



**BIGGER, STRONGER, UNITED.**

TIM KENNEDY SECRETARY  
JO SCHOFIELD PRESIDENT

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

**By Email:** [hec@parliament.qld.gov.au](mailto:hec@parliament.qld.gov.au)

Dear Sir/Madam,

Please find attached submission made to the Queensland Parliament Health and Environment Committee inquiry into provision of primary, allied and private health care, aged care and NDIS care services and its impact on the Queensland public health system. It represents the official position of the United Workers Union, 27 Peel St, South Brisbane QLD 4101.

For further information on this submission, please contact me via email:

[REDACTED]

or by phone via my Executive Assistant on

[REDACTED]

Yours sincerely,

A handwritten signature in black ink that reads "Sharron Caddie".

**Sharron Caddie**  
**Public Sector Director**

**22 December 2021**



**United Workers Union submission to Queensland  
Parliamentary Inquiry into provision of primary, allied  
and private health care, aged care and NDIS care  
services and its impact on the Queensland public health  
system**

About the United Workers Union..... 1

Introduction ..... 2

Overcrowding in hospitals and its causes ..... 3

Problems in aged care..... 5

Pressure on the ambulance service and ramping ..... 7

Problems in disability care ..... 8

Summary and recommendations..... 9

**About the United Workers Union**

The United Workers Union (UWU) is a powerful union with 150,000 members working in more than 45 industries and all walks of life, standing together to make a difference. Our work reaches millions of people every single day– we feed you, educate you, provide care for you, keep your communities safe and get you the goods you need. Without us, everything stops.

In Queensland, UWU members work across a broad range of industries in every corner of the state. Our members whose work relates directly to the terms of reference of this inquiry are:

- paramedics employed by the Queensland Ambulance Service
- carers working in residential aged care, home care and disability services
- health professionals and clinical assistants in public and private health settings including radiographers, sonographers, pharmacy workers, dentists, dental assistants, and radiation therapists.

UWU represents workers on the frontline of the COVID-19 crisis delivering our state’s essential services. UWU members are directly employed by the state and federal governments and where work has been contracted out, by private companies. UWU is proud of the work our members do in caring for and protecting our community. We welcome this opportunity to represent our members’ concerns to this inquiry.

## Introduction

A sense of rolling crises has enveloped the Queensland health system in recent years. Media stories of hospital overcrowding, ramping and long waits for ambulances, sometimes with tragic consequences, have become commonplace.

Although a lot of these problems are manifest in aspects of emergency care, their origins often lie in shortcomings in the delivery of primary care, aged care, and disability care. The terms of reference for this inquiry present an opportunity for the Parliament, via the Health and Environment Committee, to investigate deep-rooted problems in the overall delivery of health care in Queensland.

Finding solutions to these problems requires facing the hurdle of differing state and federal funding and delivery responsibilities. Where solutions lie within the state's sphere of responsibility, this inquiry must recommend that these be expedited without delay. Where problems are found with federal funding or regulatory matters, the committee must demand action from Canberra in the strongest possible terms.

UWU members work at many points of the Queensland health system and are well positioned to identify shortcomings and advise on solutions. This submission is made in a spirit of constructive engagement. All Queenslanders have a right to high quality health care and health workers have the right to a secure, satisfying job in which they are supported and have the requisite resources to provide this care. Neither of these are being realised sufficiently at present and the UWU trusts that this committee will consider these matters carefully and objectively, and recommend solutions that will alleviate the crisis in Queensland health care.

The UWU submits that matters under the consideration of this committee that require urgent attention are:

- poor health care provision for senior citizens in the aged care system, particularly residential care, placing pressure on hospitals and the ambulance service
- undervaluing and underpayment of aged and disability care workers, hindering retention of a skilled and dedicated workforce in these sectors
- failure to fund hospitals and the ambulance service in line with population and demand growth
- lack of access to bulk billing GPs placing pressure on hospitals and the ambulance service.

The nature and causes of these issues are discussed in this submission, which concludes with several detailed recommendations for how they should be addressed.

## Overcrowding in hospitals and its causes

Overcrowding in Queensland hospitals is a high-profile problem, which the Australian Medical Association (AMA) has labelled a 'cycle of crisis.' This has multiple causes, one of the most direct of which is a failure to expand hospitals in line with a growing and ageing population. Recent AMA research has demonstrated how the number of available public hospital beds per 1000 Australians over 65 declined from 32 in 1991 to 16 in 2019.<sup>1</sup>

Other causes of this overcrowding have their roots in shortcomings in the provision of primary care.

### Potentially preventable admissions

Analysis of emergency department (ED) demand and occupancy data collected by the Australasian College for Emergency Medicine (ACEM) from 2017–2020 shows the number of patients in Queensland hospitals affected by access block (being kept in ED for longer than eight hours) and those in ED for longer than 16 hours, rising steadily over this period until late 2020, when Covid-related limits on elective surgery and community sport reduced hospital demand.<sup>2</sup> In 2018-19, of the 3,161,000 people who presented at emergency departments requiring urgent care, only 63 per cent were seen within the recommended 30 minutes. In 2014 this proportion was 70 per cent.<sup>3</sup>

A 2021 Queensland Auditor-General's report found only one of the state's top 26 reporting hospitals met targets for emergency length of stay (limiting the amount of time spent in ED to four hours) and patient off stretcher time (transferring patients off ambulance stretchers inside 30 minutes, a measure of ramping).<sup>4</sup>

Access block is a life and death issue, literally, with research showing higher mortality rates for patients arriving at EDs where 10 per cent or more of patients are admitted (waiting to be allocated a bed on a ward).<sup>5</sup> Immediate past president of the ACEM, Simon Judkins, suggests the level of admitted patients in Australian EDs is routinely 80-90 per cent and summarises the factors placing this pressure on emergency departments as:

Mental health presentations to EDs have increased, the adolescent and young adult cohort in particular, and the inpatient areas are full. Paediatric

<sup>1</sup> Australian Medical Association. (2021). Public hospitals: cycle of crisis.

<sup>2</sup> Richardson, D.B. (2021), Access block in Australian emergency departments 2017–2020. *Emergency Medicine Australasia*, 33: 529-533.

<sup>3</sup> Australian Medical Association. (2021). Public hospitals: cycle of crisis.

<sup>4</sup> The State of Queensland (State Audit Office). (2021). Report, 2021-22: Measuring emergency department patient wait time.

<sup>5</sup> Jones, P.G. and van der Werf, B. (2021), Emergency department crowding and mortality for patients presenting to emergency departments in New Zealand. *Emergency Medicine Australasia*, 33: 655-664.

presentations have rebounded, higher than ever, but accessing GPs is difficult, with many trying to balance multiple competing demands, including the on/off again COVID-19 vaccination program, a lack of funding and resources. So EDs are the destination for many concerned parents. I have observed aged care presentations rising, with care very limited in aged-care facilities, but medical and aged-care wards are full, so the elderly and frail lie in ED corridors, waiting.<sup>6</sup>

The Australian Institute of Health and Welfare found that in 2017–18, 748,000 admissions in public and private hospitals were classified as potentially preventable, accounting for 1 in 15 hospital admissions. 46% of these were among people aged over 65.<sup>7</sup>

That shortcomings in primary care are a cause of pressure on hospitals is widely recognised. In April, Queensland Health Minister Yvette D'Ath stated, "We have a shortage of GPs in the regions, we have a shortage of bulk-billing, and if people can't get in to see a GP, and they're not looking after their health, their health becomes chronic and that's when they end up needing a hospital bed."<sup>8</sup>

Queensland's GP bulk billing rate (88.1%) is below the national average (88.8%)<sup>9</sup> and this aggregate figure masks localised bulk billing shortages, which can be particularly acute in regional areas. Rockhampton Hospital, which experienced ramping rates as high as 49% in February 2021, is one regional hospital identified as facing much increased demand on its ED due to a lack of local bulk billing GPs.<sup>10</sup>

Health costs rose 39% over the decade to 2020, while the Medicare rebate for a GP consultation increased only 12%. This gap contributes to a low-service, high turnover model of GP care and forces GPs to forego bulk billing for many of their patients.<sup>11</sup>

<sup>6</sup> 'Judkins, S. (April 26, 2021). ED overcrowding, under-resourcing "worst in 30 years".'

<https://insightplus.mja.com.au/2021/14/ed-overcrowding-under-resourcing-worst-in-30-years/>

<sup>7</sup> Australian Institute of Health and Welfare. (2021). Disparities in potentially preventable hospitalisations across Australia, 2012-13 to 2017-18.

<sup>8</sup> ABC News. (April 27, 2021). 'Queensland health minister calls on Commonwealth help for 'swamped' hospitals.' <https://www.abc.net.au/news/2021-04-27/queensland-hospital-system-swamped-amaq-says/100097332>

<sup>9</sup> Commonwealth Department of Health. (2021). GP Non Referred Attendances, Financial year 2020-21.

<sup>10</sup> Courier-Mail. (April 30, 2021). 'Jarrod Bleijie slams state gov for Rocky hospital faults.'

<https://www.couriermail.com.au/news/queensland/gladstone/jarrod-bleijie-slams-state-gov-for-rocky-hospital-faults/news-story/c690b63f80f28ef2d11f247eb6744e0b>

<sup>11</sup> NewsGP. (June 7, 2021). 'Should bulk-billing rates be used as a measure of healthcare success?' <https://www1.racgp.org.au/newsgp/professional/should-bulk-billing-rates-be-used-as-a-measure-of>

## Problems in aged care

The AMA has drawn attention to the increased demand placed on hospitals by failure to manage the health of residents in aged care facilities. Its recent report on the matter attributes this drain on the hospital system to lack of contact with a GP among aged care residents, insufficient employment of registered nurses in aged care facilities and the resultant tendency of providers to transfer to hospital many residents whose conditions could be treated by a nurse or GP.<sup>12</sup> Its recommendations to reduce potentially preventable conditions placing unnecessary strain on the hospital system, with estimated savings of \$4.4 billion annually, included:

- Increasing Medicare rebates for nursing home attendances by GPs by 50% to compensate for the additional time and complexity involved in comparison to a GP consultation in their own rooms
- Introducing MBS telehealth items for phone calls between a GP, nursing home staff and relatives
- Mandated minimum staffing levels.<sup>13</sup>

This view is consistent with that of the Royal Commission into Aged Care Quality and Safety, which found “inadequate access to, and integration with, the broader health care system, [is] impacting on the health outcomes of older people.”<sup>14</sup>

## Home care wait too long

Many older Australians would prefer to receive care in their own home for as long as possible, but the current system has serious shortcomings. These were well documented by the Royal Commission, which stated that while waiting on the list for a Home Care package, “there is a clear and present danger of declining function, inappropriate hospitalisation, carer burnout and premature institutionalisation because necessary services are not provided.”<sup>15</sup>

Increased funding for home care in response to problems exposed by the Royal Commission has somewhat reduced waiting lists but there were still 96,859 waiting for a place at the end of 2020.<sup>16</sup>

<sup>12</sup> Australian Medical Association. (2021). Putting health care back into aged care.

<sup>13</sup> Ibid.

<sup>14</sup> Royal Commission into Aged care Quality and Safety. (2019). Interim report: Neglect. Vol. 1 p.68

<sup>15</sup> Ibid. p.3.

<sup>16</sup> Australian Institute of Health and Welfare (2021). Home Care Packages Program Data Reports. <https://www.health.gov.au/resources/publications/home-carepackages-program-data-reports>.

The Grattan Institute report on home care released in December 2021, identified inflated administration costs and profiteering among private providers as barriers to efficient functioning of the system as well as undervaluing of the workforce.<sup>17</sup>

### Staffing in aged care

Research conducted for the aged care Royal Commission found 57.6% of residents are in nursing homes that have unacceptable staffing levels, defined as less than 215 minutes of total care and 30 minutes attention from a registered nurse per resident, per day.<sup>18</sup> The Commonwealth Department of Health does not mandate staffing levels, although Queensland State Government owned facilities do have to meet minimum standards. In response to the Royal Commission, the Federal Government is planning to introduce minimum care time requirements by October 2023, of an average of 200 minutes of care per resident per day, with at least 40 minutes of that care provided by an RN. This does not go as far as what the Royal Commission recommended, and it is too little, too late, to address the crisis of understaffing in aged care. All residential aged care facilities should be required to provide residents with enough care time to enable high quality care – there should be an immediate increase to a minimum care time of 242 minutes per resident per day, with this increasing to at least 264 minutes by 2022.

### Aged care wages too low

In the year to September 2021, wages for health and social assistance workers increased 1.9%, below the national average of 2.2%, and at an historic low.<sup>19</sup> This reflects the broad undervaluing of those who work in the caring and health industries in the context of stagnant wages overall.

The Grattan report on home care recognises unattractive employment terms devalue home care work and are a disincentive to prospective employees. This is preventing establishment of the secure and suitable workforce needed to deliver home care effectively. It endorses the findings of the Royal Commission that aged care pay be increased and enforceable workforce standards be introduced to reduce contracting out, casualisation and insecure employment.<sup>20</sup> Specifically, Grattan recommends the Federal Government commit to funding the outcome of the work value case for a 25 per cent aged care wage increase that is to be heard by the Fair Work Commission in 2022.<sup>21</sup>

<sup>17</sup> Grattan Institute. (2021). Unfinished business: practical policies for better care at home.

<sup>18</sup> Eagar, K., Westera, A., Snoek, M., Kobel, C., Loggie, C. & Gordon, R. (2019). How Australian residential aged care staffing levels compare with international and national benchmarks. Centre for Health Service Development, Australian Health Services Research Institute, University of Wollongong.

<sup>19</sup> Australian Bureau of Statistics. (2021). Wage Price Index, September 2021.

<sup>20</sup> Royal Commission into Aged Care Quality and Safety (2021). Final report volume 1.

<sup>21</sup> Grattan Institute. (2021). Unfinished business: practical policies for better care at home.



### Lack of transparency and accountability

Despite the findings of the aged care Royal Commission and the spotlight it shone on the shortcomings in the sector, many facilities are still far below acceptable standard. In 2021 the Aged Care Quality and Safety Commission (ACQSC) sanctioned 19 facilities in Queensland. One, Mercy Place Woree, in Cairns was found to serve maggot-infested food and be severely understaffed, before being shut down in July. Elderly residents at Regis Greenbank in Logan told inspectors they were often left on the toilet unattended for long periods of time, as serious understaffing meant staff were not able to provide the level of care the residents needed.<sup>22</sup>

Inadequate health care and substandard care overall in aged care facilities are not solely due to underfunding. Regis Healthcare is a highly profitable stock market listed company that distributed \$18 million to shareholders in 2021.<sup>23</sup> Its majority owners, Ian Roberts and Bryan Dorman, feature on lists of Australia's richest people with wealth estimated at \$616 million and \$459 million respectively.<sup>24</sup> The ongoing failures in the sector are in part due to a lack of transparency and the failure to implement the findings of the Royal Commission. For-profit and charitable providers channel hundreds of millions of dollars to the shareholders, churches and other organisations that control them. Acceptable standards of care and staffing will not be universally upheld until there is greater transparency and accountability in how money is allocated by a sector that relies on government funding for around 70% of its revenue.

### Pressure on the ambulance service and ramping

Ramping has been a hot political issue in Queensland this year and for good reason. In the September quarter 40% of emergency presentations spent time ramping as there was insufficient capacity in emergency departments.<sup>25</sup> In May, emergency at Royal Brisbane and Women's Hospital was declared at 191% of capacity. This means ambulance service staff are not able to attend call outs, resulting in longer wait times, and in some tragic cases, fatalities.<sup>26</sup>

<sup>22</sup> Courier-Mail. (October 23, 2021). '19 Queensland nursing homes fail audit in shock report.' <https://www.couriermail.com.au/news/queensland/19-queensland-nursing-homes-fail-audit-in-shock-report/news-story/83098f908cd9c5abe33cceb63e5e110d>

<sup>23</sup> Regis Health Care (2021 ). Annual Report.

<sup>24</sup> Courier-Mail. (September 2, 2020). 'Queensland aged care Rich Listers' cash splash as sector cries poor.' <https://www.couriermail.com.au/news/queensland/queensland-aged-care-rich-listers-cash-splash-as-sector-cries-poor/news-story/15af4f4dc447fb37dec5b73c952e5201>

<sup>25</sup> Courier-Mail. (November 20, 2021). 'Queensland hospitals still choked with patients despite improvement.'

<sup>26</sup> Channel 9 News. (May, 11, 2021). 'Brisbane hospital at 191 per cent capacity, wait times top several hours.' <https://www.9news.com.au/national/queensland-ambulance-ramping-reveals-hours-of-delays-resulting-in-queensland-deaths/4bbe6764-c478-4468-9eaa-9c2390a8b5ec>



The causes of ramping are multi-fold, but one of the most important is attendance of patients at emergency who would not be there if they were receiving appropriate primary or other care. In April Health Minister Yvette D'Ath, said almost 600 beds would be freed up immediately "if the Commonwealth was to step in today and to provide packages for people who need aged care packages and disability packages."<sup>27</sup> This position was endorsed by the Chair of the AMA's Ramping Roundtable, Dr Kim Hansen, who also called for another 1,500 hospital beds across the state.<sup>28</sup>

UWU members in the Queensland Ambulance Service (QAS) work on the front line of the ramping crisis and know best its causes and impact. They too endorse that calls on their services from the aged care sector puts strain on ambulances and causes ramping. Our members regularly speak of being called to respond to aged care facilities to assist with lifting and transport to hospital for basic health care issues. It is not uncommon for there to be no nursing staff working overnight at private aged care facilities. This results in basic health care measures needing to be dealt with by either paramedics or transport to hospital for basic interventions like changing a cannula.

UWU members working in the QAS also report that declines in the number of bulk billing GPs leads to unnecessary demand on EDs and ambulances. Patients will present at an emergency department rather than wait weeks for an appointment with the few accessible GPs who bulk bill.

Failure to keep pace with demand for ambulance services is also contributing to longer wait times. The UWU is aware of internal QAS data showing demand for ambulance services has increased 38% over the past decade, while staffing levels have increased by only 29%.

## **Problems in disability care**

The challenges faced by Australians with a disability were recognised by the establishment of the National Disability Insurance Scheme (NDIS), which had the worthwhile goal of providing secure ongoing funding for necessary support. Unfortunately, implementation of the scheme continues to be beset by problems, which exacerbate stresses in the wider health system.

<sup>27</sup> Channel 9 News. (April 27, 2021). 'Queensland Health Minister admits state's health is 'under pressure.' <https://www.9news.com.au/national/queensland-health-minister-admits-state-in-health-crisis-ramping-long-wait-times/21bdcde7-3357-406c-83b2-9929ef7ad9e7>

<sup>28</sup> ABC News. (December 9, 2021). 'AMAQ warns another 1,500 hospital beds needed now, ahead of Queensland's COVID outbreaks.' <https://www.abc.net.au/news/2021-12-09/qld-coronavirus-covid-amaq-hospital-beds-ramping-emergency/100656886>

Delays in receiving NDIS approval are a cause of greater hospital admissions and longer stays. In December 2021, a patient was discharged from hospital in Townsville after a twelve month stay. The patient had suffered from paraplegia for decades but was admitted for pneumonia. After several months he fully recovered from the pneumonia but now required greater support at home. It took the NDIS over 6 months to approve his claim, which it did only after the case received media attention.<sup>29</sup> For over half a year, this patient, who did not wish to be in hospital, occupied a ward bed, and this contributed to the access block that is an entrenched problem in Queensland hospitals and a primary cause of ramping.

His case is just the most egregious example of poor administration and unacceptable delays in the NDIS. There is widespread acknowledgement among health workers that this maladministration is causing unnecessary delays in the discharge of patients and piling stress on hospitals.

## Summary and recommendations

This submission has identified problems in the provision of primary health care, aged care and disability care in Queensland. These mean that citizens are often not able to access care they require and that is their right as an Australian. Deficiencies at these levels of care have flow on effects to emergency health care and are causes of excess demand on emergency departments, access block, ramping and dangerous ambulance wait times.

As discussed in this submission and elsewhere, a sense of crisis surrounds the health system in Queensland, particularly in the areas of emergency hospital care and the ambulance service. While these are Queensland responsibilities, the main sources of pressure of them are federally funded and regulated. Responsibility for guaranteeing sufficient levels of bulk billing GPs providing high quality care, ensuring nursing home residents are provided with adequate primary care and ironing out inefficiency and delays in the NDIS lies in Canberra. Until these are addressed, state-level action on access block and ramping will only provide band-aid solutions where major surgery is required.

This inquiry must demand the State Government act on matters within its purview to address problems in primary and allied health care in Queensland and their flow on effects to hospitals and the ambulance service. Equally, the committee must use its findings to pressure the federal government to address problems with Medicare,

---

<sup>29</sup> ABC News (December 9, 2021). 'Townsville man leaving hospital after six months of waiting for NDIS claim approval.' <https://www.abc.net.au/news/2021-12-09/man-leaving-hospital-after-six-months-of-ndis-delays/100685920>

aged care and the NDIS that are the major causes of crisis in our state’s health system.

UWU makes the following recommendations to improve the provision of health care in Queensland.

**Queensland Government responsibilities**

**We submit that the committee should find that the Queensland Government commit to:**

- 1. Restoring the number of hospital beds per Queenslander aged over 65 its 1991 level of 32 per 1,000 people.**
- 2. An increase in the size of the Queensland ambulance service to close the gap between growth in demand and size of the workforce that has opened up over the past decade and to maintain the size of the service to cope with future demand.**
- 3. Valuing and supporting the health workforce, including workforce planning, to ensure all clinical and non-clinical health workers have a safe, secure job, and that there are adequate new health workers being trained.**
- 4. Rule out any further privatisation of Queensland public health services, which will only exacerbate the pressures detailed in this report in the drive to squeeze profit out of the provision of essential services.**

**Federal Government responsibilities**

**We submit that the committee demand of the Federal Government:**

- 5. That government-subsidised aged care provision be subject to much greater accountability and transparency, including the requirement that current data on revenue, public funding, surpluses/profits and expenditure on care and employees be easily accessible by the public.**
- 6. That the government demonstrate its commitment to high quality residential aged care by introducing an immediate minimum care time guarantee of 242 minutes per resident per day and from 2022, a minimum staffing level of 264 minutes per resident per day.**
- 7. That it provides funding directed to immediately raising the wages of residential and home care aged care workers, to reflect the true value of their work, and to retain skilled workers in the sector.**
- 8. That it remove the freeze on Medicare rebates for GP visits and index the rebate in line with changes in health care costs to ensure bulk billing remains available to all Australians.**
- 9. That as a matter of urgency it make the process of applying for the NDIS more easily navigable and fix the problems with its administration that are causing long delays to approvals.**

**Joint Federal and Queensland Government responsibilities**

**We submit that the committee find that the Queensland and Federal Governments:**

- 10. Commit to the introduction of a permanent shared 50-50 commonwealth-state funding model for public hospitals, including abolishing the activity-based funding model as the standard funding model for hospital services.**