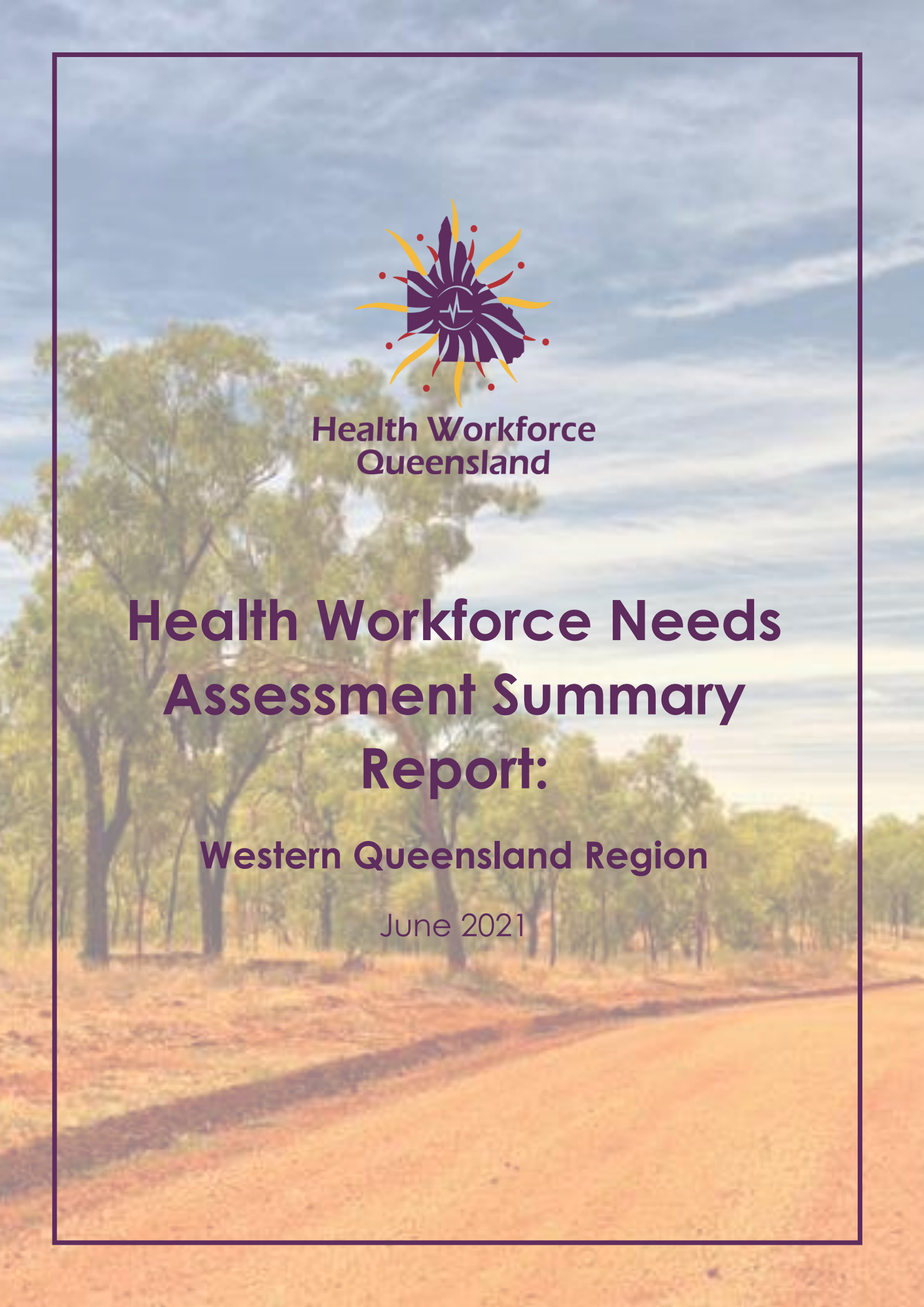

Health Workforce Queensland

Health Workforce Needs Assessment Summary Report:

Western Queensland 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 that are applicable to the **Western Queensland (WQ)** region are included in the following report.

The report for the Western Queensland 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 state-wide workforce issues, numbers, and initiatives undertaken in Queensland during the previous 12 months.

Western Queensland 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 WQ region were 82, which was made up of 22 general practitioners, 12 practice managers, 37 allied health practitioners/others and 11 nurses/midwives.

Western Queensland Workforce and Service Gaps

The survey 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: WQ Region participants by type and HHS areas

Type	*Central West HHS n(%)*	*North West HHS n (%)*	*South West HHS n(%)*	*WQ Region Total n(%)*
General Practitioners	4 (40.0%)	12 (30.0%)	6 (18.8%)	**22** (26.8%)
Practice Managers	3 (30.0%)	3 (7.5%)	6 (18.8%)	**12** (14.6%)
Nurses/Midwives	2 (20.0%)	6 (15.0%)	3 (9.4%)	**11** (13.4%)
Allied Health Practitioners/Others	1 (10.0%)	19.47.5%0	17 (53.1%)	**37** (45.1%)
Total	**10**	**40**	**32**	**82**

Mean workforce gap ratings are provided in Table 2 and primary care service gap ratings in Table 3. These are presented for the whole WQ region as well as for each of the HHS areas, with gap rating means ranked from 1-18.

Means in 'bold' are values of 60 or higher, indicative of a possible serious gap existing.

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

Type of workforce	*WQ Region Total* *M (Rank)*	*Central West HHS* *M (Rank)*	*North West HHS* *M (Rank)*	*South West HHS* *M (Rank)*
Psychology	**75.79 (1)**	**67.29 (8)**	**73.37 (1)**	**80.20 (1)**
Audiology	**70.10 (2)**	**79.17 (2)**	**68.35 (7)**	**69.45 (3)**
Podiatry	**68.34 (3)**	55.43 (15)	**65.79 (8)**	**74.40 (2)**
General Practitioner	**66.27 (4)**	**66.44 (10)**	**64.70 (11)**	**67.89 (4)**
Social Work	**66.26 (5)**	**68.71 (7)**	**68.64 (6)**	**62.45 (5)**
ATSI Health Worker/Practitioner	**65.41 (6)**	**86.88 (1)**	**65.79 (9)**	58.38 (8)
Sonography	**65.36 (7)**	55.83 (14)	**72.54 (2)**	58.59 (7)
Optometry	**63.22 (8)**	**70.86 (3)**	**64.40 (12)**	58.84 (6)
Dentistry	**61.63 (9)**	**69.67 (4)**	**71.50 (3)**	50.19 (15)
Speech Pathology	**61.04 (10)**	**66.63 (9)**	**69.04 (5)**	51.17 (13)
Radiology	**60.48 (11)**	52.83 (16)	**69.29 (4)**	52.20 (10)
Nursing/Midwifery	59.64 (12)	**66.14 (11)**	**64.38 (13)**	51.32 (12)
Diabetes Education	58.92 (13)	56.75 (13)	**65.07 (10)**	51.91 (11)
Occupational Therapy	57.60 (14)	**68.75 (6)**	**64.00 (15)**	48.37 (16)
Physiotherapy	55.28 (15)	**60.75 (12)**	**64.35 (14)**	43.63 (17)
Nutrition/Dietetic	55.22 (16)	45.14 (17)	**60.58 (16)**	52.48 (9)
Exercise Physiology	53.87 (17)	**69.43 (5)**	53.26 (18)	50.31 (14)
Pharmacy	41.53 (18)	45.14 (18)	56.63 (17)	23.91 (18)

For the **WQ region** there were 11 workforce gap ratings of 60 or more. The highest were for psychology, audiology and podiatry followed by the general practitioner workforce. The only mean lower than 50 was for pharmacy.

Central West HHS had 12 workforce gap ratings of 60 or more and the highest rated were Aboriginal and Torres Strait Islander health worker/practitioner, audiology, and optometry workforces.

For the **North West HHS** area there were 16 means higher than 60, with psychology, sonography and dentistry having the highest means.

In contrast, the **South West HHS** had only five means of 60 or more, with the highest ratings for psychology, podiatry, and audiology workforces.

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

Type of service	*WQ Region Total* *M (Rank)*	*Central West HHS* *M (Rank)*	*North West HHS* *M (Rank)*	*South West HHS* *M (Rank)*
Mental Health	**73.91 (1)**	**60.89 (9)**	**71.93 (1)**	**80.44 (1)**
Community-Based Rehabilitation	**68.39 (2)**	**72.44 (4)**	**65.48 (4)**	**70.23 (2)**
Disability	**67.70 (3)**	**79.67 (1)**	**65.61 (5)**	**65.67 (3)**
Health Prevention/Promotion	**64.50 (4)**	**69.67 (6)**	**67.31 (3)**	59.58 (7)
Palliative Care	**64.35 (5)**	**69.57 (7)**	**64.79 (6)**	**62.14 (4)**
Social Support	**63.39 (6)**	**75.57 (2)**	**64.52 (7)**	58.17 (8)
Alcohol & Other Drugs	**63.25 (7)**	**75.50 (3)**	**61.74 (8)**	**60.91 (5)**
Oral Health	**62.64 (8)**	**72.00 (5)**	**67.43 (2)**	53.52 (9)
Aged Care	56.03 (9)	59.00 (10)	**61.11 (9)**	49.54 (11)
Refugee & Immigrant Health	54.32 (10)	40.86 (13)	53.93 (11)	**60.18 (6)**
Child Health	52.44 (11)	53.13 (12)	53.65 (12)	50.83 (10)
Maternal Health	50.96 (12)	53.25 (11)	56.08 (10)	44.00 (13)
ATSI Health	49.50 (13)	**69.57 (8)**	47.45 (13)	46.38 (12)

There were eight service gap means of 60 or more in the **WQ region**, with the highest being: mental health, community-based rehabilitation, and disability services.

For the **Central West HHS** there were nine service gap means above 60 and the highest means were for disability, social support and alcohol and other drug services.

The **North West HHS** also had nine means over 60 and the highest were for mental health, oral health, and health prevention/promotion services.

In the **South West HHS** there were only six means of 60 or more. The highest of these were for mental health, community-based rehabilitation, and disability services.

Workforce Gap Comments

Comments about workforce gaps (*N = 23*) were thematically analysed and the main themes and issues are presented below:

Workforce Gap Themes

Services/workforce insufficient:

- ✓ Services not available – poor retention – no social work – no psychology – no cover for staff leave – public allied health rarely visits – long wait for services – no ability to increase workforce when required

Inexperienced workforce:

- ✓ Knowledge gap for junior workforce – new graduates need experienced mentors – lack of generalist skills – experienced staff burn out and leave - lack off experienced managers to support junior staff, clinicians, and Aboriginal health workers

Financial issues – funding/service costs:

- ✓ Funding inadequate for experienced health professionals – Medicare rebates don't reflect remoteness – barriers for residents to pay for private services.

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

The main workforce gap themes were centred around a lack of **psychology, and social work workforce** in some communities, **inexperienced staff** and a lack of experienced staff to **support them** appropriately, and **financial issues** such as funding inadequacies and the cost of services, all of which impact community access.

Service Gap Comments

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

Service Gap Issues

- ✓ Public health not meeting community need
- ✓ Alcohol and other drug services needed
- ✓ Limited NDIS services
- ✓ Lack of health promotion/prevention
- ✓ Private allied health requires more support
- ✓ Services do not cover need
- ✓ Lack of palliative care in the lower Gulf
- ✓ Existing services are at capacity, with long wait lists

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

While there was no major theme identified within the service gap rating comments, there were several issues identified by at least two participants. Mainly these comments centred around **a mismatch** between service availability and community need as well as highlighting some **specific service limitations**.

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 in Queensland, including 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 an agreement rating question 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 WQ Region and each HHS

Telehealth item	*MM 2-7 QLD M (SD)*	*WQ Region Total M (SD)*	*Central West HHS M (SD)*	*North West HHS M (SD)*	*South West HHS M (SD)*
Positive impact on professional life	72.27 (25.75)	72.47 (26.41)	76.90 (21.07)	66.83 (27.13)	76.81 (27.74)
Positive impact on community members	76.60 (22.14)	72.86 (26.57)	74.70 (32.34)	67.73 (32.34)	78.60 (20.40)
Would like telehealth to be more widely available	82.51 (20.59)	82.56 (20.67)	74.11 (18.56)	80.52 (23.89)	88.67 (15.97)

All means were higher than 66, suggesting that participants viewed telehealth as having a **positive impact** on professional life and on primary care for the community. There was also a strong indication that participants would like telehealth to be more widely available, particularly in the **South West HHS** (*M* = 89). Compared to QLD overall, the **WQ region** had relatively similar mean ratings for the telehealth items. For the 'Positive impact' items, practitioners from the **North West HHS** tended to have lower mean ratings than other HHS regions, conversely practitioners from the **South West HHS** tended to have higher mean ratings.

Participant comments (*N* = 26) about their impact ratings and whether they would like telehealth to be more widely available were thematically analysed and the following themes identified:

Telehealth Impact Themes

Awkward and Harder Consults (*N = 11*):

Requires longer term response to improve technology access – some clients hold back in telehealth consults – no substitute for face-to-face – funds diverted to cover telehealth – some allied health difficult.

Improved Health Accessibility (*N = 9*):

Reduced travel time for clients - ability to consult while absent from a location – easier access to GP and Specialist consultations - better able to time in with client preferred timing – allows extra consults.

No real difference (*N = 5*):

Telehealth already used – telehealth was not used much during COVID-19 – face-to-face works better.

Culturally inappropriate for some Indigenous clients (*N = 2*):

Some Indigenous clients uncomfortable – clients declined Telehealth –some clients have no to low access to technology.

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

The next item asked participants to indicate how satisfied they were with telehealth delivered through both telephone and online video communication. Responses were along a 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)*	WQ Region Total *M (SD)*	Central West HHS *M (SD)*	North West HHS *M (SD)*	South West HHS *M (SD)*
Telephone telehealth	72.19 (23.41)	65.64 (25.19)	62.11 (28.50)	64.46 (23.49)	68.35 (26.58)
Video telehealth	65.04 (22.14)	65.25 (25.99)	81.00 (10.26)	58.20 (28.77)	66.90 (24.72)

Most satisfaction means for the **WQ region** and the **HHS regions** for **telephone telehealth** were in the mid-60s, slightly lower that found in MM 2-7 QLD. For **video telehealth**, the **Central West HHS** had the highest mean satisfaction rating (*M* = 81) of all regions and the state average, while participants from the **North West HHS** reported the lowest mean rating for **video telehealth** satisfaction (*M* = 58).

Participants were asked to comment on any issues they were having with telephone and/or video telehealth. Responses (*N* = 28) were thematically analysed, and the major themes are provided below:

Telehealth Satisfaction Themes

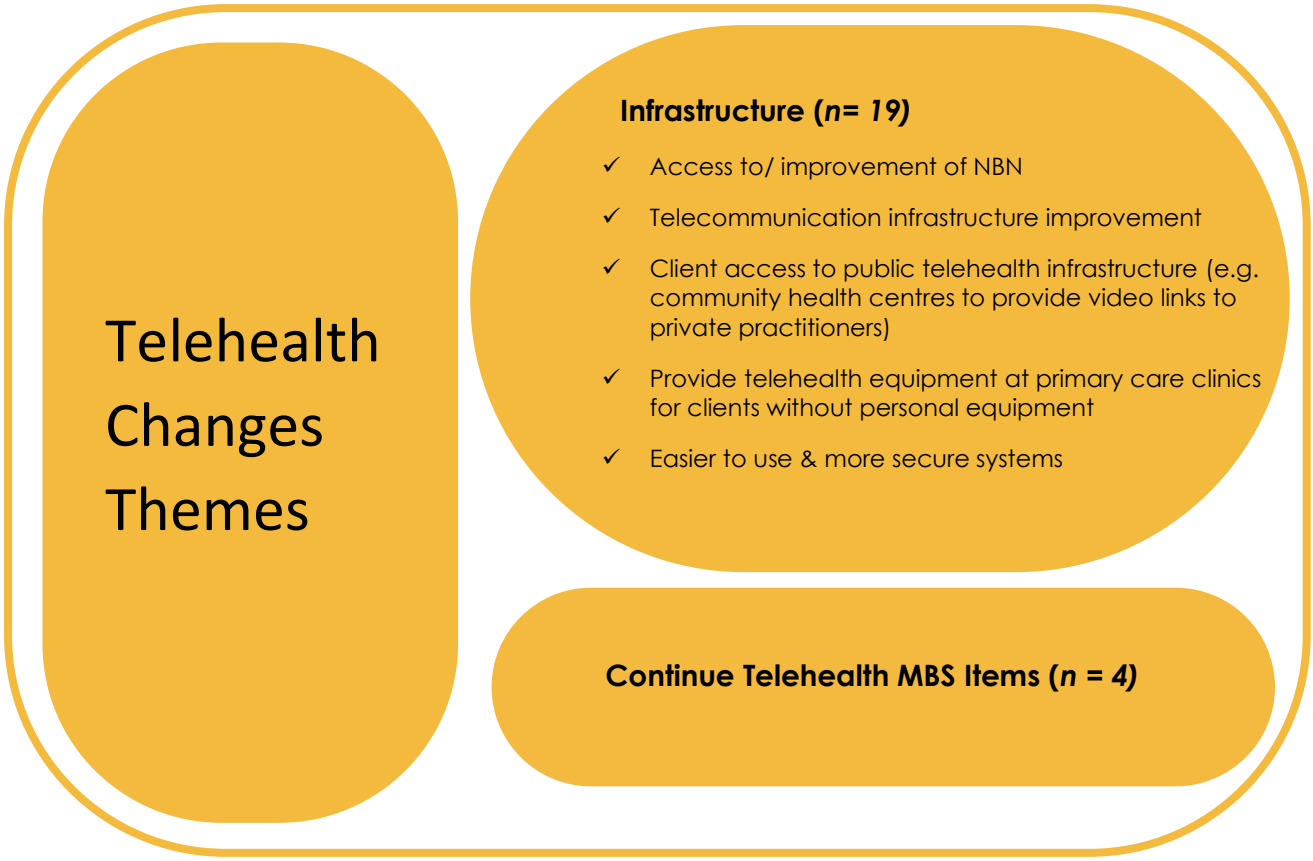
Technological Issues *(n = 18)*

- ✓ Internet *(n = 30)*
- ✓ Infrastructure *(n = 11)*
- ✓ Computer literacy *(n = 7)*

Telehealth working well *(n = 5)*

- ✓ No great difficulty using Zoom or telephone (*n* = 2)
- ✓ Video telehealth working better than phone (*n* = 2)
- ✓ Phone telehealth working better than video *(n= 8)*

The final Telehealth question asked participants to suggest changes that would improve the provision of primary care via Telehealth in their community(s). A thematic analysis of comments (N = 23) was undertaken, and the following themes emerged:



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

The main themes for changes in future telehealth services related to **infrastructure** improvements. Improvements to the telecommunications infrastructure for **better connectivity** were suggested as well as improvements to access and support for telehealth. Four respondents identified the need to **continue the telehealth MBS items established during the pandemic**.

Better connectivity comments identified improved access to the NBN and improvements of the NBN itself. Improved **access and support for telehealth** comments centred on support for client access to public telehealth infrastructure, more secure systems and systems that were easier to use.

Connectivity issues were commonly mentioned where both internet and phone connectivity posed a challenge in more rural locations where lines could not support telehealth calls adequately.

Quantitative Methodology Findings

Below are the top five SA2s ranked by need for the Western Queensland 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.

Western Queensland Region: Statistical Area Level 2 (SA2) Ranked by Need

1. Far South West	Cunnamulla | Thargomindah | Quilpie
2. Carpentaria	Burketown | Carpentaria | Normanton Mornington Island | Karumba
3. Far Central West	Birdsville | Bedourie | Boulia | Windorah Jundah | Winton
4. Mount Isa Region	Camooweal | Cloncurry | Dajarra
5. Charleville	Charleville | Morven | Murweh Augathella

What people said….

"There is A LOT of emphasis put on GPs - supporting GPs - yet there are approximately 10 locally. They meet once a week for lunch for an in-service and are regularly given financial incentives to study and additional support. In contrast as a private [allied health provider] Health Workforce QLD is the first organisation to have shown an interest in my practice and to provide ***financial support****. I work in XXX* [health service] *in isolation with some very vulnerable clients."*

- **St George**

"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."*

- **Winton**

*"****Telehealth*** *has existed as a service delivery option in the South West for many years. No improvement with COVID except perhaps some services are now covered by Medicare. Should never be a replacement for services, but good as an option to reduce the need to travel to see specialists otherwise not available in the community or near the community."*

- **Injune**

"I believe people have access to most services although there may be ***long wait lists****,* ***sporadic service*** *or expectations to* ***travel to attend*** *these services"*

– **Mt Isa**

List of Abbreviations

AH	Allied Health
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
WQ	Western Queensland
WQPHN	Western Queensland Primary Health Network

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.

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