

Action Plan

Building a better health service for Queensland

October 2005

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Action Plan - Building a better health service for Queensland

Message from the Queensland Government

Today marks the start of the transformation of the Queensland public health system for the people who use the system and the workforce.

Today, Queensland's health system has been given the biggest single injection of health funding in our State's history – a \$6.367 billion package in just over five years to 2010–11, of which \$4.431 billion is new money.

The massive funding response combined with a complete overhaul of the health department will mean better hospitals and better health care for you and your family. It will provide new and better services, with around 1200 additional doctors, nurses and allied health staff to be recruited over the next 18 months.

With this funding package, Queensland Health funding over the 10 years from 1998–99 to 2008–09 will have increased, in nominal terms, by 109 per cent.

The Queensland Health Systems Review, led by Peter Forster, has delivered a thorough and independent assessment of Queensland Health. After an extensive consultation, research and review process, the Review found that Queensland's public health system provides a good service.

Importantly, he found it is performing as well as any other health service in Australia. This is a testament to our dedicated and professional doctors, nurses, allied health workers, support staff and administrators. We thank all these people for their care, commitment and service to the community.

But the system is under pressure. It is coping with unprecedented population growth. The Review warns that, along with every other state system, massive changes are needed to deal with future demand. Our health system needs renewal.

We will deliver that renewal through an immediate response of \$547.6 million in 2005–06, of which \$431.1 million is new money. Funding will grow in the following five years to an extra \$1.5 billion in 2010–11.

We will **renew our services, systems and structures** to make sure decisions that deliver good health care are made close to patients and people who use the system.

We will relieve immediate service pressures, provide more doctors and nurses and find new, smarter ways to deliver health care by supporting health professionals to do their job.

We will **restore trust and accountability** in public health through transparent reporting and easier complaints processes with a new Health Commission.

We will **respect our people** through new leadership based on values of caring for people, integrity, respect, and a commitment to public service. These values will underpin a new Code of Conduct. We will have zero tolerance for bullying.

The Forster Review stresses that we cannot drive the reforms alone. The Commonwealth Government plays a vital role in shaping the health workforce and in delivering health services in Queensland. It controls how many university places are allocated and the number of general practitioners who can practice in Queensland. It provides a big slice of hospital funding, and the Review spells out the changes the Commonwealth Government must make if state health systems are to be sustainable.

We have called on the Commonwealth to do more for Queenslanders to help us renew our health system. Under the Australian Health Care Agreement 2003–2008, Queensland has to match the increases in Commonwealth funding. We believe the Commonwealth should match our significant increase in funding, consistent with the spirit of the Agreement. Matched funding, which is only fair, would mean an additional \$1.6 billion in Commonwealth funds for Queensland's hospitals over the life of the five-year Agreement.

The medical, nursing and allied health professional groups who make up Queensland's health workforce are also vital to our success. They have a role in training, supervision, standards and quality and are a key influence on professional standards and behaviour.

Communities too will help to strengthen our health system and we will ensure that citizens will be more informed about the performance of the health system and involved in planning. A new patient charter will define our commitment to the health care standards Queenslanders want in a modern health system.

Over the next five years, in partnership with the community and our clinicians, we need to find new, smarter ways to deliver health services, new ways to promote healthy lifestyles that prevent illness, and systems to detect disease at an early stage to manage illness and improve quality of life.

We have already taken significant action to promote healthy lifestyles and prevent illness. We have put in place the toughest anti-smoking laws in Australia. By protecting the community from the effects of passive smoking, the laws will help prevent heart disease and cancer, and keep Queenslanders out of hospital.

We have also launched the ‘Go for 2 and 5’ Fruit and Vegetable Campaign to encourage Queenslanders to eat two serves of fruit and five serves of vegetables a day. Again, by tackling childhood obesity and chronic disease, we’re keeping Queenslanders healthy and out of hospital.

We need to provide greater care in the community through services closer to home.

We will look for partnerships with the private sector and help our hospitals manage their busy workloads more efficiently.

To improve our health care system so it can meet the increasing demands of the 21st century, all of us will need to make some tough decisions:

- about the range of health services we provide
- about how we fund these health services through mechanisms such as means testing or co-payments
- about how we can prevent disease through education, fluoridation, better screening for disease, and greater use of community services
- about how we collaborate with the Commonwealth Government, private health insurers, private health care providers and non-government organisations
- about greater personal responsibility for being healthy and making informed choices about health care.

We recognise that good health is at the heart of everything we do. Our plan for health reform delivers a once in a generation opportunity to improve the health of Queenslanders. We will continue to deliver the resources for a modern, caring health system.

Peter Beattie MP
Premier and Treasurer

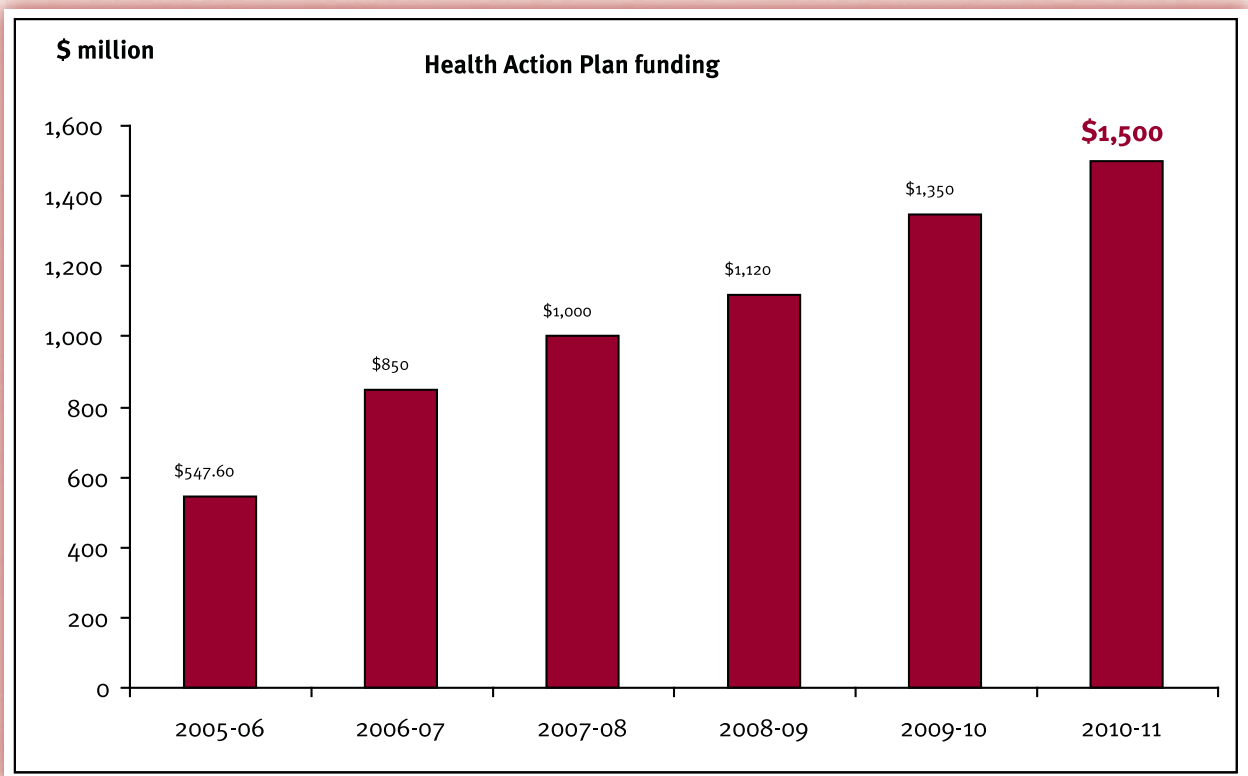
Stephen Robertson MP
Minister for Health

Action Plan highlights

We will renew the Queensland public health system with an immediate and massive increase in funding.

This funding allocation of \$547.6 million in 2005–06, of which \$431.1 million is new money, will grow in the following five years to an extra \$1.5 billion in 2010–11.

This will mean a total investment over the period of \$6.367 billion, of which \$4.431 billion is new money.



This funding will:

- provide immediate relief to health service staff across the State
- allow investment in urgently needed new services in the future
- provide for the phased implementation of reforms to ensure future sustainability.

There will be additional funding in just over five years for new services and maintenance of existing services:

- elective surgery – \$259.7 million
- emergency departments – \$280.3 million
- intensive care units – \$229.8 million
- cancer services – \$463.7 million
- cardiac services – \$210.9 million
- mental health services – \$201 million
- renal services – \$44.5 million
- workforce training – \$127 million.

With this package, Queensland Health funding over the 10 years from 1998–99 to 2008–09 will have increased, in nominal terms, by 109 per cent.

The increased funding for cardiac and cancer services will be guided by the Cancer Management Plan and Cardiac Services Plan. These plans have been developed jointly with clinicians and seek to balance the delivery of services between prevention, early intervention and treatment.

An additional \$500 million ongoing by 2010–11 will be allocated, based on a Statewide Health Services Plan to be developed in 2006.

These additional funds will deliver new services and drive system reform. New models of care will be developed that emphasise prevention, early intervention and enhanced clinical roles. Integration between the community and hospital services will be improved through better liaison with general practitioners. There will also be a \$15 million Research and Innovation Fund to provide seed funding for innovative practice.

In 2005–06, the Health budget is set to grow to \$5.75 billion. Additional services from the \$431.1 million of new money will target system pressure points and provide immediate relief to health service staff across the state including:

- \$42.2 million for elective surgery
- \$37.5 million for emergency departments
- \$30.9 million for intensive care units
- \$24.1 million for cancer services
- \$6.7 million for cardiac services
- \$11.6 million for mental health services.

Also, to improve recruitment, retention and training and to suitably reward and recognise our staff, \$633 million is provided over the period to 2008–09 for an enterprise bargaining agreement with Queensland Health medical officers and \$100 million for Visiting Medical Officers. Funds have also been allocated for an initial four per cent wage increase for nurses and other staff.

Investment in additional capital infrastructure and assets to support health service delivery is critical. The Government will move immediately to address some emergent and urgent capital works issues:

- Rockhampton Hospital will receive \$19 million for a new emergency department to ease emergency bottlenecks and improve patient care
- \$32 million will be provided, as part of Queensland Health staff retention strategy, to implement a Regional Accommodation Program to purchase quality accommodation for use by staff
- \$7.53 million for the capital costs associated with the delivery of new cardiac, cancer and renal services
- Bundaberg Hospital will receive \$1.5 million and the Southport campus of the Gold Coast Hospital \$800 000 for electricity upgrades
- Mackay will receive \$1.3 million for a community-based transition and rehabilitation service
- \$18.7 million will be provided in 2005–06 for urgent asset maintenance work
- \$6 million will be provided in capital subsidies, for the next five years, to meet the full capital costs of water fluoridation in local government areas with populations over 5000.

Building better Queensland health services – meeting the challenges

The Queensland public health system is supported by a large workforce of very dedicated people. However the system is experiencing excessive pressures. It is showing increasing signs of strain and, in some cases, is failing.

This unprecedented service pressure is fuelled by:

- the fastest population growth in Australia
- an ageing population
- new medicines and new technology
- worldwide critical staff shortages across all professions including doctors, nurses and allied health
- shortages in critical infrastructure such as general beds, high dependency and intensive care beds, and operating theatres
- insufficient community-based health infrastructure to support alternative health care arrangements, including severe shortages in the numbers of general practitioners
- increasing demand for services in areas such as mental health, addiction and Indigenous health.

Over the next five years, our reforms must provide a public health system that puts the people who use the health system at the centre of all we do. It is essential that we get the right workforce, systems and structures in place to successfully implement these reforms. It is essential that we develop a public health system with greater accountability.

We must strike a balance between the need for as much local flexibility and innovation as possible, while recognising the need for statewide systemic responses to ensure a consistent and high quality standard of service delivery across Queensland – a balance between those activities and tasks best managed centrally and those organised locally.

A key feature of the reforms will be devolved decision making, to allow key operational decisions to be made as near as possible to where services are delivered. But this devolution will take place with strong central support for activities such as service and workforce planning and performance monitoring to ensure the maintenance of high standards of care.

Central management works best for those areas requiring standardisation. Consistent human resources policies, for example, assist in staff movement and flexibility across the system and standardised IT systems allow comparable reporting and maximise clinical communication and cost efficiency.

At the same time it is important not to stifle local innovation which creates new models of care, flexible service delivery and processes that better match services to local needs. We need to allow for and test innovative approaches towards care at the local level and then make locally proven models available across the State.

This approach – promoting local flexibility and new models of care within uniform statewide systems – is already being rolled out. The Chronic Disease Management Plan provides a statewide framework for prevention and early intervention for chronic diseases like diabetes and asthma, through initiatives such as Hospital in the Home and Hospital in the Nursing Home, as well as new service models based on local needs.

This approach will be taken with other plans in development, such as the Cardiac Services Plan and the Cancer Management Plan. These first plans will drive systemic reforms over the next 5 to 10 years as we meet the challenges faced by our health system.

We will renew our services, systems and structures.

Significant numbers of additional clinical staff will be recruited for key priority health areas. It is anticipated that around 1200 additional staff will be recruited to the Queensland public health system over the next 18 months, consisting of:

- 300 doctors
- 500 nurses
- 400 allied health professionals.

Additional staffing requirements will be identified as part of the Statewide Health Services Plan and development of new models of care.

Further initiatives to support our workforce include:

- offering a job to ALL nursing graduates from Queensland’s nursing schools
- expanding Queensland Health’s transition to work programs so that new graduate nurses receive appropriate supervision and support by:
 - delivering upskilling programs to 1500 nurses
 - training 1000 nurses to become preceptors
 - providing a refresher program to 200 nurses in specialty areas and other incentives to attract former nurses back to the profession
 - establishing 60 dedicated nurse educators in clinical areas
- actively recruiting doctors, nurses and allied health staff from overseas. The recently launched United Kingdom recruiting campaign has already attracted expressions of interests from 169 doctors, 44 nurses, 45 allied health professionals and 44 other types of staff

- addressing the Commonwealth's underfunding of doctor student places by funding 235 doctor training places at Griffith University, at a cost of more than \$60 million over eight years. These doctors will be bonded to work in Queensland public hospitals
- creating 43 additional medical intern positions
- progressively increasing registrar training numbers by providing funding in 2006–07 for an additional 55 specialist training registrar positions in areas such as radiology, pathology, general medicine, general surgery, other surgery, anaesthetics, rural generalists, and orthopaedics
- expanding the trial of nurse practitioners by the end of 2006 and seeking access from the Commonwealth to Medicare billing for community-based nurse practitioners, in recognition that these roles are taking on functions traditionally performed by doctors
- increasing places in the Rural and Remote Isolated Practice Nurses Program by 2009
- funding 20 scholarships for nurse practitioners and 100 scholarships for allied health students
- revising work practices and improve utilisation of our skilled workforce.

We are not going to pretend that meeting the workforce targets set out in the Forster Review will be easy. Given the international shortage of health professionals, these targets are extremely ambitious. But we will ensure that appropriate numbers of doctor, nurse and allied health staff are provided in our hospitals and community health services.

We will **devolve decision-making** to deliver more power closer to the patients and people who use the health system, with **greater clinician involvement** by:

- cutting Queensland Health's central bureaucracy by abolishing 162 positions, as recommended by the Forster Review
- putting these savings back into public health services
- ensuring services get the right resources through a new funding model based on population and regional needs and casemix funding for hospitals
- moving 679 Corporate Office positions to Area Health Services so that our staff in District Health Services have greater discretion in decision-making
- reducing layers of bureaucracy throughout the whole system
- empowering clinicians by establishing Clinical Networks to improve patient outcomes.

We will:

- nominate tertiary hospitals to provide outreach services and backfilling relief for rural and regional clinicians. Formal, detailed arrangements will be established by mid-2006
- establish a register of doctors and allied health professionals willing to perform short or long term country service to be in place by the end of 2005. A Nurse Rural Relief Register already exists and will be resourced and strengthened

- partner with the Australian College of Rural and Remote Medicine to facilitate procedural training for rural generalist doctors.

We will:

- as part of the Government's response to the Review of Maternity Services, fund the first phase of reform, including establishing the steering committee, at a cost of \$1 million, and establishing family centres in communities to educate and care for mothers during pregnancy and post-birth. These centres will link up with large hospitals to offer continuity of care and advice for mothers about newborn babies
- review the system of providing paediatric cardiology and paediatric cardiac surgery in Queensland to improve the health outcomes for Queensland's children. The review is targeted for completion by early 2006
- continue to provide specialist children's services through the Royal Children's Hospital and the Mater Children's Hospital.

We will:

- establish a Primary Health Care Collaborative consisting of Queensland Health primary care practitioners, general practitioners, and allied health services to improve coordination between sectors (by the end of 2006)
- work with the Commonwealth to develop **more flexible models of primary health care**
- expand the Queensland Fuel Subsidy Scheme to include OPAL fuel in a 15-month trial to combat petrol sniffing in remote communities
- better manage demand by establishing more effective community infrastructure and services, through improved patient management processes in hospitals
- explore new practice and **partnership arrangements with general practitioners** with the first new arrangements to be in place by the end of 2006
- develop multi-professional health care teams to better use the collective skill base of staff and to **strengthen hospital/community integration**
- identify opportunities to reduce waiting lists with surgical 'flying squads', which will undertake elective surgery and specialist outpatients assessments. We will also continue to examine opportunities to outsource elective surgery where the public system is at capacity
- develop new models of care that emphasise greater personal responsibility for being healthy, **prevention, early intervention**, and enhanced clinical roles, eg, nurse practitioners. These models will involve greater use of non-government organisations to deliver services, eg, community mental health services
- invest in information systems to consolidate records and integrate care.

We will provide some services differently. For example, if the non-Government sector is better suited to the delivery of some services, we will hand these services over. There are other services that in the long-term we might no longer provide to the current level, such as free spectacles and oral health services. We will undertake some interstate comparisons and consider the impact on patients before we make a final decision.

We will:

- introduce a new program in every public hospital to increase the percentage of patients who choose to use their private health cover when they are admitted to a public hospital. The Royal Brisbane and Women's Hospital already runs a successful scheme in which staff inform patients with private cover of their treatment options as public or private patients
- consider, on a site by site basis, whether the private or not-for-profit sector can deliver better aged care services
- transfer the delivery of Home and Community Care (HACC) services from Queensland Health to non-government organisations by mid-2006, and ensure transitional arrangements for staff who are impacted continue until mid 2007. Currently, Queensland Health and non-government organisations provide home care services using both State and Federal funding. Annual savings in administration costs would be achieved through this measure.

In order to develop policies to increase revenue from the services we provide, and spend every cent of revenue collected through these measures on health services for Queenslanders, we will recruit a health economist to report to the Government by March 2006 on the following possibilities:

- making the level of indexation to existing fees and charges more comparable to other states and territories, and better reflecting the soaring costs of medical equipment and facilities
- means testing or co-payments for the Spectacle Subsidy Scheme. Means testing will ensure that the 90 000 people who receive the full subsidy from Queensland Health are cases of genuine need. The Scheme costs taxpayers \$6 million annually
- means testing or co-payments for adults accessing dental health services with an annual cap per person. This already occurs in most other States
- means testing or co-payments for non-urgent surgery
- means testing or co-payments for specialist outpatient services for non-concession card holders

- legislative amendments to pursue the reimbursement of costs involved in treating patients who receive damage pay-outs for compensable injuries. This would examine the approaches taken by other states and territories. Queensland Health currently foregoes between \$10 million to \$20 million each year providing free medical treatment to people who have received compensation from insurers
- means testing or co-payments for the secondary safety net for pharmaceuticals. Queensland is the only state that provides a safety net for patients who purchase five or more items of pharmaceuticals from public hospitals. This secondary safety net cuts in before the Commonwealth's safety net.

We will restore trust and accountability.

We have already taken action to ensure all our doctors are appropriately qualified and properly registered.

We have:

- passed legislation to:
 - make it an offence, punishable by three years jail, to pretend to be a registered doctor, or practice as a doctor after using false information to obtain registration from the Medical Board of Queensland
 - make it an offence, punishable by three years in jail or a fine of \$150 000, to give the Medical Board false information when applying for registration
- raised the standards for the registration and re-registration of overseas-trained doctors through improving the 'area of need' process. Legislative amendments have been introduced to delegate the power to decide an 'area of need' to the Executive Officer of the Office of the Health Practitioner Registration Boards.

We have committed to a **medical excellence taskforce** to be chaired by an independent clinician with membership from the AMA, specialist colleges, other peak medical bodies and the Australian Medical Council. It will develop a broader and more integrated system to govern the recruitment, assessment, supervision, training and support of doctors.

We have provided \$4.2 million in 2005–06 for the Medical Board of Queensland and the Office of the Health Practitioner Registration Boards to:

- ensure that registration processes provide a high quality assessment and are implemented in a timely and efficient manner
- conduct clinical assessments of non-specialist grade overseas trained doctors
- conduct the assessment of overseas trained doctors for practice at specialist level via the established Australian Medical Council/Specialist College pathway.

We will:

- develop new legislation to enable the Medical Board of Queensland to develop a performance evaluation program that is non-punitive and provides a framework for ongoing demonstration of professional competence. A report will be provided to Government by mid-2006 with legislation introduced thereafter
- develop a statewide approach to clinician individual performance assessment and development and the management of concerns about an individual clinician's performance by the end of 2006
- give Area Health Services responsibility for making sure doctors have the right qualifications, training and experience for the job through their Clinical Governance Units by the end of 2006. Clinical Governance Units will also inform doctors what services they can provide, based on their qualifications, training and experience, and the capabilities of the hospitals they will be operating in. Support for these activities will be provided by Area Credentialing and Clinical Privileging Committees
- give responsibility to the District Manager for decisions regarding the management of an individual clinician and responsibility to Area Clinical Governance Units for the monitoring of individual clinicians and recommendations regarding remediation
- **establish a new \$7.7 million Health Commission**, incorporating the Health Rights Commission, to monitor Queensland Health's performance and keep the public informed. After its first full year of operation, the new Commission's performance will be reviewed by an all-party Parliamentary Committee.

We will:

- **openly inform Queenslanders about the performance of our health system** through regular reporting on all aspects, with:
 - an annual report on the statewide performance of the Queensland public health system, including outpatient waiting times, elective surgery waiting lists, clinical outcomes including quality and safety issues. Quarterly reporting of waiting list figures on the internet will continue
 - two-yearly reports by the Chief Health Officer on health status and burden of disease
- change the culture and processes to allow patients and staff to more easily lodge complaints
- deal with complaints quickly and, where appropriate, use the information we gain to improve our systems
- appoint District Complaints Coordinators and develop one statewide complaints database.

We will:

- **promote a culture of patient safety** by introducing a new clinical governance system which encourages clinicians to more effectively and systematically review clinical practice outcomes within their work units
- generate a clinical culture which recognises the importance of timely and accurate incident reporting and investigation, clinical audit, benchmarking and clinical pathways variance analysis
- establish Area Clinical Governance Units, a statewide Patient Safety and Clinical Improvement Service
- establish Safety and Quality Committees in all Districts with a responsibility for reviewing patient outcomes against anticipated standards
- develop Clinical Networks that will:
 - develop and implement statewide safety initiatives
 - improve clinical service planning
 - have a role in funds distribution processes to support improving clinical practice
 - develop and implement standard treatment processes targeting high volume services (where standardisation will improve safety and quality) with the support of the Patient Safety and Clinical Improvement Service
 - develop quality and safety benchmarking processes with the assistance of the Patient Safety and Clinical Improvement Service
 - involve local clinical teams in the discussion and interpretation of benchmarking data
 - undertake clinical audits in collaboration with clinicians and services
 - have paid clinical chairs with three-year renewable terms.

We will respect our people.

We will:

- sufficiently reward staff for their dedication and effort so that they will be attracted to working in the public health system
- **promote a culture of zero tolerance to bullying** in the workplace through new leadership and a new Code of Conduct
- employ and nurture leaders who demonstrate honesty, professional integrity, and collaborative approaches to management, and have a commitment to the health care of Queenslanders

- implement a program of support and assessment for all overseas trained doctors
- value the skills of our employees and allow them to fulfil their clinical, academic and managerial potential
- restore the confidence of staff in merit selection processes by ensuring we recruit the right people to jobs, based on their competence and skills
- promote flexible working arrangements and an understanding of individual staff needs
- provide more support and training for staff and actively manage performance.

What's next?

This is a five year plan.

Our health plan will be reviewed regularly and updated through the Statewide Health Services Plan, the work of the new Health Commission, and regular reports on the performance of the health system.

The ultimate judge will be you. You and the needs of your family are at the centre of our plans for a better health system.

Over the next five years, in partnership with you, the general community and our clinicians, we will find new, smarter ways to deliver health services and to promote healthy lifestyles that prevent illness. We will expand systems to detect disease at an early stage, and improve the management of illness to boost patient survival and quality of life.

In short, we will continue to deliver the resources for a modern, caring health system for all Queenslanders.

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