Central West Health

Central West Hospital and Health Service

Joint Regional Health Needs Assessment

Central West Hospital and Health Service

November 2024

Queensland Government

Public Availability

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Central West Hospital and Health Service acknowledges the Traditional Owners and Custodians of the land upon which we live, work and walk, and pay our respects to Elders past, present and emerging.

Artwork: Coming Together
by Ann Russell and Deann Frousheger

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Executive summary

The Joint Regional Health Needs Assessment serves as a foundational tool for guiding future health service planning in the Central West region. By systematically identifying and prioritising the health needs of the community, this assessment provides critical insights into the current challenges and opportunities within the local healthcare landscape. It aims to foster a collaborative approach among stakeholders, ensuring that health services are responsive, equitable, and tailored to the unique needs of the population.

As we move forward, the findings from this assessment will play a pivotal role in shaping strategies that enhance health outcomes and promote the overall wellbeing of the Central West community. The assessment highlighted the need for significant improvement in the coordination and integration of care across various health services. Enhanced collaboration among community, primary, secondary, and allied health services is crucial for providing seamless care transitions.

The assessment of community health needs within the Central West region has revealed several critical priorities that require attention and action as we plan for the future. These needs stem from demographic shifts, gaps in health services, and direct community feedback, all of which are essential for enhancing health outcomes and service delivery. The top tiered health and service needs that have been identified are the most critical and require immediate attention or resources. The top tiered priorities areas of the region include:

- The region faces challenges related to its aging population. There is a pressing need to expand health and aged care services, particularly focusing on long-term care and chronic disease management.
- For First Nations communities, there is a need for co-designed services that promote culturally appropriate mental health and general health care. Collaboration with First Nations leaders will be essential in developing and implementing tailored health programs that meet these communities' unique needs. Recruitment of First Nation Health Providers continues to be challenging which impacts the implementation of First Nation Health Care Services and support.
- In terms of chronic disease management, residents require improved access to screening and treatment options, especially for conditions such as rheumatic heart disease and acute rheumatic fever.
- The need for culturally sensitive support for domestic violence is also critical. Many individuals in the region require 24/7 assistance tailored to their cultural contexts.
- There is a considerable gap in disability support services, including respite and allied health options. Families with children who have disabilities face significant challenges in finding consistent healthcare services.
- Mental health services present another pressing concern. People experiencing mental health issues, particularly young individuals, require timely interventions and consistent access to community-based support.
- Moreover, suicide prevention efforts must be intensified, with a focus on enhancing resources and programs, including crisis intervention and youth engagement initiatives. Collaboration with local organisations will be essential for developing comprehensive strategies to address this critical issue.
- Additionally, it was identified through the assessment that greater awareness of substance misuse and an expansion of community-based support services for those affected is required.
- Systemic challenges, particularly regarding restrictions on MBS billing for nurse practitioners and workforce recruitment difficulties, must be addressed. Advocacy for policy changes will enable the effective utilisation of available health professionals in the region.
- Finally, workforce development is crucial for the region's health services. We face significant challenges in recruiting and retaining qualified health professionals.

Addressing these identified needs, as highlighted in the Joint Regional Health Needs Assessment, will require coordinated efforts from healthcare providers, community organisations, and policymakers to ensure

equitable access to health services and improved health outcomes for all residents in the Central West Hospital and Health Service (Central West HHS) region.

1 Introduction

1.1 Background

A health needs assessment is a process of determining the health and service needs of any given population or sub-group in an area. It is a complex task requiring epidemiological expertise, the ability to work across organisational boundaries as well as an understanding of, and an ability to, engage effectively with all appropriate population groups. This process enables identification of the population's health needs and how the health services are responding to these needs.

1.1.1 A history of independent assessments

Hospital and Health Services (HHSs) across Queensland prepared Local Area Needs Assessment (LANAs) for their respective regions in 2022. These LANAs use six key domains to provide a comprehensive assessment of regional health needs, as well as stakeholder and community consultation. This process ensures that the planning and delivery of healthcare services across the state are informed by a robust evidence base.

Figure 1: Queensland HHS LANA Framework

Similarly, Primary Health Networks (PHNs) have prepared Health Needs Assessments (HNAs) for their respective regions on a three-year cycle. These HNAs provide a detailed and systematic assessment of the health needs of the region's population, identification of the current service system capacity, alongside stakeholder and community consultation. This information identifies key issues and service gaps, which in-turn inform regional priorities. These regional priorities then inform the PHN's Annual Activity Work Plans.

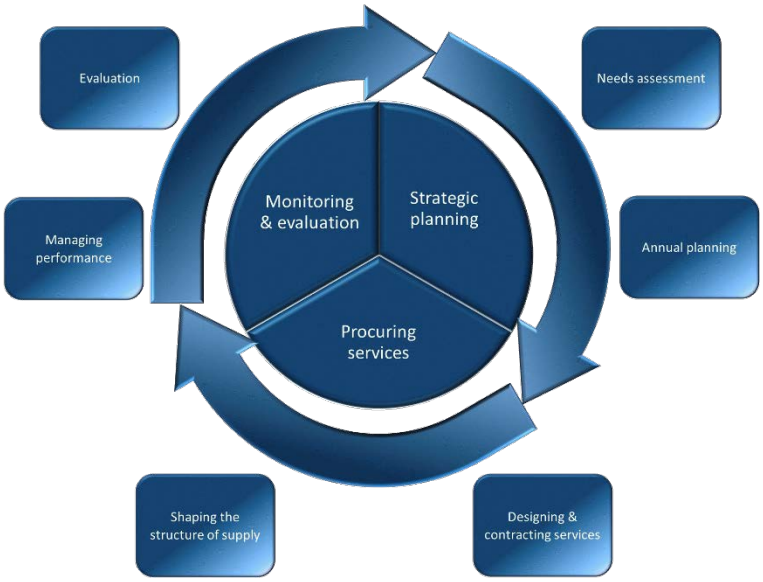


Figure 2: PHN cycle of activities - starting with needs assessment

While both PHNs and HHSs have engaged in rigorous health needs assessment processes, these efforts have largely been conducted independently of one another. As a result the processes, though valuable, have often been disjointed. Rather than duplicating efforts, these assessments have each offered distinct insights. Yet, by operating in parallel, they have inadvertently contributed to inefficiencies, misalignment of priorities, and confusion among stakeholders, while also missing opportunities for greater collaboration.

At best, these independent efforts have been well-intentioned but uncoordinated. At worst, these siloed processes have resulted in conflicting priorities and suboptimal resource allocation, which have compounded an already fragmented healthcare system. This fragmentation has had direct consequences, contributing to inconsistent quality of care and, ultimately, poorer health outcomes.

1.1.2 Transition to Joint Regional Health Needs Assessments

Given the challenges outlined above, and in recognition of the need for greater coordination and alignment, Central West Hospital and Health Service (Central West HHS), together with North West Hospital and Health Service (NWHHS), South West Hospital and Health Service (SWHHS) and Western Queensland Primary Health Network (WQPHN) are committed to working collaboratively to produce a Joint Regional Health Needs Assessment (JRHNA) for 2025 – 2028.

The JRHNA represents a crucial step forward in addressing the challenges that have arisen from past independent efforts. It builds on the strengths of previous assessments while ensuring that the process is more streamlined, coordinated, and responsive to the collective needs of the region's population. By bringing together PHNs, HHSs, and other key stakeholders under a unified framework, the JRHNA aims to reduce duplication of effort, clarify priorities, and facilitate more effective resource allocation.

This joint work is also supported by the Queensland – Commonwealth Partnership (QCP)[1], who have endorsed a Joint Regional Health Needs Assessment Framework[2] and associated Implementation Toolkit[3]. The QCP brings together partners from across Queensland's health system, including the Commonwealth Department of

[1] https://www.health.qld.gov.au/system-governance/health-system/managing/queensland-commonwealth-partnership
[2] https://www.health.qld.gov.au/__data/assets/pdf_file/0028/1351549/Joint-Regional-Needs-Assessment-Framework.pdf
[3] https://www.health.qld.gov.au/__data/assets/pdf_file/0027/1351548/Implementation-Toolkit_Joint-Regional-Needs-Assessment-Framework.pdf

Health and Aged Care (DoHAC), Queensland Department of Health, PHNs, HHSs, Queensland Aboriginal and Islander Health Council (QAIHC), Health Consumers Queensland (HCQ) and health consumers. Partners are committed to working together to tackle health system challenges that cannot be overcome by any one organisation, and Joint Regional Health Needs Assessments are a key enabler to addressing these health system challenges.

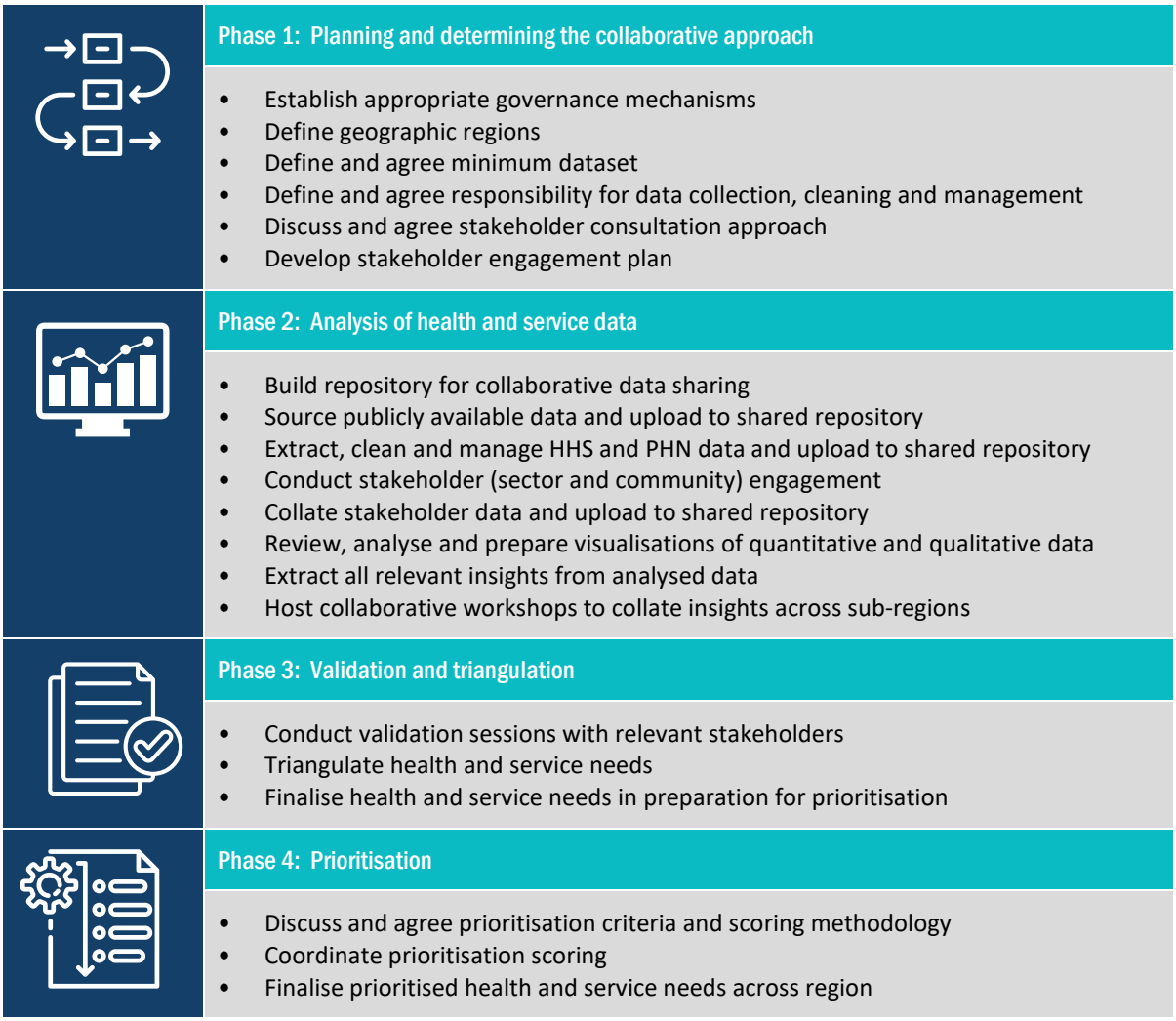
1.2 Purpose

The Joint Regional Health Needs Assessment (JRHNA) for the western Queensland region provides each of the partnering agencies (WQPHN, NWHHS, Central West HHS and SWHHS) with a deep understanding of the health and service needs that exist across the communities in the western Queensland region. All partnering agencies seek to deliver care in response to local communities' needs, and the needs identified through this JRHNA play a key role in informing policy, planning and resource allocation across the healthcare system.

The health and service needs identified through this JRHNA for Central West HHS will inform the prioritisation of community health needs across the Central West's extensive geographical area. By analysing demographics and health status, as well as assessing the adequacy of existing services, the JRHNA information will guide health service planning for the region to further enhance equity and to improve overall population health outcomes.

1.3 Approach

The overarching approach to prepare the Central West HHS JRHNA is depicted in Figure 3.



Phase 5: Report preparation, endorsement, and submission

- Prepare draft JRHNA report
- Prepare overarching whole of region report
- Gain endorsement from relevant governance entities
- Finalise and submit report to relevant entities
- Prepare public release version of reports
- Distribution to relevant stakeholders

The above approach will result in four separate outputs:

1. NWHHS JRHNA – A jointly developed HNA covering the NWHHS region)
2. CWHHS JRHNA – A jointly developed HNA covering the CWHHS region)
3. SWHHS JRHNA – A jointly developed HNA covering the SWHHS region)
4. An overarching Western Queensland JRHNA – covering the WQPHN region (encompassing all three HHS regions)

Figure 3: Overarching approach to preparation of the JRHNA

1.3.1 Governance

The Western Queensland Health Services Integration Committee (WQHSIC) has been identified as the overarching governance entity for development of the JRHNA. This existing committee is comprised of executive representation from all the key healthcare stakeholders in the region (see Figures 4 and 5), and already functions to support collaborative efforts to improve integration of healthcare services across the region.

In early 2024, representatives of the WQHSIC were requested to nominate an appropriate person from their respective organisations to form the Western Queensland JRHNA Project Team. The Project Team were responsible for all operational activity required to prepare the JRHNA.

The respective Executive Leadership Teams and Boards of each partnering agency also played a role in endorsing processes and outputs at various stages of development before a final endorsement was sought from the WQHSIC.

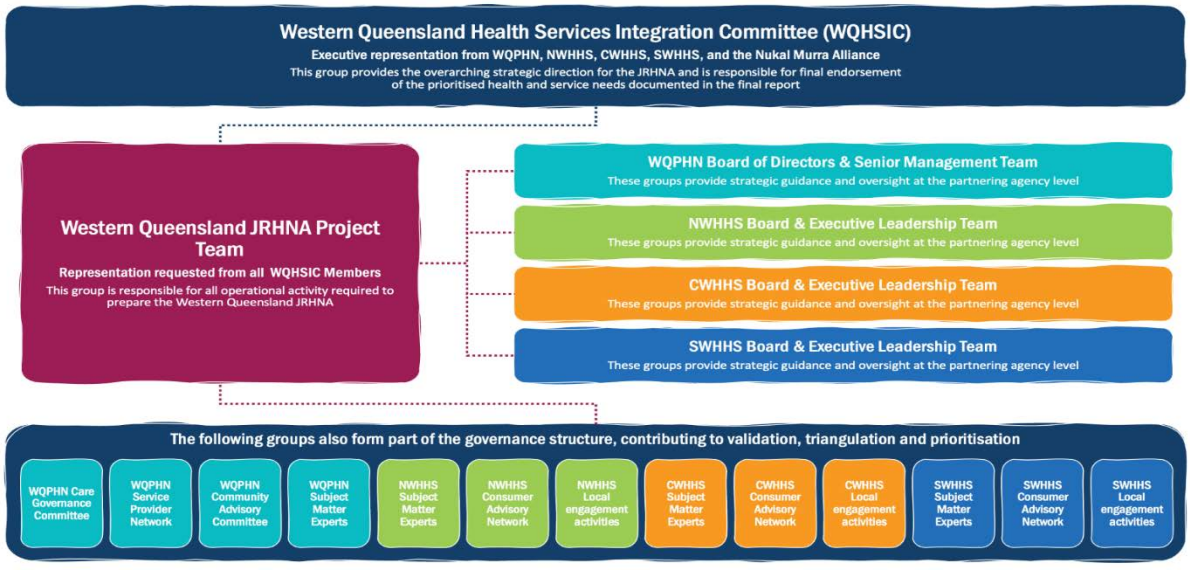


Figure 4: Western Queensland JRHNA governance arrangements

Figure 5: WQHSIC member organisations

1.3.2 Methodology

1.3.2.1 Approach to collecting quantitative data

The analysis of quantitative data for the JRHNA assisted in accurately identifying and prioritising community health issues. By analysing numerical data such as prevalence rates of diseases, demographic statistics, and healthcare access metrics, a clearer understanding of health disparities and trends within the region was obtained. This data-driven approach allowed for objective comparisons and helps to highlight areas in need of targeted interventions. Moreover, integrating quantitative findings with qualitative insights fosters a comprehensive view of health needs and allowed the JRHNA to be both evidence-based and community-focused.

Data Sources:

- 13HEALTH
- Australian Bureau of Statistics (ABS)
- Australian Institute of Health and Welfare (AIHW)
- Australian Institute of Health and Welfare - GEN (AIHW)
- Australian Statistical Geography Standard (ASGS 2016)
- Decision Support System (DSS)
- Commonwealth of Australia
- Emergency Department Information System (EDIS)
- Emergency Data Collection (EDC)
- Hospital-based Corporate Information System (HBCIS)
- Health Contact Call Centre, Quality and Reporting Team
- Medicare Benefits Schedule (MBS)
- National Aboriginal Community Controlled Health Organisations (NACCHOs)
- National Disability Insurance Scheme (NDIS)
- National Health Service Directory
- Pharmaceutical Benefits Scheme (PBS)
- Public Health Information Development Unit (PHIDU) Social Health Atlases
- Patient Experiences in Australia - AIHW
- Queensland Health Admitted Patient Data Collection (QHAPDC)
- Queensland Health Non-Admitted Patient data collection (QHNAPDC)
- Queensland Health Oral Health Services – Office of the Chief Dental Officer
- Queensland Health - Health Contact Call Centre, Quality and Reporting Team
- Queensland Government Statisticians Office (QGSO)
- Queensland Treasury (Queensland Government)
- Queensland Perinatal Data Collection
- Queensland Department of Health, specifically the System Planning Branch (SPB).

1.3.2.2 Approach to stakeholder consultation

Central West HHS and JRHNA partnering agencies adopted a stakeholder engagement and collaboration strategy to plan and execute stakeholder engagement activity tailored to the unique context of the region.

The strategy prioritised collaboration and transparency to effectively leverage the group's diverse knowledge, capacity and networks, maximising resources and eliminating duplication of effort.

A phased engagement approach, aligned to needs assessment phases, was undertaken from May to November 2024. Key activities during phases two and three included:

- Stakeholder mapping
- A questionnaire distributed to members and partners to gather qualitative perspectives on regional health needs and current engagement methods.
- An audit of existing engagement methods previously completed in previous Local Area Needs Assessments
- Collaborative planning workshops with partnering agencies

1.3.2.3 Approach to validation and triangulation

Triangulation is a process of gathering information across various sources to assess, verify and validate insights. Information from one source may corroborate information from another source, indicating the relative strength of an issue. Conversely, information may contrast information gathered from another source, suggesting further investigations may be required.

The Western Queensland JRHNA partnering agencies agreed to use a triangulation matrix similar to that depicted in Figure 6 to validate the health and service needs that emerged from the analysis of quantitative and qualitative data.

Issue	Publicly available data	PHN data (GP & program data)	HHS data	Stakeholder insights – Sector	Stakeholder insights – Community	Triangulation score
Health Issues						
Health Issue 1	0	2	3	2	2	1.8
Health Issue 2	3	2	2	4	3	2.8
Service Issues						
Service Issue 1	4	3	3	3	3	3.2
Service Issue 2	N/A	4	3	4	3	3.5

Scoring:

N/A – no data available
0 – Not raised / not evident in the data
1 – Rarely raised as an issue / somewhat evident in the data
2 – Raised as an issue / evident in the data
3 – Raised frequently as an issue / concern evident in the data
4 – Raised frequently as a high priority issue or concern needing action / significant concern evident in the data

Figure 6: Triangulation Matrix

1.3.2.4 Approach to prioritisation

The HHSs identified five critical criteria to be used to support prioritisation of the health and service needs that emerged from the triangulation process. Figure 7 provides further detail on how each criterion was scored.

Given the differing requirements across the HHSs and WQPHN, the WQPHN adopted a different prioritisation criteria.

HHS Prioritisation criteria	Definition	Scorers
Scale / magnitude of the issue	This criterion aims to understand the scale and magnitude of the issue. This can be observed through the incidence or prevalence of an issue across the population of interest.	CWHHS Executive Leadership Team CWHHS Directors
Impact of the issue	This criterion aims to understand the size and nature of the impact that the issue has on people affected by it. This can be thought of as the potential implications, costs, or risks of inaction.	CWHHS Executive Leadership Team CWHHS Directors
Level of endorsement	This criterion aims to validate that the issue is genuinely an issue through the subjective endorsement (or dis-endorsement) of it, based on the professional expertise and wisdom of participants in the prioritisation process.	CWHHS Executive Leadership Team CWHHS Directors
Scope	This criterion aims to prioritise issues that relate to, or are likely to have, a response that falls within the remit of the partnering agencies.	CWHHS Executive Leadership Team CWHHS Directors
Effectiveness of the system response	This criterion aims to prioritise issues that are not likely to be adequately or effectively addressed through the current system response.	CWHHS Executive Leadership Team CWHHS Directors

Figure 7: HHS prioritisation criteria

The scoring system involved rating each criterion on a scale of 1 to 4 against identified needs. The average of the overall scores was then calculated against each identified need.

4	**Raised frequently as a high priority significant issue or concern.** **CRITERIA MET WELL**
3	**Raised frequently as an issue / concern evident.** **CRITERIA MET**
2	**Raised as an issue/ somewhat evident.** **CRITERIA SLIGHTLY MET**
1	**Rarely raised as an issue** **CRITERIA NOT MET**

Figure 8: HHS prioritisation scoring

1.4 Limitations

The partnering agencies have worked collaboratively and comprehensively to ensure a thorough understanding of the health and service needs in the western Queensland region, however it is important to acknowledge a number of limitations will inevitably impact the outcomes. The most prominent limitations are included below and are important to consider before using the information contained within this report.

Inability to obtain data at localised levels

Given the vast and significantly varied geographical area of the region, it is reasonable to expect challenges in accessing localised data for the health needs assessment. While state and regional-level data provides a useful overview, it can mask variations in health needs at smaller community levels. A number of datasets analysed for this JRHNA were at the PHN or HHS level. The aggregation of data at regional levels can sometimes mean

that health disparities are overlooked, making it more challenging to design interventions that effectively address specific local health concerns.

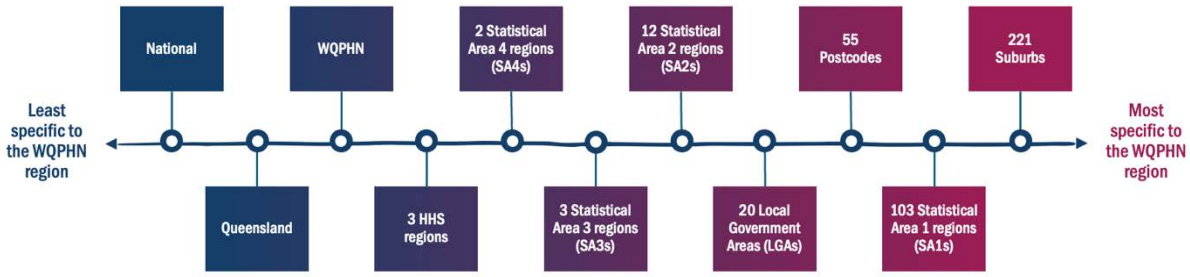


Figure 9: Levels of data availability

Recency of data

Outdated data is a frequent issue in health needs assessments and this JRHNA is not immune to this issue. Some datasets may be several years old, and therefore may fail to capture current trends or emerging health issues. This lag in data availability can lead to planning and decision-making that is not fully aligned with the population's present needs, limiting the assessment's relevance and effectiveness.

Unavailability of data for some population groups

Health needs assessments often face challenges in accessing data for specific population groups, such as Indigenous communities, multicultural communities, queer communities, or people with disabilities. This lack of disaggregated data can make it difficult to identify the unique health needs of these groups. Any activities that target vulnerable communities should be mindful of this limitation.

Quality of data

Data quality issues, such as inconsistencies, inaccuracies, or incomplete records, can compromise the reliability of health needs assessments. Poor data quality affects the ability to draw accurate conclusions about population health needs, potentially leading to misinformed resource allocation and program planning.

Stakeholder Engagement Challenges

Engaging stakeholders across the Central West region presents significant challenges, with the primary obstacle being the vast distances involved. Spanning 382,800 kilometres across Queensland, this region includes many remote communities, making in-person engagement logistically difficult. While engaging vulnerable or hard-to-reach communities can also present barriers, the sheer geographic spread and isolation of many communities pose the most critical challenges. These factors can limit participation, making it harder to gather comprehensive and representative input, which can ultimately affect the depth of the health needs assessment and its ability to capture the full spectrum of needs across the population.

Resource constraints

Health needs assessments are inherently resource intensive. This was especially true for the JRHNA, given the collaborative nature of the work spanning four distinct organisations, each with its own remit, strategic priorities, and boundaries of operation. These complexities inevitably influence the scope and depth of the analysis, as well as the ability to engage key stakeholder groups comprehensively.

As with any health needs assessment, the JRHNA should be seen as a snapshot in time, capturing the health landscape at a particular moment. While this provides valuable insights, it cannot fully account for evolving health needs, service delivery changes, or emerging population health challenges. Therefore, a commitment to ongoing review and regular augmentation of the JRHNA with additional data and insights is essential to ensure its continued relevance. This iterative process will allow the JRHNA to remain a living document, one that

evolves with the changing health environment and continues to guide strategic planning and resource allocation effectively.

2 Overview of the Central West region

2.1 About the Central West Hospital and Health Service

The Central West Hospital and Health Service (Central West HHS) spans 382,800 square kilometres, encompassing 22% of Queensland's landmass. It is the state's largest HHS by area, extending 950 km from west to east from Queensland's borders with South Australia and Northern Territory, and approximately 500km from north to south (see Figure 10 below).

Central West HHS offers a comprehensive network of community, primary, and hospital-based services, ensuring that diverse communities can access safe and appropriate healthcare close to home.

Longreach Hospital, the largest facility in the region, provides inpatient and emergency services, along with the only maternity and CT radiology services available locally. Additional inpatient and emergency care is available in Barcaldine, Blackall, Alpha, and Winton, supported by nurse-led primary healthcare centres. Barcaldine, Winton, and Alpha also serve as Multi-Purpose Health Services (MPHS), offering residential aged care in the absence of alternative facilities.

Central West HHS delivers coordinated outreach services, including allied health, oral health, mental health, pharmacy, and maternal and child health, to ensure quality care is accessible to residents. General practices operated by Central West HHS are located in Longreach, Barcaldine, Blackall, Winton and Alpha, with outreach visits to smaller communities.

In the western part of the health service area, medical and oral health services are provided by the Royal Flying Doctor Service, while allied health services are supplemented by North and West Remote Health. In many of the seventeen communities served, Central West HHS is the sole provider of community and primary care.

Figure 10: Map of Queensland showing Hospital and Health Services boundaries.

2.2 Geography

The Central West HHS covers the local government areas of Barcaldine, Blackall-Tambo, Barcoo, Boulia, Diamantina, Winton, and Longreach, as well as the Statistical Area 2 divisions of Barcaldine-Blackall, Far Central West, and Longreach. Note that parts of the Far Central West SA2 and Boulia LGA are outside this

region. All areas within the HHS's catchment are classified as “Very Remote Australia” according to the Australian Statistical Geography Standard Remoteness Areas Structure.

Statistical Area level 3	Statistical Area level 2	Local Government Areas	Major Towns
Outback - South	Barcaldine – Blackall	Barcaldine (R) Blackall-Tambo (R)	Barcaldine, Alpha, Jericho, Aramac, Muttaburra, Blackall and Tambo
	Far Central West^	Barcoo (S) Boulia (S) Diamantina (S) Winton (S)	Stonehenge, Jundah, Windorah, Boulia, Bedourie, Birdsville and Winton
	Longreach	Longreach (R)	Longreach, Ilfracombe, Isisford and Yaraka

Table 1: Central West HHS geographic region concordance with statistical areas, local government areas, major towns and remoteness classification

2.3 Demography

Central West Queensland region is home to 10,713 people, 9.12per cent identify as Aboriginal and/or Torres Strait Islander. Boulia and Diamantina are two LGAs where Aboriginal and/or Torres Strait Islander represent a higher percentage of the population, with a significant portion being socioeconomically disadvantaged.

18.3% of the population are under 15 years old, fewer than western Queensland region (21.4%) but same as the national and state level (18.4%). Across LGA within the region, Boulia (23.4%), and Longreach (19.6%) have the highest proportion of young population.

17.8% of the population aged 65 and over, higher than western Queensland (14.0%) and the national (17.4%) and state averages (17.4%). Blackall (26.5%), Winton (21.3%) and Barcaldine (19.8%) have the highest proportion of older Australians.

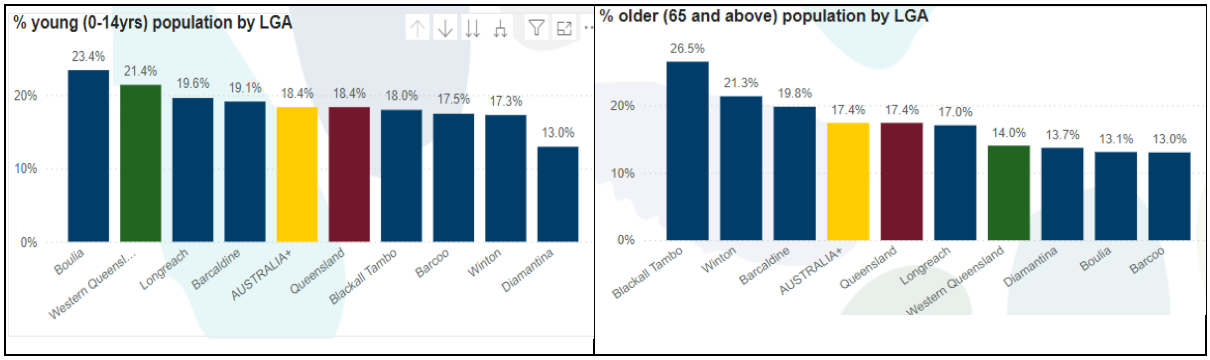


Figure 11: % Young and older population by LGA

Spanning 382,800 square kilometres, the geography presents ongoing challenges, including transport issues that create substantial barriers for consumers. Road conditions complicate long-distance travel, and severe weather can render roads impassable for extended periods. Limited transport options between towns further hinder access.

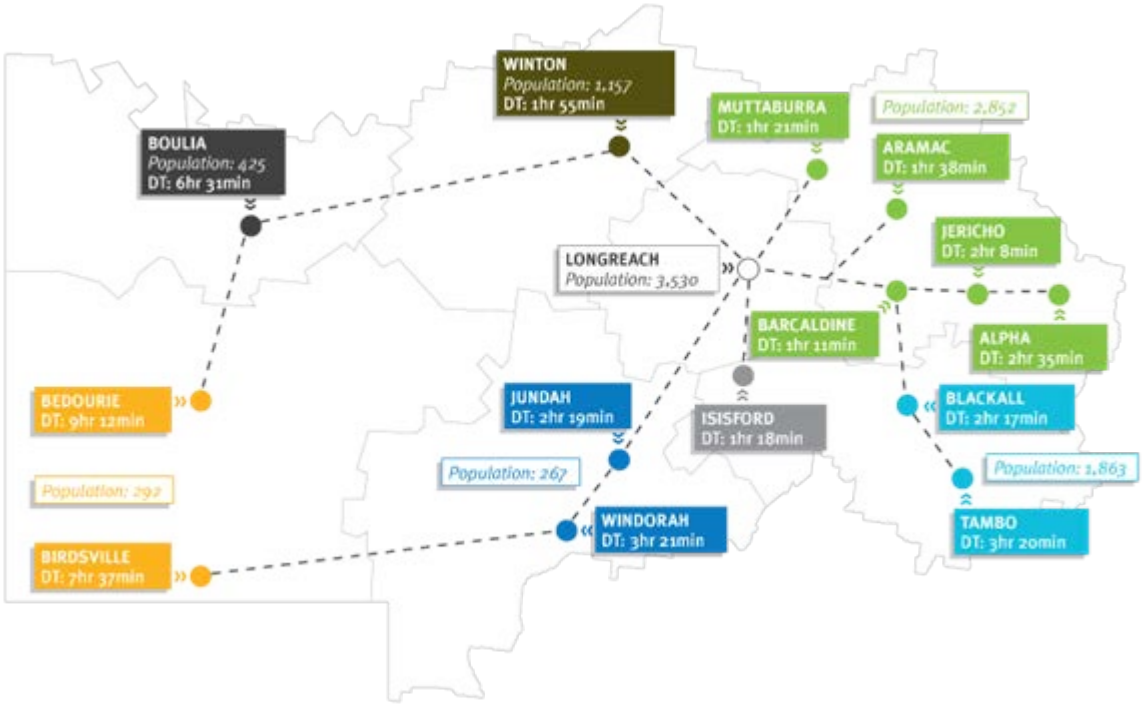


*Figure 12: Central West HHS Communities in Local Government boundaries with population and drive time to Longreach. *populations may vary.*

2.4 Population growth

The Central West region is projected to see a population decline by 2031/32, with the number of residents expected to fall to 9,848, reflecting a compound annual growth rate of -0.86% from 2022/2023 levels (10,649). However, the aging population presents significant implications for healthcare and social services.

The 65-84 age group is anticipated to grow by 13.6%, while the 85+ age group is expected to increase by 24.16%. These shifts indicate a rising demand for health and aged care services, including long-term care and chronic disease management.

Conversely, the 0-14 age group is projected to decline by 27.24%, suggesting a decreasing younger population. This demographic transition may reduce the demand for paediatric and educational services, while increasing the focus on services for older adults. Overall, this population change underscores the importance of planning to address the specific healthcare and support needs of an aging population.

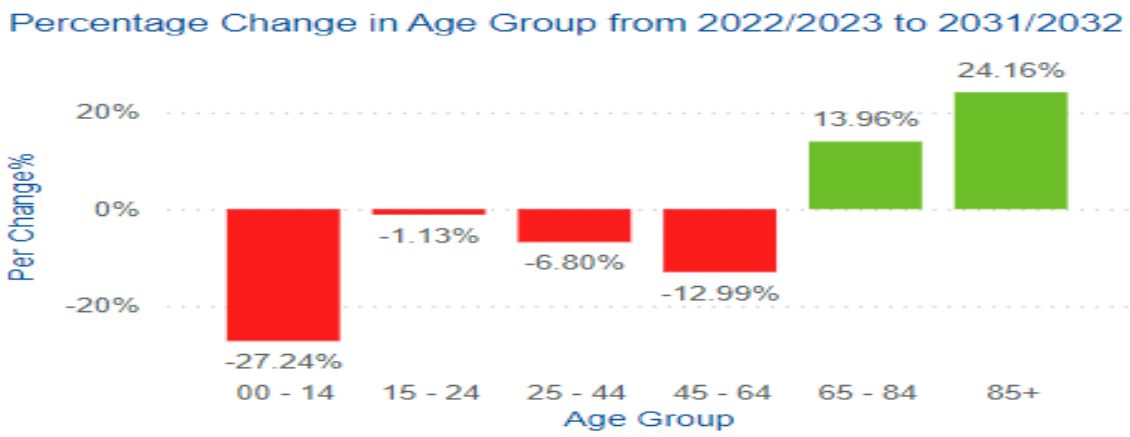


Figure 13: Graph % change in age group from Health Service Planning

3 Health Risks

3.1 Social determinants of health

The Socio-Economic Indexes for Areas (SEIFA) scores across the HHS area show significant diversity, with population distribution across all deciles (1-10). A large portion of the population (43.41%) falls within deciles 5-6, while 56.59% are situated in deciles 3-4, indicating that a substantial proportion of the HHS population resides in mid to lower socio-economic brackets. This reflects varying levels of socio-economic disadvantage throughout the region, further compounded by increasing cost-of-living pressures that affect access to essential services and day-to-day living.

In the Barcaldine-Blackall region, the SEIFA distribution reveals that 10.73% of the population is in the highest deciles (9-10) and 8.44% in deciles 7-8, suggesting a relatively small proportion in higher socio-economic brackets. A larger 35.01% is in deciles 5-6, while 25.36% falls within deciles 3-4. Notably, 20.74% of the population resides in the lowest deciles (1-2), indicating that a significant portion faces considerable socio-economic challenges. Cost-of-living increases further exacerbate these challenges, limiting disposable income for basic needs and healthcare access. The Longreach area shows a greater level of socio-economic disadvantage, with 50.06% of its population in deciles 3-4, contrasted with 26.34% in deciles 5-6 and 23.06% in deciles 7-8, illustrating a more disadvantaged socio-economic landscape compared to Barcaldine-Blackall. Here, cost-of-living impacts are especially acute, straining household budgets and increasing reliance on social services.

Education Levels (Australian Bureau of Statistics (ABS) and Public Health Information Development Unit (PHIDU).

In the Central West, a significant portion of the population did not complete Year 12, with a marked disparity between Indigenous and non-Indigenous individuals. Among Indigenous people, 71.5% did not progress beyond Year 10 or equivalent schooling, compared to 34.7% of non-Indigenous individuals. Only 54.8% of Indigenous students completed Year 12, in contrast to 71.3% of non-Indigenous students. This gap in educational attainment is concerning, as Year 12 completion is strongly linked to better employment prospects, higher earning potential, and improved health outcomes. Individuals with lower levels of education face increased risks of chronic illness, unemployment, and limited access to healthcare. Improving Year 12 completion rates, particularly among Indigenous students, is essential for fostering both health and economic stability in the region.

The stark differences in educational attainment between Indigenous and non-Indigenous populations reflect broader social inequalities. Indigenous populations often face systemic barriers, such as limited access to educational resources, socioeconomic challenges, and a lack of culturally appropriate support, all contributing to higher rates of early school leaving. In the Central West, 6.85% of the Indigenous population did not attend school, and 34.67% completed Year 8 or below, with 71.52% reaching Year 9 or equivalent. In comparison, non-Indigenous individuals showed higher completion rates, with a greater proportion completing Year 9 and Year 10 or equivalent. These disparities underline the need for targeted policies and programs to address the unique

challenges Indigenous students face, ensuring equitable access to education and fostering long-term health and socioeconomic benefits for the region.

Health Literacy (2018 Data)
Health literacy data from 2018 provides insights into how Queensland residents understand health information and navigate the healthcare system. 71.16% of respondents found it "usually easy" to understand health information, while 22.51% found it "always easy". When navigating the healthcare system, 75.05% found it "usually easy", and 21.24% found it "always easy". In terms of social support, 71.16% felt they had adequate support for health, and 72.39% reported actively managing their health. Additionally, 66.14% of people felt supported and understood by healthcare providers, though a small percentage (5.77%) felt unsupported.

Developmental Vulnerabilities in Children (AEDC, 2018 Data)
The 2018 Australian Early Development Census (AEDC) assessed children in their first year of school, focusing on developmental vulnerabilities. In the Central West region, 29.6% of children were identified as developmentally vulnerable in at least one domain, such as physical health or communication skills. Additionally, 15% were vulnerable in two or more domains, with 14.9% specifically vulnerable in communication and general knowledge. These figures highlight higher developmental vulnerability rates in remote regions, raising concerns about the long-term impacts on education and health outcomes.

In the Central West region, most individuals fall within the $20,800 to $51,999 annual income range, with 3,044 individuals in this category. A smaller group of 454 individuals earn over $104,000 annually, indicating a limited high-income population. Across all income levels, a total of 8,518 individuals were recorded. Household income follows a similar pattern, with 1,265 households earning between $33,800 and $77,999 annually, while only 298 households earn more than $156,000. In total, 3,993 households were reported.

For family income, the majority of families earn between $78,000 and $155,999 annually, representing 373 families. A smaller number of families (143) report incomes above $156,000, while 204 families have non-stated or partial income data. Despite a significant proportion of middle-income families, many families earn less than $33,800 annually, highlighting areas of financial hardship within the region.

Financial hardship is particularly evident in housing-related costs. According to the Public Health Information Development Unit (PHIDU), between 6.47% and 6.72% of low-income households in regions like Barcaldine - Blackall, Longreach, and Far Central West experience mortgage stress, indicating financial strain in homeownership. Rental stress is even more pronounced, with 14.15% of low-income households in the Central West struggling to meet rental costs, showing that renters face more significant financial challenges compared to homeowners.

As for household composition in the Central West region, 33.8% of the 3,898 homes are lone-person households, reflecting a significant portion of the population living alone. This is particularly evident in rural areas, where social isolation and access to healthcare can be more challenging. The high number of lone-person households highlights the need for targeted support services to address the risks of isolation and ensure access to necessary health and social care resources.

Multiple-family households are uncommon, making up only 1.3% of the total homes. This indicates that intergenerational living or shared family housing is not a widespread practice in the region. The low prevalence of such households may reduce the availability of shared caregiving and support within families, which can add pressure to single-family households, especially those caring for older or dependent family members.

First Nations households account for 9.9% of all homes, emphasising the importance of providing culturally sensitive services and support tailored to Indigenous populations. Ensuring that these services are accessible

and culturally appropriate is crucial for addressing the specific needs of First Nations communities in the Central West.

Additional indicators include:

- **Reported Offences**: From 2018 to 2020, the rate of reported offences increased significantly from 8,487.53 to 11,169.01 per 100,000 people, reflecting rising crime rates in the region.
- **Unemployment**: As of 2021, the unemployment rate in the HHS was 3.6%, slightly below national averages but still impactful in areas with lower socio-economic status.
- **Access to Housing**: In 2016, the homeless rate was 32.0 per 10,000 people, and 12.49% of households were receiving rent assistance, with 19.91% of First Nations households benefiting from this support. Rising housing costs have further aggravated housing insecurity.
- **Social Housing**: 5.54% of the population lived in social housing (rented dwellings), reflecting ongoing housing insecurity issues, with cost-of-living pressures likely increasing the demand for such services.
- **Overcrowding**: 3.49% of the population lived in overcrowded dwellings in 2016, indicating some degree of housing strain, particularly in vulnerable communities, which has been further stressed by the current cost-of-living crisis.

These figures underscore the socio-economic disparities across the region, with certain areas facing higher levels of disadvantage, amplified by the rising cost of living. This creates a greater demand for social support services and heightens challenges like housing insecurity, unemployment, and crime rates.

3.2 Lifestyle factors

Historical data from 2020 provides valuable insights into how lifestyle factors affect maternal and infant health outcomes. A comparison between adults in the Central West region and the Queensland (QLD) pooled average (2019-2020) highlights key areas of concern and opportunities for healthcare planning. The following analysis focuses on risk and protective factors influencing health outcomes.

Smoking: In the Central West, 12.2% of adults reported smoking daily, which is lower than the Queensland average of 13.8%. This is a positive indicator for the region, as lower smoking rates reduce the risk of chronic diseases and pregnancy complications. The percentage of ex-smokers in Central West (27.1%) is higher than the state average (22.9%), suggesting successful smoking cessation efforts. However, ongoing support for quitting smoking is essential, especially for expectant mothers to ensure healthy pregnancies and birth outcomes.

Alcohol Use: The rates of lifetime risky drinking (30.3%) and single-occasion risky drinking (34.9%) are slightly below the Queensland averages (31.4% and 35.6%, respectively). While these figures are promising, a substantial portion of the population still engages in risky drinking, which can negatively impact maternal and infant health. Continued efforts to reduce alcohol consumption are needed.

Obesity and Overweight: Central West has a significantly higher obesity rate (52.1%) compared to the state average (45.4%), with 60.9% of the population classified as overweight or obese (vs 58.7% in Queensland). Excess weight is linked to chronic diseases like diabetes and heart disease, and in pregnancy it increases the risk of complications such as gestational diabetes and hypertension. Weight management programs and healthy lifestyle promotion are crucial to addressing these concerns.

Fruit and Vegetable Intake: In Central West, 35.1% of adults meet the recommended fruit intake, and 24.0% meet the recommended vegetable intake, which is slightly better than the Queensland averages (30.0% and 20.4%, respectively). While fruit consumption is positive, the low intake of vegetables indicates room for improvement. Promoting balanced diets rich in vegetables is key to improving overall health, particularly for pregnant women and families.

Physical Activity: In Central West, 11.4% of adults reported no physical activity, slightly lower than the Queensland average of 12.2%, indicating that more residents in the region are engaging in at least some level of physical activity. Additionally, 52.5% of adults met the recommended physical activity guidelines of 150 or more minutes per week, which is close to the Queensland average of 53.0%. This data reflects a positive trend in maintaining sufficient activity levels among the population that can help mitigate the effects of high obesity rates in the region.

Sun Protection and Sunburn: Sun protection practices in Central West are similar to the Queensland average (58.3%), but sunburn incidence remains high, with 46.3% of residents experiencing sunburn. Given the high rates of skin cancer in Australia, ongoing public education about sun safety is critical to reducing skin cancer risks.

Positive Outcomes: In 2020, 92 out of 109 infants born in the Central West were of healthy birthweight, which is a strong indicator of positive maternal health and pregnancy outcomes in the region. This high proportion of healthy birthweight infants suggests effective prenatal care and a generally favourable maternal health environment.

Areas for Improvement: There were 12 preterm births, 6 low birthweight infants, and 11 high birthweight infants, signalling the need for targeted healthcare interventions. Maternal obesity (32 mothers) and smoking during pregnancy (15 mothers) were significant contributors to these adverse birth outcomes. Both factors increase the risk of preterm birth, low birthweight, and pregnancy complications like gestational diabetes and preeclampsia. Focused programs to address maternal nutrition, weight management, and smoking cessation during pregnancy are necessary.

Antenatal Care Engagement: 89 mothers received eight or more antenatal visits, demonstrating strong prenatal care engagement, which is essential for monitoring maternal and infant health throughout pregnancy. Continued promotion of comprehensive antenatal care, particularly for high-risk groups, should remain a priority.

Age-Related Risks: 17 mothers aged 35 or older faced increased risks due to age-related pregnancy complications. Older maternal age is associated with a higher risk of gestational diabetes, preterm birth, and caesarean sections. Tailored care and ongoing monitoring for older mothers are critical to mitigating these risks and improving outcomes.

The Public Health Information Development Unit (PHIDU) has not published modelled estimates for the Central West region concerning health behaviours related to fair or poor self-assessed health for the period of 2017-2018. This lack of specific data for the region may present challenges in fully understanding the health behaviour trends and self-perceived health status of the population. As a result, health service planning and resource allocation in the Central West may need to rely on broader regional data or other available sources to address potential gaps in understanding the local community's health needs.

Recommendations for Future Healthcare Planning:

Targeted Smoking Cessation and Alcohol Reduction Programs:
Although smoking rates are lower in Central West compared to the state average, targeted programs to reduce smoking, particularly among pregnant women, are necessary. Similarly, reducing risky alcohol consumption, especially among women of childbearing age, should remain a key public health priority.

Obesity and Physical Activity Interventions:
With over half the population classified as obese, comprehensive weight management programs are essential. These should focus on increasing physical activity and improving nutrition, especially for pregnant women and new mothers, to reduce the risk of complications during pregnancy and beyond.

Improved Dietary Education:
The low intake of vegetables highlights the need for enhanced nutrition education programs. Promoting access to affordable fresh produce and community-based initiatives, such as cooking workshops and nutritional counselling, will help improve dietary habits.

Enhanced Maternal Health Programs:
Specialised interventions to reduce maternal obesity and smoking, alongside better management of age-related pregnancy risks, should be prioritised. Expanding antenatal services, especially for high-risk pregnancies (e.g., older mothers or those with pre-existing conditions), will be crucial for improving birth outcomes.

Sun Protection Awareness:
Public health campaigns focused on sun safety and skin cancer prevention should continue. Engaging schools, workplaces, and community centres in promoting effective sun protection measures will be essential, particularly in light of the high rates of sunburn in the region.

By addressing these key lifestyle and health factors, the Central West region can better manage maternal and infant health, improve long-term health outcomes, and reduce the burden of chronic diseases.

4 Screening and preventive health

Between 2019/20 and 2022/23, 9.3% of births in the HHS were classified as preterm. Improving prenatal care and early intervention programs could help reduce preterm birth rates, ultimately improving neonatal outcomes and long-term health for affected infants.

In 2023/24, the incidence of low birthweight was relatively low, with only 2 out of 91 babies (2.2%) born underweight. This positive figure reflects well on maternal health efforts but requires ongoing monitoring to ensure sustained progress. Continued access to comprehensive antenatal care will be crucial to maintaining and improving these outcomes, ensuring early detection and management of maternal health issues that may contribute to low birthweight.

Cancer screening efforts, although not detailed here, remain a key component of preventive health, focusing on early detection to improve treatment outcomes. Breast, cervical, and bowel cancer screening programs are essential in detecting cases early and reducing cancer-related mortality rates.

Immunisation rates for Indigenous children within the HHS are significantly lower than those of non-Indigenous children. This gap increases the vulnerability of Indigenous children to vaccine-preventable diseases, placing them at higher risk of hospitalisation. In 2023/24, the HHS recorded 20 potentially preventable hospital (PPH) separations related to vaccine-preventable diseases, with 16 attributed to pneumonia and influenza. These cases accounted for 132 PPH bed days, underscoring the need to improve immunisation coverage, particularly among Indigenous populations. Closing this gap is crucial to reducing preventable illnesses and alleviating the strain on healthcare resources.

5 Populations with special needs

5.1 Aboriginal and Torres Strait Islander communities

The Aboriginal and Torres Strait Islander community in the HHS has seen consistent growth, increasing from 901 individuals in 2017 (out of a population of 10,656) to 972 in 2022 (out of 10,649). This rise in population highlights the growing representation of Indigenous people in the region, underscoring the importance of culturally appropriate health services to address their specific needs.

The Barcaldine-Blackall area has the largest number of First Nations people within the HHS catchment. This demographic trend emphasises the need for enhanced support services, healthcare programs, and community engagement initiatives tailored to the Indigenous population. As this community continues to expand,

addressing health inequities and ensuring access to culturally sensitive care will be key priorities for the HHS moving forward.

5.2 Culturally and Linguistically Diverse communities

In Central West HHS, 81.8% of the population are born in Australia, with a further 6.0% of the population born overseas, . Among the overseas-born population, 3.6% come from English-speaking backgrounds, while 2.2% are from non-English-speaking backgrounds. This demographic highlights the region's majority Australian-born population, alongside a smaller but diverse group of residents born abroad. The remaining **12.2%** of the population is classified as "Not Stated" in the ABS dataset. This category typically includes individuals who did not specify their country of birth, either due to privacy concerns, incomplete data, or other reasons.

In terms of language, 85.9% of the population speak only English at home. The top five countries of birth, excluding Australia, include New Zealand, the United Kingdom (including the Channel Islands and the Isle of Man), the Philippines, South Africa, and Germany. Common languages spoken at home, apart from English, include German, Australian Indigenous languages, Afrikaans, Spanish, and Southeast Asian Austronesian languages.

This linguistic and cultural diversity, although relatively small, underscores the importance of inclusive communication strategies and culturally sensitive healthcare services to effectively meet the needs of non-English speaking residents and ensure equitable access to care.

5.3 People from refugee and asylum seeker backgrounds

In Queensland, various health services are available to support both asylum seekers and refugees, ensuring that these vulnerable populations have access to essential healthcare, even in remote regions like Central West.

Asylum Seekers:

The Queensland Government ensures that asylum seekers who are ineligible for Medicare can still access public health services free of charge. This allows asylum seekers, regardless of their Medicare status, to receive the necessary medical care, including in rural and remote areas like Central West. This access to healthcare is vital for addressing the unique medical needs of asylum seekers who may be experiencing significant health challenges.

Refugees:

Refugee health services across Queensland are delivered in partnership with general practitioners (GPs) and primary care providers to ensure comprehensive care for these populations. These services typically focus on conducting health assessments for refugees who have been in Australia for less than 12 months, ensuring early identification of health issues and connecting individuals to ongoing care. In some cases, refugee health services continue to offer care beyond this initial 12-month period, helping to address any long-term healthcare needs that may arise. This continuity of care is particularly important for refugees living in remote areas like Central West, where access to healthcare services can be more limited.

5.4 People with disabilities

Approximately 4.69% of the region’s population (470 out of 10,700) require assistance due to disability, including individuals residing in long-term accommodation. This statistic reflects a significant portion of the community that depend on ongoing support services that can assist with household chores, self-care, property maintenance and personal activities.

The inclusion of individuals in long-term care within this group highlights the need for tailored healthcare services and resources aimed at addressing their unique challenges. Ensuring that these individuals have access to appropriate and continuous support is crucial for improving their quality of life.

Addressing the needs of this population requires a multi-faceted approach. This should include improving accessibility to health services, expanding disability support programs, and enhancing infrastructure to ensure

comprehensive care. Such a coordinated effort would significantly contribute to better outcomes for individuals requiring disability assistance in the region.

Effective service delivery to this group will also rely on ongoing collaboration between healthcare providers, community organisations, and disability advocacy groups to ensure resources are allocated where they are most needed.

5.5 People living with mental illness

The HHS is currently providing care to 167 consumers in a community-based service, with 19% identifying as Indigenous and 49.5% being female. This diverse demographic highlights the need for culturally sensitive care, as nearly one-fifth of the consumers come from Indigenous backgrounds. The near-equal gender distribution indicates a balanced representation of male and female consumers, emphasising the importance of gender-inclusive care. These statistics demonstrate the necessity for tailored healthcare services that meet the specific cultural and gender-related needs of the population.

The Longreach Hospital operates without inpatient mental health bed**s**, instead leveraging telehealth in collaboration with Central Queensland Hospital and Health Service (CQHHS) to provide specialist care remotely. This model enhances access to healthcare for consumers in rural settings, ensuring they receive timely medical consultations without needing to travel long distances. For consumers requiring inpatient admission, transfers are managed through the Royal Flying Doctor Service (RFDS) or Retrieval Services Queensland (RSQ). This streamlined transfer process ensures that critical patients are moved efficiently to higher-level care, maintaining continuity and ensuring that acute needs are met.

In terms of Mental Health (MH) and Alcohol and Other Drugs (AOD) services, the HHS follows a community-centered approach. There are no inpatient mental health beds, with care focused on outpatient services for individuals with mental health needs. Similarly, the HHS does not provide inpatient AOD beds, but offers a wide range of services including Alcohol and Other Drugs Services (AODS), police and court diversion programs, and consultation liaison services. These community-based programs provide comprehensive support and intervention, focusing on outpatient care to manage mental health and substance use challenges. This approach ensures that consumers receive consistent support while reducing the need for inpatient admissions.

5.6 People experiencing domestic and family violence

The data from 2018 to 2022 reveals a significant and concerning rise in domestic and family violence (DFV) incidents in the Central West region. The number of recorded offences increased from 31 in 2018 to 75 in 2020, representing more than 100 per cent increase in just two years. This sharp rise indicates a troubling upward trend in DFV cases, reflecting growing concerns around community safety and the need for targeted interventions.

This increase may be influenced by several factors, including socio-economic pressures, isolation in rural and remote areas, and limited access to support services. The data underscores the urgent need for enhanced prevention strategies, increased support services for victims, and greater community awareness initiatives to address and combat the rising incidence of domestic and family violence in the region. Expanding access to counselling, legal assistance, safe housing, and crisis intervention services will be essential to curbing this escalating trend.

5.7 People experiencing homelessness

Data from 2016 indicates that the homelessness rate stands at 32 per 10,000 people. The Central West HHS is currently witnessing an increase in the utilisation of homelessness services compared to previous years. This rise may be linked to the escalating cost of living, which is impacting many individuals and families within the

community. As economic pressures grow, addressing homelessness and ensuring access to support services becomes increasingly crucial for the HHS and the broader community.

5.8 People from LGBTIQ+ communities

Current estimates from the Department of Health (2019) indicate that approximately 11% of the Australian population identifies as lesbian, gay, bisexual, transgender, intersex or queer (LGBTIQ). Many individuals in this group have faced various forms of discrimination throughout their lives, including mistreatment, social stigma, criminalisation, and persecution based on their gender identity or sexual orientation. This discrimination often results in family rejection, barriers to accessing health and aged care services, and inappropriate medical treatment, leading to greater social isolation for LGBTIQ people.

Mainstream healthcare approaches tend to assume that individuals are heterosexual and gender conforming, which can alienate LGBTIQ individuals. Many older LGBTIQ people may feel compelled to hide their sexual orientation or gender identity due to safety concerns or past negative experiences. Homosexuality in Australia was not decriminalised until the 1970s, and institutional discrimination, such as the exclusion of same-sex couples from civil marriage, was only resolved recently. These historical challenges have left many older LGBTIQ individuals particularly vulnerable, as they are subject to both age-based and sexuality-based discrimination.

In rural and remote settings such as Central West Queensland, the challenges for LGBTIQ individuals can be even more pronounced. Limited access to inclusive healthcare and support services can exacerbate feelings of isolation. Small communities often mean less anonymity, which may increase the fear of discrimination or stigma. As a result, many older LGBTIQ people in rural areas may feel the need to further hide their identities for safety or social acceptance. Ensuring access to LGBTIQ-inclusive healthcare and community support in these areas is crucial to addressing the specific challenges faced by individuals in rural and remote Australia.

Older LGBTIQ people, particularly in rural and remote regions, face unique risks like contending with a dual burden of age and identity-based marginalisation. This makes it vital for health and aged care services, both in urban and rural settings, to adopt inclusive approaches that ensure the dignity, safety, and respect of LGBTIQ individuals, regardless of their age, location, or identity.

5.9 Older people

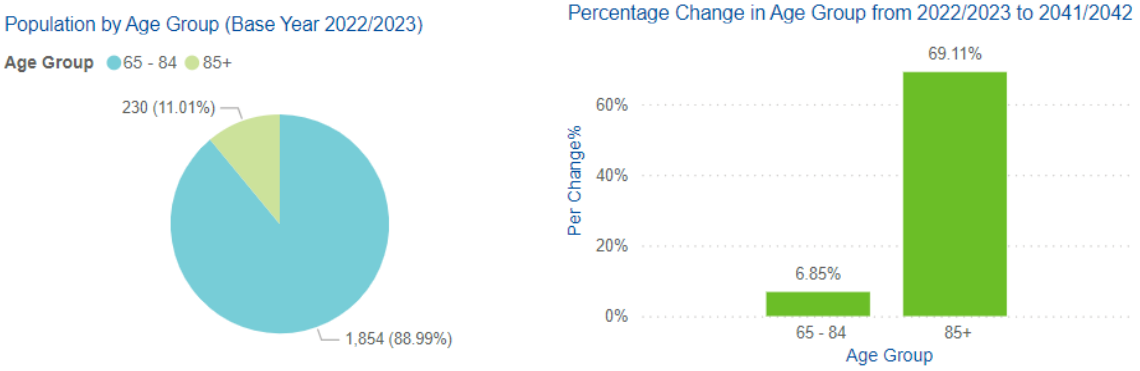


Figure 14: Graph older people population

Projections to 2041 show a significant demographic shift in the older population, particularly in the rapid growth of the 85+ age group. This older demographic is expected to grow much faster than the 65 to 84 age group, which is expanding more steadily. By 2041/2042, a larger proportion of individuals will be aged 85 and over, emphasising the need for future planning to address the specific challenges and needs of this age group.

The rise in the 85+ population will create a substantial demand for healthcare and elderly care services, as older individuals typically require more intensive medical attention and support. This will likely strain existing healthcare systems, necessitating an expansion of services focused on elderly care, such as long-term care, geriatric care, and chronic illness management. Additionally, social services and policies will need to adapt to accommodate this growing elderly demographic. Pension systems, social security, and other forms of financial support will require adjustments to ensure they can support the increasing number of older citizens.

Another significant implication will be in housing and living arrangements. As the population ages, there will be a greater need for elderly-specific housing solutions. This includes the expansion of assisted living facilities and the development of age-friendly homes that are designed to accommodate the physical limitations of older adults. Ensuring that there are enough appropriate housing options will be crucial in helping this growing demographic live comfortably and independently for as long as possible.

In summary, the rapid growth of the 85+ population highlights the urgent need for comprehensive planning in healthcare, social services, and housing to ensure that the needs of an aging society are met. This demographic shift represents both a challenge and an opportunity for society to create supportive and sustainable systems for its older citizens.

5.10 Young people

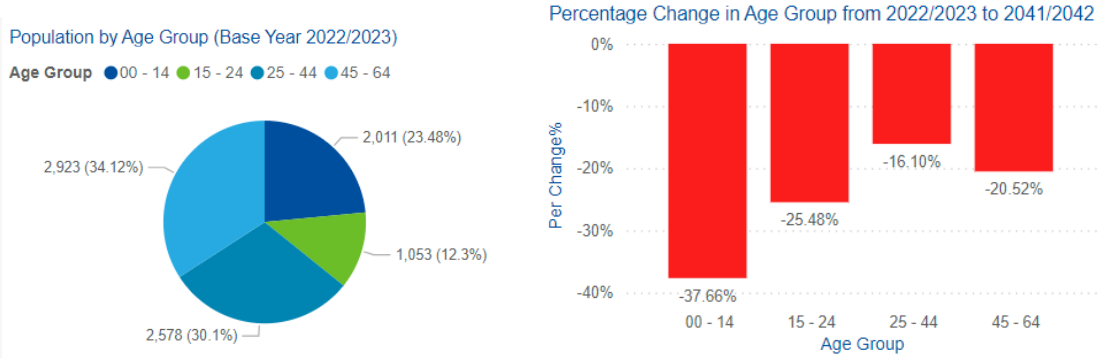


Figure 15: Graph young people population

There is a clear demographic shift towards an aging population in Central West, with notable declines in younger and working-age groups. This trend is expected to have significant social, economic, and policy implications, particularly in the areas of workforce sustainability, healthcare, and eldercare. The most concerning shift is the projected 37.66% decline in the 0 to 14 age group, signalling a major reduction in the number of children in the region. This could lead to decreased demand for early childhood services, schools, and paediatric healthcare in the future. Similarly, the 15 to 24 age group is expected to shrink by 25.48%, potentially reducing the pool of young workers entering the job market and posing challenges for industries reliant on youth labour. The shrinking youth population is likely to affect post-secondary education enrolments and intensify concerns over the availability of a sustainable future workforce.

Amid these demographic changes, the children and teenagers (aged 8-18) growing up in Central West express a strong desire for improvements in their community and personal wellbeing. Many of them hope to help others, using phrases like "Help For My Community" and "Vulnerable Citizens," which reflect their drive for positive change. Personal goals, such as securing employment and owning a home, indicate concerns about

financial stability in a rural area where job opportunities are limited. Values like "Equality" and "Freedom To Be Themselves" suggest that fairness and inclusivity are central to their aspirations, while environmental protection is also a priority, with many seeking action on climate change, which they feel directly impacts their surroundings.

One of the biggest frustrations for this age group is the feeling that their voices are not being heard by adults. The phrase "Youth Voice" appears frequently, reflecting their sense of exclusion from important conversations. Mental and physical health concerns are also prominent, with many expressing worries about stress and overall wellbeing. Additionally, environmental issues such as "Climate Change" and "Littering" are top of mind, with young people feeling that not enough is being done by adults to address these challenges.

Reports on the region further reveal widespread economic challenges and educational disparities, explaining the concerns of young people regarding education and job prospects. Many families in the region face housing costs and financial stress, and educational attainment is lower, especially among Indigenous children and low-income families. These factors help explain why education, employment, and mental health are critical concerns for young people in Central West. The region also has a significant number of children at risk in terms of emotional and social development, underscoring the importance of mental health support systems. While young people are hopeful for change, they are grappling with significant challenges that they feel are not being fully addressed by the adults around them.

6 Health needs of the Central West region

6.1 Alcohol and other Drug use

AOD (Alcohol and Other Drugs) usage numbers in Central West are not well reported due to the region's small population and the limitations of available data sources. These sources do not clearly identify usage numbers or trends, making it difficult to accurately assess the scale or patterns of AOD use within the community. The health service continues to provide care for the region, however the size and travelling distances do make face-to-face care difficult.

6.2 Antenatal care

In the Central West region, data sources highlight several key aspects of antenatal care and its impact on maternal and fetal wellbeing. Antenatal care engagement is strong, with 383 out of 450 mothers attending eight or more antenatal visits between 2017 and 2020, meeting the recommended guidelines for optimal care during pregnancy. This reflects a positive level of access to healthcare services during pregnancy, which is crucial for monitoring both maternal and fetal health and for the early detection and management of any potential complications.

However, the data also highlights several maternal health risk factors. Among the mothers, 117 were classified as obese, and 48 smoked during pregnancy. Both obesity and smoking are associated with a higher likelihood of pregnancy complications, such as preterm birth and low birthweight, and often require more intensive antenatal care. These risk factors underscore the need for targeted health interventions to address and reduce these risks.

In terms of maternal age, the region recorded a relatively low number of young mothers (aged 19 or under), with only 13 cases. On the other hand, 64 mothers were aged 35 or older, a group that typically requires closer antenatal management due to the increased risk of complications associated with pregnancies in older women.

The high proportion of women attending the recommended number of antenatal visits is an encouraging sign of good access to maternal healthcare services in the Central West. However, the prevalence of maternal obesity and smoking during pregnancy suggests a need for targeted health interventions. These could include educational programs on the risks associated with smoking and obesity, as well as additional support for high-risk groups, such as older mothers and those with more complex health needs. Addressing these risk factors could improve maternal and infant health outcomes across the region.

6.3 Cancer

Cancer incidence projections to 2041 indicate a stable trend, with rates expected to remain at approximately 80 cases per 100,000 people. Males are projected to account for the majority of cases, comprising 53.75% of the total. This steady rate highlights the ongoing need for targeted cancer prevention, screening, and treatment programs, particularly for male populations, to ensure early detection and improved outcomes. The data underscores the importance of maintaining robust cancer care services and public health initiatives in the coming decades.

6.4 Chronic disease

The limited data available on chronic diseases in rural regions like Central West highlights the need for continued monitoring and resource allocation, as managing conditions such as diabetes, cardiovascular disease, and respiratory issues can be more challenging due to the distance from healthcare services. Data from 2020-21 indicates that diabetes complications are the most prevalent chronic condition within the HHS, accounting for 50.3% of cases. This high prevalence points to an urgent need for enhanced management

strategies, including early intervention and community education, to help control and prevent the progression of diabetes-related complications.

Additionally, congestive cardiac failure represents 18.4% of chronic disease cases, reflecting the growing demand for cardiac care services. This underscores the importance of integrating cardiac care within the broader chronic disease management framework in the HHS. The prevalence of both diabetes and heart-related conditions highlights the critical need for targeted healthcare interventions and improved access to healthcare services in rural regions, ensuring that patients receive timely, comprehensive care.

6.5 Communicable disease

The disease surveillance data for Queensland, comparing current year-to-date (YTD) figures with the 2019-2023 mean reveals stability across several disease categories, though there are areas of concern requiring attention. Gastrointestinal diseases such as Salmonellosis have seen a slight increase, while Campylobacter infections have declined. In the area of acute respiratory diseases, influenza has surged significantly with nearly double the number of cases compared to the historical average, highlighting a concerning rise in flu activity. Additionally, Respiratory Syncytial Virus (RSV) shows notable prevalence, though no historical data is available for comparison.

The data on vaccine-preventable diseases indicates a resurgence of pertussis (whooping cough), with 10 YTD cases compared to zero in previous years, suggesting the need for renewed vaccination efforts. In contrast, varicella (chickenpox) cases have remained stable. Sexually transmitted infections (STIs) such as chlamydia and gonorrhoea show consistent trends, with only slight variations from historical averages. Mosquito-borne diseases, such as Barmah Forest Virus and Ross River Virus, continue to exhibit stable but persistent transmission rates.

There has been a notable increase in zoonotic diseases, particularly Q fever, with cases nearly tripling the historical mean. Meanwhile, rare diseases like cholera, tuberculosis, and anthrax remain at zero cases, reflecting successful prevention efforts. The overall analysis highlights the importance of ongoing public health interventions to manage rising flu and Q fever cases, address the resurgence of vaccine-preventable diseases like pertussis, and maintain vigilance in monitoring respiratory and mosquito-borne diseases to protect public health in Queensland.

6.5.1 Sexually transmitted infections

The data indicates that Chlamydia is the most prevalent sexually transmitted infection (STI) within the assessed period with 29 reported cases, significantly exceeding the number of cases for other STIs. In comparison, Gonorrhoea recorded 3 cases, while both infectious syphilis and late syphilis had only 1 case each. These findings establish Chlamydia as a critical public health concern, necessitating a targeted approach to enhance sexual health education, prevention efforts, and testing campaigns to effectively reduce the spread of STIs in the community.

Furthermore, it is essential to address syphilis, despite its lower incidence, due to the potential for serious long-term health consequences if left untreated. These insights underline the need for a comprehensive needs assessment to identify gaps in education and healthcare resources related to STI prevention and management within the community.

6.6 Mental illness and psychological distress

The HHS is currently delivering community-based care to 167 mental health consumers of whom 19% identify as Indigenous, and 49.5% are female. The representation of Indigenous individuals underscores the need for culturally competent healthcare services that consider the unique needs of this population. With almost equal

representation between males and females, the data highlights the importance of providing gender-sensitive mental health care to ensure all consumers receive appropriate support.

The HHS employs a telehealth model to collaborate with Central Queensland Hospital and Health Service (CQHHS), ensuring access to specialist mental health care remotely. This approach is especially valuable in rural settings, where patients may otherwise need to travel long distances for consultations. When inpatient care is required, transfers are handled efficiently through the Royal Flying Doctor Service (RFDS) or Retrieval Services Queensland (RSQ), guaranteeing timely access to higher-level care for those in critical need.

The HHS does not have inpatient mental health or Alcohol and Other Drugs (AOD) beds, focusing instead on outpatient services. It offers extensive support through community-based programs such as Alcohol and Other Drugs Services (AODS), police and court diversion programs, and consultation liaison services. This community-centred approach aims to manage mental health and substance use challenges outside the hospital setting, reducing reliance on inpatient admissions and promoting consistent outpatient care.

Additionally, the HHS owns and operates four GP clinics that provide both mental health and Alcohol and Other Drugs (AOD) services. As part of these services, GP Mental Health Treatment Plans (MBS 2700-2717) have been developed for a total of 1,279 patients with diagnosed mental health conditions. This distribution highlights the extensive provision of mental health care across diverse demographic groups within the primary care settings.

6.7 Oral health

The oral health needs in the region are multifaceted and reflect the challenges of providing care in a remote and geographically dispersed area. Key oral health needs include:

1. Improved Access to Services: Many areas, particularly more remote locations like Alpha, have minimal or no recorded dental services, highlighting significant gaps in both preventive and general dental care. Access to routine dental services is limited, particularly for children and older adults, which increases reliance on emergency services and reactive care. Expanding access to both emergency and non-emergency dental services is essential to meet these needs.
2. Preventive Care: The limited access to preventive dental services, especially in rural and remote areas, points to a need for targeted preventive care initiatives. There is a need to educate and engage populations, particularly children and older adults, in maintaining good oral hygiene and receiving regular dental check-ups to avoid more serious dental issues later on. This includes improving access to regular cleanings, examinations, and fluoride treatments.
3. Vulnerable Populations: Certain populations, such as Indigenous communities and socio-economically disadvantaged groups, face additional barriers to accessing dental care. Culturally sensitive services and outreach programs aimed at these vulnerable groups are necessary to ensure they receive appropriate care. Improving access and engagement for these populations will help address inequities in oral health outcomes.
4. Workforce and Service Integration: A shortage of dental professionals in the region, combined with geographic barriers, limits the availability of regular dental care. This highlights the need to improve service integration, particularly through partnerships with private dental providers and the expansion of mobile and telehealth dental services. These steps would help address workforce shortages and provide more consistent care across the area.

These needs underline the importance of a more coordinated approach to oral health care, prioritising access, prevention, and targeted support for vulnerable groups.

6.8 Palliative care

The Health and Hospital Service (HHS) employs a Palliative Care Coordinator within the Primary Health Care team to develop strategies and advance care planning, focusing on delivering effective end-of-life care. This role is integral to defining the health strategies for Central West, ensuring that patients receive compassionate

and appropriate support during their final stages of life. Additionally, the HHS collaborates with the Specialist Palliative Care Rural Telehealth (SPaRTa) program, enhancing access to specialist palliative care services for individuals in rural and remote areas.

6.9 Potentially preventable hospitalisations

The data reveals notable variation in potentially preventable hospitalisations (PPH) across a range of conditions. Chronic conditions, particularly diabetes complications (166 separations, 3.6% of total) and congestive cardiac failure (53 separations, 1.1%), are the leading contributors to PPH separations. Diabetes complications in particular contribute disproportionately to hospital bed days, accounting for 6.1% of total bed days. This highlights the critical need for targeted interventions to better manage diabetes and prevent complications that result in hospitalisation.

Acute conditions such as cellulitis (65 separations, 1.4%) and urinary tract infections (49 separations, 1.1%) also feature prominently in PPH statistics. These conditions, while not as prevalent as chronic illnesses, still represent a significant burden on hospital resources. The relatively high number of separations for these conditions suggests a potential gap in early intervention or outpatient treatment that, if addressed, could reduce hospital admissions.

Vaccine-preventable conditions, including pneumonia and influenza, show lower rates of separations (0.3% of total PPH), but they still make a measurable impact on hospital bed utilisation (0.9% of total bed days). These findings highlight the need for increased vaccination efforts and public health initiatives aimed at reducing hospitalisations for preventable diseases, particularly among vulnerable populations.

Overall, the data emphasises the importance of comprehensive prevention strategies, particularly for chronic conditions like diabetes and congestive cardiac failure. Improving early intervention and vaccination coverage could help to reduce PPH rates, thereby relieving pressure on hospital services and improving patient outcomes across the health system.

6.10 Suicide

From 2016 to 2020, data reveals that local suicide rates are 35% higher than the Queensland average per 100,000 people, highlighting a critical public health challenge that requires immediate attention. This alarming figure underscores the urgent need for targeted mental health interventions and suicide prevention strategies tailored to the specific needs of the local population. Addressing this issue demands a multi-faceted approach, including improving access to mental health services, enhancing early intervention, raising community awareness, and strengthening crisis support. Through targeted strategies and coordinated efforts, health services can make meaningful progress in reducing suicide rates and improving mental health outcomes for the region.

7 Service needs of the Central West region

7.1 Service mapping

Central West HHS offers a comprehensive network of community, primary, and hospital-based services designed to provide our diverse communities with safe and appropriate healthcare options as close to home as possible.

Longreach Hospital, the largest facility operated by Central West HHS, serves the town of Longreach and surrounding areas with inpatient and emergency services. It is the only provider of maternity and Computed Tomography (CT) radiology services in the region. Additionally, local inpatient and emergency care services are available in Barcaldine, Blackall, Alpha, and Winton, complemented by several nurse-led primary healthcare centres. The inpatient facilities in Barcaldine, Winton, and Alpha function as Multi-Purpose Health Services (MPHS), delivering residential aged care in the absence of alternative options.

To ensure that residents receive safe and quality care close to home, we provide coordinated outreach services in allied health, oral health, mental health, pharmacy, maternal and child health, and general medical services. Central West HHS operates general practices in Longreach, Barcaldine, Blackall, and Winton, with outreach visits by General Practitioners to smaller communities.

In the western region of our health service area, medical care is supported by the Royal Flying Doctor Service, while allied health services are further supplemented by North and West Remote Health. Oral health care is provided through both Central West HHS and the Royal Flying Doctor Service.

In many of our seventeen communities, Central West HHS is the sole provider of community and primary care services. Several sites also operate clinic-based ambulance services to ensure emergency response capabilities.

The corporate headquarters of Central West HHS is located in Longreach and encompasses the Executive Leadership, Building Engineering and Maintenance Services, Clinical Governance, Finance, Strategy and Governance, and project teams.

Central West HHS fosters strong collaborative relationships with various organisations, including the Royal Flying Doctor Service, Western Queensland Primary Health Network, North and West Remote Health, several other Hospital and Health Services, Queensland Ambulance Service, and local government councils. These partnerships are essential for ensuring timely and coordinated access to appropriate healthcare services.

7.2 Workforce mapping

As of June 2024, the Central West HHS health workforce consists of 431.44 Full-Time Equivalents (FTE), equating to 40.3 FTE per 1,000 people. The workforce distribution shows a strong focus on nursing, with 182.62 FTE, or 17 FTE per 1,000 people, underscoring the critical role nurses play in the healthcare system. By contrast, the medical workforce comprises 31.34 FTE, equating to 2.9 FTE per 1,000 people. Additionally, Health Professionals, Professional, and Technical staff represent 38.37 FTE, or 3.6 FTE per 1,000 people, while operational, managerial, and clerical staff collectively make up 181.11 FTE, or 16.7 FTE per 1,000 people.

Indigenous health workers are notably underrepresented, with only 2 FTE, translating to 0.19 FTE per 1,000 people. This limited presence highlights a significant gap in Indigenous workforce participation, which is critical given the cultural needs of the region. The percentage of the workforce identifying as Aboriginal and Torres Strait Islander stands at 6.75% for 2023-2024, demonstrating some diversity but indicating further opportunity to grow representation in alignment with the region's demographics.

Mental health practitioners total approximately 14 FTE, marking a vital part of the workforce. However, the density of mental health professionals remains relatively low compared to the high demand for these services, signaling a need for further recruitment and resource allocation. Addressing shortages in the district’s mental health services, alongside targeted recruitment of Indigenous health workers, will be essential for ensuring comprehensive care across the region.

In addition to its workforce, Central West HHS also owns and operates four general practice clinics, further supporting healthcare delivery in the region. These clinics, in conjunction with existing services, play a key role in expanding access to both general and specialised care, including Mental Health and AOD services.

Workforce shortages across all disciplines remains a significant concern for the community and health service, due to the difficultly of recruiting and retaining clinical and non-clinical staff.

The current diversity representation (5.9%) is below the QHealth target and continues to fall short of the recommended thresholds. While the trend over recent months is improving slightly, more focused efforts may be needed to meet the desired diversity goals, particularly at sites with lower or zero representation. Strategies may include targeted recruitment, retention efforts, and diversity inclusion programs.

7.3 Market analysis

The Central West region encompasses diverse rural populations, presenting unique healthcare challenges and opportunities. There is an increasing demand for services related to chronic diseases, mental health, and preventive care, driven by demographic trends. Additionally, the rising cost of delivering services in rural and

remote areas exacerbates these challenges. Funding constraints, including limited state and federal support, significantly impact provider operations and the expansion of services.

Key weaknesses include resource limitations in rural areas and disparities in healthcare access. To address these issues, strategies such as enhancing telehealth services, promoting collaboration among providers, and advocating for increased funding are essential.

Recent market failures in aged care, NDIS providers, private services, and GP services highlight sustainability challenges in the region. The limited population restricts market viability, causing reluctance among private providers to enter the market.

7.4 Service utilisation

7.4.1 Primary care attendance

Mental Health Treatment Plans

Within the HHS's primary care system, a total of 1,279 patients were diagnosed with mental health conditions. Of these, 125 identified as Indigenous, 1,125 as non-Indigenous, and ethnicity was not recorded for 29 patients. This data reflects significant mental health diagnoses among both Indigenous and non-Indigenous populations, with the majority of cases being non-Indigenous. In terms of GP Mental Health Treatment Plans (MBS 2700-2717), a total of 121 plans were initiated. This included 16 plans for Indigenous patients, 100 for non-Indigenous patients, and 5 for whom ethnicity was not recorded. The smaller number of treatment plans for Indigenous patients, despite their representation in the diagnosed group, indicates a potential gap in either access to or uptake of mental health services. Addressing this disparity is critical to ensuring equitable mental health care for all population groups within the HHS.

GP Services

Central West HHS plays a vital role in healthcare delivery across the region, operating four general practice clinics that provide essential primary care services. These clinics are key to supporting the diverse populations within the HHS catchment area, improving access to healthcare, and ensuring ongoing care for both physical and mental health conditions. The clinics offer a range of services, including standard and telehealth appointments, chronic disease management, wound dressing, adult health checks, and mental health support. Their presence significantly enhances healthcare accessibility, helping to meet the community's needs and ensuring continuous, comprehensive care for all patients.

Data on frequent GP attenders (those who visit a GP 12 or more times in a year) is unavailable, likely due to a small or unreliable sample size in this rural area. Despite the lack of specific data, this highlights the significance of understanding frequent health service use for effective healthcare planning in remote regions. Insights into such patterns are essential for optimising resource allocation and ensuring that health services are tailored to meet the needs of communities with limited access to healthcare.

Allied Health Practitioner (AHP) Services & Telehealth

13Health utilisation rates have remained stable over the years, averaging 200 calls per period across 2018-19, 2019-20, and 2020-21. In addition, telehealth utilisation continues to be robust and well-used across the HHS, providing critical access to health services, especially in rural and remote areas. This strong uptake of telehealth highlights its importance in maintaining access to care in geographically challenging regions. Additionally, the HHS maintains a bulk billing rate of 79%, further enhancing the accessibility of essential health services for the community.

7.4.2 NDIS participation

In 2021, data shows that the catchment area had 113 participants enrolled in the National Disability Insurance Scheme (NDIS). This highlights the region's utilisation of the NDIS, providing critical support and services to individuals with disabilities, ensuring they have access to necessary resources and opportunities to improve their quality of life. The NDIS plays a vital role in addressing the unique needs of participants within the catchment, offering tailored services and support mechanisms.

7.4.3 Hospital attendance

Hospital Attendance

In 2020/2021, Central West Hospital and Health Service (HHS) saw a clear disparity between the utilisation of public and private hospital services. The relative utilisation (RU) for private hospitals was 53%, indicating significant under-utilisation. With only 884 separations compared to the expected 1,673, this under-utilisation suggests that Central West residents are not using private hospital services as much as expected based on state averages. This could be due to limited availability or accessibility of private healthcare options, or a stronger reliance on public services in the region.

Conversely, public hospitals in Central West were over-utilised, with a 129% RU, reflecting 3,341 separations compared to the expected 2,597. This suggests a heavy reliance on public healthcare facilities, possibly due to better access or fewer private alternatives. The imbalance in service utilisation may strain public hospital resources, creating potential capacity challenges. To address this, it may be beneficial to explore ways to increase engagement with private healthcare services or develop alternative care models to relieve pressure on the public system.

The inpatient service utilisation data for Central West HHS in 2020/2021 reveals stable healthcare demand, across key Service Related Groups (SRGs). High-demand areas such as Cardiology, Gastroenterology, and Orthopaedics reflect the region's prevalent health concerns, including heart disease, digestive issues, and musculoskeletal conditions. Notably, Diagnostic Gastrointestinal Endoscopy services, like Colonoscopy and Gastroscopy, were in high demand, indicating the importance of screening and diagnostics in managing gastrointestinal health. The data highlights the need to maintain and potentially expand these services to keep pace with patient demand.

Mental Health Hospitalisations

Data for 2022-2023 reveals fewer than five admissions for mental health (MH) patients, indicating stable admission rates. The Hospital and Health Service (HHS) typically does not admit mental health or alcohol and other drug (AOD) consumers directly; instead, these individuals are transported to tertiary facilities for inpatient care, highlighting reliance on external services for comprehensive mental health treatment.

Self-Sufficiency Rates and Service Separations

The self-sufficiency rate for admitted patients across various Service Related Group (SRG) classifications is 50.33%, indicating that just over half of patients can access care locally without external providers. Central Queensland contributes an additional 11.13% to this figure, showcasing the region's capacity to address a substantial portion of its healthcare needs internally. These statistics emphasise the critical role of local healthcare services in providing comprehensive care and highlight opportunities to enhance local capabilities and resources to meet population needs.

In terms of patient separations, the HHS recorded 2,796 inpatient separations and 11,848 emergency presentations across its five acute facilities for the 2023-2024 period. Importantly, re-admission rates within

the HHS remain low, with an overall downward trend since 2018-19, further reflecting the effectiveness of local healthcare initiatives.

7.4.4 Emergency department presentations

In the last 12-month period, a total of 11,848 emergency department (ED) presentations were recorded across five acute facilities (Alpha, Barcaldine, Blackall, Longreach, and Winton). Among these, 300 presentations were related to mental health, indicating a notable demand for mental health services within emergency care settings. This highlights the importance of continuing to prioritise mental health resources and support within EDs to manage this specific patient group effectively.

The ED performance in meeting triage targets was commendable, with Category 1 presentations (the most urgent cases) achieving a 100% on-time response rate. Category 2 through Category 5 presentations also demonstrated strong performance, with 94.6% to 99.2% of patients being seen within the recommended timeframes. Notably, Categories 4 and 5 achieved particularly high success rates, with over 97% of patients seen on time. These metrics reflect efficient handling of patient flow and timely responses across various urgency levels.

Regarding inpatient admissions, 2,796 separations were reported, with an average length of stay of 4.6 days. The gender distribution among admitted patients was relatively balanced, with 51.3% female and 48.6% male separations. These statistics suggest a consistent inpatient care performance and balanced utilisation of services by both male and female patients. The overall findings underscore the efficiency of ED operations, while highlighting mental health as a growing area of focus within emergency care.

7.4.5 Oral health presentations

Both Longreach and Barcaldine offer comprehensive dental services, including routine dental check-ups, x-rays, fillings, and extractions for damaged or decayed teeth. Additionally, they provide false teeth (dentures) and professional advice on maintaining oral health, helping patients keep their mouth, teeth, and gums healthy. Emergency dental treatment is also available, ensuring immediate care for urgent dental issues. These services are vital to maintaining overall health and wellbeing within the community.

In the 2023/24 period, the healthcare system in the Central West region recorded 11,401 Weighted Occasions of Service (WOOS), reflecting consistent and comprehensive healthcare provision across the catchment. This high volume of service delivery demonstrates that healthcare facilities are maintaining effective operations in addressing the population's needs.

In dental care, the region is served by two full-time equivalent (FTE) dental officers, representing 0.19 FTE per 1,000 people for a population of 10,700. Despite this limited staffing, the service delivery has been notably efficient. As of July 2024, 96% of adult patients had been waiting less than two years for dental services, surpassing the target of 85%. This indicates exceptional performance in managing wait times and maintaining patient care standards within the dental sector.

Overall, the findings highlight strong efficiency in both general and dental services, with dental care outcomes significantly exceeding expectations despite staffing limitations. The consistent healthcare provision and reduced wait times reflect positively on service management and patient care quality within the region.

7.5 Efficiency and effectiveness of health services

Central West HHS is committed to maintaining the efficiency and effectiveness of its healthcare delivery, especially given the challenges posed by its vast and remote service area. The health service achieves this through a strategic focus on resource optimisation, streamlined operations, and continuous improvement in patient outcomes.

Efficiency Initiatives:

Central West HHS implements several measures to ensure its services are delivered efficiently. By leveraging partnerships with key health organisations such as the Royal Flying Doctor Service (RFDS), Western Queensland Primary Health Network (WQPHN), and North and West Remote Health, the HHS maximises

shared resources and minimises duplication of services. These collaborations enable the health service to provide specialised care without the need for excessive infrastructure expansion. The use of telehealth services further enhances efficiency, allowing patients to receive specialist consultations and follow-up care remotely, reducing unnecessary travel and associated costs.

The Multi-Purpose Health Services (MPHS) model adopted in facilities like Barcaldine, Winton, and Alpha combines hospital and aged care services under one roof, effectively streamlining operations and optimising staffing and resources. This integrated approach allows the service to adapt flexibly to the fluctuating demands of smaller communities, ensuring that both acute care and long-term care needs are met efficiently.

Effectiveness Strategies:

Central West HHS places a strong emphasis on the effectiveness of its care through coordinated outreach services, ensuring that patients receive timely, appropriate care, whether in primary, emergency, or specialised settings. The focus on preventative health and early intervention through community health programs further enhances care effectiveness, addressing health issues before they escalate.

The health service actively monitors performance indicators, including patient outcomes, service accessibility, and wait times, to continuously assess and improve the quality of care. For example, the centralised management of services at Longreach Hospital, the largest facility in the region, ensures that patients have access to essential services like emergency care, maternity, and radiology, while more complex cases are efficiently referred to higher-level care providers through established networks.

Integration and Data-Driven Decision Making:

Central West HHS also enhances effectiveness by integrating data-driven decision-making into its operations. Continuous monitoring of patient care metrics allows the service to make informed decisions about resource allocation, ensuring that services are both effective and aligned with community needs. This approach enables timely responses to emerging healthcare demands and helps in scaling services in a cost-effective manner.

By fostering close coordination between its various health services and partners, Central West HHS successfully balances both efficiency and effectiveness, ensuring that quality healthcare is accessible, sustainable, and tailored to the specific needs of its diverse and geographically dispersed population.

7.6 Coordination and integration of health services

Central West HHS emphasises the coordination and integration of healthcare services across its diverse and remote communities, ensuring seamless and comprehensive care delivery. The health service collaborates closely with key organisations, such as the Royal Flying Doctor Service, Western Queensland Primary Health Network, North and West Remote Health, other Hospital and Health Services, , Queensland Ambulance Service, CheckUp, Health Workforce Queensland, and regional councils. These partnerships enable a well-coordinated approach, providing timely access to a broad range of services across the region.

At the heart of this integrated network is Longreach Hospital, the largest facility in the region, offering inpatient, emergency, maternity, and CT radiology services. Additional inpatient and emergency care services are integrated locally within the communities of Barcaldine, Blackall, Alpha, and Winton, supported by nurse-led primary healthcare centres. Barcaldine, Winton, and Alpha also operate as Multi-Purpose Health Services (MPHS), providing residential aged care services in areas where alternative facilities are unavailable.

Central West HHS facilitates the delivery of coordinated outreach services, including allied health, oral health, mental health, pharmacy, maternal and child health, and medical services, ensuring that residents can access safe, quality care as close to home as possible. General practices owned by Central West HHS in Longreach, Barcaldine, Blackall, and Winton, along with outreach General Practitioner services, enhance access to care in

smaller communities. In more remote areas, the Royal Flying Doctor Service provides essential medical care, supplemented by allied health services from North and West Remote Health.

As the primary healthcare provider in many of the 17 communities it serves, Central West HHS integrates clinic-based ambulance services to ensure a coordinated and effective emergency response. This approach underscores Central West HHS's commitment to providing integrated, reliable, and accessible healthcare across the region.

7.7 After-hours care

The Hospital and Health Service (HHS) provides 24/7 care, ensuring continuous oversight and support every day of the year. This includes an executive on-call service that is available around the clock. HHS's five main facilities are fully staffed at all times, with inpatient wards and emergency departments always prepared to care for admitted patients and handle emergencies.

Beyond these primary facilities, HHS oversees Multi-Purpose Health Services (MPHS) and Primary Healthcare Centres (PHC), both of which offer emergency response services 24 hours a day, seven days a week. This ensures that critical care is always accessible, even in smaller or more remote locations.

To further enhance access to healthcare in remote areas, HHS supports nursing-led ambulance services in several locations. This ensures that even in the most isolated parts of the region, patients have reliable, immediate access to emergency care when needed.

7.8 Primary care

Primary health care plays a pivotal role in delivering comprehensive care across multiple areas, ensuring accessible, high-quality healthcare for communities within the HHS.

1. Primary Health Care: Central to promoting overall health and wellbeing, primary health care services focus on prevention, early intervention, and managing ongoing health conditions. The four general practice clinics managed by Central West HHS serve as the first point of contact for a range of health issues, from routine check-ups to mental health support.
2. Community Health: This service aims to engage the community through health education, preventive programs, and outreach initiatives. Community health teams work closely with individuals and families to manage chronic diseases, improve health literacy, and support healthier lifestyles.
3. Specialist Outpatients: Specialist outpatient services provide critical follow-up and specialist consultations for patients who need ongoing care after an acute hospital stay or are referred for specialised treatment. These services help manage more complex health issues while reducing the need for hospitalisation.
4. Telehealth: Telehealth services are integral in improving access to specialist care in remote and rural areas. By offering consultations and follow-up appointments virtually, telehealth reduces the need for travel and ensures timely access to medical expertise across a wide range of specialties.
5. Primary Healthcare Centres: The HHS operates several Primary Healthcare Centres, providing comprehensive primary care services to rural and remote communities. These centres offer essential health services, including emergency care, chronic disease management, and preventive health programs, bridging gaps in healthcare access.
6. Chronic Disease Management: Chronic disease care is a key focus, particularly given the rising prevalence of conditions such as diabetes and congestive heart failure. The HHS provides integrated care pathways for managing chronic diseases, ensuring that patients receive coordinated and ongoing support through primary care, specialist services, and community health programs.

The HHS strives to ensure primary health services are delivered efficiently, equitably, and in line with the community's needs. The focus on telehealth and community health initiatives continues to improve access,

particularly in rural and remote locations, ensuring comprehensive and connected care for all populations within the HHS.

7.9 Social and community care

At Central West Health, we provide a comprehensive range of social and community care services to meet the diverse needs of our community. This includes 24/7 healthcare at our five primary facilities, where inpatient wards and emergency departments are fully staffed to ensure continuous care for admitted patients and those requiring urgent medical attention. In more remote areas, we offer 24/7 emergency response capabilities, including nursing-led ambulance care, ensuring timely and effective care even in isolated communities.

We also focus on chronic disease management and preventative care, offering programs that help patients manage conditions such as hypertension and asthma. These programs provide education, management plans, and preventive care to improve long-term health outcomes. Additionally, we support aged care services by offering both residential care and in-home support, meeting the needs of older adults in our community.

Mental health and social support are integral to our service offering. We integrate mental health services with social care, providing access to counselling, case management, and specialist referrals. Through community health initiatives, we engage the public with health education, outreach programs, and partnerships with local organisations, ensuring the wellbeing of all age groups. Our holistic approach addresses both social care and healthcare needs, fostering a healthier, more supported community.

7.10 Hospital capacity

The Central West region, with a population of 10,700, maintains 51 overnight hospital beds, translating to 4.77 beds per 1,000 people. This ratio provides a solid bed capacity for the region, ensuring adequate inpatient care resources for the population size. While the bed availability seems sufficient, elective surgery and procedure wait times are key indicators of overall system efficiency.

Elective surgery wait times show moderate performance. Category 1 surgeries have an average wait time of 14 days, while Category 2 and Category 3 surgeries face longer delays, with average waits of 63 days and 154 days, respectively. Additionally, the elective surgery waiting list completion rate is 96%, though there is a discrepancy between Primary Health Network (PHN) data and Health SPR data, indicating possible variations in reporting.

For gastrointestinal endoscopy procedures, performance across elective procedure Categories 4, 5, and 6 is strong, with 87.5% of patients treated on time overall. The average wait times are 30 days for Category 4, 91 days for Category 5, and 162 days for Category 6, with higher categories (5 and 6) achieving 93.9% and 100% on-time treatment, respectively. These findings suggest efficient management of endoscopy procedures, particularly for more complex cases, contributing to improved patient outcomes in elective care.

7.11 Hospital capability

The Central West HHS delivers a comprehensive range of public health services across remote central western Queensland, extending from Tambo in the southeast to Boulia in the northwest. It offers 24-hour accident and emergency care, with emergency responses available around the clock via the Triple Zero (000) system. The service also provides acute inpatient care, pharmacy, physiotherapy, radiology services, and outpatient clinics.

Longreach serves as the hub for the HHSs maternity and visiting surgical services, as well as mental health and community health services. Hospital activities encompass both admitted patient services, for those formally admitted to a hospital bed, and non-admitted patient services, which include outpatient clinics, specialist appointments, allied health services, and certain clinical procedures such as clinical measurements.

Additionally, Central West HHS provides a full spectrum of care, including emergency services, planned surgeries, maternity care, and oral health services.

8 Summary of health and service needs

The Joint Regional Health Needs Assessment has systematically identified and prioritised a range of health and service needs across the Central West HHS region, categorising them from Tier 1 to Tier 3, with Tier 1 representing the highest priority. The needs span multiple critical areas, including in alphabetical order; aging, cancers, child and maternal health, chronic disease management, coordination and integration of care, domestic and family violence, disability services, First Nations health, infrastructure, mental health, oral health, physical activity, preventive healthcare, primary healthcare, respite services, retrieval services, sexual health, specialist care, substance use, suicide prevention, systemic issues, transport, and workforce development.

Enablers for improved healthcare delivery include advancements in information and communication technology (ICT) and increased connectivity and accessibility. The health needs of the population are shaped by a complex interplay of biological, environmental, and social factors. This assessment delves into a broad spectrum of critical health issues, addressing concerns from alcohol and drug use to the specific needs during antenatal and palliative care periods. Chronic diseases, such as diabetes, cardiovascular conditions, and cancers, remain significant drivers of morbidity and mortality, while communicable diseases continue to pose challenges, particularly among vulnerable populations. Mental health and suicide prevention are ongoing priorities that necessitate a holistic approach, integrating both physical and psychological health.

By comprehensively examining these diverse health needs, the assessment provides valuable insights into their impact on communities within the region, laying the groundwork for targeted interventions and improved health outcomes.

Tier	Description	Intended action
1	These needs emerged as top-tier needs following prioritisation.	Ensure these needs are incorporated into relevant workplans for 2025.
2	These needs emerged in-between the top- and bottom-tier needs following prioritisation.	With ongoing advocacy, work to address these needs could be included in relevant workplans within 2-3 years.
3	These needs emerged as the bottom-tier needs following prioritisation.	With ongoing advocacy, work to address these needs could be included in relevant workplans within 4+ years.

Need Area	Health and Service Needs (Central West region)	Tier	Lead Agency	Supporting Agencies
Ageing	• There is an aging population in the Central West Hospital and Health Service (CWHHS) region, which will require the expansion of health and aged care services, with a particular focus on long-term care and chronic disease management.	1	CWHHS NFP/NGO Aged Care Providers Local Government	PHN
	• There is limited availability of aged care facilities available for people in the CWHHS region, particularly home care services.	1	Aged Care Providers NFP/NGO CWHHS Local Government	PHN
Cancers	• People across the CWHHS region require increased access to education and preventive programs targeted to reduce cancer incidence.	3	Responsible Queensland Government Agencies in collaboration with CWHHS	PHN
	• People across the CWHHS region require increased access to all cancer screening and diagnostic services (Bowel, Prostate, Skin, Cervical and Breast).	2	Responsible areas of Queensland Health in collaboration with CWHHS	NFP/NGO
	• People across the CWHHS region require increased awareness of sun-safe practices.	3	Responsible Queensland Government	PHN

Need Area	Health and Service Needs (Central West region)	Tier	Lead Agency	Supporting Agencies
			Agencies NFP/NGO	
Child & maternal health	• Pregnant women and new mothers in the CWHHS region require consistent access to culturally sensitive child and maternal health services in the community, including screening and early intervention services.	3	CWHHS	
	• Families in the CWHHS region require improved access to child development services.	2	CWHHS RFDS	
Chronic disease	• People within the CWHHS region require enhanced access to chronic disease screening, treatment and services, including testing for rheumatic heart disease and acute rheumatic fever.	1	CWHHS RFDS	PHN
Coordination, integration and continuity of care	• People in the CWHHS region require improved access to screening and follow-up care across community, primary, secondary, tertiary, specialist, and allied health services, including oral health care.	1	CWHHS RFDS NFP/NGO	PHN
	• People in the CWHHS region require support to navigate the service system, particularly people with chronic conditions and multiple morbidities.	2	CWHHS PHN NFP/NGO	Local Government
	• Services in the CWHHS region need to improve coordination both within and between service providers to enhance integration and ensure seamless healthcare.	1	CWHHS PHN NFP/NGO	Local Government
Domestic & family violence	• People in the CWHHS region are in need of culturally sensitive 24/7 support for domestic and family violence.	1	Responsible Queensland Government Agencies in collaboration with CWHHS	PHN NFP/NGO
Disability	• There is a lack of disability support services in the CWHHS region, including general supports, allied health services and accommodation services.	1	NFP/NGO	PHN

Need Area	Health and Service Needs (Central West region)	Tier	Lead Agency	Supporting Agencies
			NDIS providers	CWHHS
	• There is a lack of respite services and supports in the CWHHS region, particularly for families of children with disabilities.	1	NFP/NGO NDIS providers	PHN CWHHS
	• There is a lack of support for families in the CWHHS region with children who are neurodivergent.	3	NFP/NGO NDIS providers CWHHS	PHN
	• There is need for enhanced training for practitioners supporting people with disabilities, including assessment training for the NDIS, as well as NDIS and aged care pathways literacy.	3	Commonwealth Programs Responsible Queensland Government Agencies	
	• There is a lack of support for people with disabilities and their families, to navigate the disability service system, including service literacy, navigation support, referral pathways and advocacy.	3	Commonwealth Programs Responsible Queensland Government Agencies	CWHHS
First Nations	• First Nations communities in the CWHHS region require co-designed services to ensure meaningful client engagement and culturally appropriate care.	1	CWHHS	
	• There is a lack of First Nations' culturally appropriate mental health services available in the CWHHS region.	1	CWHHS RFDS NFP/NGO	
	• Enhanced access to primary care for routine health checks among First Nations people in the CWHHS region.	2	CWHHS	PHN

Need Area	Health and Service Needs (Central West region)	Tier	Lead Agency	Supporting Agencies
Infrastructure, facilities & equipment	• There is a lack of accessible advanced imaging facilities in the CWHHS region, particularly in the more remote areas of the region.	3	CWHHS	
Mental Health	• People experiencing acute mental health issues in the CWHHS region require more timely interventions and, in some cases, retrieval services.	3	CWHHS	
	• People experiencing mental illness and psychological distress in the CWHHS region require enhanced and more consistent access to quality community-based mental health support that is tailored to their particular needs, including addressing suicidality and substance use issues.	1	CWHHS NFP/NGO RFDS	PHN
	• Young people experiencing mental illness and/or psychological distress in the CWHHS region require enhanced and more a consistent access to targeted prevention and early intervention services.	1	CWHHS Children's Health Qld HHS Child Youth and Mental Health Service (CYMHS) NFP/NGO RFDS	PHN
	• Communities within the CWHHS region require reduced waiting times for mental health services to improve access and outcomes.	1	CWHHS NFP/NGO RFDS	
	• Services in the CWHHS region need to collaboratively develop community wellbeing and resilience measures to support monitoring the mental health of the respective communities.	1	PHN CWHHS NFP/NGO Local Government	

Need Area	Health and Service Needs (Central West region)	Tier	Lead Agency	Supporting Agencies
Oral health	• People in the CWHHS region have limited access to oral health services, resulting in potentially preventable oral health conditions.	2	CWHHS RFDS	
Physical activity	• There is a need for increased access to physical activity programs / facilities in the CWHHS region.	3	Local Government Responsible Queensland Government Agencies	
Preventive healthcare	• There is continued need for place-based preventive health initiatives that build and leverage community interest, such as improved diet and exercise programs, smoking cessation, reduced alcohol intake.	2	PHN CWHHS NFP/NGO Local Government Responsible Queensland Government Agencies	
Primary care	• Young families in the CWHHS region need enhanced access to comprehensive primary health care to support optimal health outcomes for children.	1	CWHHS RFDS	PHN
	• There is a lack of after-hours GP services in the CWHHS region which contributes to high rates of low urgency ED presentations.	3	CWHHS	PHN
Respite	• There is a lack of respite services and supports in the CWHHS region, particularly for people with dementia.	2	Aged-care Providers NFP/NGO CWHHS	PHN

Need Area	Health and Service Needs (Central West region)	Tier	Lead Agency	Supporting Agencies
Retrieval services	• People in the CWHHS region receiving care out of catchment require greater flexibility in offered services to optimise health outcomes following treatment.	2	CWHHS	
Sexual health	• People in the CWHHS region require increased access to sexual health screening, testing, and treatment services at the community level (in community).	3	CWHHS Responsible Queensland Health areas	
Specialist care	• People in the CWHHS region require improved access to specialist services to increase diagnosis, treatment and ongoing management of health concerns.	3	CWHHS	Partner HHSs such as CQ, MN and MS
Substance use	• People within the CWHHS region have a higher rate of alcohol consumption when compared with the State average, suggesting the need for alcohol harm reduction strategies.	2	Responsible Queensland Government agencies in collaboration with CWHHS	PHN
	• There is need for increased awareness of the harms associated with substance misuse for people in the CWHHS region, including the association with domestic and family violence.	1	Responsible Queensland Government agencies in collaboration with CWHHS	PHN
	• People experiencing substance use issues in the CWHHS region require increased access to support, detox and rehabilitation services.	3	CWHHS NFP/NGO	PHN
	• There is a lack of community-based substance use support services for people experiencing substance use issues in the CWHHS region.	1	NFP/NGO CWHHS	PHN

Need Area	Health and Service Needs (Central West region)	Tier	Lead Agency	Supporting Agencies
Suicide prevention	• The CWHHS region requires enhanced mental health resources, community awareness programs, crisis intervention services, youth engagement initiatives and collaboration with local organisations to address high suicide rates compared to the state average.	1	Responsible Queensland Government agencies in collaboration with CWHHS NFP/NGO	PHN
System issues	• Current restrictions on MBS billing for nurse practitioners (and inability to recruit to positions) limits the ability to utilise an effective and available workforce in regional communities within the CWHHS region.	1	Commonwealth programs CWHHS	PHN
Transport	• People in the CWHHS region require transport and accommodation support to facilitate access to necessary health services in other locations	1	NFP/NGO Local Government CWHHS	
Workforce	• There are significant challenges in recruiting and retaining qualified medical, nursing, Aboriginal and Torres Strait Islander Health Workers, and allied health professionals in the CWHHS region.	1	CWHHS	
	• The CWHHS region requires increased representation of First Nations' peoples within its health workforce to better meet community needs.	1	CWHHS	