South West Hospital and Health Service

Message from the Board Chair

The Board has recently completed a tour of facilities in the western sector of the South West Hospital and Health Service (SWHHS). We were accompanied by members of the executive management team and Mr Bill Brett, a member of the Queensland Health Renewal Taskforce. It was very successful and thank you to all who extended hospitality and took the time to meet with the Board.

Many issues were discussed in the centres we visited, Mitchell, Morven, Augathella, Charleville, Quilpie, Thargomindah and Cunnamulla. A common question was about where Medicare Locals fit in with the SWHHS. I will give a brief overview.

The health reform process is about getting the right services to the right people at the right time. It is also about reducing duplication of services and enabling better use of very limited health dollars. The process has divided funding between State Governments who are responsible for acute and hospital services and Medicare Locals who are responsible for primary health care. The COAG agreement determines the distribution of funds to the States, these are tied to national efficiency targets such as waiting time in emergency departments and elective surgery waiting lists. The new reform process saw the development of 17 Hospital and Health Services (HHSs) in Queensland. The HHSs are statutory authorities which also have very strict targets imposed by funding agreements with Queensland Health.

The Medicare Locals are now the bodies responsible for Primary Health Care. This includes general practice, including after hours care, allied and community health. Funds are directed to the Medicare Locals as the central coordinating body for services outside hospitals. The Medicare Locals then direct funding to the appropriate organisation or may provide some services in house. HHSs and Medicare Locals are tasked with reducing duplication of services and streamlining processes by working cooperatively.

The Commonwealth Government is also responsible for Aged Care, Aboriginal Medical Services and Royal Flying Doctor Service (RFDS) Traditional Services (GP Clinics, aeromedical retrieval and specific programs but not inter-hospital transfer). This structure looks good on paper and in theory works very well in large urban centres. In rural and regional centres, however, the picture is much less black and white. Queensland Health has historically provided and continues to provide much of the primary health care and aged care. This is for a variety of reasons including the low population base, the distances and isolation involved, the difficulty attracting professionals to the areas and the unviability of some services within the private sector.

SWHHS and the Darling Downs South West Queensland Medicare Local are working together to rationalise services to avoid duplication. A good example of this is Cunnamulla which receives an extraordinary amount of services from multiple agencies but in an ad hoc uncoordinated manner. Through community consultation and real service planning there is a current review of services into the town to reduce duplication and achieve real health outcomes.

The customer (patient/client) should be delivered services so that there no concern as to where the funding is coming from. There should be a seamless transition from community to hospital and back to community. The focus for all organisations involved in health care in south west Queensland is improved health outcomes for individuals and the community as a whole. All sectors of health care in the south west are working cooperatively towards this goal.

Another issue that was of concern during the recent tour was the reliance of individuals and communities on gossip, innuendo and press articles for information regarding changes in health service delivery. I encourage all to obtain the facts from reliable sources. This will reduce the anxiety experienced by many. Information is accessible through the Community Advisory Networks (CAN) and directly from the Board via the Secretariat based in Roma.

Julia Leeds
Chair
South West Hospital and Health Service

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