

23 November 2022

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**By email:** [REDACTED]

**Subject: Concerns raised by Sunshine Coast Local Medical Association**

Dear Dr Gillies

AMA Queensland recently held a Private Practice Workshop with the Sunshine Coast Local Medical Association (SCLMA). The SCLMA raised significant issues of concern in the Sunshine Coast local area, which we wish to draw to your urgent attention.

The specific concerns are set out under different headings below and we seek your response to each. We would also like to arrange a meeting with you, the SCLMA and AMA Queensland to discuss these important issues further.

A. Communication breakdown between SCUH and GPs and non-GP specialists

The main issue raised by SCLMA members was poor or inadequate communication between the Sunshine Coast University Hospital (SCUH) and GPs and non-GP specialists. Doctors were concerned about the impact this is having on continuity of care and wanted greater service integration. Various issues are set out below.

- Of particular concern was the lack of communication with local doctors. SCLMA members suggest that when patients are admitted, their GP and other specialists must be notified to protect patients. One non-GP specialist gave an example of a patient with an underlying condition (which was unknown to the hospital but would have been advised by the patient's specialist had the hospital contacted them) who was admitted and given medications without adequate cover and suffered an adverse outcome.
- SCLMA members also indicated that whilst the Queensland Health portal (The Viewer) was beneficial, it was being used by EDs as a means of communicating with GPs and cannot replace a considered discharge letter.
- Issues were also raised about hospital discharge letters. Firstly, doctors reported that the discharge letters no longer list the specialist in charge of the patient during their admission (but rather 'Team A Medical' or similar with no particular specialist named). This means GPs or other specialists treating the patient post-discharge do not know who to call if they have queries. Doctors were also concerned that it leads to a loss of accountability and suggested that each patient be 'assigned' to a specialist or a specific hospital staff member be referenced for GPs and other specialists to contact with questions.
- A further issue with discharge letters was that discharge summaries from SCUH's private hospital are lacking in necessary information, often only listing the diagnosis and medications. SCLMA members

noted this is problematic across many private hospitals and that more information is needed for optimal patient outcomes.

- SCLMA members were also concerned that specialist letters following outpatient consultations were not being sent in a timely manner, in some cases taking up to six (6) weeks to reach patients' GPs. GPs were concerned that, by this time, the patient had already seen their GP without the GP having the benefit of the specialist's letter. SCLMA suggested letters must be sent the same day they are written, as is the case for EDs.
- Finally, doctors suggested some digital improvements to facilitate better communication between hospitals and GPs including:
  - that The Viewer could be improved to have outpatient department notes recorded and viewable by GPs. At present, GPs can only view ED notes, imaging and pathology results. It was suggested that The Viewer could provide significantly more information to GPs which would greatly improve patient outcomes.
  - that the integrated electronic Medical Record (ieMR) be modified so it can communicate with platforms used by GPs. AMA Queensland notes this was also recommended by the Queensland Maternal and Perinatal Quality Council 2021 in its report *Queensland Mothers and Babies, 2018-2019*, which stated ieMR has created issues 'for communication between hospital and community-based maternity care providers' and 'diminished women's access to their health records'.

## B. Future Planning

SCLMA members noted an increasing number of patients are preferring to travel to SCUH instead of Brisbane for specialist appointments. In addition, there is a large residential development ('Aura') whose residents will feed into SCUH once it is completed. Doctors were concerned that there has not been sufficient planning about the impact this development will have on hospital demand and would not want to see SCUH overwhelmed as other hospitals have been in similar circumstances.

## C. Access to GPs and non-GP specialists

The SCLMA advised patients are finding it increasingly difficult to access GPs and noted the following key issues.

- Local public hospitals are advising patients to visit their GP soon after discharge for follow-up, however, patients are unable to obtain a timely appointment or simply do not have a regular GP. Practices in Nambour have closed either their books or the clinic completely; long-term bulk-billing clinics in Noosa have been forced to implement blended billing; and blended-billing clinics in Buderim have had to move to full-fee paying models. There is a wait of several months to see a paediatrician and the only psychiatrist has closed their books (other than reviewing new referrals to identify urgent patients).
- Outpatient or ambulatory care were also raised as continuing issues. Whilst these services receive over 700 referrals a day, many are being returned to GPs, and the extensive mandatory referral criteria impedes the uptake of Smart Referrals.

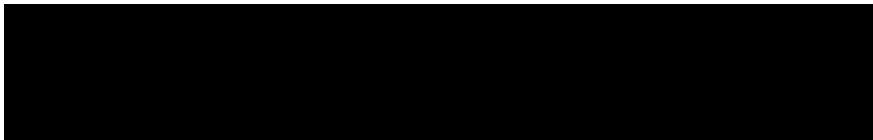
- SCLMA members also viewed workforce trends in regional, rural and remote areas as predictors of future trends in metropolitan and outer-metropolitan areas. They were alarmed at the absence of doctors in the South West Hospital and Health Service, including in towns such as Mitchell which has reportedly had no doctor for the previous 2-3 months, despite offering locum rates of \$2,500 per day.
- The SCLMA suggested consideration be given to greater use of GPLOs (GP Liaison Officers) and GPSIs (GPs with Special Interest). SCLMA members advised GPLOs provided significant assistance in navigating referrals into the hospital and GPSIs helped to reduce the load on hospital specialists. Many doctors reported that both roles are well supported and GPSIs, in particular, significantly help to break down the public-private medical care divide with recent ads placed for dermatology, ENT and palliative care.
- It was also suggested that greater GP shared-care arrangements for follow-up care would assist with providing better access for patients. An example was given of a patient that spent five (5) hours travelling to and waiting at a colorectal clinic for a 5-minute consult to obtain their carcinoembryonic antigen levels which could have been performed by a GP.

D. Other issues of concern

SCLMA members also expressed ongoing concerns about the rural doctor shortage, reduction in the GP workforce and GP registrars and ongoing ambulance ramping.

Whilst the above concerns have been raised by the SCLMA, many are common to other Queensland Hospital and Health Services and communities. As such, we would welcome an opportunity to meet to discuss further and look forward to your response.

Yours sincerely



Dr Maria Boulton  
**President**  
**AMA Queensland**

Dr Brett Dale  
**Chief Executive Officer**  
**AMA Queensland**

cc: Dr Helen Brown, Deputy Director-General, Clinical Excellence Queensland – [Redacted]

cc: Prof Keith McNeil, Chief Medical Officer, Queensland Health – [Redacted]

cc: Dr David Rosengren, Chief Operating Officer, Queensland Health – [Redacted]