

QUEENSLAND HEALTH SYSTEMS REVIEW

Final Report

September 2005

An independent review of Queensland Health's systems (the Review) was announced by the Premier on 26 April 2005.

The Review, headed by Peter Forster of The Consultancy Bureau, is supported by a team comprising people from the Department of the Premier and Cabinet, Queensland Treasury, Queensland Police Service, Department of Public Works and Queensland Health.

The *Queensland Health Systems Review Interim Report, July 2005* was prepared following visits to 18 of 37 Queensland Health Service Districts. It included preliminary findings and principles for consideration.

This report includes the findings of the review of Queensland Health's systems, principles and recommendations for improving health outcomes for Queenslanders.

Foreword

This Review of Queensland Health's systems has come at a time of heightened community concern about the events at Bundaberg Hospital, and other health service problems such as waiting lists, clinical workforce shortages, quality of clinical services and the integrity of public reporting.

The Review has been very mindful of its obligation to properly understand the nature and cause of all of these issues or failures before suggesting remedies.

Conclusions have been derived from direct observation, assessment and discussion with several thousand staff about the performance of systems within Queensland Health and from consultation with the broader community, former patients, consumers of community health services, and some 1,300 formal submissions.

The future that has emerged can be summarised in the following broad terms.

Australia has one of the best health services in the world, if not the best. Queensland's health services and in particular the public health service, is a good service. Overall, based on all available information, it is performing as well as any other health service in Australia. The service which is supported by a large workforce of very dedicated personnel is experiencing unprecedented demand pressures. It is showing increasing signs of strain and in some cases is failing. Service demand is fuelled by population growth, advances in medicine and new technology, critical staff shortages across all professions including doctors, nurses and allied health professions, shortages in critical infrastructure such as emergency theatres and intensive care beds and limited service capability in areas such as mental health and Indigenous health.

The issues surrounding Queensland Health this year which include this Review, the initial and subsequent Commissions of Inquiry and the full glare of modern media, need also to be considered in the future planning of health services. Services will remain available only if people choose to join and continue to work in the public health system. This not only requires fair conditions of employment but maintaining a general feeling of pride in the organisation. It will be important that Queensland Health can demonstrate quickly to the community that it serves them well so that the adverse effect on its reputation can begin to be repaired. Queensland Health must restore its reputation with the community and with its staff or this may have dire consequences for its ability to continue to recruit staff and therefore provide services. Significant reform and improvement is now necessary.

The Review considered the health status of Queenslanders and access to a range of primary health care services, which if working more effectively could prevent and minimise the incidence of many serious chronic illnesses. This is important because for issues such as obesity, smoking and suicide Queensland is comparatively worse than the rest of Australia. Comprehensive primary care can not only lessen these risks but as well, limit the number of admissions to acute hospitals.

Our acute hospital health services run quite efficiently compared to the rest of Australia, but they are relatively under funded. Additional funding is required now, but it must be wisely targeted at the areas of greatest need, so Queensland Health does not lose efficiency gains that have been hard fought and won by a dedicated workforce over many

years. The Review foreshadows where funding might be best allocated, but cautions that this allocation must be backed by a greater focus on patient needs, and advice from the clinical workforce about the best ways to deliver more patient centric health services.

The Review shows that if demand for health and hospital services keeps trending the way that it has been in recent years, then greater and greater percentages of Gross Domestic Product will be required to support health care. This trend, based on current assumptions about population ageing, cost of services and statewide service demand, could not be supported indefinitely by any community, as infrastructure and supply shortages would fall progressively further and further behind demand. Clearly, long term strategies best developed by the Commonwealth and States working together, would try and fundamentally change society's approach to health care and in turn the demand for health services. However, in the next five years there is much that can be done to alleviate the very real problems that exist now.

The first important set of initiatives would be for the State and Commonwealth Government to achieve more complementary and streamlined health funding arrangements. This would ideally reduce current dysfunctions at the interface between the public and private health sectors, enabling better access across the health service spectrum to all consumers and a more coordinated focus on health status and health care generally.

Even if current funding issues are resolved and health services are performing to their best, higher percentages of Gross Domestic Product will be required to support the public health service in the coming years. The options to deal with this issue for any government include:

- increasing taxes and general community contributions and/or redistributing existing taxes (this may mean re-allocating money from other public purposes)
- introduce means tested co-payments for public health services, with private health insurance or self-insurance for individuals with the capacity to make a contribution to their health care (this includes for elective procedures)
- manage demand through encouraging greater personal effort to stay healthy and enhancing community care services to support healthier living outside of acute hospitals
- rationing or withdrawing from the delivery of certain health services altogether where these services can be provided through the non-government sectors.

The Review acknowledges that none of these options are palatable, but they are best addressed and resolved in an atmosphere of openness about the extent of the problems, likely options and consequences, and informed and meaningful public debate to guide governments and policy makers in choosing the best course of action. The Review recommends a more open and transparent public health system and a stronger community consultation role for Queensland Health in planning future health services.

For Queensland Health now the Review has identified some immediate and very practical patient centred and community centred systemic improvements that should be made, and these include:

- address the most dysfunctional aspect of the organisation's culture through the appointment and development of leaders who can by example inspire staff and develop the attitudes, culture and beliefs desired
- address immediate workforce shortages to the greatest practical extent

- improve strategic and health service planning to ensure services are targeted towards the areas of greatest need
- strengthen partnerships between the public, non-government health service sectors to gain the best possible value from combined community resources
- ensure that the organisational arrangements that deliver health services are efficient and streamlined, and allocate as many resources as practical to frontline services, where clinicians work in teams and networks across Queensland to use scarce resources to best effect
- make better use of existing capacity to meet additional needs and provide additional capacity for areas of greatest need
- implement systems and procedures to ensure the recruitment and retention of a well qualified and experienced clinical workforce, to reduce adverse clinical events and to support clinicians in their efforts to continually improve clinical practices
- implement a range of systemic improvements relating to the way clinicians are supported, the manner in which assets are planned and managed, the manner in which IT and communications services are conceived and managed, and the way in which the performance of the health service will be monitored and reported
- improve avenues for members of the community and staff of the public health service to raise concerns about aspects of the service and have these concerns responsibly and appropriately addressed and resolved.

The range of reforms recommended will require significant additional funding and a focused program of intense reform over the next three years. Continuing improvement will be required into the future, but if reforms over the first three years are successful Queensland Health will have developed the renewal capacity to ensure continuous improvement becomes a part of its normal operations.

The contribution made by many people to this Review is gratefully acknowledged, including community members, health service personnel and stakeholders including elected representatives from all political persuasions who attended forum sessions and made specific submissions.

Two Advisory Panels of eminent clinicians and other professionals have provided insightful advice to the Review, along with very generous support and contributions from neighbouring State health services in New South Wales and Victoria and from the Commonwealth Government. They added significant value to Review findings and conclusions.

The Review has comprehensively endeavoured to deal with a broad range of very complex issues in this very large organisation.

Reform recommendations offered are supported by a significant body of evidence and information and through assessment. Suggestions have also been made about the timing and staging of necessary reforms.

It would be imprudent to think that the solutions offered are the only solutions. Reform leaders should be guided by, but not constrained by what is offered.

This Review and Report would not have been possible without the tireless and willing support of a dedicated team of professional public servants assigned to assist the Review from Queensland Health, Queensland Treasury, the Department of the Premier and Cabinet, the Queensland Police Service and the Department of Public Works. It has been my privilege to work with them.

Review recommendations are commended to Government as a sound basis to reform Queensland Health's systems and services for the benefit of all Queenslanders.

Peter Forster
September 2005