

## **Health and Environment Committee**

### **Report No. 18, 57<sup>th</sup> Parliament, 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**

#### **Queensland Government Final Response – October 2022**

Australia's Healthcare system is a complex mix of programs and services delivered by a variety of different stakeholders. It includes:

- Primary healthcare services – general practitioners (GPs) and allied health services.
- Secondary healthcare services – public and private hospitals.
- Tertiary health care services - referral medical services, including specialist services.

As custodians of a universal, publicly accessible hospital system, the Palaszczuk Government recognises the responsibility it holds for ensuring that the public health system that all Queenslanders hold dear, is maintained and improved for future generations.

That is why on 17 November 2021, the Legislative Assembly established an inquiry into the provision of primary, allied and private health care, aged care and National Disability Insurance Scheme (NDIS) care services and its impact on the Queensland public health system (the Inquiry) which would be undertaken by Queensland Parliament's Health and Environment Committee (the Committee).

The Committee's Final Report (the Report), published on 9 April 2022, highlights that public health systems across Australia are under pressure.

The Report notes that the pressures facing Queensland's health system are multifaceted.

Some of the challenges are demographic. As the Committee observes in the Report, Queensland's population is both growing and ageing. This will inevitably lead to greater demand for healthcare services.

There has also been a significant downturn in the number of Queenslanders who have private health coverage. This is due to a combination of lack of affordability, and the limited nature of coverage provided by the more basic (and affordable) policies. The Report found this "has had a significant, adverse impact on the Queensland public health system".

COVID-19 remains a constant presence in the community. It shows no sign of abating, with seasonal waves expected to persist into the foreseeable future. This has had a significant impact on the provision of planned care and emergency care, with significant rates of staff absenteeism mirroring community transmission rates. Further to these significant challenges, clinicians and academics are still seeking to fully understand the impact of "Long COVID".

But in addition to demographic realities, many of the challenges facing Queensland's health system are a consequence of the conscious policy decisions made by the previous Coalition Federal Government that, until recently, had been in power for more almost a decade.

Chronic underinvestment in aged and disability care by the previous Federal Government has led to Queensland's public hospitals providing shelter, rather than healthcare, to some of our most vulnerable Queenslanders.

As identified in the Report, there are more than 500 older Queenslanders or Queenslanders with disability who should more appropriately be in aged or accessing disability supports, but through no fault of their own, have had to remain in hospital until appropriate supports can be identified.

The refusal of the former Federal Government to appropriately fund primary care has led to issues of access and affordability for primary care in Queensland.

In the absence of properly funded primary care, the capacity for early intervention in the healthcare needs of Queenslanders is diminished. This increases the likelihood of Queenslanders developing chronic and higher acuity conditions requiring hospital care.

This too, has impacted the desirability of general practice as a future career pathway for medical graduates. Workforce issues are not just confined to primary care, with occupations across the health system experiencing workforce shortages. A coherent national plan is required to ensure that there is adequate supply of health professionals with appropriate geographic distribution and cultural capability and representation to maintain access to healthcare and equity in its delivery.

The Committee's comprehensive Report makes 40 important recommendations for consideration and action.

On 11 May 2022, the Queensland Government tabled an interim response indicating in principle support for all 40 recommendations made in the Committee's final Report.

Since the delivery of the interim response, there have been considerable developments, both in Queensland and at a Federal level.

In Queensland, the State Budget delivered on 21 June 2022, made a record investment in the State Health System. The investment included:

- \$9.785 billion of additional funding over six years to deliver 2,509 new hospital beds, 11 hospital expansions, three new hospitals and a new Queensland Cancer Centre;
- \$1.645 billion over the next five years to improve mental health, alcohol and other drugs services;
- \$6.784 billion in additional operation growth funding over the next four years, assisting in the delivery of the election commitment to employ 9,475 extra health workers in this term of Government;
- \$1.1 billion to deliver a record QAS budget;
- \$943.5 million for the Building Rural and Remote Health Program;
- \$300 million to expand virtual capacity at our hospitals;
- \$26 million invested in improving patient flow at Queensland Hospitals;
- \$16 million to embed funding for the long-stay rapid response initiative over the next four years;
- \$11.7 million to deliver Rapid Access Clinics across 10 Hospital and Health Services.

Federally, the election of the Albanese Government has seen a new spirit of cooperation imbued in Federal/State relations. This had led to a significant body of work that will support the improvement of Queensland's health system and the health outcomes of Queenslanders. Such actions include:

- On 17 June 2022, National Cabinet agreed to identify practical improvements to the health system and specifically the connections between general practitioners (GPs) and hospitals. This includes working together to identify practical ways to get aged care residents and NDIS participants out of hospital and into a more appropriate setting. Senior Officials have been tasked with developing these improvements to the way the health system operates and reporting back to National Cabinet ahead of the Federal Budget to be released in October 2022. Queensland is working collaboratively with all jurisdictions to deliver this work.
- On 1 July 2022, all Australian Health Ministers met in Canberra and discussed the challenges facing all State and Territory health systems and the need for urgent work to make it easier for Australians to receive healthcare when and where they need it and to relieve pressure on our hospitals, including in regional, rural and remote areas. The Federal Minister for Health and Aged Care, the Hon. Mark Butler MP, advised of his intention to work in close collaboration with States and Territories to improve health outcomes of all Australians. State and Territory Ministers reaffirmed their readiness to begin this engagement as soon as possible:
  - Ministers prioritised engagement between governments around access to urgent care.
  - The meeting also discussed the significant challenges and increased demand being experienced in our public hospital systems. Ministers discussed a number of short and long-term measures to ease pressure on hospitals, including critical interfaces with primary care, aged care and disability, as well as workforce strategy and planning. Discussions also extended to health system funding and financing arrangements.
  - Ministers committed to holding monthly meetings for the remainder of 2022 to further foster cooperation between their Health agencies and progress their shared work program. They also agreed to work with colleagues in other portfolios to establish mechanisms for collaboration across the disability, aged care and justice sectors.
- In June 2022, Disability Reform Ministers agreed to work together as a priority to develop a strategy to improve safe and timely discharge of NDIS participants from hospital. In July 2022, Ministers agreed to seek agreement from Health Ministers to support National Disability Insurance Agency (NDIA) actions, including installing dedicated NDIA hospital discharge planners in each state and territory, working with hospital discharge teams, with delegation and flexibility to resolve issues.
- The Queensland Minister for Health and Ambulance Services, the Hon. Yvette D'Ath MP chairs the Health Ministers Meeting and is actively working with all members to identify and implement strategies to improve care in these key areas.
- On 1 September 2022, Minister Butler wrote to Minister D'Ath, outlining the actions his Government has taken since assuming office and committing to "working collaboratively, both bilaterally and through Ministerial forums to improve the effectiveness, efficiency and sustainability of the health system".

The Final Queensland Government Response is based on information which is currently available. There are likely to be updates in policy direction over the coming months as a result of the newly elected Australian Government and work underway in health intergovernmental forums. It is expected that these changes will positively impact many of the Report's recommendations.

Final responses to each of the recommendations made in the Report are outlined in the table attached below.

It's clear from the recommendations in the Report that an effective, sustainable and integrated health system is critical to support the health and wellbeing of Queenslanders. This is in the interests of individuals, communities, the workforce, the broader health sector and governments at all levels.

It is important that the Australian and Queensland Governments work together to address challenges and opportunities in the health system, for now and for the future so that people receive the right care, at the right time, in the right place.

No.	Report Recommendation	Responsibility	Final Government Response
1.	<p>The committee recommends that the Australian Government agrees to:</p> <ul style="list-style-type: none"> <li>remove the current 6.5 per cent per annum growth cap on Australian Government funding for public hospitals</li> <li>adopt a 50/50 contribution model between the Australian and State and Territory Governments for the funding of the public hospital system.</li> </ul>	Australian Government	<p>The Queensland Government supports this recommendation, which is directed to the Australian Government.</p> <p>Under the National Health Reform Agreement (NHRA) funding arrangements, the Australian Government funds 45 per cent of efficient public hospital growth with a 6.5 per cent national cap on funding growth. The 6.5 per cent growth funding cap was first introduced in 2017-18 and was continued under the current Addendum to the NHRA (the Addendum) which operates from 2020-21 to 2024-25. Since the Addendum's commencement, the COVID-19 pandemic has created ongoing disruption to hospital activity and increased costs to deliver health services from factors such as infection control, additional cleaning, and additional personal protective equipment (PPE). Additionally, many jurisdictions, including Queensland, have a backlog of deferred care to undertake, given suspensions to planned care that have occurred during the pandemic response. Given these ongoing pressures, Queensland's position is that there should be, at a minimum, a temporary lifting of the NHRA growth funding cap until 30 June 2025 – when the Addendum is due to be replaced.</p> <p>To provide additional support during the pandemic, a National Partnership on COVID-19 Response (NPCR) was implemented by which the Commonwealth would fund state and territory COVID-19 related hospital services and in-scope public health activities on a 50-50 basis. The Australian Government recently extended the NPCR agreement to end of December 2022. Without separate COVID-19 funding arrangements in place, states and territories will likely need an increased Commonwealth NHRA funding contribution rate in order for public hospital funding to be sustainable. Queensland is supportive of reviewing current funding arrangements for the public hospital system, including consideration of a 50-50 contribution model with the Australian Government.</p>
2.	<p>The committee recommends that the Australian Government funds the costs incurred by the Queensland public health system of lower acuity presentations to emergency departments, which could have been more appropriately dealt with in a primary care setting.</p>	Australian Government	<p>The Queensland Government supports this recommendation, which is directed to the Australian Government.</p> <p>Several of the Australian Government's 2022 Federal Election commitments have potential to assist with reducing pressures on the state public hospital emergency departments, including:</p> <ul style="list-style-type: none"> <li>strengthening Medicare through more after-hours care, multi-disciplinary care, better management of chronic conditions, better management of complex and chronic conditions and through a GP grants program (\$750 million over four years)</li> <li>establishing 50 Medicare Urgent Care Clinics nationally (\$135 million over 4 years), and</li> <li>initiatives to deliver more doctors to rural and regional Australia (\$146 million).</li> </ul> <p>The Queensland Government has commenced working with the Australian Government on the number, location, design and implementation of Urgent Care Centres in Queensland.</p>
3.	<p>The committee recommends that the Australian Government funds the cost of potentially preventable hospitalisations in Queensland's public hospitals in order to incentivise reforms to primary health care policy and funding models aimed at reducing potentially preventable hospitalisations.</p>	Australian Government	<p>The Queensland Government supports this recommendation, which is directed to the Australian Government.</p> <p>The <i>Report on Government Services 2022</i> demonstrates that Queensland's rate for all potentially preventable hospitalisations (PPHs) has increased from 26.0 per 1,000 people in 2010-11 to 31.8 per 1,000 people in 2019-20 which exceeds the national rate of 25.5 per 1,000 people in 2019-20.</p> <p>PPHs are in part avoided by the effective management of illness and injury in the primary and community healthcare sector - the Australian Government is primarily responsible for oversight of these services.</p> <p>Service Agreements with Queensland's Health and Hospital and Health Services (HHSs) include PPH targets for each HHS. The targets have been set to gradually promote a reduction in the PPHs over time.</p>
4.	<p>The committee recommends that the Australian Government establishes arrangements for Queensland's Hospital and Health Services (HHSs) to be reimbursed for the cost of excessive length of patient stays in public hospitals caused by a lack of access to aged care services.</p>	Australian Government	<p>The Queensland Government supports this recommendation which is directed to the Australian Government.</p> <p>Long-stay patients are inpatients who could live in the community if they had access to appropriate supports and accommodation. Excessive stays in hospital can result in older people experiencing deconditioning, cognitive decline, and increased fragility and which often results in higher care costs once they are in the aged care system. Discharge delays also limit the capacity and resources of public hospitals to provide acute care services.</p>

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			<p>As of 25 May 2022, there were 332 Long-Stay older patients occupying Queensland Health beds that could live in the community if they had access to appropriate accommodation and supports, which are the responsibility of the Australian Government.</p> <p>The Queensland Government supports additional Australian Government funding assistance to reduce the incidence of Long-Stay patients awaiting aged care.</p> <p>The Australian, state and territory governments are working to identify practical improvements to the health system, including ways to get people who are medically ready for discharge, out of hospital in a timely way and into more appropriate settings and able to access appropriate support services in the community.</p> <p>The Queensland Government notes the joint Australian government/state Multipurpose Service Program aims to deliver a flexible and integrated health and aged care service for small rural and remote communities. The Queensland Government suggests the program rules are adjusted to allow for eligible aged care beds in an acute hospital and charge the appropriate rate as a method of reimbursement.</p>
5.	<p>The committee recommends that the Australian and Queensland Governments collaborate to improve discharge arrangements and post-hospitalisation care planning (including the timely completion and availability of discharge documents) between public hospitals, allied and primary health service providers, residential aged care facilities and providers of other aged care services, such as home care packages, to reduce the number of older persons becoming long-stay patients in public hospitals.</p>	<p>Australian Government and Queensland Government</p>	<p>The Queensland Government supports this recommendation.</p> <p>On 17 June 2022, National Cabinet agreed to identify practical improvements to the health system and specifically the connections between GPs and hospitals. This includes working together to identify practical ways to get aged care residents and NDIS participants out of hospital and into a more appropriate setting. Senior officials have been tasked with reporting back to National Cabinet on proposals. Queensland is actively participating in this process.</p> <p>Queensland's Long-Stay Rapid Response Program was established to support hospital discharge for patients awaiting access to disability and aged care supports. Since April 2021, the program has been able to secure a range of supports for patients, including interim accommodation, home modifications and increased nursing supports. As of 8 June 2022, 271 patients involved in the program have been able to leave hospital and a further 60 patients were in the process of being supported to discharge. \$16 million over four years is being invested from 2022-23 to continue this program</p>
6.	<p>The committee recommends that the Australian Government commits to the NDIA reimbursing Queensland's HHSs for excessive length of patient stays in hospital caused by delays in accessing NDIS care services.</p>	<p>Australian Government</p>	<p>The Queensland Government supports this recommendation, which is directed to the Australian Government.</p> <p>The Australian, state and territory governments are working to identify practical improvements to the health system, including ways to get people, including NDIS participants, who are medically ready for discharge, out of hospital in a timely way, into more appropriate settings and able to access appropriate support services in the community.</p> <p>On 5 August 2022, Health Ministers met with the Federal Minister for the NDIS and Minister for Government Services, the Hon. Bill Shorten MP, to discuss options to improve discharge for NDIS participants and reduce the number of long-stay NDIS patients waiting for appropriate supports in the community.</p> <p>The Queensland Government is committed to delivering person-centred supports and improving the way the NDIS and Queensland's mainstream services work together.</p> <p>At the Disability Reform Ministers Meeting on 17 June 2022, Ministers committed to speeding up hospital discharge. Disability Ministers agreed to work together with Health and other Ministers as a priority to develop a strategy to improve safe and timely discharge of NDIS participants from hospital.</p> <p>As of 25 May 2022, there were 221 long-stay younger patients occupying Queensland Health beds awaiting disability supports to transition to the community. When NDIS participants are medically fit for hospital discharge but are unable to be discharged due to NDIS-related delays, there is an impact on patients who would have better outcomes in the community, and a cost burden on the public health system as well as diversion of resources away from acute patients presenting at hospitals.</p> <p>The Queensland Government supports additional Australian Government funding assistance and resourcing to reduce the incidence of long-stay patients awaiting NDIS care services.</p>

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			<p>As the committee report has noted, development of a nationally consistent definition for 'long-stay' is required to implement this recommendation.</p> <p>Queensland Health is currently working with the Australian Government and other jurisdictions to establish nationally consistent data sharing arrangements for NDIS participants who are in hospital experiencing barriers to discharge. This data will provide more meaningful and transparent information on hospital interface issues with the NDIS.</p>
7.	<p>The committee recommends that Queensland Health, in collaboration with the HHSs, reviews the current hospital discharge practices, especially in relation to patients who have been transferred long distances to attend hospital and to improve processes to produce discharge summaries.</p>	Queensland Government	<p>The Queensland Government supports this recommendation.</p> <p>The Queensland Government has been actively working to streamline hospital discharge processes.</p> <p>A review of the Patient Access to Care Health Service Directive was undertaken and endorsed 1 October 2021. This Directive is supported by three protocols, including the Management of Inter-Hospital Transfers, which outlines mandatory processes for management of all patients requiring an Inter-Hospital transfer, including step-down transfers to their local facility. Extensive consultation with HHSs and unions was undertaken.</p> <p>The Queensland Patient Access Coordination Hub meets daily with representation from most HHSs to discuss and facilitate outstanding inter-hospital transfers.</p> <p>The development of an Implementation Standard for discharge and transfer of care communication between hospitals and general practice is in development and will focus on content and timeliness of transfer of care information to general practice from both inpatient and outpatient services.</p> <p>The Queensland Health Enterprise Discharge Summary (EDS) IT program for inpatient discharge summaries is used consistently across all Queensland Health facilities and is constantly being improved.</p> <p>Most outpatient discharge summaries are currently sent by post. The mechanisms and IT functionality to deliver timely electronic outpatient discharge summaries is currently being investigated.</p> <p>Improving discharge arrangements is particularly important for Aboriginal and Torres Strait Islander patients from remote or rural areas who are transported to major centres for treatment. It is important that these patients are discharged with the appropriate resources or arrangements required to return to their home communities.</p> <p>At the first Health Ministers and Health Chief Executives meeting since the 2022 Federal Election, Health Ministers confirmed that they will host an Aboriginal and Torres Strait Islander Health Roundtable in the second half of 2022 to explore how communities, health workers, and governments can work to address longstanding health inequalities.</p> <p>The Allied Health Professions Office of Queensland is implementing a Government Election Commitment to pilot a model of care called the Transition of Care Pharmacy Project (TCPP), which facilitates seamless, safe, timely handover of medication related care from the acute inpatient team to the primary care team.</p> <p>The TCPP is a pharmacist-led intervention to improve transitions of care and reduce the risk of readmission and/or clinical harm caused by unintended medication errors. The TCPP facilitates post-discharge review of identified high risk patients, and improved communication of medication-related information between hospitals and primary health care providers. The project is being piloted in three hospital facilities with the first patient discharged under the service at the end of March 2022. The pilot is funded to run until December 2023.</p> <p>Transition 2 Sub-acute is a program now embedded into Central Queensland HHS, which supports an integrated approach to transitioning sub-acute patients closer to home. This includes using a Transition Planning Tool to improve communication between the referring and receiving clinical team and the patient and their family. Results so far have demonstrated proactive discharge planning has improved and patients are being managed closer to home.</p> <p>The Queensland Housing and Homelessness Action Plan 2021–2025 also commits to multi agency actions to deliver integrated health and housing responses for people at risk of homelessness due to complex and debilitating health conditions, including mental health conditions.</p>

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8.	<p>The committee recommends that the Australian Government:</p> <ul style="list-style-type: none"> <li>establishes rigorous and transparent methods to assess the availability, accessibility and affordability of primary and allied health care across Queensland</li> <li>publishes the results of the assessments on a regular basis, broken down by each PHN region in Queensland.</li> </ul>	Australian Government	<p>The Queensland Government supports this recommendation, which is directed to the Australian Government.</p> <p>The Queensland Government's Interim Response noted there are gaps impacting service provision for people who are more vulnerable to poorer health outcomes. This cohort includes First Nation's people, people from culturally and linguistically diverse backgrounds, people in regional, rural, and remote areas and people requiring aged care and NDIS services.</p> <p>There are additional barriers relating to access to health care for refugees and people seeking asylum, including English language proficiency, cultural orientation, mental health, torture and trauma experiences, lifelong chronic disease, skills and qualification recognition, lack of Australian connections and networks, and transport and accessibility issues.</p> <p>There can also be barriers to access to health care relating to visa status. While permanent migrants are eligible for Medicare and can access public health services, this may not be the case for some vulnerable cohorts on temporary visas.</p> <p>The Queensland Government would encourage the Australian Government to consider the above demographic context when developing a method of assessment to determine the availability, accessibility and affordability of primary and allied health care across Queensland.</p>
9.	<p>The committee recommends that the Queensland Government requests that the Medicare Benefits Schedule (MBS) Review Advisory Committee reinstates immediately MBS items for services that are essential in regional, rural and remote areas and identified outer metropolitan areas of need, including reading an electrocardiogram (ECG), and reviews whether any other items should be added to assist the provision of quality primary and allied health care in these settings.</p>	Queensland Government	<p>The Queensland Government supports this recommendation.</p> <p>The Queensland Government supports adjustments to the MBS that improve the sustainability of primary and allied health care services in regional, rural and remote areas and outer metropolitan areas of need.</p> <p>Affordable and culturally appropriate primary health care in these areas, will assist with prevention and delay of disease and contribute towards closing the gap in life expectancy between First Nations and non-Indigenous Australians.</p> <p>Following the tabling of this response, the Queensland Government will write to the MBS Review Committee in response to this recommendation.</p>
10.	<p>The committee recommends that the Australian Government reviews the current limit of five Medicare-funded allied health visits per annum, under the General Practitioner Management Plans or Team Care Arrangements, to ensure that patients have appropriate access to allied health care to manage ongoing chronic conditions.</p>	Australian Government	<p>The Queensland Government supports this recommendation, which is directed to the Australian Government.</p> <p>This recommendation also aligns with Recommendation 50 in the Mental Health Select Committee's (MHSC) <i>Inquiry into the opportunities to improve mental health outcomes for Queenslanders</i> (the MSHC Inquiry) to expand Medicare Benefit Scheme Rebates for all mental health and alcohol and other drugs practitioner services.</p> <p>The Queensland Government supports an increase to the role of allied health professionals in primary care settings and notes current Medicare settings limit the support from allied health services to provide comprehensive care and assist people with managing chronic health conditions.</p> <p>Affordable and appropriate medical care, including allied health, as well as a healthy lifestyle from birth to adulthood are central to the <i>Changing Tracks: An action plan for Aboriginal and Torres Strait Islander children and families 2020–2022</i> (Changing Tracks 2020–2022) and the implementation of the Wellbeing Outcomes Framework for Aboriginal and Torres Strait Islander children and young people.</p> <p>The Queensland Government will work with the Australian Government to advocate for Queenslanders to have better access to Medicare-funded allied health visits per annum.</p>
11	<p>The committee recommends that the Australian Government reviews the current requirement for general practitioners to complete General Practitioner Management Plans or Team Care Arrangements, with a view to enabling appropriately qualified allied health professionals to undertake this task to increase efficiencies and promote patient access to allied health care.</p>	Australian Government	<p>The Queensland Government supports this recommendation, which is directed to the Australian Government.</p> <p>As per recommendation 10, Queensland Government supports an increase to the role of allied health professionals in primary care settings and notes current Medicare settings limit the support from allied health services to provide comprehensive care and assist people with managing chronic health conditions.</p> <p>This recommendation also aligns with Recommendation 52 of the MHSC Inquiry to increase the role of allied health professionals in primary care settings.</p>



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12	<p>The committee recommends that the Australian Government, as part of the <i>Primary Health Care 10 Year Plan</i> process, reviews the current MBS system and commits to reforming the method of funding primary and allied health care. The review should consider the following issues:</p> <ul style="list-style-type: none"> <li>• the reversal of the impact of the Medicare rebate freeze and ensuring that Australian Government funding of primary and allied health increases year-on-year at least in line with the Consumer Price Index</li> <li>• the introduction of blended payments and performance based and pooled funding to promote innovative models of care and a greater focus on early intervention and preventive care</li> <li>• how to ensure a focus on person-centred, high quality, holistic and integrated care, including facilitating longer general practitioner consultations and the use of multidisciplinary teams</li> <li>• the funding of counselling services under the MBS</li> <li>• the removal of rebate differentiation between MBS items based on provider status</li> <li>• how to ensure that patients have appropriate access to allied health care to manage ongoing chronic conditions</li> <li>• incentives for general practitioners to provide after-hours services and conduct home visits by ensuring that they are appropriately recompensed for the services</li> <li>• incentives for general practitioners to provide primary care in aged care settings, including after-hours services</li> <li>• incentives to optimise the delivery of primary and allied health services in rural and remote areas and outer metropolitan areas of need</li> <li>• incentives to promote the teaching and training of health professionals in primary and allied health care settings</li> <li>• the funding of nurses, nurse practitioners and midwives to work to their full scope of practice (e.g., nurse continence specialists), and provide valuable services to the community in a primary care setting.</li> </ul>	Australian Government	<p>The Queensland Government supports this recommendation, which is directed to the Australian Government.</p> <p>The Committee's recommendations would significantly enhance the capacity of the primary care system and the Queensland Government is broadly supportive of the areas identified for review noting they vary in complexity and will have implications for healthcare providers, funders and the healthcare workforce that need to be worked through carefully.</p> <p>The Australian, state and territory governments are working collaboratively to identify practical improvements to the health system with a focus on improving care pathways and interfaces across the health and social care systems. This work is being undertaken by the First Secretaries Group at the direction of National Cabinet, and Queensland is an active participant in this process.</p> <p>The Queensland Government notes the Australian Government's election commitment to Strengthen Medicare with \$750 million funding over the forward estimates to deliver:</p> <ul style="list-style-type: none"> <li>• improved patient access to GPs, including after-hours</li> <li>• improved patient access to GP led multidisciplinary team care, including nursing and allied health</li> <li>• greater patient affordability</li> <li>• better management of complex conditions</li> <li>• decreased pressure on hospitals.</li> </ul>
13.	<p>The committee recommends that the Australian Government allocates additional Commonwealth Supported Places to the James Cook University, University of Queensland and Griffith University medical programs to enable them to continue, and expand, their programs, pathways and courses aimed at ensuring a sustainable regional, rural and remote medical workforce.</p>	Australian Government	<p>The Queensland Government supports this recommendation, which is directed to the Australian Government.</p> <p>The 2022-23 Federal Budget funded 80 Commonwealth Supported Places (CSP) for medical students nationally, including the establishment of a competitive process to fund existing medical schools to help increase self-sufficiency in training local doctors and address the maldistribution of the medical workforce.</p> <p>The Queensland Government would be supportive of further increasing the number of CSPs as a strategy to increase the pipeline supply of medical practitioners.</p> <p>This also aligns with the findings of Queensland's Mental Health Select Committee Inquiry, which recommend supporting scholarships to pursue mental health qualifications, and expanding the Aboriginal and Torres Strait Islander mental health, alcohol and other drugs workforce.</p>

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14.	The committee recommends that the Australian and Queensland Governments collaborate to investigate the expansion of facilities and operations in Cairns, Rockhampton and Toowoomba with a view to establishing university and TAFE supported Schools of Medicine for primary and allied health services.	Australian Government and Queensland Government	<p>The Queensland Government supports this recommendation.</p> <p>The Queensland Government notes there are well-advanced plans for two Regional Medical Pathways (RMP's), one in Central Queensland and Wide Bay, and the second in Darling Downs and South-West. These RMP's will assist with the attraction and retention of local students in those regional areas and potentially lead to local employment of students as junior and trainee doctors. There is also merit exploring the future feasibility of establishing schools of medicine in major centres as populations continue to grow.</p> <p>Queensland Health continues to work with Queensland Universities to ensure that new CSP's are pre-selected to regional and rural areas to effect positive change with distribution of the medical workforce.</p>
15.	The committee recommends that the Australian Government undertakes a comprehensive review of the AGPT program, in the context of the <i>Primary Health Care 10 Year Plan</i> and the <i>National Medical Workforce Strategy 2021-2031</i> , to ensure that the delivery of general practice training achieves the objective of creating a sustainable general practice workforce in rural and remote areas.	Australian Government	<p>The Queensland Government supports this recommendation, which is directed to the Australian Government.</p> <p>The Australian Government has announced that general practice colleges will deliver the Australian General Practice Training (AGPT) program from 1 February 2023. This profession-led training approach is consistent with other medical specialty colleges which already have responsibility for their training programs.</p> <p>Queensland Health acknowledges that the Australian College of Rural and Remote Medicine (ACRRM) and the Royal Australian College of General Practitioners (RACGP) have engaged in regular communication and consultations with key stakeholders to outline their progress in transitioning to college-led training.</p> <p>The transition process may provide an opportunity for the public hospital system, and primary and allied health private practices, to collaboratively develop flexible workforce models for trainees, GPs, and supervisors.</p> <p>Queensland Health is interested in exploring with the GP sector shared workforce models, systems, and planning for rural and remote communities through the Future Proofing Project which is outlined at Recommendation 19.</p>
16.	The committee recommends that the Australian Government commits to continuing the existing collaboration with James Cook University (JCU), which has ensured that general practice training takes place in small regional, rural and remote Queensland towns, once responsibility for the delivery of training is transferred to the relevant colleges.	Australian Government	<p>The Queensland Government supports this recommendation, which is directed to the Australian Government.</p> <p>It will provide certainty to current and emerging trainees, their supervisors, and multidisciplinary colleagues.</p> <p>JCU General Practice Training has been working with the colleges and the Commonwealth to preserve elements of the integrated medical education and training pipeline it developed for rural and remote general practice. The JCU remit encompassed 90% of Queensland's land mass - a significant proportion of Queensland's AGPT trainees.</p>
17.	The committee recommends that the Australian Government reviews the mechanism for addressing shortages of medical practitioners in specific communities and replaces the Distribution Priority Area (DPA) classification system with a fit-for-purpose scheme that recognises supply side factors and local community health needs.	Australian Government	<p>The Queensland Government partially supports this recommendation, which is directed to the Australian Government.</p> <p>The Queensland Government has reviewed its position, given the definitive nature of the Committee's recommendation to replace the DPA. Instead, the Queensland Government supports continuity of the DPA with some adjustments.</p> <p>In 2019, the DPA replaced the District of Workforce Shortage (DWS) as the threshold for access to a range of GP workforce programs. Data from the Australian Government's 2021 review of the DPA suggested that it had been an effective indicator of GP workforce shortages nationally and that the transition from DWS to DPA resulted in a notable positive impact on catchments that had gained DPA status. However, this review also indicated that the accuracy of the DPA tool in determining workforce shortage could be improved by including demand-side metrics such as MBS billing data.</p> <p>Therefore, the Queensland Government supports a review of the DPA framework methodology to incorporate other metrics beyond provision of services, to ensure DPA assessments consider the context of locations and community need (including more up-to-date population data, more accurate workforce supply and service demand data, and assessment of unmet community healthcare need) in determining DPA status.</p> <p>The Queensland Government notes that the recent expansion of DPA areas to MMM2 (MMM = Modified Monash-Model geographic classification system) may lead to MMM 3-7 doctors moving into MMM2 areas, further depleting more remote locations of doctors.</p>

No.	Report Recommendation	Responsibility	Final Government Response
			<p>The Queensland Government would encourage the Australian Government to expand the existing s19(2) exemptions in the <i>Council of Australian Governments (COAG) Improving Access to Primary Care in Rural and Remote Areas – COAG Section 19(2) Exemptions Initiative</i> (The Initiative) to all eligible health professionals including rural generalists, midwives, nurse practitioners as a short-term strategy, noting that a nuanced approach based on jurisdictional issues is required.</p>
18.	<p>The committee recommends that the Australian Government publishes, as soon as practicable, details of the factors considered, and how decisions are made, under the DPA classification system, including decisions on applications for the new exceptional circumstances review, to improve transparency and accountability and better inform local communities and applicants.</p>	Australian Government	<p>The Queensland Government supports this recommendation, which is directed to the Australian Government.</p> <p>The Queensland Government through Queensland health will seek to work collaboratively with the Distribution Working Group (DWG) within the Australian Department of Health to support equitable and informed assessment outcomes, given Queensland Health's oversight of state workforce issues and area of need assessments.</p>
19.	<p>The committee recommends that the Australian Government considers the recommendations and initiatives contained in this report about recruiting, training and retaining a health workforce to service regional, rural and remote areas and identified outer metropolitan areas of need, as part of its <i>Primary Health Care 10 Year Plan</i> and the recommended National Health Workforce Strategy (recommendation 22), to ensure that a comprehensive, long-term strategy is in place to create a sustainable health workforce in these areas.</p>	Australian Government	<p>The Queensland Government supports this recommendation, which is directed to the Australian Government.</p> <p>The Queensland Government notes the <i>Stronger Rural Health Strategy</i> is in its fourth year of a ten-year timeframe and is currently under review by the Australian Government.</p> <p>Queensland Health continues to deliver a range of projects and programs focused on recruiting, training and retaining a health workforce to service regional, rural and remote areas and identified outer metropolitan areas of need to create a sustainable health workforce in these areas. Some programs currently underway include:</p> <ul style="list-style-type: none"> <li>• Future Proofing our Rural and Remote Medical Workforce Project was initiated to address the progressive decline of effective primary health care in rural and remote Queensland.</li> <li>• The 2022-23 Budget provided an additional \$1.498 million over three years to support medical students to train in Central Queensland and Wide Bay region, and the Darling Downs South-West region.</li> <li>• Significant investment in Rural Generalist training resulting in over 211 qualified rural generalists with advanced skills in anaesthesia, obstetrics, First Nations health, mental health, internal medicine, and paediatrics. Following the May 2022 trainee intake, there are now 369 rural generalist trainees across Queensland.</li> <li>• Funding of \$2.128 million for the Rural and Remote Generalist Nurse Project to pilot a rural and remote generalist nurse program with 20 FTE Registered Nurses. The pilot will commence in September 2022 and develops nurses to work in the rural and remote context</li> <li>• The State-wide Nursing and Midwifery Exchange Program (NMEP) provides opportunities for nurses and midwives to experience new practice environments, particularly in rural and remote locations.</li> </ul> <p>Queensland Health also continues to facilitate Australian government funded junior doctor rotations into rural general practices to expand rural training capacity and improve orientation towards long-term practice in rural primary care. There are 76 rotations to be delivered in 2022 and allocation process for an additional 45 Rural Generalist junior doctor primary care placements in 2022 is progressing.</p> <p>The Queensland Government supports a regional, rural and remote health workforce that includes Aboriginal and Torres Strait Islander health workers and practitioners, to enable a culturally capable and responsive workforce that facilitates equity of access for First Nations peoples.</p>
20.	<p>The committee recommends that the Australian and Queensland Governments review the current visa requirements, and offers and packages available, to encourage more primary and allied health specialists, doctors and aged care workers to regional, rural and remote areas of Queensland and increase their length of tenure in these areas.</p>	Australian Government and Queensland Government	<p>The Queensland Government supports this recommendation.</p> <p>Recognising the pressure on the health workforce from the pandemic, all Health Ministers agreed on 5 August 2022 to establish a Health Workforce Taskforce to provide advice on strategies and actions to improve workforce supply, with overseas supply being an immediate focus. This will include improvements to visa arrangements as well as working with national registration bodies to expedite registration processes.</p>
21.	<p>The committee recommends that the Australian and Queensland Governments, in partnership, consult with individual HHSs, to provide capital investment for affordable and accessible accommodation for medical, allied health and</p>	Australian Government and Queensland Government	<p>The Queensland Government supports this recommendation.</p> <p>The Queensland Government will collaborate with the Australian Government to explore options for accommodation supports for student placements in regional, rural, and remote areas.</p>

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	nursing students to use during their studies and placements in rural and remote areas, as part of a broader accommodation strategy.		The 2022-23 State Budget committed \$943.5 million funding over seven years to replace rural and remote health facilities and staff accommodation under Phase 2 of the Building Rural and Remote Health Program, with the first tranche of Phase 2 to replace hospitals in Moranbah, Bamaga, Normanton and Tara and health facilities in Pormpuraaw and Cow Bay. In addition, the 2022-23 State Budget invested \$115 million over five years to deliver additional staff accommodation in rural and remote areas.
22.	<p>The committee recommends that the Australian and Queensland Governments commit to collaborating to produce a National Health Workforce Strategy to review the suite of Commonwealth and State Health Workforce programs as they apply to primary and allied health providers, including general practice, and the rural and remote health workforce.</p> <p>The strategy should address the entire training continuum from undergraduate through to ongoing professional development once health practitioners are fully qualified and the incentives and supports needed to produce a sustainable health workforce, particularly in rural and remote areas.</p>	Australian Government and Queensland Government	<p>The Queensland Government supports this recommendation in-principle.</p> <p>With the Australian Government as policy lead for primary health care, Aboriginal and Torres Strait Islander health, disability and aged care, and the respective workforces, as well as higher education and training more broadly, it is important that there continues to be dedicated national formal governance arrangements for Queensland to work collaboratively to influence national strategic directions, priorities, planning and outcomes that meet all the workforce related recommendations in this report.</p> <p>All Australian governments are working collaboratively through the establishment of the Health Workforce Taskforce to strengthen the health workforce and address challenges across primary care, acute care, disability care and aged care.</p> <p>A particular focus over the medium and longer term is building a sustainable rural and remote workforce, a strong First Nations health workforce and implementation of national workforce strategies, including implementation of the National Medical Workforce Strategy and the National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031.</p> <p>The Aboriginal and Torres Strait Islander Health Roundtable will be held in Adelaide on 7 October 2022, and will enable Health Ministers to listen, understand, and consider their role in addressing inequities in the health system identified by First Nations peoples for First Nations peoples.</p> <p>Queensland supports progression of national health workforce strategies through these forums.</p>
23.	The committee recommends that the Australian Government commissions an independent review of the effectiveness of the PHNs in discharging key functions and responsibilities, including how the recent allocation of \$1 billion to PHNs in Queensland will be spent and the expected outcomes.	Australian Government	<p>The Queensland Government supports this recommendation, which is directed to the Australian Government.</p> <p>To enable Primary Health Networks (PHNs) to facilitate more effective health care planning and delivery, the Queensland Government notes:</p> <ul style="list-style-type: none"> <li>• their role, operating arrangements and performance standards need to be clarified and strengthened to ensure they have the capacity and authority to fully engage with and represent the primary health care sector in each region, and</li> <li>• they need to be adequately resourced, for a long enough period, to ensure funding certainty across all their programs.</li> </ul> <p>At the 2020 State election, the Queensland Government committed to requiring all Hospital and Health Services (HHSs) to develop a local health needs assessment and plan, in partnership with the primary care sector, Aboriginal and Torres Strait Islander community-controlled health organisations, other local partners, and consumers. Queensland's HHSs are collaborating with PHNs to identify local area health needs across the state and plan joint responses.</p> <p>The Australian, state and territory governments are working with PHNs to facilitate more integrated and coordinated regional health planning and service delivery, in line with commitments in the <i>Addendum to the National Health Reform Agreement 2020-2025</i>. In 2021, Queensland Health also agreed for HHSs and PHNs to develop regional commissioning approaches for mental health services under the National Agreement on Mental Health and Suicide Prevention and the Queensland Bilateral arrangement.</p>
24.	<p>The committee recommends that the Australian Government:</p> <ul style="list-style-type: none"> <li>• establishes measures to assess the efficacy of services commissioned, or delivered, by PHNs</li> <li>• publishes information about the amount of funding provided by service and the outcomes achieved.</li> </ul>	Australian Government	<p>The Queensland Government supports this recommendation, which is directed to the Australian Government.</p> <p>Joint commissioning of health care services by HHSs and PHNs should be underpinned by meaningful measurement of services and outcomes and the funding provided.</p>

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25.	The committee recommends that the Australian Government reviews the current short-term funding model for PHNs to ensure programs can be delivered over a sustained period of time to maximise their capacity to make a real, long-term difference to the lives of individuals.	Australian Government	<p>The Queensland Government supports this recommendation, which is directed to the Australian Government.</p> <p>The ability of PHNs to facilitate more integrated and effective health care can be variable and limited, in part due to Commonwealth's funding arrangements. As the Productivity Commission's March 2021 <i>Report into Innovations in Care for Chronic Health Conditions</i> identified, PHNs' limited, short term, and inflexible funding arrangements are a significant impediment to ongoing innovation in health care delivery. The PHN funding model would benefit from an increase in the amount of earmarked flexible funding available, reduced levels of prescription and additional funding for innovation projects.</p>
26.	The committee recommends that the Queensland Government provides a progress update on the implementation of recommendations contained in the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee, Report No. 33, 56 <sup>th</sup> Parliament – Aged Care, End-of-life and Palliative Care report.	Queensland Government	<p>The Queensland Government supports this recommendation and provides the update below:</p> <p>On 30 November 2020, the Queensland Government tabled its response to Report 33 – <i>Aged Care, end-of-life care and palliative care</i> in the Legislative Assembly. The Queensland Government also announced a \$171 million funding package for palliative care reforms.</p> <p>Work has commenced on implementing these reforms. Queensland Health has been consulting with a wide range of stakeholders on the development of a new Palliative Care and End of Life Care Strategy, a key component of the Government's Response to Report 33. Feedback has been published on the Queensland Health website, along with progress to date on both the development of the Strategy and the supporting Queensland Health Specialist Palliative Care Workforce Plan.</p> <p>As part of the \$171 million investment, funding was committed for new community-based palliative care services. In November 2021, Queensland Health released a competitive Invitation to Offer seeking proposals from non-government service providers to deliver community-based palliative care services in regional, rural and remote areas of Queensland from 1 October 2022. In May 2022, it was announced that Blue Care was the successful provider to deliver these new holistic services across nine HHSs.</p> <p>Additional commitments which will be progressed in response to Report 33 include:</p> <ul style="list-style-type: none"> <li>• employing additional Queensland Health specialist palliative care staff across our hospital and health services</li> <li>• digital/telehealth solutions for consumers</li> <li>• 24/7 secondary consultation for practitioners, and</li> <li>• education and advocacy activities about death, dying and advance care planning.</li> </ul> <p>Many of the recommendations made in Report 33 for aged care, align with the themes arising from the Final Report of the Royal Commission into Aged Care Quality and Safety are, Dignity and Respect, which is currently being re-considered and briefed to the incoming Australian Government and to inform new priorities and opportunities for joint work and collaboration.</p> <p>The Australian Government's response at the time, shortly after release of the report, failed to address the systemic funding needs and issues as presented by Commissioners in their Final Report. The Response also failed to allow meaningfully collaborative engagement with States and Territories for developing joint solutions. At that time, the Australian Government chose to progress a range of grants and short-term measures with finite funding arrangements that failed to fundamentally address the system level reform needed to deliver better outcomes in the interest of aged care recipients.</p> <p>Queensland Health agrees to providing a future progress update on Report No. 33, noting some of the recommendations will be superseded or not applicable due to changes as a response to COVID-19, or other initiatives resulting from to the Royal Commission into Aged Care Quality and Safety.</p>
27.	The committee recommends that the Australian Government responds to the following recommendations contained in the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee, Report No. 33, 56 <sup>th</sup> Parliament – aged care, end-of-life and palliative care:	Australian Government	<p>The Queensland Government supports this recommendation, which is directed to the Australian Government.</p> <p>The Royal Commission into Aged Care Quality and Safety made a range of recommendations to reform the primary care business models and incentivise GP attendance at Residential Aged Care Facilities (such as via capitation payment models) however most of these were not</p>

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	<p><b>Recommendation 3: review of item numbers for visits by general practitioners to residential care</b>  <i>The committee recommends that the Australian Government review the schedule of item numbers that general practitioners, specialists and other allied health professionals can access to claim the costs of care they provide for patients, and their travel to and from residential aged care facilities or patients' homes and the formula provides reasonable compensation for doctors and other health professionals for their time whilst removing incentives for practitioners to bulk visit facilities.</i></p>		<p>supported by the Australian Government in its Response released in May 2021.</p> <p>The Queensland Government continues to advocate to the Australian Government on a range of issues related to challenges with primary care in aged care settings. This includes requests for consideration of MBS items and incentives to support GP attendance at residential aged care services to support good primary care outcomes for consumers.</p>
28.	<p>The committee recommends that the Australian Government responds to the following recommendations contained in the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee, Report No. 33, 56<sup>th</sup> Parliament – Aged care, End-of-life and Palliative Care:</p> <p><b>Recommendation 1: trial of nurse practitioners</b>  <i>The committee recommends that the Australian Government allocate funding through the PHNs in Queensland to trial the use of nurse practitioners in residential aged care facilities. The trial could include expanding their scope of practice to prescribe certain medications and order certain pathology for testing for residents in consultation with general practitioners.</i></p> <p><b>Recommendation 2: consistency of access to health services while in residential aged care</b>  <i>The committee recommends that the Australian Government in consultation with individuals providers ensure that residents in residential aged care facilities enjoy the same level of access to health service providers as other elderly in their local community living outside of those facilities.</i></p> <p><b>Recommendation 4: care for frail elderly residents in aged care facilities</b>  <i>The committee recommends that Queensland Health examine opportunities to expand programs such as the Comprehensive Aged Residents Emergency and Partners in Assessment Care and Treatment program that focus on streamlining the care pathways for the frail elderly residents of aged care facilities.</i></p> <p><b>Recommendation 5: Utilisation of nurse navigators in aged care to improve access to primary care</b>  <i>The committee recommends that the Queensland Government explore opportunities to better utilise nurse navigators in aged care to improve access to primary care for older people and supplement the care provided by general practitioners.</i></p>	Australian Government	<p>The Queensland Government supports this recommendation, which is directed to the Australian Government.</p> <p>As part of the 2022-23 Federal Budget, \$22.1 million was announced for <i>Multidisciplinary Outreach Service (MDOS)</i> trials in RACFs, to provide more comprehensive health care with hospital-led access to specialists, allied health professionals, geriatricians and palliative care specialists. The funding will support states and territories to trial MDOS models for RACF residents, on a 50/50 cost share arrangement between the Australian Government and states and territories.</p> <p>Queensland Health has implemented initiatives such as Residential Aged Care Facility Acute Support Service (RaSS) and the Specialist Palliative Care and Aged Care program (SPACE). Both are Nurse Practitioner models of care. RaSS provides care in partnership with General Practitioners and RACFs to increase patient choice of care setting and improves the quality and safety of care provided and Nurse Practitioners are employed in this service. SPACE enhances equitable access to specialist palliative care for older Queenslanders residing in RACFs. Palliative Care Nurse Practitioners liaise with hospital inpatient Palliative Care consultants.</p> <p>Queensland Health also supports this recommendation through the Emergency Department (ED) physician and clinical nurse led, Geriatric Emergency Department Intervention (GEDI) for people aged 75+ presenting to ED with complex or acute care needs, and the Multidisciplinary Avoidance and Post-Acute Service (MAPS) which is a rapid in-home nursing and allied health program established for GPs and Queensland Ambulance Services to avoid hospitalisations.</p> <p>The <i>Nursing and Midwife Navigator Benefits Realisation and Opportunities Report</i> (March 2022), identified the Nurse Navigator services have resulted in the following improvements in navigation support and benefits for aged care clients:</p> <ul style="list-style-type: none"> <li>• the way they managed their condition following support by the Nurse Navigator</li> <li>• improved quality of life following navigation assistance, especially coordination of appointments, and</li> <li>• well-being, even when experiencing reduced quality of life resulting from disease progression.</li> </ul>
29.	<p>The committee recommends that the Australian Government responds to the following recommendations contained in the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee, Report No. 33, 56<sup>th</sup> Parliament – Aged care, End-of-life and Palliative care:</p> <p><b>Recommendations 20: disclosure of staff to resident ratios at residential aged care facilities</b>  <i>The committee recommends that the Australian Government require providers to display in a public common area at each residential aged care facility the staff to resident ratios at that facility across each shift, for the information of</i></p>	Australian Government	<p>The Queensland Government supports this recommendation, which is directed to the Australian Government.</p> <p>Mandatory minimum Daily Resident Care Hours (DRCH) and minimum nurse and support worker skill mix ratios were introduced for public Residential Aged Care Facilities in Queensland Health in December 2019. This sets a minimum average DRCH of 3.65 hours per 24-hour period, and minimum nurse and support worker skill mix ratios. The minimum ratio allowed is 30% registered nurses and a maximum of 50% support workers of the total nurse workforce. Queensland Health publishes an aged care summary online on a quarterly basis</p> <p>From 1 July 2022, providers, including Queensland Health, have been required to report on care minutes as part of quarterly reporting to the Australian Government.</p>

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	<p><i>residents, prospective residents and their representatives.</i></p> <p><b>Recommendation 21: publication of staff to resident ratios on the My Aged Care website</b>  <i>The committee recommends that the Australian Government require that information about residential aged care facilities that is published in the Schedule to the My Aged Care website includes staff to resident ratios at each of those facilities.</i></p> <p><b>Recommendation 41: better pay and conditions for aged care workers</b>  <i>The committee recommends that the Australian Government raise the minimum pay and conditions of employment for personal carers, nurses, administrators and other workers in the aged care industry to levels equivalent to their peers in the health sectors.</i></p>		<p>The Queensland Government notes that the Australian Government plans to introduce requirements for all aged care facilities to:</p> <ul style="list-style-type: none"> <li>• have a Registered Nurse on site 24/7 from July 2023</li> <li>• provide at least 200 minutes of daily care, including 40 minutes with a Registered Nurse from October 2023, rising to 215 minutes of care, with at least 44 minutes of care provided by a Registered Nurse, by October 2024.</li> </ul>
30.	<p>The committee recommends that the Australian Government responds to the following recommendations contained in the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee, Report No. 33, 56<sup>th</sup> Parliament – Aged care, End-of-life and Palliative care:</p> <p><b>Recommendation 10: increased funding for the Home Care Packages (HCP) program</b>  <i>The committee recommends that the Australian Government significantly increase the level of funding it provides to the HCP program to ensure packages are sufficient to meet the costs of the required hours of care required for each level package, to clear the current backlog of packages that haven't been provided.</i></p> <p><b>Recommendation 11: removal of caps on HCPs</b>  <i>The committee recommends that the Australian Government remove its cap on the number of packages available, at all levels, and provides as many packages as are needed.</i></p> <p><b>Recommendation 12: clearing backlog in HCPs that have not been provided</b>  <i>The committee recommends that the Australian Government clear the current backlog of packages that haven't been provided.</i></p> <p><b>Recommendation 13: maximum waiting times for HCPs</b>  <i>The committee recommends that the Australian Government ensures wait times for packages are reduced to a maximum of three months for delivery of all packages across all levels from the date of approval.</i></p> <p><b>Recommendation 14: access to interim care while waiting for HCPs</b>  <i>The committee recommends that the Australian Government commit to provide interim care arrangements, close to the approved package level, for applicants for HCPs while waiting for their package to be provided.</i></p>	Australian Government	<p>The Queensland Government supports this recommendation, which is directed to the Australian Government.</p> <p>An increase in aged care funding and available places such as HCPs to meet demand can prevent premature entry to residential aged care facilities avoid unnecessary hospital admissions and support older Queenslanders to age in place.</p> <p>As of 31 December 2021, there were 113,079 Australians who were seeking a HCP at their approved level. Of this figure 44,650 had not yet been offered an interim HCP. The distribution of Queenslanders who have not been offered a HCP as at 31 December 2021 is 8,281. The number of Queenslanders waiting on a HCP at their approved level is 12,738.</p> <p>As of 31 December 2021, clients waiting for their approved package level can expect a wait time of 6 to 9 months for Level 2, Level 3 and Level 4 home care packages: and 3 to 6 months for Level 1 home care packages. This shows there is a strong demand for home care packages, particularly high-level packages, into the future.</p>
31.	<p>The committee recommends that the Australian Government reviews the practices of aged care and NDIS care service providers to ensuring that HCP and NDIS care funds are spent on direct care and not case management and administration fees.</p> <p>As part of the review, the committee recommends that the Australian Government considers:</p>	Australian Government	<p>The Queensland Government supports this recommendation, which is directed to the Australian Government.</p> <p>The Queensland Government agrees that aged care and NDIS funds should be focused on care rather than administration fees. This issue pertains mainly to private business operations that occur largely in a competitive private market as Queensland Health only delivers a small number of home care packages across the state.</p> <p>Although this recommendation is directed to the Australian Government, the Queensland Government will leverage national governance arrangements to advocate for strategic collaboration across all sectors to</p>

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	<ul style="list-style-type: none"> <li>the introduction of caps for case management and administration fees charged by service providers</li> <li>the adequacy of existing consumer protections for people receiving HCPs and NDIS care services.</li> </ul>		<p>support market development so that NDIS participants have access to a greater range of supports and services.</p> <p>The Queensland Government acknowledges the importance of NDIS and aged care pricing settings continuing to allow providers the flexibility to offer innovative support services that meet client needs, attract and retain a skilled workforce, and enable providers to meet reasonable overheads and quality and safeguards compliance costs.</p> <p>The recently released Queensland Government 'Advance Queensland: Innovation for a Future Economy 2022-2032 Roadmap' includes a key initiative to work with NDIS governing partners to support innovation in the disability support services market and contribute to the performance of Australia's world leading NDIS.</p> <p>In June and July 2022, Disability Reform Ministers agreed to a review of the NDIS, with a focus on the design, operation and sustainability of the scheme and on building a more responsive and supportive market and workforce.</p> <p>Disability Ministers have also agreed to consult with the disability community and sector on the scope, guiding principles, and approach to review the NDIS.</p>
32.	<p>The committee recommends that the Australian and Queensland Governments collaborate to improve discharge practices, including the appointment of additional NDIS Nurse Navigators, and other initiatives to improve the interface and communication between the NDIS and public health system.</p>	<p>Australian Government and Queensland Government</p>	<p>The Queensland Government supports this recommendation and is committed to delivering person-centred supports and improving the way the NDIS and Queensland's mainstream services work together. National Cabinet and Health and Disability Ministers are currently looking at short-medium and longer-term strategies to improve the health and disability interface.</p> <p>Queensland Health has committed significant workforce effort and investment to support long-stay patients who no longer require medical care in a hospital to be discharged into an out-of-hospital setting more appropriate to their needs and wellbeing.</p> <p>The Long-Stay Rapid Response initiative has been established to support appropriate hospital discharge for patients awaiting access to disability and aged care supports. As of 8 June 2022, 271 patients involved in the program have been able to leave hospital and a further 60 patients were in the process of being supported to discharge. \$16 million over four years will be invested to continue this Program.</p> <p>The Department of Communities, Housing and Digital Economy's (DCHDE) Specialist Response Team, established in 2020, works with participating Hospital and Health Service Networks to deliver coordinated discharge into housing for people with a disability. Since May 2020, more than 350 people with disability have been assisted to plan their housing pathway and 170 people with disability with complex housing and support needs were able to exit into social or private housing. DCHDE is working with Queensland Health and other stakeholders to ensure housing and supports, including home modifications, are timely and responsive.</p> <p>In partnership with the Summer Foundation, DCHDE and Queensland Health delivered the Queensland Hospital Discharge to Housing project in 2020-21. Through this project, a number of resources were developed including tools to include pathway to housing in discharge planning. Over 500 staff in participating hospitals were trained to use these tools and resources. The project was completed in February 2021.</p> <p>In June 2022, all state, territory, and Federal Disability Reform Ministers committed to improving the effectiveness of the NDIS through building a stronger workforce and service provider market, speeding up hospital discharge and ensuring access to services. Disability Reform Ministers agreed to work together with Health and other Ministers as a priority to develop a strategy for agreement to improve safe and timely discharge of NDIS participants from hospital.</p> <p>The Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (Royal Commission) is also examining the experiences of people with disability interacting with the health and disability sectors, including the systemic challenges that can adversely affect health outcomes for people with cognitive disability. In its October 2020 Interim report, the Royal Commission identified the integration of health and disability services as an area for further inquiry. Its final report is due on 29 September 2023.</p>
33.	<p>The committee recommends that the Australian Government increases investment in building Specialist Disability Accommodation (SDA), particularly in rural and remote areas, to ensure</p>	<p>Australian Government</p>	<p>The Queensland Government supports this recommendation, which is directed to the Australian Government.</p>



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	<p>that NDIS participants with complex needs have an appropriate place to live, where their needs can be met.</p>		<p>The National Disability Insurance Agency (NDIA) estimates approximately 6 per cent of all NDIS participants require SDA nationwide. However, as of 30 June 2022, only 2.3 per cent of Queensland's NDIS participants had SDA in their plans. Furthermore, Queensland has the highest proportion of NDIS participants in the country with SDA funding who are seeking an SDA dwelling, indicating a mismatch between supply and demand.</p> <p>Given the higher rates of disability in Aboriginal and Torres Strait Islander communities, increased provision of SDA in these communities is vital to avoid people being transferred to larger centres and separated from family and country.</p> <p>The Queensland Government suggests that, in addition to increased investment in SDA, the Australian Government should also strengthen market stewardship activities to ensure that supply is directed appropriately across geographic locations and building types, in line with the <i>Queensland Productivity Commission's Final Report on its Inquiry into the NDIS market in Queensland (QPC report)</i>.</p> <p>The QPC made a number of relevant recommendations, including that the Queensland Government propose the NDIA:</p> <ul style="list-style-type: none"> <li>• increase the ready availability of market information on demand and supply (rec 31)</li> <li>• streamline and align SDA, home modifications and supported independent living access processes to provide faster access for participants and clearer signals to providers (rec 30)</li> <li>• investigate ways to educate participants, planners and support coordinators about housing options available to participants; and financial institutions and investors about the opportunities for investment in SDA (rec 33).</li> </ul> <p>The Queensland Government response accepted these recommendations.</p> <p>Through the <i>Queensland Housing and Homelessness Action Plan 2021-2025</i> the Queensland Government commits to working with the National Disability Insurance Agency to assist Queenslanders to maximise National Disability Insurance Scheme packages and Specialist Disability Accommodation and to work across government and the sector to deliver integrated responses that increase the diversity and supply of housing for people with disability.</p> <p>Through the Action Plan, the Queensland Government is investing \$2.9 billion, including the establishment of a \$1 billion Housing Investment Fund, to help more vulnerable Queenslanders into homes quicker.</p> <p>The Government will commence 6,365 new social homes by 30 June 2025 and provide more support for women and families experiencing domestic and family violence or people at risk of homelessness.</p> <p>The Queensland Housing Investment Growth Initiative (QHIGI) and the sub-initiative the Housing Investment Fund, provides opportunities for individuals, organisations, developers, and housing providers to deliver more housing for those who need it. This includes a strategic, cross-government response, for planning and economic development opportunities and investigating opportunities to access underutilised government-owned land.</p> <p>Through the procurement process for QHIGI, DCHDE encourages proposals that include SDA as part of broader mixed-tenure developments. DCHDE does not fund the SDA housing component of any broader social housing proposal, however it is an additional funding stream for providers who are registered with the NDIA as an SDA provider, to develop new SDA to meet the needs of SDA eligible Queenslanders with disability. The provider is responsible for determining the viability and cost/benefit of the inclusion of SDA into any developments.</p> <p>DCHDE also supports and encourages Community Housing Providers to consider inclusion of SDA in their capital projects, as an additional funding source to assist in meeting the need for SDA in Queensland, noting that this decision rests entirely with the Community Housing Provider.</p> <p>Work is also underway at a multilateral level to improve the availability of housing for people with disability.</p> <p>In December 2021, Disability Reform Ministers agreed to continue work in 2022 to develop options to improve the supply of affordable and appropriate mainstream housing and NDIS funded accommodation for</p>

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			people with disability. Ministers also agreed the importance of engaging with respective Ministers for Housing in each jurisdiction as part of this further work.
34.	The committee recommends that the Australian Government considers the issues raised by submitters about key shortages in the NDIS workforce and the impact this has on hospital discharges, as part of the <i>NDIS National Workforce Plan 2021-2025</i> .	Australian Government	<p>The Queensland Government supports this recommendation, which is directed to the Australian Government.</p> <p>Since April 2021, the Long-Stay Rapid Response funded by Queensland Health has introduced six FTE clinical roles dedicated to facilitating hospital discharge for long-stay patients and those at risk of becoming long-stay.</p> <p>In the 2022-23 Federal Budget, the Australian Government also announced \$249.1 million investment for a care and support workforce strategy to increase the quality, skills, size and attractiveness of the care and support workforce.</p> <p>Disability Reform Ministers committed to building a stronger workforce and service provider market. Disability Ministers have agreed to consult with the disability community and sector on the scope, guiding principles, and approach to a review of the NDIS and agreed to focus on the design, operation and sustainability of the scheme, and on building a more responsive and supportive market and workforce.</p> <p>All Disability Ministers endorsed the <i>NDIS National Workforce Plan 2021-2025</i>, which is intended to support future workforce growth by putting in place a multi-faceted plan to attract workers to the NDIS sector, and provide for training, development and conditions that mean workers will stay in the sector.</p> <p>In Queensland, the <i>NDIS Training and Skills Support Strategy</i> is being delivered by Workability Queensland in partnership with the Department of Employment, Small Business and Training. This is an industry led, multifaceted approach to developing a quality workforce capable of delivering services reflective of the needs of NDIS participants.</p>
35.	The committee recommends the Australian Government commits continued funding to the ART program to assist health consumers to access NDIS care services.	Australian Government	<p>The Queensland Government supports this recommendation, which is directed to the Australian Government, and the continued funding for the broader cohort of people with disability who have complex support requirements or who are hard to reach.</p> <p>The Assessment and Referral Team (ART) program has helped ensure that hospital patients with newly acquired disability are able to access NDIS supports quickly to avoid unnecessary length of stay in hospital.</p> <p>As of February 2022, the ART and Targeted Outreach elements of the current Project Agreement with the Australian Government has resulted in more than 2,300 additional Queenslanders becoming eligible for the NDIS. Almost 50 per cent of those people who have gained access with the support of ART were previously unsuccessful or had given up due to the complexity of the NDIS application process.</p> <p>While this recommendation was made to the Australian Government, the Queensland Government has ensured that the program continues by providing funding of \$5.7 million for a further 12 months from the 2022-2023 State Budget. ART can now offer intensive support to children and young people from 7 to 25 years old seeking to access the NDIS who are engaged in, or at risk of entering the justice or child protection systems.</p>
36.	The committee recommends that the Australian and Queensland Governments to increase investment in preventive health, education and support services, so that it accounts for five per cent of total health expenditure across Australian, state and territory governments by 2030, in accordance with the <i>National Preventive Health Strategy 2021-2030</i> .	Australian Government and Queensland Government	<p>The Queensland Government supports this recommendation and continues to increase investment in preventive health, education, and support services.</p> <p>Under the <i>Addendum for the National Health Reform Agreement 2020-2025</i>, all Australian governments committed to increase investment in primary prevention over time. The Queensland Government will collaborate with the Australian Government to deliver additional investment in preventative health so that it accounts for five per cent of total health expenditure by 2030 in accordance with the <i>National Preventive Health Strategy 2021-2030</i>.</p> <p>Further information of the Queensland Government's investment in preventative health is outlined below at Recommendation 37.</p>
37.	The committee recommends that the Queensland Government explores options to further invest in early intervention programs in primary care to prevent chronic conditions, such as health disease and diabetes, and mental health conditions, to reduce the burden of these	Queensland Government	<p>The Queensland Government supports this recommendation in-principle, noting the Australian Government is responsible for primary health care policy and funding.</p> <p>The Queensland Government's 2022-23 State Budget provides an additional \$1.645 billion over five years and a capital investment of \$28.5 million to improve mental health, alcohol and other drugs services and for a range of initiatives to support suicide prevention and deliver</p>

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	diseases and conditions and reduce the impact on the public health system.		<p>additional beds. The investment also delivers Queensland's contribution – \$109.55 million – to the <i>National Mental Health and Suicide Prevention Agreement</i> as well as government responses to the Inquiry into the opportunities to improve mental health outcomes for Queenslanders.</p> <p>The higher rates of chronic conditions, including heart disease, diabetes and mental health conditions within Aboriginal and Torres Strait Islander Communities is well documented. This is a key focus area within Queensland Health's HHSs' <i>Health Equity Strategies</i> and part of Queensland's commitment under the <i>National Agreement on Closing the Gap</i>.</p> <p>The Queensland Government continues to increase investment in early intervention programs in primary care to prevent chronic conditions such as heart disease, diabetes, and mental health.</p> <p>Health and Wellbeing Queensland (HWQId) was established in 2019 as a statutory body within the health portfolio of Queensland Government to reduce the burden of chronic disease and reduce health inequities. HWQId supports prevention across the health system through the following key initiatives and programs:</p> <ul style="list-style-type: none"> <li>• leading Queensland's implementation response to the National Obesity Strategy 2022-2032 and commencing the co-development of the Queensland Obesity Prevention Strategy and the first of a series of Action Plans to cover a 10+10-year timeframe – 2022-2042.</li> <li>• funding the delivery of a range of free and low-cost health and wellbeing programs for Queenslanders. The current HWQId suite of prevention programs represent a three-year investment of \$68 million (to 30 June 2024), focussed on keeping people healthier, for longer to reduce high acuity healthcare demand.</li> <li>• leading a state-wide clinical prevention training agenda to upskill and empower the health workforce to integrate prevention into routine practice.</li> </ul> <p>Queensland Health's current investment in early intervention and preventive health centres on expertise, leadership and innovation to improve policy, systems and programs related to chronic disease prevention, cancer screening and health promotion. Key areas of activity and priority include:</p> <ul style="list-style-type: none"> <li>• <i>Creating healthy environments for Queenslanders</i> through: <ul style="list-style-type: none"> <li>o tobacco control legislation and policy</li> <li>o place and population-based initiatives and policy, including shade creation and sun safety policies</li> <li>o the food regulation system.</li> </ul> </li> <li>• <i>Strengthening prevention responses within Queensland Health</i> through: <ul style="list-style-type: none"> <li>o delivery of prevention and intervention services such as Way to Wellness and the Smoking Cessation Clinical Pathway</li> <li>o workforce development and primary care support initiatives</li> <li>o leading a Systems Analysis Project with The Australian Prevention Partnership Centre to identify system redesign opportunities to improve chronic disease prevention in the Queensland Health system. The project is identifying feasible, high-yield opportunities, levers and mechanisms to enable quality prevention to be embedded across the health system. The focus is on secondary and tertiary prevention of chronic disease.</li> </ul> </li> <li>• <i>Providing population wide preventive health services</i> through: <ul style="list-style-type: none"> <li>o system manager of breast, bowel and cervical cancer screening programs as both prevention and early diagnosis</li> <li>o Quitline.</li> </ul> </li> <li>• <i>Surveillance and monitoring the health of the population</i> through: <ul style="list-style-type: none"> <li>o Adult and Child Preventive Health Surveys</li> <li>o Chief Health Officer report.</li> </ul> </li> <li>• Supporting targeted investments in policy, research, and program investments for priority populations and emerging or innovative areas of work.</li> </ul> <p>As announced in the 2022-23 State Budget, Queensland Health will deliver a public awareness skin cancer prevention campaign, including pop-up community skin cancer screening clinics.</p>

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			<p>The Queensland Government's strategic policy context for mental health supports the intent of this recommendation. It includes:</p> <ul style="list-style-type: none"> <li>• <i>Shifting minds: Queensland Mental Health, Alcohol and Other Drugs Strategic Plan 2018-2023 (Shifting minds)</i>, which sets the strategic direction for a whole-of-government, whole-of-community, and whole-of-person approach to improving the mental health and wellbeing of all Queenslanders.</li> <li>• Its sub-plan <i>Every life: The Queensland Suicide Prevention Plan 2019-2029 (Every life)</i> is a whole-of-government plan for suicide prevention in Queensland, with renewed drive and urgency to reduce suicide.</li> </ul>
38.	<p>The committee recommends that the Australian and Queensland Governments explore partnership arrangements to increase capital investment in primary health clinics and health hubs to deal with low acuity presentations that are currently falling on emergency departments.</p>	<p>Australian Government and Queensland Government</p>	<p>The Queensland Government supports this recommendation in-principle, noting the Australian Government is primarily responsible for primary care.</p> <p>The Queensland Government continues to increase capital investment to deal with low acuity presentations which are currently falling on emergency departments.</p> <p>The Queensland Government's 2022-23 State Budget commits to improve off stretcher times in Emergency Departments impacted by ramping and over the medium term develop new models of care for Emergency Department avoidance such as the Satellite Hospitals Program and implementing Rapid Access Clinics across ten Hospital and Health services totalling \$11.7 million. The Rapid Access Clinics initiative will support a range of activities to reduce the pressure on Emergency Departments.</p> <p>Queensland is continuing the delivery of the \$280 million Satellite Hospital Program, which will deliver seven new facilities in rapidly growing communities across South-East Queensland and take pressure off major hospitals. They will be located in Caboolture, Kallangur (Pine Rivers), Tugun (Gold Coast), Ripley (Ipswich), Bribie Island, Eight Mile Plains (South Brisbane) and Redlands. \$26 million is being made available in 2022-23 to provide targeted support to Hospital and Health Services to identify actions that will improve patient flow.</p> <p>Queensland Ambulance Service is enhancing health access and patient outcomes through the expansion of the Clinical Hub. The Clinical Hub utilises paramedics, Emergency Medical Dispatchers and Medical Officers to ensure an appropriate health response is provided to the community utilising Mental Health Liaison and links to Virtual Emergency Departments in Metro North, along with a secondary triage service. The service assists patients in navigating their health care needs and accessing the appropriate health care in a timely manner. In doing this, it also decreases demand on Emergency Departments.</p> <p>HWQld has joined a Queensland-first alliance with The University of Queensland, UQ Health Care, Metro South Health, Brisbane South PHN, Diabetes Queensland and Griffith University, to deliver a hub model of integrated chronic disease care at the Logan Healthcare Centre. The hub focus is to reduce the burden on tertiary healthcare through an integrated preventive healthcare model which leverages cross sectoral healthcare to reduce potentially preventable hospitalisations and emergency department presentations. The collaborative investment in this proof-of-concept hub model will provide an evidence base and framework for implementation in other communities.</p> <p>The Queensland Government will collaborate with the Australian Government to explore opportunities and options for implementation.</p> <p>Several of the Australian Government's 2022 Federal Election commitments have potential to assist with reducing pressures on state public hospital emergency departments including:</p> <ul style="list-style-type: none"> <li>• strengthening Medicare through more after-hours care, multi-disciplinary care, better management of chronic conditions, better management of complex and chronic conditions and through a GP grants program (\$750 million over four years)</li> <li>• establishing 50 Medicare Urgent Care Clinics nationally (\$135 million over 4 years), and</li> <li>• initiatives to deliver more doctors to rural and regional Australia (\$146 million).</li> </ul>

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			The Queensland Government has commenced working with the Australian Government on the number, location, design and implementation of Urgent Care Centres in Queensland.
39.	The committee recommends that the Australian Government and Queensland Health collaborate to explore partnership opportunities with aged care providers to expand Residential Aged Care Support Services, or other services, to all HHS regions and service areas across Queensland.	Australian Government and Queensland Government	<p>The Queensland Government supports this recommendation.</p> <p>The Queensland Government supports the expansion and funding support for Residential Aged Care Support Services to provide hospital-avoidance type care and admissions and sees these initiatives beneficial to consumers of residential aged care services.</p> <p>However, there needs to be some caution about the cost-shift opportunity that primary care substitution services are often providing. While the Queensland Government is committed to collaborating with the Australian Government on implementing additional services, it does not obviate the need for good visiting doctors for Residential Aged Care Facilities and other clinicians that are appropriately remunerated to do so.</p> <p>The Queensland Government expects to continue to collaborate in this space due to the Royal Commission into Aged Care Quality and Safety's Recommendation 58 – Access to specialists and other health practitioners through Multidisciplinary Outreach Services.</p>
40.	<p>The committee recommends that the Australian and Queensland Governments collaborate to explore opportunities to:</p> <ul style="list-style-type: none"> <li>• increase the scope of practice of nurses and nurse practitioners in primary health care settings</li> <li>• consider trialling nurse-led and nurse-practitioner led models of care and walk-in clinics for low acuity episodes of care, similar to the model adopted in the ACT.</li> </ul>	Australian Government and Queensland Government	<p>The Queensland Government supports this recommendation and will work with the Australian Government to explore further opportunities to increase the scope of practice of nurses and nurse practitioners in primary health care settings, including in rural and remote areas, where local nurse practitioners have the potential to make significant contributions to early intervention, prevention and management of chronic disease.</p> <p>For example, there are a few Nurse Practitioner models of care utilised within Queensland Residential Aged Care Facility (RACF) settings, which include:</p> <ul style="list-style-type: none"> <li>• The Residential Aged Support Service (RaSS). This model provides care in partnership with General Practitioners and RACFs to increase patient choice of care setting and improves the quality and safety of care provided. Nurse Practitioners are employed in this service.</li> <li>• The Specialist Palliative Care in Aged Care (SPACE). The purpose of this model is to enhance equitable access to specialist palliative care for older Queenslanders residing in RACFs. Palliative Care Nurse Practitioners liaise with hospital inpatient Palliative Care consultants.</li> </ul>