

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

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Moura Community: Partnering to Keep Our Primary & Public Health Systems Strong



**Submission to Queensland Parliament 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.**

Provided by: Nancy Rowe Moura MPHS Community Advisory Group

Submission to the Queensland Parliament 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.

This submission is provided by Nancy Rowe, Secretary, Moura Multi-Purpose Health Service (MPHS) Community Advisory Group (MCAG). Location and demographic details for Moura and key points about the Medical Practice and Multi-Purpose Health Service (MPHS) are provided in Appendix One. Background information about MCAG is attached in Appendix Two.

Context:

In relation to the Terms of Reference for the Queensland Parliament Health and Environment Committee Inquiry this submission focuses on sharing experiences about the key focus area that is of highest priority for the Moura Community:

- Primary Health Care – specifically retaining at least two permanent local 24/7 GPs

This submission is offered from a grassroots consumer perspective based on community feedback and in liaison with local medical and health professionals. The high value placed on our quality local 24/7 GP services and a strong MPHS/ Community Hospital is noted. Ways these services are being put under pressure are presented.

Lessons learned from experiences in Moura are presented to the Inquiry to highlight positive approaches that have worked to address specific areas of concern with health service delivery in rural communities and potential ways forward with current challenges, especially in relation to primary health care and supporting our local public health facility.

As noted in Appendix Two MCAG works in partnership with all levels of government and maintains a non-political approach, working with elected governments. Importantly, MCAG avoids playing politics with the lives of consumers in the health arena. This approach is considered to be critical if we are to address current challenges facing delivery of health services, especially for rural areas. Additionally avoiding the common use of value laden language such as the term 'the bush' when referring to rural and regional areas is recommended from a community perspective.

Key Issues & Areas of Concern for Moura and district consumers re GPs

It is noted that the Moura community has been and is currently serviced by high quality General Practitioners. Of major concern currently are difficulties being experienced in sustaining the General Practitioner Private Practice.

As explained in Appendix One the Medical Superintendent with right of private practice (MSRPP) and Medical Officer with right of private practice (MORPP) provide services to both the hospital (MPHS) and private practice.

- Locums have been used extensively in our community to support the Medical Centre and provide access to a Doctor at the MPHS 24/7. COVID and lockdowns in SE Qld and southern states has impacted on availability of locums. Community members

have mostly welcomed locums while some consider continuity of health care is sometimes impacted by this type of service delivery.

- Our community has been advised that since the resignation of our long term MSRPP (8 years service) in April this year (2021) there have been no applicants for the position that has been advertised twice. MCAG executive have met with senior CQHHS management to monitor and try to track a way forward with the issue.
- CQHHS have worked continually to access locums to provide local GP services while our second full time GP has been on regular leave or completing training. It is of concern to our community that our current and well respected GP in the MORPP position is now being placed under increasing pressure due to this situation of not being able to attract any applicants for the MSRPP position.
- The current Medical Officer in charge advises that when there are two permanent Doctors workloads and service delivery are managed without issue.

Potential ways to address these critical areas of concern:

On behalf of the Moura and district community MCAG maintains communication with CQHHS decision makers and vice versa, especially when urgent situations arise such as difficulty sourcing a Doctor 24/7 for Moura. Unfortunately with the recent pandemic and the resignation of the long term MSRPP doctor greater challenges are being experienced with provision of 24/7 GP care and access to medical specialists. Suggestions put forward from community over time on this challenge are outlined below in order to review ideas to achieve a positive outcome that meets community and consumer needs and the capacity of health services to deliver.

- Highest priority is given to maintaining *open and early communication* between community and the health service, listening and *working together* facilitating mutual faith and trust. Information needs to be communicated immediately to community if there are issues arising with doctor availability at the Medical Practice..
- Other government departments such as education use *formal Relief Pools* of officers to address gaps in service delivery especially to cover planned leave periods. This idea has been discussed and has potential to be explored further. Additional incentives such as extra leave for officers serving in rural and remote areas, are another option that might be examined by government employers as a way to attract doctors to the area.
- *Sharing of resources and staff* between centres that are situated in the same geographic area – this has not proved easy for CQHHS to implement in the Callide Dawson area in spite of the efforts of senior management to encourage this option. Reasons for lack of commitment to this option are worth reviewing.
- *Equitable access to information regarding potential funding initiatives and support processes* is vital. It was noted at a recent Health Forum in Moura that the visiting presenters were not aware of the recent targeted recruitment package, funded by the Federal government that has made \$456,000 available, on top of wages, to attract an additional GP to the township of Clermont within the Mackay Hospital and Health Service area. It is reported in regional media that ‘this recruitment program is managed by the Remote Vocational Training Scheme (RVTS) and that 14 doctors have been placed in rural communities

through the first wave of the pilot program. The position in Clermont is one of 14 available under the 2022 targeted recruitment scheme, each offering different financial incentives' (www.abc.news). This program is a step in the right direction. All communities and service providers need to be aware though of these types of initiatives and what is required to access the funding. We are aware that this initiative is working alongside a well funded community campaign 'Clermont 4 Doctors'. This type of community campaign has been successful for the Moura community and we are well aware of the benefits of community/ industry/ government partnerships facilitating successful health initiatives.

- Being information rich or information poor should not be a factor that determines eligibility or access to these types of recruitment services. Inclusive and equitable access to information is vital. How do we progress the RVTs program for other communities struggling to attract and retain 24/7 GP services especially in rural communities?

Features of successful health initiatives in Moura community that have potential to be replicated for other service provision such as GPs:

- As noted successful *whole community approaches in partnership with government* work to deliver improved services. For Moura and district a framework was developed at grassroots level that assisted a government agent, Central Queensland Hospital and Health Service (CQHHS) and its governing Board, to work in partnership with the community to *design a more sustainable hospital model* for the area. The model of engagement that emerged in Moura ensured that existing policies and procedures were effectively implemented resulting in collaboration between CQHHS & Board, Government and Community.
- This *whole community approach guided by the MCAG model* was successful in working with CQHHS to secure an allocation of 8 aged care beds in the Federal 2018-19 Flexible Aged Care Places (Multi-Purpose Services) Allocations Round resulting in a further campaign to attract funding for an *Aged Care Extension* to the Moura MPHS/ Hospital. This project was achieved in June 2021 with the Queensland State Government announcing \$7.2 million for the extension. Enormous effort and long term advocating by community underpins these initiatives. Organisations such as Health Consumers Queensland, Health Workforce Qld, Council of the Aging and Local Government have provided valuable support and are *important partners*.
- *Maintaining a Women's Health Clinic* for Moura and district - MCAG Chair secured *funding donations* totally \$5000 from two major industry groups to offer as an *incentive* to secure a female GP to deliver women's clinics. This service had been delivered by a nearby GP but a *different approach* was explored to *ensure continuity of service*. Extensive negotiations by a community rep with health organisations resulted in TRUE Relationships and Reproductive Health taking on the role. *Community leadership with planning ensured that the needs and characteristics of the local community were well communicated and explained*. PHN also delivered extra funding initially to ensure the clinics continued. Understanding sources of available funding and being prepared to pilot different types of arrangements to suit on-ground needs are important.
- *Funding support from major industry group, Anglo American*, has enabled the service of the Heart of Australia Truck to be sponsored throughout Central

Queensland including Moura and district. This has helped with access to cardiology services at a local level and is an outstanding service.

- Moura Community Hospital trialled pilot tele-health services for rural areas. Where it is appropriate and as a service to facilitate access to specialists it is considered very useful-reducing need for patients to travel long distances reducing the impact of fatigue and cutting travel costs.
- Gaining *funding support from industry groups* and working with the established *local Auxiliary fundraising association* resulted in community working with government to develop and build an emergency landing site in the grounds of the MPHS/Hospital (See Photo Below). Community and Industry Funding = action.



This facility has meant that QAS and QPS no longer are required to commit resources to patient transfers to the Helicopter as it now lands on site with a path to the Emergency Landing site from the MPHS.

Summary: In order to service rural and remote areas government needs to work very closely with community to understand their specific characteristics and needs. Community consumer group MCAG takes a strengths-based approach with projects that has facilitated engagement and partnering with multiple agents. Groups like MCAG are in a position to support and partner with government agencies to plan, help develop funding initiatives and generally maintain connection with community.

Commitments made to rural communities to deliver and sustain at least local 24/7 GP services must be honoured. Retaining at least two permanent local GPs is the area of highest priority for the Moura community.

Appendix One

Moura & District - Location, Demographics and Areas of Need

Moura is a rural community within the Banana Shire LGA in Central Queensland. The Banana Shire Council covers 28,602 sq kms or 1.6% of the total area of Queensland. Moura is approximately 170km south west of Rockhampton and 186km west of Gladstone. It is 600km north- west of the State capital of Brisbane.

Industry within and around the town includes major coal mines, a large grain depot, cattle saleyards, Queensland Cotton Gin, Queensland Nitrates Ammonium Nitrate Plant, gas companies, transport and construction companies in addition to a number of small businesses.

In the 2016 Census there were 1,786 people in Moura. Of these 55.5 % were male (compared with ... Aus. 49.3%) and 44.5% were female (Aus 50.6%). Aboriginal and Torres Strait Islander people made up 5.6% of the population (Aus 2.8%). Most common occupations in Moura include Machinery Operators & Drivers 24.1% (Aus 6.3%), Technicians & Trade Workers 20.2% (Aus 13.5%) and Labourers 11.8% (Aus 9.5%). Access to medical services such as 24/7 GPs is important for high risk occupations. Children aged 0 -14 years made up 22.4% of the population (Aus 18.7%). Young families and children are high users of GP services (<https://quickstats.censusdata.abs.gov.au>).

Moura also supports Banana and Bauhinia townships for Health Services. The population of Bauhinia is 47 and Banana is 356 persons. There is an additional significant fly-in fly-out and drive in, drive out population mainly employed in the mining industry.

Moura Medical Centre: GPs

The Moura Medical Centre was built in 2009 and is co-located on the MPHS/ Moura Hospital grounds. The facilities are within metres of each other.

The Medical Superintendent with right of private practice (MSRPP) and Medical Officer with right of private practice provide services to both the hospital and private practice.

Moura MPHS/ Hospital

Moura Community Hospital and now MPHS is a contemporary and modern facility that was the first rural hospital in Queensland to use innovative modular design. Telehealth services for rural areas was first trialled at Moura Community Hospital.

Moura Community Advisory Group (MCAG)

Moura Community Advisory Group (MCAG) are pleased to work with our community and relevant health stakeholders to ensure that Moura and district have a strong voice in health services decision making, planning and delivery for our area.

Strengthening relationships

Community members need to be confident to ask questions and contribute ideas into ways that health care is designed and delivered. MCAG ensures there is a shared awareness and understanding of community and consumer needs and the capacity of health services to deliver.



Successful communication

MCAG listens to and involves community, keeping them informed via multiple channels such as our active Facebook page 'Let's Keep Moura Hospital Open' with over 2000 members. This medium gets immediate feedback on issues or problems that need attention. Local media championed our community hospital campaign running features and networking with regional newsrooms.

Leading change by

- Understanding consumer/ community needs
- Encouraging mutual respect and trust
- Building positive partnerships
- Safeguarding a strong community voice
- Using multiple communication channels
- Looking for opportunities
- Focusing on agreed outcomes
- Embracing innovative delivery
- Being inclusive and transparent
- Enabling shared decision making
- Celebrating success
- Sharing our story

Key contacts

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Developed in partnership with Moura Community Advisory Group (MCAG) and Central Queensland Hospital and Health Service.

All information contained in this sheet has been supplied by appropriately qualified professionals. It is a guideline for care only. Seek medical advice, as appropriate, for concerns regarding your health.

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Changing lives for the better

Central Queensland Hospital and Health Service



Moura Community Hospital

Consumer engagement
and partnerships

Keeping Connections Strong


Moura Community and Central
Queensland Hospital and Health Services

Living our values


Care Integrity Commitment Respect




Keys to engagement




Collaboration



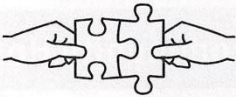
Innovation




Sharing and understanding



Humility



Learning together



Helpfulness

- Be inclusive, open and transparent
- Communicate early
- Make time frames reasonable
- Listen and work together
- Mutual faith and trust

Building positive partnerships

“We are at the start of a process that is seeking to involve the community, the health service, the health service Board and the Queensland Government as equal contributors to the engagement process. The outcome of the Moura Hospital issue has potential to be seen as a benchmark for other rural communities of Queensland. We need to embrace the opportunity we have been given and ensure that Moura Hospital is Strong, Smart and Sustainable.”

Debbie Elliott
Chairperson Moura Reference Group (2013)

Grassroots engagement

Moura community has a powerful story to tell about engagement, partnership building and leadership for positive change.

Achieving change

Moura now has a contemporary and modern facility with:

- Innovative modular design
- Quick onsite build
- Capacity for easy extension

Enabling and embracing different delivery models

Public/Private Dental Service



Telehealth Services



Moura Community



Engaged
Active
Empowered
Positive





Strong Consumer Voice

Current projects

✓ Achieved

Multi-purpose extension for aged, respite and palliative care



✓ Achieved

Development of an emergency landing site

