



13 February 2013

Christine McDonald
Secretary
Standing Committee on Finance and Public Administration
The Senate
PO Box 6100
Parliament House
Canberra ACT 2600

Inquiry into the implementation of the National Health Reform Agreement

Dear Secretary

I am writing to provide information to the Committee specifically in relation to the terms of reference of the *Inquiry into the implementation of the National Health Reform Agreement*.

Introduction

Health Workforce Queensland is a rural workforce agency, established in 1998 and funded by the Australian Government Department of Health and Ageing.

Our vision is to ensure optimal health workforce to enhance the health of Queensland communities by creating sustainable health workforce solutions that meet the needs of remote, rural, regional and Aboriginal and Torres Strait Islander communities.

Health Workforce Queensland has extensive knowledge and experience in the recruitment and retention of health workforce in remote, rural and regional locations and we would like to take this opportunity to provide comments and observations in relation to Senate Committees Terms of Reference for the Queensland context.

a) the impact on patient care and services of funding shortfalls;

Health Workforce Queensland is aware of the already reduced and the threatened reduction of inpatients and non-inpatient services within the Hospital and Health Services in Queensland. The reasons cited are the well-publicised funding shortfalls within the Queensland Health budget, including the impact of the recent \$103.5 million health funding reduction by the federal government. Of greatest concern are the publicised actions of a number of Local Hospital and Health Services to close small rural hospitals e.g. Moura Hospital.

The reduction local health services are significant, particularly in remote and rural areas where services have been ceased. The State Government defends these reductions identifying the ceased services as the responsibility of the Federal Government or one of its instrumentalities e.g., Medicare Locals.

It is apparent that "The Blame Game" is negatively impacting health service delivery in remote and rural communities as the divide of services and funding responsibilities become the focus rather than improved patient care with systematic improvement and integration between the Local Hospital and Health Services and the Medicare Local organisations.

We challenge the "The Blame Game" and seek a change of focus towards the community's and the patient's needs within the various geographic areas for which the Local Hospital and Health Services and the Medicare Local organisations are responsible.

b) The timing of the changes as they relate to hospital budgets and planning;

It is clear to remote and rural communities that the reduction in inpatients and non-inpatient services has clearly resulted from the segregation of responsibilities between the State and Federal Governments. A large number of services are no longer provided by the Queensland Health Local Hospital and Health Services and they have simply ceased operation, leaving the patient without care and without direction to an alternative healthcare service provider.

The timing of these changes and the actions taken by Local Hospital and Health Services appears to be linked to the 'hospital budget and planning processes'.

In the same context, the Medicare Local organisations have a significant range of responsibilities and expectations for the creation and development of Primary Health Care services within a geographic area and the reduction of some inpatient and non-inpatient services often do not match the need of the communities. This mismatch of demand for existing services and the development of new services to respond to evident and emerging needs within limited budgetary allocations places the Medicare Local in an unenviable situation...the patients are often in a worse situation... with no care.

d) other matters pertaining to the reduction by the Commonwealth of National Health Reform funding and the National Health Reform Agreement.

In the recently published threatened closure of the Moura Hospital by the Local Hospital and Health Services to close small rural hospitals it was clear that there was little or no communication with the community or the Medicare Local who are clear stakeholders in such a decision.

Furthermore, it was clear that there were no alternatives considered for the future health care of the community in an integrated manner that could be designed under a comprehensive primary health care approach. This approach requires both the Local Hospital and Health Service and the Medicare Local to combine their resources and knowledge of identified needs and to employ a number of community engagement strategies to work with the community to establish improved health care services to meet the changing environment. The maintenance of a Hospital within this comprehensive primary health care approach may provide efficiencies for both major agencies and increase optimal care for the community.

Health Workforce Queensland remains concerned that the implementation of the National Health Reform and the various funding arrangements will continue to have deleterious impacts on the provision of health care services (acute and primary) to remote and rural communities.

Yours Sincerely


Chris Mitchell
Chief Executive Officer