Joint Regional Health Needs Assessment

After Hours Care

phn DARLING DOWNS AND WEST MORETON
An Australian Government Initiative

Darling Downs Health

West Moreton Health

We acknowledge Aboriginal and Torres Strait Islander peoples as the Custodians of this land, the Jagera, Giabal and Jarowair People of the Wakka Wakka nation. We pay our respect to Elders past, present and emerging, and commit to a future with reconciliation and renewal at its heart.

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Acronyms

ABS – Australian Bureau of Statistics

AHSP – After Hours Support Program

AI – Artificial Intelligence

AIHW – Australian Institute of Health and Welfare

AOD – Alcohol and other drugs

CAMS – Community Action for a Multicultural Society

DD – Darling Downs

DDH – Darling Downs Health

DDWMPHN – Darling Downs West Moreton Primary Health Network

DFV – Domestic and family violence

ED – Emergency department

GPs – General practitioners

GPMP – GP Management Plan

HECS – Higher Education Contribution Scheme

HHS – Hospital and Health Service

HNA – Health Needs Assessment

KTD – Kitchen table discussions are a method of consumer engagement and form part of the PHN's TALK ABOUT program

LGA – Local Government Area

MBS – Medicare Benefits Schedule

NAATI – National Accreditation Authority for Translators and Interpreters

NGO – Non-government organisation

PBS – Pharmaceutical Benefits Scheme

PHA – Population Health Area

PHC – Primary Health Care

PHIDU – Public Health Information Development Unit, Torrens University

PHN – Primary Health Network

QAS – Queensland Ambulance Service

RACH – Residential aged care home

RACGP – Royal Australian College of General Practitioners

RaSS – Residential Aged Care Facility Support Service

SA2 – Statistical Areas Level 2

SCHHS – Sunshine Coast Hospital and Health Services

SEIFA – Socio-economic Indexes for Areas

SETS – Settlement Engagement and Transition Support

UCC – Medicare Urgent Care Clinic

WM – West Moreton

WMH – West Moreton Health

Introduction

After Hours primary care services – care given by a primary care provider, such as a General Practitioners (GPs), between 6 pm and 8 am weekdays, Saturdays outside of 8 am to 12 pm, and all day Sunday and public holidays - are a crucial component of our healthcare system.

In our region, we have recently seen the introduction of Medicare Urgent Care Clinics (funded by the PHN) in Ipswich and Toowoomba, as well as a Minor Illness and Injury Clinic (provided by West Moreton Health) in Ripley and Cub Care for urgent paediatric consultations (funded by Darling Downs Health) in Toowoomba, however these are to reduce unnecessary presentations at Hospital Emergency Departments, are not intended to replace the much needed care provided by our GPs during the after hours period.

To continue to meet the diverse and changing needs of our community, we must continue to understand how current services are working, where there may be service gaps, and re-evaluate the after hours care related funding distribution to ensure we optimise the use and benefits of these services for the people of our region.

As partners, Darling Downs Health, West Moreton Health and Darling Downs and West Moreton PHN, we have embarked on a journey to better understand and address the unique health needs of our communities. This is one of the first Regional Health Needs Assessment reports produced jointly in collaboration between Darling Downs Health, West Moreton Health and Darling Downs and West Moreton PHN.

This *Joint Regional Health Needs Assessment: After Hours Care* provides the latest snapshot of the 'state of the region' and digs deep to find any new or innovative ways we can improve these services to meet the current and emerging needs. This report delves into the needs of both General Practice as well as our community in the delivery of after hours primary health care services.

By bringing together information from the community, local health services and the health workforce, we can establish opportunities for continuing to make a difference to the health of the region, ensuring we are providing people with the right care, in the right place, at the right time.

We will be using this document to uncover:

- after hours primary health care needs
- gaps in availability of after hours primary health care services
- non-urgent attendances at emergency department hospitals during the after hours period, and
- learning how we might better support general practices to provide care during the after hours period in an ongoing, sustainable manner.

We hope that other agencies and organisations, both within and outside of the healthcare system, might also learn and benefit from its findings.

Lucille Chalmers

Chief Executive Officer
Darling Downs and West Moreton PHN

Annette Scott

Chief Executive
Darling Downs Health

Hannah Block

Chief Executive
West Moreton Health

1. Executive summary

About the joint regional Health Needs Assessments

Darling Downs and West Moreton PHN (PHN), West Moreton Health (WMH) and Darling Downs Health (DDH) partnered to develop this Joint Regional Health Needs Assessment (HNA), which represents the primary health care needs and interests of people in our region who need to access primary health care services outside regular operating hours.

The HNA aims to identify service gaps and key issues, as well as establishing joint regional priorities.

Methodology

The HNA was completed through the implementation of an evidence-based methodology for understanding need and determining priorities. The process was conducted according to the PHN Program Needs Assessment Policy Guide[1] and considered needs from multiple perspectives as outlined in Bradshaw's Taxonomy of Need[2].

A working group and steering committee consisting of members from the PHN, WMH and DDH were established to oversee the delivery of the HNA. These groups met regularly throughout the project, with increased frequently during the project set up period.

The Darling Downs and West Moreton Region

In 2022, the total population of the Darling Downs and West Moreton region was estimated to be 606,588[3]. The region is one of the fastest growing areas in Australia and predicted to grow by 20% by 2030.

The responsibility for provision of health care and health services in the region is shared between the PHN, DDH and WMH. Aboriginal Community Controlled Health Organisations in the region include Carbal Medical Services, Cherbourg Regional Aboriginal and Islander Community Controlled Health Services (CRAICCHS), Goolburri Health Advancement Corporation, Goondir Health Services and Kambu Aboriginal and Torres Strait Islander Corporation for Health.

The region covers 99,000 km^2 and spans 12 local government areas (LGAs). The major communities in the region are Ipswich and Toowoomba, plus the surrounding communities located in the Lockyer Valley, Scenic Rim, Somerset, South Burnett, Cherbourg, Southern Downs, Goondiwindi and Western Downs. The region also includes communities located in the Banana Shire and Brisbane.

Defining 'after hours'

The Department of Health and Aged Care describes 'after hours care' as 'accessible primary health care for instances when treatment cannot wait and may not require a visit to a

[1] Australian Government. (2021). PHN Program Needs Assessment Policy Guide. Department of Health and Aged Care. https://www.health.gov.au/resources/publications/primary-health-networks-phns-needs-assessment-policy-guide?language=en
[2] Bradshaw, J. R. (1972). The taxonomy of social need. In R. Cookson, R. Sainsbury, & C. Glendinning (Eds.), (2013), *Jonathon Bradshaw on social policy: Selected writings 1972–2011*. York: University of York.
[3] PHIDU (2023). Social Health Atlas of Australia 2023. Based on ABS 3235.0 Population by Age and Sex, Regions of Australia, 30 June 2022.

hospital's emergency department.'[4] 'After hours' is described as 6 pm to 8 am on weekdays, Saturdays outside of 8 am to 12 pm, all day Sunday and public holidays. However, without access to preventative and non-urgent care after hours, many people face great difficulty getting the care they need. This includes parents and young families; the elderly, including residents in aged care homes; carers; and people with terminal or chronic conditions.

Health needs across the region

Consumers mentioned that access to affordable health care is the key need of people who seek care after hours. This includes access to bulk billing and access to pharmaceuticals after hours. Consumers also mentioned the following issues:

- long wait times to access health care
- insufficient access to primary and allied health care outside of business hours
- a lack of after hours health care options for people in rural areas.

The after hours health care needs stakeholders and consumers identified were:

- managing chronic disease
- managing mental health conditions
- addiction withdrawal
- support for people who have experienced sexual assault and domestic violence.

The documents and data reviewed to inform the HNA align with these areas of need.

Service needs

The key service needs stakeholders and consumers suggested were:

- education and awareness raising about after hours options, and which option is right for each level of health need
- more avenues for after hours health care in rural areas, including more after hours GPs and pharmacies
- improved access to after hours allied health services, including mental health services; diagnostic services; and health support services such as social workers, interpreters and clinical support for alcohol and other drug (AOD) withdrawal management
- improved access to after hours support for residential aged care homes (RACHs).

[4] www.health.gov.au/topics/primary-care/what-we-do/after-hours-care

Strengths and challenges

What is working well

Stakeholders and consumers identified how after hours services are working well in the region:

- digital health care options are effective – however, these do not work for everyone
- providers have good awareness and knowledge of after hours care pathways and what other service providers do and do not provide
- Urgent Care Clinics (UCCs) are providing affordable after hours care for patients who need treatment for an accident or illness that is not an emergency, and seem to be relieving the burden on hospitals
- the Primary Health Network's (PHN's) After Hours Support Program (AHSP) for GPs has increased availability of care after hours.

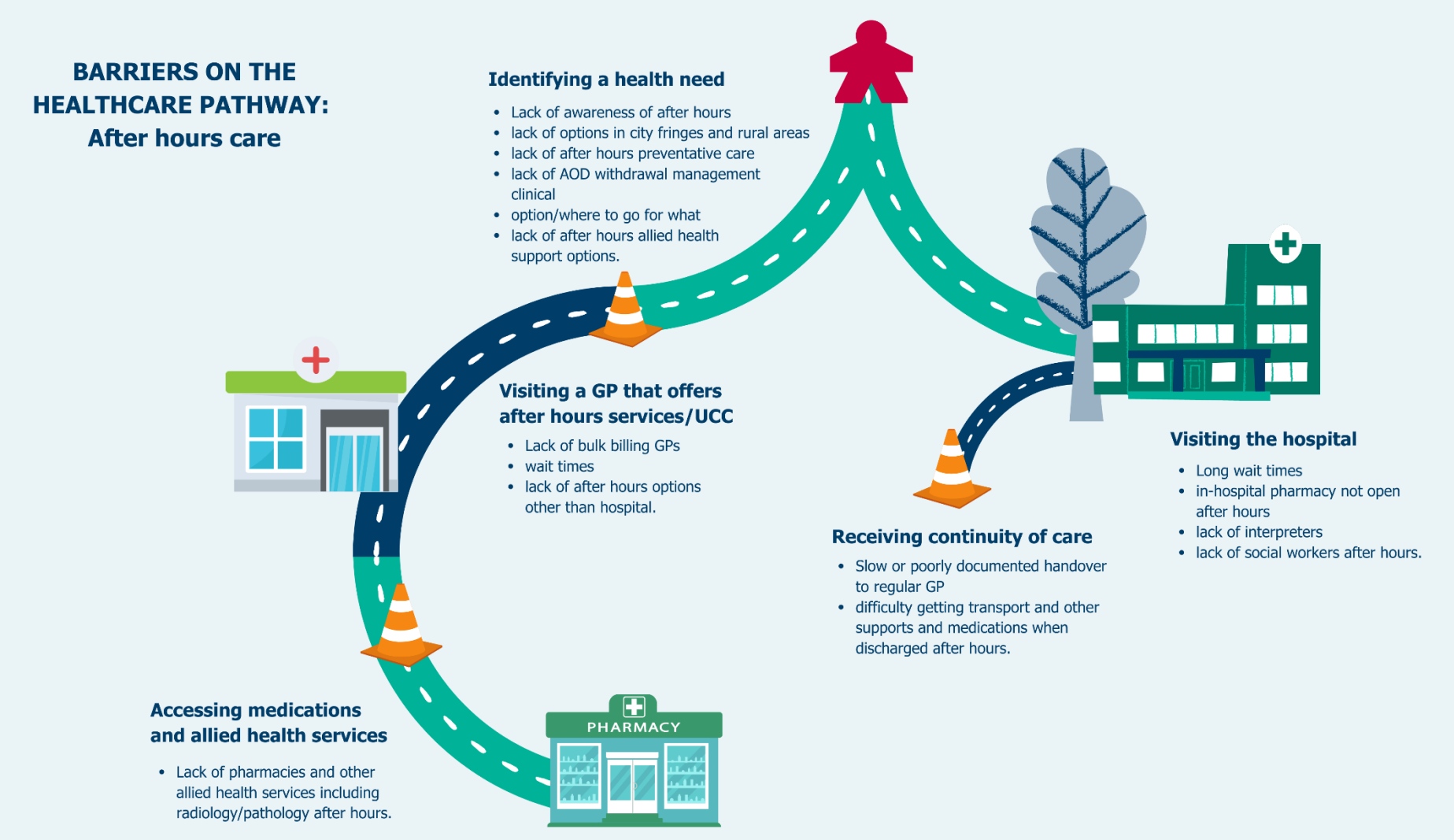
What could be better

Stakeholders and consumers identified several ways to improve after hours care:

- attracting and retaining health workers to work in regional and rural communities, to provide enough staff and reduce wait times
- stronger collaboration and knowledge sharing for better shared care between EDs and general practices (GPs)
- more after hours clinics that bulk bill, especially in regions where there are few clinics and low competition
- alternative models of service delivery, such as nurse-led and virtual services.

Figure 1 summarises the feedback stakeholders and consumers provided about barriers on the healthcare pathway.

Figure 1: Barriers on the healthcare pathway



Opportunities and priorities

The PHN may consider the below opportunities to build on strengths to meet the region's health needs, bridge service gaps and address the challenges stakeholders and consumers identified. Stakeholders participating in the consultations were invited to a workshop and online meeting to prioritise the opportunities for the region. An overview of the priorities identified through this process is described in Table 1.

Table 1: Opportunities and relevance across the region

Opportunity	Relevant region
Work with partners to identify the potential to employ chronic disease nurses and generalist nurse practitioners in after hours clinics.	Relevant across the region. **Stakeholders considered this a high priority across the region**
Consider reviewing the data on after hours referrals to HHS Residential Aged Care Facility Support Services (RaSSs). This would support conversations to develop a model for shared arrangements within the region, including telehealth style support for RACHs.	Relevant across the region, but particularly Toowoomba and Ipswich. **Stakeholders considered this a high priority across the region**
Continue incentives to provide after hours services to private providers and consider extending this from GPs to mental health services, pharmacies, pathology and radiology.	Relevant across the region. **Stakeholders considered this a high priority across the region**
Educate and support consumers to help them: • understand what is available • better assess their level of health care needs • identify the most appropriate path to get their health care needs met.	Relevant across the region, with greatest need in Toowoomba and Ipswich where there are greater number of available after hours care options. **Stakeholders considered this a high priority across the region**
Fund an after hours telehealth clinical service for addiction withdrawal management.	Relevant for Toowoomba and Ipswich, which have a high enough population density to help make this service cost effective. **Stakeholders considered this a high priority across the region**
Work with state and federal health partners to further research how after hours services in other regions are using digital translation options to meet consumer need for interpreters. Collaborate with Queensland Health and the Hospital and Health Services (HHSs) to explore the potential for other options using digital technology.	Relevant across the region, with greatest need in Toowoomba and Ipswich, which are Refugee Welcome Zones. **Stakeholders considered this a high priority across the region**
Draw on evidence to create incentives to attract and retain clinical and allied health workers to work and remain in the region. This may include collaborating further with workers to understand what makes them want to work in the region.	Relevant across the region
Explore options to provide social workers after hours, especially in rural hospitals. This might include providing a shared mobile resource to cover rural hospitals.	Relevant across the region, especially in more rural and remote areas

Our progress

More flexible service delivery, including after hours GP services and pharmacies, was a key gap identified in previous consultations,[5] as well as in this Health Needs Assessment (HNA). In 2021, the PHN rolled out an after hours program in GP clinics, providing them support payments to provide this care. While there is still a need to expand after hours care, this program has made after hours appointments more available. It has also provided the PHN with evidence about how GPs can be incentivised to provide sustainable after hours services, and identified the extent of need for access to after hours preventative health care for workers.

[5] AOD TALK ABOUT survey 2023; Care for older Australians TALK ABOUT survey 2020; Care closer to home survey 2021; Kitchen Table Discussions in 2022 on Mums, Bubs and Kids; Kitchen Table Discussion in 2022 on First Nations Health.

2. Community health status

After hours care

The Department describes 'after hours care' as 'accessible primary health care for instances when treatment cannot wait and may not require a visit to a hospital's emergency department.'[6] For Medical Benefits Schedule (MBS) purposes, 'after hours services' are described as those provided during:

- sociable after hours
  - 6 pm to 11 pm on weekdays
- unsociable after hours
  - 11 pm to 8 am on weekdays
  - Saturdays outside of 8 am to 12pm
  - all day Sunday
  - public holidays.

As at April 2024, the Department is reviewing after hours primary care policies and programs.

Without access to care after hours, many people face great difficulty getting the care they need. This includes parents and young families; the elderly, including residents in aged care homes; carers; and people with terminal or chronic conditions. Access to care after hours depends on having a workforce available to provide care, which is particularly hard in regional and remote areas.

To address the need for after hours care and relieve the growing pressure on the health system, both across Australia and within the region, the Queensland and Australian Governments[7] are introducing a range of initiatives. These include:

- a satellite hospital in Ripley, Moodoombar Dabbil (West Moreton Health – WMH), which opened in August 2023
- Medicare UCCs, which have been established in Toowoomba and Ipswich
- a Rapid Access Clinic,[8] established in Ipswich, which enables specialist clinical units to maintain ongoing responsibility for and oversight of the non-elective care of their patients when their chronic illness worsens at home, but does not require the ED

In time, initiatives such as these will boost after hours services within the region.

Health status

The following section on health status is designed to provide information about the type and range of services that may be required, to some extent, after hours. It is included here to understand where healthcare needs may arise in the future.

Compared to Queensland, the region has:

- higher rates of long-term conditions and deaths by avoidable causes
- lower rates of presentations to emergency departments (EDs)

[6] www.health.gov.au/topics/primary-care/what-we-do/after-hours-care
[7] www.plan.health.qld.gov.au/new-and-expanded-services
[8] www.plan.health.qld.gov.au/new-and-expanded-services

- a higher fertility rate and lower rates of women's presentations to antenatal care
- a higher rate of unemployment and lower rate of private health cover.

Table 2: Health status on a range of indicators (by standardised rate per 100,000 population)

		DDWM	Queensland
▲	Fertility rate (2021)	2.10 births per woman	1.73 births per woman
▼	Rate of private health cover (2019–2020)	35%	39%
▲	Unemployment rate in 2023 (impacts affordability of after hours care)	5.0%	3.7%
▲	Percentage of women who did not attend antenatal care in first 10 weeks (2017–2019)	56.8%	45.5%
▲	Rate of long-term health conditions (2021)	Self-reported rates: • a long-term health condition – 111 per 100,000 • asthma –10.3 per 100 • diabetes – 5.5 per 100 • heart disease – 4.6 per 100 • a lung condition – 2.3 per 100 • a mental health condition – 11.5 per 100.	Self-reported rates: • a long-term health condition – 103 per 100,000 • asthma – 8.5 per 100 • diabetes – 4.5 per 100 • heart disease – 4.2 per 100 • a lung condition – 2.1 per 100 • a mental health condition – 9.7 per 100.
▲	Average age standardised rate per 100,000 deaths from avoidable causes (2017–2021)	• All causes – 145.5 • Transport accidents – 8.5 • Respiratory system diseases – 14.1 • Suicide/self-inflicted injuries – 18.5	• All causes – 125.6 • Transport accidents – 6.1 • Respiratory system diseases – 11.2 • Suicide/self-inflicted injuries – 15.5
▼	Age standardised rate of ED presentations per 100,000 (2020–2021)	• All presentations – 23,925.7 • Non-urgent presentations – 905.1	• All presentations – 36,016.5 • Non-urgent presentations – 3,738.9

Source: Public Health Information Development Unit (PHIDU), Torrens University Australia. Social Health Atlas of Australia. Data by PHN/Local Government Area (LGA). Release date: December 2023.

In the more rural areas in the region, there is a lack of options for after hours care other than presenting to hospital EDs. Given this, it is useful to look at why people are presenting to EDs as a proxy for the kinds of needs there are in the region for after hours care.

There are differences in the leading causes of ED presentations in the region compared to Queensland, with circulatory system disease being the leading diagnosis, followed by mental and behavioural disorders – see Table 3. Respiratory and digestive system diseases were also more common in the region compared with Queensland. Of note is that a diagnosis of an infectious or parasitic disease is one of the least prevalent reasons for ED presentation in the region, but the rate of presentation for these diseases in the region is the highest for Queensland.

Table 3: 2020–2021 ED presentations by principal diagnosis (by standardised rate per 100,000 population)*

Ranking by occurrence	DDWM	Queensland
1	Diseases of the circulatory system (96)	Infectious and parasitic diseases (173)
2	Diseases of the respiratory system (76)	Diseases of the circulatory system (112)
3	Mental and behavioural disorders (74)	Mental and behavioural disorders (100)
4	Diseases of the digestive system (74)	Injury, poisoning and certain other consequences of external causes (99)
5	Diseases of the genitourinary system (73)	Diseases of the respiratory system (98)
6	Injury, poisoning and certain other consequences of external causes (71)	Diseases of the genitourinary system (97)
7	Infectious and parasitic diseases (63)	Diseases of the digestive system (92)
8	Other diseases/conditions (61)	Other diseases/conditions (83)
9	Diseases of the musculoskeletal system and connective tissue (51)	Diseases of the musculoskeletal system and connective tissue (79)

Source: PHIDU, Torrens University Australia. Social Health Atlas of Australia. Data by PHN/LGA. Release date: December 2023.
*Excludes 'total presentations for factors influencing health status and contact with health services' and 'other diseases/conditions.'

Self-reporting of mental health conditions is also higher in the region than for Queensland – see Table 4.

Table 4: People who reported they had a mental health condition in 2021 Census (age standardised rate)

	DDWM	Queensland
Age standardised rate per 100 people	11.5	9.7

Source: PHIDU, Torrens University Australia. Social Health Atlas of Australia. Data by PHN/Population Health Area (PHA). Release date: September 2023.

After hours service availability

GP clinics and pharmacies

Ipswich, with the largest population, has the highest availability of GP clinics and pharmacies that are open after hours, followed by Toowoomba. The other LGAs have extremely limited numbers of GPs or pharmacies available after hours – see Table 5: GP clinics open after hours and Table 6: Pharmacies open after hours.

Table 5: GP clinics open after hours

	7 pm*	8 pm*	9 pm*	10 pm*	One late night	Saturday after 12.30	Sunday (any hours)
Ipswich	7	2	1	1	2	8	13
Toowoomba	2	1	0	0	5	2	5
Lockyer Valley	0	0	0	0	0	3	1
Southern Downs	0	0	0	0	0	0	1
Western Downs	0	0	0	0	0	1	1
South Burnett	0	0	0	0	0	0	0
Somerset	1	0	0	0	1	0	0
Scenic Rim	0	0	0	0	0	0	0
Goondiwindi	0	0	0	0	1	0	0
Cherbourg	0	0	0	0	0	0	0
Banana Shire	0	0	0	0	0	0	0

*Regularly open at this time weeknights

Table 6: Pharmacies open after hours

	7 pm*	8 pm*	9 pm*	10 pm*	One late night	Saturday after 12.30	Sunday (any hours)
Ipswich	8	2	1	0	11	16	27
Toowoomba	5	3	1	1	3	14	15
Lockyer Valley	0	0	0	0	0	0	0
Southern Downs	0	0	0	0	0	0	0
Western Downs	0	0	0	0	1	1	1
South Burnett	0	0	0	0	0	2	2
Somerset	0	0	0	0	0	2	2
Scenic Rim	0	0	0	0	0	0	1
Goondiwindi	0	0	0	0	0	0	0
Cherbourg	0	0	0	0	0	0	0
Banana Shire (Taroom)	0	0	0	0	0	0	0

*Regularly open at this time weeknights

Medical Deputising Services

The Approved Medical Deputising Services program enables non-vocationally recognised doctors to access Medicare benefits (bulk bill) for providing after-hours services on behalf of other doctors. This helps them get general practice experience, while ensuring people can access health care after hours.[9] Stakeholders participating in the HNA has little knowledge of these services.

Table 7: Medical Deputising Services

Name of Medical Deputising Service	Areas of service
13sick[10]	Ipswich Toowoomba
Hello Home Doctor[11]	Ipswich Somerset
13Cure[12]	New Chum (Ipswich) Springfield (Ipswich)
House Call Doctor[13]	Toowoomba Ipswich
Dial a Home Doctor[14]	Toowoomba

Health workforce

Appendix 1 shows the rates of Medical Practitioners[15] in each of the region's LGAs.

Access to after hours primary care will be difficult in regions with few GPs.

The following LGAs have low rates of **GPs**:

- Somerset (15 in total – 70.9 per 100,000 people)
- Western Downs (26 in total – 75.7 per 100,000 people)
- Lockyer Valley (37 in total – 88.6 per 100,000 people).

The following LGAs have low rates of **Medical Practitioners**:

- Somerset (30 in total – 145.7 per 100,000 people)
- Western Downs (51 in total – 148.4 per 100,000 people)
- Lockyer Valley (64 in total – 153.2 per 100,000 people).

[9] www.health.gov.au/our-work/amds
[10] https://13sick.com.au/locations
[11] https://hellohomedoctor.com.au
[12] https://www.13cure.com.au/
[13] https://housecalldoctor.com.au/
[14] https://myhomedoctor.com.au/
[15] 'Medical Practitioners' is defined as being general, hospital and specialist medical practitioners.

The following LGAs have low rates of **nurses**:

- Lockyer Valley (184 in total – 440.6 per 100,000 people)
- Somerset (111 in total – 535.6 per 100,000 people)
- Scenic Rim (95 in total – 731.7 per 100,000 people).

The rate of nurses in West Moreton (3,221 nurses in total – 1,043.6 per 100,000 people) was significantly less than the rate in Darling Downs (4,642 nurses in total – 1,588.6 per 100,000 people).

The following LGAs have low rates of **Dental Practitioners**:

- Lockyer Valley (10 in total – 23.9 per 100,000 people)
- Somerset (7 in total – 31.5 per 100,000 people)
- Western Downs (15 in total, 43.7 per 100,000 people).

Cherbourg and Banana had fewer than one Dental Practitioner reported within their LGAs.

After hours service use

There are several ways to access services after hours in the region, with each service providing slightly different health care. These are:

- EDs of the 12 public and private hospitals in the region:
  - Boonah Hospital
  - Esk Hospital
  - Gatton Hospital
  - Ipswich Hospital
  - Kingaroy Hospital
  - Laidley Hospital
  - Stanthorpe Hospital
  - St Andrew's Ipswich Private Hospital
  - St Andrew's Toowoomba Private Hospital
  - St Vincent's Toowoomba Private Hospital
  - Toowoomba Hospital
  - Warwick Hospital
- Emergency services of rural hospitals
- GPs providing after hours services
- Medical Deputising Services[16]
- UCCs for bulk billed treatment for people who need treatment for an illness or injury that is not an emergency[17] – currently in Toowoomba and Ipswich
- satellite hospitals/minor injury clinics – for example the Ripley Satellite Hospital
- specialists providing after hours services.

GP after hours service use in the region was slightly lower than in Queensland overall for the periods 2018–2019 (22% versus 23% of the Queensland population) and 2022–2023 (15% versus 16% of the Queensland population) – see Table 8: Total GP after hours service use in the region compared with Queensland overall, between 2018–2019 and 2022–2023. This may be due to the roll out of the federally funded after hours incentive program for primary health

[16] www.health.gov.au/our-work/amds
[17] https://aci.health.nsw.gov.au/__data/assets/pdf_file/0007/273364/ucc-final-report-2-april-2014.pdf

providers in November 2021, with 35 GP practices of 168[18] in the PHN area participating in the program.

Table 8: Total GP after hours service use in the region compared with Queensland overall, between 2018–2019 and 2022–2023[19]

	Year	Total population	Number of patients	Percentage of population who had the service (%)	Number of services	Services per 100 people
DDWM*	2018–2019	577,853	126,204	22	243,755	42.18
	2022–2023	621,466	92,692	15	157,727	25.38
Queensland	2018–2019	5,011,216	1,128,689	23	2,182,867	43.56
	2022–2023	5,322,709	830,194	16	1,504,014	28.26

Source: Australian Institute of Health and Welfare (AIHW) analysis of Department of Health and Aged Care, MBS claims data, 2022–2023. Release date: March 2024; AIHW analysis of Department of Health, MBS claims data, 2018–2019. Release date: September 2019. Note: There is a large reduction in after hours service use between 2018–2019 and 2022–2023, which is likely due to people with less critical health issues avoiding health settings and the increase of telehealth usage during the early years of the COVID-19 pandemic and COVID-19-related restrictions.
*Note: AIHW data by PHN region, which includes 6% of Banana Shire, 29% of Scenic Rim and 80% of Somerset.

In 2020–2021, the use of GPs after hours in the region was similar to Queensland usage rates overall – see Table 8: Total GP after hours service use in the region compared with Queensland overall, between 2018–2019 and 2022–2023 and Table 9: 2020–2021 GP after hours service use in the region compared with Queensland overall. It is important to note that service usage during the COVID-19 pandemic may not reflect usual need for, or use of, services. The data for 2020–2022 should be used with this in mind.

In the West Moreton region, 2021–2022 data shows the highest after hours attendance of GPs by SA3 was in Ipswich Inner (39.9 per 100 people) and Springfield-Redbank (39.7 per 100 people).[20] Across the West Moreton region, 90% of after hours attendance at a GP was non-urgent.[21]

[18] DDWMPHN (2024). Evaluation of the After Hours Provider Incentive Program.
[19] Explanatory notes from AIHW MBS claims data: **Services per 100 people**: Crude rate calculated by dividing the number of services (for each specified service type, area and age/sex group), by the estimated resident population (ERP) for the area and specified age/sex group, multiplied by 100. Does not include expenditure associated with bulk billing incentives for non-referred attendances. **No. of patients**: Total number of patients who reside in the area who claimed the specified service type. Totals and subtotals of patients may be less than the sum of each service group as, for example, a patient may receive more than one type of GP service but will be counted only once in the GP total. **Percentage of population who had the service (%)**: Number of patients who claimed the specified service type, divided by the ERP for the area and specified age/sex group.
[20] West Moreton Health (2023). West Moreton Health Local Area Needs Analysis, 2022–2025 (2023 Refresh), p 17.
[21] West Moreton Health (2023). West Moreton Health Local Area Needs Analysis, 2022–2025 (2023 Refresh), p 17.

Table 9: 2020–2021 GP after hours service use in the region compared with Queensland overall.[22]

	DDWM		Queensland	
Service	**Percentage of people who used the service (%)**	**Services per 100 people**	**Percentage of people who used the service (%)**	**Services per 100 people**
GP after hours (non-urgent)	14.46	24	16	28
GP after hours (urgent)	1.77	2	3	4
GP after hours (all)	15.57	26	17	32

Source: AIHW. Medicare-subsidised GP, allied health and specialist health care across local areas: 2020–2021. Data for this PHN and all Queensland PHNs. Release date: December 2022.

Similar to Queensland overall, after hours service use in the region is slightly higher among females than males – see Table 10: Total after hours service use in the region compared with Queensland overall between 2018–2019 and 2022–2023, by gender group.

[22] Explanatory notes from AIHW MBS claims data: **Services per 100 people**: Crude rate calculated by dividing the number of services (for each specified service type, area and age/sex group) by the estimated resident population (ERP) for the area and specified age/sex group, multiplied by 100. Does not include expenditure associated with bulk billing incentives for non-referred attendances. **No. of patients**: Total number of patients who reside in the area who claimed the specified service type. Totals and subtotals of patients may be less than the sum of each service group as, for example, a patient may receive more than one type of GP service but will be counted only once in the GP total. **Percentage of population who had the service (%)**: Number of patients who claimed the specified service type, divided by the ERP for the area and specified age/sex group.

Table 10: Total after hours service use in the region compared with Queensland overall between 2018–2019 and 2022–2023, by gender group

Gender group	Region	Year	Total population	Number of consumers	Percentage of gender group who used the service (%)	Number of services	Services per 100 people
Female	DDWM	2022–2023	313,549	49,430	16	85,447	27.25
	Queensland	2022–2023	2,685,852	447,589	17	825,042	30.72
Male	DDWM	2022–2023	307,917	43,261	14	72,281	23.47
	Queensland	2022–2023	2,636,857	382,605	15	678,971	25.75

Source: AIHW analysis of Department of Health and Aged Care, MBS claims data, 2022–2023. Release date: March 2024; AIHW analysis of Department of Health, MBS claims data, 2018–2019. Release date: September 2019.

Total after hours service use in the region is lower across all age groups compared to Queensland overall, but follows a similar trend, with people more likely to use care after hours as they get older.

Both in the region and in Queensland overall, people aged 80 and above were the highest users of after hours services. However, when measured as a number per 100 people, this rate is much lower in the region than in Queensland overall (see Appendix 1, After hours service use in region, by age group). This is interesting given the proportion of the population aged 80 and above (3.9%) is the same in the region as in Queensland overall[23] and aged care places and home support services are less available in the region than in Queensland overall.[24]

After hours service use for children aged 0 to 14 is roughly the same as for those aged 15 to 24, whereas it is slightly higher than for those aged 15 to 24 in Queensland overall (see Appendix 1, After hours service use in region, by age group).

Evaluation of the PHN's AHSP, which provided incentives to GPs to provide after hours services, showed that 15 of the 34 participating practices (45%) increased the after hours services they provided, and three (10%) offered after hours services for the first time. In the early iteration of the program, there were additional incentives offered for providing preventative health services (this has now changed and incentives are offered only for acute care). The evaluation showed that this incentive increased the number of practices providing preventative health services after hours, from eight (23%) to 10 (29%) practices. The greatest proportion of after hours appointments were for chronic disease GP Management Plans (GPMPs) (31%), followed by 'other' appointments (26%), antenatal appointments (13%), vaccinations (13%), smoking cessation (10%) and Aboriginal and Torres Strait Islander Health Assessments (10%).

After hours health needs

Outlined below are the key health needs identified by stakeholders participating in the consultations and consumers taking part in the Kitchen Table Discussions as part of the PHN's TALK ABOUT programs[25].

Affordable care and medications

Access to affordable care after hours – that is, bulk billed GP care – was a key need identified. Stakeholders noted that because of the cost of after hours GP appointments:

- people are often using hospitals for health concerns that a GP could treat
- people are not seeking care until they are very unwell and their illness has become more complex to treat.

Stakeholders said that some see the ED as a 'free one stop shop' for all medical needs. This included pathology and radiology, which are very difficult to access after hours in the region.

Stakeholders also mentioned affordability of medications as a barrier to health care and a reason for frequent visits to the ED. This is because EDs provide prescriptions but do not dispense medications. Where there is no after hours pharmacist available in the public hospital

[23] AIHW analysis of Department of Health and Aged Care, MBS claims data, 2021–2022. Release date: December 2022.
[24] www.gen-agedcaredata.gov.au/my-aged-care-region
[25] TALK ABOUT is a community engagement program run by Darling Downs and West Moreton PHN to seek input on local experiences with healthcare in the region. www.ddwmphn.com.au/TalkAbout

– that is, no pharmacist that provides medications for free – consumers are sometimes not buying their medication, which results in further ED visits. This is further complicated when the consumer is discharged after hours, and it is difficult or even impossible to access medications the same day.

Better awareness of after hours options

There is a need for people to better understand the after hours health care options available. Poor knowledge of and understanding of these was a key issue raised in the consultations. Knowing which service is appropriate for what kind of issue was another.

> *There's a need to improve [the public's] understanding of what an Emergency Department's purpose is, and the purpose of the Urgent Care Clinics, Cub Care, 13Health, HomeDoctor – These are all fabulous options and great to have but … if public aren't aware or educated on appropriate use of each of these services we have a continuing misuse of services and that can be fraught with an overuse of one place and underuse of another, and the risks associated with that. Even my own family members don't necessarily understand the different pathways. It's very difficult for people to navigate what services are available, why there and how to access them. (Health professional)*

Chronic health conditions

Stakeholders mentioned the prevention, early intervention and treatment of chronic conditions as key health needs. Working people often find it difficult to access to access health care during the day, creating a need for care after hours. This is reflected in the data from the evaluation of the PHN's AHSP, which showed that GPMPs were the most common preventative health reason for attending GPs after hours.[26] This is also reflected in PHIDU data, which shows presentation to EDs for circulatory, respiratory, digestive and genitourinary diseases is more common in the region than for other concerns such as infectious diseases or injury.[27]

> *The presence of an after hour clinic is a true blessing for working individuals who require management of their chronic health conditions. Juggling demanding work schedules and personal responsibilities can make it incredibly challenging for them to attend regular medical appointments during traditional clinic hours. However, the after hours clinic bridges this gap and provides a lifeline of support for these individuals. (Provider, Evaluation of the PHN's AHSP)*

Mental health

Consumers mentioned the need to access mental health services after hours, particularly for school-aged children, vulnerable populations and working people. One hospital stakeholder also noted they see a peak in mental health presentations in the evening to the early hours of the morning.

Addiction withdrawal

Stakeholders noted the need for support with detoxification and withdrawal symptoms is relatively high on evenings and over weekends, when there is limited clinical support available other than through the ED. Consumers also noted the need for more AOD services.

While some patients cannot safely undergo at-home withdrawal from AOD, many can, and HHS staff start them on the path of withdrawal. However, stakeholders said that those undergoing addiction withdrawal at home often need help and support over weekends – for example, if

[26] DDWMPHN (June 2023). Evaluation Report for the After Hours Support Program 2.0.
[27] PHIDU, Torrens University Australia. Social Health Atlas of Australia. Data by Primary Health Network/Population Health Area (PHA). Release date: September 2023.

they run out of medication to manage withdrawal symptoms. People in these circumstances then present to the ED for treatment and help preventing relapse. If admitted, a Medical Practitioner and nurse are required to provide care.

Sexual, family and domestic violence presentations

Hospital stakeholders mentioned that sexual assault care is part of after hours care needs. This care is provided with support from specialist sexual assault nurse examiners on an on-call roster. Domestic violence presentations are also common after hours; however, a social worker is not always available at these times to enable timely referral to specialist services. Research has shown the importance of people being provided with information about domestic violence services when they disclose abuse, and of there being a short time interval between a person seeking help through primary care and receiving support from domestic and family violence (DFV) services.[28] The availability of social workers after hours varies between hospital services, with some available in evenings, and others on-call but only in specific circumstances. Stakeholders noted there is very limited or no availability of social workers at rural hospitals after hours. In these areas, the need for social workers is likely higher than in more populated areas: the rate of hospitalisation for spouse or domestic partner violence goes up from 12 in 100,000 people in major cities to 200 in remote areas and 563 in very remote areas.[29]

After hours service needs

Health service and health education

Stakeholders highlighted the need to improve people's awareness of after hours service options, and of which option is right for meeting different kinds of care needs. If consumers had greater awareness of their options before they presented to the ED, this would likely reduce presentations to EDs for non-critical or non-urgent issues.

Stakeholders and consumers also noted improving patients' knowledge of where and when to go for regular and preventative care (such as health checks and health screening) or follow up after they have received after hours care as a way of preventing frequent trips to the ED.

There was no follow up appointment scheduled after discharge. (Consumer on ED discharge)

There is also a need to improve people's basic health literacy – for example, their understanding of the importance of filling prescriptions for medications. However, this does not overcome the other major barrier to people filling their prescriptions: not being able to afford medication.

More avenues for after hours services in rural areas

In places an hours drive or more from Toowoomba or Ipswich, there are few or no after hours GP or pharmacy options. People have only one option: to present to the ED for urgent care.

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[28] Malpass, A., Sales, K., Johnson, M., Howell, A., Agnew-Davies, R. and Feder, G. (2014). Women's experiences of referral to a domestic violence advocate in UK primary care settings: a service-user collaborative study. *Br J Gen Pract, 64*(620), e151–158. www.ncbi.nlm.nih.gov/pmc/articles/PMC3933838; Trevillion, K., Howard, L.M., Morgan, C., Feder, G., Woodall, A., and Rose, D. (2012). The response of mental health services to domestic violence: a qualitative study of service users' and professionals' experiences. *Journal of the American Psychiatric Nurses Association, 18*(6), pp. 326–336. https://journals.sagepub.com/doi/abs/10.1177/1078390312459747

[29] Queensland Health (2022). Rural and Remote Health & Wellbeing Strategy 2022–2027 Handbook. www.health.qld.gov.au/__data/assets/pdf_file/0020/1142066/Rural-and-Remote-Health-and-Wellbeing-Strategy-2022-2027.pdf

Access to reliable connections, even via mobile data, is not available in some rural areas, so telehealth is not a viable care option.

Stakeholders noted that people who have to drive half an hour or more to get to an UCC choose to go to their local hospital's ED rather than risk driving and waiting for an unknown amount of time at the UCC.

Improved access to after hours allied health, diagnostic services and health support services

Stakeholders and consumers highlighted key services that are not currently available or are not sufficiently available to meet needs in the region. These include pathology and radiology, social workers (particularly to meet need for domestic violence and sexual assault care and specialist service referral), interpreters, and clinical support for AOD withdrawal management.

Pathology and radiology

Consumers mentioned the need for after hours pathology and diagnostic imaging, even if only for an x-ray. This would be particularly useful for working people who live in areas without easy access to pathology or radiology.

> *I think we should have lab services. If the doctor orders a test, we have nowhere to go till Monday. (Consumer)*

One stakeholder noted the difficulty in attracting and retaining radiology providers and staff.

Pharmacies

Data shows there is limited access to after hours pharmacies in the region, with few to no after hours pharmacies available outside the Ipswich and Toowoomba region (see Table 6: Pharmacies open after hoursand Appendix 2).

Consumers spoke about pharmacies as an alternative option for seeking health advice when access to GPs is limited, and emphasised the importance of being able to access them after regular hours. When asked what healthcare services they had used in the past six months, as many carers/community members responding to the TALK ABOUT survey said they had used pharmacies (4) as those who said they had used GPs (4).

> *Even the pharmacies are closed after 5 pm. They should be open until late to provide their services. (Consumer)*

Mental health professionals

Stakeholders and consumers wanted to see increased access to after hours appointments with mental health service providers.

Stakeholders raised the availability of after hours mental health appointments as a particular need for school-aged children. It is challenging for parents who are working to take their children out of school to attend appointments, as this may disrupt their education and school engagement.

Social workers

Stakeholders mentioned that certain groups of people face wait times of eight to 10 hours in EDs to see a social worker:

- people experiencing homelessness
- people who have experienced domestic violence or sexual assault.

They identified the lack of social work service availability in rural EDs to meet need on weekends and after 5 pm as a particular gap. There is also a lack of after hours community-based social work services, particularly for vulnerable populations.

Interpreters

Stakeholders mentioned the challenges of finding interpreters after hours, including for ambulance services, and that this can cause treatment to be delayed or increase the length of ED stays. Consumers reiterated this need.

> *Sometimes it may be that the patient then has an extended length of stay within the emergency department because of the inability to actually be able to communicate and fully assess that patient on anything other than clinical condition. (Stakeholder)*

> *Most of the time they (hospital) do not have any translators. There was no translator and I translated for someone just about to go into surgery. (Consumer)*

Stakeholders described the pool of available interpreters locally as already too small to meet needs, especially if they must be National Accreditation Authority for Translators and Interpreters (NAATI[30]) qualified. It is even more difficult to source interpreters who are willing to work after hours.

In some cases, accessing interpreters online is working well to deal with this challenge. This is also helpful when people do not want an interpreter from their local community. There are some barriers to online access to interpreters, though, such as wait times for interpreters and areas of no or poor wifi in hospitals.

Clinician for AOD withdrawal management and counselling

Stakeholders noted a need for after hours AOD detoxification clinical counselling, to support safe detox from AODs for people for whom it is deemed safe to detox in a non-clinical environment. This is especially the case on weekends. Stakeholders noted that presentations to EDs for detox support that could have been managed with an on-call clinician's support are highly resource intensive. This is because inpatient detoxification support involves more health professionals than out of hospital care or counselling.

After hours support for RACHs

One stakeholder said that people living in RACHs are sometimes brought to EDs for what should be routine care – for example, to change a catheter – and then face a long wait. This puts them at risk of falling and becoming agitated. The Ipswich Hospital has a RaSS during business hours that sends teams out to RACHs as needed, but this is not currently available after hours.

These observations are supported by the Enhanced After-Hours Support in RACHs – Diagnostic Report, which notes that more than half of RACHs consulted said they had no choice but to send deteriorating residents directly to hospitals due to poor access to after hours GPs.[31] RACH stakeholders consulted also expressed their wish to have HHSs like the RaSS teams extended

[30] www.naati.com.au
[31] Darling Downs and West Moreton PHN. 2023. Enhanced After-Hours Support in RACHs – Diagnostic Report.

to after hours on weekdays; however, the HHSs reported that the after hours model was previously trialled and was terminated due to a low volume of referrals, which made it cost ineffective.[32] It may be worthwhile reviewing the data on aged care referrals across the region as a whole to better understand the demand for RaSS teams working after hours on week days.

This report also noted poor handover from RACH staff to after hours service providers, leading to patients being transferred to EDs for comprehensive clinical assessment. This is further compounded by a high turnover of staff in RACHs, a lack of awareness of which services are available after hours, and complex liability issues.

[32] Darling Downs and West Moreton PHN. 2023. Enhanced After-Hours Support in RACHs – Diagnostic Report.

3. Strengths and challenges

What is working well

Virtual health care options (in specific circumstances)

Stakeholders suggested that virtual care options are working well when the patient is fluent in English, is digitally literate and has access to a reliable internet connection.

Stakeholders specified Dalby and the Western Downs as one area that has poor internet access, but there are likely internet speed and access issues that impede virtual care in much of the region outside Toowoomba and Ipswich. Figure 2 shows large areas in the region that can access the NBN via satellite only, which has slower speeds and can be affected by weather. It is unlikely that telehealth solutions are currently viable in these areas.

Figure 2: NBN coverage in rural areas

Source: www.nbnco.com.au/learn/rollout-map

Cub Care is a one service numerous stakeholders said is working well. Cub Care is a paediatric after hours telehealth service. People must pay to use it, but the fee is reduced if they have been referred. Stakeholders said Cub Care is alleviating parents' anxiety and that GPs are also using this service.

Providers are generally knowledgeable about what is available

Stakeholders suggest that while consumer understanding of what services are available after hours is low, medical service providers generally know what services are available where. There is, however, potential for improvement in this space. In particular, there is a need for the ED and local after hours primary care options, such as Medical Deputising Services to be better connected to improve consumer access to care.

UCCs and satellite hospitals relieve pressure on hospital EDs

Stakeholders said that where bulk billing after hours clinics are in place, this is working well, providing affordable health care that reduces hospital presentations.

Generally, Medical Practitioners were positive about the UCCs and satellite hospitals, saying they relieve the burden on EDs. Stakeholders said ED presentations increased around the time the Ripley Satellite Hospital closed and that referrals and in some cases transfers are made from the ED to the Toowoomba UCC.

Stakeholders also mentioned a trial in WMH of delegating cases that are not an emergency from the ED to local GPs. One stakeholder said they felt this worked well.

Provider incentives for after hours care

The evaluation of the PHN's AHSP showed that the PHN incentives provided to GP practices for after hours services:

- increased practices' opening hours so that they offered services after hours
- increased the number of practices providing after hours services
- increased preventative health services offered after hours. Note that the PHN no longer incentivises preventative health appointments after hours due to changes in funding arrangements.[33]

What could be better

Workforce attraction and retention

Numerous stakeholders spoke about the difficulty of attracting health professionals, including GPs, nurses, allied health and mental health professionals and radiographers/radiologists to the region and retaining them (see Appendix 1 Health workforce across the LGAs). This is particularly the case in:

- Somerset and Lockyer Valley, which have low rates of GPs, Medical Practitioners, nurses and Dental Practitioners compared to other areas in the region
- Western Downs, which has low rates of GPs, Medical Practitioners and Dental Practitioners compared to other areas in the region.

Workforce shortages in the region make it difficult to staff after hours clinics and services because the existing workforce is already stretched. This further affects wait times for services. Consumer consultations indicated that wait times are a considerable barrier to receiving after hours care, both from GPs and in hospital EDs.

> *I would ask them to hire more staff, so we do not have to wait for hours, especially in hospitals. In regional areas, in hospitals, they are short of staff. (Consumer)*

Workforce shortages and upskilling issues were also raised in the Enhanced After Hours Support in RACHs – Diagnostic Report,[34] with recruitment and retention especially difficult in rural and remote areas. The report highlighted the role of registered nurses/nurse practitioners in providing high quality care without having to resort to GP callouts or ED visits. It also noted

[33] There is also a federally funded After Hours Provider Incentive Program in which accredited GPs can enrol.
[34] https://www.health.gov.au/our-work/care-minutes-registered-nurses-aged-care/24-7-rns and https://www.agedcarequality.gov.au/providers/workforce-responsibilities/247-registered-nurse-cover-and-care-minutes.

data from the Royal Commission into Aged Care Quality and Safety showing that only 15% of aged care homes had a registered nurse on site 24/7 (this became a requirement in July 2023).[35]

Stronger collaboration and knowledge sharing for better shared care between EDs and GPs

Stakeholders made several suggestions to ensure better continuity of care between after hours providers and GPs, leading to better quality of care:

- Improve the timeliness of documentation and handover from EDs and after hours specialists to regular GPs. This would be especially beneficial for antenatal cases, but would enhance preventative care more generally. Stakeholders noted that handover documentation can be delayed or not well done. They noted that follow up from GPs is particularly important when patients have received prescriptions after hours, to ensure they fill the prescriptions and take medications as prescribed. The Royal Australian College of General Practitioners (RACGP) position statement on after hours services in primary health care (PHC) is clear that clinical handover and smooth transfer of information from after hours services to GPs are essential for high quality patient care.[36]
- Improve relationships and knowledge sharing between ED doctors and GPs, to improve diagnosis and management of chronic health issues and symptoms. While the PHN's Provider Incentives Program increased the number of GP clinics offering after hours appointments, Ripley Satellite Hospital noted that it is still seeing many patients who cannot access GP early enough, even though a GP can treat their condition.

> *We did have a consult room in our Emergency Department and GPs were running that – that was a really good model, but it dropped away. It fosters those relationships between the GPs and the Emergency Department to go 'hey we know if you've sent someone through to us we know there's something you really that you need us to help with' but also having that confidence in the GPs that people are getting that best up to date practice. So a GP-run area of the ED would work really well for that. (Stakeholder)*

More bulk billing after hours clinics in regions with few GP clinics

Stakeholders said that in areas where there is little competition, services choose not to bulk bill. Others mentioned that GPs are private businesses, which presents a challenge. They said GPs feel the low Medicare payment for after hours work does not justify doing this work. This is especially the case for those GPs who have young families. And in towns with only one GP, there may not be enough staff to provide a primary care clinic after hours. GPs may instead seek a work–life balance to prevent burnout from working too many hours.

> *Without publicly funding dedicated clinics or paying GPs for a day a week to provide this type of care (e.g. NGOs – funded and you take the time it needs to provide appointments as long as is needed). PHN could consider funding this type of clinic. (Stakeholder)*

[35] Darling Downs and West Moreton PHN (June 2023).
[36] www.racgp.org.au/advocacy/position-statements/view-all-position-statements/health-systems-and-environmental/after-hours-services-in-primary-healthcare

4. Opportunities and priorities

Opportunities

Incentivise clinical and allied health workforces to work and remain in the region

This opportunity is relevant across the region.

The region faces the same health workforce shortages that other high-income countries around the world face; further, rural areas are seen as less attractive workplaces.[37] The literature suggests improved health workforce retention would be achieved by:

- supporting universities in the region to connect with health providers to set up training opportunities for students
- supporting health workers already in the area to upskill or upgrade their qualifications – this might also apply to interpreters, by subsidising NAATI or similar, more medically focused interpreter training costs
- supporting health and social work professionals' HECS debt repayments
- recognising and rewarding people making significant contributions to patient care and the health system in the region
- ensuring social, family and community support for health workers
- continuing to engage health professionals with communities
- supporting good governance within health practices – this might include providing financial support for accreditation of managers, or providing learning opportunities for clinical staff in management or leadership roles
- gathering data about what works to support workforce retention in the region – this might include doing further consultations and work with the health workforce to understand region-specific factors that either attract or deter health workers.

The PHN and HHSs may consider exploring these types of initiatives through partnerships with higher education providers and non-profit organisations that share their need to recruit and retain health workers, such as Health Workforce Queensland.

Provide education and support to assist consumers with service navigation

This opportunity is relevant across the region, with greatest need in Toowoomba and Ipswich, where there are more after hours care options available.

There are many available pathways to accessing care in some locations, and very few in others. Consultations showed that there is a need to improve communities' knowledge about what options are available in their area – including telehealth where feasible – as well as to help direct them to the right type of service for their health concern.

Stakeholders across the region considered providing consumers with education and support to navigate the health system to be a high priority.

[37] Russell, D., Mathew, S., Fitts, M. et al. (2021). Interventions for health workforce retention in rural and remote areas: a systematic review. *Hum Resour Health, 19,* p. 103. https://doi.org/10.1186/s12960-021-00643-7

Increase access to after hours nurse practitioners and specialist nurses

This opportunity is relevant across the region.

Stakeholders mentioned how effective it was to have nurse practitioners with generalist skills available in GP clinics open after hours, as well as nurses with specialties in chronic disease. Given the high need for chronic disease management in the region, the PHN could consider working with partners on opportunities to put in place nurse practitioners and specialist chronic health nurses in after hours GP clinics where this is not already the case. This approach may also assist GPs to manage high case-loads in the RACHs.

Employing chronic disease nurses and nurse practitioners in after hours clinics was considered by stakeholders to be a high priority across the region.

Improve availability of after hours interpreting

This opportunity is relevant across the region, with greatest need in Toowoomba and Ipswich as Refugee Welcome Zones.

As the population of migrants from culturally and linguistically diverse backgrounds and refugees continues to increase in the PHN's area, the need for translation in health settings is also increasing. Stakeholders noted virtual appointments with interpreters are already being used in after hours settings including EDs, GP clinics and UCCs, but that there is still limited availability even within online interpreter pools or in some cases, geographic limitations as to where interpreters can take appointments.

Stakeholders considered working with government health partners to further research how consumer need for interpreters is being met after hours in other regions to be a regional priority, along with collaborating across the region to explore digital translation options.

There is an opportunity for the PHN to raise the profile of this issue with state and federal health partners, to research further what is being done to address this issue in other jurisdictions, and to collaborate with Queensland Health and the HHSs to explore the potential for digital translation options such as AI assisted translation.

It may also be worth exploring with interpreters what may incentivise them to work in regional and rural areas.

Provide after hours AOD detox support

This opportunity is relevant for Toowoomba and Ipswich, which have a high enough population density to support cost effectiveness.

Stakeholders proposed two ideas to improve after hours clinical support for ambulatory patients needing support with withdrawal management. These were:

- have an on-call clinician available to provide advice and scripts where needed on weekends and after 5 pm. This could likely be provided via telehealth
- consider funding places within an existing proven telehealth detox program such as Clean Slate Clinic. In 2022, Western NSW PHN and Western Queensland PHN commissioned Clean Slate Clinic to provide clinically

Stakeholders considered developing an after hours telehealth clinical service for managing addiction withdrawal to be a regional priority.

supervised telehealth withdrawal to 20 clients in each of their regions.[38] The PHN could consider reaching out to these other PHNs for further information on the program's success.

Explore options to provide after hours social workers in hospital settings in rural areas

This opportunity is relevant across the region, especially in more rural and remote areas.

While social workers may not be required to be present in rural hospitals for long periods, having a roster of on-call social workers to provide after hours DFV and sexual assault care and referral to specialist services – particularly in rural areas – would help to:

- minimise wait times
- reduce risk of the person experiencing further trauma
- reduce the risk of them returning to a DFV situation.

To reduce wait times to see a social worker, there may be opportunities to:

- share the pool of social workers within Darling Downs Health (DDH) and WMH
- collaborate to provide virtual care social work solutions to rural hospitals, or to provide mobile social work outreach to cover several hospitals across a rural region (like Western Downs) via a van or similar.

Consider an after hours RaSS team

This opportunity is relevant across the region, but particularly in Toowoomba and Ipswich.

The Enhanced After Hours Support in RACHs – Diagnostic Report noted that an after hours service was trialled for the HHSs and Rapid Access Clinic teams, and was found to be not feasible due to the low volume of referrals. However, stakeholder consultations for this HNA suggest that while the need may not be high, it still exists. Stakeholders value the potential of the after hours service to divert non-urgent presentations from the ED.

Reviewing the data on after hours referrals to HHS RaSSs would support conversations to develop a model for shared arrangements within the region, including telehealth style support for RACHs. Stakeholders considered this to be a high priority.

The HHSs and PHN could consider whether there is enough need across the region to warrant a shared arrangement between DDH and WMH, or a telehealth consult option for RACHs, to reduce the likelihood of residents being transferred to EDs for care that can be managed at the RACH with the right supports.

[38] www.wqphn.com.au/events/79/819-Clean-Slate-Clinic-Telehealth-Bush-Detox-Service

Continue to provide incentives to provide after hours care

This opportunity is relevant across the region.

Providing GP clinics with incentives to open after hours has led to improvements in the availability of after hours GP care in the region. This is important while more Queensland Government and federally funded satellite hospitals, UCCs and RACs are developed. The PHN could consider a similar program for after hours mental health services, pharmacies, pathology and radiology – or advocating for these to be established.

Continued incentives for after hours care were considered by stakeholders to be a high priority across the region.

Our progress

More flexible service delivery, including after hours GP services and pharmacies, was a key gap identified in previous consultations[39] as well as in this HNA.

From November 2021 to June 2022, the PHN rolled out an after hours program with 35 GP practices. This program was extended to address ongoing demand from November 2022 to June 2023. The program offered payments and business support tools to GPs to extend their opening hours. Practices were provided with an initial support payment, and were eligible for additional payments if they provided preventative care. Participating practices were from both the WMH and DDH region. Consumers used them most in the evenings and on Sundays.

In a survey of practices, 32% of practices said the program reduced patient waiting times, and 26% said it changed their patient mix. The invoice data indicates a significant increase in preventative health appointments throughout the course of the program. The most common age group presenting after hours was those aged under 15 years (17.5%), followed by those aged 25 to 34 (16%). Approximately 53% of those presenting after hours were female. Almost all (95%) of after hours presentations were non-indigenous patients. Data captured through practice invoices indicated that GPMPs (31%), antenatal appointments (13%) and vaccinations (13%) were the most common preventative health consults undertaken after hours. While there is still a need to expand after hours care, this program has both improved availability of after hours appointments, and provided the PHN with evidence about how GPs can be incentivised to provide sustainable after hours services.

[39] Alcohol and other drugs TALK ABOUT survey 2023; Care for Older Australians TALK ABOUT survey 2020; Care Closer to Home survey 2021; Kitchen Table Discussions in 2022 on Mums, Bubs and Kids; Kitchen Table Discussion in 2022 on First Nations Health.

Appendix 1. Demographic data tables

Health workforce across the LGAs

Table 11: Rate of GPs in LGAs as at 2021

Region	Estimated resident population	Number of GPs	Rate of GPs (per 100,000 people)
Queensland	**5,217,653**	**6,809**	**130.5**
Darling Downs and West Moreton	**606,502**	**667**	**110.0**
Darling Downs	292,206	345	118.1
Banana – Part A	948	1	102.3
Cherbourg	1,212	3	247.5
Goondiwindi	10,404	12	115.3
South Burnett	33,325	36	108.0
Southern Downs	36,641	40	109.2
Toowoomba	175,316	227	129.5
Western Downs	34,360	26	75.7
West Moreton	**308,687**	**318**	**103.0**
Ipswich	233,302	249	106.7
Lockyer Valley	41,762	37	88.6
Scenic Rim – Part C	12,915	17	133.0
Somerset – Part B	20,708	15	70.9

Source: PHIDU, Torrens University Australia. Social Health Atlas of Australia. Data by PHN/LGA. Release date: December 2023.

Table 12: Rate of Medical Practitioners in LGAs as at 2021

Region	Estimated resident population	Total number of Medical Practitioners	Rate of Medical Practitioners (per 100,000 people)
Queensland	**5,217,653**	**22,485**	**430.9**
Darling Downs and West Moreton	**606,502**	**1,929**	**318.1**
Darling Downs	292,206	1,068	365.4
Banana – Part A	948	2	177.3
Cherbourg	1,212	4	330.0
Goondiwindi	10,404	21	201.8
South Burnett	33,325	70	210.1
Southern Downs	36,641	77	210.1
Toowoomba	175,316	843	480.8
Western Downs	34,360	51	148.4
West Moreton	**308,687**	**860**	**278.5**
Ipswich	233,302	741	317.6
Lockyer Valley	41,762	64	153.2
Scenic Rim – Part C	12,915	25	190.4
Somerset – Part B	20,708	30	145.7

Source: PHIDU, Torrens University Australia. Social Health Atlas of Australia. Data by PHN/LGA. Release date: December 2023.

Table 13: Rate of total nurses (registered nurses, enrolled nurses or midwives, each person only counted once) as at 2021

Region	Estimated resident population	Total number of Nurses	Rate of nurses (per 100,000 people)
Queensland	**5,217,653**	**77,740**	**1,489.9**
Darling Downs and West Moreton	**606,502**	**7,835**	**1,291.8**
Darling Downs	292,206	4,642	1,588.6
Banana – Part A	948	10	1,050.3
Cherbourg	1,212	40	3,300.3
Goondiwindi	10,404	135	1,297.6

Region	Estimated resident population	Total number of Nurses	Rate of nurses (per 100,000 people)
South Burnett	33,325	324	972.2
Southern Downs	36,641	367	1,001.6
Toowoomba	175,316	3,415	1,947.9
Western Downs	34,360	351	1,021.5
West Moreton	**308,687**	**3,221**	**1,043.6**
Ipswich	233,302	2,832	1,213.9
Lockyer Valley	41,762	184	440.6
Scenic Rim – Part C	12,915	95	731.7
Somerset – Part B	20,708	111	535.6

Source: PHIDU, Torrens University Australia. Social Health Atlas of Australia. Data by PHN/LGA. Release date: December 2023.

Table 14: Rate of total Dental Practitioners (includes dentists, oral health therapists, dental hygienists, dental therapists and dental prosthetists) as at 2021

Region	Estimated resident population	Total number of Dental Practitioners	Rate of Dental Practitioners (per 100,000 people)
Queensland	**5,217,653**	**4,688**	**89.8**
Darling Downs and West Moreton	**606,502**	**414**	**68.3**
Darling Downs	292,206	220	75.4
Banana – Part A	948	0	34.1
Cherbourg	1,212	0	0.0
Goondiwindi	10,404	9	86.5
South Burnett	33,325	18	54.0
Southern Downs	36,641	28	76.4
Toowoomba	175,316	150	85.6
Western Downs	34,360	15	43.7
West Moreton	**308,687**	**198**	**64.0**
Ipswich	233,302	173	74.2

Region	Estimated resident population	Total number of Dental Practitioners	Rate of Dental Practitioners (per 100,000 people)
Lockyer Valley	41,762	10	23.9
Scenic Rim – Part C	12,915	8	61.9
Somerset – Part B	20,708	7	31.5

Source: PHIDU, Torrens University Australia. Social Health Atlas of Australia. Data by PHN/LGA. Release date: December 2023.

Table 15: Socio-economic indexes for areas scores for 2021

Region	Index score (based on Australian score of 1000)	Usual resident population (Census 2021)
Darling Downs and West Moreton	**960**	**597,857**
Queensland	**996**	**5,156,138**
SA2		
Highfields	1082	14,582
Ipswich Inner – North	1075	17,287
Middle Ridge/Rangeville/Toowoomba – East	1049	26,796
Springfield Lakes	1043	23,526
Cambooya – Wyreema/Gowrie/Toowoomba – West	1031	30,806
Bellbird Park/Springfield	1026	25,500
Churchill – Yamanto/Raceview/Ripley	996	34,745
Banana/Biloela – Part A	992	884
Boonah/Rosewood	982	26,834
Chinchilla/Miles – Wandoan/Roma/Roma Region – Part A	979	12,647
Kilcoy/Woodford – D'Aguilar – Part B	974	937
Clifton – Greenmount/Southern Downs	970	14,460
Darling Downs and West Moreton	960	597,857
Gatton/Lockyer Valley – West	958	19,894
Millmerran/Pittsworth/Wambo	958	26,029

Region	Index score (based on Australian score of 1000)	Usual resident population (Census 2021)
Darling Heights	952	14,576
Crows Nest – Rosalie/Jondaryan	946	16,837
Kingaroy/Kingaroy region – South	942	14,702
Esk/Lake Manchester – England Creek/Lowood	941	19,249
Lockyer Valley – East	939	21,208
Stanthorpe/Stanthorpe region	939	11,533
Balonne/Goondiwindi/Inglewood – Waggamba/Tara – Part A	934	14,256
Drayton – Harristown/Toowoomba – Central	932	24,810
Ipswich – Central/North Ipswich – Tivoli	923	13,131
Warwick	922	15,525
Springfield – Redbank – North	917	31,828
Ipswich – East	910	17,975
New Chum/Redbank Plains	896	24,352

Source: ABS (2021). Socio-Economic Indexes for Australia, 2021.

After hours service use in region, by age group

Table 16: Total after hours service use in the region compared with Queensland overall, between 2018–2019 and 2022–2023, by age group

Age group	Region	Year	Total population	Number of patients	Percentage of age group who used the service (%)	Number of services	Services per 100 people
0–14	DDWM	2018–2019	125,172	29,783	23.79	50,651	40.47
		2022–2023	129,788	19,035	15	27,805	21.42
	Queensland	2018–2019	980,374	253,903	26	440,480	44.93
		2022–2023	999,325	163,205	16	249,404	24.96
15–24	DDWM	2018–2019	74,533	17,037	22.86	29,070	39.00
		2022–2023	77,408	10,608	14	15,334	19.81
	Queensland	2018–2019	656,630	144,264	22	246,772	37.58
		2022–2023	667,212	94,985	14	141,381	21.19
25–44	DDWM	2018–2019	148,378	35,478	23.91	67,505	45.50
		2022–2023	161,034	25,171	16	39,579	24.58
	Queensland	2018–2019	1,368,524	327,634	24	612,016	44.72
		2022–2023	1,445,445	227,652	16	368,972	25.53
45–64	DDWM	2018–2019	139,225	27,090	19	53,889	38.71
		2022–2023	148,362	20,724	15	35,573	23.98

Age group	Region	Year	Total population	Number of patients	Percentage of age group who used the service (%)	Number of services	Services per 100 people
	Queensland	2018–2019	1,235,540	247,878	20	479,105	38.78
		2022–2023	1,313,310	190,627	15	333,836	25.42
65–79	DDWM	2018–2019	69,643	11,810	17	27,186	39.04
		2022–2023	80,266	11,861	15	23,708	29.54
	Queensland	2018–2019	591,197	105,815	18	233,305	39.46
		2022–2023	686,675	102,678	15	218,658	31.84
80+	DDWM	2018–2019	20,902	5,006	24	15,728	73.93
		2022–2023	24,608	5,292	22	13,667	63.91
	Queensland	2018–2019	178,951	49,192	27	171,169	95.65
		2022–2023	210,742	51,046	24	191,758	90.99

Source: AIHW analysis of Department of Health and Aged Care, MBS claims data, 2022–2023. Release date: March 2024.

Population by LGA

Table 17: Population by LGA

LGA	Estimated resident population, 2022 (ABS, 2023)	Proportion of LGA that falls within DDWM (PHN, 2017)	Estimated resident population that falls within DDWM (ABS, 2023)
Ipswich region	242,653	100%	242,653
Toowoomba region	178,399	100%	178,399
Lockyer Valley	41,750	100%	41,750
Southern Downs	36,994	100%	36,994
Western Downs	34,542	100%	34,542
South Burnett	33,789	100%	33,789
Somerset*	25,057	80.1%	20,596
Scenic Rim*	42,984	29.2%	12,945
Goondiwindi Region	10,410	100%	10,410
Cherbourg	1128	100%	1128
Banana Shire*	14,513	6.5%	961

Source: Australian Government Department of Health and Aged Care, Primary Health Networks (PHN) (2017) – concordance files – LGAs (2021). Released 26 September 2023. *Lake Manchester/England Creek is the only area within the Brisbane LGA that falls within DDWM, but has 0 residents (ABS population by SA2), so has been excluded.

Appendix 2. GP and pharmacy after hours availability by LGA

Table 18: After hours GPs and pharmacies by LGA (as at February 2024)*

LGA (DD/WM)	Population – LGA 2022 (ABS, 2023)	Total GPs open after hours	Notes on after hours GPs**	Total pharmacies open after hours	Notes on after hours pharmacies**
Ipswich Region (WM)	242,653	19	• 4 open to 7 pm regularly • 2 open to 8 pm regularly • 1 open to 10 pm regularly • 2 open late one night per week • 8 open after 12.30 pm Saturday • 13 open Sunday • Ipswich also has a Medicare UCC (7 am – 10 pm) and several Medical Deputising Services (bulk billed home visits)***	32	• 8 open to 7 pm regularly • 2 open to 8 pm regularly • 1 open to 9 pm regularly • 1 open to 10 pm regularly • 11 open late one night per week • 16 open after 12.30 pm Saturday • 27 open Sunday
Toowoomba Region (DD)	178,399	11	• 2 open to 7 pm regularly • 1 open to 8 pm regularly • 5 open late one day per week • 2 open after 12.30 pm Saturday • 5 open Sunday • Toowoomba also has several Medical Deputising Services (bulk	19	• 1 open to 7 pm regularly • 3 open to 8 pm regularly • 1 open weekdays to 10 pm • 3 open late one day per week • 14 open after 12.30 pm Saturday • 15 open Sunday

LGA (DD/WM)	Population – LGA 2022 (ABS, 2023)	Total GPs open after hours	Notes on after hours GPs**	Total pharmacies open after hours	Notes on after hours pharmacies**
			billed home visits) and a Medicare UCC (7 am – 10 pm***		
Lockyer Valley (WM)	41,750	3	• 3 open after 12.30 pm Saturday • 1 available Sunday • None open evenings	0	• NA
Southern Downs (DD)	36,994	1	• 1 open Sunday (9 –11.30 am)	0	• NA
Western Downs (DD)	34,542	1	• 1 open after 12.30 pm Saturday • 1 open Sunday	2	• 2 open after 12.30 pm Saturday • 1 open Sunday • 1 open late one day per week
South Burnett (DD)	33,789	0	• NA	2	• 2 open after 12.30 pm Saturday • 2 open Sunday
Somerset (WM)	20,596*	4	• 1 open to 7 pm regularly • 1 open late one day per week	2	• 2 open after 12.30 pm Saturday • 2 open Sunday
Scenic Rim* (WM)	12,945*	0	• NA	1	• 1 open Sunday (10.30 am – 12 pm)

LGA (DD/WM)	Population – LGA 2022 (ABS, 2023)	Total GPs open after hours	Notes on after hours GPs**	Total pharmacies open after hours	Notes on after hours pharmacies**
Goondiwindi Region (DD)	10,410	1	• 1 open late one day per week (but with on-call after hours service)	0	• NA
Cherbourg (DD)	1128	0	• NA	0	• NA
Banana Shire* (Taroom) (DD)	961	0	• NA	0	• NA

Source: Health Direct, accessed 12–19 February 2024. *After hours includes services that are open from 7.30 am or earlier and to 7 pm on weekdays, after 12.30 pm on Saturdays and any time on Sundays. **Services open before 8 am are included in the total count but a breakdown of how many are available in each region has not been provided. *** UCCs and home visit doctors are not counted in the total GPs open after hours.

Table 19: After hours GPs and pharmacies by region

Region	Population	Total GPs open after hours	Total pharmacies open after hours
Darling Downs	296,223	14	23
West Moreton	297,348	22	33

Appendix 3. Evidence from other Australian models and practices

After hours AOD detox support

Two models of providing after hours detox support were raised in consultations with stakeholders:

- Providing a clinician to provide detox counselling after hours – especially over weekends – to reduce presentations to EDs.
- Commissioning telehealth models of detox support through providers. Clean Slate Clinic was raised as a provider used by NSW and Longreach HHS to improve access to clinically supervised AOD detox.

In 2022, Western NSW PHN and Western Queensland PHN funded 20 places with Clean Slate Clinic in a pilot program, with 10 places being made available to people identifying as Aboriginal and or Torres Strait Islander[40]. No evaluations could be located; however, the PHNs could be contacted for further information on the success of these trials.

Attracting and retaining health workforces

A meta-study of interventions for health workforce retention in rural and remote areas found the key actions associated with higher retention are:

- recruiting medical students from a rural background and providing them with opportunities to train in rural environments
- providing medical students, with opportunities to undertake substantial parts of their education and training in rural environments
- supporting existing rural health professionals to extend their skills or upgrade their qualifications.[41]

Interestingly, regulatory interventions requiring medical professionals to undertake a period of service in regional and rural areas was not associated with higher retention, except where it was undertaken in exchange for student loan repayments.[42] This suggests that providing higher levels of support to medical students to repay their student debt faster may be effective in increasing retention.

An Australian study that examined the effectiveness of retention strategies and incentives in increasing health workers' stays in rural and remote areas provides the below six policy

[40] www.wnswphn.org.au/2022/10/Bush-Detox-Service-Bringing-Detox-Services-Home-in-Western-NSW; www.wqphn.com.au/events/79/819-Clean-Slate-Clinic-Telehealth-Bush-Detox-Service

[41] www.wnswphn.org.au/2022/10/Bush-Detox-Service-Bringing-Detox-Services-Home-in-Western-NSW; www.wqphn.com.au/events/79/819-Clean-Slate-Clinic-Telehealth-Bush-Detox-Service

[42] Russell, D., Mathew, S., Fitts, M. et al. (2021). Interventions for health workforce retention in rural and remote areas: a systematic review. *Hum Resour Health, 19,* p. 103. https://doi.org/10.1186/s12960-021-00643-7

options.[43] While the PHN cannot implement all of these policy options, PHNs can contribute to them, or influence and advocate for them.

Six policy options

'Bundling' retention incentives within an overall workforce retention strategy includes six essential components:

1. maintaining adequate and stable staffing
2. providing appropriate and adequate infrastructure
3. maintaining realistic and competitive remuneration
4. fostering an effective and sustainable workplace organisation
5. shaping a professional environment that recognises and rewards individuals making a significant contribution to patient care
6. ensuring social, family and community support.

A retention funds pooling mechanism, similar to the Coordinated Care Trials[44] or Multipurpose Service program,[45] could allow for the flexibility and coordinated response health services require to respond to local conditions and the varying needs of individual practitioners. This mechanism may include the following attributes.

Flexibility to adjust retention measures according to context: The retention package needs to be sufficiently flexible to respond to differing remote and rural contexts, as well as to individual and family needs and circumstances. For example, housing is overwhelmingly the most important issue for many health workers in isolated and remote areas. Health services should be able to vary retention measures and incentives according to the difficulty of recruiting and retaining staff, without being constrained by a 'one-coat-fits-all' retention policy mandated by health authorities for all services within their jurisdiction. A flexible retention funding pool would allow this.

Multidisciplinary workforce retention strategies: Given the overwhelming importance of the PHC approach to address the health needs of rural and remote populations across Australia, it is important to recognise and address the workforce needs of all health professionals, not just those of Medical Practitioners. Research indicates the need to ensure that all health professionals working in rural and remote areas – regardless of their discipline – are provided with what they need to deliver sustainable, high-quality care in a way that is professionally satisfying. A coordinated national approach is required to enable services to design and flexibly implement retention packages for all of their staff.

[43] Humphreys, J., Wakerman, J., Pashen, D. and Buykx, P. (2009). Retention Strategies and Incentives for Health Workers in Rural and Remote Areas: What Works? Australian Primary Health Care Research Institute. https://nceph.anu.edu.au/research/projects/retention-strategies-and-incentives-health-workers-rural-and-remote-areas-what

[44] A trial to test whether multidisciplinary care planning and service coordination leads to improved health and wellbeing for people with chronic health conditions or complex care needs. Funds pooling between federal and state/territory programs was trialled as a means of providing funding flexibility to support this coordinated approach to service delivery. See www.aph.gov.au/parliamentary_business/committees/senate/community_affairs/completed_inquiries/1999-02/pubhosp/report/c04.

[45] Multipurpose Services are integrated health and aged care services that provide flexible and sustainable services for small regional and remote communities. Each service is tailored to meet the community's unique clinical needs into the future. See www.mps.health.nsw.gov.au/about-mps.

Community engagement: North American and Australian evidence suggests that health workers' level of community engagement is important. Engagement strategies may require careful matching of health professionals with rural and remote communities. Rural workforce agencies and other government-funded or government-supported recruitment services should be required to account for how they implement a matching process and monitor the effectiveness of this measure.

Health service management practice and workforce retention: Evidence indicates that good governance, strong and visionary leadership, and sound management are crucial to provide adequate and sustainable PHC services. These attributes contribute greatly to how workforce supply, recruitment and retention issues are addressed, and the performance of the workforce over time. There are implications in terms of the need for accreditation of managers and increased opportunities for professional development, particularly of clinicians moving to management roles. These are issues that should be placed on the agendas of the new national registration system and of Health Workforce Australia.

Workforce retention monitoring and evaluation: Health service managers and funders need better evidence about what works and what does not with respect to workforce retention. Given the dearth of reliable data, and given current policy and investment that aims to improve access to health care and bolster the rural and remote workforce, there is a strong need for well designed and rigorously implemented evaluations of retention strategies. As well as evaluation of workforce retention strategies, further research is needed into evaluation methodological issues.[46]

Reducing presentations to EDs

Supporting Patient Outcomes through Organised Networks (SPOT ON)

SPOT ON[47] was an initiative that aimed to reduce the number of lower acuity (category 4 or 5/non-life threatening) presentations to Sunshine Coast Hospital and Health Service (SCHHS) EDs arriving by ambulance.

SPOT ON was a six-month trial of a diversion model for patients requesting ambulance transport for minor injury or illness. In this model, Queensland Ambulance Service (QAS) personnel attempted to transport patients to a GP clinic if they had assessed their condition as being able to be treated by a GP. The program also included educating the community about appropriate medical care pathways based on the severity of their health concerns.[48]

Initial results included:

- a greater than 90% positive patient experience
- a 25% reduction in Category 5 patients presenting to SCHHS EDs
- a 30-minute reduction in median case time for QAS

[46] Humphreys, J., Wakerman, J., Pashen, D. and Buykx, P. (2009). Retention Strategies and Incentives for Health Workers in Rural and Remote Areas: What Works? Australian Primary Health Care Research Institute. https://nceph.anu.edu.au/research/projects/retention-strategies-and-incentives-health-workers-rural-and-remote-areas-what

[47] Research Protocol for SPOT ON: https://c2coast.org.au/wp-content/uploads/2017/03/120216-Spot-On-Study-Protocol-V2-FINAL.pdf

[48] Cross, D., Peters, S. and Campbell, J. (2017). Supporting Patient Outcomes through Organised Networks (SPOT ON). *International Journal of Integrated Care, 17*(5), p. A309. https://doi.org/10.5334/ijic.3626; Research Protocol for SPOT ON: https://c2coast.org.au/wp-content/uploads/2017/03/120216-Spot-On-Study-Protocol-V2-FINAL.pdf

- a 500% increase in patients transported to GPs by QAS on the previous year's figures.[49]

While some people are being referred from the Toowoomba Hospital to the Toowoomba UCC, it is likely that they first require assessment at the hospital and face a lengthy wait to be seen. One option might be to work with QAS personnel, UCCs and GPs open after hours – especially those who struggle to see sustainable numbers when staying open after hours, as per the after hours program evaluation – to triage and give patients the option of being transferred to a UCC or GP clinic. This option may:

- increase utilisation of the Medicare UCC
- decrease wait times at hospital EDs
- support GP clinics to continue to deliver after hours services sustainably.

The feasibility of this option may rely on pharmacy, pathology and radiology being available after hours at these locations.

[49] Cross, D., Peters, S. and Campbell, J. (2017). Supporting Patient Outcomes through Organised Networks (SPOT ON). *International Journal of Integrated Care*, *17*(5), p. A309. https://doi.org/10.5334/ijic.3626

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