity to make a submission to this inquiry. Logan City Council appreciates the time taken by the Health and Environment Committee to consider this important issue and I trust our submission will be of value.

The City of Logan is experiencing unprecedented growth, with our population expected to jump from nearly 350,000 to over half a million people by 2041. Over the next 20 years, our city will continue to accommodate a significant proportion of South East Queensland's population growth, particularly in the State-approved Priority Development Areas of Greater Flagstone and Yarrabilba, expected to be home to over 200,000 people by 2066.

Conscious that our high population growth will also result in a growing demand for health services, Logan City Council commissioned research in 2018 to identify the health and medical development and investment opportunities in our city. This study analysed current and future demand for health care services, identified current and future gaps in service delivery and explored the main drivers of investment. This business case identified the following gaps in Logan's healthcare infrastructure:

- A significant shortfall in acute hospital care, despite the expansion of Logan Hospital.
- A significant flow of patients to hospitals and facilities outside of Logan (representing current demand).
- Significant gaps in specialist outpatient care and medical imaging services.
- Targeted gaps in allied health services.

While the range of services provided by Logan Hospital is expanding, this research showed that it will be unable to keep pace with the growing demand for health services of a booming Logan population.

Since we commissioned this research in 2018, Council has been successful in attracting and facilitating strategically important health and medical investments and developments to our city. Over 30,000m<sup>2</sup> of private health, medical and related services is expected to be delivered into Springwood, Meadowbrook, Loganholme, Crestmead, Park Ridge, Greenbank, Flagstone and Yarrabilba over the short to medium-term.



These private health projects provide a golden opportunity for the Queensland Government to ease the strain on the health system by exploring partnerships with the private sector to deliver critical public health services and reduce waiting times for residents in Logan and surrounding areas.

Given the importance of the issues raised in our submission, I would greatly welcome the opportunity to appear before the committee at one of its public hearings scheduled for February/March 2022. This will provide the opportunity for the Committee to explore further the issues facing Logan residents in accessing public health care, as well as the potential of public-private partnerships to help meet this demand.

Thank you again for the opportunity to make a submission to this inquiry. If you would like to meet with us to discuss our submission further, please do not hesitate to contact David Hanson, Director, Strategy and Sustainability, on [REDACTED] or by sending an email to [REDACTED]

Yours sincerely



**Mayor Darren Power**

# **Partnering with the private sector: A new approach to meeting Logan's health care needs**

**Submission to Health and Environment Committee 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**

**December 2021**

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## Attachments

- Attachment 1: Business case for health and medical investment in the City of Logan (Summary)
- Attachment 2: Business case for health and medical investment in the City of Logan (Full Report)
- Attachment 3: NDIS dashboard for the Logan Local Government Area

# Executive Summary

The City of Logan is one of the largest and fastest growing local government areas in Australia, with our population expected to grow from nearly 350,000 to over half a million people by 2041 and several 'new cities' planned for development over the next 30 years.

Logan City Council commissioned an independent study in 2018 into the health and medical development and investment opportunities in the Logan Local Government Area. This research analysed demand for health services now and in the future, identified current and projected service delivery gaps and explored investment drivers in health services.

This study provides clear evidence of gaps in Logan's healthcare infrastructure, including:

- A significant shortfall in acute hospital care, despite the expansion of Logan Hospital
- A significant flow of existing patients to hospitals and facilities outside of Logan (representing current demand)
- Significant gaps in specialist outpatient care and medical imaging services
- Targeted gaps in allied health services.

The Queensland Government has a golden opportunity to leverage the substantial private investment being made in health and medical infrastructure in Logan to meet the city's current and future demand efficiently and effectively for public health services, including through:

- Relocation and co-location of public health services with private sector developments
- Sub-contracting critical surgeries and services to the private sector
- Partnering with providers of specialist disability accommodation (SDA) and supported independent living (SIL) services
- Increasing the capacity of health infrastructure and services in the Logan local government area and surrounding region through the delivery of new private health facilities.

Logan City Council would welcome the opportunity to facilitate dialogue between the Queensland Government and private health care providers aimed at identifying public-private partnerships and strategies that will help meet Logan's health care needs now and into the future.

# Introduction

The City of Logan is one of 12 local government areas that make up the South East Queensland region. The City comprises 70 suburbs covering 957 square kilometres, and approximately 70 per cent of the City is rural, semi-rural or land for conservation.

Logan is also one of the largest and fastest growing local government areas in Australia, with our population expected to grow from nearly 350,000 to over half a million people by 2041 and several 'new cities' planned for development over the next 30 years.

Our city is a vibrant and diverse community, home to people from 217 different nationalities and cultures, including Aboriginal and/or Torres Strait Islander people, descendants of people born overseas and established and recently arrived migrants. Around 10,000 of our residents identify as Aboriginal and/or Torres Strait Islander and more than a quarter of our residents were born overseas. Country of birth and languages spoken are wide-ranging across the city.

Over the next 20 years, the City of Logan will continue to accommodate a significant proportion of South East Queensland's population growth. The city's network of activity centres will each play an important role in supporting housing and business development, providing employment, offering options for sport, leisure, culture, and entertainment, and delivering human and health services. These centres are:

- Principal centres: Beenleigh and Springwood
- Major centres: Logan Central, Jimboomba, Browns Plains, Loganholme (Shailer Park)
- Specialist centre: Meadowbrook
- Other centres: Logan Village and Park Ridge
- Priority Development Area (PDA) centres: Flagstone and Yarrabilba.

## Our advocacy objective

Improving access to health services in Logan and surrounding regions is a priority in Council's *Economic Development Strategy 2022-2027*. To achieve this objective, we wish to work with the Queensland and Australian governments and the private sector to:

- Increase primary health hubs and allied health services in major growth areas.
- Attract and support private investment in health care developments that would help overcome significant health service delivery gaps in Logan and surrounding regions.
- Support the National Disability Insurance Scheme (NDIS), including by encouraging more specialist disability accommodation (SDA) developments.

## Our submission

Our submission presents evidence of gaps in the delivery of health and medical services in Logan and highlights the opportunity for the Queensland Government to leverage these private sector investments to provide public health services efficiently and effectively to Logan residents and surrounding areas.

# Health and medical service gaps in Logan

Logan City Council commissioned research in 2018 to identify the health and medical development and investment opportunities in the Logan Local Government Area (LGA) (refer to Attachments 1 and 2). This research analysed current and future demand for health services, identified current and projected service delivery gaps and explored investment drivers in health services.

This study provides clear evidence of gaps in Logan's healthcare infrastructure, including:

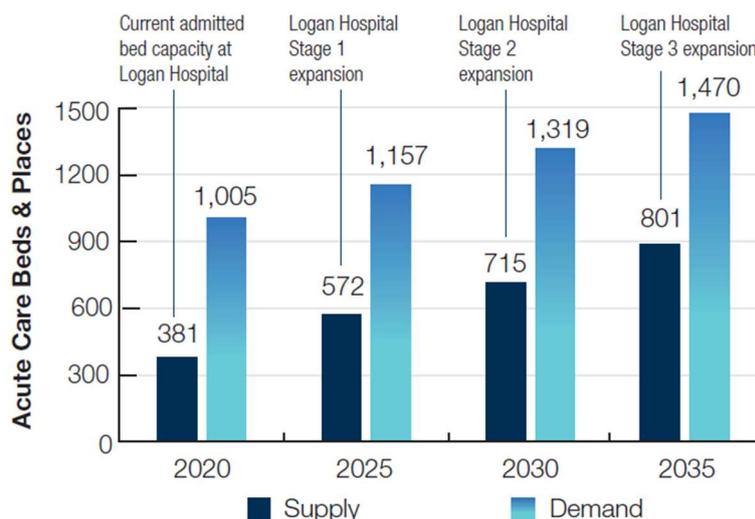
- A significant shortfall in acute hospital care, despite the expansion of Logan Hospital
- A significant flow of existing patients to hospitals and facilities outside of Logan (representing current demand)
- Significant gaps in specialist outpatient care and medical imaging services, and
- Targeted gaps in allied health services.

## Acute hospital care

Modelling shows that there is a significant existing and growing gap in acute care beds in Logan despite the expansion of the Logan Hospital:

- In 2020, before the Logan Hospital expansion, it was anticipated the city's population would need 624 additional beds and places.
- In 2025, after the Logan Hospital expansion, the city's population will need at least 585 additional beds and places.
- Demand will continually increase and even planned future expansions of the Logan Hospital will not meet projected demand, resulting in a projected shortfall of 604 beds and places in 2030.

The current gap in the delivery of acute care services within Logan will likely be partially met by public and private hospitals in the wider region. However, key subsets of acute care beds and places that will require significant servicing now and into the future include obstetrics and gynaecology, paediatric care and emergency and urgent care.

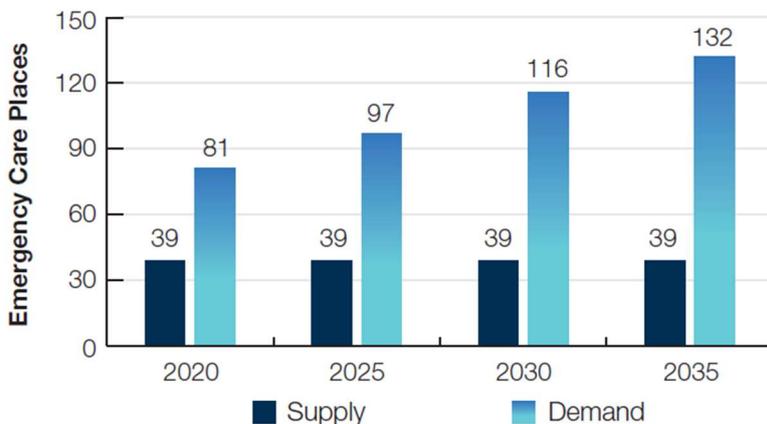


Acute Overnight and Same Day Beds and Places (2020-2035)

**Source:** Health Project Services, Business Case for Health and Medical Investment – Prepared for Logan City Council, March 2018

## Emergency and urgent care

With no known developments and expansions occurring in clinical services, a comparison of projected demand for emergency and urgent care places indicates a current and growing gap. A shortage of 42 beds and places was expected in 2020; however, this shortage could grow even further due to COVID-19, leading to an even greater gap of 93 places by 2035.



Emergency and Urgent Care Places (2020-2035)

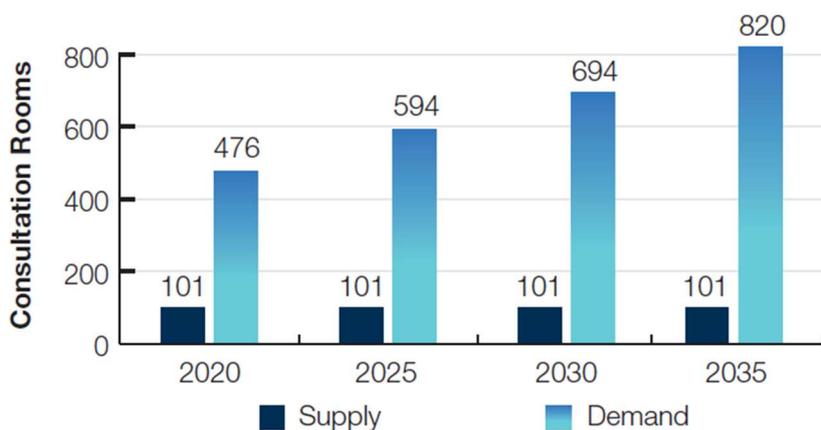
Source: Health Project Services, Business Case for Health and Medical Investment – Prepared for Logan City Council, March 2018

## Specialist outpatient care

Modelling already shows a significant gap in the provision of a range of specialist outpatient services in Logan. Moreover, demand for specialist outpatient services is predicted to grow at a faster rate than other types of clinical care. In 2020, the projected gap was 375 specialist consultation rooms across the city and this gap will grow to 594 by 2025 if additional services are not provided.

The need for specialist services within Logan is extensive, with the areas of highest need being:

- Paediatric medicine and surgery
- Obstetrics
- Ophthalmology
- Psychiatry
- Urology
- Trauma, injury, and plastic surgery



Specialist Outpatient Consultation Rooms (2020-2035)

Source: Health Project Services, Business Case for Health and Medical Investment – Prepared for Logan City Council, March 2018

## Disability Care

There are around 4.3 million Australians who have a disability. Within the next five years, the National Disability Insurance Scheme (NDIS) will provide more than \$22 billion in funding a year to an estimated 500,000 Australians who have a permanent and significant disability.

The National Disability Insurance Agency (NDIA) collects, analyses and reports on a wide range of information about the experiences of NDIS participants, their families, and carers. The most recent NDIS market monitoring dashboard for the Logan LGA<sup>1</sup> provides an in depth understanding of participants per provider, provider concentration, provider growth and shrinkage, utilisation, and choice and control within Logan (refer to Attachment 3).

The NDIA data identifies significant issues regarding the provision of disability care services in Logan:<sup>2</sup>

- There are 6,065 active participants with an approved plan in Logan, compared with 88,608 active participants with an approved plan in Queensland.
- There are 797 active providers within Logan, compared with 2,903 active providers in Queensland.
- There is an average of 7.6 participants per provider in Logan, compared with 30.5 participants per provider in Queensland.
- Funding of \$224.5 million has been provided for plan budgets in Logan, compared with \$3.35 billion in funding for plan budgets for Queensland.
- Plan utilisation in Logan is about 75%, compared to plan utilisation in Queensland of 73%.<sup>3</sup>

This information indicates there is high demand for disability services in Logan; however, the lack of allied health and support services in the city prevents patients and clients from gaining access to the services they require, leading to an underspend in approved plan budgets.

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<sup>1</sup> For the period 1 October 2020 to 31 March 2021

<sup>2</sup> This data has been sourced from Participant Category Detailed Dashboard as at 30 June 2021 (exposure period: 1 October 2020 to 31 March 2021) and the NDIS Market Monitoring <https://data.ndis.gov.au/reports-and-analyses/market-monitoring>

<sup>3</sup> This panel shows plan utilisation over the exposure period, which includes payments to providers, participants, and off-system.

# Partnering with the private sector to meet Logan's health care needs

The 2018 research commissioned by Logan City Council indicates that the following health services are potentially required to support Logan's rapid population growth (refer to Attachments 1 and 2):

- A private hospital (50-150 beds)
- Day hospital (up to 35 beds)
- Specialist medical suites
- Specialist outpatient care
- Stand-alone medical imaging and radiology centres
- Integrated care centres with co-located general practice, and
- Allied and specialist care/services.

## Private health projects in Logan

Meadowbrook is identified within the *Strategy for Social Infrastructure 2019* and *Shaping SEQ 2017* as a specialist centre. The precinct itself has well-established anchors including the Logan Hospital, TAFE Logan Campus, Griffith University, as well as significant private investment including land holdings and investments in health and education. The precinct also benefits from the Loganlea train station, which the Queensland Government will relocate by 2024-2025. About \$600 million is currently being invested by the Federal and State governments into the precinct.

Council has estimated that once all current and foreshadowed private health developments are delivered in the Logan catchment, there will be over 30,000m<sup>2</sup> of private health, medical and related services in Springwood, Meadowbrook, Loganholme, Crestmead, Park Ridge, Greenbank, Flagstone and Yarrabilba over the short to medium term. By 2041, Council estimates that 11,500 health and wellness jobs will be generated in Logan, the majority within Meadowbrook. Current private health projects include:

- **Springwood Health Hub** (under construction): Situated in Springwood on the Pacific Motorway M1, this development will offer two dedicated gastroenterology theatres, IVF clinics, radiology, GP super clinic, allied health, and additional specialists services.
- **Southwest Medical Precinct** (under construction): This facility is located along Logandowns Drive, 200m from Logan Hospital. It comprises over 2,000m<sup>2</sup> of retail, medical, and office space, with UQ Health Care as the anchor tenant. The Meadowbrook Medical Centre will be operational in early 2022, bringing experienced general practitioners to the area, with specialist interests in diabetes, family health and preventative care.
- **Meadowbrook Health Centre** (ready for construction): This is a 'shovel-ready' DA-approved site offering lease and ownership opportunities and a design that can be modified to meet specific needs under a turnkey offering. The development provides the opportunity for allied and primary health, consultant suites, specialists procedures, surgical day procedures, specialist care services and primary imaging and diagnostics services and additional health services.
- **Yarrabilba Health City** (under development): This development will incorporate speciality units for cardiology, oncology, radiology, dental surgery, and allied health care.
- **Crestmead/Park Ridge Health Hub** (proposed): This development will service the health needs of residents in Park Ridge and surrounding areas, including growth areas of Logan Reserve, Greenbank, Logan Village, Jimboomba, Yarrabilba and Greater Flagstone. It will provide easier access for patients and better health outcomes through a comprehensive approach to meeting health care needs in the one location, including primary health, urgent care services, allied health, dental, day surgery, rehabilitation, and specialist services for these catchments. The Crestmead/Park Ridge Health Hub

will help alleviate strain on existing public health services, as residents in the largest growth area will be able to access health services within a 10km radius.

- **Meadowbrook** (in the pipeline): Additional major private healthcare developments are in the pipeline for the Meadowbrook precinct that will potentially help reduce the strain on the Logan catchment and surrounding areas.
- **Specialist Disability Accommodation (SDA)**: An increase in developments is expected. SDA housing is designed for people with extreme functional impairment or very high support needs. These developments will create an associated need for the services of a range of allied health professionals, including an occupational therapist, behavioural therapist, physiotherapist, dietitian, nutritionist, massage therapist, podiatrist, registered nurse, as well as other services that residents may find difficult to access due to their disability.

These private health developments in the Logan catchment will help underpin the city's health and medical infrastructure and provide easier access to health services to residents in Logan, as well as Redlands, the southside of Brisbane, Gold Coast, and Ipswich. There are also opportunities to improve connections between key training and education facilities, including Loganlea High School, TAFE Logan Campus and Griffith University Logan Campus.

## Partnering with the private health sector

As outlined above, Logan City Council has been very effective in attracting a pipeline of private health projects to the city. As well as providing private health care benefits, these projects also present the Queensland Government with a golden opportunity to leverage substantial private investment in health care to provide public health services to Logan residents and surrounding areas.

The new Surgical Treatment and Rehabilitation Service (STARS) Hospital located at Herston is an example of the potential of private-public sector partnerships (PPP). It is the first public hospital in Australia to be funded by real estate investment trust (REIT) investors. Australian Unity's Healthcare Property Trust built and funded the new \$340 million facility under a (PPP) where Metro-North Health operates STARS under a 20-year lease, with two 10-year options. The unique funding structure for STARS provides a "capital-light" funding model for the Queensland Government, an important consideration given public sector budgets are under pressure (Appendix 1 provides more information on the STARS facility).

Private-public partnership options that could be explored in Logan include:

- Potential relocation and co-location of public health services to these private health developments.
- Sub-contracting critical surgeries and services to the private sector, potentially via Surgery Connect<sup>4</sup>.
- Partnering with Specialist Disability Accommodation (SDA) and Supported Independent Living (SIL) providers to explore the Step-Up Step-Down service.
- Increasing the capacity of health infrastructure and services in the Logan LGA and surrounding regions through the delivery of:
  - Additional hospital beds, operating theatres, and urgent and specialist care facilities
  - Additional private and public emergency departments
  - Services targeting chronic disease and appropriate health services in high growth areas
  - Short term accommodation facilities, and
  - Pathways for education and training into the health sector.

Logan City Council would welcome the opportunity to facilitate dialogue between the State Government and private health care providers to help identify public-private partnerships and strategies that would help meet Logan's health care needs now and into the future.

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<sup>4</sup> Surgery Connect is a Queensland Health program where the private health sector is engaged to support hospitals and health services to provide public patients with timely access to health services.

# Appendix 1: The Surgical Treatment and Rehabilitation Service (STARS) Hospital

The New Surgical, Treatment and Rehabilitation Service (STARS) is a 182-bed standalone public health facility that has increased access to specialist rehabilitation and geriatric services, surgical and endoscopic procedural services, and outpatient services primarily for patients from the Metro-North Queensland catchment.

STARS is first public hospital in Australia to be funded by real estate investment trust (REIT) investors. Australian Unity's Healthcare Property Trust built and funded the new \$340 million facility under a Public-Private Partnership (PPP) where Metro-North Health operates STARS under a 20-year lease, with two 10-year options.

This is a unique structure for a significant public health facility, which are more traditionally funded using infrastructure funding models. The funding model used is "capital-light" for the Queensland Government, which is important given public sector budgets are under pressure due to costs associated with an ageing population and the pandemic.

Metro-North Hospital and Health Service (Metro-North) operates STARS as part of the Herston Health Precinct, one of Australia's largest integrated health and knowledge precincts. STARS is a greenfield and digital specialist public health facility that opened in early 2021. It has been designed to deliver a range of new and expanded healthcare services to meet demand and increase patient access to specialist rehabilitation services, elective surgical and endoscopy procedural services.

The 182-bed specialist public health facility couples complex rehabilitation and specialist elective surgical services and procedures in a planned procedure environment to provide patients with greater access to care in clinically recommended timeframes.

The new public health facility has been designed to provide a range of new and expanded healthcare services to:

- Increase access to geriatric and specialist rehabilitation services, elective surgery, and endoscopy services
- Meet the growing demand for specialist rehabilitation services
- Reduce the number of sub-acute rehabilitation patients being treated in acute beds
- Ensure more patients have access to services within clinically recommended timeframes
- Reduce patient wait times for specialist rehabilitation, elective surgery, and endoscopy services.

With 100 beds for rehabilitation, STARS is one of the largest specialist rehabilitation services in the southern hemisphere.

Low complexity, elective, short-stay surgical procedures will be available across a range of targeted speciality areas, including:

- Ears, Nose and Throat (ENT)
- General surgery
- Ophthalmology
- Orthopaedics
- Urology

The Queensland Government's partnership with Australian Unity demonstrates what can be achieved when private sector funding is applied to new health assets.

# Business Case for Health and Medical Investment

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## CITY OF LOGAN



# The Business Case

Logan City Council commissioned research to identify the health and medical development and investment opportunities in the Logan Local Government Area. Based on evidence driven data, the research completed as of 31 May 2018, provides an understanding of the current and future health demand to identify gaps (existing and future) and explores main investment drivers.

To access the full **Business Case for Health and Medical Investment**, please contact Logan City Council at [loed@logan.qld.gov.au](mailto:loed@logan.qld.gov.au).

## About the City of Logan

The City of Logan is a young and dynamic city and is home to more than 320,000 people from 217 cultures, making it one of the most diverse in Queensland. With the population to grow to over 500,000 in less than 20 years, Logan is entering an exciting era of growth.

Located in the centre of the rapidly growing South East Queensland region, Logan is approximately 30 minutes' drive from Brisbane and the Gold Coast. In close proximity to major arterial networks, three international airports, freight rail and the Port of Brisbane, Logan is strategically located to access domestic and global markets.

Covering 957km<sup>2</sup>, Logan boasts rich and varied lifestyle options – from leafy suburbs to bushland acreage and has thriving commercial, industrial and retail precincts. Logan has eleven activity centres, including master-planned centres of Springwood, Meadowbrook, Logan Central and Beenleigh and priority development areas Greater Flagstone and Yarrabilba that will accommodate for the majority of the city's population and jobs growth.

The city's Gross Regional Product is valued at \$13.488 billion, with more than 21,000 businesses operating across diverse industry sectors. Health care and social assistance is a top performing sector, along with construction, manufacturing, retail trade, real estate services and transport and logistics. Major infrastructure investment is in the pipeline to meet the demand of Logan's growth and support the development of the city's supply chain network.

# CITY OF LOGAN

**LOGAN MOTORWAY**  
 \$512m Logan Enhancement Project

**KINGSTON BUTTER FACTORY**  
 \$12m redevelopment including \$6m innovation hub by 2019

**M1 PACIFIC MOTORWAY UPGRADES**  
 \$939m total project cost Gateway Motorway to Daisy Hill by 2023

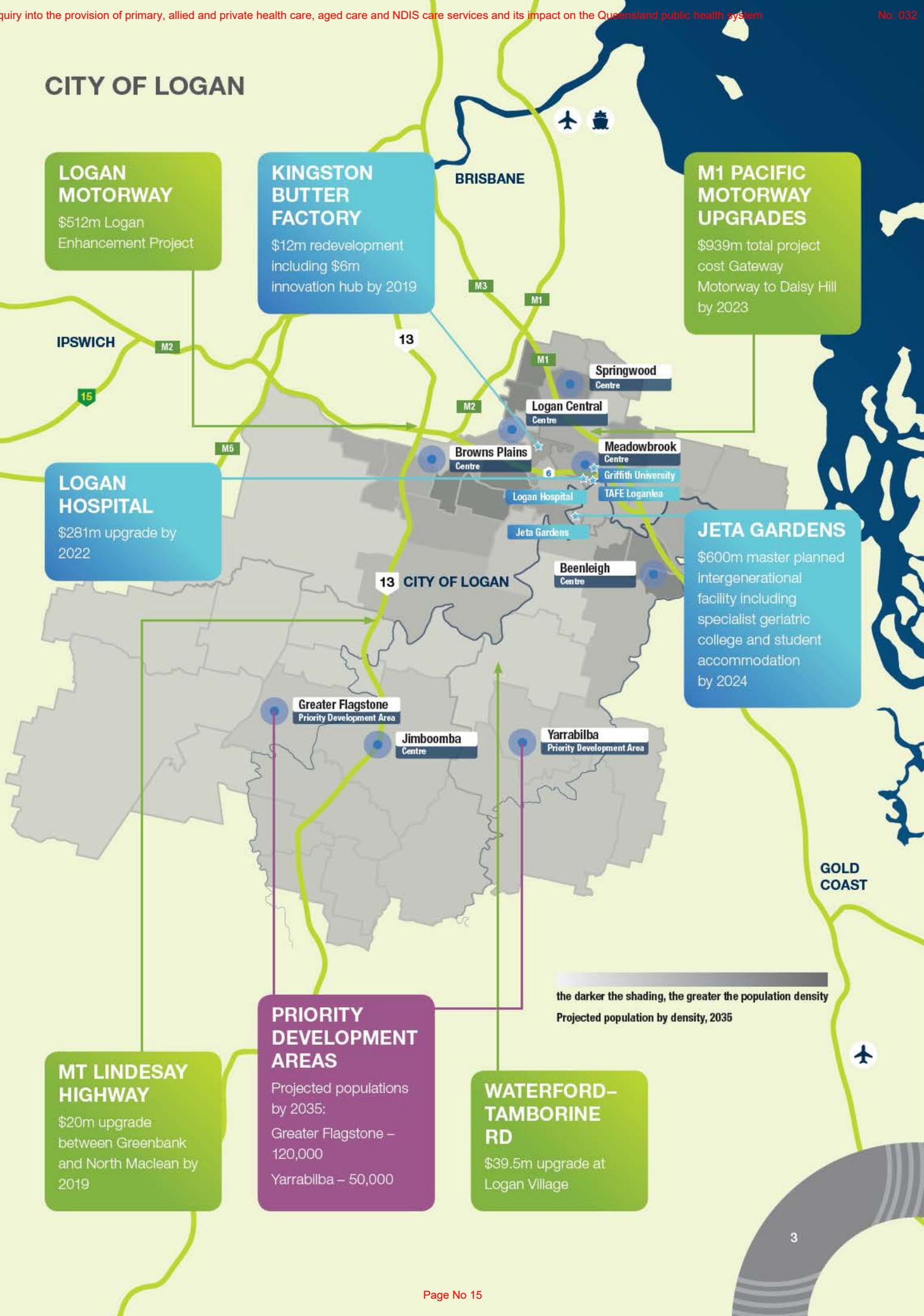
**LOGAN HOSPITAL**  
 \$281m upgrade by 2022

**JETA GARDENS**  
 \$600m master planned intergenerational facility including specialist geriatric college and student accommodation by 2024

**MT LINDESAY HIGHWAY**  
 \$20m upgrade between Greenbank and North Maclean by 2019

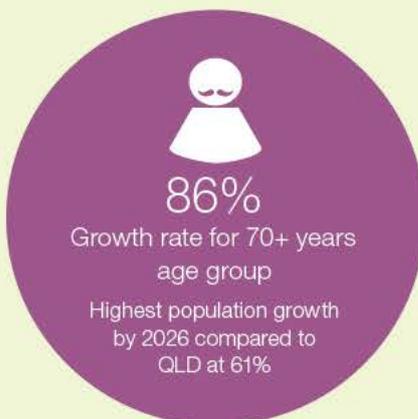
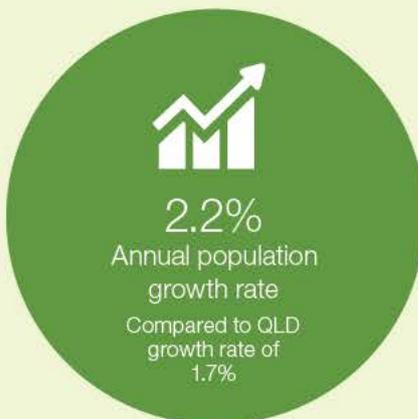
**PRIORITY DEVELOPMENT AREAS**  
 Projected populations by 2035:  
 Greater Flagstone – 120,000  
 Yarrabilba – 50,000

**WATERFORD-TAMBORINE RD**  
 \$39.5m upgrade at Logan Village



the darker the shading, the greater the population density  
 Projected population by density, 2035

# Demographic Indicators





# Investment opportunities

Investment in a range of healthcare facilities in the City of Logan represents a viable opportunity, due to:

- On-going significant shortage in acute hospital care, despite the expansion of the Logan Hospital.
- Significant flow of existing patients from Logan to nearby hospitals outside of Logan, representing existing demand which can be captured.
- Demographic characteristics and socio-economic factors indicate potential for a private hospital.
- Significant gaps in specialist outpatient care and medical imaging services.
- Targeted gaps in allied health services.

Logan City Council has identified the following opportunities for investment in health and medical services in the city:

HEALTH CARE FACILITY TYPE	POTENTIAL SCOPE
Private hospital	50 to 150 beds
Day hospital	Up to 35 beds
Specialist medical suites	Multiple development opportunities
Specialist outpatient care	
Integrated care centres with co-located general practice, specialist care, imaging, allied health and related; services with or without an after-hours urgent care service	
Stand-alone medical imaging and radiology centres	

# Drivers for health and medical investment

The main drivers for health and medical investment in the City of Logan are:

- Above-average population growth.
- Good rates of private health insurance, despite no private hospital in city.
- Growing demand projected across service areas and a lack of key services across the city.
- High levels of social disadvantage and poor health outcomes for preventable illnesses.

Key serviceable population groups with higher needs and higher expenditure per person are:



These serviceable population groups are expected to increase:

- in total from **130,592** in 2017 to **215,282** in 2035
- by proportion of population from **39.9%** to **42.5%** in 2035

Meadowbrook Health and Wellbeing Precinct — Artist Impression



# Current supply of healthcare services

## LOGAN HOSPITAL

Logan is serviced by the Logan Hospital (public – Metro South Hospital and Health Service) and has a maximum capacity of 448 beds or bed equivalents. The projected demand of acute hospital care to service Logan’s growing population indicates a shortage of more than 600 beds by 2020.

## PLANNED UPGRADES TO THE LOGAN HOSPITAL

The Queensland Government has committed \$281 million to expand the hospital with construction expected to commence in 2019.

The project is expected to:

- Increase bed capacity by 192 beds to meet patient demand to 2021/22.
- Add new services, including chemotherapy.
- Improve existing services, including coronary care, emergency and intensive care.

The Queensland Government is also committed to delivering improvements including a maternity ward

upgrade valued at \$12.6 million, multi-storey car park, transit lounge and specialist outpatient upgrades.

Rapid population growth, an ageing and culturally diverse population along with high levels of social disadvantage in the City of Logan are driving an increasing demand for healthcare.

Key statistics for health care usage in Logan include:

- Public hospital utilisation for some services is higher than the state average.
- Higher rates of disability and death from a range of preventable illnesses.

Public health service provider Metro South Hospital and Health Service prioritises the following focus areas in their Strategic Plan:

- obesity
- maternal care and childhood health
- immunisation
- mental health
- multicultural and refugee health
- childhood dental health

Metro South Hospital and Health Service is a major provider of public health services in South East Queensland and operates the Logan Hospital.



## PRIVATE HOSPITAL

The City of Logan is not currently serviced by a private hospital, despite good levels of private hospital cover. The nearest private facilities are located 25 to 35 minutes' drive from the Logan Hospital.

Logan is comparable to other locations with small-to-medium sized private hospitals, including:

- St Andrew's Private Hospital, Ipswich (97 beds)
- St Vincent's Private Hospital, Toowoomba (176 beds)
- Peninsula Private Hospital, Moreton Bay (70 beds)
- Hillcrest Private Hospital, Rockhampton (66 beds)

Logan has similar demographic factors to these neighbouring localities in terms of population size, socio-economic attributes and levels of private hospital cover.

## PRIVATE HEALTHCARE COVERAGE

Based on projected population growth, trends in coverage rates and persons insured for private hospital cover are predicted to be 110,000 in 2017 and up to 219,000 in 2035.

There are currently good rates of private healthcare uptake in Logan (modelled on 2014/15):\*



Key areas of private healthcare coverage include:

- Cornubia–Carbrook (62.7%)
- Rochedale South–Priestdale (58.5%)
- Shailer Park (54.3%)
- Underwood (52.5%)



\*Source: Australian Tax Office

## SAME DAY SURGICAL CARE

Currently located within Logan are two same day surgical facilities — Southside Endoscopy Centre and Logan Endoscopy Services. The two facilities generate approximately 10,500 activities per year with three doctors, two endoscopy procedure rooms and a total of eight recovery places. There is significant scope for additional same day surgical care facilities across the city.

## GENERAL PRACTICE CARE

There are a total of 50 general practice facilities within Logan, providing care from approximately 333 consultation rooms. Most of these general practice clinics and centres are located within designated town centres, with additional services required in growth areas.

## SPECIALIST CARE

The specialist medical services within Logan are provided through Logan Hospital and 28 consultation rooms found across seven practices in the community. Services are run by 44 doctors and three nurses, delivering an average of 1,050 specialist medical care occurrences per week or 55,000 annually. Privately delivered specialist services remain an area of significant need.

## DENTAL CARE

There is a total of 35 dental practices in Logan, with an additional two medical centres providing both medical and dental services. A total capacity of 85 dental chairs and 89 dentists were identified within Logan.

## ALLIED HEALTH SERVICES

There is a total of 82 facilities identified as providing allied healthcare within Logan, as well as allied health services at Logan Hospital. Key areas of need include social work, occupational therapy and chiropractic care.

## MEDICAL IMAGING

In addition to the medical imaging capabilities at Logan Hospital, there are a total of 13 facilities identified as providing community-based medical images services. Key areas of need include ultrasound scanners, MRI machines and gamma cameras.

## OTHER

There are several ancillary facilities providing health services within Logan, including respite care, pathology laboratories and birthing-related services.





# Demand modelling and gaps in the market

Demand modelling for hospital services in Logan indicate that inpatient services (same day and overnight), emergency care and outpatient services will have the highest demand in Logan until 2035.

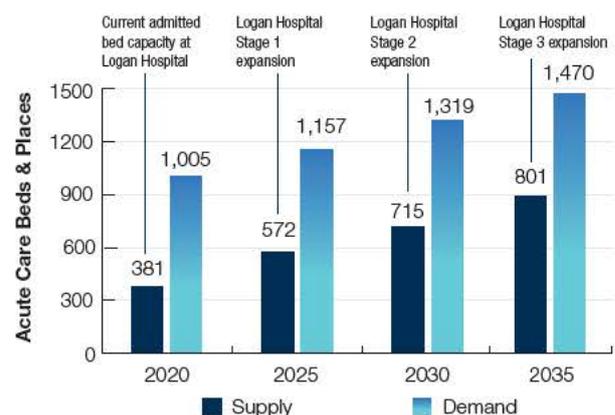
## ACUTE HOSPITAL CARE

Overall, there is a significant existing and growing gap in acute care beds in Logan.

- In 2020, before the Logan Hospital expansion, it is anticipated the city's population will need 624 additional beds and places.
- In 2025, after the Logan Hospital expansion, the city's population will need at least 585 additional beds and places.
- Demand will continually increase, with planned future expansions of the Logan Hospital not meeting projected demand, resulting in a shortfall of 604 beds and places in 2030.

Key subsets of acute care beds and places which will require significant servicing now and into the future include obstetrics and gynaecology, paediatric care and emergency and urgent care.

The current gap in acute care services within Logan is likely compensated by the delivery of services to Logan residents by other public and private hospitals in the wider region.

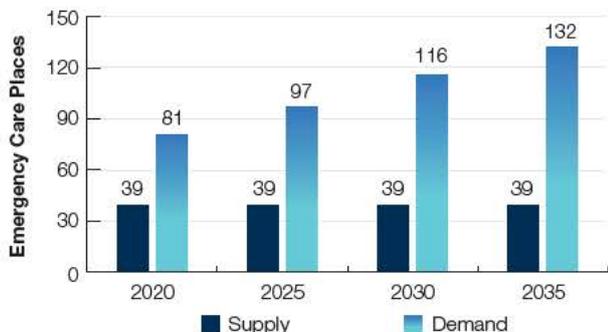


Acute Overnight and Same Day Beds and Places (2020-2035)

## EMERGENCY AND URGENT CARE

With no known developments and expansions occurring in clinical services, a comparison of projected demand for emergency and urgent care places indicate a current and growing gap.

A shortage of 42 beds and places is expected in 2020, growing to a more significant gap of 93 by 2035.



Emergency and Urgent Care Places (2020-2035)

## SPECIALIST OUTPATIENT CARE

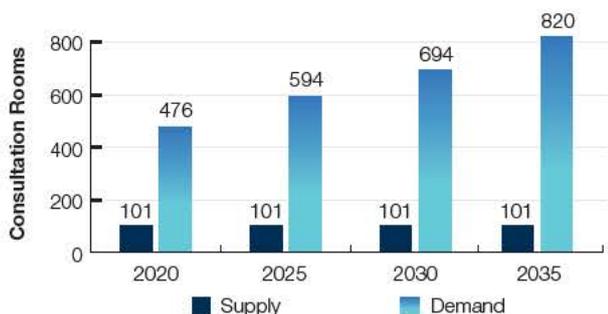
A significant gap in the provision of a range of specialist outpatient services exists in Logan.

- In 2020, the projected gap is 375 specialist consultation rooms across the city.
- This gap will grow to 594 by 2025 if additional services are not provided.

The need in specialist services within Logan is extensive across most specialties, with areas of highest need being:

- Paediatric medicine and surgery
- Obstetrics
- Ophthalmology
- Psychiatry
- Urology
- Trauma, injury and plastic surgery

Demand for specialist outpatient services is predicted to grow at a faster rate than other types of clinical care.



Specialist Outpatient Consultation Rooms (2020-2035)



## Where to invest

Key localities for investment in health care services, including a private hospital or day hospital, include:

- Meadowbrook – Logan’s health, knowledge and wellbeing precinct, centred on the Logan Hospital, Griffith University Logan campus and TAFE Queensland Loganlea campus, with multiple sites identified for hospital and health care services.
- Beenleigh – Logan’s principle activity centre with sites specifically identified for integrated healthcare.
- Opportunities are developing in key growth areas, including Yarrabilba and Flagstone.

Development of smaller medical services, including specialist medical centres, integrated care centres and medical imaging and radiology centres may have potential in:

- Springwood
- Browns Plains
- Shailer Park
- Loganholme
- Tanah Merah
- Logan Central
- Park Ridge
- Bethania
- Waterford
- Eagleby



## SPECIALIST OUTPATIENT “HOTSPOTS”

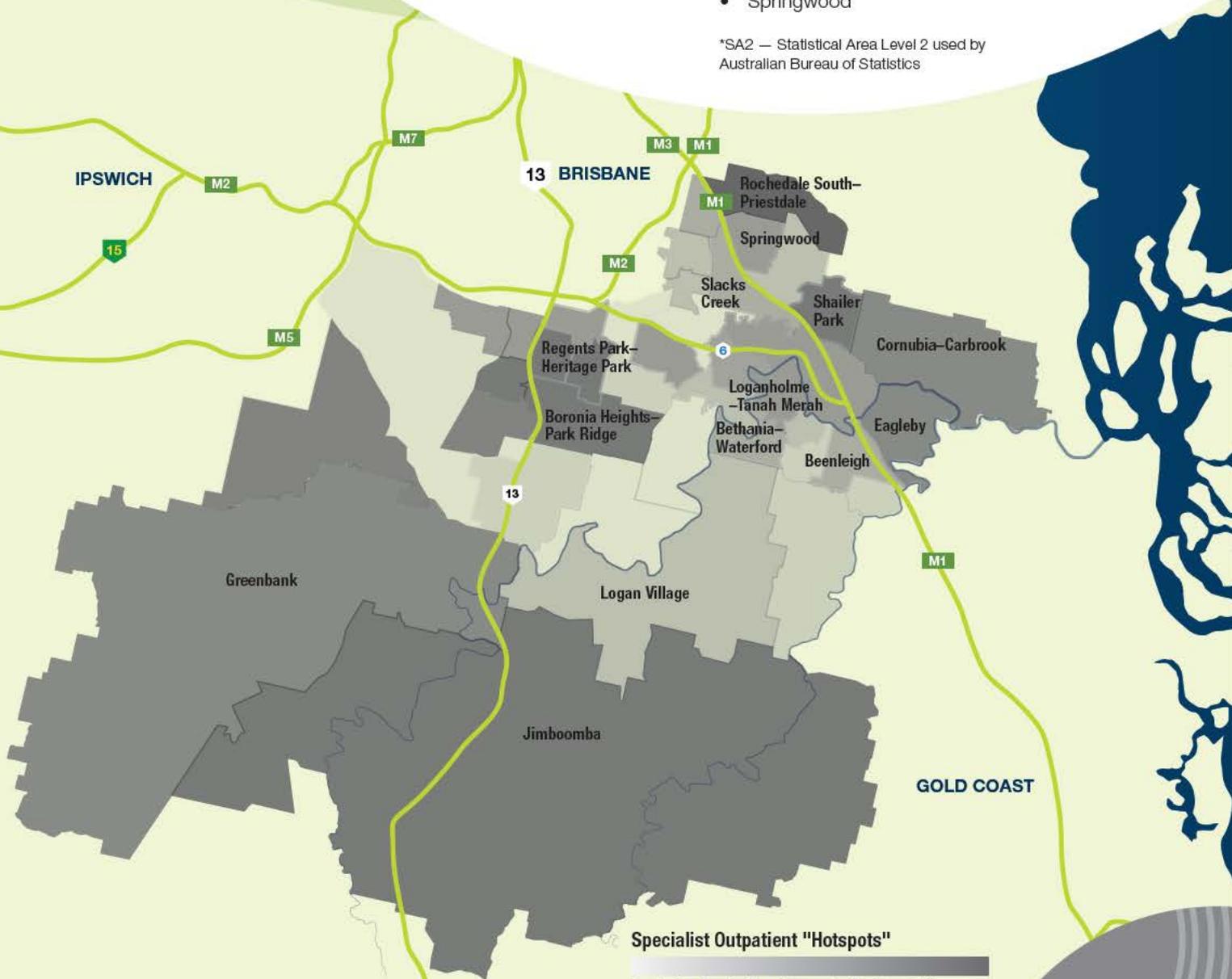
“Hotspots” have been identified at the \*SA2 level where the current population is significantly underserved. This potential demand is based on a comparative analysis of population characteristics, private health insurance cover and the number of existing services.

Co-location opportunities exist if specialist centres are located near a private hospital, day hospital or day surgery, with scope for service provision before and after hospital admission.

Key “Hotspots” for specialist medical services include:

- Beenleigh
- Bethania – Waterford
- Boronia Heights – Park Ridge
- Cornubia – Carbrook
- Eagleby
- Greenbank (includes Greater Flagstone)
- Jimboomba
- Loganholme – Tanah Merah
- Rochedale South – Priestdale
- Regents Park – Heritage Park
- Shailer Park
- Slacks Creek
- Springwood

\*SA2 — Statistical Area Level 2 used by Australian Bureau of Statistics



### Specialist Outpatient "Hotspots"

the darker the shading, the greater the demand for specialist medical services accessible by the population covered by private health insurance

# How Logan City Council can help

- Market intelligence on planned infrastructure for the region
- Site selection
- Development assessment process
- Access to government programs and services
- Development incentives
- Workforce development

## CONTACT US

Logan Office of Economic Development  
150 Wembley Road, Logan Central, QLD 4114  
P: 07 3412 4888  
E: loed@logan.qld.gov.au

**Jason Singh Sandhar** - [REDACTED]  
[REDACTED]

**Murray Lane** - [REDACTED]  
[REDACTED]

To access the full **Business Case for Health and Medical Investment**, please contact Logan City Council at loed@logan.qld.gov.au.

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# Business Case for Health and Medical Investment

PREPARED FOR LOGAN CITY COUNCIL

31<sup>ST</sup> MAY 2018

ISSUE 6.0

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# 1. Executive Summary

## 1.1. Introduction and Purpose

Health Project Services (HPS) has been engaged by Logan City Council (LCC) to undertake a planning research project for identification of opportunities in health and medical service development and investments. The initial purpose is to research and identify the health and medical opportunities for Logan Local Government Area (LGA) based on evidence driven data. The research provides an understanding of the current and future health demand to identify market gaps (existing and future) in Logan LGA. Consideration is given to the type of services required in combination with supply to minimise the risk of market saturation. The range of medical and healthcare services will need to be diverse to cater for the broader Logan community. Data for both the public and private sectors must be reviewed to identify the maximum opportunities. The study also identifies the main investment drivers from potential private sector investors, including key risk/return requirements, identity of main players, investment solicitation process, and indicative commercial arrangements.

## 1.2. Scope

The policy and demographic context of Logan and its growth is explored as a prelude to the detailed planning investigations. The study of supply, demand and gap in health services encompass the following health service types:

- Acute overnight care
- Acute same day care
- Elective surgical care
- General practice and primary care
- Urgent care
- Specialist medical outpatient care
- Community allied health care
- Medical imaging care

As well as the review of the demand and opportunities for non-acute and sub-acute care.

Collectively these enable the identification and quantification of a range of health facilities, including:

- Private hospital
- Day surgery centre
- General and specialist medical centre
- Medical imaging centre
- And other health services facility types

The study will be undertaken for the quintile years 2020 through to 2030.

The following activities have been undertaken:

- Review all the information provided by LCC, state government and its stakeholders as detailed in the LCC brief

- Review the demographic data of the primary and;
- Secondary catchment areas
- Analyse the health market opportunities in the public and private sectors in the primary and secondary catchment areas by:
  - Reviewing the range of services and statistical data from the public sector, and;
  - Reviewing the demand and supply opportunity data for private hospitals, GPs, and allied health practitioners
- Meet with Logan City Council, Metro South Hospital (MSH) and Health Service, and other stakeholders if necessary. Analyse and document business and investment opportunities.
- Analyse investment drivers, summarise private sector investment requirements, risk appetite and potential risk mitigation strategies. The drivers for attracting investors relies on the outcomes of the data analysis of the potential health market. Health precinct scenarios have to be developed in Part 2 with this data.
- The private and public patient data analysis will indicate the commercial opportunities to establish hospital, medical centres, or other clinical arrangements, identify potential market participants, and inform finance sourcing strategies
- Collate and issue report.

### 1.3. Methodology

The review of supply of health and medical services in Logan began with a list retrieved from the Australian Business Register and was significantly supplemented by review of records from popular and reputable business search engines. Between the 21<sup>st</sup> August and 5<sup>th</sup> September, all healthcare providers in Logan providing in-scope services within Logan were telephone surveyed for services provided, activity volumes, key planning units' capacity and health workforce.

The health service demand projections for the Study has been conducted by applying age and sex specific per capita trend rates for current and future years to the population projections of the Statistical Area Level 2 (SA2s) of Logan and surrounding LGAs. Logan LGA's population was informed by the latest available projections from the Council, Logan Development Projections Model (LDPM) 2013 by suburbs, disaggregated into age groups and sex using the Queensland Government Statistician's Office projections by SA2 and LGA.

Per capita projection rates for a full range of service types have been developed from comprehensive and up-to-date health service utilisation data available from Australia and other advanced health systems around the world. To be incorporated, these health systems must fulfil defined criteria that enable them to be used as a benchmarking standard, including satisfactory health service access, and sound healthcare outcomes and affordable service

delivery. These reference populations include Australia, the United States and Europe and the data are adjusted by region-specific burden of disease measures; the data is regularly updated as more current data becomes published. The reference files applied to Logan's population adjusted for known local service provision factors are used to calculate measure variables, such as overnight episodes, same day episodes, outpatient care occurrences, procedural care services converting them to key planning units of beds, places and rooms using reference stay periods and other standard health service capacity measures more suited to Queensland's health system, enabling the investigation of projections by various categories, including projected year, age group, sex, service type, service mode and speciality.

#### 1.4. Preliminary Recommendations

One of the key objectives of the LCC Corporate Plan is to activate health and medical services and sustainable businesses to improve quality of life and access to health services for residents. The Metro South Health Strategic Plan prioritises obesity, maternal care and child health, immunisation, mental health, multicultural and refugee health and dental.

Logan Hospital is the major health centre for Logan region and has expanded to a size of over 400 beds with 8 operating theatres. It is currently planned to expand the hospital with a further 150-190 beds; the project has progressed to Detailed Business Case with an estimated cost of delivery of \$260-280m.

Drawing on the earlier analysis, investment in healthcare real estate in Logan from a macro perspective can be considered an attractive prospect, given the above average projected population growth supported by increasing demand for health services, reflecting demographic trends. These features can be considered to offset the relatively low socio-economic profile and the low level of take-up of private health insurance coverage.

The investment case for the development of hospital and day care surgery centres becomes compelling when considering the gap analysis as summarised below:

- Despite the proposed expansion of Logan Hospital, the projected demand for acute hospital care to service Logan's growing population indicates a shortage of more than 500 beds by 2020;
- The flow of patients outside the Logan catchment to adjoining public hospitals of the Health Service and private hospitals such as Mater, Springfield needs to be reversed if an 80% catchment sufficiency level is to be achieved by MSH;
- Significant and growing shortages in emergency and urgent care services may be partially alleviated by private investment in a 24-hour GP and urgent care centre
- No private hospital currently exists within Logan despite the sufficient demographic and socio-economic attributes.
- There are significant gaps in speciality outpatient care services warranting development of specialist centres. These may serve as a starting point for

development of a private hospital in the future, providing scope for health workforce synergies and efficiencies.

- Gaps in specialist care are detected in almost all specialties, including Cardiology, Dermatology, Endocrinology & Diabetes, ENT Surgery, Gastroenterology, General Medicine, Medical Oncology, Obstetrics, Ophthalmology, Orthopaedics, Paediatric Medicine and Paediatric Surgery, Plastics, Psychiatry, and Urology.
- Current and growing gaps in some allied health professionals are detected, particularly in Chiropractor, Occupational Therapy and Social Work.

In addition to the above quantified gaps determined for a range of service types and specialties, a number of key external drivers support and promote investment in the health market, namely:

1. Federal funding for Medicare is expected to continue to grow in future years, ensuring affordability of a range of ambulatory care services – general practice, specialist care and diagnostic imaging.
2. The growing and ageing population of Logan due to migration and high fertility rates will require more health services.
3. The number of births will sustain and grow demand for general practitioners and obstetricians.
4. Private health insurance membership is anticipated to rise as government policies influencing its demand and lower dependence on the public health system are anticipated to boost membership over the medium term.

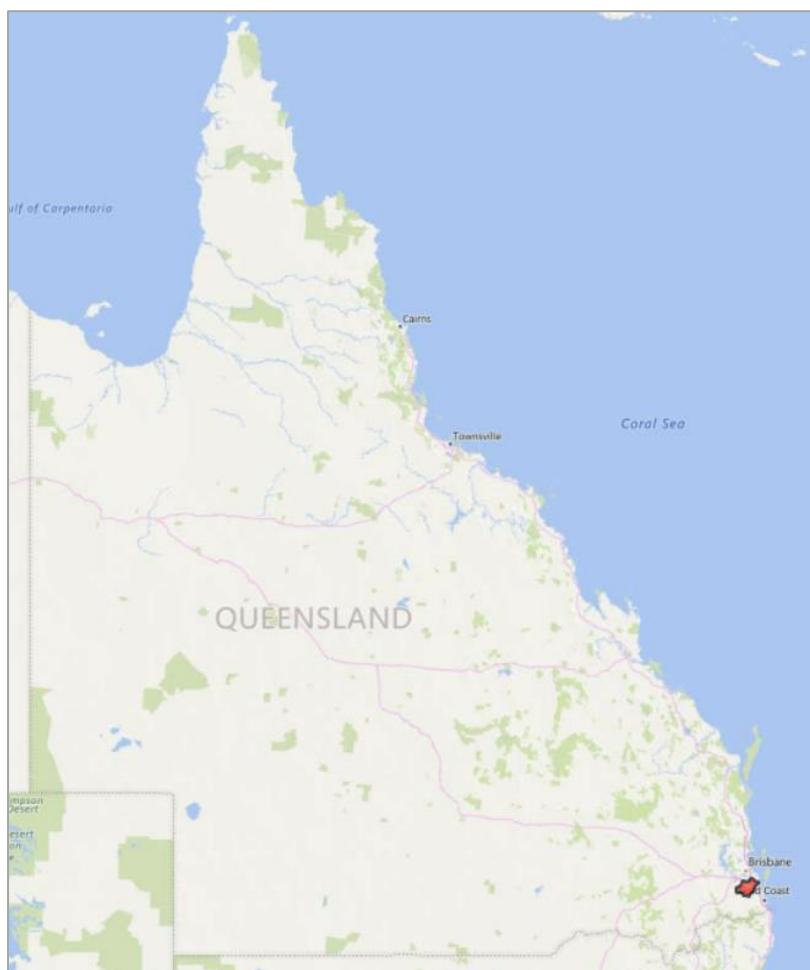
In summary, a range of possible health development opportunities are present in Logan, these range from a private hospital of 50 to 150 beds, a day hospital of up to 25 beds, specialist medical suites, integrated care centres with collocated general practice, specialist care, imaging, allied health, and related services with or without an after-hours urgent care service, and stand-alone medical imaging and radiology centres. Detailed feasibility studies for these opportunities to elucidate their specific locations, service mix, cost requirements and revenue potential will be required to determine their sustainability.

The market sounding should target healthcare operators and developers, who may represent a fit with LCC preferred contractual development option around risk and funding; property leases and development agreements are likely to be of greatest interest both to LCC and the market. The market sounding also needs to explore the development plans of Metro South Health and Mater, Springfield and clarify potential appetite for entering into new service purchase contracts with a new hospital.

The Meadowbrook health and well-being precinct represents a potential site for the proposed private hospital but other sites across Logan, such as Beenleigh, Browns Plains or Springwood, may have potential for health focussed development, possibly anchored by aged care, for specialist medical centres and integrated care.

## 2. Strategic and Policy Context

Several State and Regional documents set the backdrop for the project's policy context. The State Government's 2020 vision and the ambition for Queensland communities, developed as "Strong, Green, Smart, Healthy, and Fair" is outlined in *Toward Q2: Tomorrow's Queensland*. This visionary document highlights the State Government's top ten priority goals, which includes an economy that is strong and bolstered by innovative ideas, a green environment, world-class education and training, a responsive health system with pro-active healthy communities, and equitable for all individuals.



Closer to home, the recently released *South East Queensland Regional Plan 2017 (ShapingSEQ)* provides a framework to manage regional growth and change for the next 25 years, in a sustainable way with the objective to protect and enhance quality of life of the population residing in 12 regional and city councils, including Logan City Council. *ShapingSEQ* identifies Logan's activity centres of Meadowbrook, Springwood, and Beenleigh as part of several Regional Economic Clusters. In addition, Springwood and Beenleigh are identified as Principle Regional Activity Centres, with a number of Logan's other towns as Major Regional Activity Centres, and importantly Meadowbrook as a Knowledge and Technology Precinct.

Logan City Council recently adopted its *Corporate Plan 2017 – 2022*, outlining the long-term vision and priorities for the city. Responding to the direction set out by the document, annual operational plans and branch business plans will detail key projects and Key Performance Indicators (KPIs) by which the overall strategy can be measured, monitored, and delivered. The Plan describes five priorities for the City: Quality Lifestyles, Conveniently Connected, Economic Transformation, Image, and Identity, and Green and Renewable. This project speaks to these priorities, with the objective to activate health and medical services and

sustainable businesses in the City to improve quality of life and access to health services for residents, whilst adding prosperity and identity to the community.

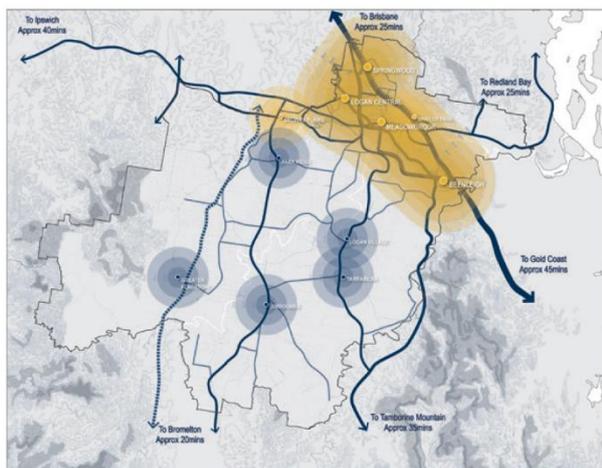
Logan City is comprised of a network of towns and key activity centres, namely, Beenleigh, Logan Central, Meadowbrook and Springwood. As such, the *Logan Planning Scheme 2015* is complemented by Master Plans for each of the specialised hubs, with a shared vision of legibility, accessibility, and inclusivity and diversity. This means social infrastructure that is green, appropriately networked to facilitate the integration of all four centres, and the needs of the respective communities are addressed through good employment and housing options.

Beenleigh is proposed to have one of the largest urban growth areas in the near future due to the earmarked economic growth of the surrounding areas. The centre has a rich heritage and history and provides a comprehensive range of social and community services. Its location along the rail corridor and Pacific Motorway between Brisbane and Gold Coast makes it an attractive investment location. The *Beenleigh Town Centre Master Plan* identifies a dependence on neighbouring Brisbane and Gold Coast for specialist health services, and reiterates the absence of a hospital to service its growing population. Planned locations for private health facilities and aged care facilities in Beenleigh will begin to respond to these challenges.

Identified as a strategic civic and cultural centre, and a sub-regional hub by *Connecting SEQ2013: An Integrated Regional Transport Plan*, Logan Central is also the heart of the City. The *Logan Central Final Master Plan* is underpinned by strategies for its economy, transport and movement, housing, and education, and a social needs assessment. The Master Plan sets out to define and strengthen the role of Logan Central within the region and protect it from incompatible development with a projected land use area of 7,500m<sup>2</sup> within the precincts of Town Centre Core, Civic Centre, and Croydon Road, for health, wellbeing, and social services, with considerations for alternative healthcare uses.

Home to Logan Hospital and several tertiary education campuses, Meadowbrook is the key health and knowledge precinct of Logan City. The *Meadowbrook Master Plan* establishes eight precincts with distinct characters, opportunities, and synergies. Two precincts lie outside of the Council’s physical and statutory control, however collaboration with the State

Government, Metro South Health and Griffith University will enable appropriate use of adjacent precincts to support the development of these areas, including attracting a range of allied health services and complementary businesses to encourage diversified employment opportunities, protecting health, education and training clusters from incompatible development, and allowing for their future expansion.



Springwood is a principle commercial centre and earmarked for development as SEQ's next CBD, with an existing and extensive footprint of retail and business services for the region. The recent Springwood Summit in October 2016 endorsed several outcomes in the themes of Connections, Collaboration and Creativity, Choice and Character, Context, and Custodianship to direct the town's development into a smart and liveable city.

Other centres in the City also represent opportunities for development for health and medical services: Jimboomba, Loganholme, Logan Village and Parkridge.

The *Metro South Health Strategic Plan 2015-2019* is the preeminent governance document for health in the region, encapsulating Logan Hospital and the Logan City Council area. The key foci of the Plan are clinical excellence and better health care solutions for patients, technology that supports best practice and next generation care, and health system integration. The Plan is directly supported by *Metro South Health Service Plan 2017-2022* (MSHSP), providing a strategic perspective on health service delivery across all MSH's services. More locally, the *Logan Community Health Action Plan 2017* sets out a clear actionable strategy in which the Logan community, government, healthcare providers and other stakeholders will work together collaboratively to meet local needs and improve health and wellbeing. The Plan has six priorities for action: obesity, maternal care and child health, immunisation, mental health, multicultural and refugee health and dental, with supportive projects with allocated responsibilities to deliver on its objectives.

## 3. Demographic Analysis

Logan City is in southern Brisbane, between 15 and 50 kilometres south of the Brisbane GPO. Logan City is bounded by Brisbane City and Redland City in the north, Gold Coast City in the east, the Scenic Rim Regional Council area in the south, and Ipswich City in the west. Logan is made up of 68 suburbs and 12 divisions covering a geographical area of 959 square kilometres. Using ABS geographical boundaries, the Local Government Area (LGA) is also made up of 31 Statistics Areas Level 2 (SA2).

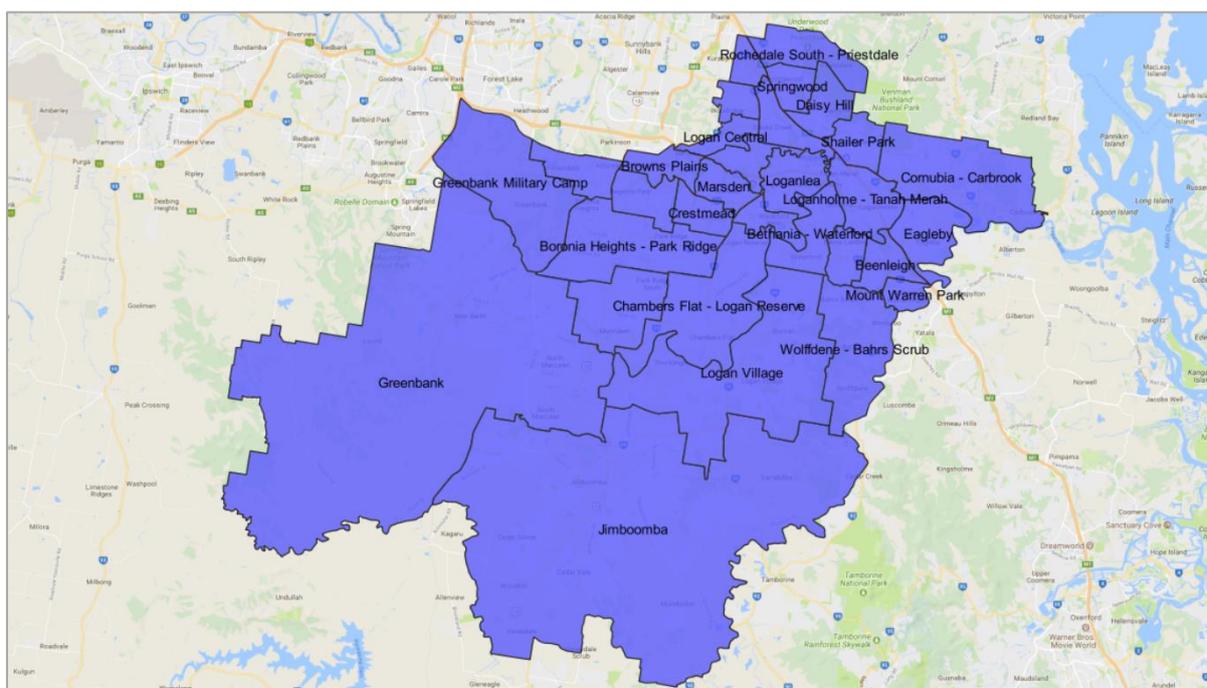
### 3.1. Catchments

A catchment is defined as the population within a geographic area for which health services are provided. The primary catchment is the local population in which the facility is located and it services delivered. For the purposes of this study, the primary catchment is inclusive of the SA2's located within the borders of Logan LGA.

- Beenleigh
- Bethania – Waterford
- Boronia Heights - Park Ridge
- Browns Plains
- Greenbank Military Camp
- Hillcrest
- Jimboomba
- Kingston

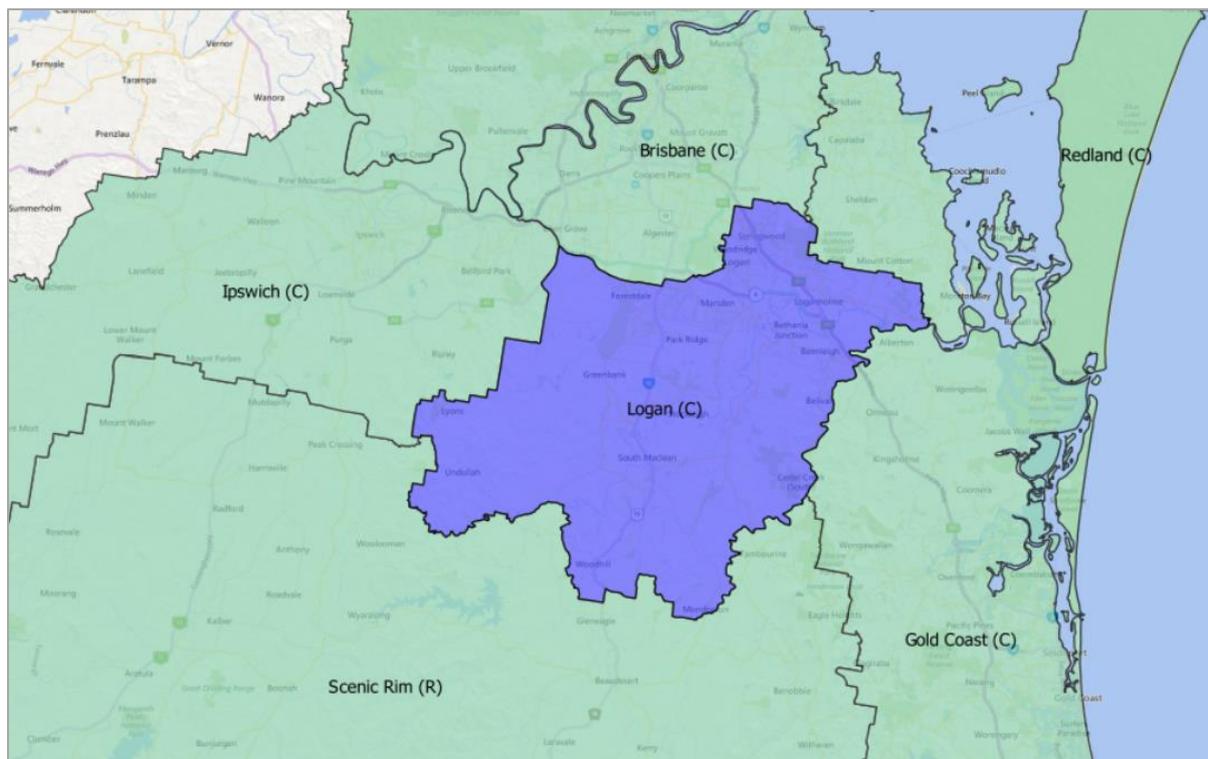
- Chambers Flat - Logan Reserve
- Cornubia - Carbrook
- Crestmead
- Daisy Hill
- Eagleby
- Edens Landing - Holmview
- Greenbank
- Regents Park - Heritage Park
- Rochedale South - Priestdale
- Shailer Park
- Slacks Creek
- Springwood
- Logan Central
- Logan Village
- Loganholme - Tanah Merah
- Loganlea
- Marsden
- Mount Warren Park
- Munruben - Park Ridge South
- Underwood
- Waterford West
- Wolffdene - Bahrs Scrub
- Woodridge

Figure 1 Logan SA2s



The secondary catchment is the geographic region adjacent to the primary catchment in which a natural inflow of the population is expected to occur to receive services from services located within the primary catchment. The secondary catchment for the study has been considered the LGAs immediately adjacent to Logan LGA: Brisbane, Gold Coast, Ipswich, Redland, and Scenic Rim.

**FIGURE 2 LOGAN AND SURROUNDING LGAS**



### 3.2. Population

According to the 2016 Census, Logan’s population was 303,386, more recent modelling by the Council suggests it has increased to 327,594 in 2017. Logan’s population is relatively young compared to Queensland and South-East Queensland. Its largest population group in the recent 2016 Census were persons between the age of 5 to 9 (7.8%), followed closely by persons between the age of 0 to 4 (7.6%). Its smallest population group is persons over the age of 85 years (1.1%) and persons between the age of 80 to 85 (1.2%).

Compared to Queensland, dependent age groups of persons under the age of 15 years make up a greater proportion of the population, whilst persons older than 65 years make up a lower proportion of the population. Overall, 22.6% of the population were aged between 0 and 15, and 12.0% were aged 65 years and over, compared with 19.4% and 15.3% respectively for Queensland.

Between 2011 to 2016, Logan’s population increased by more than 25,000 people, representing an average annual population change of 1.76% per year over the period. The largest changes in the population by age groups were approximately 4,000 people between the ages of 65 to 69, almost 3,000 persons aged 5 to 9, 2,800 persons aged 70 to 74 and 2,400 persons aged 30 to 34.<sup>1</sup>

<sup>1</sup> Australian Bureau of Statistics. 2016 Census QuickStats. 2017. [www.censusdata.abs.gov.au/census\\_services/getproduct/census/2016/quickstat/LGA34590?opendocument](http://www.censusdata.abs.gov.au/census_services/getproduct/census/2016/quickstat/LGA34590?opendocument).

### 3.2.1 Cultural and Religious Diversity

The three major places of ancestry identified by Logan's population in 2016 were English (36.8%), Australian (33.1%) and Irish (9.5%). Comparison between Logan's population to Queensland were a significantly smaller percentage of people with Irish and Australian ancestry, but a larger percentage of people with Maori and Samoan ancestry, 3.1% compared to 1.1% and 2.3% compared to 0.6%, respectively.

By birthplace, 27.3% of Logan's population were born overseas, compared to 21.6% of Queensland. A larger proportion of people from a non-English speaking background also reside in Logan (13.8%), compared to Queensland (10.5%). Analysis of proficiency in English found that a larger proportion of Logan's population speaks another language, both also speaking English well or very well, and not well or not at all.

Overall, 61.1% of the Logan nominated a religion, and 29.1% reported no religion, compared with 60.3% and 29.5% respectively for Queensland. The largest religion in Logan was Western (Roman) Catholic, with 18.5% of the population. Compared to Queensland, Logan's population has a larger percentage of people who nominated Islam and Christian, and a smaller percentage who nominated Western (Roman) Catholic and Anglican.

### 3.2.2 Living and Housing

Logan's household and family structure is made up of a greater proportion of households of couples with children (35%) compared to Greater Brisbane (32%) or Queensland (29%). A greater proportion of Logan's households are also one-parent families (14%) compared to both Greater Brisbane (11%) and Queensland (11%). Analysis of families with children in Logan compare to Greater Brisbane indicate that there was a larger proportion of couples with young and older children, 18.5% of total households with children were couple with young children, and 10.6% were couples with older children, compared with 17.7% and 9.5% respectively for Greater Brisbane.

Comparisons of the number of persons usually resident in a household in Logan compared with Greater Brisbane shows that there were a lower proportion of lone person households, and a higher proportion of larger households, with 4 or more persons.

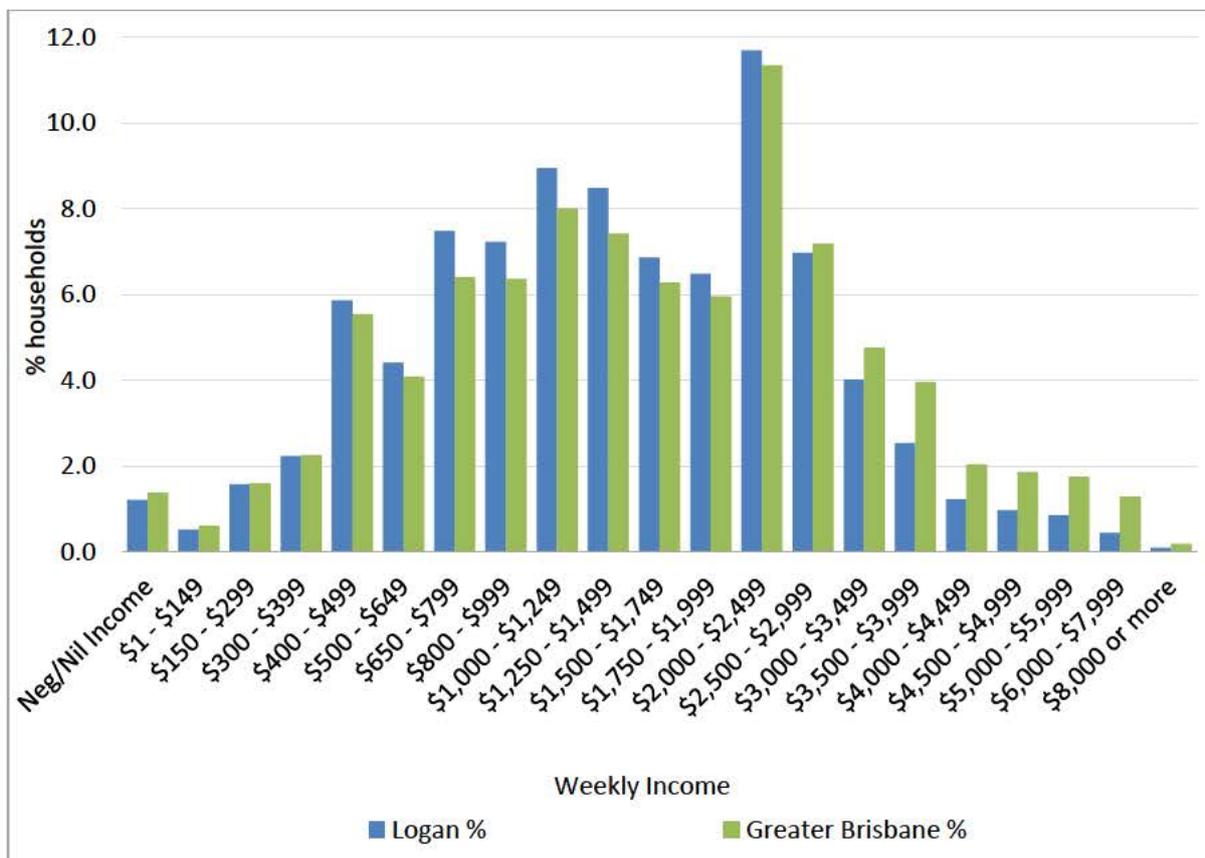
### 3.2.3 Employment and Income

The median weekly personal income for people aged 15 years and over in Logan was \$635, compared to \$660 in Queensland and \$662 in Australia. The median family and household weekly incomes were \$1,546 and \$1,146, respectively. This is less than the median weekly income for families across Queensland (\$1,661), but higher than the median weekly income for households (\$1,402).

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Compared to Greater Brisbane, a smaller proportion of households in Logan were considered high income (those earning \$2,500 per week or more) whilst a similar proportion of households were considered low income (those earning less than \$650 per week).

**FIGURE 3 MEDIAN HOUSEHOLD WEEKLY INCOME, LOGAN AND GREATER BRISBANE, 2016**



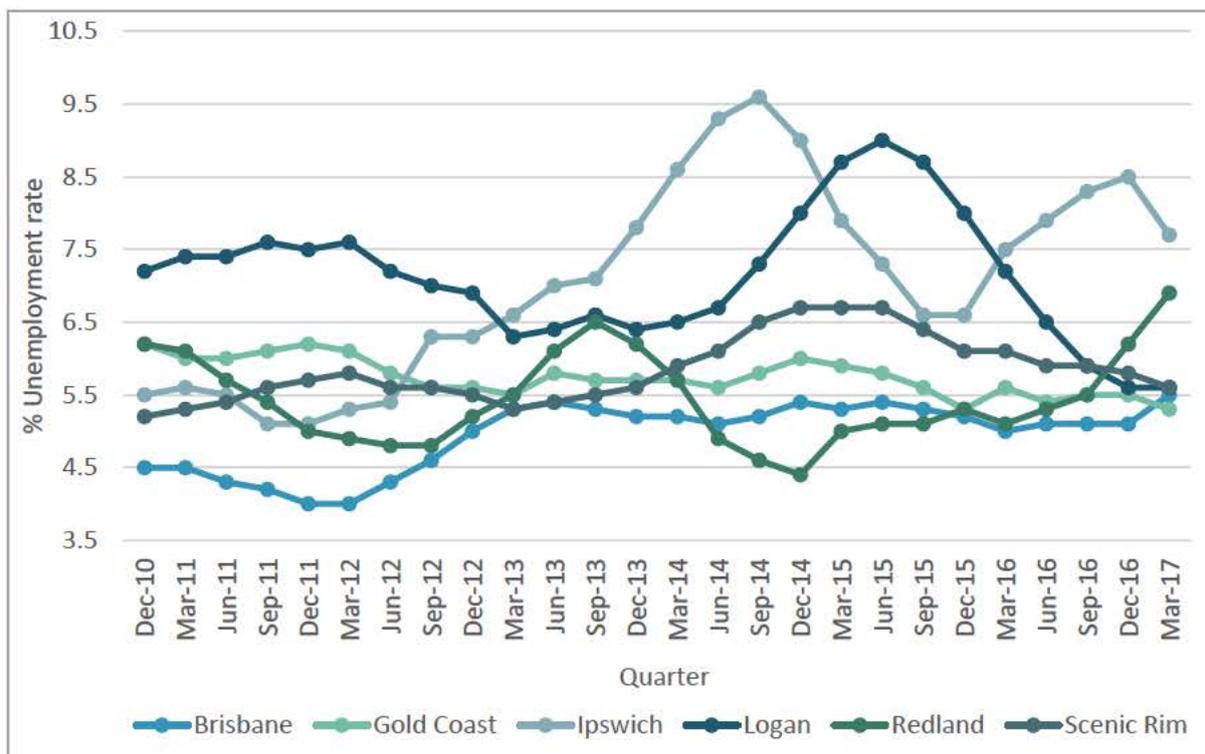
Compared to Greater Brisbane, a smaller proportion of Logan’s population had completed up to year 12 or equivalent schooling. Overall, 36.4% of the population left school at Year 10 or below, and 46.8% went on to complete Year 12 or equivalent, compared with 28.4% and 56.9% respectively for Greater Brisbane.

Quarterly publications from the Department of Employment for Small Area Labour Markets, indicate a general trend of falling unemployment rates in SA2s and LGAs nation-wide. These conditions also appear to be favourable for Logan with falling unemployment rates since a peak in June 2015. The latest employment rates from March 2017 indicate that 5.6% of Logan’s population is unemployed. Compared to surrounding LGAs, this appears to be lower than for Ipswich (8.6%) and Redland (6.9%), whilst comparable to other surrounding LGAs of Brisbane (5.5%), Gold Coast (5.3%), and Scenic Rim (5.6%).<sup>2</sup>

<sup>2</sup> Australian Government Department of Employment. Employment Research and Statistics: Small Area Labour Markets publication. 2017. [www.employment.gov.au/small-area-labour-markets-publication](http://www.employment.gov.au/small-area-labour-markets-publication).

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**FIGURE 4 UNEMPLOYMENT RATES, LOGAN AND SURROUNDING LGAs, 2010 TO 2017**



The 2011 Socio Economic Indexes for Areas (SEIFA) measures how relatively ‘advantaged’ or ‘disadvantaged’ that area is compared with other areas in Australia. SEIFA is a suite of four indexes that have been created from social and economic Census information. One of the four SEIFA indexes is the Index of Relative Socio-economic Disadvantage (IRSD) measuring relative disadvantage, summarising a range of information about economic and social conditions of people and households.<sup>3</sup>

A low IRSD score indicates relatively greater disadvantage in general. A high score indicates a relative lack of disadvantage.

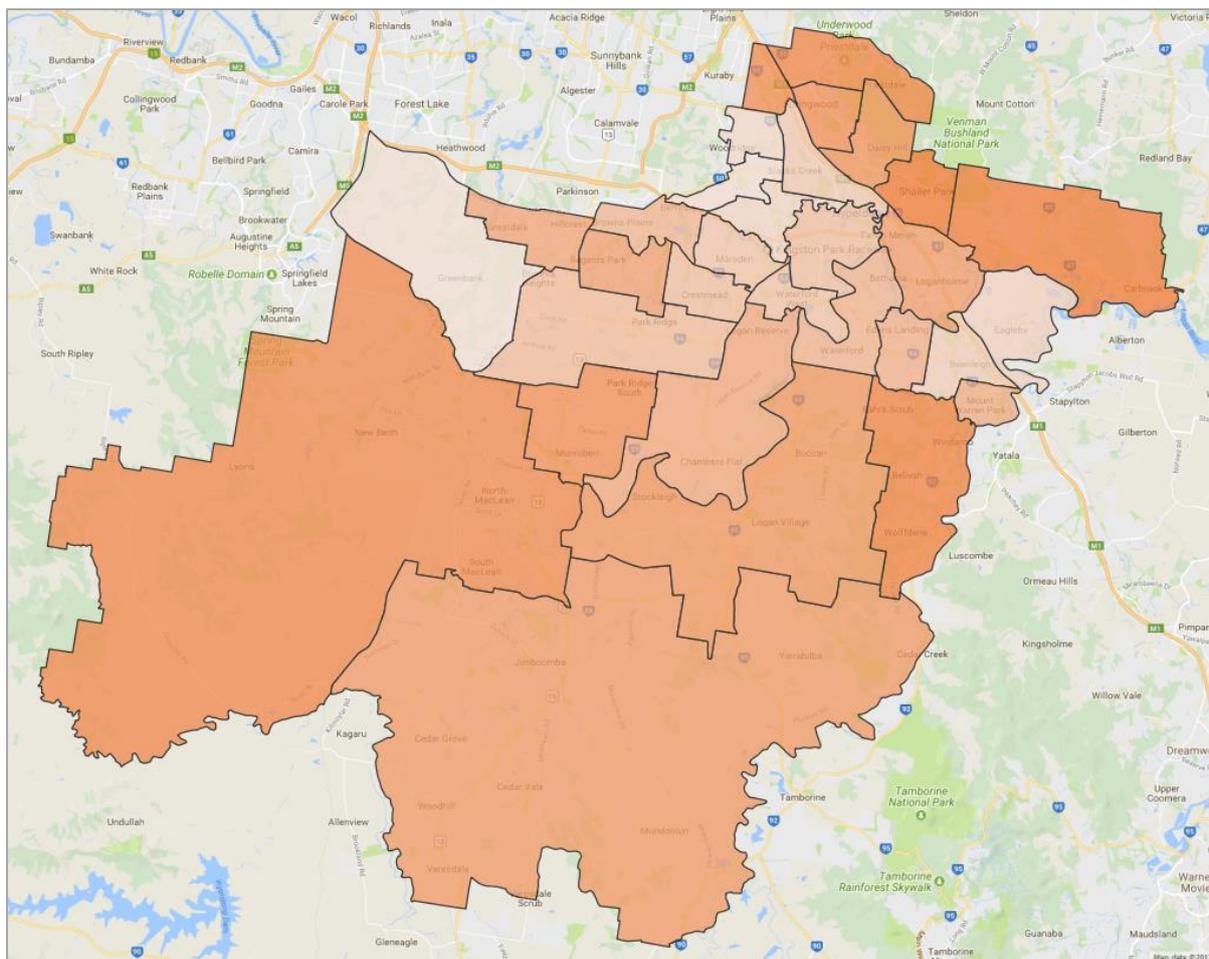
**TABLE 1 IRSD, LOGAN SA2s, 2011**

SA2	IRSD
Beenleigh	883
Bethania - Waterford	963
Boronia Heights - Park Ridge	956
Browns Plains	957
Chambers Flat - Logan Reserve	1,007
Cornubia - Carbrook	1,074
Crestmead	920

<sup>3</sup> Australian Bureau of Statistics. 2033.0.55.001 – Census of Population and Housing: Socio-economic Indexes for Areas (SEIFA), Australia, 2011. 2013. www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/2033.0.55.0012011?OpenDocument.

<b>SA2</b>	<b>IRSD</b>
Daisy Hill	1048
Eagleby	870
Edens Landing - Holmview	991
Greenbank	1,052
Greenbank Military Camp	-
Hillcrest	1,011
Jimboomba	1,029
Kingston	829
Logan Central	770
Logan Village	1,033
Loganholme - Tanah Merah	1,028
Loganlea	920
Marsden	905
Mount Warren Park	994
Munruben - Park Ridge South	1,049
Regents Park - Heritage Park	1,013
Rochedale South - Priestdale	1,053
Shailer Park	1,075
Slacks Creek	900
Springwood	1,049
Underwood	1,049
Waterford West	918
Wolffdene - Bahrs Scrub	1,062
Woodridge	797
<b>Logan</b>	<b>971</b>
<b>Greater Brisbane</b>	<b>1,018</b>
<b>Queensland</b>	<b>1,002</b>
<b>Australia</b>	<b>1,000</b>

**FIGURE 5 IRSD, LOGAN SA2s, 2011**



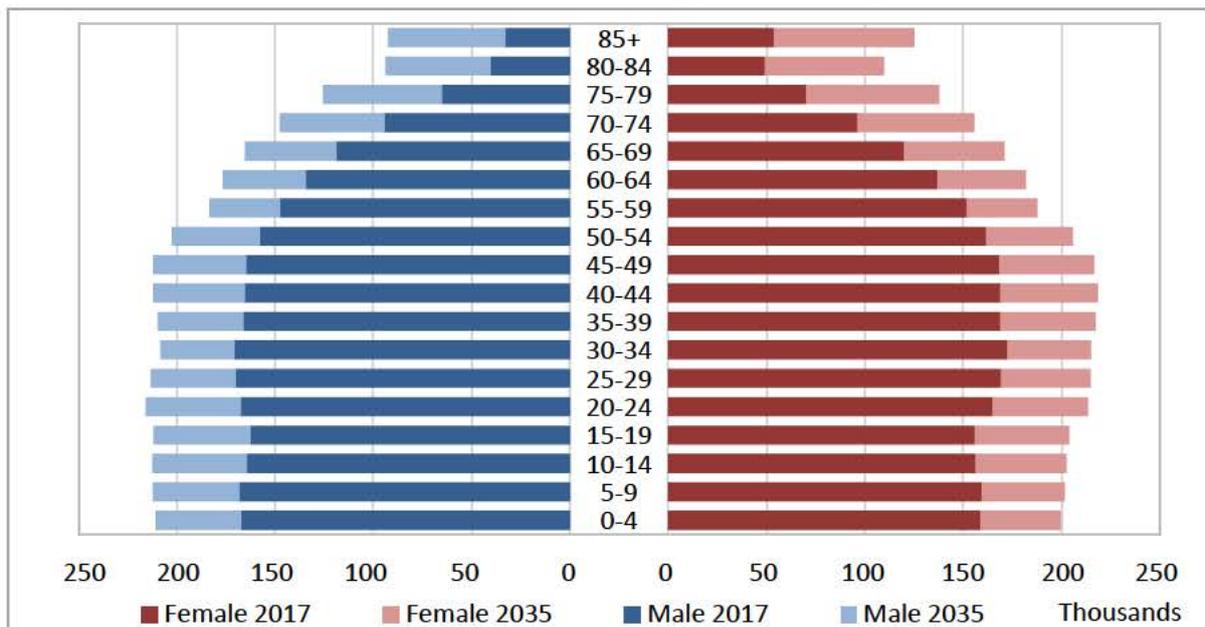
\*the darker the shading, the greater the IRSD

### 3.2.4 Population Projections

Queensland’s population is projected to grow from its current 4.9 million people to 6.7 million by 2035, a projected annual growth rate of 2.0%. Its population distributed by age and sex demonstrates a near-stationary population pyramid between the age groups of 0 to mid-50s, with somewhat equal percentage of most age groups except the older age groups. These age-sex distributions are expected of developed countries and of Australia.

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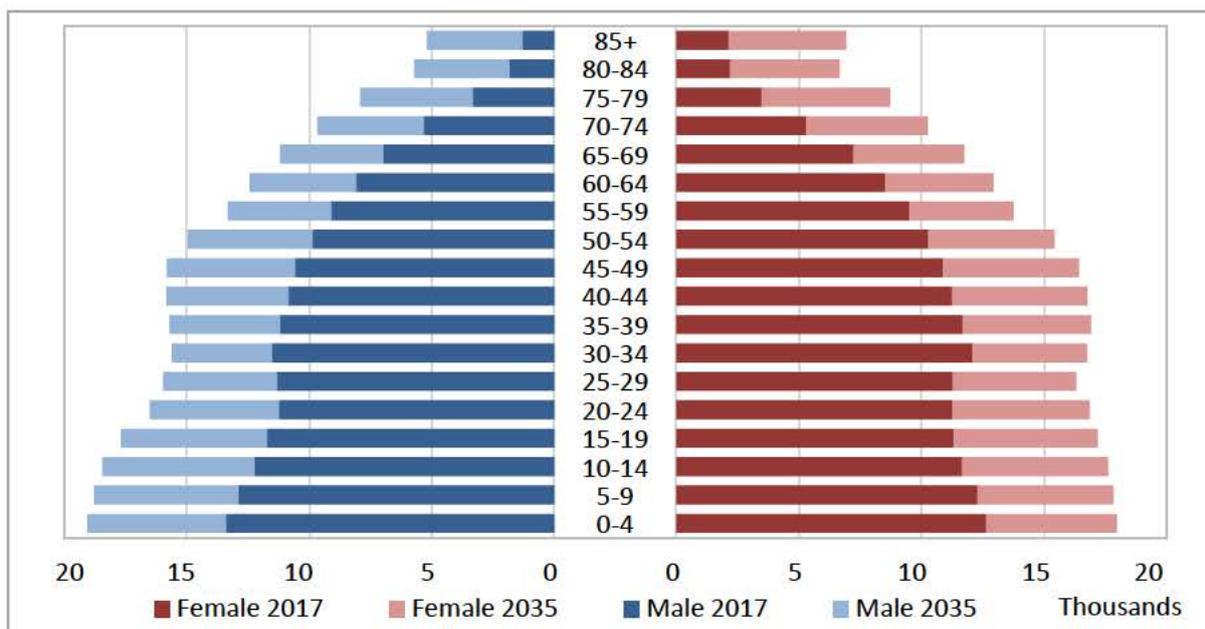
**FIGURE 6 POPULATION DISTRIBUTION BY AGE AND GENDER, QUEENSLAND, 2017 AND 2035**



Logan’s population is unique to broader Queensland’s age-sex distribution. It demonstrates a more expansive population pyramid with larger numbers of the population in younger age groups, largely explained by a higher than average fertility rate of its resident population as well as the migration of young families to the area.

Logan’s population is expected to increase from its current 327,594 to 506,798 according to Council’s projections, a projected average annual growth rate of 3.4%, 1.4% greater than Queensland.

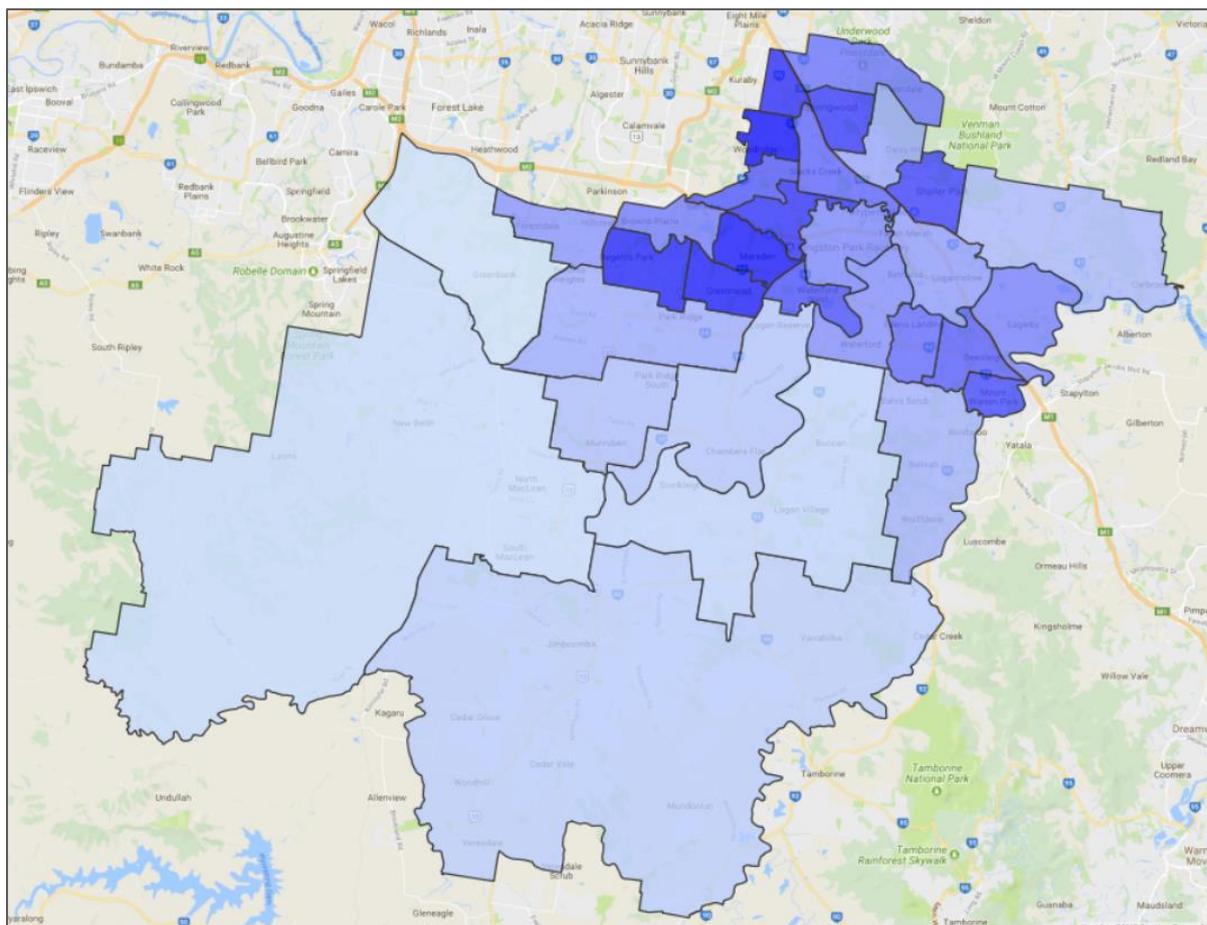
**FIGURE 7 POPULATION DISTRIBUTION BY AGE AND GENDER, LOGAN LGA, 2017 AND 2035**



**TABLE 2 POPULATION PROJECTIONS BY SA2s, 2017 TO 2035**

SA2	2017	2020	2025	2030	2035	Average annual growth rate (%)
Beenleigh	9,655	10,646	12,133	13,304	14,282	2.66%
Bethania - Waterford	11,096	12,698	15,428	17,889	20,094	4.51%
Boronia Heights - Park Ridge	14,374	16,537	20,785	27,003	33,420	7.36%
Browns Plains	7,990	8,784	9,970	11,014	11,406	2.38%
Chambers Flat - Logan Reserve	4,719	5,284	7,294	9,553	14,480	11.49%
Cornubia - Carbrook	9,030	9,564	10,343	11,028	11,717	1.65%
Crestmead	12,664	13,176	13,656	13,894	13,605	0.41%
Daisy Hill	6,935	7,197	7,443	7,520	7,300	0.29%
Eagleby	15,065	16,058	17,105	17,479	17,089	0.75%
Edens Landing - Holmview	7,951	8,549	9,857	11,524	13,194	3.66%
Greenbank	15,149	18,089	29,904	41,438	55,860	14.93%
Greenbank Military Camp	-	-	-	-	-	-
Hillcrest	8,849	9,158	9,484	9,561	9,251	0.25%
Jimboomba	26,435	31,376	45,518	62,750	80,488	11.36%
Kingston	11,544	12,036	12,491	12,697	12,446	0.43%
Logan Central	7,052	7,400	7,950	8,551	8,935	1.48%
Logan Village	7,402	8,573	10,383	12,096	12,927	4.15%
Loganholme - Tanah Merah	11,529	11,895	12,288	12,434	12,064	0.26%
Loganlea	11,104	11,599	12,041	12,264	12,043	0.47%
Marsden	14,649	15,747	16,561	16,872	16,639	0.75%
Mount Warren Park	6,338	6,567	6,805	6,923	6,780	0.39%
Munruben - Park Ridge South	4,895	5,116	5,389	5,591	5,549	0.74%
Regents Park - Heritage Park	17,112	17,676	18,243	18,446	17,895	0.25%
Rochedale South - Priestdale	16,148	16,596	17,018	17,123	16,596	0.15%
Shailer Park	12,450	12,913	13,468	13,765	13,529	0.48%
Slacks Creek	11,168	11,490	11,804	11,898	11,542	0.19%
Springwood	10,056	10,534	11,173	11,809	12,276	1.23%
Underwood	6,938	7,424	7,738	7,835	7,589	0.52%
Waterford West	8,228	8,584	8,835	8,908	8,642	0.28%
Wolffdene - Bahrs Scrub	6,918	7,714	9,576	11,522	14,271	5.90%
Woodridge	14,149	14,676	15,132	15,299	14,888	0.29%
<b>Total</b>	<b>327,594</b>	<b>353,656</b>	<b>405,814</b>	<b>457,990</b>	<b>506,798</b>	<b>3.04%</b>

**FIGURE 8 PROJECTED POPULATION BY DENSITY, LOGAN SA2s, 2035**



\*the darker the shading, the greater the population density

### 3.2.5 Serviceable Age Groups

Studies in health expenditure per person in Australia has indicated that older people, adults aged 85 years and over was almost 20 times as high per person as expenditure on children aged 5 to 15. Increased health expenditure patterns are also evident in children between the age of 0 to 4, and in women of child bearing age.

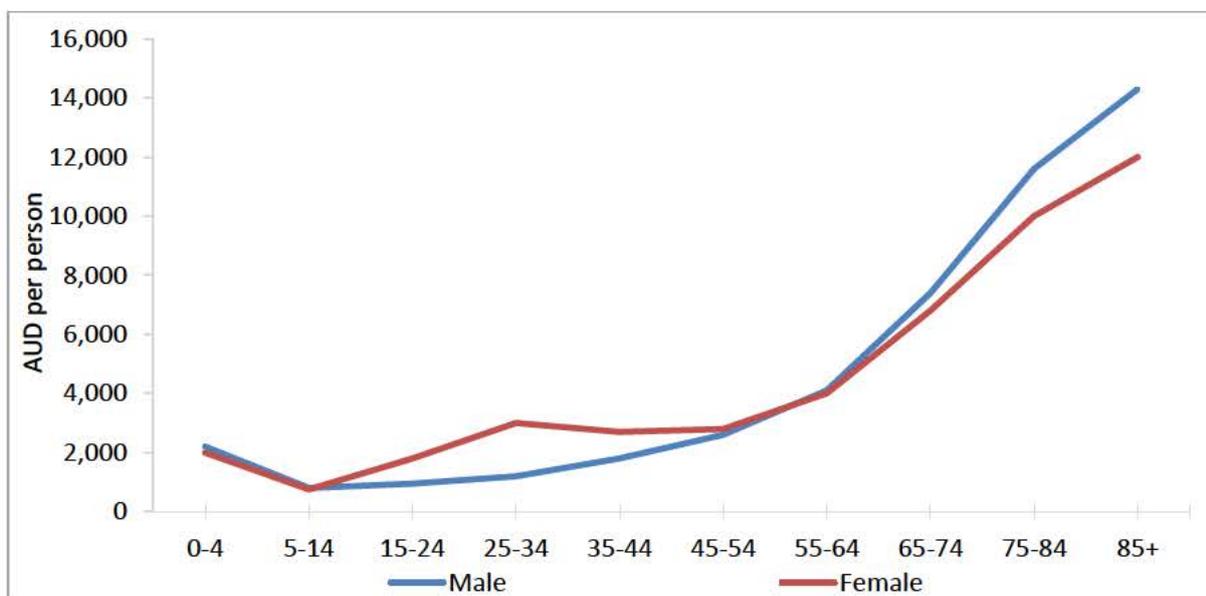
**TABLE 3 SERVICEABLE AGE GROUPS, LOGAN, 2017 TO 2035**

	2017	2020	2025	2030	2035
<b>Babies and pre-schoolers (0 to 4)</b>	26,029	27,646	30,897	34,078	37,016
<b>Women of child-bearing age (15 to 49)</b>	79,698	84,507	95,622	107,156	117,246
<b>Seniors and elderly aged (70 and over)</b>	24,865	30,316	40,126	50,695	61,020

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These serviceable population groups are projected to increase in total persons, as well as a proportion of the Logan population. Currently the three identified groups make up 130,592 persons, making up 39.9% of Logan’s population, by 2035, these groups will total 215,282 persons and are projected to make up 42.5% of Logan’s total projected population, suggested many opportunities for growing health and medical services to be located within Logan to provide primary through to specialised and tertiary care to these population groups and others.

**FIGURE 9 HEALTH EXPENDITURE PER PERSON, BY AGE AND SEX, AUSTRALIA, 2008-09**



### 3.2.6 Private Health Insurance Coverage

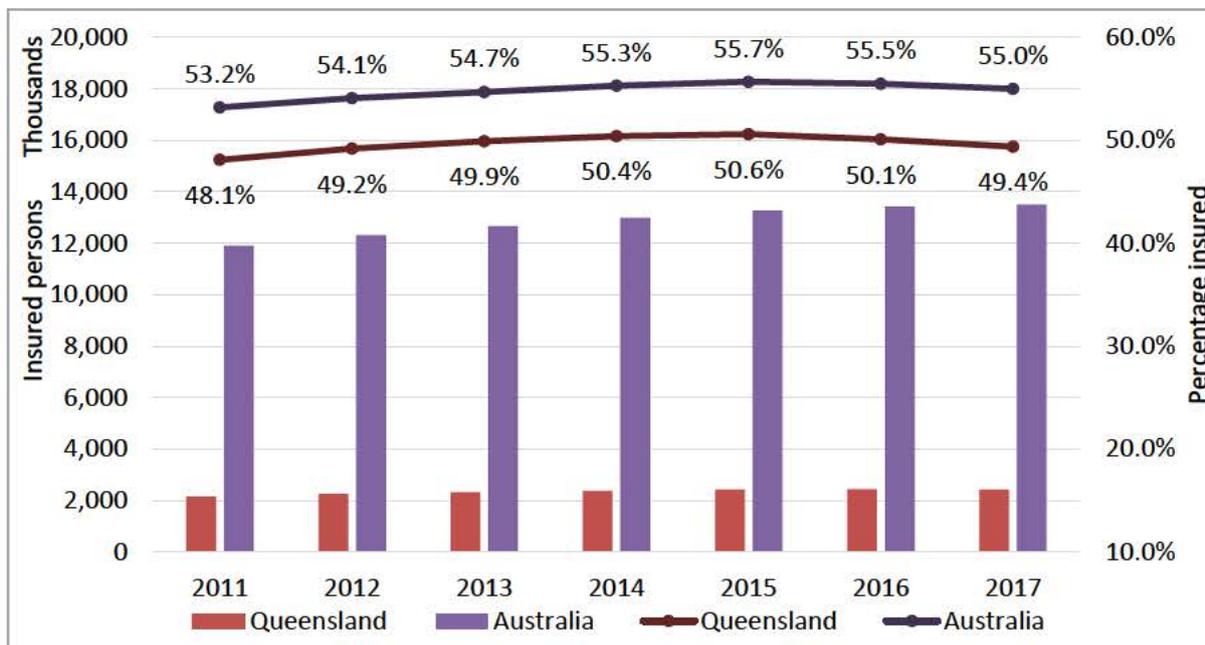
The Australian Prudential Regulation Authority (APRA) publish quarterly statistics of membership, utilisation, benefit, and financial statistics of the private health insurance industry. In its most recent publication, Queensland coverage for general treatment was 49.4%, compared to 55.0% for whole of Australia, whilst coverage for hospital treatment was 43.4% compared to 46.1% for Australia.

The national and state-based data indicates that trends in hospital and general treatment cover for Queensland are generally lower than Australian-wide trends between 2011 and 2017. Whilst numbers of persons insured with general and hospital treatment is increasing overall across Australia, except for 2017, the proportion of the population insured is decreasing from 2015 for both Queensland and Australia.<sup>4</sup>

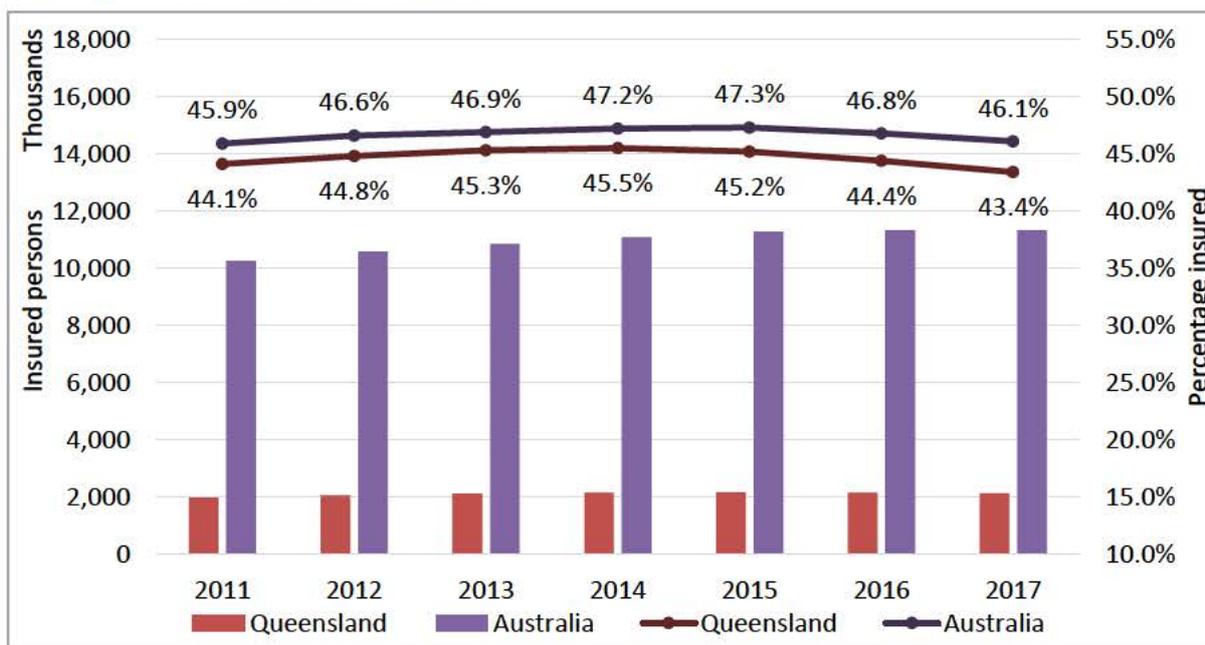
<sup>4</sup> Australian Prudential Regulation Authority. Private Health Insurance Membership and Coverage. 2017. [www.apra.gov.au/PHI/Publications/Pages/Membership-and-Coverage.aspx/](http://www.apra.gov.au/PHI/Publications/Pages/Membership-and-Coverage.aspx/).

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**FIGURE 10 GENERAL TREATMENT COVER IN QUEENSLAND AND AUSTRALIA, INSURED PERSONS AND PERCENTAGE OF POPULATION, 2011 TO 2017**



**FIGURE 11 HOSPITAL TREATMENT COVER IN QUEENSLAND AND AUSTRALIA, INSURED PERSONS AND PERCENTAGE OF POPULATION, 2011 TO 2017**

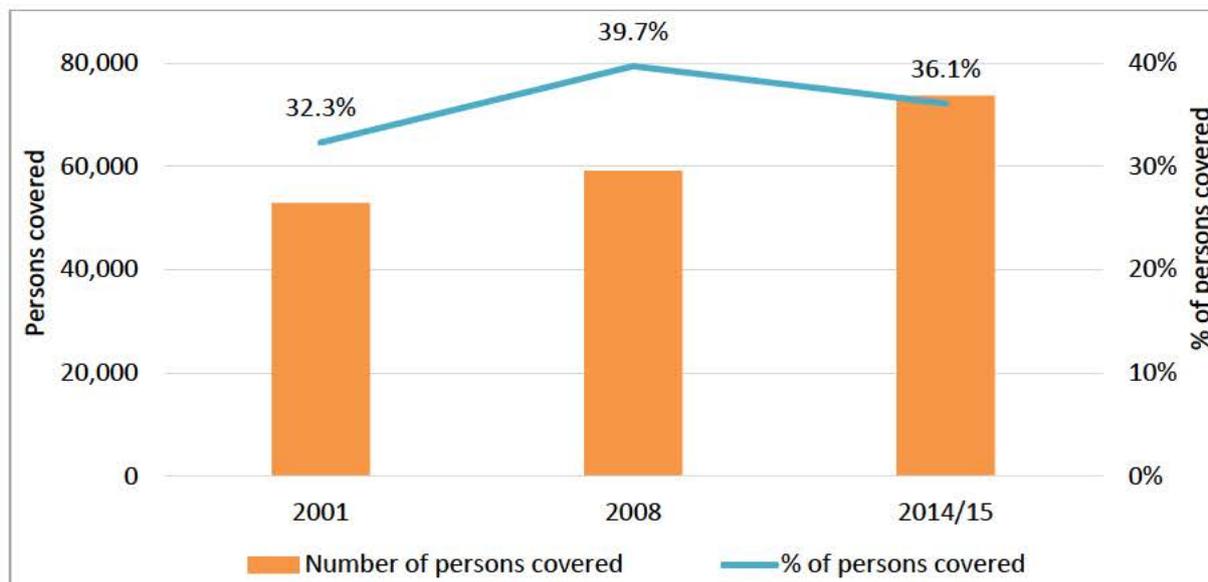


Data and information on private health insurance coverage by smaller geographical boundaries than State is limited. Estimations and modelling from self-reported data from the National Health Survey offers some insight in hospital treatment coverage, modelled by the Public Health Information Development Unit, Torrens University Australia into LGA into an annual publication of the Social Health Atlas of Australia. For 2014/15, it is estimated that

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over 73,700 people over the age of 18 years are covered with private health insurance hospital cover in Logan.

**FIGURE 12 MODELLED NUMBER AND PERCENTAGE OF PERSONS IN LOGAN OVER THE AGE OF 18 YEARS, COVERED BY PRIVATE INSURANCE HOSPITAL COVER, 2001, 2008 AND 2014/15, LOGAN**



An updated extract of taxable and non-taxable individuals within Logan’s postal codes was obtained from the Australia Taxation Office for the financial year of 2014-2015,<sup>5</sup> mapped to SA2 geographical boundaries within Logan LGA indicates that 40.9% of Logan’s population is covered with private health insurance general treatment cover.

**TABLE 4 PROPORTION OF PEOPLE WITH PRIVATE HEALTH INSURANCE GENERAL TREATMENT COVER, LOGAN SA2s, 2014-15**

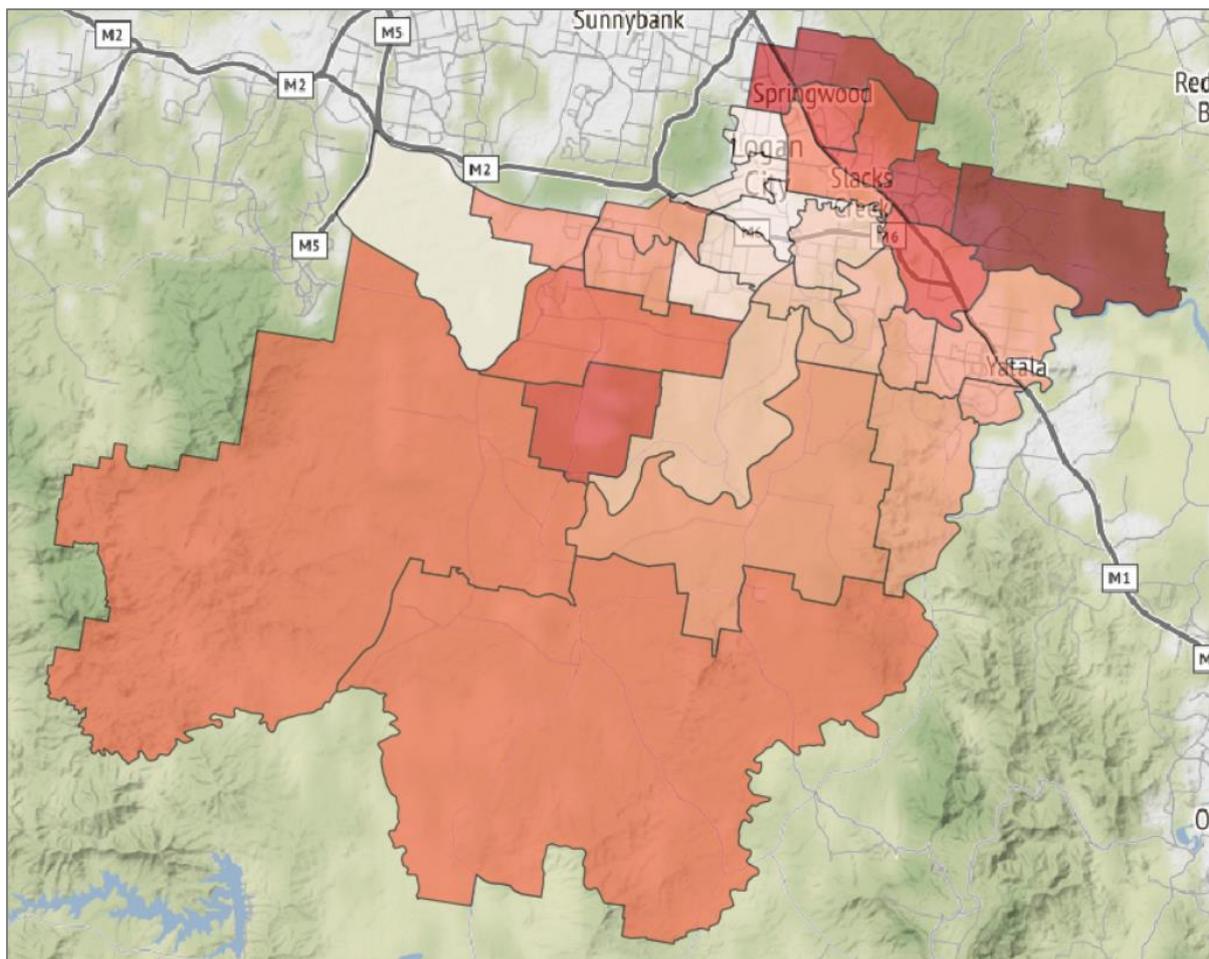
SA2	Proportion of People with General Treatment Private Health Insurance Cover
Beenleigh	38.1%
Bethania - Waterford	34.6%
Boronia Heights - Park Ridge	45.8%
Browns Plains	38.9%
Chambers Flat - Logan Reserve	34.2%
Cornubia - Carbrook	62.7%
Crestmead	20.7%
Daisy Hill	47.6%
Eagleby	38.1%
Edens Landing - Holmview	38.1%
Greenbank	44.6%

<sup>5</sup> Australia Taxation Office, Taxation statistics 2014-15. 2017. <https://www.ato.gov.au/About-ATO/Research-and-statistics/In-detail/Taxation-statistics/Taxation-statistics-2014-15/>

<b>SA2</b>	<b>Proportion of People with General Treatment Private Health Insurance Cover</b>
<b>Greenbank Military Camp</b>	0.0%
<b>Hillcrest</b>	39.0%
<b>Jimboomba</b>	44.7%
<b>Kingston</b>	18.6%
<b>Logan Central</b>	19.7%
<b>Logan Village</b>	38.7%
<b>Loganholme - Tanah Merah</b>	47.6%
<b>Loganlea</b>	30.4%
<b>Marsden</b>	21.0%
<b>Mount Warren Park</b>	38.1%
<b>Munruben - Park Ridge South</b>	49.1%
<b>Regents Park - Heritage Park</b>	39.0%
<b>Rochedale South - Priestdale</b>	58.5%
<b>Shailer Park</b>	54.3%
<b>Slacks Creek</b>	40.4%
<b>Springwood</b>	47.6%
<b>Underwood</b>	52.5%
<b>Waterford West</b>	34.2%
<b>Wolffdene - Bahrs Scrub</b>	38.1%
<b>Woodridge</b>	18.9%
<b>Logan</b>	<b>40.9%</b>

In 2014/15, the SA2s of Cornubia – Carbrook, Rochedale South – Priestdale and Shailer Park have the greatest proportion of the population covered with general treatment private health insurance. In contrast, the SA2 of Kingston, Woodridge, and Logan Central have the smaller proportion of their resident population covered with private health insurance for general treatment.

**FIGURE 13 PRIVATE HEALTH INSURANCE GENERAL TREATMENT COVER, LOGAN SA2s, 2014-15**

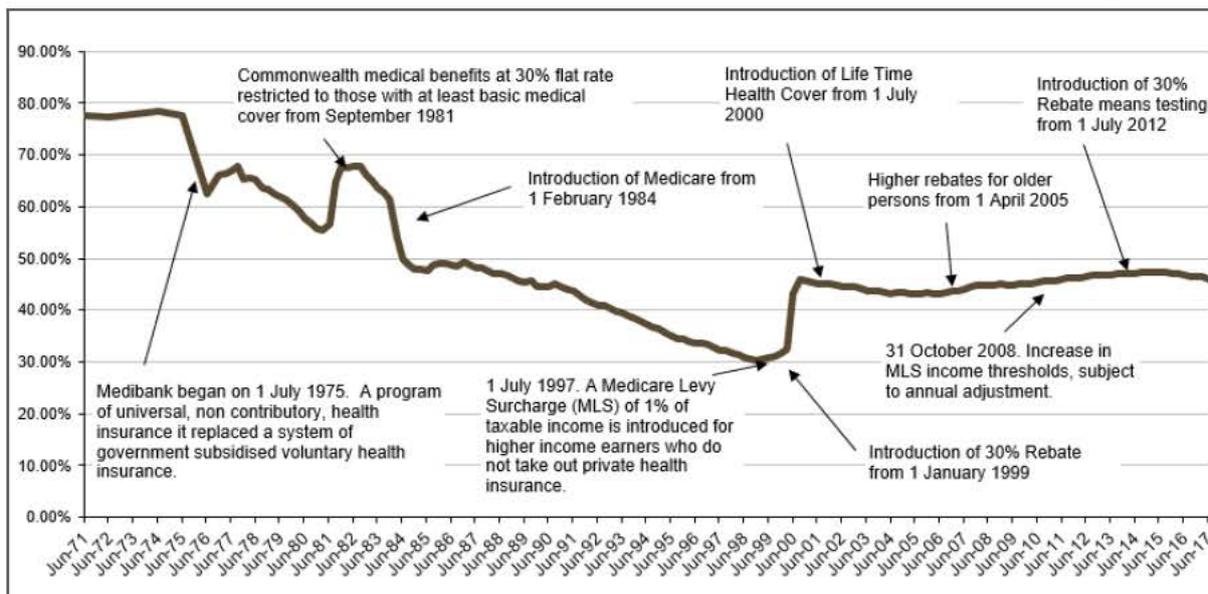


\*the darker the shading, the greater the proportion of the population covered by general treatment private health insurance

Hospital treatment memberships by age and sex group reported by the APRA for Queensland, overlaid into Queensland’s population as reported by the Queensland Government Statistician’s Office enable the calculation of age- and sex- specific rates. These rates applied to Logan’s current population and normalised to the last available LGA-based insurance coverage rate estimates approximates 110,000 people of all ages (or almost 80,000 persons aged 20 years and over) are covered with private health insurance hospital cover.

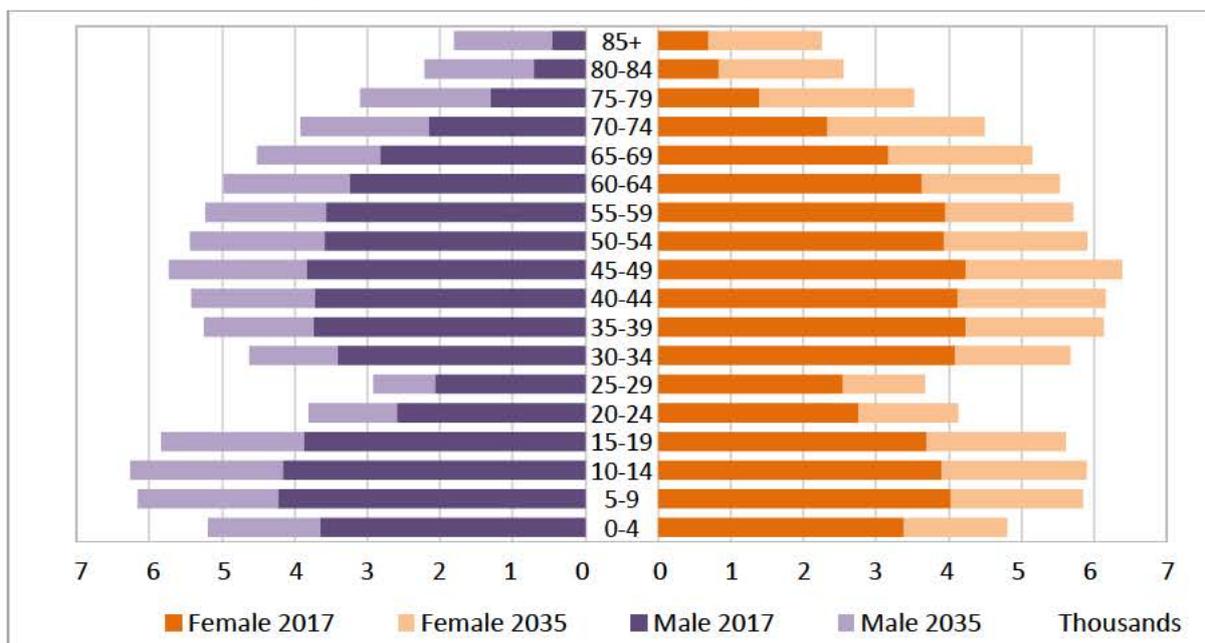
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**FIGURE 14 HOSPITAL TREATMENT COVERAGE AS % OF POPULATION, AUSTRALIA, 1971 - 2017, APRA**



Historically, hospital treatment insured persons, total and as percentage of population, have fluctuated with political and economic reforms. Assuming the same hospital treatment coverage rates for Logan in 2017 will be sustained in the projected population of 2035 results in an estimated 171,900 persons insured with hospital cover. However, considering the push for investment in Logan, the application of Queensland’s hospital treatment coverage rates in 2017 to Logan’s projected population would result in a more optimistic almost 219,000 insured persons by 2035.

**FIGURE 15 PERSONS INSURED FOR HOSPITAL COVER, LOGAN, 2017 AND 2035 (LOW SCENARIO)**



**TABLE 5 PERSONS INSURED FOR HOSPITAL COVER, LOGAN, 2017, AND 2035 HIGH AND LOW SCENARIOS**

<b>Age Group</b>	<b>2017</b>	<b>2035 Low Scenario</b>	<b>2035 High Scenario</b>
<b>0 – 4</b>	7,035	10,004	12,738
<b>5 – 9</b>	8,258	12,009	15,290
<b>10 – 14</b>	8,065	12,167	15,492
<b>15 – 19</b>	7,567	11,453	14,582
<b>20 – 24</b>	5,349	7,945	10,115
<b>25 – 29</b>	4,612	6,597	8,399
<b>30 – 34</b>	7,501	10,308	13,125
<b>35 – 39</b>	7,977	11,383	14,494
<b>40 – 44</b>	7,848	11,590	14,757
<b>45 – 49</b>	8,066	12,125	15,438
<b>50 – 54</b>	7,521	11,352	14,453
<b>55 – 59</b>	7,519	10,946	13,937
<b>60 – 64</b>	6,877	10,509	13,381
<b>65 – 69</b>	6,000	9,675	12,318
<b>70 – 74</b>	4,481	8,415	10,715
<b>75 – 79</b>	2,702	6,621	8,430
<b>80 – 84</b>	1,545	4,761	6,061
<b>85+</b>	1,151	4,062	5,172
<b>Total</b>	<b>110,072</b>	<b>171,921</b>	<b>218,897</b>

## 4. Supply Analysis

An understanding of supply of healthcare services within Logan from public and private facilities is required to identify gaps and potential opportunities by location and service types. Primary telephone surveys of healthcare facilities were conducted between the 21st and 25th August 2017. Facility staff were surveyed for current operating hours, services provided, key planning unit capacity associated with their service provision, health workforce employed at the facility and average activity volumes and throughput.

The supply of same day surgical care, general practice, specialist, dental and allied health care presented here are self-reported by facility staff. Where information was not provided, various assumptions were made into operational hours and average consultation times. If no information was available for any facility, minimum assumptions of health workforce, key planning units and activity volumes were allocated to maintain a complete but conservative supply analysis.

## 4.1. Public Acute Hospital Care

### 4.1.1 Logan Hospital

Logan Hospital is the regional health centre for Logan. It has grown from a 48-bed community hospital in 1990 to a hospital of over 400 beds today, mirroring the rapid growth in its catchment population. The Hospital provides emergency services, acute medical, surgical, mental health, rehabilitation and sub-acute, maternity, and neonatal care, cardiology, orthopaedics, renal dialysis from approximately 26 chairs for adults, and other specialty services for children and adults. Logan Hospital provides surgical services from eight operating theatres with an average of 12-15 major cases and 40-50 minor operations per week.

**FIGURE 16 LOGAN HOSPITAL**



In the 2016-2017 financial year, there were: <sup>6</sup>

- 75,305 patients admitted to the hospital
- Of which approximately 4,806 elective surgeries were performed<sup>7</sup>
- 88,256 patients admitted to the emergency department
- 303,474 outpatient appointments
- 3,227 babies born

The Surgery Connect Program administered by Queensland Health ensures patients requiring elective surgery receive it in a timely manner. Public-private partnerships in the form of service contracts alleviates pressure on waiting lists in public hospital by diverting patients to outsourced services in private hospitals state-wide. Surgical specialties in high demand include orthopaedics, urology, endoscopy, and ophthalmology.<sup>8</sup> Logan Hospital currently has a service purchase arrangement with Mater Private Hospital Springfield for provision of elective surgery services for patients. The current profile of the Logan Hospital has been identified in the below table.

The Hospital recruits 434 doctors, 1,454 nurses and 333 Health practitioners/professional/technical personnel. Of its bed capacity, the following bed types and beds and bed alternatives are available:

<sup>6</sup> Queensland Government Metro South Health. Logan Hospital: About Us. 2017. [metrosouth.health.qld.gov.au/logan-hospital/about-us](http://metrosouth.health.qld.gov.au/logan-hospital/about-us)

<sup>7</sup> Queensland Health. Hospital Performance. Logan Hospital. <http://www.performance.health.qld.gov.au/hospitalperformance/service-areas.aspx?hospital=29>

<sup>8</sup> Queensland Health. Elective Surgery: Queensland Reporting Hospitals. 2017. [www.performance.health.qld.gov.au/hospitalperformance/es-main.aspx?hospital=99999](http://www.performance.health.qld.gov.au/hospitalperformance/es-main.aspx?hospital=99999)

**TABLE 6 LOGAN HOSPITAL BED PROFILE, NOVEMBER 2017**

<b>Bed Type</b>	<b>Number</b>
<b>Emergency Department</b>	39
<b>Cardiac Care Unit</b>	5
<b>Intensive Care Unit</b>	7
<b>Maternity</b>	30
<b>Special Care Neonatal Unit</b>	16
<b>Paediatric</b>	24
<b>Palliative Care</b>	6
<b>Rehabilitation</b>	18
<b>Specialised Mental Health</b>	72
<b>Other Overnight</b>	155
<b>Transit Lounge</b>	14
<b>Renal Dialysis Chairs</b>	26
<b>Total</b>	<b>412</b>

Between the recent expansion of the medical imaging capabilities at Logan Hospital's Emergency Department, the Hospital now provides care with the following major medical devices:

- 2 CT scanners
- 1 MRI machine
- 5 X-Ray machines
- 6 Ultrasound scanners

Logan Hospital currently does not provide day oncology services and patients requiring chemotherapy treatment travel to the Princess Alexandra Hospital to receive oncology services.

In June 2017, the Palaszczuk Government's released budget committed \$112.2 million over four years for the South-East Queensland – Planning for Growth package earmarked for expansions of Logan, Caboolture, and Ipswich public hospitals. In 2017-18 \$9 million is available to undertake business case development for the proposed redevelopments to meet current and future healthcare needs.<sup>9,10</sup>

While the exact scope and size of the redevelopment and expansion remains unclear and in planning stages with the Metro South Hospital and Health Service, in June 2017, the Preliminary Business Case for the Logan Hospital Expansion through Building Queensland indicated that the project had progressed to the next stage of Detailed Business Case with an estimated cost of delivery of \$260 - \$280 million.<sup>11</sup>

<sup>9</sup> Queensland Government, Budget 2017-18. 2017. <https://budget.qld.gov.au/>

<sup>10</sup> Metro South Hospital and Health Service. Logan Hospital redevelopment gets green light. 2017. <https://metrosouth.health.qld.gov.au/news/logan-hospital-redevelopment-gets-green-light>

<sup>11</sup> Building Queensland. Logan Hospital Expansion. 2017 <http://buildingqueensland.qld.gov.au/projects/logan-hospital-expansion-2/>

According to Building Queensland, the proposal investigates options to improve existing facilities by expansion either as a standalone facility or on top of existing buildings. The project is expected to:

- Increase service access at Logan Hospital and reduce burden on out of locality services
- Reduce reliance on Emergency Department short-stay
- Improve facilities and health care services
- Improve work conditions for staff and staff retention
- Improve education opportunities

**FIGURE 17 ARTIST’S IMPRESSION OF THE LOGAN HOSPITAL EXPANSION**



Comparison to other similar public hospital expansion projects recently delivered in comparable areas, indicates the Logan Hospital Expansion will deliver an additional 150 to 190 beds (and bed equivalents) to Logan Hospital, depending on the complexity and scope of the redevelopment. Successful development and commissioning of the Logan Hospital Expansion would bring the total bed (and bed equivalent) count to approximately 600 to 650 beds.

Staged development plans for Logan Hospital published in the *Strategic Master Plans – Summary* report plans for three stages of redevelopment and related timeframes to take place at the hospital campus.<sup>12</sup>

**TABLE 7 LOGAN HOSPITAL PROFILE, 2017**

<b>Beds</b>	<b>Stage 1 (5 years)</b>	<b>Stage 2 (10-15 years)</b>	<b>Stage 3 (15+ years)</b>
Additional bed capacity	191	143	176
<b>Total bed capacity</b>	<b>603</b>	<b>746</b>	<b>922</b>

<sup>12</sup> Metro South Health, Metro South Hospital and Health Service Strategic Master Plans – Summary, Logan Hospital, April 2015

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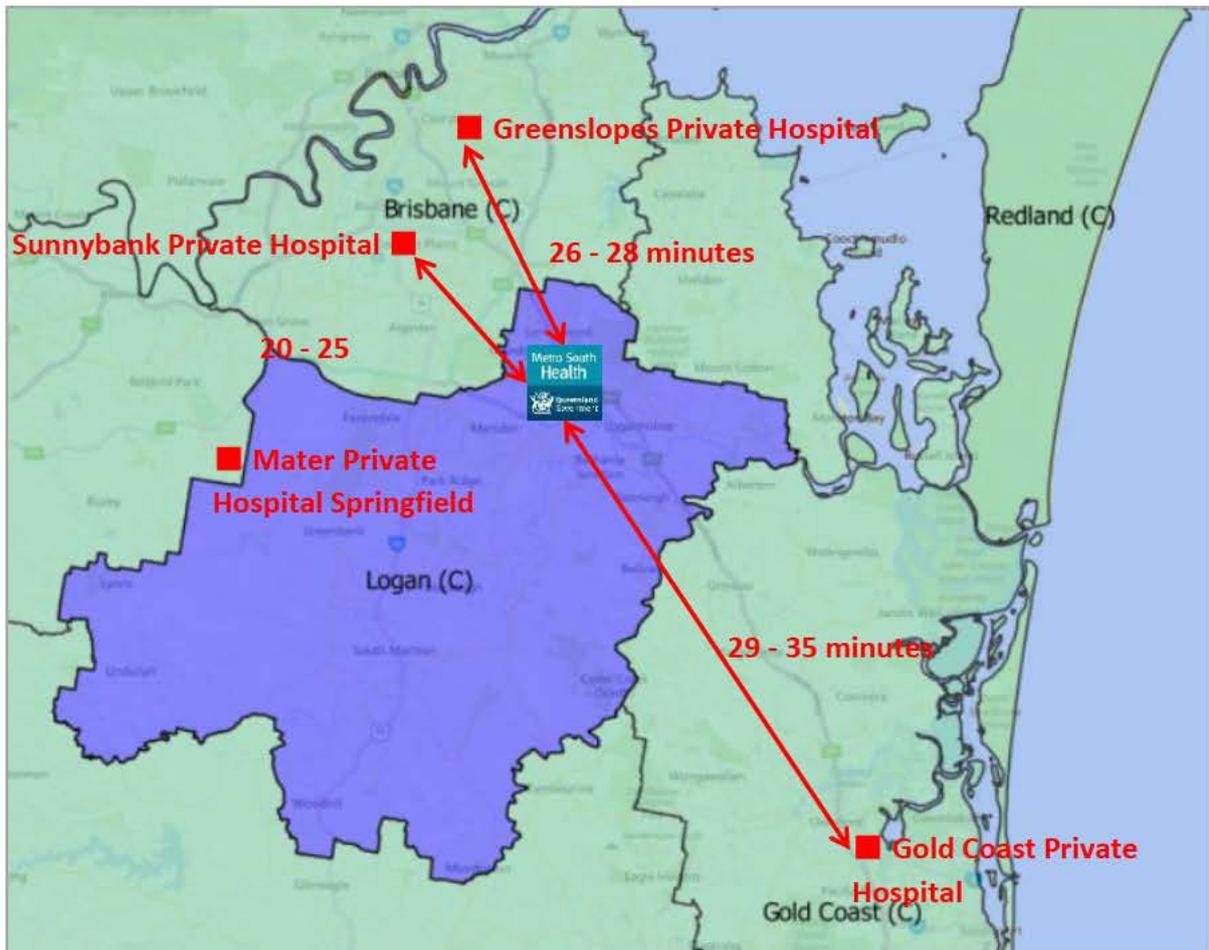
Discussions between the LCC and MHS have also suggested further or a greater scale of expansion to Logan Hospital would be considered depending on the availability of funding of more than 300 additional beds, bringing the possible total bed numbers at Logan Hospital closer to the Stage 2 of the redevelopment at 746 beds.

**4.2. Private Acute Hospital Care**

The Mater Private Hospital Springfield, Sunnybank Private Hospital, Greenslopes Private Hospital and Gold Coast Private Hospital are the closest private hospitals to the City of Logan. All four facilities are located within 20 to 35 minutes’ drive time of Logan Hospital.

The absence of a private facility within the LGA is suggestive that Logan’s population seeking private hospital care are likely to obtain services from these four private facilities due to their close proximity. This results in an outflow of patients to receive health services outside of the LGA, a lower self-sufficiency for private care within Logan and longer travel times for patients and their families.

**FIGURE 18 PRIVATE HOSPITALS IN CLOSE PROXIMITY TO LOGAN LGA**



Key clinical services provided by the private sector are day and medical oncology services, radiotherapy, interventional cardiology and cardiology, internal medicine, neurosurgery,

urology, vascular services, sleep medicine, comprehensive rehabilitation programs for inpatients and outpatients for a range of a clinical practice areas, other sub-acute and non-acute services, renal dialysis, and fertility medicine.

### 4.2.1 Mater Private Hospital Springfield

Whilst not located within Logan, the Mater Private Hospital Springfield in Springfield Central is located on the very fringe of the eastern border of the LGA. The facility opened in October 2015. The 80-bed private hospital, developed at a budget of \$85 million, provides medical and surgical services for overnight and same day patients, including a day oncology service. The Cancer Care Centre, built with \$21.4 million of Australian Government funding, in partnership with Radiation Oncology Queensland includes one linear accelerator and 15 medical oncology treatment bays.



**FIGURE 19 HEALTH CITY, SPRINGFIELD CENTRAL**



The Mater Private Hospital is located at Health City of Springfield Drive, 8.7 hectares of which is directly earmarked for hospital and healthcare developments for reportedly up to 1,200 hospital beds.<sup>13</sup> The greater development is a total 52 hectares in size for medical education, research and aged and seniors living. In May 2018, a series of specialist consulting suites is expected to be delivered on the site as Greater Springfield Specialist Suites, at 2,500m<sup>2</sup> of lettable space, alongside AVEO Springfield (a retirement village), Quest Apartments and childcare facilities. Discussions with Mater Health Services, Springfield Land Corporation and Aveo Group and their development and expansion plans for private hospital and health services in Springfield is recommended to take place as part of the market engagement, briefing and sounding phase.

#### 4.2.2 Sunnybank Private Hospital

Sunnybank Private Hospital is a 135- bed hospital catering to the South-East Queensland communities with a range of specialist surgical and medical services. Sunnybank is owned and run by the one of the leading Australian private healthcare providers, Healthscope. The Sunnybank Private Hospital is currently undergoing a \$40 million redevelopment to incorporate new medical suites, operating theatres, day surgery rooms, an angiography suite and multiple updated endoscopy suites.

**FIGURE 20 ARTIST'S IMPRESSION OF THE SUNNYBANK PRIVATE HOSPITAL EXPANSION**



The Hospital provides specialist rehabilitation services in the form of inpatient and outpatient day services for patients requiring the comprehensive support of both medical and nursing facilities. Comprehensive maternity services are also available at Sunnybank Hospital with a range of prenatal and antenatal services for expectant and new mothers. The intensive care unit is comprised of six ICU beds providing intensive care to critically-ill patients post-surgery and surrounding emergency departments, in addition to the broader Brisbane area through the outreach intensive care team; the Rapid Response Team.

A range of allied health and support services are provided from the specialist private hospital, including dietetics, occupational therapy, physiotherapy, radiology, social work, speech therapy, interpreter services, discharge planning services and pastoral services.

<sup>13</sup> Mater, Mater unveils new hospital plans for Greater Springfield. 2013. <http://www.mater.org.au/Home/News-and-social-media/Archives/2013/Mater-unveils-new-hospital-plans-for-Greater-Sprin>

### 4.2.3 Greenslopes Private Hospital

Greenslopes Private Hospital is a Ramsay Health Care owned and operated private teaching hospital located south of the Brisbane CBD. The facility has a total of 32 specialty units providing highly specialised services including for cancer, cardiac and cardiology, emergency services, mental health, rehabilitation, and maternity and women's health services.

The facility has almost doubled in bed numbers over the last two decades, and employs approximately 2,500 staff, which cater to the local community, the veteran community and patients from all across Queensland.



Greenslopes Private Hospital has carried out over 100 clinical trials over the last decade through the Gallipoli Medical Research Foundation, with a concentrated focus on melanoma and liver cancer. The facility is well-known in the broader medical community for its work in robotic surgery, specifically for prostatectomy, single site cholecystectomy, distal pancreatectomy, transoral surgery, single site hysterectomy, and sacrocolpopexy.

The hospital's two robots have performed more than 3,300 minimally-invasive procedures since the program's initiation in 2008.

### 4.2.4 Gold Coast Private Hospital

The Gold Coast Private Hospital is a brand new state-of-the-art facility located in the heart of the Gold Coast. The 284-bed, \$230 million development is also owned and operated by Healthscope, and was purpose-built to replace the former Allamanda Private Hospital. The Hospital holds significant alliances with both the Gold Coast University Hospital and Griffith University.



The Gold Coast Private Hospital will shortly undergo a \$50 million expansion to increase its capacity by a further 56 beds and 10 operating theatres delivered as a day surgery unit, an additional surgical ward and larger theatre floor area.



The vast array of specialty services provided at the Gold Coast Private Hospital is reflective of its teaching hospital status. The hospital’s most well-known services include its emergency care facilities, cardiac services, rehabilitation, maternity services, paediatric services, and the day infusion centre.

### 4.3. Same Day Surgical Care

Currently located within Logan are two same day surgical facilities, Southside Endoscopy Centre and Logan Endoscopy Services. The two facilities generate approximately 10,500 activities per year with three doctors, two endoscopy procedure rooms and a total of eight recovery places.



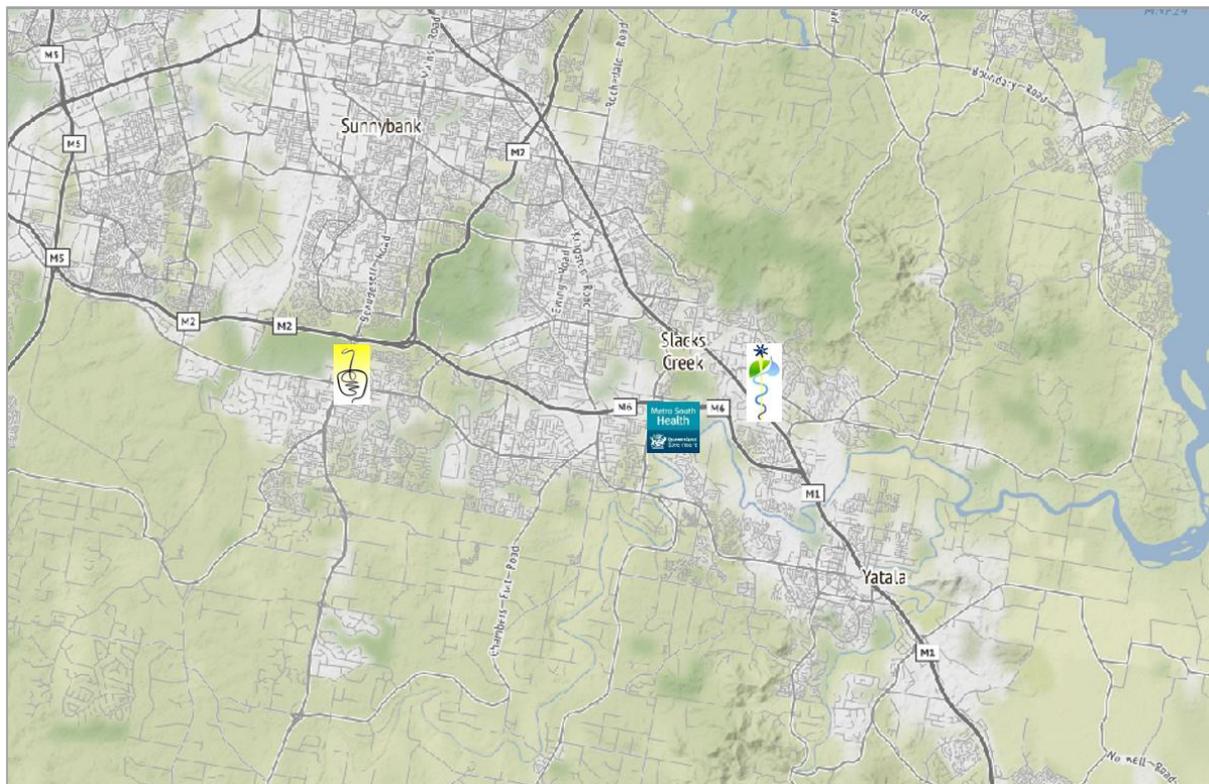
**TABLE 8 SOUTHSIDE ENDOSCOPY CENTRE PROFILE, 2017**

Suburb	Activity per week	Key Planning Units			Health Workforce	
		Endoscopy Suite	Recovery Places	Consultation rooms	Doctors	Nurses
Browns Plains	<b>70</b>	1	3	2	6	11
Loganholme	<b>135</b>	1	5	2	3	15
<b>Total</b>	<b>205</b>	<b>2</b>	<b>8</b>	<b>4</b>	<b>9</b>	<b>26</b>

Logan Hospital, Southside Endoscopy Centre and Logan Endoscopy Services are located along the northern fringes of Logan, with proximity to major highways allowing greater access to acute care services. Logan Hospital and Southside Endoscopy Centre are both located within the designated the health and knowledge precinct at Meadowbrook.

Southside Endoscopy Centre report a patient mix which is in the main residents to Logan (80%) with the remainder from the broader South Brisbane area, whilst Logan Endoscopy Services receives most of its patients from the South Brisbane area over residents of Logan City Council.

**FIGURE 21 ACUTE AND NON-ACUTE OVERNIGHT AND SAME DAY CARE FACILITIES, LOGAN, 2017**



#### 4.4. General Practice Care

As of the 5<sup>th</sup> September 2017, there are a total of 51 general practice facilities within Logan, providing care from approximately 340 consultation rooms. Average weekly services provided per centre used to estimate annual services provided suggest that over 1.8 million general practice and primary care consultations are being provided within Logan annually. These consultations are delivered by a health workforce made up of 283 doctors and 110 nurses. Most of these general practice clinics and centres are located within designated town centres.

The following assumptions were made in this section of the report to substitute any primary survey data that was unable to be collected:

- For facilities unable to provide key planning unit and health workforce figures, an average of the total comparable facilities surveyed was applied
- For facilities unable to provide average activities per week, an assumption of 85% effective utilisation of opening hours, and an average consultation time of 22-minute was applied to obtain an estimate of activity

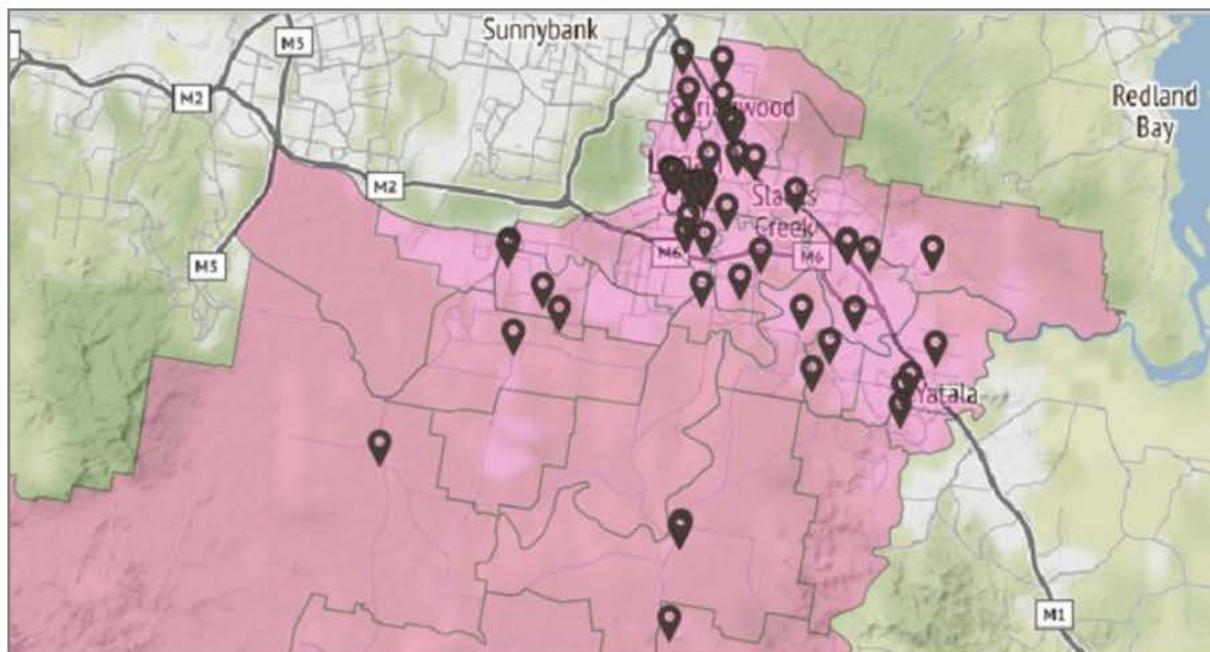
**TABLE 9 GENERAL PRACTICE FACILITY PROFILES, 2017**

Suburb	Facilities	Occurrences per week	Key Planning Units	Health Workforce	
			Consultation Rooms	Doctors	Nurses
Beenleigh	2	880	16	12	4
Bethania	1	198	3	2	0
Browns Plains	2	6,780	24	21	6
Cornubia	1	548	7	11	2
Daisy Hill	1	450	9	7	2
Eagleby	1	500	4	3	1
Edens Landing	1	400	4	3	2
Greenbank	1	800	7	5	4
Heritage Park	1	548	7	5	2
Holmview	1	1,000	5	5	2
Kingston	3	1,550	18	11	5
Logan Central	9	5,123	48	47	23
Logan Village	2	1,300	11	9	3
Loganholme	5	3,366	37	28	12
Loganlea	1	900	7	6	1
Marsden	1	500	5	3	1
Meadowbrook	1	625	8	5	3
Mount Warren Park	1	1,341	15	10	2
North MacLean	1	548	7	5	2
Park Ridge	1	800	13	9	3
Regents Park	1	548	7	5	2
Rochedale South	2	855	7	7	1
Shailer Park	1	347	3	3	2
Slack Creek	1	300	5	3	1
Springwood	3	2,523	24	24	8
Underwood	3	930	24	18	10
Woodridge	1	548	7	5	2
Yarrabilba	1	325	5	7	2
<b>Total</b>	<b>51</b>	<b>34,692</b>	<b>340</b>	<b>283</b>	<b>110</b>

Approximately 10 general practice facilities were also found to provide a small proportion of specialist care via visiting doctors on a weekly or monthly basis.

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**FIGURE 22 GENERAL PRACTICE FACILITIES, LOGAN, 2017**



**4.5. Specialist Care**

The specialist medical services within Logan are provided through Logan Hospital and 28 consultation rooms found across 7 practices in the community, by 44 doctors and 3 nurses, delivering an average of 1,050 specialist medical care occurrences per week or 55,000 annually.

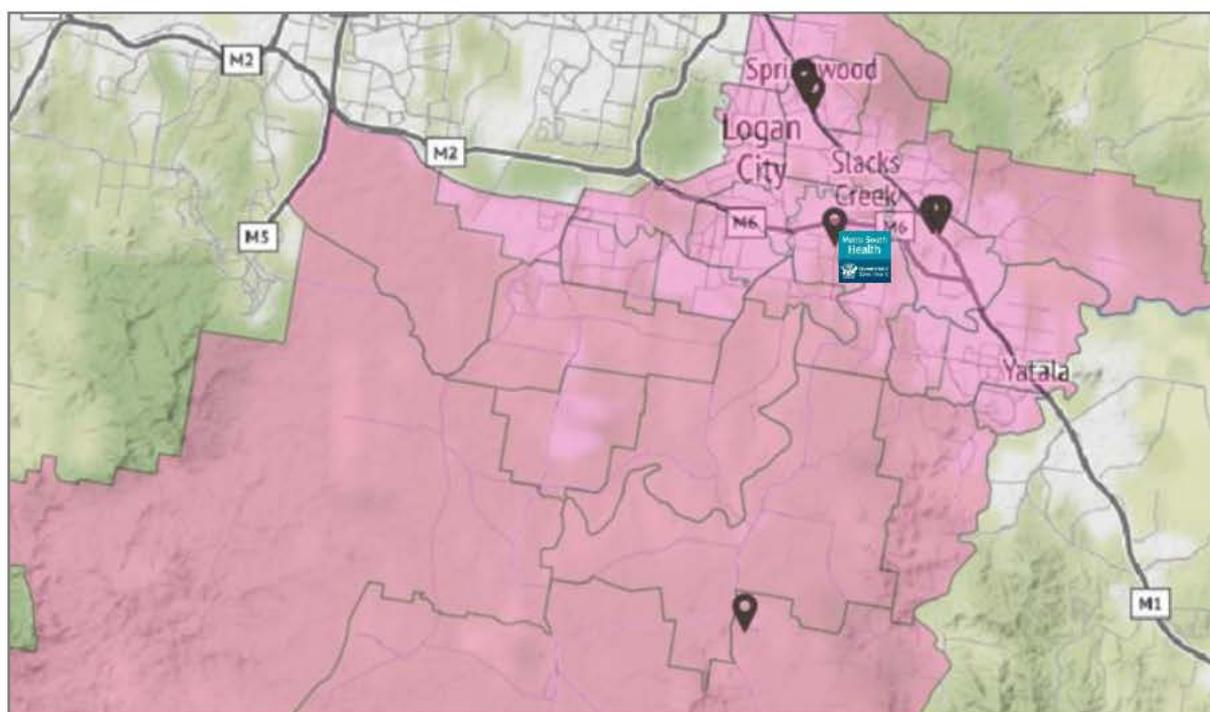
**TABLE 10 SPECIALIST MEDICAL CARE FACILITY PROFILES, 2017**

Suburb	Occurrences per week	Specialties	KPU		
			Consultation Rooms	Doctors	Nurses
Logan Village	150	Cardiology, Respiratory Medicine, Endocrinology, Geriatrics General and Breast Surgery	4	6	1
Loganholme	175	Occupational Health	4	4	1
Meadowbrook	150	Cardiology	4	6	1
Shailer Park	150	ENT, Orthopaedics Cardiology	4	6	1
Springwood	35	Orthopaedics	1	3	0

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Suburb	Occurrences per week	Specialties	KPU		HR	
			Consultation Rooms	Doctors	Nurses	
	250	Neurology, Psychiatry Telepsychiatry	6	9	3	
	140	Pain Medicine, Cardiology, Geriatrics, Psychiatry	5	9	0	
<b>Total</b>	<b>1,050</b>	-	<b>28</b>	<b>44</b>	<b>3</b>	

**FIGURE 23 SPECIALIST MEDICAL PRACTICE FACILITIES, LOGAN, 2017**



At a federal health service and reporting level, the Logan City Council is reported within the Greater Metro South Brisbane Medical Local catchment, equivalent to the geographic catchment of the MSH HHS. Medicare Locals were responsible for the defined geographic catchment until mid-2015, which have since been replaced by Primary Health Networks from mid-2015. Regardless of the name change, the Australian Government, Department of Human Services continues to report the Medicare Benefits Schedule (MBS) service utilisation data for Greater Metro South Brisbane by categories and groups.<sup>14</sup>

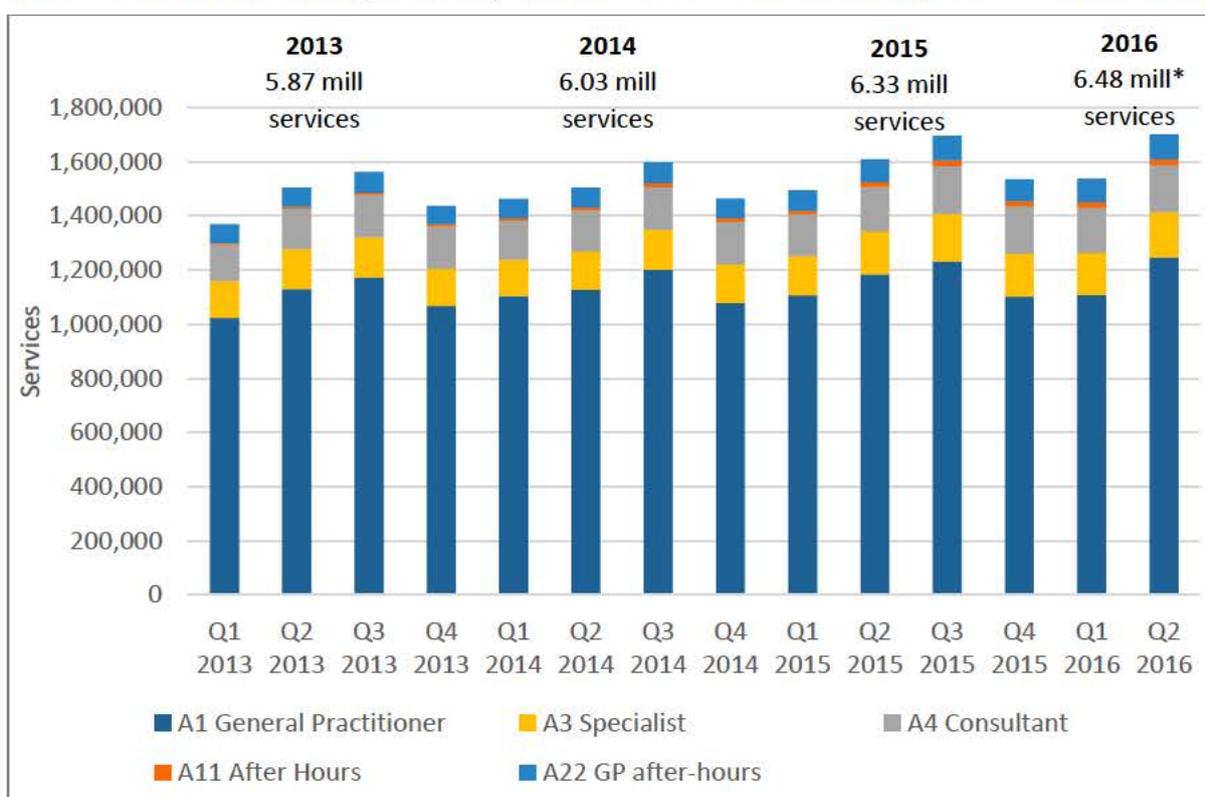
<sup>14</sup> Department of Human Services, Medicare Locals Statistics Reports, 2016. [http://medicarestatistics.humanservices.gov.au/statistics/med\\_locals.jsp](http://medicarestatistics.humanservices.gov.au/statistics/med_locals.jsp)

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Historical trends for the following MBS Category 1 – Professional Attendances, Group and Subgroups were reviewed:

- A1 General Practitioner, 1 GP Attendances
- A3 Specialist, 1 Surgery Consultations
- A3 Specialist, 1 No subgroup
- A4 Consultant Physician (other than Psychiatry), 1 No subgroup
- A8 Consultant Psychiatrist, 1 No subgroup
- A11 After Hours, 1 General Practitioner – After Hours
- A11 After Hours, 2 General Practitioner – Transitional Hours
- A22 GP after-hours attendances to which no other item applies, 1 No subgroup

**FIGURE 24 MBS CATEGORY 1, ASSORTED, GREATER METRO SOUTH BRISBANE, Q1 2013 TO Q2 2016**



\*estimated from historical trends of Q3 and Q4 statistics relative to Q1 to Q4.

Between 2013 and 2016, provision of these MBS items grew at an average annual growth rate of 3.4% per annum. This growth rate was greater for Greater Metro South Brisbane than for Australia, which demonstrated an annual growth rate of 3.1% for the same items. Collectively, in 2013, \$272.2 million worth of benefits were paid out to these groups and subgroups in Greater Metro South Brisbane, growing to an estimated \$312.8 million in 2016.<sup>15</sup>

<sup>15</sup> Department of Human Services, Medicare Locals Statistics Reports, 2016. [http://medicarestatistics.humanservices.gov.au/statistics/med\\_locals.jsp](http://medicarestatistics.humanservices.gov.au/statistics/med_locals.jsp)

Specialist care provision at Logan Hospital was almost 83,000 consultations in 2016/17, across an extensive range of specialities. Converted to Key Planning Units, these services are estimated to be provided from approximately 63 consultation rooms.

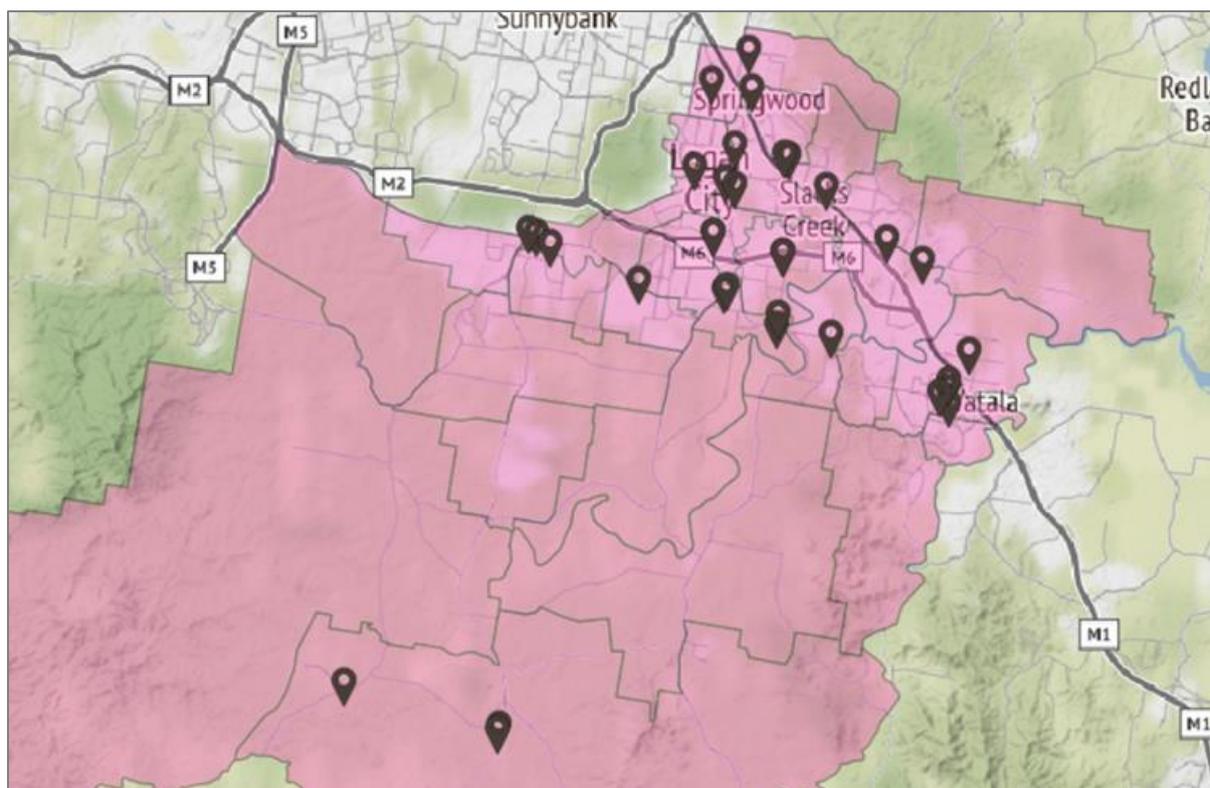
**TABLE 11 SPECIALIST MEDICAL CARE AT LOGAN HOSPITAL, 2016/17**

<b>Medical Specialty</b>	<b>Consultations</b>
Anaesthetics	770
Cardiology	2,425
Craniofacial	508
Diabetes	1,030
ENT	9,333
Endocrinology	184
Endoscopy	1,854
Gastroenterology	5,155
General Medicine	516
General Surgery	1,404
Gynaecology	2,388
Hepatology	384
Haematology	678
Infectious Diseases	399
Obstetrics	667
Midwife	24,504
Nephrology	965
Neurology	104
Neuropsychology	385
Obstetrics	4,294
Oncology	94
Orthopaedics	17,349
Paediatric Medicine	4,345
Paediatric Surgery	738
Respiratory	637
Rheumatology	96
Urology	17
Wound Mx	1,715

#### 4.6. Dental Care

There is a total of 35 dental practices in Logan, with an additional two medical centres providing both medical and dental services. From the primary survey process, a total capacity of 85 dental chairs and 89 dentists were identified within Logan. Dental assistants were also found to be on an approximately one-to-one ratio with dentists, commonly in the efficient delivery of dental services.

**FIGURE 25 DENTAL PRACTICES, LOGAN, 2017**



**TABLE 12 DENTAL CARE FACILITY PROFILES, 2017**

Suburb	Facilities	Occurrences per week	Key Planning Units		Health Workforce	
			Consultation Rooms	Dental Chairs	Dentists	Dental Assistants
Beenleigh	5	363	14	17	10	11
Bethania	1	98	3	3	3	3
Browns Plains	4	321	11	11	13	5
Daisy Hill	1	98	3	3	3	3
Eagleby	1	98	3	3	3	3
Jimboomba	3	199	6	6	9	8
Kingston	2	196	6	6	6	6
Logan Central	1	75	1	1	2	4
Loganholme	1	98	3	3	3	3
Marsden	3	375	8	7	10	11
Meadowbrook	2	153	5	5	6	7
Rochedale South	1	55	2	2	2	3
Shailer Park	1	200	2	2	2	5
Slacks Creek	2	153	5	5	7	10
Springwood	3	425	10	10	9	11
Underwood	1	150	3	3	3	0

Suburb	Facilities	Occurrences per week	Key Planning Units		Health Workforce	
			Consultation Rooms	Dental Chairs	Dentists	Dental Assistants
Waterford	1	100	2	2	2	4
Waterford West	1	98	3	3	3	3
Woodridge	1	98	3	3	3	3
<b>Total</b>	<b>35</b>	<b>3,353</b>	<b>93</b>	<b>99</b>	<b>95</b>	<b>103</b>

#### 4.7. Allied Health Services

There is a total of 82 facilities identified as providing allied health care within Logan, as well as allied health services provided at Logan Hospital. Of the total independent allied health facilities, 13 are chiropractic providers, 28 physiotherapy providers, 28 psychology/counselling services and the remainder osteopathy, podiatry, speech pathology and audiometry, dietetics and social work. It was also found that an additional 25 medical practices also offered a range of allied health services provided by qualified professionals.

Across all community-based facilities allied health and medical facilities included in the supply assessment survey, allied health practitioners within Logan are made up of:

- 17 chiropractors
- 10 exercise physiologists
- 59 physiotherapists
- 11 audiometrists and audiologists
- 62 psychologists and 10 counsellors
- 24 dietitians
- 17 podiatrists
- 4 social workers
- 4 osteopaths
- 3 speech pathologists

**TABLE 13 ALLIED HEALTHCARE FACILITY PROFILES, 2017**

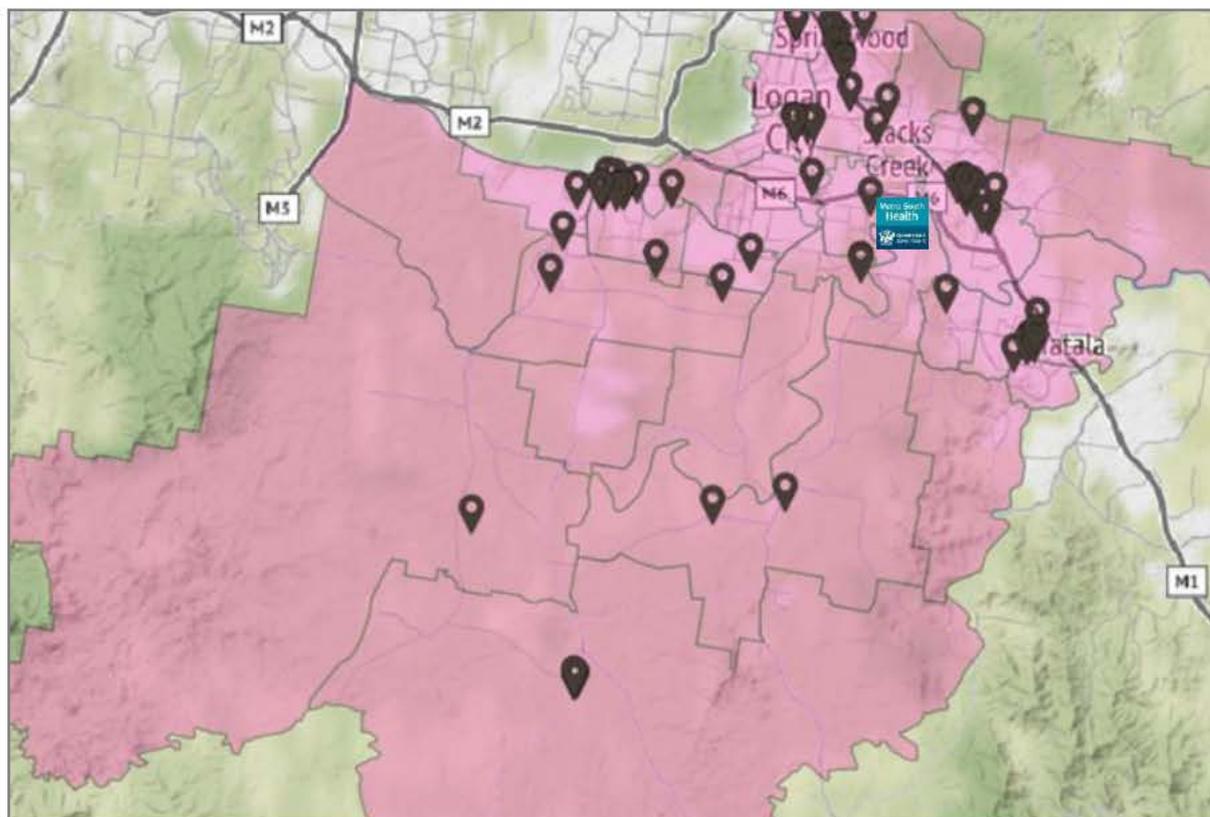
Suburb	Facilities	Occurrences per week	Consultation Rooms	Allied Health Professionals
<b>Chiropractic</b>				
Beenleigh	1	175	3	1 Chiropractor
Browns Plains	2	286	6	3 Chiropractor
Jimboomba	2	179	3	3 Chiropractors
Rochedale South	1	110	3	2 Chiropractors
Shailer Park	1	179	3	1 Chiropractor
Slacks Creek	1	180	5	1 Chiropractor
Springwood	4	529	4	4 Chiropractors 1 Psychologist

Suburb	Facilities	Occurrences per week	Consultation Rooms	Allied Health Professionals
				4 Physiotherapists 1 Dietician
Underwood	1	179	1	1 Chiropractor
<b>Psychology/ Counselling</b>				
Beenleigh	4	322	5	5 Psychologists 1 Social Worker
Boronia Heights	2	194	6	8 Psychologists
Browns Plains	4	262	7	5 Psychologists
Hillcrest	2	148	2	2 Psychologists
Jimboomba	2	114	3	3 Psychologists
Logan Central	3	222	3	3 Psychologists
Loganholme	4	296	4	4 Psychologists
Meadowbrook	1	250	12	2 Psychologists 4 Counsellors
Shailer Park	1	74	1	1 Psychologist
Springwood	2	114	4	6 Psychologists
Underwood	2	119	4	3 Psychologists
Waterford West	1	80	4	5 Counsellors
<b>Physiotherapy</b>				
Beenleigh	2	180	6	2 Physiotherapists
Boronia Heights	1	30	1	1 Physiotherapist
Browns Plains	3	2,540	25	10 Physiotherapists 1 Exercise Physiologists 1 Dietician 1 Podiatrist 6 Nurses
Crestmead	2	265	8	6 Physiotherapists 1 Exercise Physiologists
Daisy Hill	1	90	3	1 Physiotherapist
Edens Landing	1	5	1	1 Physiotherapist
Heritage Park	1	90	3	1 Physiotherapist
Jimboomba	2	300	9	4 Physiotherapists 2 Exercise Physiologists 1 Podiatrist
Kingston	1	90	3	1 Physiotherapist
Logan Central	1	60	3	1 Physiotherapist
Logan Village	1	100	4	2 Physiotherapists 1 Podiatrist
Loganholme	3	405	12	6 Physiotherapists
North MacLean	1	90	3	1 Physiotherapist
Rochedale South	1	90	3	1 Physiotherapist
Shailer Park	1	20	1	1 Physiotherapist
Springwood	5	595	16	6 Physiotherapists

<b>Suburb</b>	<b>Facilities</b>	<b>Occurrences per week</b>	<b>Consultation Rooms</b>	<b>Allied Health Professionals</b>
				1 Exercise Physiologists 1 Psychologist 1 Dietician
<b>Waterford West</b>	1	90	3	1 Physiotherapist
<b>Osteopathy</b>				
<b>Springwood</b>	1	168	3	3 Osteopaths 1 Counsellor
<b>Underwood</b>	1	8	1	1 Osteopaths
<b>Podiatry</b>				
<b>Browns Plain</b>	1	125	5	3 Podiatrists
<b>Shailer Park</b>	1	125	5	3 Podiatrists
<b>Springwood</b>	1	125	5	3 Podiatrists
<b>Speech Pathology and Audiometry</b>				
<b>Beenleigh</b>	1	20	1	1 Speech Pathologist
<b>Browns Plain</b>	1	50	2	2 Audiometrists
<b>Shailer Park</b>	1	20	1	1 Speech Pathologist
<b>Greenbank</b>	1	90	3	3 Audiometrists
<b>Rochedale South</b>	1	150	5	4 Audiometrists
<b>Stockleigh</b>	1	20	1	1 Speech Pathologist
<b>Dietetics</b>				
<b>Browns Plain</b>	1	20	1	1 Dietician
<b>Social Work</b>				
<b>Logan Central</b>	1	n/a	2	2 Social Workers

**BUSINESS CASE FOR HEALTH AND MEDICAL INVESTMENT REPORT – PREPARED FOR LOGAN CITY COUNCIL**

**FIGURE 26 ALLIED HEALTH CARE FACILITIES, LOGAN CITY COUNCIL, 2017**



**TABLE 14 ADDITIONAL ALLIED HEALTH PROFESSIONALS IN MEDICAL FACILITIES, 2017**

Allied Health Professional	No. of Professionals	Suburbs
Audiometrist/ Audiologist	4	Logan Central, Loganholme, Marsden Park, Park Ridge
Dietitian	16	Beenleigh, Browns Plains, Daisy Hill, Greenbank, Kingston, Logan Central, Logan Village, Loganholme, Marsden Park, Mount Warren, Park Ridge, Rochedale South, Underwood, Yarrabilba
Exercise Physiologist	4	Greenbank, Kingston, Park Ridge, Rochedale South
Physiotherapist	12	Beenleigh, Browns Plains, Greenbank, Logan Central, Meadowbrook, Mount Warren, Park Ridge, Rochedale South, Springwood
Podiatrist	8	Beenleigh, Browns Plains, Daisy Hill, Meadowbrook, Mount Warren, Park Ridge, Underwood
Psychologist	16	Beenleigh, Browns Plains, Daisy Hill, Greenbank, Kingston, Logan Central, Logan Village, Loganholme, Park Ridge, Springwood, Underwood
Social Worker	1	Logan Central

Allied health care provision at Logan Hospital was almost 38,000 consultations in 2016/17, across an extensive range of professions. Converted to Key Planning Units, these services are estimated to be provided from approximately 24 consultation rooms.

**TABLE 15 ALLIED HEALTH CARE AT LOGAN HOSPITAL, 2016/17**

Specialty	Consultations
Audiology	3,457
Nutrition	4,291
Physio	21,005
Podiatry	45
Psychology	1,201
Social Work	1,159
Speech Path	1,529
OT	5,015

#### 4.8. Medical Imaging

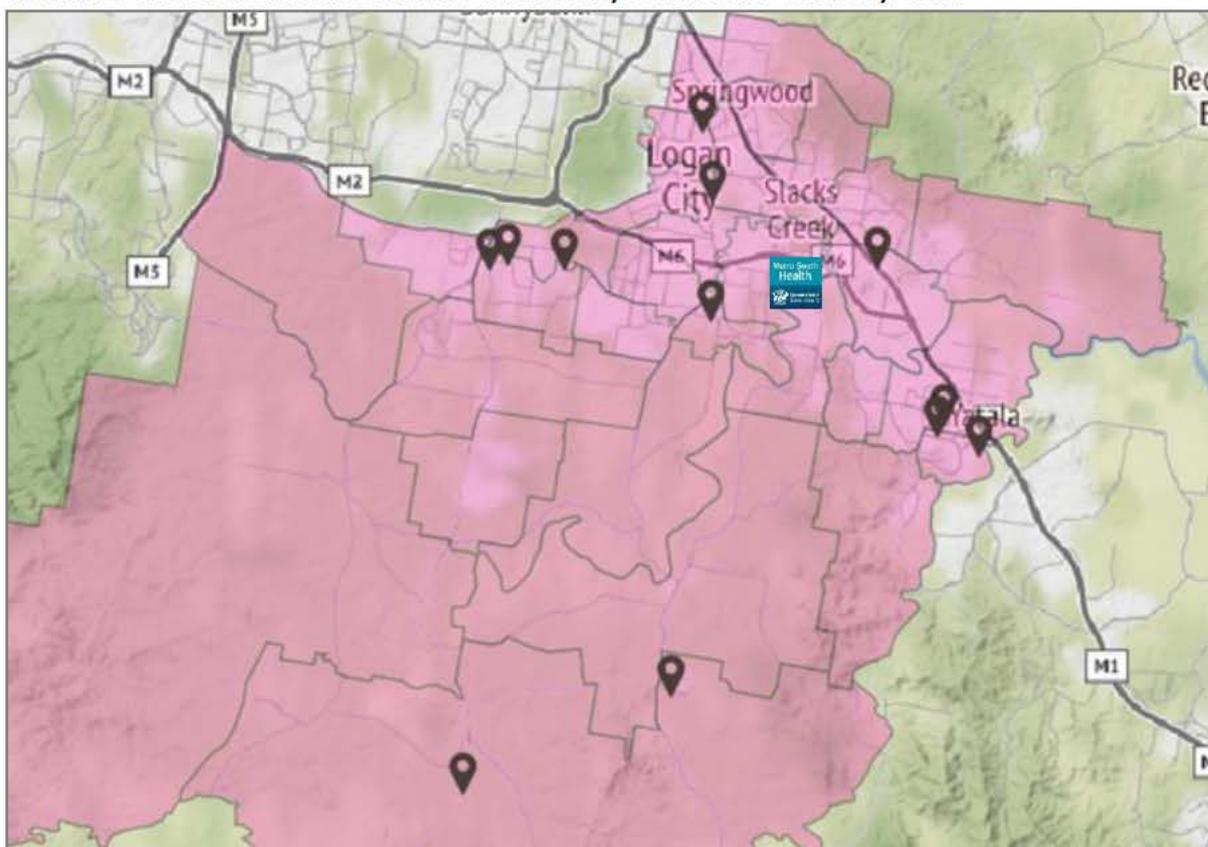
In addition to the medical imaging capabilities found at Logan Hospital, there are a total of 13 facilities identified as providing community-based medical imaging services. These services are provided from 22 X-rays machines, 12 CT scanners and 27 ultrasounds. No community-based diagnostic imaging centre is equipped with an MRI machine, within Logan these services are only found at Logan Hospital.

**TABLE 16 MEDICAL IMAGING FACILITY PROFILES, 2017**

Suburb	Facilities	Key Planning Units				Health Workforce
		Consultation Rooms	X-ray	CT	Ultrasound	Radiographers
Beenleigh	3	1	6	1	6	8
Browns Plains	4	2	6	3	9	12
Jimboomba	1	0	1	1	2	2
Logan Central	1	1	2	1	2	3
Logan Village	1	1	2	1	2	3
Loganholme	1	1	2	1	2	4
Slacks Creek	1	0	2	0	0	2
Underwood	1	1	2	1	2	3
Waterford West	1	1	1	1	2	3
<b>Sub Total</b>	<b>13</b>	<b>6</b>	<b>22</b>	<b>10</b>	<b>27</b>	<b>37</b>
Logan Hospital	1	0	5	2	6	3
<b>Total</b>	<b>14</b>	<b>6</b>	<b>27</b>	<b>12</b>	<b>33</b>	<b>40</b>

**BUSINESS CASE FOR HEALTH AND MEDICAL INVESTMENT REPORT – PREPARED FOR LOGAN CITY COUNCIL**

**FIGURE 27 MEDICAL IMAGING FACILITY PROVIDERS, LOGAN CITY COUNCIL, 2017**

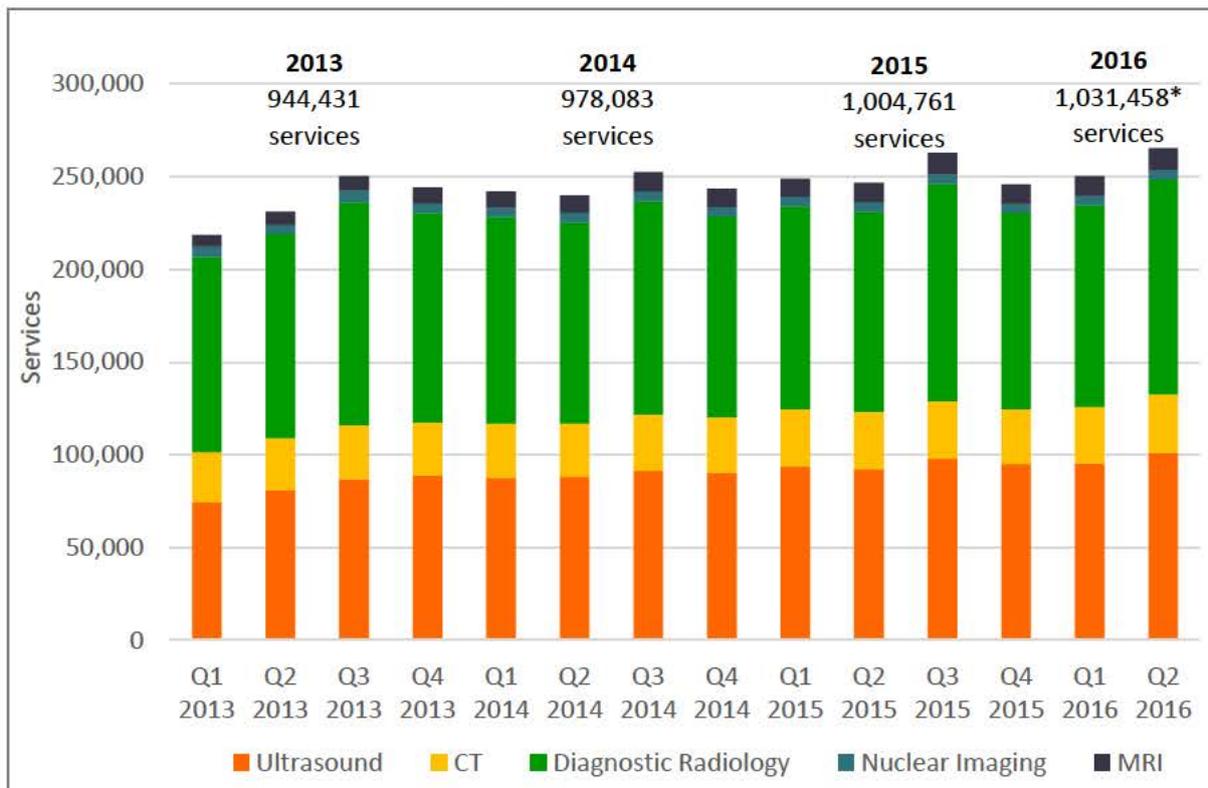


The following trends are found for MBS Category 5 – Diagnostic Imaging Services for the Greater Metro South Brisbane Medicare Local catchment, encompassing Logan and other LGAs. Between 2013 and 2016, diagnostic imaging services for the population increased at an average annual growth rate of 3.1% for Greater Metro South Brisbane, compared to 4.1% for the same services Australia-wide, paying out \$119.9 million worth of benefits in 2014, growing to an estimated \$134.1 million in 2016.<sup>16</sup>

<sup>16</sup> Department of Human Services, Medicare Locals Statistics Reports, 2016. [http://medicarestatistics.humanservices.gov.au/statistics/med\\_locals.jsp](http://medicarestatistics.humanservices.gov.au/statistics/med_locals.jsp)

**BUSINESS CASE FOR HEALTH AND MEDICAL INVESTMENT REPORT – PREPARED FOR LOGAN CITY COUNCIL**

**FIGURE 28 MBS CATEGORY 5, ASSORTED, GREATER METRO SOUTH BRISBANE, Q1 2013 TO Q2 2016**



\*estimated from historical trends of Q3 and Q4 statistics relative to Q1 to Q4.

**4.9. Other**

There are several other ancillary facilities providing health services within Logan. these include:

- An agency providing respite day care services to the elderly and those with a disability
- Three pathology laboratories
- An organisation providing birthing services, and antenatal and post-natal education to expecting mothers

## 5. Health Service Demand Modelling and Projections

Demand modelling for Logan's population indicates that the following hospital-based services are projected for the growing and changing population.

**TABLE 17 HEALTH SERVICE PROJECTIONS (SUMMARISED), LOGAN, 2020 TO 2035**

Service Types	2020	2025	2030	2035
<b>Inpatients (Overnight Acute) (Episodes)</b>	52,444	60,850	69,622	78,079
<b>Inpatients (Same Day Acute) (Episodes)</b>	82,649	100,795	119,801	138,635
<b>Emergency (Occurrences)</b>	169,725	200,439	232,734	266,169
<b>Outpatients (Occurrences)</b>	3,578,166	4,295,057	4,932,101	5,662,982

### 5.1. Acute Overnight Care

As Logan's population grows and ages, the demand in hospital beds is expected to increase in the future. It is projected that demand for acute overnight care beds in the Logan City Council will grow from 785 by 2020, to 1,108 by 2035, growing at a rate of 2.32% per annum for the 15-year period. Adult medical and adult surgical beds are projected to have the largest proportion of beds, representing 36% and 29% of the total 785 beds in 2020, respectively. Of the service modes, Paediatric Surgical and Mental Health demonstrate the greatest average annual growth rates of 4.05% and 3.25%, respectively.

**TABLE 18 ACUTE OVERNIGHT CARE BED PROJECTIONS, LOGAN, 2020 TO 2035**

Service Modes	2020	2025	2030	2035	Average annual growth rate (%)
<b>Adult Medical</b>	282	324	369	412	3.07%
<b>Adult Surgical</b>	227	258	290	320	2.73%
<b>Mental Health</b>	121	140	160	180	3.25%
<b>Paediatric Medical</b>	64	69	75	81	1.77%
<b>Paediatric Surgical</b>	28	33	39	45	4.05%
<b>Women's Health</b>	62	64	67	69	0.75%
<b>Grand Total</b>	<b>785</b>	<b>889</b>	<b>1,001</b>	<b>1,108</b>	<b>2.74%</b>

Further details of Logan's projected demand in episodes and specialties, as well as details of the projected demand for acute overnight care of surrounding LGAs found in Appendix.

## 5.2. Acute Same Day Care

Same-day admitted patient care occurs when the patient is admitted and separated on the same day.<sup>17</sup> Both around Australia and globally, a transition to same day care is taking place consistently, detectable in historical and current data on admitted patient care. This is broadly as a result of hospital care becoming increasingly systematic in its processes of pre-admission and post-acute treatment; medical technology improvements enabling monitoring of patients in a range of environments and service being provided to patients; closer to their place of residence in an ambulatory setting.

**TABLE 19 ACUTE SAME DAY CARE PLACE PROJECTIONS, LOGAN, 2020 TO 2035**

Service Modes	2020	2025	2030	2035	Average annual growth rate (%)
Adult Medical	49	62	77	91	5.71%
Adult Surgical	65	79	93	107	4.31%
Mental Health	8	10	12	13	4.17%
Paediatric Medical	8	10	12	14	5.00%
Paediatric Surgical	8	9	10	12	3.33%
Women's Health	14	16	18	20	2.86%
Chemotherapy	16	20	23	27	4.58%
Renal Dialysis	51	62	73	84	4.31%
<b>Grand Total</b>	<b>220</b>	<b>268</b>	<b>318</b>	<b>368</b>	<b>4.48%</b>

This trend is demonstrated as acute same day care places are projected to grow by an average of 4.48% per annum, a higher annual growth rate than that projected for acute overnight beds, from a total 220 same day places in 2020 to 368 by 2035. It is anticipated that adult surgical, renal dialysis places and adult medical beds will account for the most acute same day care places in 2020, representing 30%, 23% and 22%, respectively. By average annual growth rate between 2020 and 2035, the Service Modes of Adult Medical, Chemotherapy and Mental Health exhibit the highest average annual growth rates of 5.71%, 4.58% and 4.17% respectively.

Further details of Logan's projected demand in episodes and specialties, as well as details of the projected demand for acute same day care of surrounding LGAs found in Appendix.

## 5.3. Emergency and Urgent Care

The projected population of Logan is expected to require a mixture of emergency and urgent care services. Emergency department occurrences refer to attendance for an actual or suspected condition that is sufficiently serious to require acute unscheduled care.<sup>18</sup> These

<sup>17</sup> Australian Institute of Health and Welfare. Admitted patient care: same-day acute care. 2010. <http://www.aihw.gov.au/haag09-10/admitted-patient-care-same-day-acute/>

<sup>18</sup> Australian Institute of Health and Welfare. Emergency department care 2015-16: Australian hospital statistics. 2016. Australian services series no. 72. HSE 182. Australia. [www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=60129557623](http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=60129557623).

occurrences can be classified into triage categories, indicating the level of urgency of the patient's need for medical and nursing care.

Emergency and urgent care in total are anticipated to demand 169,725 presentations by 2020, doubling to 266,169 presentations by 2035. In the 15-year period, this represents an average growth rate of 3.79% per annum. Urgent care presentations are projected to account for the greatest number of emergency and urgent activity, with the semi-urgent and urgent triage categories representing 49% and 36% of the total emergency and urgent activity in 2020.

**TABLE 20 EMERGENCY AND URGENT CARE OCCURRENCE PROJECTIONS BY TRIAGE CATEGORY, LOGAN, 2020 TO 2035**

Category	Triage Category	2020	2025	2030	2035	Average annual growth rate (%)
<b>Urgent Care</b>	Non-urgent	14,538	13,650	11,928	10,629	-1.79%
	Semi-urgent	71,258	81,213	91,022	99,988	2.69%
	Urgent	61,794	76,586	92,943	110,149	5.22%
	<b>Sub-Total</b>	<b>147,590</b>	<b>171,448</b>	<b>195,893</b>	<b>220,765</b>	<b>3.31%</b>
<b>Emergency Care</b>	Emergency	21,122	27,878	35,641	44,134	7.26%
	Resuscitation	1,014	1,113	1,201	1,269	1.68%
	<b>Sub-Total</b>	<b>22,135</b>	<b>28,991</b>	<b>36,841</b>	<b>45,403</b>	<b>7.01%</b>
	<b>Total</b>	<b>169,725</b>	<b>200,439</b>	<b>232,734</b>	<b>266,169</b>	<b>3.79%</b>

Considering standard Australian operational metrics for emergency departments, the projected activity volumes converted to emergency care treatment places equates to approximately 14 emergency treatment places and 67 urgent treatment places, growing to 132 places by 2035 to provide both emergency and urgent care services to Logan's growing population.

**TABLE 21 EMERGENCY AND URGENT CARE TREATMENT PLACE PROJECTIONS, LOGAN, 2020 TO 2035**

Category	2020	2025	2030	2035
<b>Urgent care</b>	67	79	92	103
<b>Emergency care</b>	14	18	24	29
<b>Total</b>	<b>81</b>	<b>97</b>	<b>116</b>	<b>132</b>

Evolving models of care for contemporary service delivery are seeing a growing number of urgent care centres being developed in Australia, relieving the pressure on Emergency Departments collocated with public hospitals.

#### 5.4. General Practice and Primary Care

The Royal Australian College of General Practitioners (RACGP) define general practice as provision of "person centred, continuing, comprehensive and coordinated whole-of-person healthcare to individuals and families in their communities. As a sector, general practice, its

practice teams and their primary health care relationships comprise the foundations of an effective health care system.”<sup>19</sup> In Australia, and other western countries, general practice, also known as family medicine, is considered a unique discipline requiring a specialty training program by admission to Fellowship of the RACGP, to become qualified to deliver care as the first point of contact to the health system, coordination of care for patients, and providing advice and education on healthcare usually for the period of the patient’s lifetime.

The most recent data available reports that Australians on average visit the doctor 7.4 times per capita – composed of both general practice and specialist care.<sup>20</sup>

The general practice and primary care occurrences for Logan are projected to increase from 1.59 million consultations in 2020, to 2.28 million by 2035. In that 15-year timeframe, general practice and primary care occurrences are projected to grow at an average rate of 2.90% per annum. The SA2 of Jimboomba is expected to exhibit the largest proportion of general practice and primary care occurrence demand consistently from 2020 to 2035. The SA2s of Greenbank, Chambers Flat - Logan Reserve and Jimboomba are projected to have the greatest average annual growth rates between 2020 and 2035, at 13.97%, 11.67% and 10.55%, respectively. The SA2s of Daisy Hill, Rochedale South – Priestdale, Slacks Creek and Waterford West are projected to experience the smallest average annual growth rates of 0.07%, -0.06%, 0.04% and 0.04%, respectively.

**TABLE 22 GENERAL PRACTICE & PRIMARY CARE OCCURRENCE PROJECTIONS BY SA2, LOGAN, 2020 TO 2035**

Statistical Area Level 2	2020	2025	2030	2035	Average annual growth rate (%)
Beenleigh	48,611	55,448	60,867	65,375	2.30%
Bethania - Waterford	60,755	73,628	85,104	95,040	3.76%
Boronia Heights - Park Ridge	76,733	96,342	124,705	153,839	6.70%
Browns Plains	39,139	44,516	49,263	51,171	2.05%
Chambers Flat - Logan Reserve	24,351	33,865	44,431	66,979	11.67%
Cornubia - Carbrook	43,587	47,345	50,538	53,587	1.53%
Crestmead	57,177	59,160	60,183	59,154	0.23%
Daisy Hill	32,444	33,514	33,816	32,795	0.07%
Eagleby	74,838	79,654	81,258	79,335	0.40%
Edens Landing - Holmview	38,153	43,962	51,491	59,132	3.67%
Greenbank	80,092	132,199	183,358	247,893	13.97%

<sup>19</sup> Royal Australian College of General Practitioners. Becoming a GP in Australia. 2017 <http://www.racgp.org.au/becomingagp/what-is-a-gp/what-is-general-practice/>

<sup>20</sup> OECD.Data, Doctor’s consultation. <https://data.oecd.org/healthcare/doctors-consultations.htm>

Statistical Area Level 2	2020	2025	2030	2035	Average annual growth rate (%)
<b>Greenbank Military Camp</b>	-	-	-	-	
<b>Hillcrest</b>	40,772	42,160	42,510	41,174	0.07%
<b>Jimboomba</b>	138,624	201,542	278,392	358,075	10.55%
<b>Kingston</b>	53,123	54,969	55,911	54,889	0.22%
<b>Logan Central</b>	33,045	35,460	38,090	39,765	1.36%
<b>Logan Village</b>	38,952	47,435	55,583	59,467	3.51%
<b>Loganholme - Tanah Merah</b>	53,042	54,728	55,463	53,924	0.11%
<b>Loganlea</b>	51,596	53,560	54,500	53,567	0.25%
<b>Marsden</b>	68,418	71,918	73,368	72,562	0.40%
<b>Mount Warren Park</b>	30,379	31,543	32,127	31,455	0.24%
<b>Munruben - Park Ridge South</b>	23,338	24,799	25,875	25,746	0.69%
<b>Regents Park - Heritage Park</b>	77,547	80,142	81,139	78,942	0.12%
<b>Rochedale South - Priestdale</b>	75,781	77,532	77,753	75,067	-0.06%
<b>Shailer Park</b>	58,087	60,747	62,116	61,120	0.35%
<b>Slacks Creek</b>	51,713	53,087	53,614	52,036	0.04%
<b>Springwood</b>	48,220	51,011	53,800	55,828	1.05%
<b>Underwood</b>	33,098	34,636	35,128	34,162	0.21%
<b>Waterford West</b>	39,033	40,162	40,497	39,277	0.04%
<b>Wolffdene - Bahrs Scrub</b>	34,524	42,821	51,592	63,798	5.65%
<b>Woodridge</b>	65,201	67,064	67,691	65,963	0.08%
<b>Grand Total</b>	<b>1,590,373</b>	<b>1,824,951</b>	<b>2,060,162</b>	<b>2,281,119</b>	<b>2.90%</b>

Converted to consultation rooms, the projected requirements for Logan in total grows from 143 rooms in 2020, to 238 rooms by 2035, growing by an average of 3.45% per annum over the 15-year period.

**TABLE 23 GENERAL PRACTICE CONSULTATION ROOM PROJECTIONS, LOGAN, 2020 TO 2035**

Statistical Area Level 2	2020	2025	2030	2035
<b>Beenleigh</b>	8	10	11	12
<b>Bethania - Waterford</b>	10	13	15	17
<b>Boronia Heights - Park Ridge</b>	13	17	22	28
<b>Browns Plains</b>	7	8	9	9
<b>Chambers Flat - Logan Reserve</b>	4	6	8	12
<b>Cornubia - Carbrook</b>	7	8	9	10
<b>Crestmead</b>	10	10	11	11

Statistical Area Level 2	2020	2025	2030	2035
Daisy Hill	6	6	6	6
Eagleby	13	14	14	14
Edens Landing - Holmview	7	8	9	11
Greenbank	14	23	32	44
Greenbank Military Camp	-	-	-	-
Hillcrest	7	7	8	7
Jimboomba	24	35	49	64
Kingston	9	10	10	10
Logan Central	6	6	7	7
Logan Village	7	8	10	11
Loganholme - Tanah Merah	9	10	10	10
Loganlea	9	9	10	10
Marsden	12	13	13	13
Mount Warren Park	5	6	6	6
Munruben - Park Ridge South	4	4	5	5
Regents Park - Heritage Park	13	14	14	14
Rochedale South - Priestdale	13	14	14	13
Shailer Park	10	11	11	11
Slacks Creek	9	9	9	9
Springwood	8	9	10	10
Underwood	6	6	6	6
Waterford West	7	7	7	7
Wolffdene - Bahrs Scrub	6	7	9	11
Woodridge	11	12	12	12
<b>Grand Total</b>	<b>273</b>	<b>319</b>	<b>365</b>	<b>408</b>

## 5.5. Specialist Outpatient Care

Specialist outpatient care is provided in outpatient clinics in the community, or more commonly through public and private hospitals. Outpatient clinic care includes consultations with specialists to determine the most appropriate treatment for a patient's condition.<sup>21</sup> Outpatient consultations are projected to increase 4.68% per annum from 2.0 million by 2020, to 3.4 million by 2035.

The specialties that represent the largest proportion of total outpatient care include Obstetrics, Paediatric Medicine, Paediatric Surgery and Orthopaedics, accounting for 13%, 13%, 9% and 9%, respectively in the year 2020. The specialties projected to experience the greatest average annual growths between 2020 and 2035 are Immunology & Infectious Disease, Rehabilitation, and Rheumatology.

<sup>21</sup> Australian Institute of Health and Welfare. Outpatient Care. 2017. <http://www.aihw.gov.au/haag09-10/outpatient-care/>

**TABLE 24 SPECIALIST OUTPATIENT CARE OCCURRENCE PROJECTIONS BY SPECIALTY, LOGAN, 2020 TO 2035**

Specialty	2020	2025	2030	2035	Average annual growth rate (%)
Cardiology Medical	86,836	110,336	130,014	154,232	5.17%
Cardiothoracic Surgery	66,683	85,389	101,008	120,093	5.34%
Chemotherapy	2,537	3,570	4,574	5,738	8.41%
Dermatology	68,168	84,982	98,903	116,284	4.71%
Endocrinology	68,723	88,742	105,142	125,166	5.48%
ENT Surgery	82,093	95,356	105,144	118,480	2.95%
Gastroenterology and Hepatology	77,294	96,547	113,929	136,442	5.10%
General Medicine	45,780	54,628	60,430	67,736	3.20%
General Surgery	9,607	11,941	13,760	15,956	4.41%
Gynaecology	31,349	35,250	38,130	42,846	2.45%
Haematology	26,119	33,694	40,493	48,634	5.75%
Immunology and Infectious Diseases	22,954	34,175	47,178	65,351	12.31%
Medical Oncology	43,568	56,081	65,997	77,985	5.27%
Nephrology	24,653	31,952	38,231	45,983	5.77%
Neurological Surgery	25,946	33,069	38,991	46,272	5.22%
Neurology	33,836	42,379	49,562	58,502	4.86%
Obstetrics	263,190	323,079	371,530	433,666	4.32%
Ophthalmology	97,907	121,263	140,125	162,952	4.43%
Orthopaedics	189,080	236,219	276,102	326,129	4.83%
Paediatric Medicine	253,566	316,570	368,963	436,432	4.81%
Paediatric Surgery	180,570	230,860	274,952	331,142	5.56%
Plastic Surgery	54,827	68,632	79,535	92,664	4.60%
Psychiatry	59,650	67,734	73,696	82,297	2.53%
Rehabilitation	2,317	3,775	5,254	6,999	13.47%
Respiratory Medicine	20,418	24,534	28,210	32,576	3.97%
Rheumatology	3,454	4,868	6,534	8,870	10.46%
Trauma and Injury	61,394	67,448	69,758	73,898	1.36%
Urology	70,243	89,478	106,062	125,884	5.28%
Vascular Surgery	15,031	17,559	19,734	22,651	3.38%
<b>Grand Total</b>	<b>1,987,793</b>	<b>2,470,106</b>	<b>2,871,939</b>	<b>3,381,863</b>	<b>4.68%</b>

Outpatient consultation rooms within Logan is projected to grow significantly from 476 rooms by 2020, to 820 rooms by 2035, growing by an average 3.61 % per annum over the 15-year period.

**TABLE 25 SPECIALIST OUTPATIENT CARE CONSULTATION ROOM PROJECTIONS, LOGAN, 2020 TO 2035**

Statistical Area Level 2	2020	2025	2030	2035
Beenleigh	15	18	21	24
Bethania - Waterford	20	26	32	38
Boronia Heights - Park Ridge	24	32	43	57
Browns Plains	11	14	16	18
<b>Chambers Flat - Logan Reserve</b>	8	11	16	25
Cornubia - Carbrook	13	16	17	20
Crestmead	16	18	19	20
Daisy Hill	10	11	11	12
Eagleby	23	27	29	31
Edens Landing - Holmview	11	14	17	20
Greenbank	24	42	60	86
Greenbank Military Camp	0	0	0	0
Hillcrest	12	14	14	15
Jimboomba	41	64	91	126
Kingston	16	18	19	19
Logan Central	10	12	13	14
Logan Village	12	16	19	22
Loganholme - Tanah Merah	16	17	18	19
Loganlea	15	17	18	19
Marsden	20	23	24	25
Mount Warren Park	9	11	11	12
<b>Munruben - Park Ridge South</b>	7	8	9	10
Regents Park - Heritage Park	23	25	27	27
<b>Rochedale South - Priestdale</b>	23	25	26	27
Shailer Park	17	20	21	22
Slacks Creek	16	17	18	19
Springwood	15	17	18	20
Underwood	10	11	12	12
Waterford West	12	13	14	15
Wolffdene - Bahrs Scrub	10	14	18	23
Woodridge	19	22	23	23
<b>Grand Total</b>	<b>476</b>	<b>594</b>	<b>694</b>	<b>820</b>

## 5.6. Dental Care

Whilst no detailed demand reference file is available for dental care, assuming the continuing requirement for the current trend in dental services by Logan's population can provide a crude projection for dental care services.

At a current rate of 1 dentist to every 3,680 people residing in Logan and 1 dental chairs servicing every 3,850 population. Applied to the future population of Logan demonstrates the need for 96 dentists by 2020, growing to 138 by 2035, and by dental chairs, 92 in 2020 growing to 131 by 2035.

**TABLE 26 DENTAL CARE PROJECTIONS, LOGAN, 2020 TO 2035**

Key Planning Unit	2020	2025	2030	2035
Dentists	96	110	124	138
Dental Chairs	92	105	119	131

## 5.7. Allied Health Care

Logan's population is projected to require considerable range of allied health services with an overall average annual growth rate of 6.1%, from more than 560,000 occurrences for allied health specialties projected, growing to more than 1.0 million by 2035.

**TABLE 27 ALLIED HEALTH CONSULTATION PROJECTIONS BY SPECIALTY, LOGAN, 2020 TO 2035**

Specialty	2020	2025	2030	2035	Average annual growth rate (%)
Chiropractor	67,185	83,769	101,663	121,573	5.4%
Dietetics	29,135	33,743	38,961	44,467	3.5%
Occupational Therapy	51,748	68,678	87,382	107,442	7.2%
Physiotherapy	204,517	262,698	326,453	398,756	6.3%
Podiatry	21,979	28,481	35,725	43,743	6.6%
Psychology	101,948	134,226	169,742	208,264	7.0%
Social Work	67,699	82,739	99,395	116,285	4.8%
Speech Pathology/Audiometry	19,015	23,545	28,668	34,346	5.4%
<b>Grand Total</b>	<b>563,227</b>	<b>717,880</b>	<b>887,989</b>	<b>1,074,875</b>	<b>6.1%</b>

In key planning units, this equates to 322 consultation rooms in 202, growing to 614 by 2035.

**TABLE 28 ALLIED HEALTH CONSULTATION ROOM PROJECTIONS, LOGAN, 2020 TO 2035**

Specialty	2020	2025	2030	2035
Chiropractor	40	50	61	73
Dietetics	16	18	21	24
Occupational Therapy	32	42	54	66
Physiotherapy	92	118	147	179
Podiatry	15	19	24	30
Psychology	69	91	115	141
Social Work	42	52	62	72
Speech Pathology/Audiometry	16	19	24	28
<b>Grand Total</b>	<b>322</b>	<b>410</b>	<b>508</b>	<b>614</b>

## 5.8. Medical Imaging

The demand for medical imaging services, accompanying projected growth in other areas of healthcare for Logan are expected to increase from 456,000 total medical imaging scans in 2020, increasing by 5.61% per annum to over 840,000 scans by 2035 for the projected modality types.

The statistical areas projected to demand the largest proportion of medical imaging services consistently over the 15-year period include Bethania, Boronia Heights, Eagleby, Greenbank, Jimboomba, Regents Park, and Rochedale South.

**TABLE 29 MEDICAL IMAGING SCAN PROJECTIONS BY MODALITY, LOGAN, 2020 TO 2035**

Modality	2020	2025	2030	2035	Average annual growth rate (%)
Angiography	5,915	7,156	8,446	9,698	4.26%
Computed Tomography	35,399	43,459	52,272	61,177	4.85%
Gamma Camera	12,491	14,281	16,065	17,681	2.77%
Magnetic Resonance Imaging	14,599	18,563	23,014	27,658	5.96%
Mammography	46,405	51,067	55,699	59,680	1.91%
Positron Emission Tomography	3,317	4,621	6,140	7,803	9.02%
Radiation Therapy	2,957	3,413	3,867	4,284	2.99%
Ultrasound	225,385	299,540	384,711	476,016	7.41%
X-ray	109,800	131,395	154,208	176,325	4.04%
<b>Grand Total</b>	<b>456,268</b>	<b>573,495</b>	<b>704,422</b>	<b>840,322</b>	<b>5.61%</b>

Major medical imaging modalities requirements are projected to increase from 140 machines by 2020, to 265 machines by 2035, growing on an average annual rate of 5.95%, over the 15-year period.

**TABLE 30 MEDICAL IMAGING MODALITY PROJECTIONS BY MODALITY, LOGAN, 2020 TO 2035**

Modality	2020	2025	2030	2035
Angiography Machine	4	5	6	6
Computed Tomography Scanner	8	10	12	14
Gamma Camera	4	5	5	6
Magnetic Resonance Imaging Machine	6	7	9	11
Mammography Machine	8	9	10	10
Positron Emission Tomography Machine	1	1	2	2
Radiation Therapy	2	2	3	3
Ultrasound Scanner	81	107	138	171

Modality	2020	2025	2030	2035
X-ray Machine	26	31	37	42

## 6. Key Considerations

### 6.1. Metro South Health and Logan Hospital

Metro South Health (MSH) is one of 16 hospital and health services localities in Queensland, employing more than 14,000 staff with an annual operating budget of \$2.1 billion. The health service's catchment spans 3,856 square kilometres and covers the area from the Brisbane River in the north to Redland City in the east, south to Logan City and the eastern portion of the Scenic Rim to the border of New South Wales.

MSH's facilities include 5 major hospitals: Beaudesert Hospital, Logan Hospital, Princess Alexandra Hospital, Queen Elizabeth II Jubilee Hospital and Redland Hospital, and 9 major health centres in Beenleigh, Browns Plains, Corinda, Dunwich, Eight Mile Plains, Inala, Logan Central, Redland and Wynnum.

The last complete report of the bed numbers of MSH's hospitals was in 2011,<sup>22</sup> since then, little reference is formally made to hospital bed numbers, however the most recent found in media or other sources is also provided:

**TABLE 31 MSH HOSPITALS BED PROFILE, 2011 AND 2017**

Hospital	Beds (2011)	Number of beds MyHospitals <sup>23</sup>
Beaudesert Hospital	22	<50
Logan Hospital	328	200 – 500
Princess Alexandra Hospital	908	>500
Queen Elizabeth II Jubilee Hospital	175	100 – 199
Redland Hospital	174	100 – 199

In addition to recent media coverage of Logan Hospital's busy emergency department, a number of indicators suggest that Logan Hospital is at or near capacity. Most recent quarterly hospital performance in emergency department and elective surgery ranks the hospital's performance as the poorest performing group of hospitals, with median wait times of 31 minutes in the emergency department and 70 days for elective surgery.<sup>24</sup>

<sup>22</sup> Queensland Government. Profile: Metro South Local Health and Hospital Network. 2011. [http://www.talent2.com/media/5321/MetroSouth\\_PROFILE.pdf](http://www.talent2.com/media/5321/MetroSouth_PROFILE.pdf)

<sup>23</sup> Australian Institute of Health and Welfare. MyHospitals. 2017. <https://www.myhospitals.gov.au/hospital/310000022/queen-elizabeth-ii-jubilee-hospital>

<sup>24</sup> Queensland Health. Hospital Performance. Logan Hospital. <http://www.performance.health.qld.gov.au/hospitalperformance/service-areas.aspx?hospital=29>

**FIGURE 29 METRO SOUTH HEALTH CATCHMENT AREA AND FACILITIES**



With population growth and ageing projected to occur across the MSH’s catchment, its hospitals are projected to see a 37% increase in hospital admissions, 22% in outpatient occasions of service and 24% in emergency department presentations, varyingly distributed

across its 5 hospitals.<sup>25</sup> MSH has earmarked service directions with accompanying key performance indicators (KPIs), including the increased self-sufficiency at Logan and Redland Hospitals. Self-sufficiency refers to the rate at which residents of a geographic region access health services within that region. The Plan enumerates a KPI of 80% self-sufficiency, which will see patients receiving care closer to their local hospital rather than other facilities of the HHS.

On average, MSH residents are reported to utilise private hospitals in 50% of total hospital admissions, with Logan demonstrating a lower rate of 34%. The reasons for this may be two-fold; the lower than average of private health insurance with hospital coverage of Logan compared to Queensland, and the availability of private hospital services within Logan.

The Plan enumerates a projected required bed capacity of 712 beds at Logan Hospital for the planning horizon of 2022, a gap of 285 beds, or bed equivalents, from its reported capacity of 427 at 2016. Therefore, despite the execution and delivery of Logan Hospital Expansion, estimated to be between 150 to 190 beds, which may be delivered as early as 2020, a shortfall will remain between beds required and beds delivered at Logan Hospital.

## 6.2. Private Hospital Developments

Private hospital developments in Australia are driven by many of the common factors of any other industry – its market is defined by two features of activities or service delivery and geographic distribution of these activities. Uniquely in Australia due to policy factors, private hospitals face competition directly from the public system. The demand for private hospital treatment is also obviously influenced by the availability of freely available treatment in public hospitals. A patient's choice for private care is also constrained by geographic considerations – the more general the services, the smaller its catchment is likely to be, whilst conversely the more specialised the service, the broader the catchment as fewer competitive suppliers and patients are willing to travel longer distances to receive treatment.

In consideration of sector-specific factors, a range of indicators therefore contribute to consideration of developing of private hospitals or other health services, namely:

- Location
- Demographics of the surrounding population
- Travel and access considerations
- Sufficient on-site or nearby parking facilities
- Nearby or collocation with public facilities
- Competitors and their service provision profile
- Health fund negotiations
- Private health insurance with hospital coverage membership of catchment population
- Capacity to attract doctors

<sup>25</sup> Metro South Health, Metro South Health Service Plan 2017 – 2022. June 2017.

- Cost efficiency

The following table presents abridged information of 16 small to medium sized private hospitals currently operational in Queensland.

Note that the table and facilities reported are not exhaustive. These facilities are compared to Logan by location, its SEIFA IRSD 2011, population, and estimated proportion of people, aged 18 years and over, with private health insurance hospital cover (modelled estimates) for 2014-15.<sup>26</sup>

**TABLE 32 SELECTED QUEENSLAND PRIVATE HOSPITALS, BEDS, LOCATION BY LGA, POPULATION, IRSD AND PROPORTION OF PEOPLE WITH PRIVATE HEALTH INSURANCE HOSPITAL COVERAGE**

Hospital	Beds	LGA	Population 2016 <sup>^</sup>	SEIFA IRSD 2011 <sup>~</sup>	Proportion of people with Private Health Insurance Hospital Cover 2014/15* [30.7 – 36.9]
Ipswich Day Hospital	5	Ipswich	193,733	966	33.8 [30.7 – 36.9]
Mater Private Hospital Springfield	80				
St Andrew’s Ipswich Private Hospital	97				
Caboolture Private Hospital	43	Moreton Bay	425,302	1,004	44.6 [42.3 – 46.8]
Peninsula Private Hospital	70				
Gympie Private Hospital	40	Gympie	49,559	929	33.1 [26.7 – 39.6]
Cairns Central Day Hospital	4	Cairns	156,901	981	41.4 [37.5 – 45.2]
Hervey Bay Surgical Hospital	8	Fraser Coast	101,504	917	32.3 [27.7 – 37.0]
St Stephen’s Hospital Hervey Bay	96				
Hillcrest Rockhampton Private Hospital	66	Rockhampton	79,726	979	44.0 [39.2 – 48.8]
Mater Misericordiae Rockhampton	134				
Lady Bjelke-Peterson Community Hospital	5	South Burnett	32,186	924	34.7 [27.6 – 41.7]

<sup>26</sup> Public Health Information Development Unit, Torrens University, Social Health Atlas of Australia. 2017. <http://phidu.torrens.edu.au/>

Hospital	Beds	LGA	Population 2016 <sup>^</sup>	SEIFA IRSD 2011 <sup>~</sup>	Proportion of people with Private Health Insurance Hospital Cover 2014/15 <sup>*</sup>
<b>Mater Misericordiae Bundaberg</b>	59	Bundaberg	92,897	930	33.0 [28.2 – 37.8]
<b>Friendly Society Private Hospital</b>	143				
<b>St Andrew’s Toowoomba Hospital</b>	137	Toowoomba	160,779	993	48.2 [44.4 – 52.0]
<b>St Vincent’s Private Hospital Toowoomba</b>	176				
<b>Mater Women’s &amp; Children’s Hospital</b>	34	Townsville	186,757	1011	47.9 [44.3 – 51.5]
		<b>Logan</b>	<b>303,386</b>	<b>971</b>	<b>33.6</b> <b>[31.1 – 36.1]</b>
		<b>Queensland (State)</b>	<b>4,703,193</b>	<b>1002</b>	<b>47.9</b> <b>[47.2 – 48.6]</b>

<sup>^</sup> reported by ABS 2016 Census QuickStats by LGA

<sup>\*</sup> estimated number of people, aged 18 years and over, with private health insurance hospital cover

<sup>~</sup>SEIFA for Census 2016 will be released in 2018 as reported by the ABS

Currently, no private hospital exists within Logan. However, review of a range of small to mid-sized private hospitals around Queensland and comparison by high-level demographic and socio-economic attributes supports the case for development of the private sector in delivery of healthcare services, including hospital care. The well-established and growing public Logan Hospital, the rapidly growing population and simultaneous increasing demand for hospital and other healthcare services, and the population’s coverage with private health insurance including hospital treatment are supportive factors to a growing case for development of a private hospital within Logan.

Details on the previously established and closed private hospital facility collocated with Logan Hospital is lacking in the current market and its relevance may be limited given the rapid demographic and socioeconomic shift in the population and the development of competing providers in adjacent areas. Whilst it is known that a private hospital was built more than 20 years ago, anecdotal reports are that it was not financially viable and closed several years later. The facility was sold to MSH. Available information found, including discussions with Ramsay executive team members, indicate that Logan Private Hospital was owned and operated by Mayne Health before being sold to Affinity Healthcare in approximately 2003/04. Affinity Healthcare then on-sold the business in 2005, and the entity name is now owned by Ramsay Healthcare.

## 7. Gap Analysis

### 7.1. Acute Hospital Care

To achieve an 80% catchment sufficiency level as set out by MSH, significant opportunity exists for development of hospital and day surgery centre services within Logan, reversing the flow of patients outside of the catchment. Hospital bed developments will be accompanied by development of clinical services including operating suite, emergency/urgent care department, critical care services and medical imaging, as well as accompanying pharmacy and laboratory services.

The scale and scope of a new private hospital and facility development(s) would depend on risk appetite of the provider group, size and availability of land, contractual discussions and negotiations with MSH for contracted services, existing experience in delivery of specialty service streams and services, ability to attract and retain doctors and other health workforce, and financial sustainability.

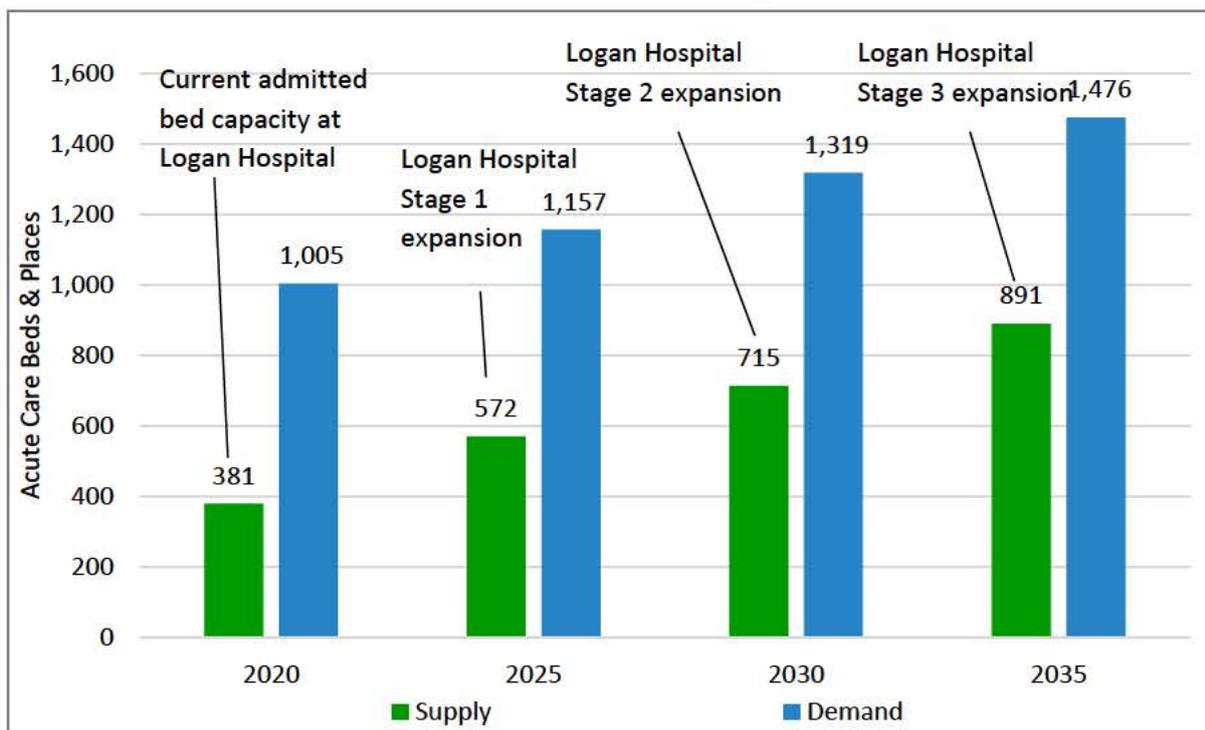
Logan's current and future supply of hospital care services consist of Logan Hospital's bed count of up to 373 beds, without emergency service capacity, and the recovery places currently supplied by Southside Endoscopy Centre and Logan Endoscopy Service. Considering the earmarked 191 beds for Stage 1 is delivered by 2025, and subsequently a further 143 and 176 beds with Stage 2 and Stage 3 of the redevelopment by 2025 and 2030, respectively.

Comparison to projected demand for acute care (overnight and same day) indicates that a current and growing gap of over 600 beds and places is projected to exist in 2020 and is sustained through to 2035, despite further significant planned expansions and development of acute care services, assuming delivering of 191, 143 and 176 bed staged expansions delivered at 5-year intervals at Logan Hospital at 2025, 2030 and 2035, respectively.

The current gap in acute care services experienced within Logan may be compensated by delivering of services to Logan residents by other hospitals of the HHS, as well as delivery of services from public and private hospitals and other facilities outside of MSH's catchment area.

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**FIGURE 30 ACUTE OVERNIGHT AND SAME DAY BEDS AND PLACES, LOGAN, 2020 TO 2035**



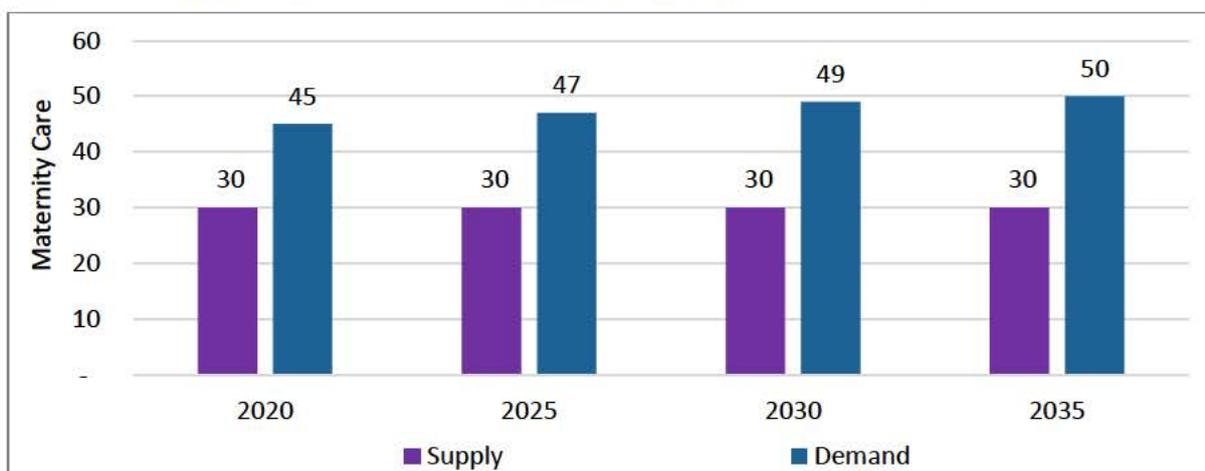
**TABLE 33 GAP IN ACUTE CARE BEDS AND PLACES, LOGAN, 2020 TO 2035**

Key Planning Unit	2020	2025	2030	2035
Acute care beds and places	(624)	(585)	(604)	(585)

**7.1.1. Maternity Care**

A subset of the acute care beds and places are for maternity services, both in demand and supply. With Logan’s current capacity of 30 beds allocated to maternity and an unknown number of the staged expansions earmarked for this service, a gap of 15 beds and places is expected in 2020 for this service, growing to 20 by 2035.

**FIGURE 31 MATERNITY ACUTE CARE BEDS AND PLACES, LOGAN, 2020 TO 2035**



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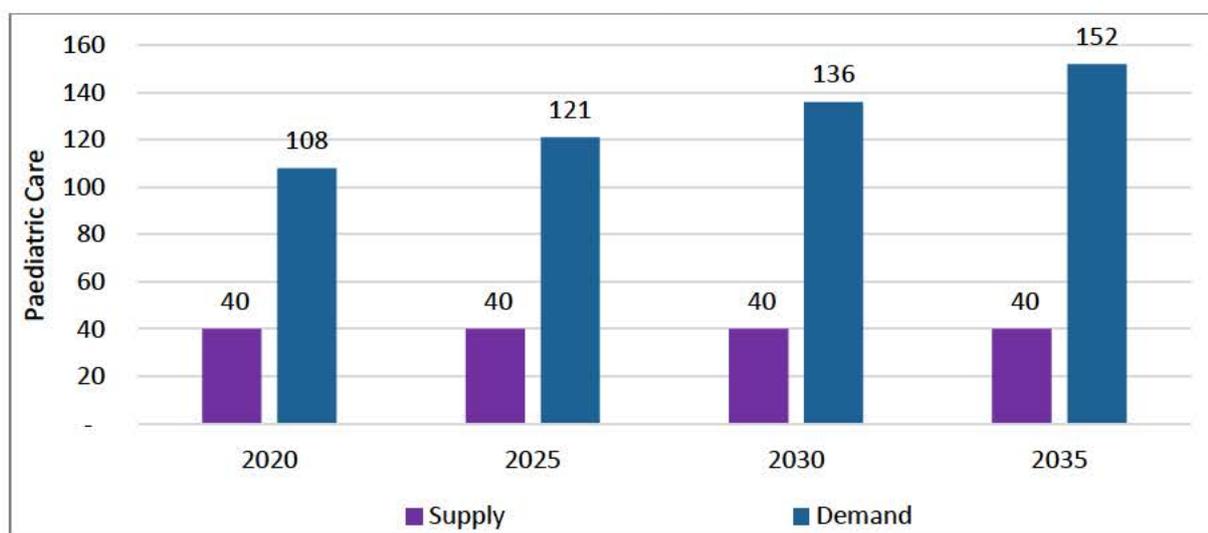
**TABLE 34 GAP IN MATERNITY ACUTE CARE BEDS AND PLACES, LOGAN, 2020 TO 2035**

Key Planning Unit	2020	2025	2030	2035
Acute care beds and places	(15)	(17)	(19)	(20)

**7.1.2. Paediatric Care**

Another subset of the acute care beds and places are paediatric services. Of Logan’s current capacity, 24 beds are allocated to general paediatric services and 16 Neonatal Intensive Care Unit cots. Assuming an unknown number of the staged expansions earmarked for this service, a significant gap of 68 beds and places is expected in 2020 for this service, growing to 112 by 2035 if the beds of the expansions are not allocated to these services.

**FIGURE 32 PAEDIATRIC ACUTE CARE BEDS AND PLACES, LOGAN, 2020 TO 2035**



**TABLE 35 GAP IN PAEDIATRIC ACUTE CARE BEDS AND PLACES, LOGAN, 2020 TO 2035**

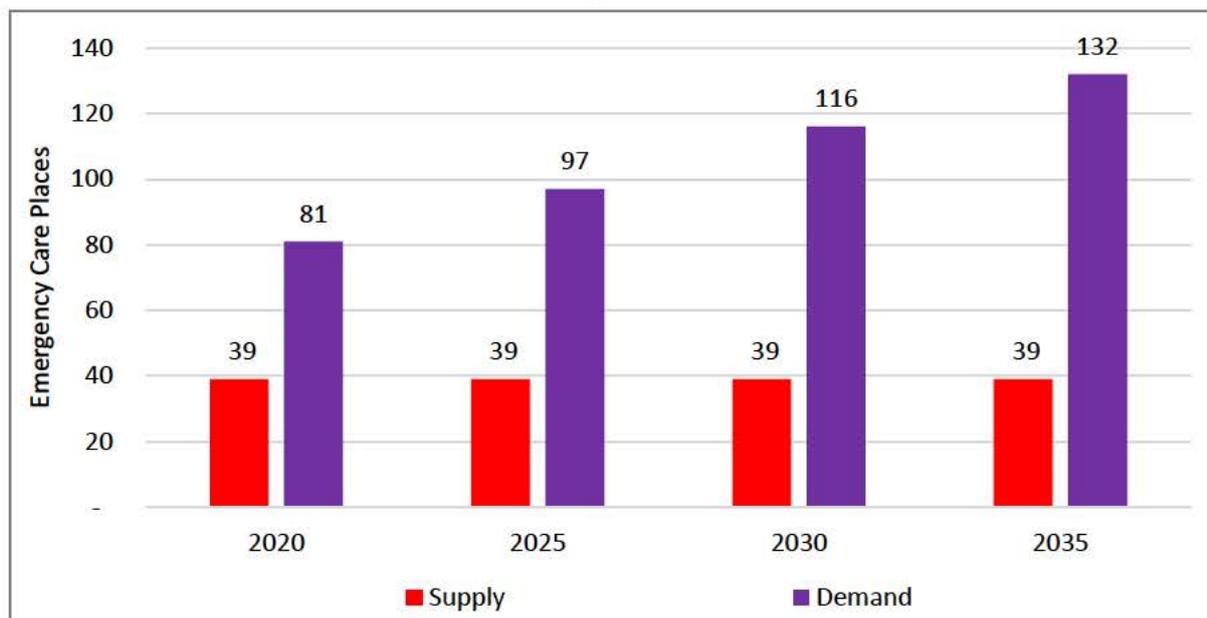
Key Planning Unit	2020	2025	2030	2035
Acute care beds and places	(68)	(81)	(96)	(112)

**7.2. Emergency & Urgent Care**

Assuming that Logan Hospital is the single provider of emergency and urgent care services within Logan with an approximate capacity of 39 beds and bed alternatives. With no known developments and expansions occurring in the clinical services, comparison to projected demand for emergency and urgent care places indicate that a current and growing gap in these services exist. A shortage of 42 beds and places is expected in 2020, growing to a more significant gap of 93 by 2035.

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**FIGURE 33 EMERGENCY & URGENT CARE PLACES, LOGAN, 2020 TO 2035**



**TABLE 36 GAP IN EMERGENCY & URGENT CARE PLACES, LOGAN, 2020 TO 2035**

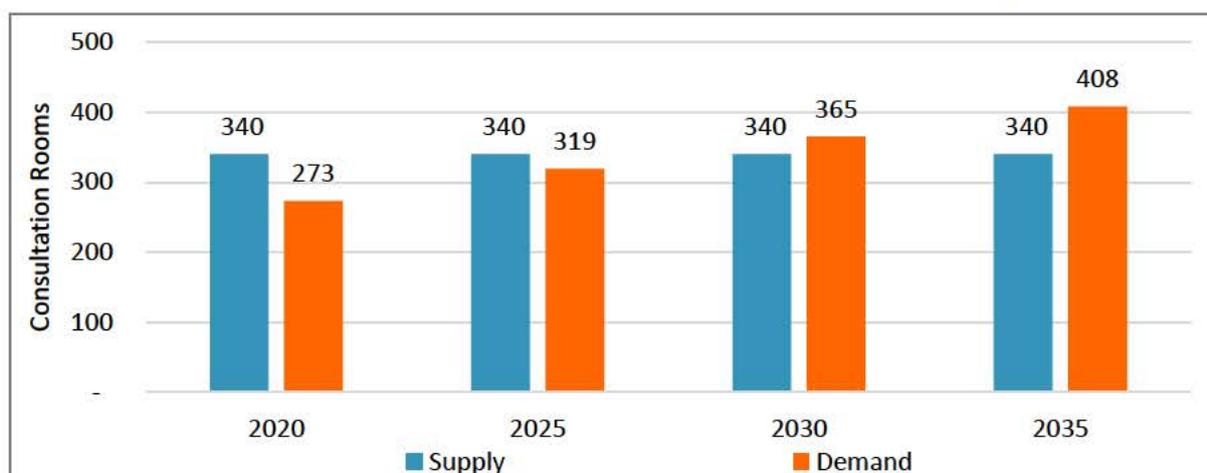
Key Planning Unit	2020	2025	2030	2035
Emergency & Urgent Care Places	(42)	(58)	(77)	(93)

### 7.3. General Practice and Primary Care

Outpatient consultation room supply for general practice and primary care is from 340 consultation rooms within the medical facilities. No future supply estimate has been made for new entrants and expansions of general practice and primary care services in the future. Comparison to projected demand for consultation rooms for general practice and primary care indicate that Logan is currently experiencing an adequate provision of general practice and primary care services; without further development of general practice and primary care services, a shortage will become evident by 2030 and continue into future years.

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**FIGURE 34 GENERAL PRACTICE AND PRIMARY CARE CONSULTATION ROOMS, LOGAN, 2020 TO 2035**



**TABLE 37 GAP IN GENERAL PRACTICE AND PRIMARY CARE CONSULTATION ROOMS, LOGAN, 2020 TO 2035**

Key Planning Unit	2020	2025	2030	2035
Consultation Rooms	67	21	(25)	(68)

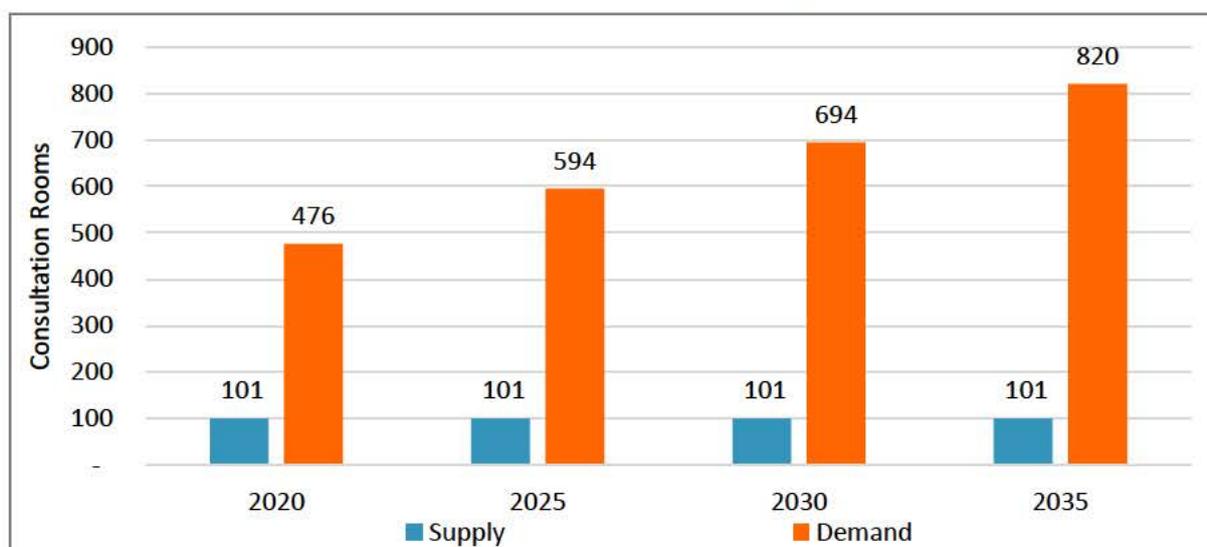
### 7.4. Specialist Outpatient Care

Outpatient consultation room supply considers Logan Hospital’s current provision of outpatient consultation volumes, an estimated 63 outpatient consultation rooms, and capacity from stand-alone specialist medical centres, specialist medical care from general medical practice, medical imaging provider consultation room capacity and the consultation rooms provided by the day surgery centres within Logan.

Comparison to projected demand indicates that a gap of 375 consultation rooms is projected to exist in 2020, widening to over 700 by 2035 without further substantial development of specialist outpatient services within Logan.

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**FIGURE 35 SPECIALIST OUTPATIENT CONSULTATION ROOMS, LOGAN, 2020 TO 2035**



**TABLE 38 GAP IN SPECIALIST OUTPATIENT CONSULTATION ROOMS, LOGAN, 2020 TO 2035**

Key Planning Unit	2020	2025	2030	2035
Consultation Rooms	(375)	(493)	(593)	(719)

The variation between the supply and gap of general practice and primary care compared to specialist care services suggests that general practitioners within Logan are currently compensating for the provision of more specialised services to the population.

Significant opportunity exists for development of specialist outpatient centres across Logan, or co-development to be adjoined to a private hospital to be newly developed. Collocation of specialist centre care with private hospital or day surgery centres enable health workforce synergies and efficiencies to be achieved by consultants and specialists providing pre- and post-admission care, as well as capacity to easily transition between delivering care to ambulant and admitted patients. Operational and direct efficiencies can also be achieved by shared patient care and health information systems, software, hardware, and indirect staff providing clerical, administrative or higher executive management.

**TABLE 39 GAP IN SPECIALIST OUTPATIENT CONSULTATION ROOMS BY SPECIALTY, 2020**

Specialty	Current Supply	Demand 2020	Projected Gap 2020
Cardiology Medical	6	21	(16)
Cardiothoracic Surgery	0	17	(17)
Chemotherapy	0	3	(3)
Dermatology	0	15	(15)
Endocrinology	3	18	(16)
ENT Surgery	7	20	(13)

Specialty	Current Supply	Demand 2020	Projected Gap 2020
Gastroenterology and Hepatology	9	20	(11)
General Medicine	3	13	(10)
General Surgery	2	2	0
Gynaecology	2	8	(6)
Haematology	1	7	(6)
Immunology and Infectious Diseases	1	5	(4)
Medical Oncology	1	12	(11)
Nephrology	1	10	(9)
Neurological Surgery	1	8	(7)
Neurology	5	10	(5)
Obstetrics	19	55	(35)
Ophthalmology	0	21	(21)
Orthopaedics	14	44	(30)
Paediatric Medicine	3	55	(53)
Paediatric Surgery	1	38	(37)
Plastic Surgery	0	12	(12)
Psychiatry	5	22	(17)
Rehabilitation	0	1	(1)
Respiratory Medicine	2	5	(3)
Rheumatology	1	1	0
Trauma and Injury	1	13	(12)
Urology	0	16	(16)
Vascular Surgery	1	4	(3)

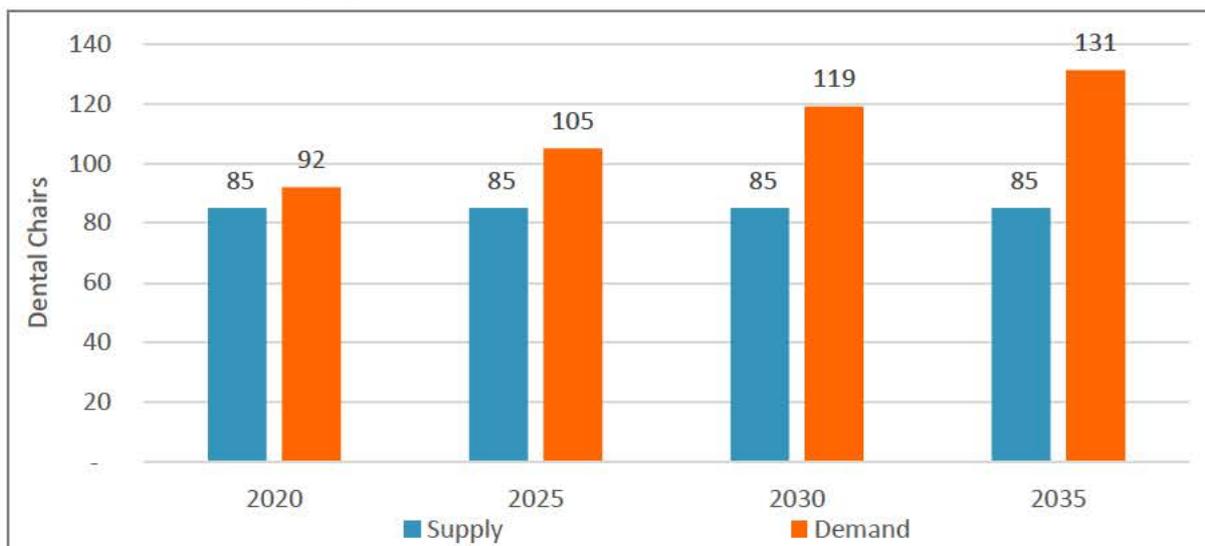
As evidenced above, shortage in specialist services within Logan is extensive across most specialties with the exception of Rheumatology, Rehabilitation and General Surgery. All other specialties are projected to experience a gap in services in 2020, a gap which is expected to grow as demand for specialist outpatient services are predicted to grow at a faster rate than other types of clinical care.

## 7.5. Dental Care

Comparison of supply and demand indicate that a gap will emerge in 2020 and continue through to 2035 if no further investments are made into provision of dental care from more or expanded private practices.

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**FIGURE 36 DENTAL CHAIRS, LOGAN, 2020 TO 2035**



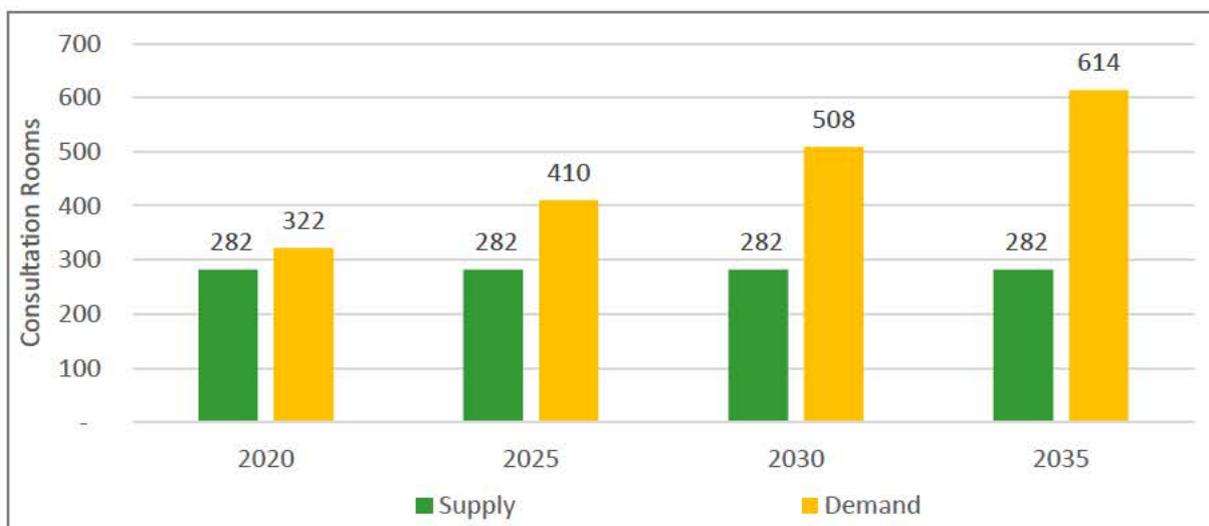
**TABLE 40 GAP IN SPECIALIST OUTPATIENT CONSULTATION ROOMS, LOGAN, 2020 TO 2035**

Key Planning Unit	2020	2025	2030	2035
Dental Chairs	(7)	(20)	(34)	(46)

**7.6. Allied Health Care**

Allied health consultation room supply is calculated from rooms provided by Logan Hospital, stand-alone and those adjoined to medical practice facilities identified and surveyed – approximately 28 chiropractor rooms, 23 dietetics rooms, 8 occupational therapy rooms, 101 physiotherapy rooms, 26 podiatry rooms, 72 psychology and counselling rooms, 4 social work rooms and 20 speech pathology and audiometry rooms.

**FIGURE 37 ALLIED HEALTH CONSULTATION ROOMS, LOGAN, 2020 TO 2035**



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**TABLE 41 GAP IN ALLIED HEALTH CONSULTATION ROOMS, LOGAN, 2020 TO 2035**

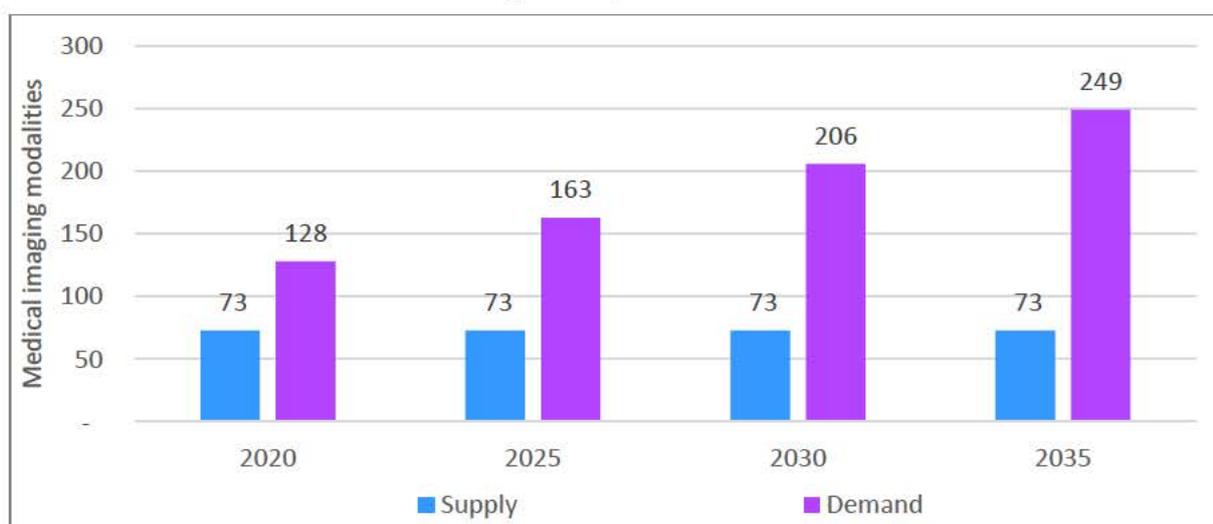
Key Planning Unit	2020	2025	2030	2035
Chiropractor	(12)	(22)	(33)	(45)
Dietetics	7	5	2	(1)
Occupational Therapy	(24)	(34)	(46)	(58)
Physiotherapy	9	(17)	(46)	(78)
Podiatry	11	7	2	(4)
Psychology	3	(19)	(43)	(69)
Social Work	(38)	(48)	(58)	(68)
Speech Pathologist/Audiologist	4	1	(4)	(8)
<b>Total</b>	<b>(40)</b>	<b>(128)</b>	<b>(226)</b>	<b>(332)</b>

Comparison to demand for equivalent specialties show an overall deficiency in the supply of allied health consultation rooms in the year 2020, particularly in the areas of chiropractor, occupational therapy and social work. The gap in consultation rooms is expected to continue to grow into the future for all the specialties if further development of these allied health specialties is not undertaken in Logan.

### 7.7. Medical Imaging Care

Logan Hospital is the major provider of medical imaging services within Logan with ambulatory centres operated by a range of other private providers across Logan. Comparison of its current supply to projected demand for Logan’s population indicates current sufficient supply in CT scanners and X-ray machines. However, in other major medical imaging modalities significant gaps exists, in particular MRI machines and ultrasound scanners. in a range of modalities and machines. Opportunity exists for experienced medical imaging providers to establish or expand medical imaging capabilities within Logan.

**FIGURE 38 MEDICAL IMAGING MODALITIES, LOGAN, 2020 TO 2035**



**TABLE 42 GAP IN MEDICAL IMAGING MODALITIES, LOGAN, 2020 TO 2035**

Key Planning Unit	2020	2025	2030	2035
Computed Tomography Scanner	4	2	0	(2)
Gamma Camera	(4)	(5)	(5)	(6)
Magnetic Resonance Imaging Machine	(5)	(6)	(8)	(10)
Positron Emission Tomography Machine	(1)	(1)	(2)	(2)
Radiation Therapy Machine	(2)	(2)	(3)	(3)
Ultrasound Scanner	(48)	(74)	(105)	(138)
X-ray Machine	1	(4)	(10)	(15)

## 8. Opportunity Identification

Review and consideration of the State Government's and MSH's strategic directions for South-East Queensland and Logan in the 10 to 15 years, the above quantitative information of current and estimated future services details Logan's current supply of a range of health services, from general practice and primary care, other ambulatory care such as allied health and medical imaging, through to acute overnight hospital care and same day care. It also presents detailed projections of health service demand as modelled for Logan's young and growing population to provide an assessment of the gap and opportunities for further health service development in Logan to meet the current and future health needs of Logan's population. Consideration has been given to MSH's direction in the near and medium-term future, and review of attributes of current operational private hospital facilities around other parts of Queensland is supportive of further private investment into Logan. The following range of scope of healthcare facilities are opportunities for exploration in the next phase, particularly in discussions with potential providers and investors.

**TABLE 43 RANGE OF POSSIBLE DEVELOPMENT OPPORTUNITIES**

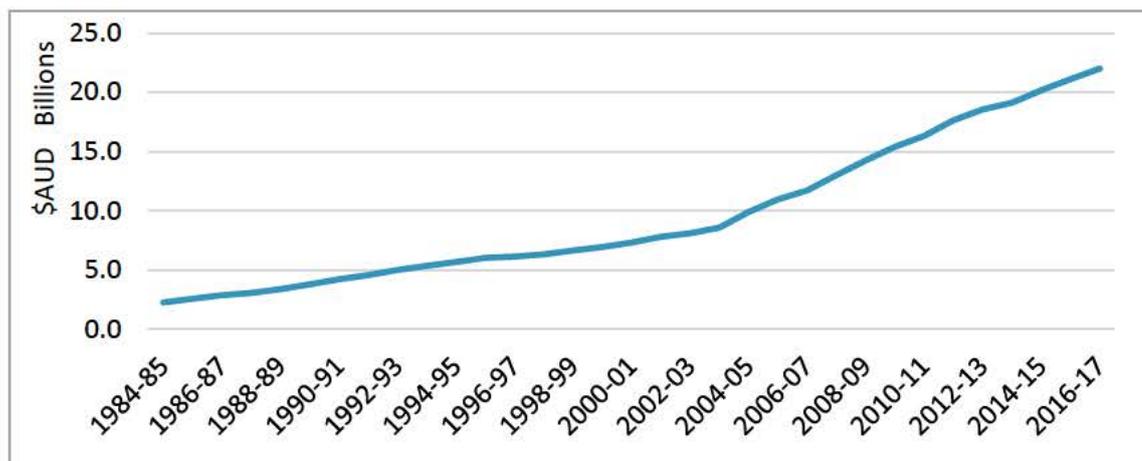
Healthcare Facility Type	Possible Scope
Private Hospital	50 to 150 beds
Day Hospital	Up to 25 beds
Specialist Medical Centres	Multiple development opportunities
Integrated Care Centre	
Medical Imaging & Radiology Centres	

A number of key external drivers of the healthcare market promote investment:

1. **Federal funding for Medicare.** Medicare coverage keeps services affordable, either partially or fully funding the out of pocket expenses for patients. This means that increases in federal funding for Medicare is likely to support demand and increasing revenues for outpatient services in general practice, specialist medical care and diagnostic imaging. Federal funding for Medicare is expected to rise in 2017-18, based on historical trends.

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FIGURE 39 FEDERAL FUNDING FOR MEDICARE 1984-85 TO 2016-17<sup>27</sup>



2. **Median age of the population.** An ageing population requires more healthcare services overall. The increasing median age of the Australian population and that in Logan City over time is expected to increase the market potential broadly.
3. **Number of births.** Women in their child-bearing years are substantial users of medical services. Pregnant women will see a general practitioner prior to referral to specialists such as obstetricians. The higher birth rate of Logan is expected to general a greater demand of health services.
4. **Growing population.** Logan’s rapidly growing population from migration and a high fertility rate is expected to require greater health services than Queensland broadly.
5. **Private health insurance membership.** A rise in private health insurance membership generally results in a rise in general hospital revenue. Private health insurance membership is anticipated to rise as government policies influencing its demand and lower dependence on the public health system are anticipated to boost membership over the medium term. Private hospital revenue is bolstered by rises in numbers of people covered from benefits paid by insurance funds to hospitals. This will also have positive effect on allied health services such as physiotherapy as some of the treatment costs are included as part of extras cover.

Trends in reducing the cost of care to the ageing and growing population, coupled with the growing demand and preference for ambulatory care, has seen the emergence of integrated care models in the community. Integrated care involves the seamless, effective and efficient provision of care that is for the person’s whole being, from prevention through to end of life. In the private market, it considers delivery of multiple service types in the one setting including general practice, specialist care, diagnostic imaging, pathology, pharmacy and allied health services – providing a convenient location for patients to receive all round care. They are often also operated by a consortium of health professionals with positive working relationships so as to provide multidisciplinary care to patients to consider their overall wellbeing, as well as connected by medical information solutions which store private

<sup>27</sup> The Department of Health, Annual Medicare Statistics, 2017 <http://www.health.gov.au/internet/main/publishing.nsf/content/annual-medicare-statistics>

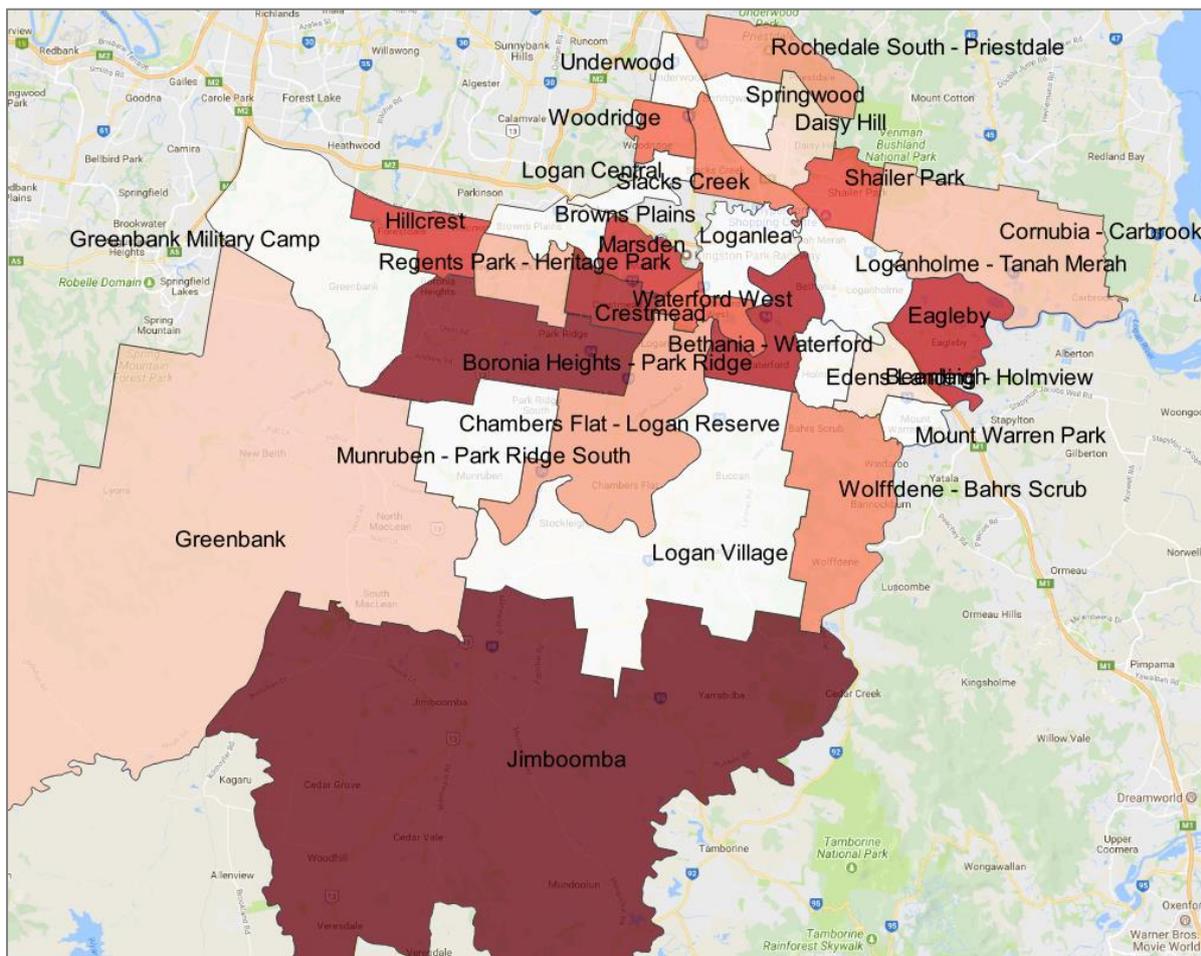
information securely, whilst saving time for patients who may need to see multiple healthcare providers through their life.

These integrated care centres may also consider an urgent care or after hours general practice service, seeing patients with non-life-threatening injuries or illness without the need to attend an emergency department which is often associated with long wait times for patients classed as non-life-threatening triage categories. These centres offer safe and timely care for unscheduled health needs and proximity and access to imaging and pathology offer further convenience for patients.

### 8.1. General Practice

Whilst currently no gap exists across Logan broadly for general practice facilities, care provision is found to be focussed in the suburbs of Browns Plains, Logan central, Loganholme, Loganlea, Meadowbrook, and Springwood.

**FIGURE 40 GENERAL PRACTICE GAP “HOTSPOTS”, LOGAN SA2s, 2020**



\*the darker the shading, the greater the demand for specialist medical services accessible by the population covered by private health insurance

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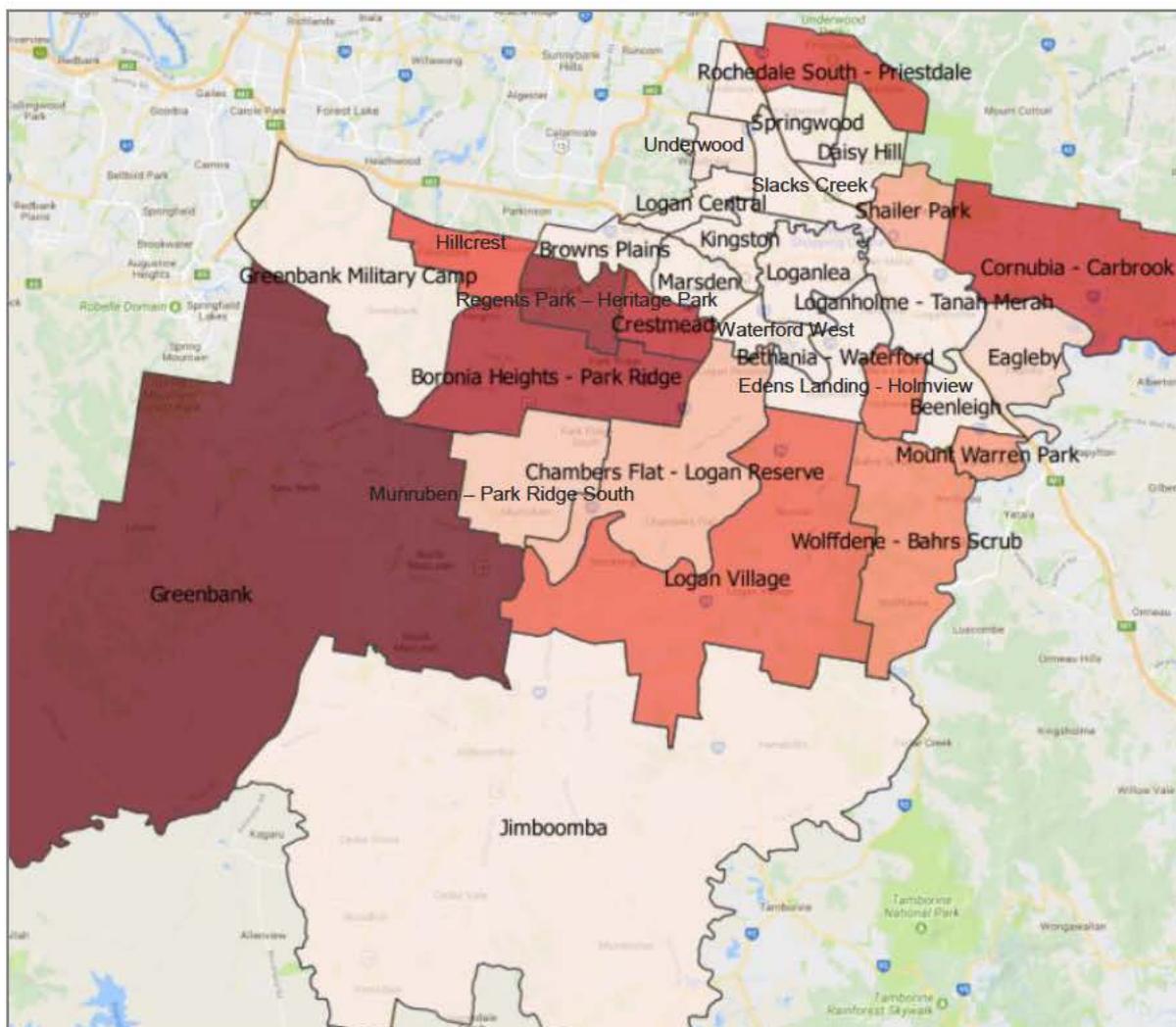
Opportunities exist for provision of care closer to the community’s place of residence in some instances, particularly for the SA2s of Jimboomba, Boronia Heights – Park Ridge, Bethania – Waterford, Crestmead, Eagleby, and Marsden.

Note that this gap assessment by SA2s does not account for inflow and outflow of patients between SA2s within Logan, as well as patient movement from adjacent LGAs and other areas.

### 8.2. Dental Care

Similarly, whilst supply and demand for dentists and dental chairs are in relative equilibrium within Logan LGA, supply of dentists is concentrated in the suburbs of Beenleigh, Browns Plains, Marsden, Springwood, Slacks Creek and Logan Central.

**FIGURE 41 DENTIST GAP “HOTSPOTS”, LOGAN SA2s, 2020**



\*the darker the shading, the greater the demand for specialist medical services accessible by the population covered by private health insurance

An opportunity therefore exists for dentists to be located closer to the place of residence for patients, particularly in the SA2s of Boronia Heights – Park Ridge, Greenbank, Regent Park –

Heritage Park, Crestmead, Cornubia – Carbrook, Edens Landing – Holmview, Hillcrest, Logan Village and Rochedale South – Priestdale.

Note that this gap assessment by SA2s does not account for inflow and outflow of patients between SA2s within Logan, as well as patient movement from adjacent LGAs and other areas. It also does not account for the various partnerships between practices and private health insurance groups and assumes that patients needing care are able to access these services.

### 8.3. Specialist Outpatients

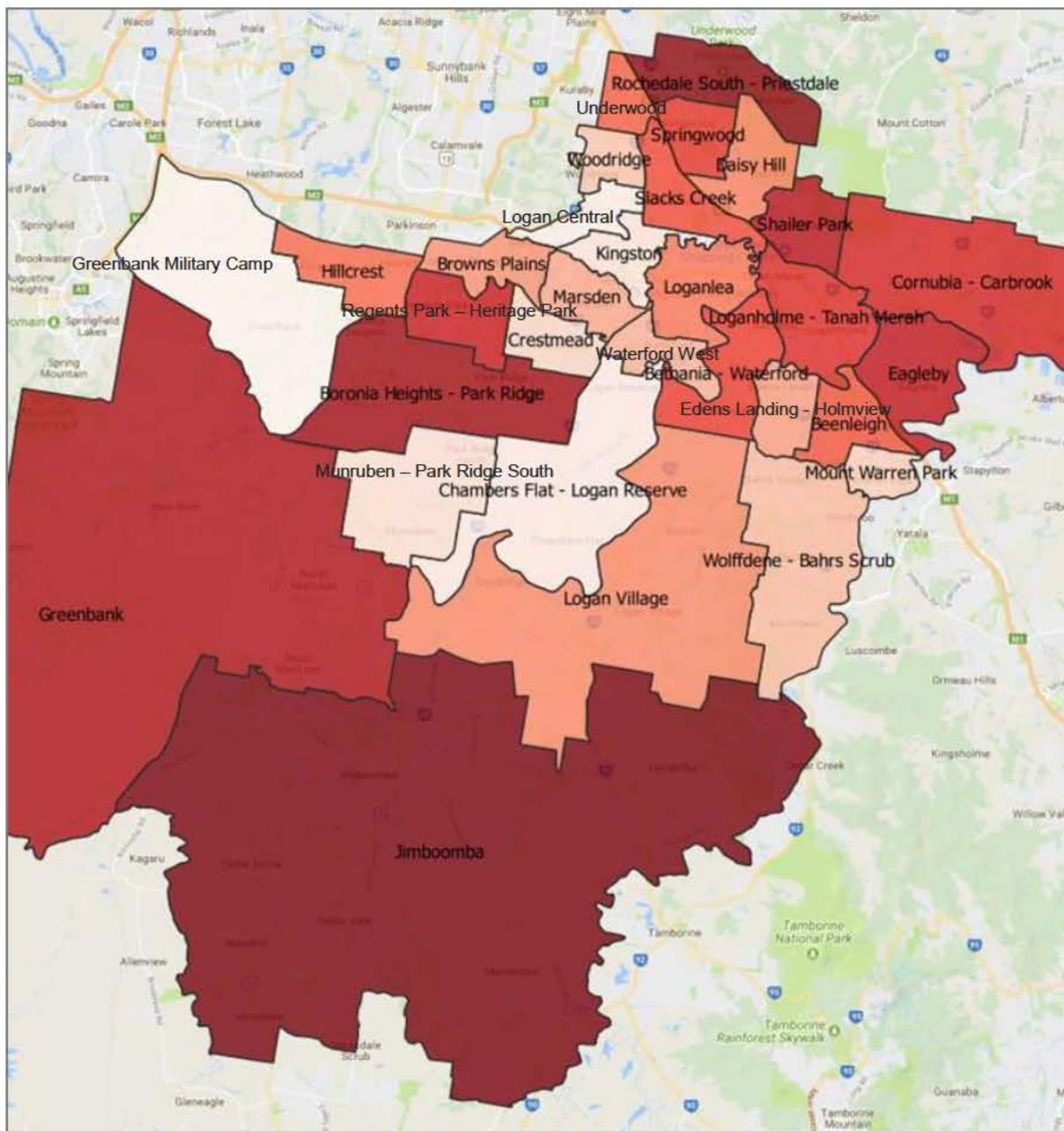
Given the current significant undersupply of specialist medical services detected for the Logan community overall, areas (by SA2) for development of such services can be inferred from the major contributing attributes of population, private health insurance coverage and subsequent demand for specialist medical consultations.

These areas, when assessed comparatively against one another, indicate the SA2s with greatest opportunity for development are Jimboomba, Rochedale South – Priestdale, Boronia Heights – Park Ridge, and Greenbank, followed by Shailer Park, Eagleby, Regents Park – Heritage Park, Cornubia – Carbrook, Loganholme – Tanah Merah, Bethania – Waterford, Springwood, Slacks Creek, and Beenleigh.

Note that this comparative area assessment does not account for other demand and supply side factors such as transport routes and access, travel times for medical practitioners and patients, relationships between geographical areas (for inflow and outflow of patients) within Logan and in relation to adjacent LGAs, availability of specialist medical personnel and plots for such developments, adjacencies to existing clinical services and other population, geographic and economic attributes which are known to promote and foster the development of these unique health assets. This more detailed analysis is outside the scope of this study.

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**FIGURE 42 SPECIALIST MEDICAL SERVICE DEMAND “HOTSPOTS”, LOGAN SA2s, 2020**



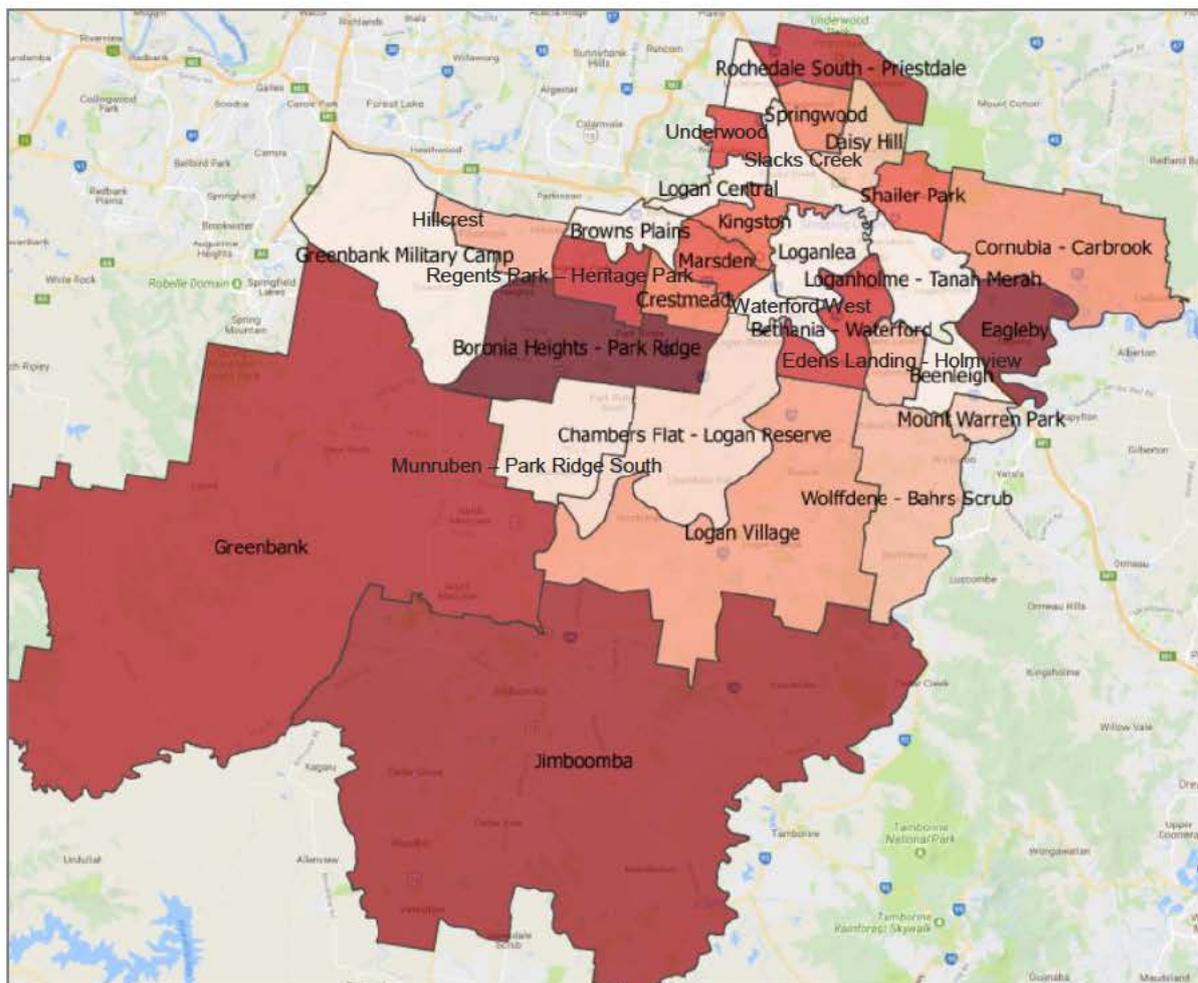
\*the darker the shading, the greater the demand for specialist medical services accessible by the population covered by private health insurance

**8.4. Medical Imaging**

Review of the three most common medical imaging modalities located in private ambulatory care settings – X-ray, Ultrasound and CTs identify the shortage of medical imaging services to be most acute in the SA2s of Boronia Heights – Park Ridge, Eagleby, Jimboomba, Greenbank, Rochdale South – Priestdale, Regents Park – Heritage Park, Bethania – Waterford, Woodridge and Marsden.

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**FIGURE 43 MEDICAL IMAGING GAP “HOTSPOTS”, LOGAN SA2s, 2020**



\*the darker the shading, the greater the demand for specialist medical services accessible by the population covered by private health insurance

Note that this gap assessment by SA2s does not account for inflow and outflow of patients between SA2s within Logan, as well as patient movement from adjacent LGAs and other areas.

## 9. Site Assessment

Multiple sites have been earmarked as potential development sites for a new private hospital in Logan, these included Flagstone, Yarrabilba and Meadowbrook.

When identifying a suitable site consideration was given to the following development models:

- Private Hospital and Health Precinct (Primary Focus)
- Day Hospital with Step down (Hotels) and Health Precinct (Secondary Focus)

On the 24th August 2017, Dean Crozier (HPS) and Murray Lane (LCC) met for the purpose of driving through Logan LGA to identify potential suitable locations for both the primary and

secondary models. From this initial investigation Meadowbrook was determined as a potential location for both a Private Hospital / Health Precinct and Day Hospital with Step down (Hotels) Health Precinct due to proximity to the existing public hospital.

It should be note that there is examples of successful Private hospitals and health precentrs not located in a close proximity to a public hospital and therefore other areas but not limited to should be considered such as Flagstone and Yarrabilba.

### 9.1. For Operators

A readily identifiable dedicated health precinct that is efficient and well planned can potentially attract more patients and health service providers in favour of other competing health precincts. Furthermore, a strong health precinct will help to entice and retain specialists seeking both public and private work to relocate to the new health precinct. There is potential to further enhance the precinct with the existing educational facilities located in close proximity to the proposed target area. The flow on effects of a successful health precinct include:

- Reduced time for elective surgery waiting list
- Potential for service sharing contacts
- Greater ability for specialists and staff to work/transfer easily across both public and private facilities
- Operational efficiency for operators
- Potential to reduce hospital emergency transfer times due to services offered in private hospital
- HR risk can potentially be lowered as existing specialists already operating from Logan Public will be able to provide services in the proposed private hospital. This could help Specialist retention rates and drive interest of other specialists to relocate to Logan
- Increase transport efficiency

### 9.2. For Community

The main benefits for the local community include:

- Provide easy access for patients to both public and private facilities which will increase choice and availability of treatments
- Potential to attract associated private health (pathology, radiology, physiotherapy) and medical specialists to the precinct
- Reduce travel time currently needed to access private hospital and associated services

### 9.3. Potential Sites

The following three sites have been identified as potential locations to establish a new dedicated health precinct within Logan LGA. Please note further investigation, discussions and due diligence will be required to determine the development suitability of each site before selection. It is recommended this process be performed in Part 2.

Three potential sites of interest have been shortlisted based on the initial drive thru with HPS and LCC for further review. All sites are located within close proximity to existing health and educational facilities including Logan Public Hospital, Griffith University and TAFE campus. Furthermore, these sites are situated within the *Meadowbrook Master Plan* area which is a dedicated health, knowledge, and education precinct. Detailed information on each site is summarised below.

#### Site 1 – Ellerslie Road, Meadowbrook

**TABLE 44 KEY PROPERTY INFORMATION**

<b>Address</b>	40 Ellerslie Road & 306-326 Loganlea Road, Meadowbrook & 57-67 Ellerslie Road & 294-296 Loganlea Road, Meadowbrook
<b>Ownership</b>	Private investors
<b>Status</b>	Undeveloped
<b>Zoning</b>	Logan Planning Scheme 2015: Mixed Use Zone
<b>Applicable Planning</b>	Meadowbrook Master Plan 2016: Precinct 6 - Intent for medical campus / technology park
<b>Other</b>	<ul style="list-style-type: none"> <li>• 40 Ellerslie Road &amp; 306-326 Loganlea Road, Meadowbrook have been listed 'for sale' in 2016</li> <li>• 57-67 Ellerslie Road &amp; 294-296 Loganlea Road, Meadowbrook include a 40m landmark building designation in the Meadowbrook Master Plan for a 'Landmark' building.</li> </ul>

**FIGURE 44 ELLERSLIE ROAD/LOGANLEA ROAD SITE MAP**



Source: Logan City Council

**Site 2 – Nestor Drive, Meadowbrook**

**TABLE 45 KEY PROPERTY INFORMATION**

<b>Address</b>	18 Nestor Drive, Meadowbrook
<b>Status</b>	Improved by existing high capacity feed mill
<b>Ownership</b>	Riverina (Australia) Pty Ltd is a wholly owned subsidiary of Mitsubishi Corporation
<b>Zoning</b>	Logan Planning Scheme 2015: Centre Zone - District Centre Precinct
<b>Applicable Planning</b>	Meadowbrook Master Plan 2016: Precinct 2 – Intent for district centre activities, health care services, hospital, short term accommodation
<b>Other</b>	The key challenge for this site will be the removal or relocation of the Riverina Stockfeed production to an alternative site

**FIGURE 45 RIVERINA SITE MAP**



Source: Logan City Council

**Site 3 – Residential Frame surrounding Logan Hospital**

The residential land on the peripheral of Logan Hospital has been considered for the purpose of a secondary health hub to the primary area consisting of existing public hospital and proposed private hospital. This land would not be suitable to accommodate a new private hospital, however due to location may be appropriate for smaller health related uses such as but not limited to integrated specialist care centres, radiology centres, specialist suites, medical centres, allied health provider and other small users. These users will still form part of the overall health precinct and will play a supportive role to the public hospital and proposed private hospital.

LCC have indicated under the *Meadowbrook Master Plan 2016* the vision for this area will see greater residential density to provide diversity of available housing options for residents and accommodate population growth.

Other sites in Logan, apart from Meadowbrook, may also be suitable for health and medical investment, but possibly not as a large private hospital. The ‘Clanwilliam’ and ‘Metcash’ sites

at Beenleigh may have potential as health focused development, possibly anchored by aged-care; other locations such as Logan Central, Browns Plains or Springwood, may be attractive for medical centres given the clustering of health providers. Such facilities may include Day Surgery, Outpatient Care, Specialist Suites and Urgent Care as detailed earlier in the report.

Other suburbs of interest recommended for further investigation are Jimboomba, Rochedale South – Priestdale, Boronia Heights – Park Ridge, and Greenbank, followed by Shailer Park, Eagleby, Regents Park – Heritage Park, Cornubia – Carbrook, Loganholme – Tanah Merah, Bethania – Waterford, Springwood, Slacks Creek, and Beenleigh. These suburbs are showing a significant shortage of services for Specialist and Medical Imaging and yet reasonable levels of private insurance coverage and growth. These key factors are a good foundation when considering integrated specialist centres.

Opportunities exist for the establishment of integrated primary care centres, these are a dedicated destination point for primary health care services located under one roof within the community. Although there are no existing gaps for GP services and dental services identified there may still be potential for this type of centre. Developers may be able to attract existing GP's, dental and other primary care operators to relocate into a new purpose built integrated primary care centres within a nominated area.

The shortfall of service provides for the three most common medical imaging modalities located in private ambulatory care settings – X-ray, Ultrasound and CTs were highest in the SA2s of Boronia Heights – Park Ridge, Eagleby, Jimboomba, Greenbank, Rochedale South – Priestdale, Regents Park – Heritage Park, Bethania – Waterford, Woodridge, and Marsden.

Further investigation is recommended in the SA2s of Jimboomba, Boronia Heights – Park Ridge, Bethania – Waterford and Eagleby. Demand data showed potential opportunities for all services investigated including integrated specialist and primary centres and medical imaging.

**Please note** - Other factors important to the business case of operator of medical imaging centres maybe population catchment, referral networks and legislation requirement regarding staff allocation per centre.

Further investigation and market sounding is recommended before choosing the locations for these centres.

**Please note-** other key factors that need to be taken into account prior to committing to the development of such centres is the attraction of medical practitioners/operators, town planning requirements, local infrastructure, parking, availability of public transport and accessibility to name a few.

## 9.4. Overview

Overall, taking into consideration the area investigation (drive thru) and research conducted for this report, the most preferable site location would be positioned within Meadowbrook

health, knowledge, and education precinct. The precinct is located in close proximity to Logan Public Hospital, Griffith University, TAFE campus and is accessible by Logan Motorway. Providing private health services in such a location could potentially benefit the LCC community, Metro South Health, and private operators.

## 10. Investment Parameters

### 10.1. Investment Drivers

Healthcare property continues to outperform all other property sectors and offers a potentially relatively lower risk investment.

The Australian property market is continuing to evolve, with specialised market sectors emerging and performing above traditional property assets; this has been evident with the Healthcare property sector.

According to a recent report, The Property Council/IPD Australia Quarterly Healthcare Property Index published by the Property Council of Australia and IPD Australia & New Zealand, total returns for healthcare properties over the last five years on an annualised basis were 10.7%, well above the all property total return of 7.2%. This result can be contributed to the secure rental return of healthcare properties due to the strong long-term tenant profile of healthcare professionals.

This market is predominately driven by population growth; the ageing population, which has a higher dependency on medical services and further compounds demand for healthcare services.

Over the next 20 years the Australian Bureau of Statistics (ABS) projects Australia's population based on medium growth assumptions for fertility rate, mortality rate and net overseas migration to grow by around one third or 1.69% per annum on average. In the age groups over 75 years the average annual growth rate is noticeably higher of 4% to 5%, this will see greater demand for healthcare services.

As the population continues to grow and people continue to sprawl out beyond metropolitan areas, there are opportunities in regional areas that should be considered, especially for professionals who are seeking a lifestyle change from urban centres.

Over recent years HPS has observed enquiries increasing for Purpose Built Facilities, Specialist Centres and Mixed Use Medical Centres as medical professionals are becoming more sophisticated property investors. Looking at the smaller end of the market such as healthcare practices operating from retail strip shops, commercial offices, and shopping centres, offer an affordable entry point for investors.

In the current low interest rate market coupled with greater availability of finance and competitive property yields, there are opportunities for owner occupiers to expand their practice through property. Any excess space can be leased to other complementary/referral businesses that will assist business growth and provide additional business revenue.

In this market segment, HPS has also observed a greater number of purchasers funding their investment through their own self-managed super fund to build their retirement strategy around the business property.

In summary, healthcare properties offer an affordable, lower risk profile as tenants are less sensitive to current economic market fluctuations domestically and internationally, combined with a long lease with a stable income stream and tax benefits to provide a good return. It is expected that there will be higher future demand for healthcare services due to Australia's project population growth, particularly from older age groups whom have a greater dependency on health services.

Drawing on the earlier analysis, investment in healthcare real estate in Logan from a macro perspective can be considered an attractive prospect, given the above average projected population growth supported by increasing demand for health services, reflecting demographic trends. These features can be considered to offset the relatively low socio-economic profile and the low level of take-up of private health insurance coverage.

The investment case for the development of hospital and day care surgery centres becomes compelling when considering the gap analysis as summarised below:

- Despite the proposed expansion of Logan Hospital, the projected demand for acute care indicates a shortage of 400 beds by 2020;
- The flow of patients outside the Logan catchment to adjoining hospitals such as Mater, Springfield needs to be reversed if an 80% catchment sufficiency level is to be achieved by MSH;
- No private hospital currently exists within Logan despite the sufficient demographic and socio-economic attributes.
- There are significant gaps in speciality outpatient care services warranting development of specialist centres, adjacent to a private hospital to be newly developed. This would provide scope for health workforce synergies and efficiencies.

In summary, it is recommended scope for development of a private hospital of 50 to 150 beds, a day hospital of up to 25 beds and other specialist medical centres and an integrated care centre, should be explored through a market sounding exercise.

## 10.2. Private Sector Requirements

The key requirement of the private sector generally, is substantiation of the business case for investment in healthcare services around demand and supply. Key factors include the size of catchment population, access to private health insurance (typically at least 35% of the

population), support from clinicians including doctors, surgeons, and a sufficient referral base. The demand supply analysis needs to identify a gap, which can be satisfied through the development of new healthcare facilities. The development of the identified new healthcare facilities may require the participation of various private sector parties such as:

- **Developer:** Involved with the overall structuring of the arrangement and co-ordinating and managing the commitment of the various parties. The developer needs to contribute development costs to enable the finalisation of plans and approvals. The developer seeks to make a significant return on these costs as it assumes all of the development risks at the outset.
- **Landlord/Investor:** The developer may intend to secure an investor, who takes on the ownership/landlord function, and provides the source of funds to take-out the development costs.
- **Operator/Service Provider:** The landlord may intend to lease out the healthcare property to a private hospital operator or other service providers. These parties become tenants and mitigate the demand risk for the Developer and/or Landlord. The credit quality of the tenants in terms of business and financial strength and the terms of the leases, affect the quality and risk profile of the investment asset.
- **Builder/Maintainer:** The developer will need to arrange for the construction and maintenance of the property. The contractual arrangements and the extent of involvement of the landlord and operator/service provider will need to be determined.

Key interested parties in the development of the Logan Precinct might include:

- **Private Hospital Operators (for profit)**
  - Healthscope
  - Ramsey Health Care
  - HealthCare
  - Evolution Healthcare
- **Private Hospital Operators (not for profit)**
  - St Vincents Healthcare
  - St John of God Healthcare
  - Calvary
  - Uniting Care Health
  - Epworth Healthcare
  - Cabrini Health
  - Adventist Healthcare
  - Mater Health Services
- **Real Estate Investment Trusts**
  - Australian Unity
  - Dexus
- **Developers**
  - Lend Lease
  - John Holland

This list needs to be reviewed with LCC and broadened to include local developers, allied health providers and those parties that have already expressed interest.

The critical risk facing development is sufficiency of demand. Demand risk can be mitigated through undertaking market analysis and securing pre-commitments and/or pre-sales from tenants, operators, service providers, etc. It is noted above that Logan Hospital currently has a service purchase agreement with Mater Private Hospital, Springfield for provision of elective surgery services to patients yet is focussed on reversing the flow of patients outside the catchment area to achieve self-sufficiency targets. One possible approach would be to offer the prospective developer of a new private hospital in Logan a similar service purchase agreement to underpin demand of the new hospital.

### 10.3. Indicative Commercial Structuring Options

LCC can choose to deliver healthcare precinct(s) with development partners under a range of alternative contractual structures with differing risk implications for LCC. Further assessment of the commercial arrangements needs to be considered at the market sounding stage, when there is a need to seek feedback on not only what healthcare activities are proposed for the precinct but also on the proposed business relationship with LCC. The link between prospective interest from a potential partner in developing an activity on the precinct and preferences for a business model needs to be explored in the market sounding process.

At this stage, it is worth noting the range of potential options that could be applicable with divergent outcomes for LCC, both in terms of risk and return. This is illustrated by comparing alternative models with varying risk profiles.

#### 10.3.1 Landlord Model

Under a traditional landlord model LCC would enter into a triple net lease with a private healthcare operator with a term of 20-30 years, with the operator being fully responsible for management of design and construction tender, fit-out, operations with the landlord responsible for major maintenance and building structure.

LCC would receive rent from the operator, which would be subject to periodic market reviews, and retain residual value in the assets upon reversion of the lease. Risks and opportunities for LCC relate to hard facilities maintenance, lifecycle costs, and the potential for upside sharing from the lease.

Operators are likely to be interested in pursuing this business model, with the 20-30 year lease period providing sufficient financial incentive to commit to developing the healthcare business. Operators will look for substantiation of the business case around size of catchment population, access to private health insurance (typically at least 35% of the population), and support from clinicians including doctors, surgeons, and a sufficient referral base.

This model may be attractive to LCC as it provides an opportunity for its investment arm to invest, possibly in joint venture with other third party investors, but with a clear separation of roles and responsibilities and transfer of funding and operating risks to the healthcare operator.

In our experience there are a number of challenges with this approach, particularly regarding the potential conflict of interests. LCC has a duty of care to the community and retains political risk in managing expectations and delivery. On the contrary, LCC as an investor is focused on earning a return and minimising risk. There will be instances when LCC is encouraged to undertake non-commercial activities and the private sector will constrain this.

### 10.3.2 Management Model

Under a management model LCC would enter a management services contract with a private healthcare services provider with a term of say, 5-10 years, with LCC retaining ultimate responsibility for the management of design and construction tender, fit-out, operations, tenancies and major maintenance and building structure but contracting out the provision of services to a contractor on a fee-for-service basis. The services contractor could be provided with financial incentives linked to performance outcomes.

LCC would receive revenues from the users of the space whether directly or from tenants. LCC would work with the services contractor to determine the appropriate mix of activities, marketing strategy, configuration of the precinct, etc. Risks and opportunities relate to the market supply/demand for healthcare services and the positioning of the precinct.

This model may be unattractive to LCC given the greater exposure to management of delivery and demand risks.

### 10.3.3 Development Partner Model

Under a development partner model LCC would select a developer to enter into a development agreement whereby the developer would implement a plan to develop the site and arrange for the execution of a long-term lease of say, 99 years. The lease would be between LCC as head-lessee and a Real Estate Investment Trust, such as Australian Unity. Australian Unity would in turn enter into a sub-lease(s) with a healthcare service provider, largely on the same basis as the Landlord Model outlined in 9.3.1 above, except that the REIT rather than LCC is the landlord.

Under this model LCC would be transferring the development risks to the developer. The developer would need to assess the business case and determine how it wished to structure the development and attract tenants, including healthcare operators. Subject to commercial negotiations, LCC could still play a role in approving the development plan, retaining oversight and receive a head lease rental. The rent could include financial incentives linked to actual performance, such as turnover rent.

There has been significant interest in property investment in healthcare precincts from real estate investment trusts such as Australian Unity and Dexus motivated by the desire to gain exposure to rising rental income streams, lower yields, and the prospects for growth in residual value. Such investors prefer long leasehold or freehold property assets. Potential appetite from REITs and associated constraints should be explored further in the next stage of assessment. This model is similar to that successfully used by the Queensland Government on Herston Quarter and should be further considered by LCC.

### 10.3.4 PPP Model

Under a traditional Design Build Finance Maintain PPP model, LCC would enter into a lease with Metro South. Metro South would in turn enter into a PPP contract with a private sector SPV, say for 30 years, whereby the SPV would build finance and maintain the specified health facility and Metro South would act as operator/clinical service provider. There would need to be a scoping and sharing of responsibilities and risks between the SPV and Metro South. Metro South would pay an availability payment to the SPV, provided the facility was available and met specified Key Performance Indicators. Under this model Metro South is taking the demand risk.

The applicability of this model is dependent upon the participation of Queensland Health and Metro South and is considered to be out of scope for LCC.

### 10.3.5 Development Strategy

A further consideration is the development strategy towards solicitation of a private hospital operator, or specific healthcare service providers. The above supply/demand analysis provides support for new overnight and day care hospitals, and specialist medical centres and recommends testing market appetite with potential private hospital operators and other stakeholders. If market interest is substantiated, further exploration of scope of activities and contractual structures can be undertaken with the potential objective of clarifying the terms upon which a private hospital operator could be engaged as an anchor tenant. The terms of engagement of the private hospital operator would be a primary driver of the development strategy. Key considerations include:

- The private hospital operator heavily influences the development strategy with potential reduction in the role of LCC.
- Identification and engagement of a well-credentialed and experienced operator becomes a critical success factor. Will the investment merits of Logan prove sufficiently enticing in the context of the current portfolios of private hospital operators and their immediate aspirations?
- Significant development and market risk can be transferred to the private hospital operator away from LCC, if the right anchor tenant can be committed on attractive terms early on.

An alternative development strategy could be based on working with a developer to attract a mix of tenants for a multi-purpose specialist medical centre with no dominant anchor tenant. Such a strategy would be applicable if it was determined that it is not necessary to underpin the development with a private hospital operator. LCC would potentially have a heightened role in working with the developer in determining and attracting the appropriate mix of tenants. Key considerations include:

- The clinical analysis and discussion of opportunities identifies a range of potential speciality medical offerings that could be undertaken. A development plan would need to be determined based on attracting a sufficient number of specialities to take up sufficient space to underpin the development. LCC could agree a target level of space occupancy with the developer to underpin the development and proceed to assist in obtaining pre-commitments from the tenants.
- LCC may have greater influence in determining the nature of the healthcare activities and setting the image and vision of the medical centre in conjunction with the developer.

It is recommended that the development strategy and range of business models be further assessed in the next stage of the development of the project with key considerations being:

- Risk appetite of LCC
- Assessment of risk in alternative business models
- Level of interest from operators/services contractors in alternative business models.

### 10.3.6 Engagement with Not-for-Profit Entities

Engagement with not-for-profit entities needs to be treated sensitively from HPS' experience, for the following reasons:

- It is critically important that the proposed service offering fits with the Mission Statement of the entity. This may be linked to the specific poor historic health outcomes in Logan, such as the high rate of infant mortality.
- Not-for-profit entities tend to operate on a narrow geographic perspective linked in to the local catchment rather than on national growth objectives.
- Not-for-profit entities are typically asset rich but cash constrained. Organisations may not be run commercially negatively impacting growth ambitions.
- Strategies tend to be risk averse, favouring investment in incremental expansion of brownfields activities, rather than taking on greenfield development risk in new areas.
- The scope of service offering may be constrained by the Mission Statement, such as restrictions on catholic healthcare providers undertaking abortions.

The above comments are generalisations and need to be adapted for Logan. However, there may be some direct parallels with the Mater Hospital at Springfield, which need to be explored at the market sounding stage.

NSW Health has made a concerted attempt to include not-for-profit healthcare providers in recent market engagement such as Northern Beaches, Maitland, Wyong Hospitals. However, Northern Beaches was awarded to Healthscope, reflecting better access to funding and a more commercial approach to risk allocation.

### 10.3.7 Engagement with International Investors

At this early stage of development, there is no identified investment product to take to market. Rather the approach suggested is to use a market sounding stage to co-create a real investment opportunity based on feedback from healthcare developers, investors and operators based on the market analysis. It is considered premature to engage with portfolio investors.

It has been suggested that some foreign investors may prefer to co-invest with LCC to mitigate their risk profile. Caution is expressed in pursuing this approach given the potential conflict of interests and the need for safeguards.

## 10.4. Case Study – Herston Quarter

Herston Quarter is an approximately five-hectare site adjacent to the Royal Brisbane and Women's Hospital that became available for redevelopment following the relocation of children's health services to the Lady Cilento Children's Hospital in South Brisbane.

- The Queensland Government went to market for EOIs for mixed-use development for health-related activities in 2014. Australian Unity and Lend Lease were invited as shortlisted proponents to submit RFP responses in mid-2016, following which Australian Unity was selected as preferred tenderer for the estimated \$1.1 billion development of the Herston Quarter into a new mixed-use precinct for health, residential, commercial, and recreational activity.
- The redevelopment of the Herston Quarter will create a health precinct over a 10-year development period. It will integrate public rehabilitation services and elective surgery, intergenerational living and green spaces in ways that encourage socialisation, innovation, collaboration, and interaction. Iconic heritage buildings will be reinvigorated, preserving Brisbane's health heritage while building a new health future. In addition, the redevelopment will provide a health and research precinct that will help Queensland to attract and retain the best clinicians, health workers, researchers, academics, and students.
- Over the next 10 years, Australian Unity propose to establish:
  - a diverse, vibrant, and connected community providing health services, aged care and supporting and complementary uses
  - a 'wellbeing community' that creates places for people to live, work and thrive

- an intergenerational community where people of all ages and abilities connect and interact.
- Australian Unity will deliver a new public health facility (Specialist Rehabilitation and Ambulatory Care Centre “SRACC”), a private hospital, aged care, retirement living and residential accommodation; and public and green space.
- The SRACC to be operated by Metro North Hospital and Health Service (MNHHS), will comprise 100 rehabilitation beds, special purpose rehabilitation support areas and a surgical and endoscopic centre with a 32-bed surgical inpatient room, seven operating theatres, three endoscopy rooms and recovery spaces.
- Construction of the SRACC, with an estimated cost of \$275 million, will be funded by MNHHS. Australian Unity will deliver the SRACC, which will be located in a new building proposed for Herston Road.
- It is expected that construction of the SRACC will begin in 2017, with the facility to be operational in 2020. The SRACC has been contractually structured on a basis similar to a 20-year PPP contract. Australian Unity is working with Hassell as architect, Watpac as builder and Cushman & Wakefield as asset and facility manager.

## 11. Next Steps – Proposed Approach

### 11.1. Overview

The findings from the analysis in Sections 7 and 8 indicate potential demand for 50 to 150 bed overnight, 25-bed day general hospital and specialist medical centres.

The conclusion is that the data and market evidence provides a strong investment case for health and medical investment with further market feedback required to substantiate the market opportunity.

Section 9 concludes that there is a range of contractual options for the development that could be undertaken by LCC with a partner with alternative risk/return profiles. Moreover, LCC could decide to partner with a private hospital operator as an anchor tenant or seek to identify a developer to take on the sponsor role of a private hospital precinct and/or multi-purpose specialist centre. The key next step is to solicit market feedback on how the development should be progressed.

### 11.2. Validation

The outcomes of the research recommend further work be undertaken to proceed to Part 2, which would include:

- Review the research conducted in Part 1 and determine how this can be summarised to provide a market sounding document.
- Finalise a target list of parties that would potentially be interested in the healthcare precinct development and should be approached with the market sounding document
- Present the market sounding document at an Industry briefing
- Meet with an agreed list of targeted market sounding respondents and conduct an informal but precise formatted interview
- Prepare a market sounding report which would summarise issues raised in the meetings and present options for consideration
- Make recommendations to LCC on how to proceed.

### 11.2.1 Develop Market Sounding Document

Develop a market-sounding document for Part 2 as the major tool for engaging the market initially and defining the implementation plan for the project. The market sounding document should summarise the market data, potential opportunities and raise questions as to how prospective market participants might approach proceeding with a development.

The market sounding document would be developed at the start of Part 2 and would be informed by the research undertaken in Part 1 and summarise the:

- Key findings of the demand/supply analysis and the evidence supporting the development of a day and overnight hospital and specialist medical centre
- Key potential prioritised healthcare opportunities
- Site characteristics,
- Contractual options and alternative development strategies and
- Specific requested areas for clarification and response

The market sounding would solicit feedback on prioritised opportunities as supported by evidence and data from the research

### 11.2.2 Develop Target List of Parties

Development of a list of stakeholders to assist in a market sounding to substantiate interest in each potential opportunity and gather further market intelligence, including government health representatives, community health organisations, private healthcare providers, medical representatives, etc.

It is critical that this list includes Metro South Health and Mater, Springfield to clarify both development plans and potential service purchase agreements.

The list could include a range of parties outlined in Section 9.2 covering property developers, operators and investors interested in healthcare services

### 11.2.3 Obtain Market Feedback

Using the market-sounding document as the activity guide, undertake the following:

- Approach the key operators in the region. These operators are the ignition point for stakeholder discussions and market sounding.
- Approach the Queensland government to discuss the intentions for the Logan corridor development. This would provide LCC with a clearer idea of government's intentions for Logan Hospital Expansion including timing and whether development of new healthcare facilities fit with the area health plan. The proposed developments could interest government in its planning to provide services at less cost to government in a growth area.
- Identify potential 'medical' synergies between varying groups that would support the Healthcare precinct as a desirable proposition for practitioners, providers, and patients inclusively. This may identify a recommended implementation plan based on a complementary fit of users on the site.
- Refine analysis of the gaps in the healthcare market in Logan based on the market feedback.
- Agree a set of evaluation criteria to rank opportunities for prioritisation, including such factors as potential market interest, strategic value differentiation for LCC, potential return, risk profile to LCC.

The areas to be assessed in determining a preferred development strategy could include:

- How much space does each proposed development or activity require? What type of mixed-use development is targeted? Is there a target number of parties to commit to the development and underpin viability? As a guide, targeting pre-commitments for around half of the developable space seems reasonable provided this doesn't unduly shift developer profit to the tenant.
- Is it possible to differentiate as to the relative ease in securing pre-commitments at an early stage of the development process to de-risk the project from LCC's perspective?
- Does each proposed development present any specific issues in respect of obtaining development approvals or require other consents or conditions to be satisfied?
- Does each proposed development align with the utilities available on the site such as power, water, telecoms or impose any onerous requirements?

### 11.2.4 Market Sounding Outcomes

- Outcomes will be informed by the responses to the list of detailed questions to assist in defining interest in pursuing specific development opportunities, such as:
  - How the opportunity is perceived in terms of competition, risk, return, and other commercial metrics
  - What steps can be taken to optimise the opportunity
  - How the opportunity impacts the development plan for the overall site

- What is the preferred contract model and interface with LCC and why?
- Are there particular risks that could be mitigated?
- Update the analysis following the market sounding and develop recommendations on how the project should be progressed building on the evidence from the market research updated through the market sounding.
- The market sounding outcomes would be used to provide input into the finalisation of a business case and development plan including:
  - Implementation and staging plan
  - Detailed description of activities
  - Detailed description of contractual structure
  - Risk management plan
  - Stakeholder management plan
  - Financial plan and financial modelling results
- Prepare a Part 2 market sounding report which would summarise issues raised in the meetings, present options for consideration and make recommendations to LCC on how to proceed.
- The implementation plan in the Part 2 report would be informed by the key findings from the market sounding and summarise an updated go-to-market strategy including the use of EOI/RFP documents.

## 12. Conclusions and Recommendations

Drawing on the market analysis, investment in healthcare real estate in Logan from a macro perspective can be considered an attractive prospect, given the above average projected population growth supported by increasing demand for health services, reflecting demographic trends. These features can be considered to offset the relatively low socio-economic profile and the low level of take-up of private health insurance coverage.

The investment case for the development of a range of healthcare facilities becomes compelling when considering the gap analysis as summarised below:

- Despite the proposed expansion of Logan Hospital, the projected demand for acute care indicates a persistent shortage of more than 400 beds by 2020;
- Acute bed shortages are apparent and growing in Obstetrics and Gynaecology, Paediatrics, and Emergency and Urgent Care;
- The flow of patients outside the Logan catchment to adjoining hospitals such as Mater, Springfield needs to be reversed if an 80% catchment sufficiency level is to be achieved by MSH;
- No private hospital currently exists within Logan despite the sufficient demographic and socio-economic attributes, particularly when compared to other LGAs with similar attributes;

- Significant gaps in specialist outpatient care services and medical imaging, warranting development of specialist centres, adjacent to a private hospital to be newly developed, providing opportunities for health workforce synergies and efficiencies;
- Gaps in some allied health practitioners such as chiropractor, occupational therapy, and social work, and with an emerging and growing gap for physiotherapy and psychology;
- Whilst no current gap exists for general practice and primary care, and dentistry, these are expected to emerge without ongoing investment into these services and opportunities also exist to locate these closer to residential growth areas.

In summary, it is recommended scope for development of a private hospital of 50 to 150 beds, day hospitals of up to 25 beds and other specialist medical centres and integrated care centres should be explored through a market sounding exercise.

# 13. Appendix

## 13.1. Acute Overnight Care

**TABLE 46 ACUTE OVERNIGHT CARE EPISODE PROJECTIONS, LOGAN, 2020 TO 2035**

Specialty	2020	2025	2030	2035
Breast Surgery	472	548	625	696
Cardiology	2,837	3,226	3,642	4,033
Cardiothoracic Surgery	541	631	727	819
Chemotherapy	0	1	1	1
Colorectal Surgery	2,596	2,915	3,227	3,508
Dentistry	35	35	35	36
Dermatology	184	214	244	272
Diagnostic GI Endoscopy	480	563	648	728
Drug & Alcohol	1,029	1,302	1,594	1,884
Endocrinology	370	403	434	462
ENT; Head & Neck	2,433	2,749	3,087	3,409
Extensive Burns	34	32	31	31
Gastroenterology	2,798	3,304	3,839	4,362
Gynaecology	1,297	1,420	1,540	1,652
Haematology	545	621	695	768
Immunology & Infections	380	431	484	534
Interventional Cardiology	1,214	1,419	1,624	1,821
Neurology	2,253	2,716	3,199	3,661
Neurosurgery	1,529	1,790	2,057	2,318
Non-Subspecialty Medicine	3,342	4,063	4,824	5,567
Non-Subspecialty Surgery	2,903	3,431	3,973	4,496
Obstetrics	5,063	5,530	6,032	6,517
Oncology	556	586	619	642
Ophthalmology	304	329	357	384
Orthopaedics	5,786	6,744	7,715	8,654
Pain Management	142	169	196	222
Perinatology	1,873	2,245	2,662	3,042
Plastic Surgery	831	975	1,126	1,272
Psychiatry	1,946	2,206	2,470	2,718
Renal Dialysis	58	80	105	129
Renal Medicine	474	560	648	729
Respiratory Medicine	4,483	5,294	6,138	6,969
Rheumatology	59	64	70	74
Tracheostomy	124	132	146	160
Transplantation	21	28	35	43
Ungrouped	936	1,164	1,420	1,688
Urology	1,781	2,091	2,406	2,725
Vascular Surgery	732	840	948	1,055
<b>Grand Total</b>	<b>52,444</b>	<b>60,850</b>	<b>69,622</b>	<b>78,079</b>

**TABLE 47 ACUTE OVERNIGHT CARE EPISODE PROJECTIONS, SURROUNDING LGAs, 2020 TO 2035**

<b>Specialty</b>	<b>2020</b>	<b>2025</b>	<b>2030</b>	<b>2035</b>
Breast Surgery	3,191	3,517	3,880	4,252
Cardiology	21,180	22,412	24,135	26,061
Cardiothoracic Surgery	3,903	4,263	4,701	5,186
Chemotherapy	3	3	3	4
Colorectal Surgery	17,799	18,939	20,272	21,657
Dentistry	236	223	215	215
Dermatology	1,208	1,326	1,461	1,602
Diagnostic GI Endoscopy	3,462	3,799	4,184	4,595
Drug & Alcohol	6,886	8,313	9,863	11,440
Endocrinology	2,495	2,571	2,669	2,793
ENT; Head & Neck	14,943	16,114	17,573	19,110
Extensive Burns	218	198	188	186
Gastroenterology	19,725	21,945	24,522	27,294
Gynaecology	8,726	9,095	9,572	10,102
Haematology	3,676	3,943	4,258	4,615
Immunology & Infections	2,366	2,576	2,824	3,083
Interventional Cardiology	8,458	9,316	10,267	11,295
Neurology	16,146	18,239	20,604	23,076
Neurosurgery	10,642	11,764	13,039	14,414
Non Subspecialty Medicine	23,660	26,999	30,781	34,782
Non Subspecialty Surgery	19,539	21,933	24,588	27,333
Obstetrics	34,679	36,536	39,005	41,313
Oncology	3,898	3,860	3,919	3,983
Ophthalmology	2,136	2,158	2,251	2,372
Orthopaedics	39,835	43,885	48,425	53,269
Pain Management	1,015	1,129	1,258	1,391
Perinatology	9,633	11,097	12,894	14,626
Plastic Surgery	5,842	6,460	7,183	7,959
Psychiatry	13,040	14,072	15,273	16,508
Renal Dialysis	390	515	656	792
Renal Medicine	3,465	3,821	4,220	4,641
Respiratory Medicine	30,561	34,042	38,027	42,362
Rheumatology	395	408	425	445
Tracheostomy	855	867	927	999
Transplantation	143	176	216	258
Ungrouped	6,188	7,226	8,512	9,959
Urology	12,378	13,722	15,220	16,917
Vascular Surgery	5,262	5,644	6,106	6,639
<b>Grand Total</b>	<b>358,179</b>	<b>393,108</b>	<b>434,116</b>	<b>477,525</b>

## 13.2. Acute Same Day Care

**TABLE 48 ACUTE SAME DAY CARE EPISODE PROJECTIONS, LOGAN, 2020 TO 2035**

Specialty	2020	2025	2030	2035
Breast Surgery	366	431	498	563
Cardiology	2,107	2,647	3,207	3,761
Cardiothoracic Surgery	51	62	74	86
Chemotherapy	6,043	7,398	8,808	10,225
Colorectal Surgery	781	878	988	1,091
Dentistry	1,889	2,079	2,255	2,409
Dermatology	323	360	397	431
Diagnostic GI Endoscopy	5,935	6,847	7,782	8,673
Drug & Alcohol	913	1,191	1,488	1,786
Endocrinology	208	247	287	328
ENT; Head & Neck	1,899	2,211	2,552	2,883
Extensive Burns	26	29	31	34
Gastroenterology	6,197	7,944	9,793	11,660
Gynaecology	4,015	4,462	4,961	5,463
Haematology	1,264	1,520	1,791	2,066
Immunology & Infections	227	285	349	413
Interventional Cardiology	586	687	789	890
Neurology	2,018	2,583	3,179	3,776
Neurosurgery	507	588	671	752
Non Subspecialty Medicine	1,513	1,886	2,288	2,695
Non Subspecialty Surgery	1,380	1,650	1,936	2,227
Obstetrics	1,202	1,424	1,675	1,925
Oncology	214	235	258	280
Ophthalmology	4,853	6,139	7,483	8,848
Orthopaedics	5,016	6,420	7,918	9,431
Pain Management	38	40	42	43
Perinatology	127	141	157	170
Plastic Surgery	2,468	2,930	3,410	3,879
Psychiatry	2,095	2,470	2,865	3,254
Renal Dialysis	19,014	23,265	27,606	31,801
Renal Medicine	493	604	719	833
Respiratory Medicine	946	1,143	1,346	1,537
Rheumatology	98	116	134	151
Tracheostomy	1	1	1	1
Transplantation	0	0	0	0
Ungrouped	4,820	6,233	7,749	9,293
Urology	2,690	3,250	3,838	4,428
Vascular Surgery	329	401	476	549
<b>Grand Total</b>	<b>82,649</b>	<b>100,795</b>	<b>119,801</b>	<b>138,635</b>

**TABLE 49 ACUTE SAME DAY CARE EPISODE PROJECTIONS, SURROUNDING LGAs, 2020 TO 2035**

<b>Specialty</b>	<b>2020</b>	<b>2025</b>	<b>2030</b>	<b>2035</b>
Breast Surgery	2,475	2,787	3,132	3,478
Cardiology	14,638	17,348	20,259	23,316
Cardiothoracic Surgery	397	449	508	572
Chemotherapy	41,277	47,836	55,003	62,753
Colorectal Surgery	5,190	5,578	6,101	6,641
Dentistry	11,841	12,421	13,051	13,666
Dermatology	2,091	2,218	2,370	2,526
Diagnostic GI Endoscopy	40,099	43,930	48,305	52,897
Drug & Alcohol	6,065	7,553	9,151	10,788
Endocrinology	1,319	1,487	1,674	1,884
ENT; Head & Neck	11,357	12,647	14,207	15,832
Extensive Burns	162	172	184	197
Gastroenterology	41,995	51,055	60,864	71,213
Gynaecology	26,965	28,646	31,039	33,644
Haematology	8,738	9,927	11,278	12,772
Immunology & Infections	1,401	1,683	2,002	2,327
Interventional Cardiology	4,029	4,465	4,950	5,489
Neurology	13,546	16,478	19,644	22,952
Neurosurgery	3,327	3,642	4,006	4,395
Non Subspecialty Medicine	10,303	12,164	14,260	16,495
Non Subspecialty Surgery	9,031	10,309	11,754	13,307
Obstetrics	8,261	9,430	10,827	12,195
Oncology	1,422	1,464	1,544	1,641
Ophthalmology	35,253	41,509	48,394	55,917
Orthopaedics	33,430	40,695	48,591	56,883
Pain Management	252	250	251	257
Perinatology	656	699	761	816
Plastic Surgery	17,223	19,303	21,637	24,140
Psychiatry	14,242	16,020	18,028	20,123
Renal Dialysis	133,625	153,795	175,542	198,528
Renal Medicine	3,425	3,951	4,529	5,149
Respiratory Medicine	6,108	6,972	7,914	8,870
Rheumatology	646	727	814	901
Tracheostomy	5	5	6	6
Transplantation	1	1	1	1
Ungrouped	33,457	40,847	49,062	57,915
Urology	18,203	20,861	23,833	27,042
Vascular Surgery	2,284	2,618	2,991	3,388
<b>Grand Total</b>	<b>564,739</b>	<b>651,945</b>	<b>748,468</b>	<b>850,918</b>

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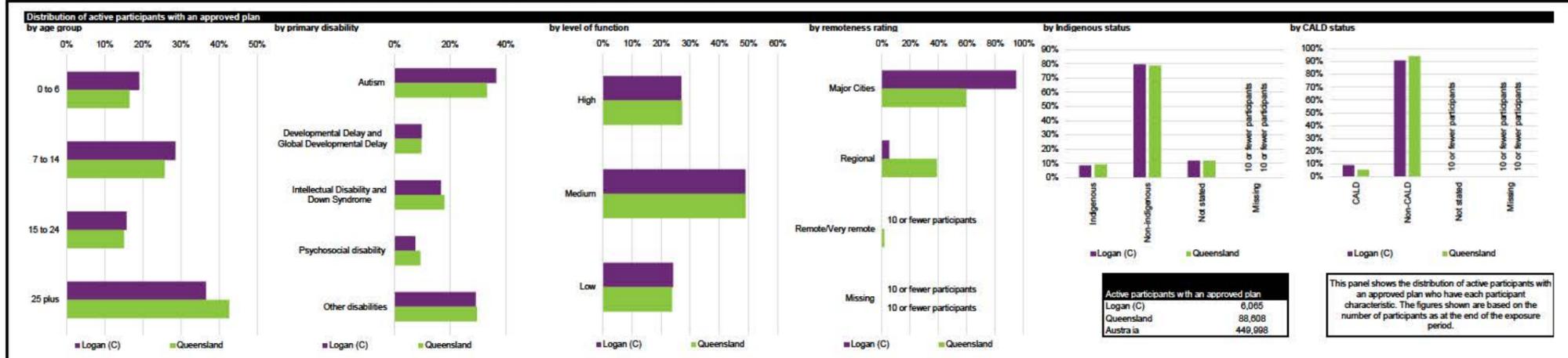
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Participant Category Detailed Dashboard as at 30 June 2021 (exposure period: 1 October 2020 to 31 March 2021)

LGA: Logan (C) | Support Category: All | All Participants

Participant profile

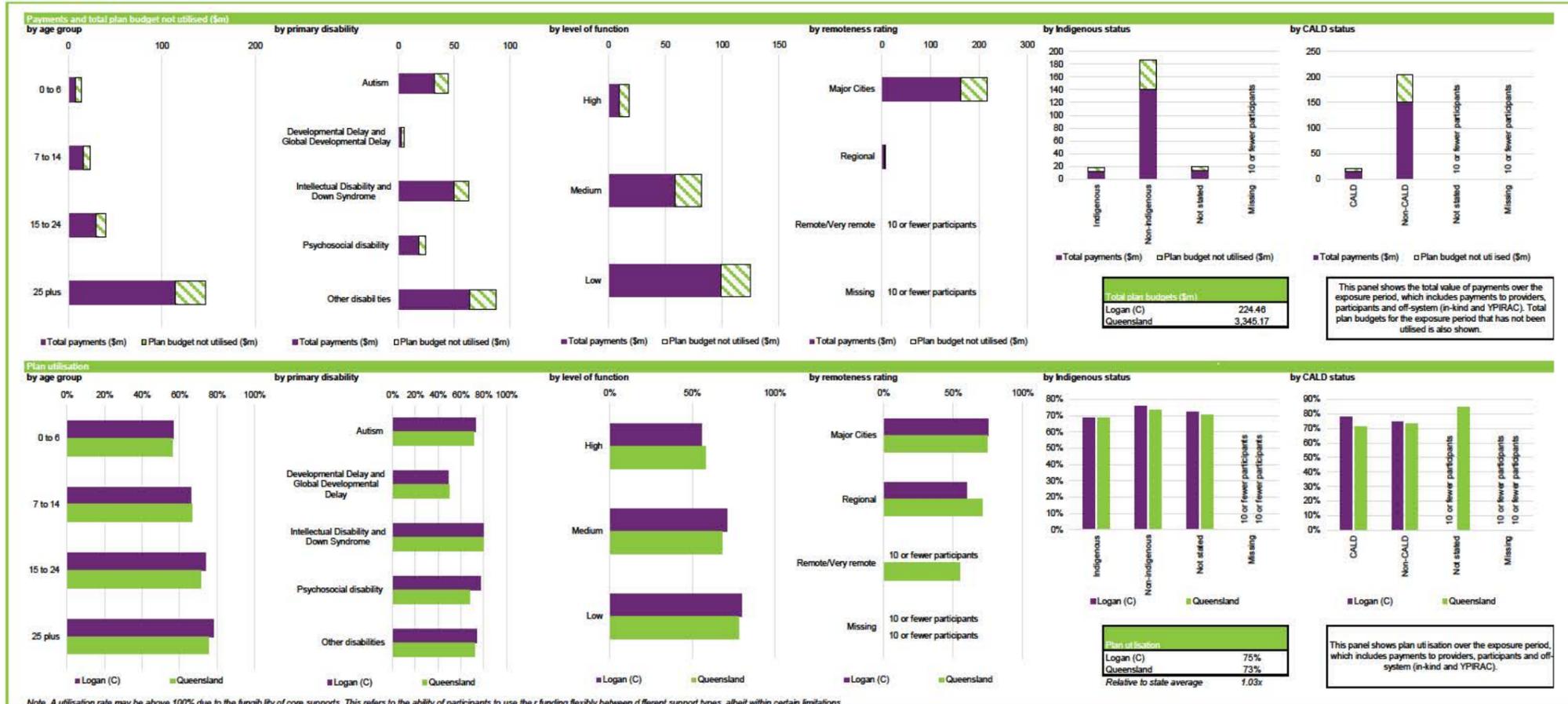
Please note that the data presented are based on only six months of data and not a full year.



Service provider indicators



Plan utilisation

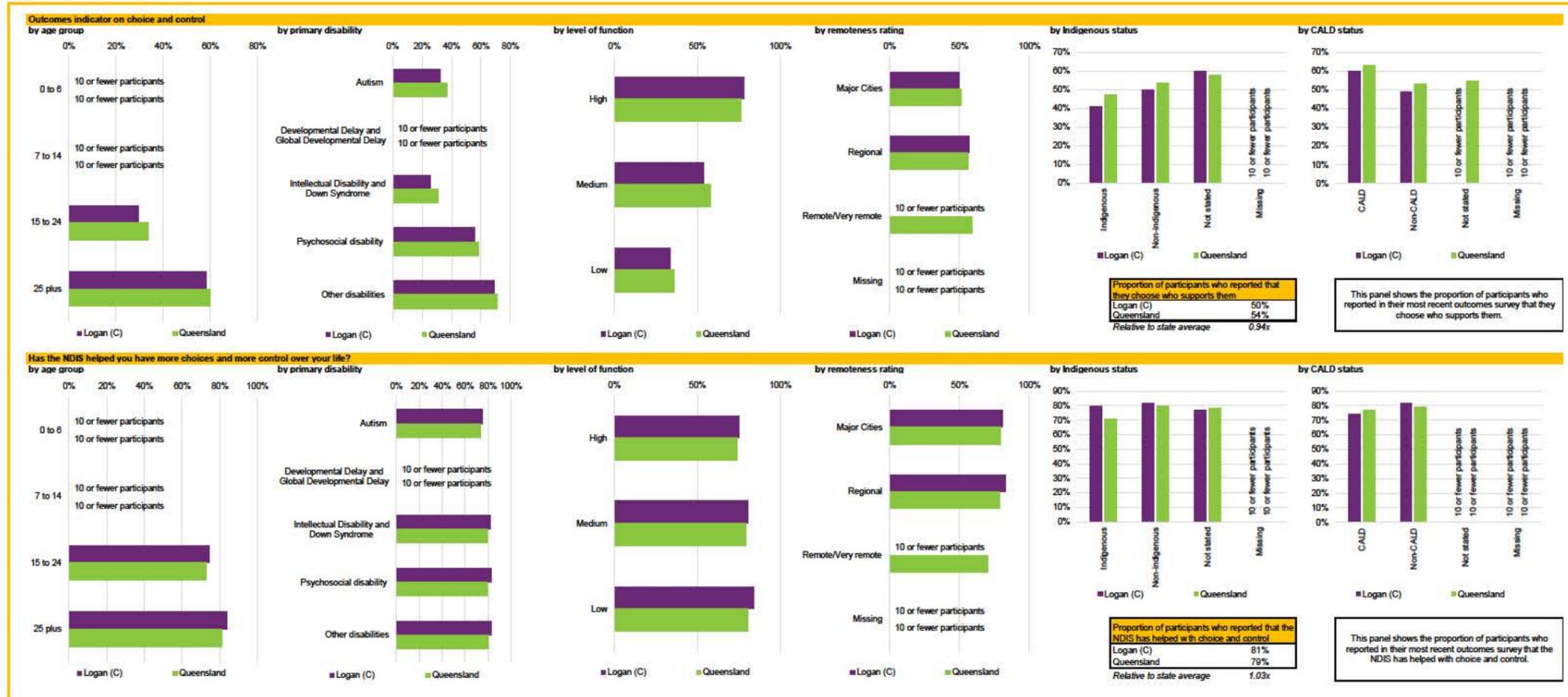


Note: A utilisation rate may be above 100% due to the fungibility of core supports. This refers to the ability of participants to use the funding flexibly between different support types albeit within certain limitations.

Participant Category Detailed Dashboard as at 30 June 2021 (exposure period: 1 October 2020 to 31 March 2021)

LGA: Logan (C) | Support Category: All | All Participants

Outcomes framework



Support category summary

Support category	Active participants with approved plans	Active providers	Participants per provider	Total plan budgets (\$m)	Average plan budget (\$)	Payments (\$m)	Average payments (\$)	Utilisation	Outcomes indicator on choice and control	Has the NDIS helped with choice and control?
<b>Core</b>										
Consumables	5,875	220	26.8	6.7	1,183	3.9	680	58%	50%	82%
Daily Activities	3,234	337	9.6	115.7	36,782	93.6	28,942	81%	48%	83%
Community	3,282	230	13.8	39.2	11,902	31.1	9,438	79%	47%	82%
Transport	2,297	91	25.2	3.8	1,843	3.5	1,522	93%	44%	83%
<b>Core total</b>	<b>5,956</b>	<b>460</b>	<b>12.9</b>	<b>165.3</b>	<b>27,757</b>	<b>132.0</b>	<b>22,166</b>	<b>80%</b>	<b>50%</b>	<b>81%</b>
<b>Capacity Building</b>										
Daily Activities	6,051	377	16.1	35.8	5,911	20.7	3,428	58%	50%	81%
Employment	170	31	5.5	1.3	7,704	0.7	4,295	56%	32%	85%
Relationships	417	78	5.5	2.9	7,043	1.5	3,548	50%	14%	76%
Social and Civic	578	40	14.5	1.0	1,847	0.3	475	26%	35%	74%
Support Coordination	2,407	259	9.3	5.5	2,291	4.0	1,644	72%	44%	80%
<b>Capacity Building total</b>	<b>6,059</b>	<b>547</b>	<b>11.1</b>	<b>49.2</b>	<b>8,118</b>	<b>29.6</b>	<b>4,878</b>	<b>60%</b>	<b>50%</b>	<b>81%</b>
<b>Capital</b>										
Assistive Technology	1,333	152	8.8	8.0	6,015	4.4	3,311	55%	62%	85%
Home Modifications	273	32	8.5	1.9	7,082	1.7	6,324	89%	56%	86%
<b>Capital total</b>	<b>1,393</b>	<b>169</b>	<b>8.2</b>	<b>10.0</b>	<b>7,144</b>	<b>6.1</b>	<b>4,410</b>	<b>62%</b>	<b>60%</b>	<b>85%</b>
<b>All support categories</b>	<b>6,065</b>	<b>797</b>	<b>7.6</b>	<b>224.5</b>	<b>37,009</b>	<b>167.7</b>	<b>27,654</b>	<b>75%</b>	<b>50%</b>	<b>81%</b>

Note: Only the major support categories are shown.  
 Note: A utilisation rate may be above 100% due to the fungibility of core supports. This refers to the ability of participants to use their funding flexibly between different support types, albeit within certain limitations.

Indicator definitions	
Active participants with approved plans	Number of active participants who have an approved plan and reside in the LGA / have supports relating to the support category in their plan.
Active providers	Number of providers that received payments for supports provided to participants within the LGA / support category, over the exposure period.
Participants per provider	Ratio between the number of active participants and the number of active providers.
Total plan budgets	Value of supports committed in participant plans for the exposure period.
Payments	Value of all payments over the exposure period, including payments to providers, payments to participants and off-system payments (in-kind and Younger People In Residential Aged Care (YPIRAC)).
Utilisation	Ratio between payments and total plan budgets.
Outcomes indicator on choice and control	Proportion of participants who reported in their most recent outcomes survey that they choose who supports them.
Has the NDIS helped with choice and control?	Proportion of participants who reported in their most recent outcomes survey that the NDIS has helped with choice and control.