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Subject: Elective surgery inequity in regional Queensland

Dear Dr Brown and Assoc Prof McDougall

Doctors have raised serious concerns about growing inequity of access to elective surgery for regional patients, particularly those within Hospital and Health Services (HHSs) located between the Sunshine Coast HHS and Townville HHS catchments.

A number of physicians have advised that Queensland Health data indicates regional Queensland HHSs including Darling Downs, Wide Bay, Central Queensland, Mackay and Townsville are performing elective surgery at a per capita rate that is, at best, 50% of the rate of Cairns HHS and comparable health services in Western NSW and Murrumbidgee Local Health Districts.

Put simply, doctors are justifiably worried that regional Queensland patients are missing out on necessary and important elective surgeries. As you know, if these patients are not accessing these vital services, they are highly likely to be experiencing poorer health outcomes and costing our public health system more. This is also having a flow-on effect on our regional health workforce, with specialists leaving for metropolitan areas or private practice to undertake elective work.

These issues and some recommended actions from AMA Queensland members are set out below.

Poor patient outcomes and costs

Lengthy wait times for elective surgery result in delayed diagnoses and more complicated and expensive care. Such patients often end up categorised as emergency presentations which are higher-risk and result in poorer outcomes and higher public health costs. They also remain in hospital longer and require discharge to nursing home care or with increased and costly supports at home.

Added to this are the invisible but often prohibitive costs to patients and their families in travelling to Brisbane including transport, accommodation, food, lost wages and other incidental costs. Despite recent increases to the Patient Travel Subsidy Scheme (PTSS) in this year's Queensland Budget, it is still completely inadequate for the majority of patients and reportedly significantly behind those provided in NSW. Doctors also report that the scheme is unnecessarily cumbersome and some patients are unable to access it at all.

These issues cause many regional patients to simply delay or opt not to even have elective surgery, compounding adverse health outcomes and increasing medium- and long-term costs to the health system and economy – costs that are largely invisible to Queensland Health reporting frameworks.

Doctor deskilling, burnout and attrition to metropolitan areas and/or private sector

Added to the above, are alarming reports by doctors that working conditions in regional Queensland HHSs are likely leading to clinical error, deskilling of medical practitioners and staff attrition to metropolitan areas or private practice. Doctors advise that:

- they are now working in a model where they are ‘basically always on-call’ and must undertake a disproportionate amount of emergency work in comparison to their metropolitan colleagues;
- it is not uncommon to work multiple 24-hour on-calls and over 60 hours a week;
- some specialists report they are often so sleep-deprived from working these hours that they feel they have the equivalent of a 0.8 blood alcohol level;
- the lack of a diverse range of surgical services reduces their work to ‘primitive care’ which leads to high job dissatisfaction and:
 - limits specialist training opportunities in the regions;
 - reduces regional HHS ability to train medical students and other health professionals;
 - reduces the career opportunities for junior doctors; and
 - greatly diminishes senior clinicians’ abilities to maintain their skills and results in high rates of stress – for example, one clinician stated ‘the only time we are called on to do something challenging and risky is in the middle of the night without backup. We need to be maintaining our skills within hours through elective work; we can’t just do stuff in an emergency’; and
- practitioners often say there is no ‘sensible’ or ‘rational’ reason to stay in the region when conditions are so bad that they are at high risk of clinical error and burn out.

Clearly, this model is unsustainable and is one of the key reasons regional HHSs cannot attract and retain vital specialists.

To emphasise the workforce concerns, senior clinicians advise it is becoming near-impossible to keep specialist surgeons in the regions because most regional HHSs are basically performing emergency surgeries only. Without a diverse range of elective surgical services in a given HHS, surgeons simply cannot maintain and increase their skills. This is particularly important to early-career surgeons who end up leaving HHSs when they cannot learn and access the necessary clinical experience and supports.

Further, when HHSs do not have a range of surgical services it has a flow-on effect on the attraction and retention of other necessary specialists such as anaesthetists, who likewise need the experience and supports that a diverse range of specialist surgeons provide. Doctors are unable to maintain their skills and take on more interesting, complex work if their hospital is not performing elective surgery. Many practitioners then simply seek employment back in metropolitan areas or in the private sector.

This compounds the issue and results in a systemic outflow of doctors from the given HHS.

Recommended Actions

Data analysis by patient postcode

As a first step in addressing these issues, AMA Queensland respectfully suggests Queensland Health analyse public hospital data on the rates of elective surgery per capita by patient postcode or ABS Statistical Area 4. Doctors have advised that this will give a far more accurate representation of the access regional and rural patients have to elective surgery than current data sets.

Surgical services roundtable

Should this analysis show inequity of access between metropolitan and regional/rural patients, AMA Queensland urges the Queensland Government to invest in regional surgical capacity to build up the range of services available at all regional HHSs.

Whilst AMA Queensland welcomes the Queensland Government's recent announcement of increased incentives and flexible arrangements to attract surgical specialists to the regions and the introduction of a digital passport and credentialling, we are of the view that more of these initiatives are needed. For example, doctors have suggested:

- Rotational models similar to that provided to Roma by the Mater for obstetric and gynaecology services would be a sensible reform provided they are adequately funded.
- Rotation of regional specialists into the city (e.g. for 1 week per year) to ensure they can maintain their skills and improve staff retention. This is particularly needed in critical areas such as paediatric anaesthesia, especially emergency work.

Doctors report that there are few, if any, staff subspecialty-trained in the region but areas such as paediatric anaesthesia have unexpectedly become a large part of their work. Further, practitioners advise that regional staff would appreciate nothing more than being given a week a year in, for example the Queensland Children's Hospital, to further develop their skills and such arrangements would have ensured retention of several key specialists.

- Regional Queensland HHSs north of Sunshine Coast HHS to Townsville HHS should receive outer-regional activity-based funding as allocated to CHHHS and similar services in Western NSW. Doctors report that these HHSs are in locations that resemble outer-regional areas despite their perceived proximity to the South-East corner but are not recognised as such due to the inadequacies of the funding model.

AMA Queensland understands that classifying these HHSs in this way would result in an 8% increase to their operating budgets. Doctors are of the view this would enable them to attract the workforce needed and perform elective surgery in line with their local community needs.

These concerns were also raised at the AMA Queensland Council meeting on 10 November 2023 with Council resolving to consider holding a surgical services roundtable. The purpose of the roundtable would be to identify ways to increase regional and rural elective surgery rates, including

detailed examination of ideas such as those above with subsequent recommendations. The roundtable would operate similarly to the AMA Queensland Ramping Roundtable and include medical practitioners from a broad range of specialities and locations.

Regional Queenslanders clearly deserve health care close to home. At the very least it should be equal with that provided to patients across the border. We call on the Queensland Government to urgently reinstate elective surgery services in regional Queensland and would like to meet with you to discuss these issues and recommendations further.

Yours sincerely



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