

A photograph of a rural scene at sunset. In the foreground, there's a dirt road leading towards a wooden fence made of weathered logs. A metal cattle grid lies across the road. The sun is low on the horizon, casting a warm, golden glow over the grassy fields and a line of trees in the distance.

OUR PEOPLE OUR PARTNERSHIPS OUR HEALTH

phn
WESTERN QUEENSLAND

An Australian Government Initiative

WESTERN QUEENSLAND PRIMARY HEALTH NETWORK

But the bush hath moods and changes,
as the seasons rise and fall,
And the men who know the bush-land
– they are loyal through it all.

IN DEFENCE OF THE BUSH by A.B. "Banjo" Paterson



Photo Credit > Angus Emmott, Dark rain clouds spotted from Noonbah Station, south-west of Longreach



A NEW APPROACH TO HEALTH SERVICE PLANNING

In 2015, 31 Primary Health Networks (PHNs) were established to increase the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes, and to improve coordination of care.

Covering more than half of Queensland, the Western Queensland Primary Health Network (WQPHN) is one of the most unique PHNs in Australia. We have the smallest population overall, and most sparsely populated region with only one person per 13 square kilometres. Our PHN covers some of the most remote country in Australia.

Over the last couple of decades there has been difficulty recruiting and retaining a stable medical workforce, and a lack of integration between General Practice and other primary care and specialist services, resulting in poorly coordinated and often duplicated care. While there has been an increased investment in allied health and specialist services in the region in the last ten years, the design of these services has, to some extent, been disconnected from general practice.

Along with the Northern Territory, WQPHN's governance structure is arguably the most progressive in terms of addressing the fragmentation that arises from the divided responsibilities between the Commonwealth and State/Territory Governments in the delivery of primary health care services.

WQPHN recognises the central role of the general practitioner in the design and delivery of health services, and views general practice as the gateway to other primary care and specialist providers through good referral pathways. So our approach to developing services will be in a manner that supports general practice team based models of patient-centred care.

While there is significant diversity across this vast catchment, this vastness and uniqueness is also what makes us strong and resilient as one region. We know that there can never be a 'one size fits all' approach to getting primary health services exactly where and when they are needed most.

At WQPHN one of our top priorities is to improve the gathering and sharing of health intelligence, to allow for more strategic and calculated investment into the health of the region. This publication represents our starting point in capturing the known priorities for our region's health needs. This is only the beginning and we look forward to leading the development of a comprehensive shared needs assessment and health plan involving the major funders and providers across Western Queensland.



Dr Sheilagh Cronin
Chair, Western Queensland
Primary Health Network



Stuart Gordon
Chief Executive Officer,
Western Queensland Primary Health Network



OUR REGIONS

The Western Queensland Primary Health Network (WQPHN) boundary includes three discrete Queensland Government Hospital and Health Services (HHS). These sub-regions are useful for breaking down our needs assessment and service planning into more manageable areas, that also align with State health services and funding.

Population growth in our region is slow compared to the rest of Queensland, which has been growing at around five times faster overall. This overall trend is expected to continue with the region projected to grow 11.4% by 2036, compared to 50.2% for Queensland.

Population trends vary significantly within the region. While the North West HHS is projected to grow by 19%, and the South West HHS projected to grow by 9.1%, the Central West HHS is projected to have a population decline, of -3.8% during this period.

There are 44 towns and communities across the three regions. Our fastest growing town is Doomadgee in the North and our largest population is based in Mount Isa, followed by the Maranoa region in the South West.



TOTAL POPULATION 72,000

1.5% of the population
of Queensland,
geographically
distributed over 55%
of the total land mass

ABORIGINAL AND TORRES STRAIT ISLANDER **POPULATION**

13,960



47%
%

At 19% this is
much higher than
the Queensland
Average of 3.8%

For the State of Queensland there is roughly equal male and female population

BORN OVERSEAS

8.6%

POPULATION GROWTH 2009-2014

Low compared to
Queensland total
of 20.5%

Five times less
than Queensland
growth overall

AREA 937,118

SQUARE KILOMETRES

OUR PEOPLE

With around 90% of the region's population residing in areas classified as 'remote' or 'very remote' the distance and travel times between communities is significant.

Large areas within the region have limited or no mobile phone and radio coverage.

WQPHN residents have a life expectancy that is almost two years less than the average for other Queenslanders. The main causes of this have been reported as being injuries, heart disease, respiratory disease and cancer.

There are higher rates of chronic disease risk factors such as daily smoking, overweight and obese adults, and risky levels of alcohol consumption.

Regardless of this, in a 2012 survey residents of Central and North West Queensland also reported significantly higher satisfaction with their health and quality of life compared with other Queenslanders.





Living in a remote region can be both challenging and rewarding. Dealing with isolation and an unpredictable natural environment creates innovation, resilience and a sense of community.

Compared to the rest of Queensland, we have more people getting involved in volunteer work to lend a hand. 2011 Census data recorded that 22.9% of the Western Queensland population was involved in voluntary work through an organisation or group, compared to 18.7% across the State.

But it's not just the locals who love it here. During the cooler months many thousands of Australians travel through this beautiful and culturally iconic landscape, creating a population boom for even some of the most remote communities. In 2013 visitors to the outback region of Queensland were recorded at 378,000 people.

This means that transient populations such as the 'grey nomads' and mining communities create significant demand on health services that isn't reflected in standard projections and modelling.

OUR PEOPLE

Compared to the whole of Queensland, WQPHN has a high Aboriginal and Torres Strait Islander population, with regional variations for individual communities. This means that the four Aboriginal Community Controlled Health Services in our region play a vital role in the delivery of primary health care services and are essential to the design and delivery of culturally informed services. Two Local Government Areas in the North West, Mornington and Doomadgee, have over 90% Aboriginal and Torres Strait Islander population. Within our region there is significant disadvantage across a range of social, educational,

economic and cultural determinants impacting health outcomes for Aboriginal and Torres Strait Islander people. Studies have shown that with increasing remoteness the burden of disease increases. The largest burden in our region is caused by cardiovascular diseases, diabetes and chronic respiratory diseases. In addition to the known life expectancy gap for Aboriginal and Torres Strait Islanders, life expectancy has been recorded as decreasing as remoteness increases, with Aboriginal and Torres Strait Islanders from remote communities having a life expectancy of 7.5 years lower than those born in major cities.

REGION	A&TSI Population
NWHHS	26.7%
CWHHS	11.2%
SWHHS	14.5%
WQPHN	19.4%
QUEENSLAND	3.8%

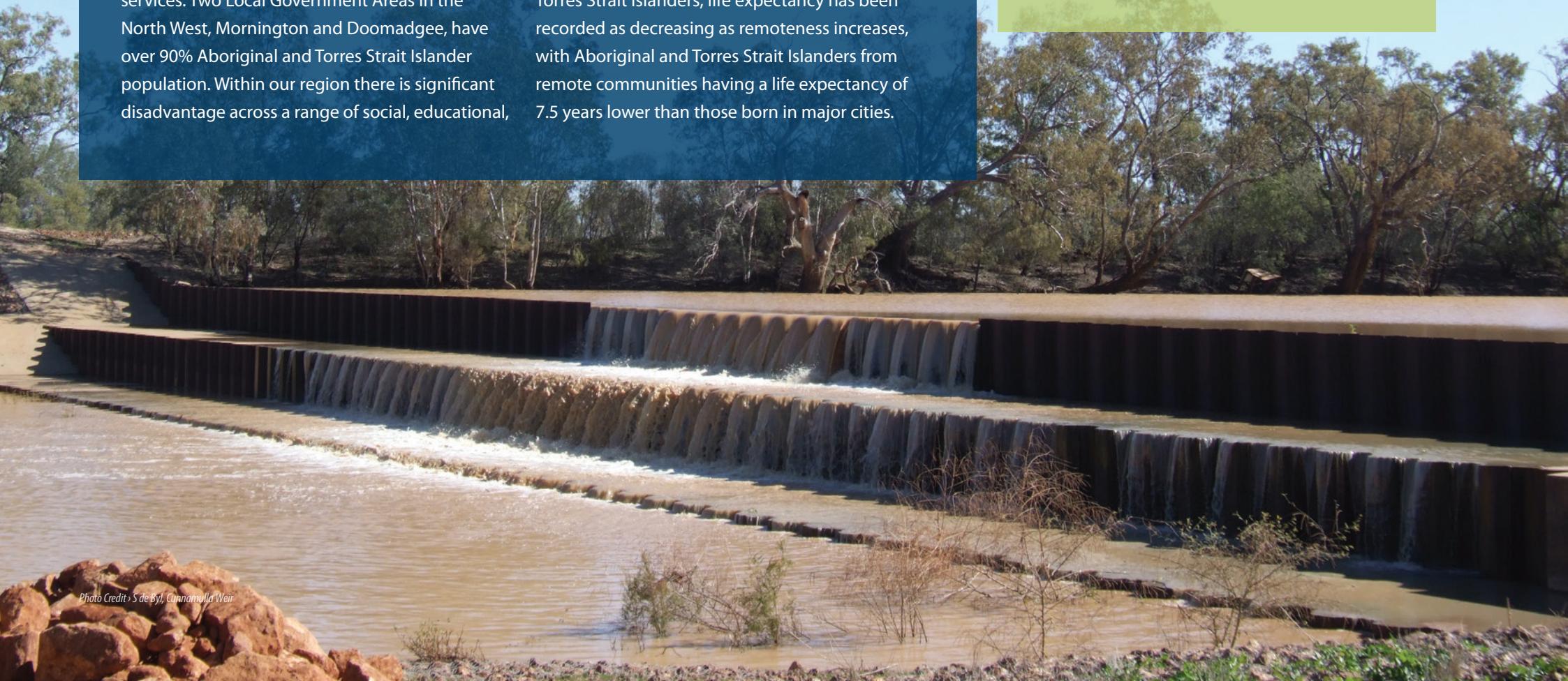
NWHHS 26.7%

CWHHS 11.2%

SWHHS 14.5%

WQPHN 19.4%

QUEENSLAND 3.8%





"Here in Australia we're fortunate enough to have one of the richest and oldest continuing cultures in the world. This is something we should all be proud of and celebrate."

Dr Tom Calma AO

Over half of our Aboriginal and Torres Strait Islander population (51%) is under the age of 24 years, compared to 35% for the total population. This means that Aboriginal and Torres Strait Islander children make up 30% of the overall child population in WQPHN.

Health reports show that our Aboriginal and Torres Strait Islander population are more likely to be admitted to hospital for something potentially preventable, be discharged against medical advice, have a baby of low birth weight and smoke during pregnancy.

While we have higher fertility rates than the rest of Queensland, we also have higher rates of infant and child mortality, a worse early childhood development profile, and greater numbers of young children at risk in terms of health status and development.

OUR PEOPLE

Unemployment rates are generally low, however the areas of Burke, Doomadgee, Mornington and Carpentaria have unemployment rates around double the State average. The region has a younger population compared to the rest of Queensland, with more children under 15 years, and less people aged 65 years or over. The median age for the region calculated at 30 June 2014 by the Queensland Government Statisticians Office was 33.9 years compared to 36.8 years for all of Queensland. A total of 17 out of 20 Local Government Areas in the region are affected by higher levels of socio-economic disadvantage. Statistical data shows that people living in disadvantaged areas of Australia are more likely to have multiple health risk factors including mental health issues, chronic disease and drug and alcohol misuse. WQPHN has a higher proportion of both daily smokers and younger smokers than other Queensland PHNs, with the majority of smokers in the 18-29 age group. Along with identified low levels of health literacy, these factors contribute to poorer health outcomes, earlier deaths and greater service needs for our region.

AGE	WQPHN	QLD
Under 15 years	23%	20%
15 to 24 years	35%	33%
25 to 64 years	31%	33%
65 years and older	11%	14%

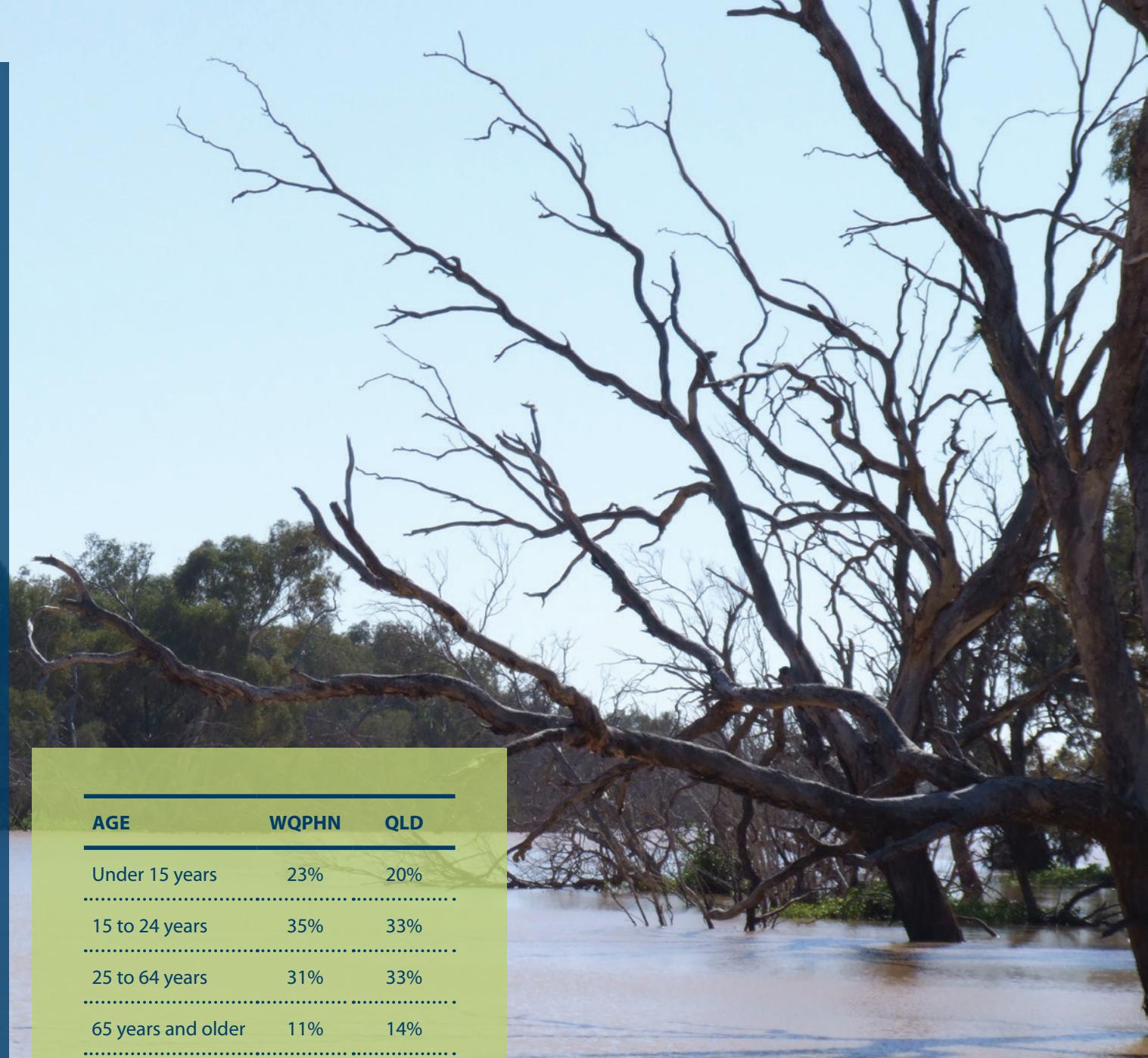


Photo Credit > S de Byl



OUR ACCESS TO HEALTH SERVICES

Data collected by Queensland Health indicates that in our three Hospital and Health Services there are:

- › Higher rates of avoidable deaths and potentially preventable hospitalisations;
- › Higher hospitalisation rates overall; and
- › Higher cancer rates and worse outcomes when compared with the rest of the State.

The data shows that in our population there is a higher prevalence of the risk factors that are associated with mental health disorders, but lower rates of people reporting the need for help in this area. On the other hand our rates of emergency presentations for mental and behavioural disorders are higher than other regions.

A complex array of transfers and referrals out and back into the region also occurs for patients to access higher levels of acute care and specialist services only available in larger centres. Along with the vast distances to be travelled, there are very limited public transport and accommodation options available for patients and their families.

Our health workforce is generally time poor, and we rely heavily on outreach and visiting services. This can lead to a disconnect and poor flow of communication between providers.

This makes it much harder for us to access the services we need on a regular basis or close to home, compared to people living in or near cities.

NORTH WEST

NORTHERN
TERRITORY



QUEENSLAND

NORTH WEST

FAST FACTS

- › Population 32,621
- › Largest town is Mount Isa
- › Younger age profile with median age 31.4 years
- › 26.8% employed in Mining Industry
- › 26.7% Aboriginal and Torres Strait Islander
- › 40% of children aged under 15 years old are Aboriginal and Torres Strait Islander



Photo Credit: Julia Creek Camping Spot - C Henry



Photo Credit: Mount Isa Mines Rotary Rodeo. Photographer - Stephen Mowbray

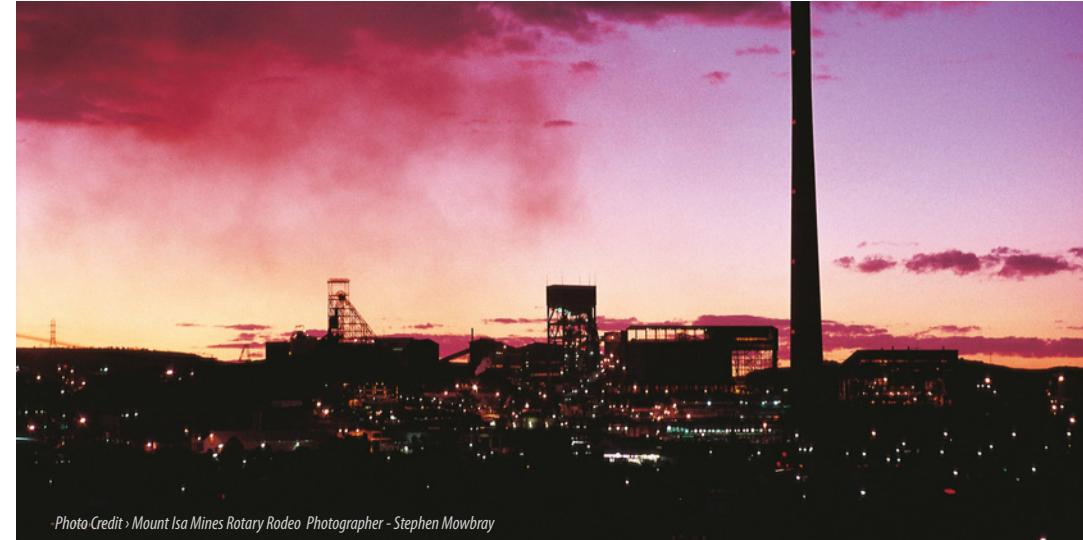


Photo Credit: Mount Isa Mines Rotary Rodeo. Photographer - Stephen Mowbray

KEY SERVICE PROVIDERS

Key service providers funded for primary medical care in the region include the North West Hospital and Health Service, the RFDS and Gidgee Healing, an Aboriginal Community Controlled Health Service (ACCHS).

Private General Practice and Allied Health services are available throughout the region.

A number of Non-Government Organisations (NGOs) provide allied health and health promotion services either based in the region or on a visiting basis.

CENTRAL WEST

NORTHERN
TERRITORY

SOUTH AUSTRALIA

CENTRAL WEST

QUEENSLAND





Photo Credit > C Henry



Photo Credit > C Henry



Photo Credit > John Palmer



Photo Credit > John Palmer

CENTRAL WEST

FAST FACTS

- › Population 12,433
- › Largest town is Longreach
- › Population is projected to decrease by 3.8% to 2036
- › 27.4% employed in Agriculture

- › 11.2% Aboriginal and Torres Strait Islander
- › High proportion of female smokers (19.4%)
- › High proportion of people categorised as having risky lifetime alcohol consumption (30.4%)
- › High number of Emergency Department presentations related to anxiety disorders
- › Australian Early Development Census results show 13.1% of children in the Central West are developmentally vulnerable

KEY SERVICE PROVIDERS

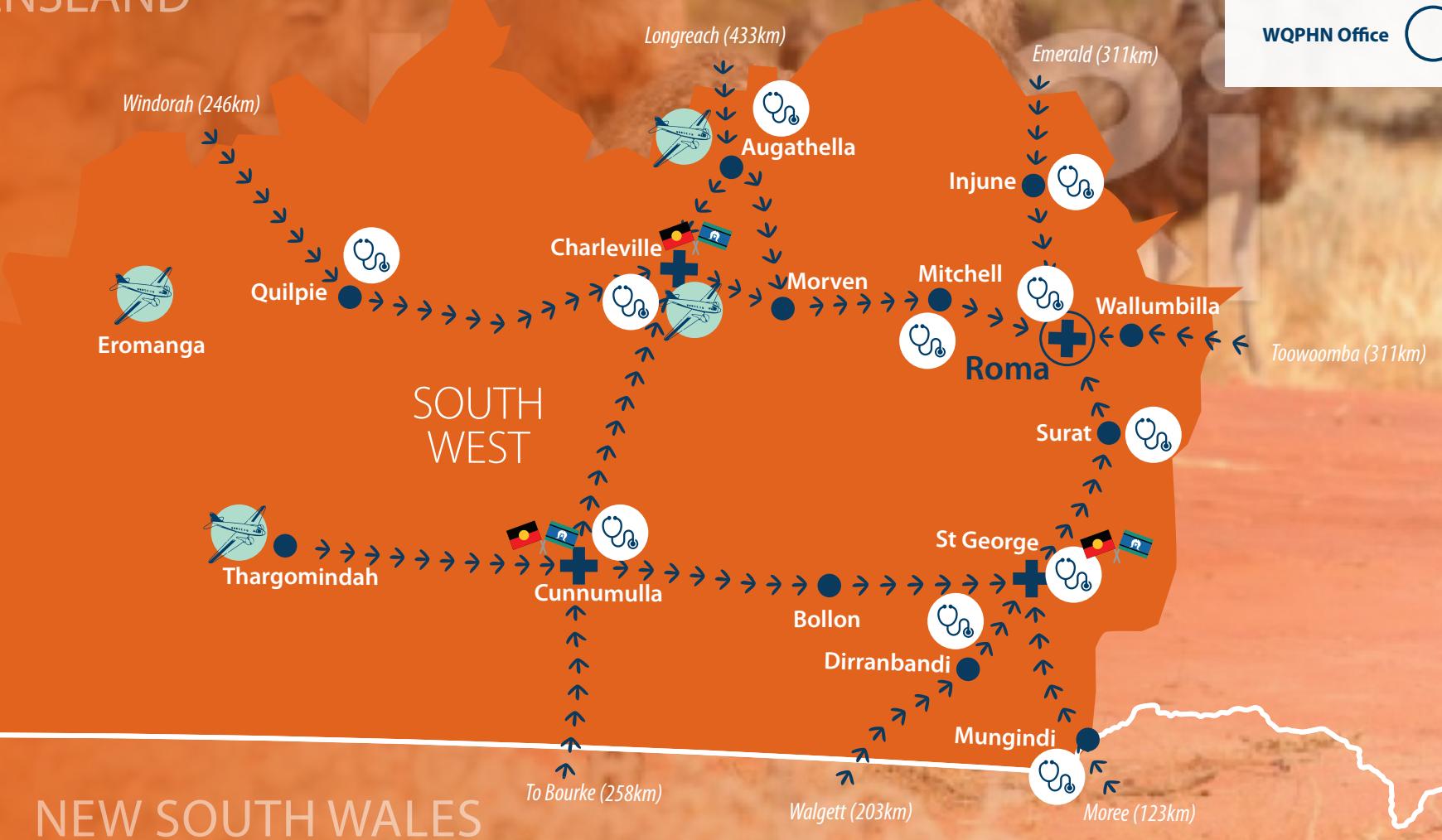
Key service providers funded for primary medical care in the region include the Central West Hospital and Health Service and the RFDS.

Private General Practice is available in Longreach.

A number of Non-Government Organisations (NGOs) provide allied health and health promotion services either based in the region or on a visiting basis.

SOUTH WEST

QUEENSLAND





FAST FACTS

- › Population 26,733
- › Largest town is Roma
- › 23.2% employed in Agriculture
- › 14.5% Aboriginal and Torres Strait Islander
- › High proportion of overweight and obese males (77.8%)
- › High rates of diabetes hospitalisations
- › High proportion of Aboriginal and Torres Strait Islander women who smoked during pregnancy (58%)
- › High number of emergency department presentations related to anxiety disorders

- › Australian Early Development Census results show 15.0% of children in the South West are developmentally vulnerable (and this rises to 21.7% in Roma)

KEY SERVICE PROVIDERS

Key service providers funded for primary medical care in the region include the South West Hospital and Health Service, the RFDS and three Aboriginal Community Controlled Health Services (Charleville and Western Areas Aboriginal and Torres Strait Islander Community Health, Cunnamulla Aboriginal Corporation for Health, and Goondir Health Service).

Private General Practice operates in Roma and St George. In the South West, in contrast to the other regions in the WQPHN, there is currently a well-established private allied health sector that includes podiatry, psychology, occupational therapy, physiotherapy, exercise physiology and dietetics in addition to community pharmacy.

A number of Non-Government Organisations (NGOs) provide allied health and health promotion services either based in the region or on a visiting basis.

OUR HEALTH

Collating what we already know, our health concerns as a region are:

- › The inequalities in health outcomes that are associated with factors of ethnicity (particularly for the Aboriginal and Torres Strait Islander population), socio-economic disadvantage, and rurality and remoteness
- › Low health literacy
- › Lower life expectancy
- › High rates of health risk factors including smoking, overweight and obesity, and excessive alcohol use
- › High rates of potentially preventable hospitalisations
- › Poor childhood development profile, and a high rate of children at risk
- › High incidence of chronic disease and co-morbidities





Photo Credit : C Henry, Mary Kathleen Uranium Mine

OUR PRIMARY HEALTH CARE

Having access to a local GP is one of our biggest assets for primary health care. They are the gatekeeper who, if they can't fix us up straight away, can send us on to the other providers and services we need.

Over time, the traditional General Practice models of the GP who owns a practice and works closely with the local hospital has been declining as the financial viability of this model has decreased in smaller communities.

This has seen the emergence of other General Practitioner models such as the Queensland Health Rural Generalist Pathway, Aboriginal Community Controlled Health Organisation operated Practices, and RFDS run General Practice.

WQPHN recognises these evolving General Practice models within the region and will continue to support these. We also plan to build capacity in order to improve access to comprehensive primary health care services for our many remote communities.

Our definition of 'comprehensive primary health care services' for the region includes having access to a range of generalist services provided by multidisciplinary teams that include GPs, Nurses, Allied Health Professionals and other team members such as Aboriginal Health, Health Education/Promotion and Community Development Workers. These services can operate at the community level to address health needs, as well as providing services to individuals and families.

These services are most effective when embedded at the community level to help address local health needs in a coordinated model as well as providing individual care. WQPHN also recognises that patients are arguably the greatest untapped resource in our catchment, and that their active engagement is a priority for developing new models of care that will reduce some of the inherent fragmentation.

OUR PARTNERSHIPS

The health service system in Western Queensland is funded through multiple Commonwealth and State sources, resulting in a very complex service system involving many different providers.

It is through our partnerships with these service providers that we can make the greatest contribution to the Western Queensland health system.

Our partnership with the three Western Queensland Hospital and Health Services and the Aboriginal Community Controlled Health Service sector is imperative for creating lasting improvement, and is embedded in the governance structure of the WQPHN. This will allow the adoption of a whole

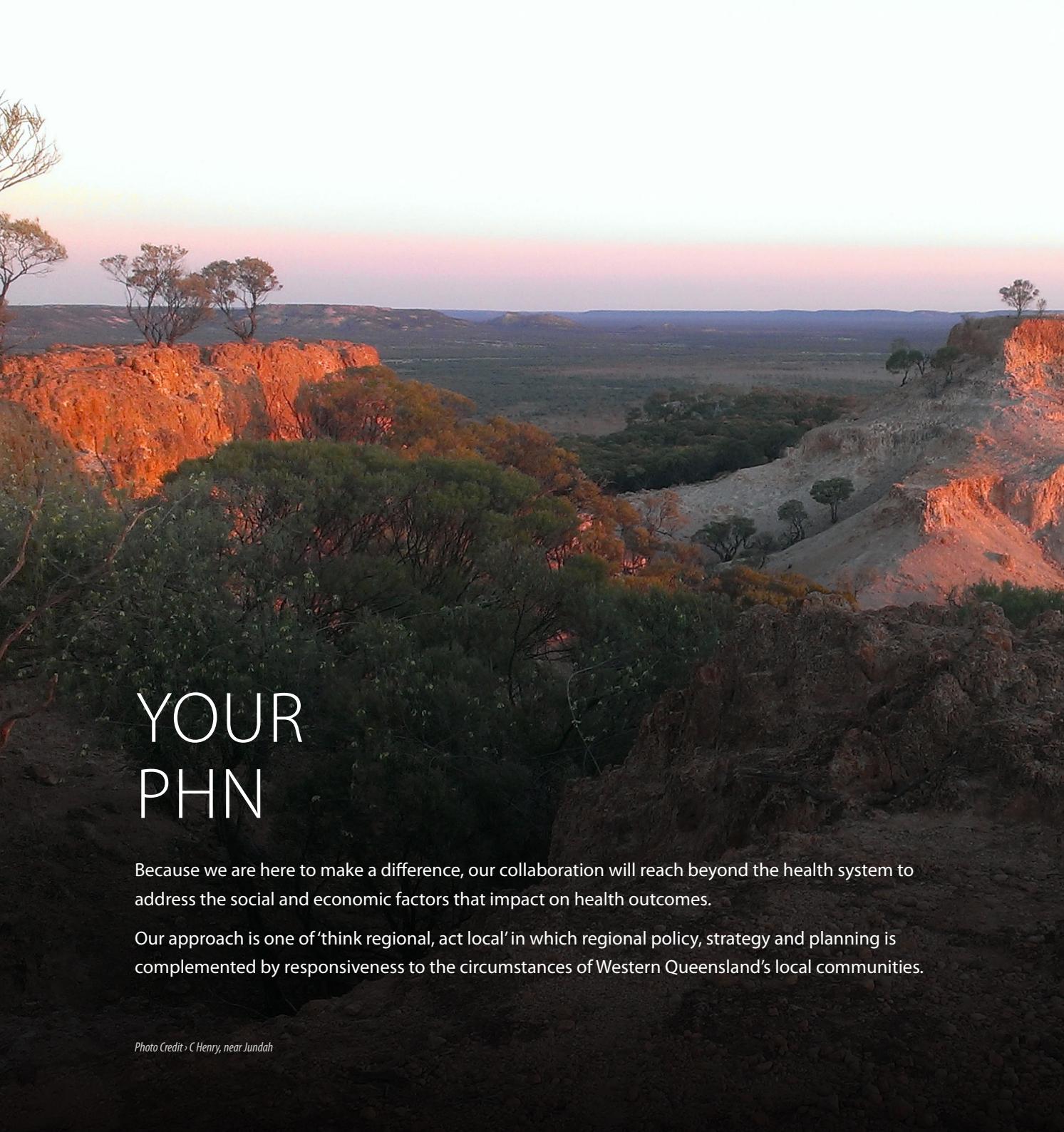
of system co-commissioning approach across the region, involving joint analysis and planning, and alignment of strategies and resources to achieve the best outcomes.

Our strategic partnerships for planning and system design include primary health care and community service providers, as well as structured consumer and community input.

Regionally based Clinical Councils have been established bringing together General Practice and Primary Health Care representatives to provide input to local strategies and service investment. Formal engagement with many of the already established community advisory groups throughout the region

has allowed the WQPHN to gain excellent input into local issues, challenges and opportunities.

The funding that WQPHN has at our direct disposal is relatively small, so we will need to allocate these resources carefully to ensure innovation and good value, while staying aligned with our known strategic health priorities. As a primary health network, WQPHN is a 'commissioner of health services', meaning that we have a framework that allows us to plan, agree, fund and monitor services through a dynamic environment. This will allow for continuous improvement, innovation, and strategic investment into known and emerging health priorities.



YOUR PHN

Because we are here to make a difference, our collaboration will reach beyond the health system to address the social and economic factors that impact on health outcomes.

Our approach is one of 'think regional, act local' in which regional policy, strategy and planning is complemented by responsiveness to the circumstances of Western Queensland's local communities.

Photo Credit: C Henry, near Jundah

The WQPHN company has been formed by the three Western Queensland Hospital and Health Services, and includes A&TSI (QAIHC) representation on the Board. This structure will ensure the strongest possible partnership between levels of government, mainstream and A&TSI health services in fostering real cooperation through investment in planning and service delivery.

OUR VISION

A comprehensive and integrated primary health care system that delivers better health outcomes for the people of remote Western Queensland.

OUR GOALS

- › Improve the health of our population, and reduce inequalities
- › Enhance patients' and families' access and experience of care
- › Strengthen the capacity and capability of primary health care
- › Foster efficient and effective primary health care



THE WESTERN QUEENSLAND HEALTH SYSTEM THAT WE SEE WILL BE

Person-centred

Clinically effective

Accessible

Culturally competent

Integrated, especially for
people with complex needs

Well governed

Cost-effective

Evidence-based

Accountable

OUR STRATEGIES TO GET THERE

- 1 Work with partners to organisationally and financially integrate the Western Queensland Health System
- 2 Co-design and support a clinically integrated model of primary health care
- 3 Improve access to culturally competent primary health care for Aboriginal and Torres Strait Islander People
- 4 Implement strategies to prevent and better manage chronic and complex conditions
- 5 Implement strategies to improve maternal and child health and wellbeing



**“One can state, without exaggeration,
that the observation of and the search
for similarities and differences are the
basis of all human knowledge”**

ALFRED NOBEL

Photo Credit > C Henry, Carcory Homestead Ruins

FIND OUT MORE

Data shown is based on the Estimated Resident Population 2014 figures published by the ABS. The WQPHN Strategic Plan and Health Needs Assessment are available on our website.
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ACKNOWLEDGEMENT



Western Queensland Primary Health Network acknowledges the traditional owners of the country on which we work and live and recognises their continuing connection to land, waters and community.

We pay our respects to them and their cultures and to elders past, present and emerging.



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WESTERN QUEENSLAND

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