



Together Health Crisis Policy Paper

FOR CIRCULATION

Together Position Statement

Together represents Medical Officers, Aboriginal and Torres Strait Islander Health Workers, Allied Health professionals, scientists, administration officers, clinical assistants, and a range of other occupations that all play a vital role in our health system. Together has convened HHS groups, and a state wide group of members from all of our callings to discuss the pressure the hospital and health system is under, and how to fix those issues. These groups have produced and endorsed the following six point plan to build a strong health system, and this has become the endorsed position of our union.

1. Patients should get the public health services they need – not privatization and unnecessary managers

Queensland Emergency rooms are suffering from the consequences of reduced community and primary health services. Queensland Health must invest in adult and paediatric community services, including mental health and dental services, to meet community needs. The solution from Queensland Health is short term funding for privatization. Every patient and procedure outsourced is an admission of failure from the public system to care for the needs of Queenslanders.

Queenslanders deserve a public health and hospital system that provides the health services they need in public facilities with clinicians committed to a public health service. This is how we ensure all Queenslanders live full lives not unnecessarily limited by delayed and deficient health services. As the needs of Queenslanders change and the population grows, Queensland Health must be funded to provide more public services to meet the community's growing needs. If patients need aged care, home care, expanded outpatients services, oral health, or palliative care Queensland Health should invest in those services.

Queensland Health should provide these services, as well as acute hospital care, publicly, and invest in building long term public services, rather than contracting out to less cost-effective private services. If you need a new hospital, Queensland Health should build, own and operate that hospital, rather than outsourcing it to higher cost, lower quality private partners.

2. There needs to be surge capacity in a hospital. Hospitals should operate at 85% occupancy, with enough acute care beds for every area of the state.

Over the past two decades, acute beds per population have decreased.¹ Hospitals have run at a higher occupancy, and recently, Queensland's hospitals have been running at 90-95% occupancy and above. The ambulance ramping, and the new rapid offloading of patients into emergency departments prevents clinicians from providing safe care.

Hospital overcrowding is dangerous for patients and increases mortality.² Recent research has demonstrated that lower occupancy in hospitals decreases access block.³ It is commonly accepted in

¹ "Reviews of National Health Care Quality - OECD," accessed August 1, 2021, <https://www.oecd.org/health/health-systems/health-care-quality-reviews.htm>.

² Drew B. Richardson, "Increase in Patient Mortality at 10 Days Associated with Emergency Department Overcrowding," *Medical Journal of Australia* 184, no. 5 (2006): 213–16, <https://doi.org/10.5694/j.1326-5377.2006.tb00204.x>

³ Kendall J. Bein et al., "Does Volume or Occupancy Influence Emergency Access Block? A Multivariate Time Series Analysis from a Single Emergency Department in Sydney, Australia during the COVID-19 Pandemic," *Emergency Medicine Australasia* 33, no. 2

Canada and the UK that hospital occupancy should not exceed 85%.⁴ We are well above that because there has not been the investment in new acute beds required by population growth - especially in areas like Ipswich and the Gold Coast. Queensland has 2.53 acute beds per 1000 population.⁵ This number is significantly below the accepted minimum safe number of beds, which is 3 per 1000 population.⁶ The ratio of beds in Queensland is significantly less than the 3.8 beds Australia wide, and well below the OECD average, and below countries like China, Estonia, Greece, France and Japan.⁷ As clinicians, we demand investment in appropriate levels of acute, sub-acute and rehabilitation beds to enable patients to be properly cared for.

3. Restore and Improve Preventative Healthcare programs and funding

There have been cuts to or a failure to provide critical preventative health programs. There is a desperate shortage of allied health support for community and medical education (eg. Diabetes education and support) in places where people need it. This includes mental health and social and emotional support in the community. We know that there are acute needs now and very sick patients who must have care, to address this in the future there must also be programs to prevent the next generation of chronically ill people getting to this point. Health and Wellbeing Queensland is a start however primary care health networks are not providing preventative health care options. GPs do not have enough services to refer patients to or programs being provided.

Bariatric patients can be very challenging and frequently require input from multiple inter-disciplinary teams to ensure the patient's needs are fully met. Deconditioning can occur quickly in the bariatric patients potentially exacerbating pre-existing mobility limitations.

A wide variety of equipment is required while in hospital and then on discharge to the community to make it safe for staff/ carers and the patient. Workplace manual handling risks must be identified and managed in the hospital and home environment.

These patient are complex therefore discharge planning is a challenge and due to limited services in the community have long stays in hospital. Often Bariatric patients don't meet the criteria for support in the community due to their age and OHS.

4. Reform Queensland Health Governance to increase accountability and reduce duplication

Unlike other departments, the Department of Health is the "system manager" not directly in control and accountable for almost all hospital and health services in Queensland. There are 16 paid HHS Boards in Queensland, which act as a bottleneck between hospitals and the department. The purpose of the boards was to provide localized health care, but the effect of the HHS structure is an extra layer of management between patients and decision makers, and varied health outcomes across the state.

(2021): 343–48, <https://doi.org/10.1111/1742-6723.13717>.

⁴National Guideline Centre (UK), "Bed Occupancy," *Emergency and Acute Medical Care in over 16s: Service Delivery and Organisation* (National Institute for Health and Care Excellence (UK), March 2018), <https://www.ncbi.nlm.nih.gov/books/NBK564920/>.

⁵ "Hospital Resources 2019-2020 tables from "Admitted Patients," Australian Institute of Health and Welfare, accessed August 11, 2021, <https://www.aihw.gov.au/reports-data/myhospitals/sectors/admitted-patients>.

⁶ "Health Equipment - Hospital Beds - OECD Data," theOECD, accessed August 1, 2021, <http://data.oecd.org/healtheqt/hospital-beds.htm>.

There have been many scandals connected to this unaccountability- from the suing of patients with public money,⁷ under-provision of services in regional areas,⁸ and the sacking of boards for corruption.⁹ Your local school principal reports to the Department of Education, and there is a clear line of responsibility through to the Director-General and the Minister. There is someone who is clearly responsible and can intervene at every point in the chain. Hospitals services should be run with the same clarity of process.

Queensland Health needs to ensure efficient and effective health services by abolishing the redundant and unaccountable Health and Hospital Service boards, put the money from those unnecessary middle managers into public health services.

5. Safe staffing for all clinicians and support staff

To care for patients, you need more than just beds. There is a clear understanding of what safe staffing is for nurses, but there is no requirement for safe staffing of doctors, allied health professionals, administration staff, Aboriginal and Torres Strait Islander health workers Health Workers and Health Practitioners, and other clinicians and support staff.

Members have reported again and again that new services are opened, and there are not the staff to run that service safely.

It is well documented that safe staffing for nurses has meant better patient outcomes. Hospitals and health services are team efforts – you need safe staffing across all occupations to ensure patients are admitted quickly by administration, are seen by a doctor, are cared for by a nurse, supported by a physiotherapist, and set up with the appropriate care after discharge by a social worker and/or the Aboriginal and Torres Strait Islander Hospital Liaison Officer.

We are calling on the Queensland government to convene a process between Together and Queensland Health to develop and agree to safe minimum staffing levels for all clinicians, and a clear and effective workforce planning process to ensure that services are planned with appropriate support staff.

6. Fix the block between hospital and other kinds of care

Because of failings in the aged care and disability systems, hospitals are warehousing people who should be moved out of acute care beds.¹⁰⁹ This is an incredibly expensive way to house this population and endangers other people who need acute care. Queenslanders deserve to be taken care of – there must be care systems for our elders and people with disabilities. The federal government must step up and fix these problems with disability, mental health and aged care systems. It is reported that mental health patients are discharged to motels to vacate a bed, as there is a growing need for acute mental health inpatient beds.

⁷ “Unhealthy Bureaucracy, February 12 2020, ABC News. <https://www.abc.net.au/news/2020-02-12/queensland-health-metro-north-accused-whistleblower/11862318?nw=0>

⁸ Felicity Caldwell, “Health Minister Asks Hospital Board Why It Should Not Be Sacked,” Brisbane Times, May 19, 2021, <https://www.brisbanetimes.com.au/politics/queensland/health-minister-asks-hospital-board-why-it-should-not-be-sacked-20210519-p57tal.html>.

⁹ “Cairns Hospital Board Steps Down,” Brisbane Times, September 19, 2016, <https://www.brisbanetimes.com.au/national/queensland/cairns-hospital-board-steps-down-20160919-grjga6.html>.

¹⁰ Exclusive by state political correspondent Peter McCutcheon and Michael Atkin, “People with Disabilities Left in Queensland Hospitals for Years Unnecessarily, RTI Investigation Reveals,” ABC News, September 1, 2020, <https://www.abc.net.au/news/2020-09-02/coronavirus-queensland-rti-documents-disabled-hospitalised-ndis/12607344>.

Joint vision statement for the future of health care in Queensland

We know health care is a human right, and that high-quality, evidence-based health care must be provided universally, and free at point of service, to every Queenslanders.

The public health system must be connected across all settings and sectors, including aged care and disability services, to ensure:

- timely access to health care regardless of where you live
- proper prioritisation of health service delivery
- the social determinants of health are addressed
- every community has appropriate and culturally safe health services
- all health services are provided free at point of service.

The purpose of a universal health care system is to give every Queenslanders the best quality of life possible, and the dignity and independence that is the right of every person.

We demand publicly run and funded health services that are owned and operated solely for the public good. We support community controlled health services delivering for their communities. We strongly oppose outsourcing, privatisation and public money going to the profits of private health companies.

The outsourcing of health services and beds to the private sector is a band-aid solution that minimises transparency in health system funding and undermines Australia's commitment to universal health care. The lack of proper health service planning has resulted in entrenched short-term crisis management to the detriment of the public health system and is providing massive profits for private companies.

The COVID-19 pandemic has exposed underlying fault lines within the health systems of every country in the world, and Queensland has been no different. Our hospital system has been struggling to keep up with demand for many years, and the failure to adequately invest in primary and secondary health services has shifted service provision to high-cost acute care settings.

This situation is now untenable and unsustainable for patients and health workers.

To achieve universal health care, and to build on and improve Queensland's health system, we believe there needs to be a revolution that involves power sharing. This is achieved through better health system design, enhancing connections between services, improving the management and prioritisation of health services, and new, fit-for-purpose health care funding frameworks.

We cannot wait – our health system is in crisis. We need radical change, and we need a plan now.

This includes:

- Authentic person-centred health care that has been co-designed and adopted by every health service.
- Long-term health system planning by states and federal governments, inclusive of primary, secondary, tertiary and quaternary services, that is accountable to the community and to health workers.
- Reforming the funding arrangements for health care and hospitals to focus on value-based health care that promotes and incentivises patient experience and outcomes over rewarding activity that is being driven from increasing chronic disease.
- Expanding and properly funding Medicare to include services Queenslanders need, such as free access to allied health, nursing and midwifery care in a primary health care settings, and access to bulk-billing General Practitioners in every community.
- Supporting all clinicians to work to their full potential.
- Transparency of health funding allocation and public reporting on service delivery outcomes so the community can understand how public money is being spent.
- Reforming the Hospital and Health Services' planning and governance to prioritise patient safety and delivery of quality outcomes, rather than the current focus on budgets and constant organisational change.
- Immediate action to address the short term (2022-2024) demand crisis to maintain patient safety and avoid mass burnout for health workers, particularly in ambulance and emergency department roles, which does not rely on outsourcing and privatisation by stealth of health services.
- Valuing the health workforce as an investment to ensure a cohesive society and a strong economy – by supporting immediate and ongoing 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.
- Direct employment by Qld Health of the non-clinical staff from administration to science, trades and technical roles.
- Addressing the systemic racism and discrimination in the health care system by setting and meeting health equity targets, particularly in regard to First Nations people and the realisation of Closing the Gap recommendations.

Together branch of the ASU 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

Together is a union of 30,000 members in Queensland. Our members work in public and private health settings. In the public health system Together members are administrative officers, health practitioners, medical officers, professional officers, Aboriginal and Torres Strait Islander health workers, home care coordinators, pathology scientists and assistants, phlebotomists, allied health assistants, dental officers, dental assistants, oral health therapists, technical officers and health promotion officers as well as many other disciplines, and in the private health system our members are in allied health, administration and pathology.

Together members have been on the frontline of the health crisis in Queensland. While the Covid-19 pandemic has accelerated the problems in the system, many of the issues preceded the global pandemic. There are certainly significant concerns about the failures of the primary health care settings putting pressure on tertiary health care settings.

While we fundamentally understand there are different funding streams, governance structures, regulations and legal responsibility, in the practical experience of healthcare as a consumer or worker it is not so easy to separate the health services between those that the federal and state governments are responsible for. There are many communities in Queensland where the distinction does not, practically, exist from the perspective of a patient or health worker. The dual health systems of private/public healthcare provision further obscures this distinction for members of the community.

In the areas the government has left to the market, mental health, oral health, allied health, aged care and disability care, these patients are practically speaking often seen and looked after extensively by workers employed by Queensland Health. Or their care is directly paid for by Queensland Health. Unfortunately the arbitrary separation of healthcare based on budgetary decisions has led to a fragmented and ineffective approach to healthcare that is finally bearing down pressure on our public hospital system.

Our members report that in some parts of the state they cannot see a doctor (a GP) for weeks, this delays important care and leads to higher acuity presentations.

Cuts to health programs, and effective cuts from a failure to plan and increase funding in line with demand, and where programs have never been properly invested in in the first place, have led to ongoing issues in health service provision. These issues come from the fragmented, neoliberal approach to service provision outside of acute care. This includes voucher systems like the National Disability Insurance Scheme and Aged Care, the manifest inadequacy of Medicare to cover even the cost of General Practice let alone allied health and mental health care, up front costs for pathology and testing, and the continual reallocation of Hospital and Health Service to acute care and away from community health. There are also critical problems with the under-funding or ever changing funding for preventative health programs like the Alcohol and Tobacco programs which have been the subject of many submissions from our union to the federal budget process.

Our members and their communities frequently deal with:

- Prioritisation of acute care over preventative and primary care
- Reduction in preventative health services

- Lack of access to primary healthcare due to cost or geographic location
- Lack of access to allied health care due to cost and shortages of staff
- Lack of health services for elderly people and disabled people
- High cost and wait times for mental health care
- Ongoing staff shortages in clinical roles within Queensland Health due to lack of permanent employment, workload pressures, refusal to support backfilling at a local level and failure to plan
- Impossible workloads and stress leading to staff burnout
- Failure to fill vacancies in Queensland Health

Our union has consistently campaigned and raised these matters. We attach for the consideration of the Committee two key documents:

1. Together Health Crisis Policy Paper – written and endorsed by Together’s clinical leadership, providing practical steps forward
2. The Health Needs Urgent Care Joint vision statement for the future of health care in Queensland from Together, the Queensland Nurses and Midwives Union, United Workers Union and the Electrical Trades Union

The Federal government has failed many Queenslanders in their approach to healthcare, especially those who rely on the services this enquiry is looking into. Together members also want to engage in planning and changes to better support our public health system in Queensland.

Together members want a system that works, is resilient and provides health services to Queenslanders who need it no matter where they live, who they are or how much money they can afford to put up. This is the challenge the Queensland Government and the Federal Government must step up to face. Health workers, and the Together Union more broadly, are ready to engage in any planning and to implement better systems for all Queenslanders.

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