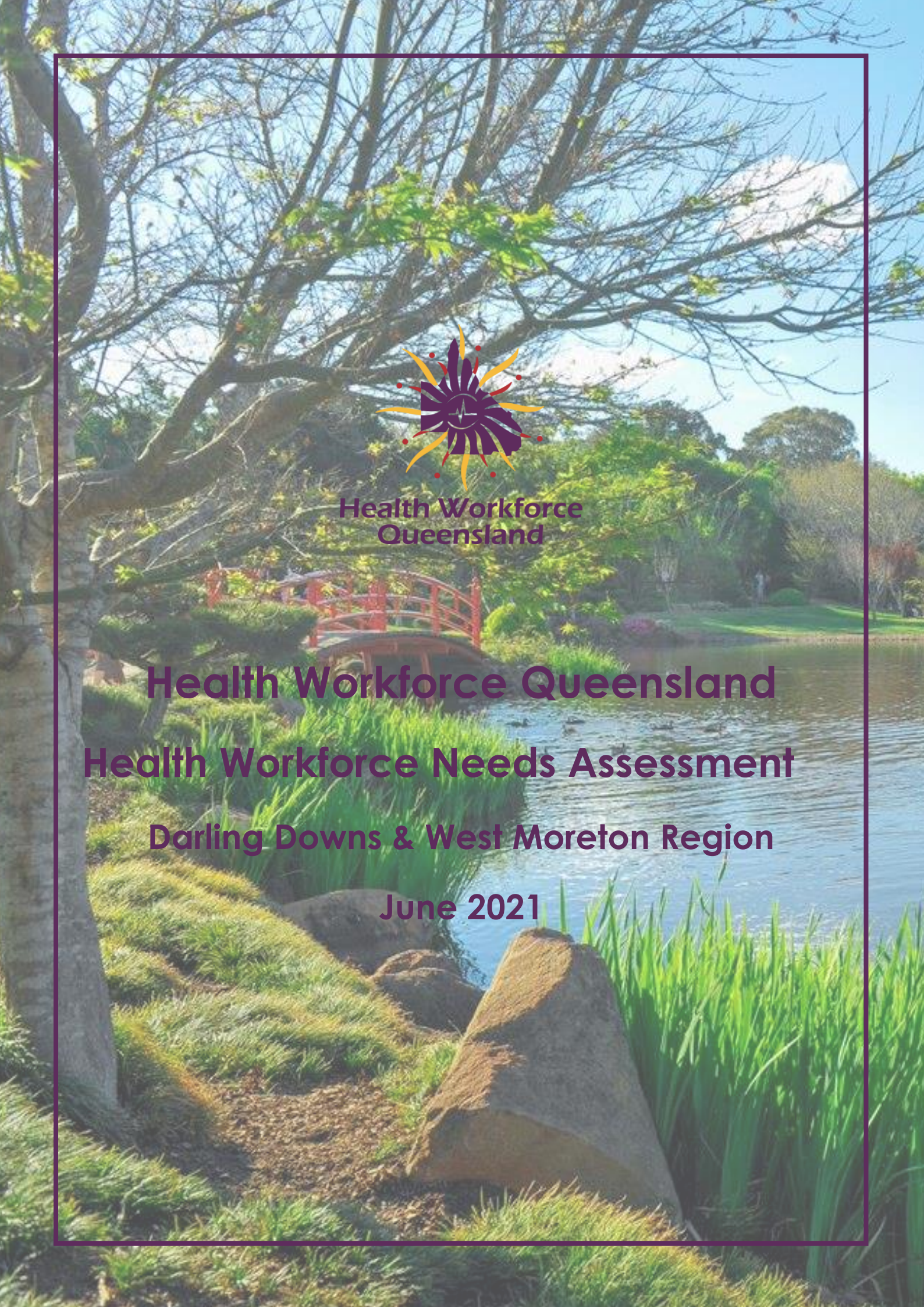

Health Workforce Queensland

Health Workforce Needs Assessment

Darling Downs & West Moreton Region

June 2021

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Introduction

The Health Workforce Needs Assessment (HWNA), undertaken annually by Health Workforce Queensland, includes an online survey targeting general practitioners (GPs), practice managers, primary health care nurses/midwives, Aboriginal and Torres Strait Islander Health Workers/Practitioners and allied health professionals working in Modified Monash (MM) 2-7 locations in Queensland. Survey items were developed to gauge health practitioner and health service manager perceptions about workforce gaps, primary care service gaps and to identify primary health concerns in their community(s) of practice. Quantitative and qualitative results from this survey, applicable to the **Darling Downs and West Moreton (DDWM)** region, are enclosed in the following report.

The report for the Darling Downs and West Moreton region supplements the state-wide 2021 HWNA Summary Report which is available on the Health Workforce Queensland website. The 2021 HWNA Summary Report details the HWNA methodology and provides an overview of statewide workforce issues, numbers, and initiatives undertaken in Queensland during the previous 12 months.

Darling Downs and West Moreton Region

Participants

Surveys were conducted with general practitioners (GPs), health service/practice managers, primary health care nurses/midwives, Aboriginal and Torres Strait Islander health workers/practitioners and allied health professionals. The total number of participants in the DDWM region were 155 health practitioners/managers, which is less than the 187 participants in the 2020 report. The reason for the decrease in number of participants could be because of the effects of COVID-19 on health practices. There were 57 were general practitioners, 20 practice managers, 65 allied health practitioners/others and 13 nurses/midwives. Participants from the West Moreton HHS were only surveyed if they were located in a MM 2 – 7 classification area. **As a result, only an estimated 33% of the West Moreton population is represented in this report.**

DDWM Region Workforce and Service Gaps

The surveys contained 31 statements about a serious primary care workforce or service gap existing in their community(s) of practice and required participants to rate their level of agreement from '**0 = Strongly disagree**', to '**100 = Strongly agree**'. There were 18 statements framed in terms of serious workforce gaps and 13 statements about serious primary care service gaps. Higher scores therefore indicate stronger levels of agreement with the statement and a stronger perception of the existence of a serious workforce gap or service gap in the community. The number of general practitioners, practice managers, nurses/midwives and allied health practitioners/others are provided in Table 1 according to HHS region.

Table 1: DDWM Region participants by type and HHS area

Type of practitioner	*Darling Downs HHS* *n (%)*	*West Moreton HHS* *n (%)*	*Total* *N (%)*
General Practitioners	43 (31.9%)	14 (70.0%)	**57** (36.8%)
Practice Managers	20 (14.8%)	0 (0.0%)	**20** (12.9%)
Nurses/Midwives	12 (8.9%)	1 (5.0%)	**13** (8.4%)
Allied Health Practitioners/Others	60 (44.4%)	5 (25.0%)	**65** (41.9%)
Total	**135**	**20**	**155**

Mean workforce gap ratings are provided in Table 2 and primary service gap ratings in Table 3. These are presented for the whole **DDWM region** as well as for each of the HHS areas, with gap rating means ranked from 1-18 for DDWM region and each HHS.
Means in 'bold' are values of 60 of higher, indicative of a possible serious gap existing.

Table 2: Mean workforce gap ratings for DDWM region and each HHS area

Type of workforce	*DDWM Region Total* *M (Rank)*	*Darling Downs HHS* *M (Rank)*	*West Moreton HHS* *M (Rank)*
Psychology	**68.91 (1)**	**67.75 (1)**	**84.80 (1)**
Speech Pathology	**67.34 (2)**	**66.12 (2)**	**78.70 (2)**
Social Work	**61.47 (3)**	**60.37 (4)**	**71.10 (3)**
Occupational Therapy	**60.76 (4)**	**60.60 (3)**	**62.00 (7)**
General Practitioner	57.44 (5)	58.67 (5)	47.71 (13)
ATSI Health Worker/Practitioner	56.44 (6)	56.00 (7)	**60.18 (8)**
Sonography	55.40 (7)	54.20 (8)	**65.78 (4)**
Podiatry	54.90 (8)	56.40 (6)	43.36 (16)
Radiology	53.57 (9)	52.12 (12)	**65.40 (5)**
Physiotherapy	52.94 (10)	53.70 (9)	46.00 (15)
Nutrition/Dietetic	52.84 (11)	53.15 (11)	50.18 (10)
Diabetes Education	52.51 (12)	51.67 (13)	59.80 (9)
Nursing/Midwifery	52.30 (13)	53.26 (10)	44.20 (17)
Dentistry	51.48 (14)	50.28 (14)	**62.20 (6)**
Audiology	49.67 (15)	49.99 (15)	46.56 (14)
Exercise Physiology	48.72 (16)	48.71 (16)	48.78 (11)
Optometry	46.25 (17)	46.02 (17)	48.20 (12)
Pharmacy	32.00 (18)	31.98 (18)	32.20 (18)

For the **DDWM region,** there were four workforce gap ratings of 60 or more. The highest means were for psychology, speech pathology, social work and occupational therapy workforces. There were four types of workforce rating means of 50 or lower which were pharmacy (*M = 32*), optometry (*M = 46*), exercise physiology *(M = 49)* and audiology (*M = 50*).

Darling Downs HHS had only four workforce gap ratings of 60 or more with highest ratings for psychology, speech pathology, and occupational therapy workforces.

In contrast, the **West Moreton HHS** had eight means higher than 60, with psychology, speech pathology and social work having the highest workforce gap means, all above 70. There were also eight workforce gap means below 50. Major differences between HHS regions where the **West Moreton HHS** means were higher include sonography *(M difference = +13)*; radiology (*M difference = +13)*; dentistry *(M difference = +12)*. However, the differences between HHS regions where the **West Moreton HHS** means were lower were: podiatry *(M difference = 13)*; general practitioners *(M difference = 11)*; nursing/midwifery *(M difference = 9)*.

Table 3: Mean service gap ratings for DDWM Region and each HHS area

Type of service	DDWM Region Total M (Rank)	Darling Downs HHS M (Rank)	West Moreton HHS M (Rank)
Community Based Rehabilitation	**70.33 (1)**	**69.72 (1)**	**77.25 (2)**
Mental Health	**67.46 (2)**	**66.93 (2)**	**73.56 (4)**
Alcohol and Other Drugs	**64.61 (3)**	**63.15 (3)**	**80.22 (1)**
Social Support	**63.24 (4)**	**62.16 (5)**	**74.50 (3)**
Health Prevention/ Promotion	**62.60 (5)**	**62.44 (4)**	**63.82 (7)**
Refugees and Immigrants Health	**62.00 (6)**	**61.13 (6)**	**70.67 (5)**
Oral Health	58.80 (7)	58.52 (7)	**61.44 (8)**
Palliative Care	57.37 (8)	57.87 (8)	52.78 (11)
Disability	57.09 (9)	56.23 (9)	**66.13 (6)**
Child Health	55.24 (10)	55.10 (11)	56.88 (9)
Aged Care	54.91 (11)	55.24 (10)	51.60 (12)
Maternal Health	51.49 (12)	51.55 (12)	50.88 (13)
ATSI Health	48.86 (13)	48.33 (13)	54.44 (10)

There were six service gap means of 60 or more in the **DDWM region**, with the highest means being for gaps in community-based rehabilitation, mental health, and alcohol and other drugs services.

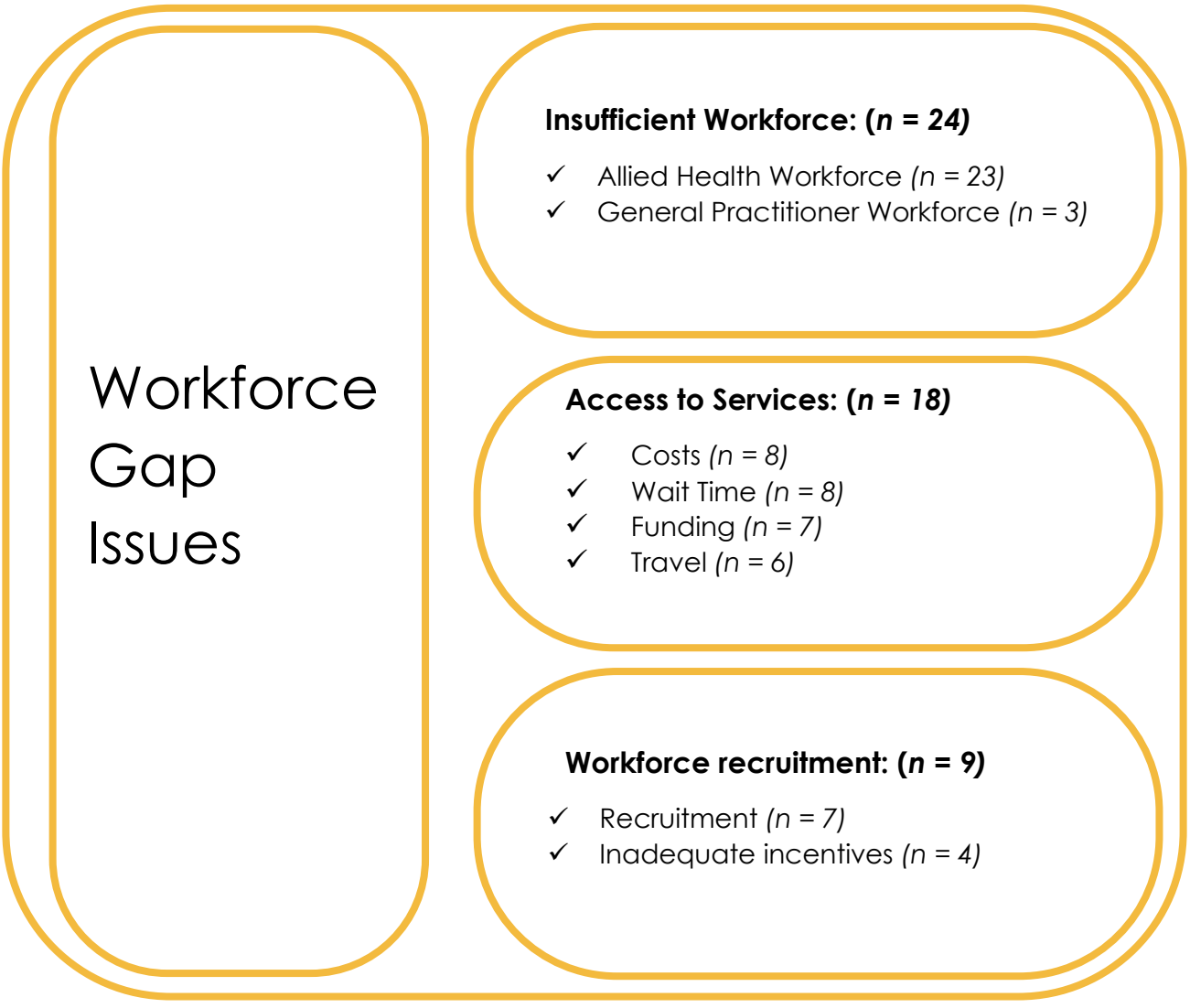
The **Darling Downs HHS** had six means above 60, the highest means were community-based rehabilitation, mental health, and alcohol and other drugs services.

The **West Moreton HHS** had eight means over 60 out of which the highest means were alcohol and other drugs, community-based rehabilitation, and social support services.

The **West Moreton HHS** had a considerably higher mean for disability services *(M = 66)* where it was ranked sixth. There was also a large gap in the mean ratings for alcohol and other drugs and social support for the **West Moreton HHS** being 17 and 12 points, respectively, higher than the **Darling Downs HHS**.

Workforce Gap Comments

Comments about workforce gaps (*N = 40*) were thematically analysed and the main themes and issues are presented below:



**Comment counts may be larger than the number of issues due to multiple issues identified in one comment*

The **workforce gap themes included: insufficient workforce, recruitment difficulties, and access to services**. Of the total 40 comments, 24 participants commented on having insufficient numbers of allied health (mainly mental health workforce) or general practitioners. Nine participants commented on difficulties recruiting and the need for more incentives. Finally, 18 participants discussed the issues of access to services that impeded use.

Service Gap Comments

Comments about service gaps (*N = 15*) were thematically analysed and the main themes and issues are presented below:

Service Gap Issues

Services/Workforce Insufficient: (*n = 10*)

- ✓ Mental Health /Community Based Rehabilitation/Alcohol and Other Drugs Services *(n = 5)*
- ✓ No specialised services available *(n = 5)*
- ✓ Maternity Services (*n* = 2)
- ✓ Dental Services *(n = 1)*

Access/Affordability of Services (n = 6)

- ✓ Long waiting times (*n* = 3)
- ✓ Poor access to services *(n = 2)*
- ✓ Poor affordability/funding of service *(n = 2)*
- ✓ Poor transport facilities to services (*n* = 2)
- ✓ Poor community support (*n* = 1)

**comment counts may be larger than the number of issues due to multiple issues identified in one comment*

The **service gap themes discussed availability, accessibility, and acceptability of services**. Particularly, absence of mental health/maternity services/ community based rehabilitation/alcohol and other drug, and dental services were noted in 10 comments. Access and affordability of these services was problematic. Six comments discussed the poor access to services (physical or financial access).

Telehealth in Focus

An unanticipated consequence of restrictions due to the COVID -19 pandemic in 2020 was advances in the use of telehealth in primary health care service delivery with the national rollout out of temporary COVID-19 MBS Telehealth items.

The HWNA survey included several questions to gauge perceptions of practitioners and managers in remote and rural Queensland about the impact and potential for telehealth. The first item was agreement rating statements where participants were asked to respond to three statements along a 101-point scale from **'0 = Strongly disagree'** to **'100 = Strongly agree'**. The statements were:

1. **Telehealth has had a positive impact on my professional life.**
2. **Telehealth has had a positive impact on primary care for community members.**
3. **I would like telehealth to be more widely available for rural/remote practitioners.**

Mean agreement ratings are presented in Table 4.

Table 4: Mean telehealth impact ratings for DDWM Region and each HHS Area

Telehealth item	*MM 2-7 QLD* *M (SD)*	*DDWM Region Total* *M (SD)*	*Darling Downs HHS* *M (SD)*	*West Moreton HHS* *M (SD)*
Positive impact on professional life	72.27 (25.75)	70.24 (26.20)	68.84 (27.02)	80.43 (16.58)
Positive impact on community members	76.60 (22.14)	73.45 (23.87)	72.04 (24.63)	84.00 (13.45)
Would like telehealth to be more widely available.	82.51 (20.59)	79.98 (21.79)	79.49 (22.40)	83.31 (17.39)

All but one mean was higher than 70, suggesting that participants viewed telehealth as having a positive impact on professional life and on primary care for community members. The **Darling Downs HHS** reported the only mean under 70 for impact on professional life but it was just under (*M* = 69). Compared to QLD overall, the **DDWM region** had relatively similar mean ratings for the telehealth items. The **West Moreton HHS** had higher means for all items than the Darling Downs HHS, all means were 80 and higher. This suggests a stronger level of agreement that telehealth had a positive impact on professional life, on primary care for community members, and for continued use of telehealth in the **West Moreton HHS**.

Participants were given the opportunity to provide more information about their impact ratings and whether they would like telehealth to be more widely available. Comments (*N* = 46) were thematically analysed, and the following themes identified:

Telehealth Impact Themes

Improved access & reduced travel to services (*n = 24*):

- ✓ Improved services access
- ✓ Increased specialist access
- ✓ Less travel (time & cost)
- ✓ Less time required to access services – less cost of travel

Technological issues (*n = 13*):

- ✓ Poor internet connectivity
- ✓ Poor network coverage
- ✓ Poor access to technology
- ✓ Poor support for literacy

Inappropriate service delivered via Telehealth (*n = 8*):

- ✓ Cultural responsiveness
- ✓ Patient related issues
- ✓ Privacy concerns

Increased productivity of workforce (*n = 7*):

- ✓ Increased work efficiency –
- ✓ completed more health check-ups
- ✓ expanded service coverage
- ✓ more follow-ups

**comment counts may be larger than the number of issues due to multiple issues identified in one comment*

From the 46 comments provided on general telehealth use, 24 participants indicated that **telehealth improved the access for the community to health services** which was convenient and reduced costs and time required to travel to the services.

However, telehealth was less convenient for people who had issues with telehealth technology. Thirteen comments discussed how issues hampered the use and access of telehealth in these regions. Most of these issues were around **unstable connectivity via internet and mobile networks**. There were a few comments about issues with access to technology hardware and poor computer literacy.

Eight participants mentioned types of health services that were **inappropriate to be delivered via telehealth, particularly for patients with sensory or behavioural requirements** who may struggle to hear, see, or understanding the care provider over a screen.

Seven participants commended telehealth by commenting that it had increased their productivity and helped them reach more patients in less time.

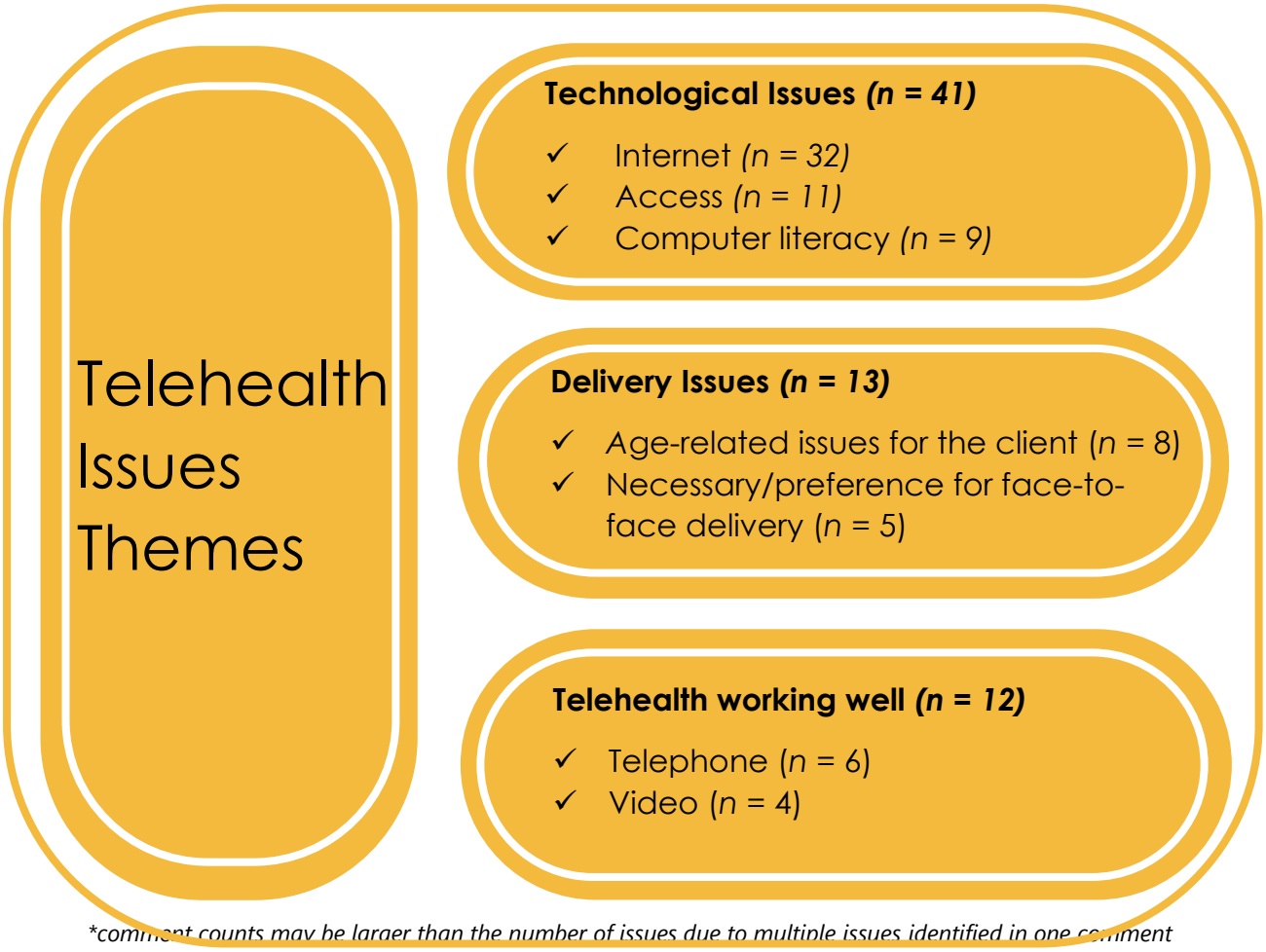
The next item asked participants to indicate how satisfied they were with telehealth delivered via telephone and online video communication. Responses were provided by sliding scale from '**0 = Not at all satisfied**' to '**100 = Extremely satisfied**'. Results are presented in Table 5.

Table 5: Mean satisfaction with telephone and video telehealth provision

Telehealth satisfaction	*MM 2-7 QLD M (SD)*	*DDWM Region Total M (SD)*	*Darling Downs HHS M (SD)*	*West Moreton HHS M (SD)*
Telephone telehealth	72.19 (23.41)	71.71 (25.20)	71.10 (25.86)	76.62 (19.35)
Video telehealth	65.04 (22.14)	62.47 (28.08)	62.74 (28.18)	60.09 (28.39)

Overall, telephone telehealth had higher satisfaction ratings than video telehealth. All average telephone telehealth satisfaction means were above 70, with the **West Moreton HHS** having the highest average satisfaction rating (M = 77). Average video telehealth satisfaction ratings were above 60, but the **DDWM region** averages were lower than the overall QLD mean. The lowest mean was from **West Moreton HHS** (M = 60). These results indicate that practitioners in DDWM region preferred telehealth delivered by telephone.

Participants were asked to comment on any issues they experienced with telephone and/or video telehealth. Responses (*N* = 55) were analysed, and major themes were identified and are provided below.



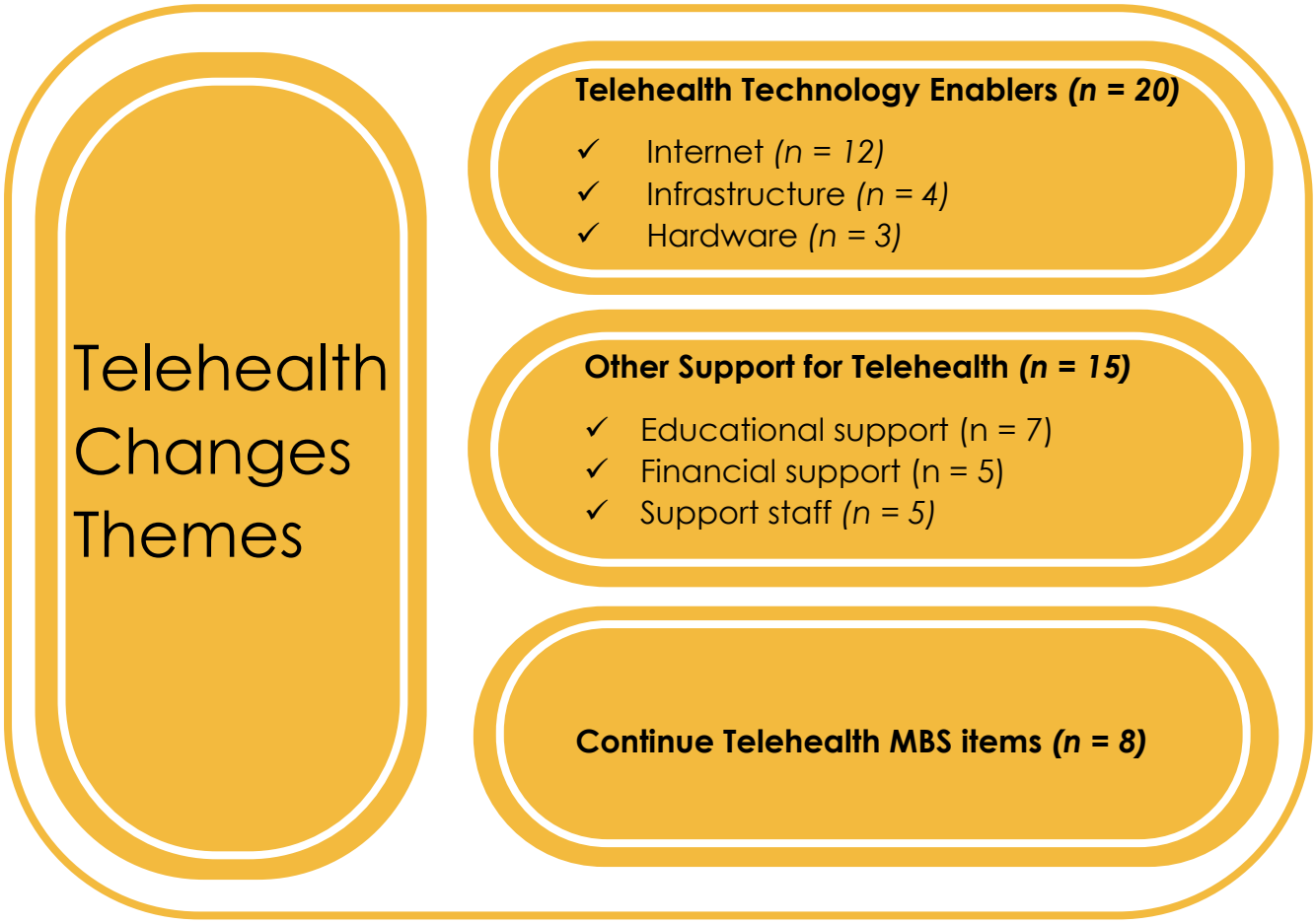
*comment counts may be larger than the number of issues due to multiple issues identified in one comment

The **main themes around telehealth issues were technological issues, delivery issues,** and no issues because **telehealth was working well**. Forty-one of 55 comments discussed the challenges of adequate technology access, particularly **stable internet or phone lines** that would support calls. Nine comments also discussed issues of **computer literacy** as a barrier to care delivery.

Thirteen comments discussed delivery issues regarding aging patients, who may **not be able to see or hear the doctor** over the phone. Perhaps related was the preference and trust of face-to-face care over telehealth.

Ten comments discussed how **well telehealth worked** in their service. More comments celebrated the success of telephone telehealth than video telehealth, which corroborates data from table 5 of this report.

The final telehealth question asked participants to suggest any changes they would like for the improvement of primary care delivery via telehealth in the community(s). An analysis of responses (*N* = 44) was undertaken, and themes were identified which are presented below.



**comment counts may be larger than the number of issues due to multiple issues identified in one comment*

Out of the 44 comments, 20 participants suggested **improving technology** enablers for better telehealth provision in these regions. These enablers included: **internet, infrastructure** for technology in community and **hardware** required for telehealth.

Other comments by healthcare providers suggested provision of improving support for telehealth in the form of **training for health practitioners** for better usage of telehealth platform, increased funding for telehealth and support staff for people.

Eight participants suggested a continuation of telehealth MBS items on a more permanent basis, although with a caveat that telehealth should not be a replacement for face-to-face care.

Quantitative Methodology Findings

Below are the top ten SA2's ranked by need for the Darling Downs and West Moreton region. These areas were identified by a methodology which incorporated; GP FTE to population ratio, MM classification of remoteness, and SEIFA (IRSAD). There were further adjustments based on the population identified as being of Aboriginal and Torres Strait Islander origin and also for vulnerable age groups, those under 5 and over 65. Also included are the main towns or communities located within each SA2. Further information about the methodology can be found in the state-wide HWNA available on the HWQ website.

Darling Downs and West Moreton Region: Statistical Area 2s Ranked by Need

1.	Kingaroy Region	Cherbourg | Murgon | Proston | Wondai
2.	Millmerran	Cecil Plains | Millmerran
3.	Tara	Glenmorgan | Meandarra | Moonie | Tara
4.	Crows Nest - Rosalie	Crows Nest | Yarraman
5.	Inglewood - Waggamba	Inglewood | Texas
6.	Southern Downs	Allora | Dalveen | Karara
7.	Jondaryan	Jondaryan | Oakey
8.	Esk	Esk | Toogoolawah
9.	Nanango	Benarkin | Blackbutt | Nanango
10.	Chinchilla	Chinchilla

What people said….

"[The] lack of ***maternity services*** is also a huge concern with local midwives losing practice in their specialised field"

-Chinchilla

"There are currently **no *psychologists*** in my town that are taking new patients. Patients have to ***drive up to 2 hours*** for psychology if wanting face to face appointments."

-Stanthorpe

"My main concern would be in psychological services. Namely timely and affordable access to psychologists. ***Access to public psychiatrist is terrible***."

-Kingaroy

"The waitlists for ***speech pathology*** and ***occupational therapy*** services are long, however funding is often not available to continue these services long term. Many are not aware of the NDIS in regional areas."

-Gatton

"***Telehealth*** has been a lifesaver for our patients and our practice. It has enabled us to keep in touch with patients when we would otherwise have lost touch. We have been able to keep up with the management of most patients' chronic disease by utilising Telehealth where practicable

-Warwick

List of Abbreviations

AH	Allied Health
DDWM	Darling Downs and West Moreton
DDWMPHN	Darling Downs and West Moreton Primary Health Network
GP	General Practitioner
HHS	Hospital and Health Service
HWNA	Health Workforce Needs Assessment
HWQ	Health Workforce Queensland
IRSAD	Index of Relative Socio-economic Advantage and Disadvantage
MBS	Medicare Benefits Scheme
MM	Modified Monash
NBN	National Broadband Network
PHN	Primary Health Network
SA2	Statistical Area Level 2
SEIFA	Socio-Economic Indexes for Areas

Our Vision

To ensure optimal health workforce to enhance the health of Queensland communities.

Our Purpose

Creating sustainable health workforce solutions that meet the needs of remote, rural, and regional and Aboriginal and Torres Strait Islander communities.

Our Values

Integrity

We behave in an ethical and professional manner at all times showing respect and empathy.

Commitment

We enhance health services in rural and remote Queensland communities.

Equity

We provide equal access to services based on prioritised need.

Acknowledgements

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Health Workforce Queensland acknowledges the traditional custodians of the land and sea where we live and work, and pay our respects to Elders past, present and future.

Authors

David Wellman
Sejal Saraswat
Christian Hughes
Julia Henseleit

GPO Box 2523, Brisbane
QLD Australia 4001

Level 13, 288 Edward Street,
Brisbane QLD Australia 4000

+61 7 3105 7800
+61 7 3105 7801
admin@healthworkforce.com.au
healthworkforce.com.au

Health Workforce Queensland