Metro South Health Needs Assessment 2021

Prioritisation Guide

Background

The Metro South Health Needs Assessment 2021 (MSH HNA) looks at what health issues and needs are most important to people in the Metro South community. It will show us the gaps in health services and where they exist. It will show us which people, places, and services in Metro South have higher needs than other (inequities).

We will use this understanding to make better decisions about:

- What services to provide and where to provide them (service planning)

- How to provide our services (service redesign)

- How to spend the health budget to get the best outcomes for the community (service investment).

We have identified health and service needs across Metro South during May to October 2021. We did this by reviewing data, consulting with different people, and reading different documents written by health experts.

After bringing together the evidence from these activities (triangulation), we identified 120 needs. We then grouped these needs into 31 Themes—groupings of needs with similar features. The needs triangulation process is shown in Figure 1.

Figure 1: Needs triangulation framework, Metro South Health Needs Assessment 2021

We care about you

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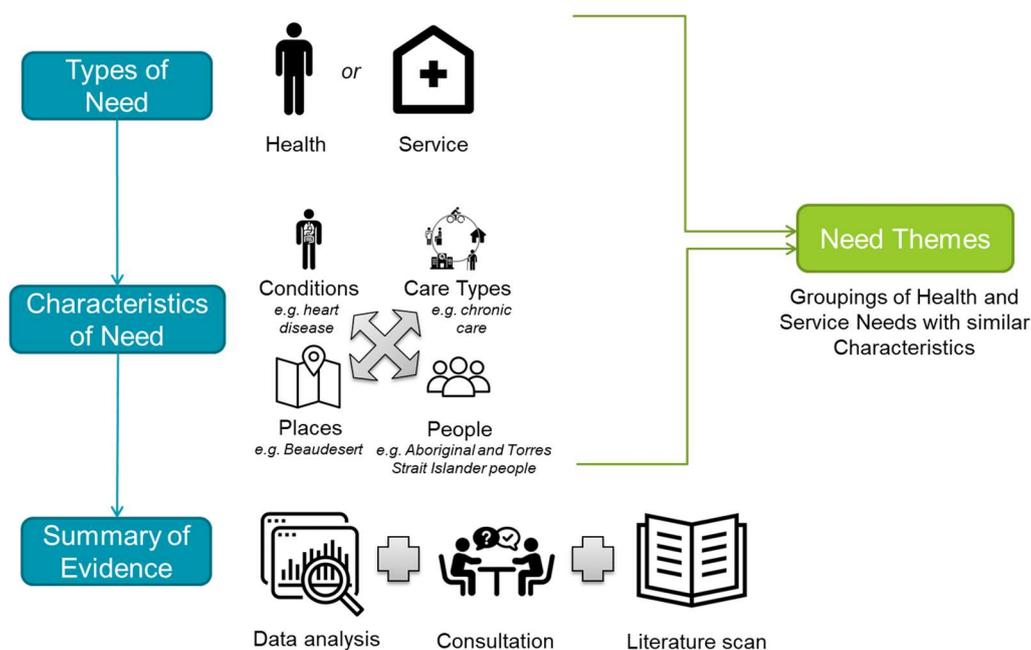
Needs Prioritisation

Purpose

There can be lots of reasons why we cannot immediately act on all the identified health needs. Needs prioritisation is a process to organise the identified needs in order of importance or urgency for action.

The highest ranked needs will be considered for action by MSH through existing service planning and improvement processes. This includes the development of a new 10-year MSH Health Service Plan in 2022.

It is important to remember that where an identified need is assigned a low priority during this process, it does not mean that no action will be taken. A need that is a lower relative priority may already have action underway. Prioritisation aims to show those issues that we should focus our efforts on improving sooner rather than later. In particular, it is not about deciding what existing responses will or won't continue.

Process

Needs will be prioritised during workshops held during December 2021 to March 2022. The workshops will involve different groups, so we can listen to the views of different people, including:

- the MSH Senior Leadership Team
- MSH clinicians
- MSH consumers
- First Nations staff, consumers, and community representatives.

Stakeholders will put in order the key themes identified from the health and service needs. This will be done individually and as a group.

We will present the prioritisation results from the different stakeholder workshops to the MSH Executive to consider. They will make the final decision on the prioritised needs to include in the MSH HNA Final Report.

Criteria

We ask you to think about the following things when organising the key themes in order of importance or urgency for action:

1. Evidence: How strong is the evidence to support the need? Evidence can include data, opinions, and policy documents (as well as other things).

2. Strategic Purpose: How strongly does this need align with the purpose and objectives of the Department of Health and MSH?

3. Impact: How 'big' is the need? How many people are affected? How strong is the impact of this need on quality of life? How many locations are affected?

4. Risk: What is the consequence of not acting on the need? For example, will the need get much worse in a short amount of time if it is not acted on? Will the health gaps between different people get bigger? Will acting on this need mean we can't make progress on a different need?

5. Likelihood of success: How likely is MSH to achieve good progress on this need? Can MSH make progress on its own? Does success depend on working with others (partnerships)? Can MSH convince other organisations or groups to make progress on this need (advocacy)?

Health and Service Needs

The list of identified health and service themes and needs is shown in Table 1. These are ordered alphabetically by theme.

Table 1: List of Identified Health and Service Themes and Needs, MSH Health Needs Assessment 2021

Themes	Needs
Aboriginal and Torres Strait Islander health	Aboriginal and Torres Strait Islander health • Access to public services does not meet population need: - **Indigenous Health Liaison Officers (IHLOs)**, including after-hours and at Beaudesert Hospital • Access to public specialist primary health services in Logan and Beaudesert does not meet the population need: - **Aboriginal and Community-Controlled primary health care.**

Addiction and mental health	Addiction and mental health
	• High health impact from **drug and alcohol misuse/abuse** in the population
	• High health impact from **mental illness and suicide** in the population
	• Social, health and economic impacts of the **COVID-19 pandemic have increased frequency and severity of mental illness**
	• **Stigma associated with mental illness** prevents care seeking among some populations
	• Access to public services does not meet population need: - **Child and youth mental health**
	• Access to public services does not meet population need: - **Drug and alcohol misuse/abuse**
	• Access to public services does not meet population need: - **Mental health**, in particular:
	    o Suicide prevention
	    o Crisis/acute mental health care
	    o 'Low-level' mental health care (e.g. stress, anxiety and low-level depression)
	    o Eating disorders
	    o After-hours services
	    o Alternatives to Emergency Department
	    o Integration between addiction and mental health services.

Ageing, care planning, and end of life	Ageing, care planning, and end of life • High health impact from **dementia** in the population • Access to public health services does not meet population need: - **Advance care planning (ACP)** • Access to public services does not meet population need: - **Home support**, especially for older people to remain living safely in their own homes • Access to public services does not meet population need: - **Maintenance**, in particular functional maintenance programs to maintain health among older people through strength, balance and cardiovascular activities • Access to public services does not meet population need: - **Palliative care.**
Allied health	Allied health • Access to public services does not meet population need: - **Allied health**, especially psychology, physiotherapy, speech pathology and social work professions in rehabilitation/post-acute care and mental health services.
Arthritis	Arthritis • High health impact from **arthritis** in the population.
Cancer	Cancer • High health impact from **cancer** in the population • **Low cancer screening** rates, especially in Logan-Jimboomba Planning Region.

Themes	Needs
Cardiac disease	Cardiac disease • High health impact from **coronary heart disease** in the population • Services for **acute rheumatic fever and rheumatic heart disease** do not achieve best outcomes for affected residents.
Care coordination, communication and literacy	Care coordination, communication, and literacy • **Communication between clinicians** is not achieving connectedness of patient care across service providers • **Continuity of care** is not being achieved, especially: - in primary care; across primary, acute and community sectors; and for several at-risk groups, such as people with disabilities, CALD people, mental health and addiction service consumers • Greater assistance in **navigating health services and coordinating care between health services** is needed, especially for patients with complex conditions; children's services; DFV services; aged care; NDIS; older people and people with disability; palliative care; and in the Beaudesert area • **Health-related education and information about health and health services** is not enough (including in different languages). This contributes to limited health literacy and awareness of how to stay healthy, and increases the complexity of navigating health and related service systems • **Integration of ICT systems** is not being achieved to enable integration/coordination between services • Inadequate **digital access, literacy, and confidence** are seen as preventing access to some contemporary models of care for some patients and consumers • **Transitions of care** are inefficient and do not make best use of referral pathways and services to maximise timely access to appropriate care (e.g. QAS 'referrals' to GPs or GPs to community care) • **Polypharmacy and overprescribing** often complicate recovery or, through interactions or miscommunication, make existing illness worse.
Cerebrovascular disease	Cerebrovascular disease • High health impact from **cerebrovascular disease (e.g. stroke)** in the population.
Child and youth health	• Access to public services does not meet population need: - **Child development disorders** including ADHD, autism spectrum disorders, and related health issues • Access to public specialist outpatient services does not meet population need: - **Paediatric medicine and surgery** • **Integration of children's health services** between Children's Health Queensland and Metro South Health does not meet population need • **Low use of child health services** in Logan and Inala, compared to perceived need • **Transitions between paediatric and adult care** systems are often difficult for Metro South residents, including for mental health services and for people with disabilities • Access to public services does not meet population need: - **School-based medical and psychological services**.
Community and clinician engagement	Community and clinician engagement • **Engagement between clinicians and health service managers** is currently not enough to inform service design and improvement • **Engagement with the community** is currently not enough to inform service design and improvement.
Community services	Community services • Access to **integrated community-based services** (such as through integrated health hubs) does not meet population need, especially in Beaudesert and Redland Islands: - e.g. oral health, allied health, prevention, screening and other services not requiring a hospital setting.

Themes	Needs
Cost	Cost • **Ability to pay for health care** makes health inequities worse, as people trade-off public service wait times with cost of accessing services from private sector • **Limited access to and the cost of transport** prevents access to health care services for some people • **Cost of car parking at hospitals** prevents access to health services for some people • **Eligibility criteria for the Patient Transport Subsidy Scheme** prevents access to services for some Metro South residents.
Cultural and Linguistic Diversity	Cultural and Linguistic Diversity • **Culture and language understanding** between patients/families and clinicians prevents understanding of treatment and information relating to recovery from illness • **Access to translation and interpreting services** for those who need them does not meet population need • **Cultural capability of health services** is not enough for consumers to feel properly heard and safe, in particular: - maternity, mental health, suicide prevention, domestic & family violence, and end-of-life/palliative care services.
Diabetes	Diabetes • High health impact from **diabetes** in the population, including diabetes mellitus and gestational diabetes • Access to public services does not meet population need: - **Diabetes education**.
Disability and carers	Disability and carers • High health impact for **people living with disability and carers**, especially in the Logan-Jimboomba, Redland Islands, Forest Lake-Doolandella, and Inala-Richlands regions • Access to public services does not meet population need: - **Respite**, especially for carers and those requiring care (includes emergency respite services to enable timely admission and discharge from hospital) • Access to public services does not meet population need: - **Carer support** • Access to public specialist outpatient services does not meet population need, particularly coordination of multidisciplinary specialist care for co-morbidities: - **Intellectual disability** • **Distribution and availability of disability support services** across the region is inequitable and does not align with local needs • **Going between the NDIS and non-NDIS health services** is complex and challenging for many Metro South residents.

Health workforce capacity and capability	Health workforce capacity and capability
	• **Health workforce supply and capability** are key risks to meeting healthcare demand, and improving care and health outcomes, particularly: psychiatrists (medical); physiotherapists, psychologists, speech pathologists and social workers (allied health for mental health and rehabilitation services); and general mental health workers
	• Improvement in **primary care workforce capability** is required to provide high quality care across a range of at-risk populations and conditions:
	    o Aboriginal and Torres Strait Islander people
	    o Shared maternity care
	    o Child health and development
	    o Domestic and family violence
	    o Alcohol and other drug addiction
	    o 'Low level' mental health (e.g. stress, anxiety, depression)
	    o People with disability.

Themes	Needs
Hospital and specialist services	<u>Hospital and specialist services</u> • Access to **public after-hours specialist care** does not meet population need: - Outpatients, Planned procedures • Access to **public elective surgery** services does not meet population need: - Plastics and reconstructive surgery, General surgery, Urology, Ophthalmology, Orthopaedic surgery • Access to **public hospital services close to where people live** does not meet consumer expectations, especially for Logan-Jimboomba, Redlands and Beaudesert residents, and in particular for: - Surgical, Paediatric, Cardiology, Cancer, Ophthalmology, Intensive care • Access to **public services at Beaudesert Hospital** does not meet population need: - Mental health, Oral health, Paediatric, Medical imaging, Endoscopy • Access to **public services** does not meet population need: - **Ear, Nose and Throat; Emergency; Endoscopy; Ophthalmology; Rehabilitation; Surgical** • Access to **public specialist outpatient** services does not meet population need: - Ophthalmology, Gastroenterology, Orthopaedics, Surgical-other, Medical-other • **Distribution and availability of public hospital services** across the region is inequitable and does not align with local needs • **Over-emphasis on rapid discharge** by hospitals prevents comprehensive and holistic care.
Hospital infrastructure	• Access to **public hospital beds** does not meet population need, especially for Inner and Eastern Brisbane residents • Access to public services at Princess Alexandra Hospital does not meet population need: - **High dependency care, Intensive care** • **Hospital infrastructure does not enable expansion** of MSH hospital services.

Innovation in funding and service delivery	<u>Innovation in funding and service delivery</u>
	• Greater use of **telehealth and digital-enabled models of care** is needed to improve service access and health outcomes
	• **Health funding models** prevent best health care delivery by paying for activity outputs rather than health outcomes
	• **Health workforce model redesign** is essential to delivering the innovative and alternative models required for ongoing health system sustainability as demand increases
	• Increased use of **multi-stakeholder and partnership responses** is required in prevention and health promotion, chronic disease, DFV, child development, sexual assault, care for older people, and other complex health issues
	• Increased use of **outreach and place-based initiatives** is needed to improve service access and health outcomes for at-risk and difficult to reach populations, including:
	   o Homeless (especially in Inner and Eastern Brisbane and Logan-Jimboomba)
	   o Rural and remote areas (especially Redland Islands and Beaudesert)
	   o Regions with poorer health outcomes (including areas of Logan, Beaudesert, and Brisbane South)
	• **Social prescribing approaches** that seek to improve health through non-health interventions are under-used (e.g. improving social isolation, physical activity, employment support, social security advice, etc.)
	• Uncertain **adaptive capability** in health services (i.e. ability to quickly change to meet changing circumstances)
	• Unrealised potential to use **innovative and alternative service and care models** - particularly in non-hospital settings (such as Hospital in the Home) - to effectively meet changing demand for health services.

Themes	Needs
LGBTIQ+ health	LGBTIQ+ health • Access to public specialist services does not meet population need: - **LGBTIQ+ specialist psychology**, in particular for children, young people and families of LGBTQI+ people, including intersex/those born with indeterminate sex • Increased **health workforce cultural capability around LGBTIQ+ needs** is key to improving health outcomes and services for LGBTIQ+ people • **Residential and other aged care services** are not inclusive enough for LGBTIQ+ residents
Maternal and neonatal health	Maternal and child health • Access to public services does not meet population need: - **Maternity**, including shared maternity care with GPs • Access to public services does not meet population needs:- **Specialist neonatal** intensive care and special care nursery capacity.
Obesity	Obesity • High health impact from **obesity** in the population • Access to public services does not meet population need: - **Bariatric surgery and obesity management/treatment.**
Oral health	Oral health • Access to public services does not meet population need: - **Preventative oral health, Specialist oral health.**
Population growth	Population growth • **High projected population growth** in Logan-Jimboomba Planning Region is driving greater health need.
Prevention and health promotion	Prevention and health promotion • Low **childhood vaccination and HPV vaccination rates**, especially in Beaudesert and Logan-Jimboomba • **Unhealthy food** is seen as more affordable and readily available than healthy food options, leading to worse health outcomes • Access to public services does not meet population need: - **Health promotion and chronic disease prevention** • Access to public services does not meet population need: - **Smoking prevention and cessation programs** • Greater **embedding of opportunistic health promotion and prevention** is needed in routine health service provision to identify health risks and issues and enable early intervention • Increased access to **health screening and appropriate referral pathways in community settings** (such as RACFs, schools, workplaces, locations with high-risk health profiles) is needed to enable early intervention and appropriate access to health care.

Themes	Needs
Primary care	Primary care • **Many people do not have a regular GP**, and are less likely to obtain the care they need across the care continuum, not just in the primary sector • Access to **after-hours and home-visiting GP** services does not meet population need • Access to **after-hours pharmacy** services does not meet population need • Access to **bulk-billing GP** services does not meet population need • **Access to certain medicines is inconsistent** across the region (e.g. ADHD, palliative care), necessitating people to have to travel outside their local area to get them • Access to **GP services in Jimboomba and Beaudesert** does not meet population need • Access to **GP services within acceptable timeframes** does not meet population need • **GP mental health and chronic disease care plans** do not provide enough bulk billed services to resolve all relevant health issues • Length of **GP appointments are often too short** to address all the health concerns of patients • Not enough **GP services within RACFs** lead to lost opportunities for early intervention and avoidable emergency department presentations for RACF residents.
Prisoner health	Prisoner health • Greater help is needed in accessing **health services for recently released prisoners** (including First Nations people) who are find themselves far away from their previous places of residence.
Renal disease	Renal disease • Access to public services does not meet population need: - **Renal dialysis**.
Respiratory disease	Respiratory disease • High health impact from **asthma** in the population • Access to public specialist outpatient services does not meet population need: - **Sleep medicine**.
Social determinants	Social determinants • **Absence of self-control and lack of individual motivation** is a negative influence on overall health of some people • **Busy & inactive lifestyles and long working hours & travel times** prevent some people from prioritising their health and achieving best health outcomes • **Caring responsibilities and social isolation** put carers and older people at risk of poor mental health outcomes • **Domestic and family violence** contributes to social, economic and health challenges • High housing costs and low incomes contribute to **housing insecurity and homelessness**, which reduce the affordability of health services and increase the risk of poor health outcomes • **Lack of family/employer/informal support** prevents people from accessing available health services • **Limited time/ability to rest and recover** prevents some people from recovering from ill health • **Worse health and higher health risks** in the Logan-Jimboomba, Beaudesert, Redland Islands, Inala-Richlands, Forest Lake-Doolandella and Wacol areas, leading to comparatively higher overall health and socioeconomic issues in those populations • **Poor public infrastructure for physical activity** prevents people from achieving best health through exercise and physical activity.