

8. Clinical support services

Clinical support services in the terms of reference of the Review generally cover pharmacy, radiology and pathology services. However, administration staff and operational support staff in clinical areas are also being considered as they provide essential support in the delivery of quality health services.

As discussed in the Interim Report, clinical support services need to be available to support quality clinical services. Clinical support arrangements need to maximise the availability of clinicians' time to focus on clinical tasks, not administrative and operational support tasks and clinical support staff need to be used to their greatest benefit within the Queensland Health environment.

The structure proposed for Queensland Health includes the creation of the role of a Chief Operations Officer to lead and manage business and clinical support services on a statewide basis. The creation of the Clinical Support Services Group is intended to provide a strengthened approach to service delivery, with a strengthened approach to coordination radiology and pharmacy services. The creation of the Clinical Support Services Group is not intended to remove any Fringe Benefit Taxation concessions (previously known to staff as "PBI" taxation benefits).

8.1 Provision of pathology services

Queensland Health Pathology and Scientific Services has operated as a separate business unit within Queensland Health since 2001-02 and is the principal provider of public sector pathology services. It employs approximately 1,700 staff and has an annual budget of approximately \$66 million. Expenditure on pathology services in Queensland Health increased by 14 percent per annum between 2000-01 and 2004-05 (estimated).

This Review has not included a systematic assessment of the John Tonge Centre, which is currently the subject of a separate review. The Review has not made specific recommendations regarding the delivery of scientific services, noting that the recommendations of the separate review will be considered in due course.

The pathology fee-for-service arrangement is considered to be working well, although as the model is generally based on a minimum and maximum volume for each district, there is not a completely direct relationship between pathology testing and costs i.e. districts are only charged additional fees if ordering exceeds the maximum negotiated volume. This fee structure provides economies of scale, but does not provide a direct price incentive to improve the effectiveness of pathology ordering.

The key workforce challenges for pathology services are:

- attracting and retaining sufficient numbers of qualified staff to ensure the ongoing provision of services
- ensuring sufficient pathologist training positions
- providing sufficient supervision for overseas trained pathologists.

Clinical workforce issues, including remuneration and training arrangements are discussed in more detail in Chapter 10.

The Interim Report highlighted that some pathologists indicated outsourcing and running pathology services as a private enterprise would be easier in terms of being able to recruit pathologists. However, concerns were also raised about the need to maintain a critical mass of pathology within Queensland Health to ensure rural and remote communities had access to a cost efficient pathology service. A further option identified was to convert the pathology service to a separate Government Owned Corporation (GOC), with a commercial board of directors operating under the *Government Owned Corporations Act 1993*. It is not clear that the creation of the Queensland Health Pathology Services as a separate legal entity (eg. GOC) would provide significant benefits in terms of ensuring the ongoing competitiveness of the service.

Based on the consultations and submissions received, it has been concluded that the Queensland Health Pathology Service model is generally well regarded by Queensland Health districts as providing timely and quality services, although it could improve its cost efficiency in the delivery of services.

It is recommended the Queensland Health Pathology Services be included in the Clinical Support Services Group as a commercialised business under the management of a Chief Operations Officer and overseen by the Business Services Board. A similar model is being implemented in New South Wales for the provision of its pathology services as a statewide support service. Where districts currently acquire services from private providers, their arrangements should be continued.

The Review has noted material provided which has suggested the Queensland Health Pathology Service could reduce its overall costs of service delivery by pursuing more cost efficiency measures including the potential consolidation of laboratory services in Brisbane. Improving the cost effectiveness of pathology services would be the responsibility of the Chief Operations Officer and the Business Services Board, with the objective of ensuring the pathology service is competitive with private sector delivery at a statewide level.

The Review recommends the Queensland Health Pathology Service develops a benchmarking system to allow benchmarking against private sector pathology providers. The benchmarking should be based on the full cost of service provision, consistent with the operations of a commercial pathology provider. In the medium to longer term Queensland Health will need to reassess whether the continued internal provision of pathology services is cost effective compared to comparable private sector options.

Recommendation 8.1

Queensland Health Pathology Service to be included in the Clinical Support Services Group.

Recommendation 8.2

The Queensland Health Pathology Service to develop a benchmarking system to allow for comparison with private sector providers to demonstrate ongoing cost competitiveness with the external providers at a statewide level.

Recommendation 8.3

Queensland Health to review the number of training positions required for pathologists to meet future needs.

8.2 Provision of radiology services

Many Queensland Health hospitals are feeling pressure from radiologist shortages. Eleven districts have access to their own radiology service on a daily basis, while other districts are contracting radiology services to external providers.

The key challenges for the radiology services are:

- attracting and retaining sufficient numbers of radiologists to ensure the timely delivery of radiology services. The critical shortage of radiologists is placing considerable workload pressures on existing staff
- providing sufficient radiology training positions to ensure longer term sustainability of services
- insufficient access to radiology services means some districts are indicating that a percentage of medical images are going unread or in some cases imaging is not occurring because radiology services are not available. This is particularly an issue after hours or on weekends and impacts on the quality of care which can be provided, and in some cases results in significant delays in service
- the absence of a coordinated model for the provision of radiology services throughout Queensland Health. The exception is the Northern Zone where Townsville is attempting to provide a support hub for other districts, although Townsville is accessing some services from South Australia via tele-radiology
- adequate investment in the replacement and upgrade of equipment to provide a quality service. Radiologists have advised in some instances it is the quality of equipment rather than radiologist shortages which is impacting on turnaround time for reporting of medical images.

Continuation of the current arrangements for providing medical imaging services is not a sustainable option and more coordinated and innovative options for providing its clinicians with access to a quality radiology services is required.

The Review recommends Medical Imaging (radiologists) be transferred to the new Clinical Support Services Group. The radiology service would be responsible for providing reporting of medical images at the local hospital level, as well as coordinate out-of-hours reporting service. The Medical Imaging Service may be a combination of internal Queensland Health radiologists and external providers. The service would need to demonstrate it is commercially viable compared to procurement of services from alternative providers generally.

As a number of districts currently have arrangements with private providers, districts should retain the flexibility to purchase reporting services from the statewide radiology service or private provider. However, all radiology reading services should meet a minimum standard of service.

Radiologists shortages are prevalent across Australia, with significant competition between public and private sectors for specialists. If Queensland Health finds its capacity to deliver services consistently is failing due to workforce shortages in specific areas, it may need to consider specific remuneration options to attract and retain specialists, or alternatively pursue options with the private sector for the delivery of services.

Consultation and submissions to the Review indicated the need for additional radiology training positions. This is supported by the AMWAC recommendations for national training positions⁷⁸. These additional positions should be considered within the context of a radiology services plan and in conjunction with the establishment of the statewide radiology service.

Tele-radiology provides the capacity for medical images to be transmitted and reported remotely, although this infrastructure does not currently exist throughout Queensland Health, and some investment would be required. However, this should be done in the context of a fee-for-service arrangement with the statewide service. Management of medical imaging services would remain a district responsibility.

Radiology specialists constitute only 7 percent of Queensland Health employees working in its medical imaging departments. Radiographers and medical imaging nurses are a significant proportion of the medical imaging workforce. In the United Kingdom, radiographers are increasingly being trained to undertake diagnostic reporting of some selected skeletal examinations (plain film x-ray) on accident and emergency patients, while nurses are starting to perform some angiographic and interventional procedures.

In this context, there is scope for development of advanced training programs for radiographers and medical imaging nurses to increase their scope of practice. As part of the overall workforce reform strategy, Queensland Health and the university sector should consider opportunities to expand the training arrangements for radiography and nursing.

Investment in medical imaging equipment has also been raised as an issue with the Review. Capital replacement is an issue across Queensland Health, with districts and area health services needing to prioritise the available capital funds between building infrastructure, health technologies and information and communication technologies. These issues will need to be addressed in the context of the broader asset management and capital works funding and planning arrangements as outlined in Chapter 11.

Recommendation 8.4

Establish a statewide radiology service network, to provide radiology coverage across Queensland Health under the Clinical Support Services Group. Districts to have the option of using the statewide service for radiology services or purchasing services from external providers.

Recommendation 8.5

Queensland Health to consider the requirement for additional radiologists in line with the Australian Medical Workforce Advisory Committee (AMWAC) recommendations.

Recommendation 8.6

Queensland Health to develop an education and training system for radiographer and medical imaging nurse practitioners and the possible development of radiographer practitioners along the proposed nurse practitioner model.

⁷⁸ Australian Medical Workforce Advisory Committee, Annual Report 2003-04

8.3 Provision of pharmacy services

Pharmacy services are an integral part of the delivery of health services. In 2003-04, Queensland Health spent \$189 million on drugs, approximately 4 percent of the total budget. On-site pharmacy services are provided throughout Queensland Health's hospital network with bulk ordering back to a central pharmacy located at Herston, although some pharmaceuticals are acquired through local networks.

At the Central Office level, the Medicines and Pharmacy Services Unit:

- provides professional advisory services and coordinates a range of pharmaceutical services including the Queensland Hospitals Drug Advisory Committee, the Pharmacy Advisory Committee, the Hospital Pharmacy Advisory Committee, the Queensland Drug Information Centre and the Queensland Poisons Information Centre
- manages a range of pharmaceutical programs including the Highly Specialised Drugs Program and pharmacy aspects of the Queensland Health scholarship program
- coordinates the development and application of national and international guidelines/policies especially through the National Coordinating Committee on Therapeutic Goods.

As part of the Commonwealth Pharmaceutical Reform program, Queensland Health is a signatory to the implementation of the principles of the Australian Pharmaceutical Advisory Council (APAC) Quality Use of Medicines Continuum. Queensland Health hospitals have the option of introducing the Commonwealth Pharmaceutical Benefits Scheme (PBS), on the condition they progress Quality Use of Medicines initiatives including meeting APAC milestones.

The key challenges for pharmacy services across Queensland are:

- the ability to attract and retain sufficient numbers of pharmacists in all parts of Queensland, particularly at the pre-registration and senior levels. There are significant vacancy levels across many areas of the State, impacting on the workload and capacity of remaining pharmacy staff. In January 2005 the vacancy rate for pharmacists was 16 percent (down from 25 percent in June 2004).
- recruitment and retention issues for pharmacists in rural and remote areas can be severe. In some cases, a single pharmacist is responsible for a district's pharmacy needs, with nurses managing locally under pharmacist supervision. Although this arrangement in many cases works well this situation is not ideal. Issues in rural Queensland include providing training and relief arrangements, as well as non-clinical support.
- interface with the PBS and achieving the APAC milestone for Quality Use of Medicines
- including pharmacists within multi-disciplinary teams to improve prescribing, safety and medicines management. Pharmacists indicated that with a lower workload they would have improved capacity to become more proactive in providing advice on new and emerging pharmaceutical options, educating on better medicine practice and advising on more cost effective pharmaceutical use.

From a workforce perspective, Queensland universities have increased the output of graduates significantly in the last few years and this growth continues:

- University of Queensland graduations have increased from 70 to 80 per year in the mid 1990s to approximately 140 to 160 per year at present
- James Cook University commenced graduating 50 per year in 2004
- Queensland University of Technology will commence graduating 30 pharmacists per year in 2005
- Griffith University will commence graduating 30 pharmacists per year in 2007.

The additional graduates may have a significant impact on the current level of vacancies within Queensland Health, although hospital pharmacists accounted for approximately 14 percent of pharmacists, with 84 percent of pharmacists working in the community sector.

Queensland Health implemented a number of changes to staffing structures to improve the effective utilisation of pharmacist resources. This included establishment of a career structure for Pharmacy Technicians and Pharmacy Assistants. These roles are now well established within Queensland Health, although there may be scope to expand these roles further.

Queensland Health has used a Central Pharmacy system for a number of years, with the arrangement generally well regarded, although the option of having more pharmaceuticals provided locally, particularly in south east Queensland was flagged. The Review understands that New South Wales is currently moving to a statewide purchasing system for pharmaceuticals.

It is recommended pharmacy services be integrated into the Clinical Support Services Group, reporting to the Chief Operations Officer to provide wider support of pharmacy services across the State.

In creating Pharmacy services as a statewide service the Review is cognisant that pharmacy services are an integral part of clinical care, including improving quality and safety in medication management, improving discharge planning and patient flow. It is essential that pharmacists are an integral part of multi-disciplinary teams in these areas and are able to provide the local focus necessary to support improved integration in this environment.

Issues to be considered by the Clinical Support Services Group include:

- recruitment of pharmacists is a priority. This may include expansion of the number of pre-registration positions offered in hospitals. Queensland Health has highlighted difficulties in attracting pharmacy graduates pre-registration and providing retention incentives following the first year of service.
- at the area health service and district level, consider different models for provision of pharmacy services eg. collaboration with local community-based pharmacists to provide pharmacist review services at the hospital. The experience from the Townsville Hospital and Rockhampton Hospital suggests that local arrangements negotiated with private pharmacists provide viable local solutions to meet pharmacy needs.

- potential collocation of community pharmacies with hospital pharmacies (currently occurring at the Royal Brisbane Hospital). This would require review of the current Queensland Health Pharmaceutical Benefits Subsidy Scheme which provides an additional rebate above the Commonwealth PBS and currently makes collocation potentially unattractive to private pharmacists.
- creation of pharmacy networks needs to be considered, with larger centres developing stronger hub models where pharmacists in provincial centres provide “outreach” services to rural and remote sites.
- strengthening the role of Central Pharmacy to provide specialist support for districts, including providing expert advice and assistance to secure less common, higher cost drugs which do not have the usual supply chains.
- strengthening the corporate governance model for pharmacy and medication management issues within Queensland Health. Responsibility for the Medicines and Pharmacy Services Unit should be shifted to the Clinical Support Services Group and strengthened to provide increased statewide leadership in pharmacy service planning, medication management and working with districts to improve medication quality and safety.

Recommendation 8.7

The responsibility for pharmacy services to be integrated into the Clinical Support Services Group. Districts to have the option of acquiring pharmacy services from the Clinical Support Services Group or from private pharmacy arrangements.

8.4 Operational support services

There are over 8400 operational service staff employed by Queensland Health. The majority of these are employed in the hospital sector and provide a range of essential support services to assist with patient care including cleaners, food service staff, portage, theatre orderlies, therapy aides and phlebotomists.

The Review met with many operational staff who expressed the opinion that they felt their roles were often not valued, they did not have the opportunity express concerns, or where they did so, their concerns were not always listened to or responded to appropriately. On the whole their roles are repetitive and their importance to the system not appreciated by some staff. There has been a view that anyone can do these roles and that training is not important.

In recent years there have been a number of reviews and changes made in an attempt to better integrate some of the roles. The implementation of these changes is very problematic and the effectiveness of these changes has been questioned. There are some legitimate skill and capability issues but there are some questionable demarcation issues which need to be addressed.

A number of staff who were interviewed reported a culture of bullying. It was also reported that there was a lack of support to have matters resolved at the lowest possible level with issues then being raised through the grievance process or industrially. One of the reasons for increased industrial action is some of the grey areas in some awards. These matters are initially taken to the Single Bargaining Unit and if not resolved at that level may then be taken to the Industrial Commission for a ruling.

Responsive and decisive support for staff at a local level is essential. It would be prudent for districts to ensure operational staff are properly supported, with responsive decision making to address staff concerns and issues.

Operational Service staff are important members of the patient care team and have much to contribute to improving patient centred care. The therapy assistant positions have expanded the role of some operational service staff to be more involved in a hands on way with patient care. There is an opportunity for there to be more positions created in this area to assist clinicians meet the increasing workload. There are training courses that are available for staff to upgrade to these positions.

In the future it is important that districts make a special effort to acknowledge the important role that operational service staff make to patient care. This must include training for new staff and existing staff to ensure they have the skills to best meet these roles as well as access to responsive industrial and HR advice when required.

Recommendation 8.8

District Health Services develop initiatives to improve support for operational staff.

8.5 Administrative support for clinical services

Queensland Health has the lowest administrative cost per casemix weighted separation of any Australian State. Queensland has fewer administrators in the hospital environment than other States and Queensland has average lower salaries compared to other States.

The appropriate level of administration versus clinical services has been a vexed issue for the Review. However, the Review has noted that a consistent theme throughout the district consultation process was insufficient access to administrative support at the clinical level. Many people indicated the potential to improve clinical productivity with the addition of more administrative support. Clinicians in particular highlighted that Queensland Health provides a 24/7 service, but much of the organisation (including administrative support) functions nine to five, Monday to Friday. The Review findings include:

- a need for additional administrative support at the ward level (including for patient data entry and telephone queries) after hours and on weekends to better reflect the hours of hospital operation
- increased administrative support for patient related correspondence where there are long delays in timely referral between hospitals and other providers
- a view that increasing levels of clinicians' time is being consumed by the need to deal with administrative issues, in part due to poorly designed and functioning information systems
- administrative staff at the clinical level expressed concerns about workloads and high levels of mobility within the hospital setting, impacting on their ability to become expert in particular clinical areas. Administrative staff also expressed concerns about the absence of career paths within the hospital setting which would support more specialisation and higher levels of proficiency and efficiency.

There is a need to streamline the administrative requirements in Queensland Health, including improving information system design. However, a review of administrative and information systems will take some time to undertake and implement. In the interim, additional administrative resources should be provided for hospitals to free up clinician time to deal with patient issues. Patient flow reviews should also give consideration to the duties best managed by administrative staff as compared to clinical staff.

In the medium term, this may be achieved by transfer of some positions from Central Office to Area Health Services and districts. In any structural transition, administrative support staff positions (AO2, AO3 and AO4) may be reallocated but will not be abolished.

Over the longer term, the transition to a casemix funding model should provide funds to deliver the full cost of providing services, including an appropriate level of administration cost associated with service delivery.

Recommendation 8.9

Additional administrative resources should be provided at the clinical level to free up clinician time to deal with patient issues. This should include extension of administrative support hours in hospitals to reflect the hospital operating environment.