

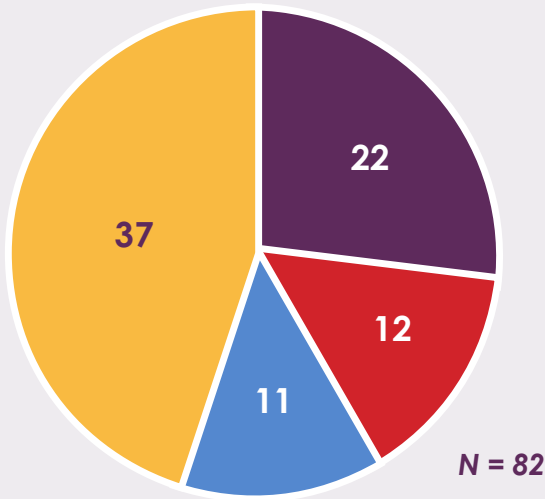
# Region in Focus

## Western Queensland Data Snapshot

Health Workforce Queensland continues to build an evidence base for remote, rural and regional communities through our annual Health Workforce Needs Assessment (HWNA).

This edition of Health Works focuses on Western Queensland, providing a snapshot of workforce gaps, primary care service gaps, and concerns identified by health practitioners and managers in their communities of practice, as well as perceptions about telehealth.

82 health practitioners/managers from Western Queensland responded to the 2021 surveys. The majority of participants were either allied health practitioners (45%) or general practitioners (27%).

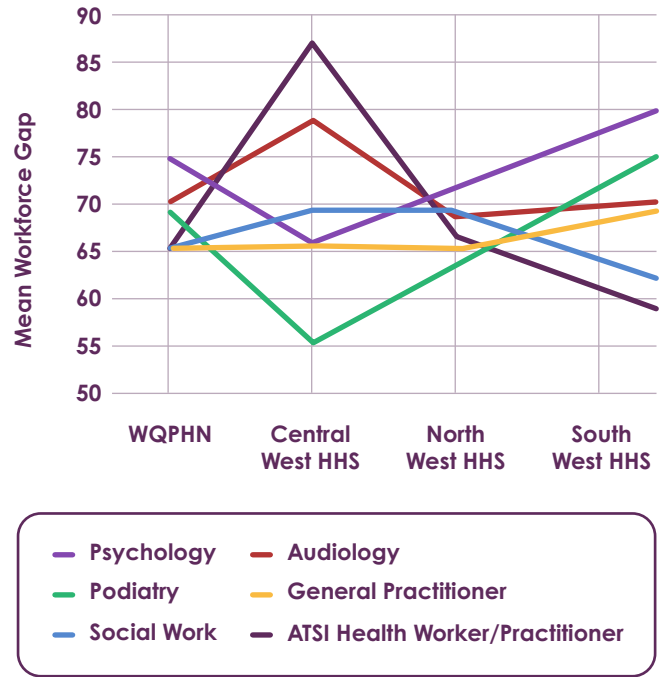


● General Practitioners    ● Practice Managers  
● Nurses    ● Allied Health Practitioners/Others

**Figure 1: Number of WQPHN participants by type**

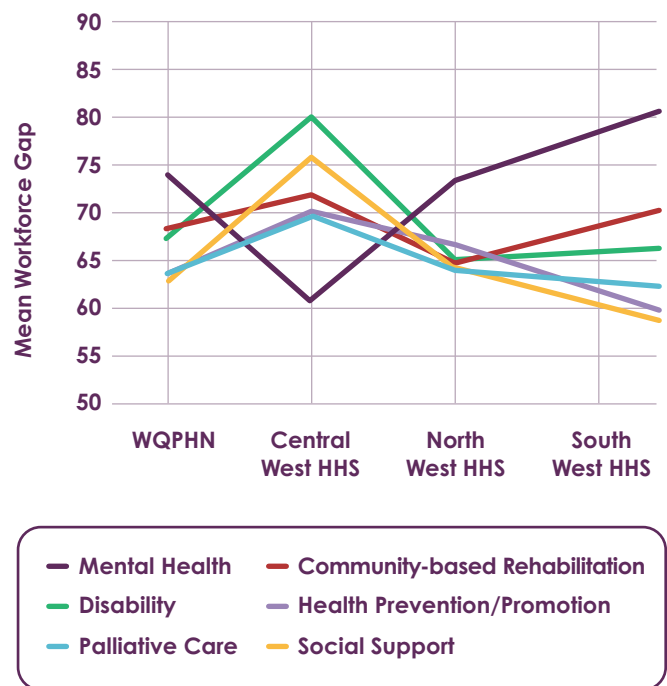
Survey participants were asked to rate their level of agreement with a series of statements about workforce and service gaps along a sliding scale from '0 = Strongly disagree' to '100 = Strongly agree.' Higher scores indicate a stronger perception of the existence of a workforce or service gap in the community.

Figure 2 shows the highest six workforce gaps for the Western Queensland region as well as the rating for each Hospital & Health Service (HHS) in the region.



**Figure 2: Mean workforce gap rating for WQPHN and each HHS region**

Overall, psychology, audiology and podiatry had the highest workforce gap rating across the South West region. Despite being rated 6th overall, the workforce gap rating for Aboriginal and Torres Strait Islander Health Worker/Practitioners in the Central West was 86.88, the highest gap rating of any discipline. The top six service gap means are provided in Figure 3.



**Figure 3: Mean service gap rating for WQPHN and each HHS region**

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The highest service gap means for the Western Queensland region were for mental health services, community-based rehabilitation services and disability services.

Comments about workforce and service gaps were thematically analysed and the following themes emerged:

Services/Staff Unavailable

Inexperienced Workforce

Service Funding/High Costs of Delivery

*“There is a gap for almost all disciplines in my current rural community/ town. My current community/town provides services to other smaller communities as many services are typically around 1000km away, therefore there is a need for increased services.”*

*There is no community based rehabilitation services and the weekly support from Allied health is insufficient to cover need. Currently there is no Aboriginal and Torres Strait Islander health worker and we rely on the Administration officer - identified position - for support.*

## Telehealth

The COVID -19 pandemic has seen a large increase in the use of telehealth in primary health care.

Practitioners and managers in remote and rural Queensland were surveyed about the impact and potential for telehealth. They were asked to respond on a scale from '0 = Strongly disagree' to '100 = Strongly agree' to the following three statements:

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

Participants were also asked to suggest changes that would improve the provision of primary care via Telehealth in their community(s) and the following themes emerged:

Infrastructure Upgrades

Private Access to Public Infrastructure

Retain COVID MBS Billing

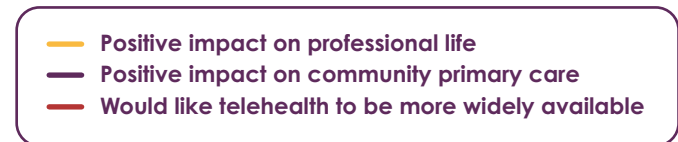
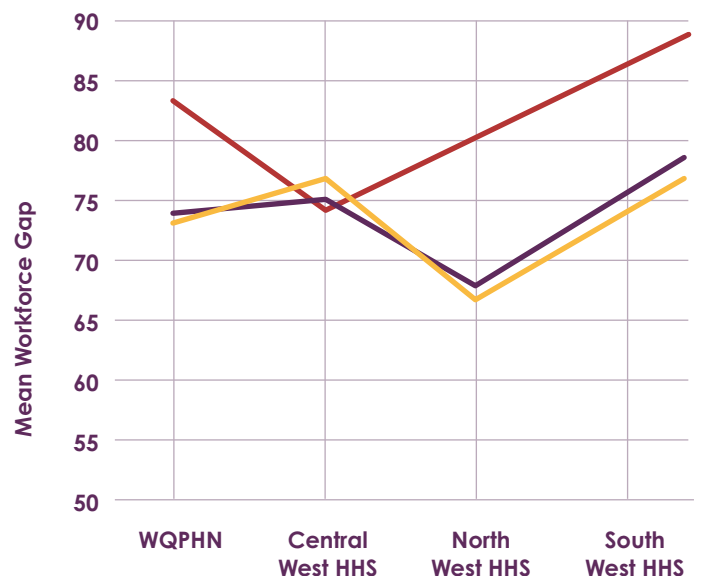


Figure 4: Mean telehealth impact rating for WQPHN and each HHS

*As it is such long distances to visit rural and remote sites, patients often have to pay extra for these consultations. If a patient is able to access therapy through telehealth they may see greater benefits without the financial impacts.*

*Set up telehealth rooms in community health centres with an available technician/ allied health assistant to provide support or any required hands on therapy as guided by allied health clinician.*