Queensland Government Interim Response

11/5/22

Health and Environment Committee: Report No. 18, 57th 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*

Background

On 17 November 2021, the Legislative Assembly established an 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'" (the Inquiry), which would be undertaken by the Health and Environment Committee (the Committee).

The Terms of Reference for the Inquiry required the Committee to provide the Legislative Assembly, by 31 March 2022, with a report on:

1. the provision of:
   a. primary and allied health care;
   b. aged and NDIS [National Disability Insurance Scheme] care; and
   c. the private health care system;

   and any impacts the availability and accessibility of these services have on the Queensland public health system, and
2. in conducting the Inquiry, the Committee was asked to consider:
   a. the current state of those services (outlined in 1, above) in Queensland;
   b. bulk billing policies, including the Commonwealth Government's Medicare rebate freeze;
   c. the Commonwealth Government's definition of the Commonwealth Distribution Priority Areas; and
   d. availability of medical training places at Queensland universities, compared to other jurisdictions.

On 17 March 2022, the Legislative Assembly resolved to extend the reporting date for the Inquiry to 8 April 2022.

On 8 April 2022, the Committee published Report No. 18, 57th 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* (the Report), containing 40 recommendations.

Overview

The Committee inquired into how the provision of primary care, allied health, private health services, aged care and NDIS services impacts Queensland's public health and hospital system. This involved reviewing the roles and responsibilities of the Australian and State and Territory Governments, the current state of those services and how gaps and deficiencies impact access and availability of healthcare across Queensland and the efficiency and effectiveness of Queensland's public health and hospital system.

Given the high level of interest and engagement from the community during the Inquiry, and to ensure the 40 recommendations are appropriately considered, the Queensland Government is providing an interim response to the Report.

The Queensland Government supports in principle all of the Report recommendations and looks forward to working towards implementation with the Australian Government.

The Report is timely and important. Queensland's public hospital system is stretched, with increasing demand on state services driven by conditions that could have been prevented or better managed in the community or other sectors.

These pressures have been intensified by chronic mismanagement, under-investment, and neglect by the Australian Government in all facets of our healthcare system over the last decade – whether it be primary care, hospital funding, or mental health services.

This has been further compounded across Australia by COVID-19, including the backlog of care from the pandemic, the need to maintain health system readiness, increased cost pressures, and impacts on the health workforce and models of care.

The Queensland Government has recognised the continuing pressures on the State's health system. In the last 12 months we have delivered a further record health budget of $22.2 billion and are delivering an extra 1,056 beds by 2026.

The Care4Queensland initiative is a $263.7 million investment, which has seen:

- 351 additional beds funded;
- expansion of the Transfer Initiative Nurse model to an additional six facilities;
- expansion of mental health co-responder model teams; and
- expansion of the Hospital in the Home (HiTH) model.

Between 2015 and 2020 we have hired 7,358 more nurses and midwives, 2,450 more doctors, 2,031 more allied health professionals, and 812 more paramedics.

In this term of Government, we will boost our health workforce by employing an additional 9,475 frontline health staff.

However, gaps and deficits in primary, allied and private health care, aged care and the NDIS sector will continue to place additional pressure on Queensland's public hospital system, resulting in presentations to emergency departments and hospital admissions that could have potentially been avoided. The Report clearly demonstrates the need for greater supportive measures from the Australian Government.

The private aged care sector is solely the responsibility of the Australian Government. The Report demonstrates the increase in presentations from residential aged care facilities, resulting in additional pressure on the Queensland public health system. As noted by the Committee:

> *"Figure 4 demonstrates that the number of Code 1 and 2 ambulance transfers from RACFs to public emergency department per year has increased significantly from 2018-19 (25,000) to 2021 (almost 40,000)."*
>
> *"...a significant number of these issues could have been dealt with at RACFs, if there was sufficient access to primary and allied health care within RACFs (improved models of care), in particular GPs and registered nurses."*
>
> — Report, pages 26 and 27

Lack of access to bulk billing General Practitioners (GPs), and broader issues with Medicare and bulk billing continue as significant concerns to the Queensland Government and act as drivers of presentations at public hospital emergency departments:

> *"The committee acknowledges the impact and financial cost that lower urgency presentations have, not only on public emergency departments, but also on patients and their health outcomes.*
>
> *The committee notes that these types of presentations, which could be more appropriately addressed by GPs in primary health care or community settings, represented over a quarter of emergency department presentations in Queensland in 2018-19. The committee also notes the cost of addressing a non-urgent emergency presentation (estimated at $540), compared to a 40-minute GP consultation which is $111.50."*
>
> — Report, page 24

Submissions to the Committee demonstrate that access to affordable primary care is increasingly out of reach for Queenslanders:

> *"In 2020-21, it is estimated that Queensland Health spent about $161.2 million on primary healthcare services, including $61.7 million in Torres and Cape HHS. Queensland Health commented that only a small proportion of this expenditure would have been recovered from the Australian Government.*
>
> *Queensland Health advised that in some locations, such as Biggenden, Richmond and Theodore, it established GP clinics in rural locations where there is no private GP or where the previous GP has retired or left. In such instances, a non-specialist senior medical officer (SMO) employed by Queensland Health would work part-time at the GP clinic in addition to working at the public hospital."*
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> — Report, page 52
>
> *"My husband [...] was in a nursing home in Caboolture for the last three years. For the last nine months it was hell. He had no GP for nine months, and the only thing we were offered at the nursing home was either to get an after-hours doctor or to go to the hospital. The after-hours doctor would only come and see him once a week."*
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> — Public Hearing (Bribie Island) Transcript, page 30

The interface between hospitals, the aged care sector and the NDIS has given rise to significant barriers to accessing appropriate post-discharge care and support. Workforce shortages and increasing costs for service delivery are intensifying and often result in the Queensland Government becoming the "provider of last resort", particularly for primary and allied health care services in regional, rural, and remote locations.

In 2021, representatives from health, disability and social services agencies in consultation with disability peak organisations developed a suite of actions to address issues impacting long-stay patients awaiting disability supports. On 4 November 2021, the actions were presented to the Hon Senator Reynolds CSC, Minister for the NDIS, for Australian Government consideration.

In February 2022, Senator the Hon Anne Ruston, Acting Minister for the NDIS advised Health Ministers the Australian Government does not support the actions and that the NDIA had already implemented measures to address hospital discharge delays for NDIS participants. The consensus among State and Territory officials and disability sector stakeholders is that the NDIA's response was unsatisfactory and had been implemented with insufficient consultation.

This is a profoundly disappointing response from the Australian Government, especially considering there are currently over 512 patients (equivalent to two Redcliffe Hospitals) waiting for suitable aged care or disability accommodation (medically ready for discharge but awaiting appropriate supports to transition to the community). Patients in this situation stay, on average, for four months in a public hospital at significant cost to the state[1].

Queensland Health's submission to the Inquiry also demonstrates the impacts on the individuals themselves:

> *"Discharge delays divert resources away from patients who need acute care. In addition, unnecessarily prolonged hospitalisations are associated with adverse patient outcomes including deconditioning, institutionalisation, hospital acquired infection and the psychological distress that comes from being forced to live in a hospital bed unnecessarily.*
>
> — Report, page 33

Since April 2021, the $4 million Long-Stay Rapid Response (LSRR) has supported 225 long-stay patients to leave hospital and are currently progressing discharge plans for an additional 80 long-stay patients. It is estimated that the bed days saved from these patients is 6,462, saving Queensland taxpayers $11,091,580. Had the Queensland Government not intervened, the extended stay for this cohort would have been more than 46 years of bed days at a cost of $33,764,000.

It is noted by the Queensland Government that Western Australia recently announced a similar program to Queensland to reduce long-stay patient numbers due to the failed oversight of the aged care and disability sectors by the Australian Government ($5.8 million for a Long Stay Patient Fund for support measures tailored to the needs of individual patients experiencing barriers to being discharged from hospital).

The Report further highlights that now, more than ever, we need a strong, sustainable, and integrated health system. As the Committee noted, significant workforce gaps and skills shortages are impacting service provision, including for people that are more vulnerable to poorer health outcomes, including First Nations people, people from culturally and linguistically diverse backgrounds, people in regional, rural, and remote areas and people requiring aged care and NDIS services.

An effective, sustainable, and integrated health care system is critical to support Australians' health and wellbeing, and to keep people out of hospital. This is in the interests of individuals, communities, the workforce, the broader health sector, and Australian governments at all levels.

Under the *National Health Reform Agreement 2020-2025*, the Australian, State and Territory Governments have distinct responsibilities as well as joint responsibilities. The Committee's recommendations call on the Australian and Queensland Governments to work together to address challenges and opportunities for Australia's health system. Governments have a joint responsibility for building and retaining the health workforce, improving the effectiveness and efficiency of the health system and its interface with the aged care and disability sectors, so that people receive the right care at the right time in the right place.

Recommendations to the Australian Government

The Queensland Government supports in principle the recommendations that pertain to matters relevant to the Australian Government as the funder and regulator of primary, allied and private health care, aged care, and NDIS services (recommendations 1-4, 6, 8, 10-13, 15-19, 23-25, 27-31 and 33-35).

[1] A breakdown of long stay patients by Hospital and Health Service is included in Appendix A.

Queensland Government response

The Queensland Government supports the Committee's finding that increased Commonwealth funding is needed to relieve pressures on Queensland's public health system.

The Report recommends the Australian Government increases its share of investment in public hospitals (through removal of the 6.5% per annum growth cap on Australian Government funding and moving to a 50-50 funding share model with State and Territory Governments), and fully compensates Queensland for costs incurred from preventable and avoidable hospitalisations, including long-stay patients medically fit for discharge who remain in hospital due interfaces issues with aged care and disability services.

The recommendations regarding the training, attraction and retention of the health workforce and the aged care and disability workforce are supported.

The Queensland Government strongly supports an increase in Commonwealth Supported Places for medical programs, a review of the Australian General Practice Training program, and would welcome the opportunity to provide input into Commonwealth decision-making regarding the Distribution Priority Access Classification Scheme. Queensland needs more primary care clinicians in the right places, especially in regional, rural and remote areas and in the aged care and disability services sector, and a strong First Nations health workforce. Queensland also needs more and better aged care services and faster access to NDIS services for eligible people.

The Queensland Government welcomes the Report recommendation for the Australian Government to review and reform the Medicare Benefits Schedule (MBS) and review the effectiveness of Primary Health Networks. These recommendations are timely and indicate that funding models and governance need to evolve to support improved and innovative models of care.

The Queensland Government also supports the Committee's request to the Australian Government to respond to the recommendations contained within the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee: *Report No. 33, 56th Parliament – Aged care, End-of-life and Palliative Care*, which was tabled over two years ago on 24 March 2020.

The Queensland Government will seek to work with the next Australian Government to implement these recommendations.

Recommendations to the Queensland Government

Four recommendations were directed specifically to the Queensland Government. The Queensland Government supports these recommendations in principle and will undertake to develop implementation plans for each of these recommendations. Additional comments are provided in relation to recommendations 7, 9, 26 and 37.

Recommendation 7: ***The Committee recommends that Queensland Health, in collaboration with the Hospital and Health Services, 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***

The Queensland Government supports this recommendation in principle and is committed to reviewing hospital discharge practices, especially for patients who have been transferred long distances including Aboriginal and Torres Strait Islander patients from remote communities. The Patient Access to Care Health Service Directive was updated on 1 October 2021 and addresses patients requiring inter-hospital transfers.

An Implementation Standard is currently under development to improve to the quality and timeliness of transfer-of-care information between hospitals and general practices for both inpatient and outpatient services. Queensland Health is also piloting the Transition of Care Pharmacy Project, a pharmacist-led intervention to improve transitions of care and improve communication of medication related care between the referring and receiving clinicians, patients, and their families.

Recommendation 9: ***The Committee recommends that the Queensland Government requests that the Medicare Benefits Schedule (MBS) Review Advisory Committee reinstates immediately Medical Benefits Scheme 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***

The Queensland Government supports this recommendation in principle and the reinstatement of MBS services to improve the sustainability of private medical providers in regional, rural, remote, and outer metropolitan areas. Further to this, the Queensland Government calls for the Medicare Benefits Schedule Review Advisory Committee to review any other items that would aid the provision of quality primary and allied health care in these settings and will write to the Committee to formally request this.

The Queensland Government supports recognition through the MBS of the differences in the way services are delivered in regional, rural, remote, and outer metropolitan areas resulting from the lack of healthcare providers in these areas. The high cost of delivering services in these areas challenges the ongoing sustainability of many private providers, which in turn places pressure on Queensland's public hospital system to be the provider of last resort.

Recommendation 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, 56th Parliament – Aged care, End-of-life and Palliative Care report***

The Queensland Government supports this recommendation in principle, noting some of the recommendations in Report No. 33 will be superseded or not applicable due to changes as a response to COVID-19, or other initiatives resulting from the Royal Commission into Aged Care Quality and Safety.

The Queensland Government tabled a response to Report No. 33 on 24 September 2020, which included a $171 million funding package for Palliative Care. Queensland Health has been consulting and engaging 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 Queensland Government's Response to Report 33. In November 2021, Queensland Health invited offers from non-government service providers to deliver community-based palliative care services outside of South East Queensland. The tender closed on 27 January 2022 and it is anticipated that new services will commence later in 2022.

Recommendation 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 heart disease and diabetes, and mental health conditions, to reduce the burden of these diseases and conditions and reduce the impact on the public health system***

The Queensland Government supports this recommendation in principle, noting the Queensland Government's significant current investment in a broad range of prevention and early intervention initiatives to prevent chronic conditions.

Health and Wellbeing Queensland (HWQld) was established in July 2019 to improve the health and wellbeing of all Queenslanders and reduce health inequities. HWQld runs a suite of healthy lifestyle programs to prevent chronic conditions including *My health for life*, *10,000 Steps*, *Jamie's Ministry of Food* and *Deadly Choices*. The Preventive Health Branch in the Department of Health provides expertise, leadership and innovation to improve policy, systems and programs related to chronic disease prevention, cancer screening and health promotion.

The Queensland Government also notes the Australian Government has primary responsibility for primary health care and primary prevention.

Recommendations to the Australian and Queensland Governments

The report recommends joint action by the Australian and Queensland Governments.

Additional comments are provided in relation to recommendations 5, 14, 20-22, 32, 36, 38-40.

Recommendation 5: Collaboration to improve hospital discharge arrangements for older patients

The Queensland Government supports this recommendation in principle and has worked actively with other State and Territory Governments over the past year to collaborate with the Australian Government on addressing barriers for discharging public hospital patients to NDIS services.

The Queensland Government will continue to work with all jurisdictions on this matter.

Recommendations for strengthening the health workforce, particularly in regional, rural and remote areas (recommendations 14, 20, 21 and 22)

The Queensland Government supports these recommendations in principle and will seek to collaborate with the Australian Government on strategies to enhance the training, attraction and retention of the health workforce, particularly in regional, rural and remote areas.

The Committee recommends that Queensland focuses on growing a locally based workforce in regional, rural and remote areas while maintaining international recruitment strategies to meet immediate skills shortages. Queensland Health is currently partnering with stakeholders on initiatives to produce homegrown primary and allied healthcare, for examples, the Central Queensland and Wide Bay and Darling Downs and South West Medical Pathways, the Rural Generalist training program and facilitated rotations of trainee doctors in rural general practices.

The Queensland Government is committed to working with the Australian Government on visa requirements, offers and packages to encourage more primary and allied health specialists, doctors and aged care workers to Queensland and will explore with the Australian Government options for accommodation supports for student placements in regional, rural, and remote areas.

The Queensland Government will seek to progress the Report's recommendations with national implications through intergovernmental health forums. Key priorities will include building a sustainable rural and remote workforce and strong Aboriginal and Torres Strait Islander workforce.

Recommendation 32: Improving interface between the National Disability Insurance Scheme and public health system

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 for their needs and wellbeing.

Queensland and other State and Territory Governments have requested the Australian Government's support to improve hospital discharge for NDIS participants, including the pursuit of funding reform, the establishment of consistent long-stay data collection and sharing, and clarifying short term supports required to enable safe and timely discharge.

As part of the $100 million Care4Qld Strategy, to address unprecedented demand in Queensland's public hospitals, $4 million was invested into the Long-Stay Rapid Response to support appropriate hospital discharge for patients awaiting access to disability and aged care supports. As of April 2022, 225 patients involved in the program have been able to leave hospital and a further 80 patients are in the process of being supported to discharge.

The Queensland Government will continue pursuing systemic reforms with the Australian Government to improve hospital discharge for NDIS participants as part of the implementation of this recommendation.

Recommendations 36, 38 and 40: Recommendations to jointly increase investment in preventative health and early intervention, and explore partnership arrangements, scope of practice and delivery models for primary care clinics and health hubs to address low acuity presentations currently falling on emergency departments

The Queensland Government supports these recommendations in principle and will engage the Australian Government to explore opportunities and options for implementation.

The Queensland Government invests significantly in early intervention and preventative health and steps in as a 'provider of last resort' for primary care services, where there is limited access and availability, for examples, due to affordability, geographic location, and the lack of after-hours services in many areas.

In 2020, the Queensland Government announced its Satellite Hospitals Program, a $265 million commitment to deliver seven new facilities to support public healthcare delivery in rapidly growing communities across South East Queensland. The facilities will provide healthcare services that are more appropriately delivered in community, closer to home and in a more convenient setting, with intended benefits including a reduction in potentially preventable hospitalisations.

Recommendation 38: Jointly explore opportunities to expand Residential Aged Care Support Services, or similar type services

The Queensland Government supports this recommendation in principle and sees these initiatives as beneficial to consumers of residential aged care services.

The Queensland Government is already operating several in reach programs to provide primary care and hospital avoidance type services to people in residential aged care facilities. The Queensland Government will seek to work with the Australian Government and other State and Territory Governments in relation to multidisciplinary outreach services in residential aged care facilities which aligns with the Royal Commission into Aged Care Quality and Safety recommendations to improve access for residential aged care facility residents to specialists and other health practitioners through multidisciplinary outreach services.

Long Stay Patients – Feb 2022 Census

- Long-stay patients are inpatients that are medically ready for discharge but are awaiting appropriate supports to transition to the community.
- Queensland Health conducts a state-wide long-stay patient census on a quarterly basis.
- Long-stay data collections are point-in-time snapshots.
- The number of long-stay patients is subject to change daily as long-stay patients transition to the community and other patients become long-stay.
- As at 23 February 2022, there were 512 long-stay patients across Queensland Health settings.
- The below table provides a breakdown by person type and by Hospital and Health Service.

Hospital and Health Service	Long Stay Younger Persons	Long Stay Older Persons	Sum of Total
Cairns and Hinterland HHS	12	6	18
Central Queensland HHS	4	42	46
Central West HHS	0	0	0
Childrens Health Queensland HHS	4	0	4
Darling Downs HHS	14	33	47
Gold Coast HHS	20	38	58
Mackay HHS	4	28	32
Metro North HHS	45	59	104
Metro South HHS	8	25	33
North West HHS	0	6	6
South West HHS	0	4	4
Sunshine Coast HHS	24	15	39
Torres and Cape HHS	0	0	0
Townsville HHS	22	33	55
West Moreton HHS	17	20	37
Wide Bay HHS	14	15	29
Mater Public	0	0	0
Grand Total	**188**	**324**	**512**


Queensland Legislative Assembly
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Tabled
By Leave
MP: Kon O'Rourke
Clerk's Signature: