

Parliament of Australia Senate Inquiry

The factors affecting the supply of health services and medical professionals in rural areas

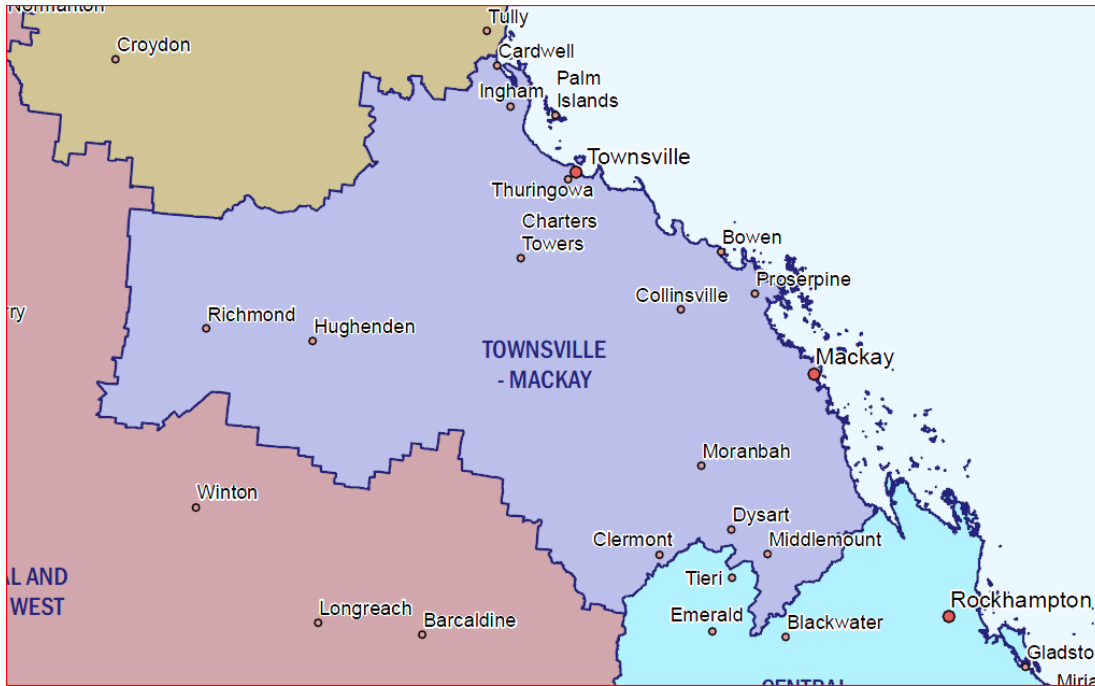
Submission from Townsville-Mackay Medicare Local

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Background

All regions of Australia are classified according to the Australian Standard Geographical Classification - Remoteness Areas (RA) classification. The Townsville-Mackay Medicare Local (TMML) (see map) comprises the regional cities of Townsville (RA 3) and Mackay (RA 2), and the rural towns of Ingham, Ayr, Home Hill, Bowen, Proserpine, Sarina, Moranbah, Charters Towers (all RA 3), Cardwell, Clermont and Collinsville (all RA 4), Hughenden and Richmond (both RA 5). In addition there are small island and coastal communities including Palm Island (RA 4), Magnetic Island (RA 3), Whitsunday Coast (RA 3) and Islands (RA 4).



The region has a total population of 404,961 (2009 estimate), with 18,753 (4.6%) Aboriginal and Torres Strait Islander people. People over 65 years of age comprise 10.3 % of the total population, but only 3% of the Indigenous population. Apart from Palm Island, the towns with the highest proportion of Indigenous people are Cardwell (8.4%) and Charters Towers (10.4). Fifty-eight per cent of the Indigenous population are aged less than 25 years, compared with 35.8% of the total population.

The two cities in the region, Mackay and Townsville, comprise approx. 70% of the region's population. The smaller rural towns tend to have older populations than Townsville and Mackay, although mining towns in the Bowen basin have fewer people aged over 65 years. Ingham has the highest proportion of over 65 year olds (20.1%). Townsville experienced the largest growth of any regional centre in Queensland, with 5,606 extra people (3.2% growth) in the 2008-2009 year. Natural increase accounts for only 37% of this growth. The population of Townsville is predicted to increase from 181,743 (2010) to 295,578 by 2031, and the Medicare Local region will increase to a total of 615,733 people over that period.

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Access to General Practitioners

Consultation with health professionals and community groups within the rural sector of TMML indicates access to General Practitioners (GPs) is their most pressing priority. The ratio of GPs to population is well below the national average. Training of new GPs and health professionals within a rural region requires the GPs or other health professionals to devote significant time to supervision. In many places this has not been possible due to clinical workloads, leading to an exacerbation of the workforce shortage, evident in the aging profile of its members.

Health outcomes for people living in TMML are poorer than those for the overall Australian and Queensland populations (Table 1), as are their risk factor profiles (Table 2). This burden of disease requires a well-resourced and sustainable primary care workforce if any improvement is to be made.

Table 1. Mortality Data for Townsville-Mackay Medicare Local (Qld Health 2008)

	Annual number of deaths	Rate per 100,000	Australian rate	Queensland rate
Preventable Deaths	1864	119.1	99.8	100.8
Avoidable Deaths	3067	196.6	167.6	169.9
Cancer deaths	1716	112.3	104.3	103.9
Circulatory deaths	958	63.3	55.3	55.8
Respiratory deaths	299	20.1	14.8	15.4
External cause deaths	611	35.9	29.5	30.4

Table 2. Risk Factor prevalence in Townsville –Mackay Medicare Local (Qld Health 2008)

Risk factor (RF)	Tvl-Mky (%)	Australia (%)	Queensland (%)
Smoking	24.1	20.3	21.8
High risk alcohol	6.5	5.4	5.4
Physical inactivity	37.2	34.3	36.9
Males obese	20.7	19.6	20.9
Females obese	18.1	16.4	17.1
Adequate fruit intake	48.7	50.2	49
At least one RF	61.8	55.9	58.3

Inconsistencies in Remoteness Areas (RA) Classification system

The largest provincial city within TMML, Townsville (2009 estimated population 181,743) is classified RA3 based on its remoteness from the State Capital. The city of Mackay (2009 estimated population 116,123) is classified RA2, in spite of significant access problems for primary, secondary and tertiary health care. This classification and its associated reduced rural workforce incentives will further exacerbate the existing major health workforce shortages in the Mackay region. Community members have indicated their concern regarding people having to travel to Brisbane or Townsville in order to access routine specialist care.

Several small rural and remote communities in TMML have been classified RA3, a situation which is difficult to understand given the limited services available and the distances required to travel for specialist and allied health care. In particular Ingham, Ayr, Home Hill, Bowen, Proserpine, Sarina, Moranbah and Charters Towers are inappropriately classified as RA3. This has led to a major disincentive for GPs to practice in these rural towns, when they can access the same incentives for working in the larger centre of Townsville.

Support provided by TMML

Rural practices within TMML receive assistance with staff training, quality improvement (QI) programs and continuing professional development (CPD). A team of practice support officers (PSOs) ensures practice managers and GPs receive up to date information about available QI and CPD programs, Medicare changes, and clinical workforce support.

This important link between remote and rural practices and their Medicare Local team requires significant resources for travel and accommodation, to ensure the PSOs can provide the same level of support as they do for practices in metropolitan areas.

Recommendations

The Board of TMML requests consideration by the Senate Inquiry of the following:

- Re-classification of the city of Mackay to RA 3 (equivalent to Townsville)
- Re-classification of Ingham, Ayr, Home Hill, Bowen, Proserpine, Sarina, Moranbah and Charters Towers to RA 4
- Additional funding for Medicare Locals in rural areas to provide equitable levels of practice support to rural and remote health professionals.

Yours sincerely,

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