HUGHENDEN
OUTBACK TOWN, ENDLESS HORIZONS

JCU | JAMES COOK UNIVERSITY AUSTRALIA

Hughenden Place-Based Health Plan

MAY 2024

DEVELOPED AS PART OF THE

INTEGRATING HEALTH CARE PLANNING FOR HEALTH AND PROSPERITY IN NORTH QUEENSLAND PROJECT

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ABBREVIATIONS

CWA	Country Women's Association
DON	Director of Nursing
DV	Domestic violence
FSC	Flinders Shire Council
FSS	Family Support Service
HHS	Hospital and Health Service
iEMR	Integrated Electronic Medical Records
LGA	Local Government Area
MPHS	Multi-Purpose Health Service
NDIS	National Disability Insurance Scheme
NQPHN	North Queensland Primary Health Network
NWICC	North West Indigenous Community Centre
NUM	Nurse Unit Manager
QAS	Queensland Ambulance Service
TAIHS	Townsville Aboriginal and Islander Health Service
THHS	Townsville Hospital and Health Service
UCC	Uniting Community Care

CONTENTS

EXECUTIVE SUMMARY

The Integrating Health Care Planning for Health and Prosperity in North Queensland (or place-based planning) project was conducted in three communities – one of which was Hughenden. It aimed to improve the responsiveness of health services to the health needs of communities using a place-based planning approach.

Consultation was undertaken with Mayor Jane McNamara and the Community Advisory Network (CAN) to determine interest in participating in the project. Prior to commencing the co-design process, a local Project Support Officer was recruited to help coordinate activities and engage and communicate with the local community. The Hughenden CAN agreed to be the local reference group for the project and provide local contextual support and guidance.

Through a desktop exercise a community profile was compiled for Hughenden and the Flinders Shire and included information on demographics, health behaviours and health status. Service mapping identified local and visiting providers and the services they offered. Co-design methods were used to facilitate the place-based approach. The co-design process involved four steps, carried out via workshops, and small group and individual meetings. Workshops were held in community and online. This stepped approach aimed to maximise participation.

Co-design activities involved community members, service providers, managers, and other key stakeholders. The steps in the co-design process covered the following topics:

1. What is important to community (essential basket of services)? Understanding key health concerns. Strengths, weaknesses and gaps of health service delivery.
2. Exploring gaps and barriers and discussing actions and solutions, including new or modified models of care. Prioritising areas for early action.
3. Exploring areas for early action to assess workforce and training, skills, resources, funding requirements.
4. Finalising an action plan and discussing measures for success.

This action research methodology involved key stakeholders and community in each stage of planning and actively involved in decision making. A total of 49 individuals participated in parts of the process. A summary of discussions in each step of the process was compiled and sent to participants for review prior to the next step commencing.

Participants recognised there were many strengths to living in Hughenden including it being a connected, safe, resilient community. There was access to health services available locally in town and residents had access to other services when required including specialists using the patient travel subsidy scheme and telehealth. In addition, there was a variety of visiting services and local clubs / groups and activities.

Five priority groups were identified. These were the ageing population; mums, bubs and child health; Aboriginal and Torres Strait Islander health; transient and emerging populations; and men's health. The current and future health concerns were chronic disease; mental health; lifestyle diseases; domestic violence, disability, and dental care. In addition, several themes emerged that impacted upon accessibility and provision of health care services. Themes included health literacy, limitations in community awareness of services of what they provide, eligibility criteria restricting access, costs, staff recruitment and retention

issues, dis-integrated systems, and inadequate or inappropriate infrastructure such as no health hub, or community hub, public transport and limited housing.

Participants valued access to primary care services locally and had realistic expectations. During the time of the project the resident GP resigned and there was much discussion about the need to recruit permanent medical staff to be servicing the local community. The MPHS was seen as a vital local service. Participants had observed a decline in type of services provided locally and changes in the local population. While aged care was a current priority area, economic initiatives driving population growth and bringing in workers and their families meant that other priority groups were emerging within the community. It was felt services at the MPHS needed to be strengthened and flexible to the changing needs. For example, an increase in paediatric services with the baby boom and flexibility in staffing profiles to be able to respond to increasing demand such as during tourist season. The Copperstring 2032 initiative bringing around 400 workers into the community is also likely to have significant impact on health care services.

Throughout the co-design process themes emerged from the discussions. These were prioritised and related issues explored in more depth. Table 1 outlines key proposed actions to improve health care and health service delivery in Hughenden.

Further prioritisation was undertaken to determine small feasible actions that could be addressed within the timeframe of this project. Implementation of these actions is being led by the local Project Support Officer.

This plan documents findings of the place-based health planning process. The plan contains important information about health and service needs for the Hughenden and Flinders Shire community as expressed through extensive community engagement and as indicated through local level data (where available). The plan may support further advocacy efforts by local community groups and individuals to obtain funding and resources to further improve health service delivery in Hughenden. It will also be useful for external organisations seeking to understand the local health and health service context.

Table 1. Key proposed actions to improve Hughenden health services delivery.

Health system focused actions
• Health Promotion Officer to facilitate health promotion and preventive care • Advertise vacant positions and keep open until filled • Facilitate flexibility in staffing FTE and skills sets to meet demand and changing needs • Introduce nurse practitioner role to coordinate care with internal and external providers, and discharge planning • Introduce Nurse Unit Manager role to facilitate rostering, education and support the Director of Nursing • Secure more regular and comprehensive dental services • Community Advisory Network to facilitate service networking and information sharing • Integrate electronic medical records to facilitate information sharing; use of 'Health Provider Portal' • Patient Travel Subsidy Scheme tailored to meet needs of patients and more fit–for-purpose considering patients' illnesses and home location • Advocate for fit-for-purpose health facilities and hub for visiting services
Community focused actions
• Empower community through improved health literacy, support for aged and Aboriginal and Torres Strait Islander families • Establish community hub or neighbourhood centre, provide space for visiting social services • Community Advisory Network to facilitate community input and feedback • Encourage participation in health promotion, healthy lifestyles, disease prevention and self-management • Promote confidentiality especially around accessing support for mental health and domestic violence issues • Fundraising to support purchase of small items required by Hughenden Multi-Purpose Health Service (Auxiliary and Giving Day) • Establish network of first responders for first aid • Community Champions to promote services available • Community Advisory Network, Chamber of Commerce and Flinders Shire Council have advocacy role for community • Advocate for public transport provider • Advocate for improved tele-communications services • Support community members to access NDIS • Increase social and emergency housing options

1. BACKGROUND

The three-year *Integrating Health Care Planning for Health and Prosperity in North Queensland Project* (or place-based planning project) aims to improve the responsiveness of health services to the health needs of communities in the Northern Queensland region using a place-based planning approach. Place-based planning adopts a holistic approach and facilitates "a locally grounded approach to generate locally relevant solutions."(1, 2)

This project empowers local community stakeholders to participate in health care planning that aims to meet the needs of their own community. Overall, the project is expected to deliver benefits and positive impacts to individuals and communities, in terms of improved health care and wellbeing. Additionally, health services may also benefit as a direct result of the project activities through more efficient, re-designed health care delivery.

Funding has been received from the Cooperative Research Centre for Developing Northern Australia Ltd (CRCNA), which is part of the Australian Government's Cooperative Research Centre Program (CRCP), with a financial contribution from the Tropical Australian Academic Health Centre (TAAHC), and in-kind contributions from project partners.

The project has two distinct phases. Phase 1 involved the synthesis and spatial mapping of existing, publicly available data to create the *Northern Queensland Health Atlas*.(3) The Atlas is an online, interactive map which visually displays population and health data, health services available and workforce information. Various indicators can be selected and overlayed to visualise, and facilitate consideration of, unmet need or gaps in services or workforce.

A gap analysis was undertaken to facilitate a broad understanding of unmet health need in the project region. It took a pragmatic approach drawing on key principles of health care equity to develop a composite Index of Unmet Need.(4) The Index included indicators of known determinants of health, current and projected health need, service need, workforce and geographic access.

The Atlas and Gap Analysis were used to guide consultation with project stakeholder groups including hospital and health services (HHS) representatives in the prioritisation of communities across the region to potentially engage in place-based health planning processes in phase two of the project. Following further consultation with local community and health representatives, three communities were confirmed for phase two of the project – Clermont, Hughenden and Kowanyama.

In phase two, place-based health planning involved conducting a series of co-design activities with a view to improving the responsiveness of health services to the health needs within each community. Prior to commencement a local reference group was sought to oversee and guide the project and a local Project Support Officer recruited to engage with the community and facilitate local activities. Through the co-design process a plan was devised and actions prioritised for implementation and evaluation. Whilst only a small number of actions were able to be feasibly addressed in this project, this report documents all discussions had through the co-design process and may provide guidance to the Hughenden Community Advisory Network (CAN), the local community and other key stakeholder groups as they advocate and plan for further improvements in health service delivery. This plan will be made publicly available and ultimately owned by the Hughenden community.

Hughenden

Hughenden is in the Flinders Shire Local Government Area (LGA) in north western Queensland. It is a remote community (Australian Statistical Geography Standard Remoteness Area 5 and Modified Monash Model Category 7). Hughenden is the main population centre located about four hours' drive west of Townsville and about 6.5 hours' drive east of Mount Isa. A factor in the prioritisation of the Hughenden community was no permanent GP working in the community at the time of consultation.

2. METHODS

Prior to commencement consultation was undertaken with Mayor Jane McNamara and the Hughenden Community Advisory Network (CAN) to determine local interest in participating in the project. Following a presentation to the CAN by the JCU team, support was given for the project to go ahead. The CAN members agreed to undertake the role of the local reference group for the duration to provide oversight, monitor progress and guide the project. The CAN has broad membership including local and visiting health service providers and community members. Project progress reports were presented monthly to the CAN.

A local project support officer, Mim Crase was employed on the project from August 2022 to June 2024. The project support officer led community engagement, assisted with coordination and facilitation of the co-design workshops, implemented and evaluated project actions and communicated progress. The project support officer's role as the current President of the CAN and expertise in the local environment and culture enhanced the research team's understanding of context and facilitated a crucial link between the team and the community.

Initially a desktop exercise was undertaken to compile a community profile for Hughenden and the Flinders Shire.(5) Information on demographics, health behaviours, health status were collated. In addition, a service mapping exercise was undertaken to determine local and visiting providers and the services they offered the local community. Some service utilisation data was able to be accessed for the Hughenden Multi-Purpose Health Service (MPHS) at an aggregated level to ensure individuals were not able to be identified. Further details about local and visiting services were compiled into the Hughenden Health and Community Services Directory.(6) This report should be read in conjunction with these documents.

The project used a co-design approach to place-based health planning. Co-design methods are becoming more common in health services planning and were used to discuss needs and identify and prioritise areas for action to improve health and health services in the local community. This was an action research methodology involving key stakeholders and community in each stage of planning and actively involved in decision making. The co-design process involved four steps, carried out via workshops, and small group and individual meetings. The co-design workshops were held in community and online and involved community members, service providers, managers and other key stakeholders to identify issues and explore solutions. The steps in the co-design process can be summarised as follows:

Each step of the co-design process was conducted as follows.

Step	Delivery modes	Number of participants
Step 1 9-10 November 2022 20 Feb 2023	2 face to face workshops in Hughenden and separate interviews held locally and by zoom.	30
Step 2 1-3 March 2023	3 workshops (2 face to face workshops in Hughenden and 1 online workshop) and separate interviews held.	14
Step 3 22-23 March 2023	3 workshops (2 face to face workshops in Hughenden and 1 online workshop) and separate interviews held.	14
Step 4 12-14, 21 April 2023	3 workshops (2 face to face workshops in Hughenden and 1 online workshop).	13

A total of 49 individuals participated in some part of the codesign process with a small number participating in several components. As well as community members, the following organisations were represented:

- Chamber of Commerce
- Community Advisory Network
- Country Women's Association
- Flinders Shire Council
- Hughenden Doctors Surgery
- Hughenden MPHS and Auxiliary
- North West Indigenous Community Centre
- Local Schools
- Queensland Ambulance Service
- Townsville Hospital and Health Service (regional representatives)
- Rural Health Management Services
- Local and visiting community and allied health services
    - Bodyfix
    - Independent Advocacy Inc
    - Mercy Community Services
    - Prospect Community Services
    - Returned and Services League Australia (RSL)
    - Selectability
    - Vinnies
    - Uniting Care Community
    - Yumba Community Co-operative Society

Following each step a summary of discussions was compiled and emailed to participants for verification. The summary was also posted on the project website and the local Project Support Officer delivered hard copies to some participants. At the begininng of the following workshop a summary of the results from the previous step was presented back to those present and any edits/corrections made. Each step flowed on from the previous.

From the series of co-design discussions, priority population groups and current and future health concerns were identified, as well as barriers to accessing care and gaps in health services. Actions to address these

topics were explored and for prioritised actions an assessment of resourcing and measures of success. More detail is provided on each topic below.

Governance

The research aspects of the project have been approved by the Townsville Hospital and Health Service Human Research Ethics Committee (HREC/2022/QTHS/85847) and acknowledged by the James Cook University HREC (H8841). Governance authorisation has also been obtained from the Townsville Hospital and Health Service (SSA/QTHS/85847).

Actions identified with ** have been prioritised for implementation as part of the project.
See section 4 for the summary.

3. RESULTS AND DISCUSSIONS

3.1 Health system context

Hughenden is located within the Townsville Hospital and Health Services (THHS) district (Figure 1). The Hughenden MPHS is located on Richmond Hill Road approximately 1.5km from the centre of town (post office). The facility provides 24-hour emergency care and general medical care. It has six long-stay nursing home beds and one palliative care bed. Long term residents observed decreased access to services locally over the years. Through the co-design process participants noted previous Directors of Nursing had actively tried to discourage local treatment and preferred to transfer patients to Townsville. In addition, the Flying Doctor no longer serviced the community to provide services such as minor surgery.

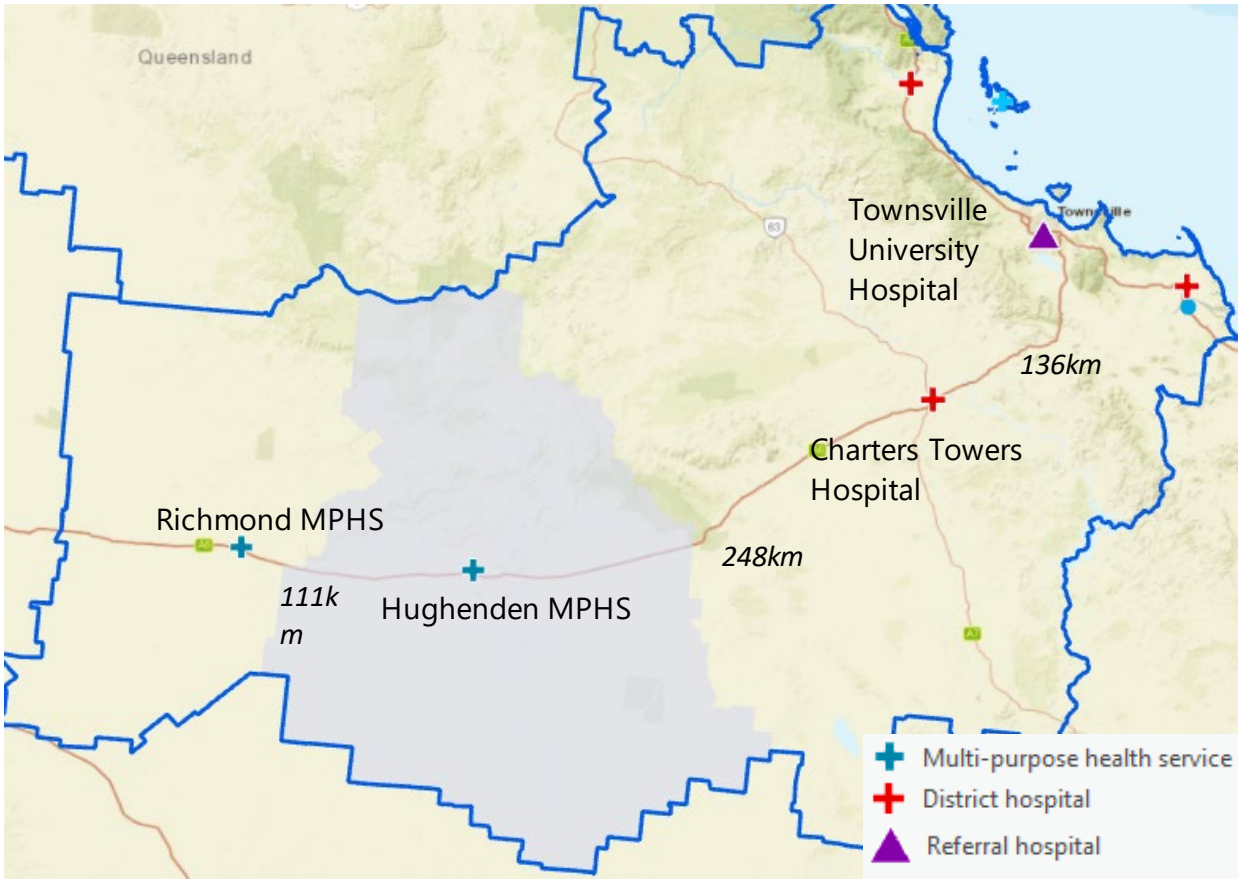


Figure 1. Location of Hughenden MPHS in THHS catchment (Flinders LGA shaded).

At the commencement of the project there was a private general practice. The Medical Superintendent with Right to Private Practice (MSRPP) was the model of care had been used in Hughenden for some years. However, the community had struggled to retain general practitioners recruited under this model since a long-term GP retired in 2013. A following the recent loss of a private general practitioner (GP) who was also the medical superintendent at the Hughenden MPHS, locums were being used to fill the medical positions.

In addition to the Hughenden Multi-Purpose Health Service and GP Surgery there is a locally owned pharmacy, and the Flinders Shire Council provides aged care services through their Community Care Program. Nearly all other health care providers are visiting services. The current model of health service delivery for the Hughenden community is outlined in Figure 2.

The CAN provided an opportunity for local and visiting service providers to meet and information to be shared monthly. Service attendance varies between meetings. Some community members participate also.

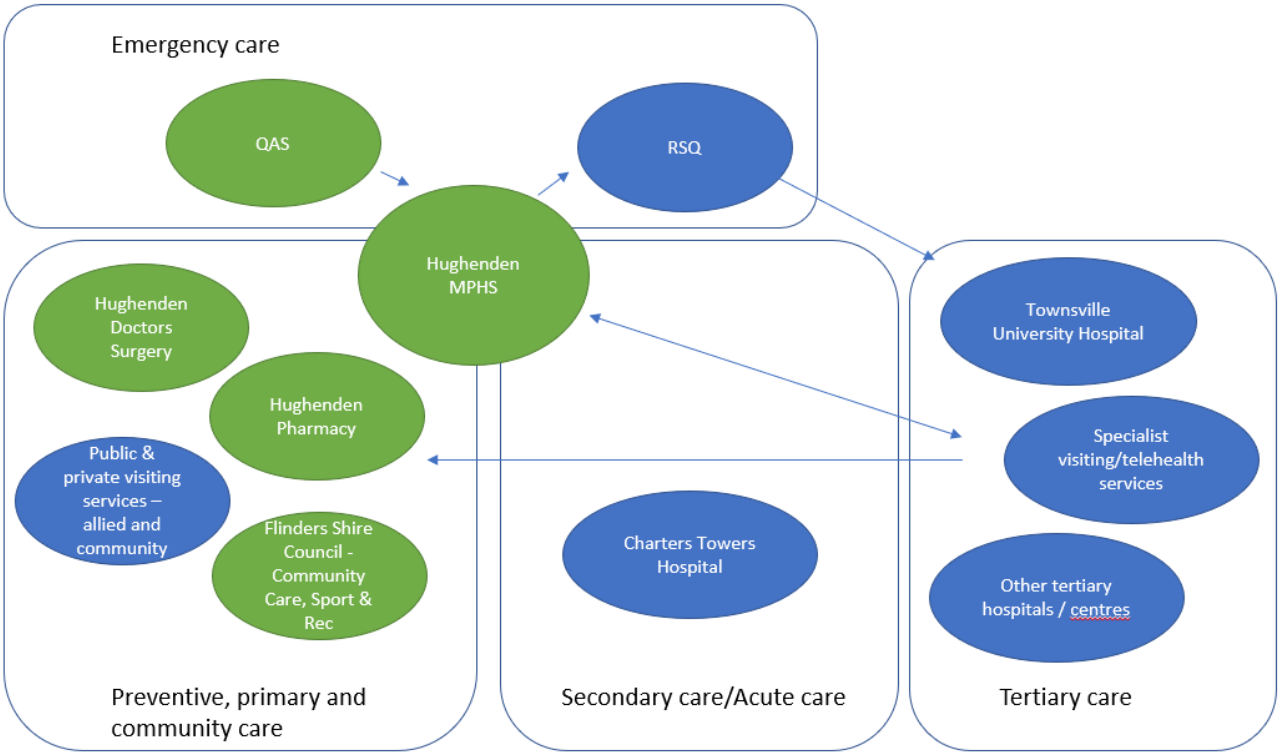


Figure 2. Current model of health service delivery in Hughenden.

Emergency Services are provided to the Hughenden community and throughout the Flinders Shire by the following organisations:

- Qld Ambulance Service (QAS)
- Qld Fire & Emergency Services (QFES)
- Qld Police Service (QPS)
- Hughenden MPHS
- Retrieval Services Qld (RFDS / RACQ Life Flight)

Front line emergency health care is provided by the QAS and MPHS, however other local emergency services personnel were called for back-up if required. Patients were often transported to the MPHS for treatment, however sometimes the RFDS or RACQ Life Flight were called in to transport patients directly to tertiary facilities.

A service mapping exercise was undertaken in the early stages of the project Tables 2 and 3 provide an overview of other local and visiting organisations providing health care and community services for residents by the type of services available. Some visiting services were located at the MPHS, whilst others operated out of other local venues or brought their own vans.

Table 2. Current health and health-related services (updated November 2023).

Service Name (primary location)	Acute Health	Health - Primary	Health - Secondary care	Health – Tertiary/specialist	Allied - Chiropractic	Allied - Dental	Allied – Diabetes Educator	Allied - Dietetics	Allied – Exercise Physiologist	Allied – Hearing/Ears	Allied - Mental Health	Allied – Occupational Therapy	Allied – Optometry/Eyes	Allied – Pharmacist / Medications	Allied - Physiotherapy	Allied - Podiatry	Allied Speech Pathology	Aged Care - Accommodation	Aged Care - Respite	Community Svs – Aged	Community Svs - Children	Community Svs - Youth	Community Svs – Women' s	Community Svs – Men' s	AOD Support	Cardiac Services	Health promotion / preventive	Indigenous Health	Palliative Care	Sexual Health	Skin Health
HUGHENDEN-BASED SERVICES																															
FSC Community Care (HCA/homes)																		H	H	H		H					H				
Hughenden GP Surgery (Brodie St)		H																													
Hughenden MPHS (Richmond Hill Road)	H	H	H	VT[1]		V	V				V	V	V	H[2]	V		V	H		V	V	V	V					H	T	V	
Hughenden Pharmacy (Brodie St)		H												H																	
VISITING HEALTH SERVICES																															
BodyFix (MPS and Catholic Hall)									V						V																
Clarity Hearing Solutions (MPHS)										V																					
DAWN Services (Community Care Nurse) FSC																				V											
Flying Skin Doctor (Diggers Hall)																															V
Hearing Australia										V																					
Heart of Australia (Van on Brodie St)																									V						
Hodgson Optical (MPHS)													V																		
Lives Lived Well (telehealth)																								T							
North West Remote Health (MPHS)							V	V	V		V	V			V																
O'Brien Chiropractic (own building)					V																										
Outback Futures (FSC and schools)											V																				
Project Outback Dental (own van)						V																									
TRACC Tackling Regional Adversity Connected Communities (library/other)											V																				
RFDS Mental health											T																				
selectability (Home or other)											V																				
TAIHS Integrated Team Care #																															
Talk HQ (library and schools)																	V														
Towers Podiatry (CWA Hall)																V															
THHS – TUH / Specialists visiting/telehealth (MPHS)			O	VT[1]																											
Tropic Kids Physiotherapy															V																
True Relationships & Reproductive Health (MPHS)																							V	V						V	

H=Hughenden-based; V=Visiting; T=Telehealth; O=Other location;

1 Specialist visiting clinic – paediatrics. Specialist telehealth clinics include geriatrician and oncology. Other appointments by telehealth on an ad hoc basis.

2 Limited service

Funded but not currently operating.

Table 3. Current community and support services (updated November 2023).

SERVICE	Advocacy	Charity clothing	Disability Care plans	Domestic Violence Support	Emergency Relief	Employment	Family Support	Financial assistance/Counselling	Housing Homelessness Support	Indigenous Services	Information/Referral	Legal Services	Support services	Virtual capabilities	Youth support
Aged and Disability Advocates (ADA) Australia	V														
Carer's Gateway (NWRH)													V		
Centrelink Community Support Services (Services Aust)				H	H	H	H	H	H		H				
Country Women's Association													H		
Flinders Shire Council – Library Services											H			H	
Health Collective Group			V												
Independent Advocacy NQ	V														
Mercy Community			T												
National Disability Insurance Scheme (NDIS)– Mount Isa Office			V												
North West Indigenous Community Centre										H	H			*	*
Prospect Community Services			V	V	V		V	V	V						V
Qld Indigenous Family Violence Legal Service - QIFVLS												V			
Rainbow Gateway						H				H					
Rural Financial Counselling Service								V							
TAIHS Family Wellbeing Service							V								
Uniting Care - NQ Rural Family Support							V		V	V					
Vinnies - St Vincent de Paul		H			H										
Yumba Community Co-op Society									H	H					

* planned service

3.2 Current options for health care

Through the co-design process participants were asked where they sought health care services and what services they were aware of within the community. Participants identified all of the local options for health care and were quite aware of the services they provided. However, there was much variation in the awareness levels of visiting services. The services identified through the co-design included:

Established local services

- **Hughenden Multi-Purpose Health Service** - acute care, aged care and palliative care beds, community services.
- **Hughenden Doctors Surgery** first point of call for primary health care needs.
- **QAS** service - one officer covering a large area.
- **Flinders Shire Council -** Community care programs and aged care accommodation.
- **Hughenden Pharmacy -** over the counter and prescription medications.

Visiting services

- RSQ/RFDS facilitates emergency retrievals.
- Public / private visiting services including Heart of Australia vehicle, BreastScreen, physiotherapists, chiropractor, Some public dental services (speciifc eligibility criteria), optometrists, reproductive health, psychologists, speech therapist, occupational therapist, physiotherapist and exercise therapist.
- **Organisaions** such as BodyFix from Charters Towers. Alliance rehabilitation. North West Remote Health, AOD services from Lives Lived Well, private dental and skin checks.

Virtual services accessed locally

- Telehealth has become more prevalent which fills gaps.

Access to services elsewhere

- Some residents travel for services that can't be accessed locally:
  Richmond 111kms,
  Charters Towers 248kms
  Townsville 384kms,
  Longreach 327kms.

3.3 Essential services and principles for service delivery

Discussions in step one of the co-design process focused on determining what was important to the local community in relation to health care. This helped form a picture of what services were essential and principles for service delivery. These are outlined in Box 1.

Box 1. Essential services and principles for service delivery

- People of Hughenden community matter as much as those living in bigger cities
- Having a general sense of good well-being, feeling safe and helping each other when we can
- Access to services locally, e.g. local doctor and medicines
- Access to after-hours health services
- Access to specialists
- Access to local public transport and support through the patient transport subsidy scheme for people requiring travel to regional centres
- Services need to be flexible to adapt to changing broader community needs and demand due to increasing population
- Preventive health – keeping people active and healthy affordable food options
- Ageing population needs – being able to stay in own home for as long as possible, and when it comes time to go into care this can be done in the community, not to go away to an unknown place – support for independent living, intermediate care places, high care, dementia care, palliative care and respite support for carers
- Care is appropriate to local Aboriginal and Torres Strait Islander people, new/transient multicultural workers and visitors/tourists (including the influx of 'grey nomads' in the cooler months)
- Trust in service providers, and a shared understanding of what services are available and how they can be accessed

3.4 Community strengths

Participants in the first step of the co-design process identified many strengths in the local community. The following poster summarises the key aspects.

3.5 Priority population groups

Through the co-design process participants identified the current and emerging priority population groups in the local community. The priority groups were:

Ageing population	Mums and bubs / Child Health	Transient and emerging populations	Indigenous health	Men's health especially farmers

This section outlines the issues and proposed actions in each of these areas. Some topics were covered in depth whilst some were covered more superficially depending on participants in each workshop.

Ageing population

Community views

The ageing population was the biggest concern for participants in the co-design workshops. Participants noted several issues affecting the local population as they aged. Mobility, trip hazards and falls, farmers especially males still working on stations/farms and dementia were key health concerns. Within town, slippery footpaths and steps up into shops were key concerns. At home, steps and mats were the cause of some falls. Falls risk assessments were available for eligible clients and undertaken through the Flinders Shire Council Community Care. Education and support were also provided.

Community reported there are no facilities for people experiencing dementia and family members need to stay with patients in hospital or care for them at home. Participants noted the importance of completing an Advanced Health Directive before health declines, to appoint an *attorney* (a trusted person) to make decisions about health care on your behalf.

While independent living units are available through the Flinders Shire Council, issues were raised about facilities in some units at the Hughenden Centre for the Aged. Bar fridges were too low for some residents and only some units had cooking facilities. A communal kitchen was part of the complex, but residents are not permitted to use it. In addition, it was reported that previously there was an on-site caretaker who supported residents and was living in a cottage co-located with the units. However, there is currently no-one in this role since the previous caretaker left.

Coupled with insufficient intermediate and high care options, and families not always living locally, care was challenging. The community felt there was some palliative care available for those at end of life, but this could be improved. It was felt the MPHS nursing staff needed further training in this area to better understand the needs of palliative care patients and their families. A social worker was also needed to provide support to patients and their families. It was reported there was a position for a social worker in Charters Towers that visited community, however it had been vacant for some time. Participants also wanted the MPHS to have bed flexibility to accommodate needs (increase from one palliative care bed when necessary). Some community people were participating in the Compassionate Communities initiative. Specialist palliative rural telehealth service (SPARTA) provides support to staff via a 24/7 telephone service.(7) Whilst palliative care was discussed in the context of aged care, it is important to note that some patients may be younger people and children.

A major issue was lack of support for ageing people trying to access aged care services or funding, or to make applications to nursing homes. A coordinator was required to support patients/clients to access funding and care and navigate systems. This issue is being addressed through the new My Care Finder service, funded by the NQPHN and being implemented by the Flinders Shire Council from July 2023.

A small number of participants mentioned Carer's Gateway was available for support however there were many who had not heard of the service. Those who had accessed carer's gateway said there were delays with assessments and support and respite was limited.

Initially it was reported there was no geriatrician currently managing the plans for the long term aged care residents of the MPHS. However, a THHS representative reported quarterly support from a geriatrician had been secured, with a visit to community once a year to review aged care plans with the MPHS aged care residents and telehealth appointments in between.

Supporting data
The total number of older adults in Flinders Shire over the age of 65 years has steadily increased since 2006, now making up 22.3% of the population.(5) This is up from 17.6% in 2016. Based on forecast population figures, there will be an increase in dependency ratio (working population to population aged over 65 years) from 39% in 2021 to 61% in 2041. Healthy ageing was one of six priorities identified by the THHS through their local area needs assessment in 2022.(8)

Current service providers:
- Flinders Shire Council
    - Community Care Commonwealth Home Support Program
    - Home Care Packages
    - Community Transport
    - Care Finder Service (new)
    - Hughenden Centre for the Aged (accommodation 12 units)
    - Hammond Court (accommodation six units)
    - Committee for Dementia Friendly Communities (via Chamber of Commerce)
- Hughenden Multi-Purpose Health Service (six aged care beds and one palliative care bed)
- GP Surgery
- Carer's Gateway – visiting

Advocacy agencies:
- Aged and Disability Advocates (ADA) Australia

Issues:
- No local social worker to provide support to patients and their families (visiting position from Charters Towers currently vacant)
- Mobility was a concern in addition to trip hazards and falls at home and when in town
- Limited appropriate facilities for dementia patients meant they had to be cared for at home
- Limited support for carers and no respite care
- Limited independent living options, few intermediate or high care options
- Limitations in aged care home packages
- Limited palliative care beds at the MPHS
- Some nurses not understanding the needs of palliative care patients and their families
- Telehealth and IT accessibility problematic for aged residents who can't see or hear well enough
- Currently no geriatrician within the HHS to oversee aged care plans
- No local dementia safe facilities
- No on-site caretaker for independent living units (HCA)

Proposed actions:
- Raise awareness of carers gateway and encourage families to access this service for support
- Secure social work services (recruit to vacant position based in Charters Towers) whilst continuing to use services in the Charters Towers HUB
- FSC to continue to conduct home falls risk assessments and provide education
- Continue dementia friendly communities program
- Raise awareness of Advanced Health Directives
- Involve nurses or have support person present with aged people who need to participate in telehealth consultations. Some appointments require a nurse present as per the appointment checklist

- Business case for MPHS to have flexibility for more palliative care beds when required
- Specialist palliative rural telehealth service (SPARTA) to continue to provide support to staff (7)
- Palliative care training for nurses provided locally
- Supporting palliative care patients and their families by continuing the compassionate communities initiative
- Seek funding to purchase of full-size fridges and cooking facilities, or alternatively, provide access to the communal kitchen (HCA units)
- Recruit on-site caretaker (HCA units)
- Advocate for funding to build more independent living units
- Advocate for funding to build an intermediate and high care facility – privately run facility and/or provide input QH facility redevelopment to ensure meets local needs e.g. dementia safe wing

Mums, bubs and child health

Community views

Several participants confirmed Hughenden was going through a 'baby boom'. It was mentioned that the local kindergarten and early childcare centre was at capacity. This boom is reportedly continuing with several pregnant women living in town. Whilst most antenatal and post-natal care was provided locally, birthing required relocation to Townsville approximately four to six weeks prior to the anticipated due date. This sometimes resulted emotional and mental health issues for pregnant women, being displaced from family and community support networks, and having financial implications. Unless a medical officer with qualifications and an interest in practicing obstetrics is recruited to Hughenden it is very unlikely these processes will change. Insurance costs were thought to be a barrier.

Breakfast programs were available in some schools and Hughenden was believed to be a safe community for kids.

It was identified that additional support was required to identify developmental delays early and facilitate access to support services.

Supporting data

Whilst the Hughenden population had been declining, over the last couple of years births to Hughenden residents have increased significantly. There were 33 births in 2021, up from a five year average of 20 births per year. (5). In addition, new industries and economic developments such as the renewable energy farms, have brought families to town resulting in a resurgence of babies and children. There were increasing numbers of patients up to 18 years presenting to the MPHS. In 2022, children aged up to 5 years made more attendances at the MPHS than for any other age group.(5) *Women, children and young people* was one of six priorities identified by the THHS through their local area needs assessment in 2022.(8)

The majority of school aged children are enrolled at Hughenden State School which provides education from Prep to Year 12. At 30/08/2023, there were approximately 72 primary students and 51 secondary students. Three other schools provide primary education to Year 6, St Francis Catholic School (46 students) also located in Hughenden and two schools (Cameron Downs State School – 11 students; and Prairie State School – 5 students) serving students in the outer communities within the Flinders Shire.(5) Hughenden Kindergarten and Early Childhood Centre provides a kindergarten program, long day care and a before-and-after-school program.

Just over half of children beginning Year 1 are developmentally on track. In 2021, at least 65% of children assessed for development in the domains of health and wellbeing, social competence, emotional maturity, language and cognitive skills, and community skills and general knowledge were reported to be on track. A quarter of children assessed were reportedly developmentally vulnerable in two or more domains (n=5).

Current service providers:

- GP Surgery
- Hughenden Multi-Purpose Health Service (antenatal / postnatal clinic; child health clinic)
- Child development service outreach – visiting
- School-based youth health nurse – visiting
- School oral health service – visiting
- School-based social worker (Dept of Education) – visiting
- Paediatrician – visiting
- Speech pathology service for children – Talk HQ – visiting

Issues:
- Birthing requires lengthy stay in Townsville – cost implications, emotional/mental issues
- Current services do not have capacity to cope with growing population
- Access to early childhood development assessments / diagnosis – transport to hospital to access services is also an issue
- Paediatric clinics are not sufficient (administration and booking services are blocks, not always acknowledging telehealth is an option for earlier appointments)
- GPs can't afford insurance for obstetrics

Proposed actions:
- Need to plan now for future population growth eg. More paediatrician services likely to be required
- Increase FTE / hours for child health nurses / midwives
- Support to identify developmental delays early and access services
- Assessment services need to be increased and delivered in schools (to overcome transport issues)
- Upskill MPHS nursing staff in child health via secondments to Charters Towers and Townsville
- Use telehealth for specialist paediatric support between visits

<u>Aboriginal and Torres Strait Islander health</u>

Community views
Participants reported some Aboriginal and Torres Strait Islander families were often living in overcrowded housing and had high socio-economic disadvantage. This resulted in poor nutrition, dental hygiene issues and skin infections such as scabies. Some families struggled with life skills such as hygiene, cooking, managing time and attending appointments, and budgeting and money management skills. Some lacked resources such as cooking utensils and saucepans and money was tight. Many families did not have transport and faced challenges accessing health services and getting kids to school.

Accessing health care was also impacted by regimentation at facilities causing anxiety for some people and 'white coat syndrome' meaning people were uncomfortable in mainstream health facilities. People were not able to make a connection with providers.

There was work to establish an Indigenous Community Advisory Network for Hughenden and Richmond to facilitate input from the Aboriginal and Torres Strait Islander communities into the local health services. However, with the resignation of the local Aboriginal and Torres Strait Island Health Worker this has not progressed. *(see also Health workforce)*

Supporting data
In 2021, the resident Aboriginal and Torres Strait Islander population of the Flinders Shire was 11.3% (n=169). About 26% of the Aboriginal and Torres Strait Islander population are aged 0 to 14 years and a further 31% are aged 45 years and over. About 9% of this population are aged 65 years and over.(5)

Current service providers:
- GP Surgery

- MPHS – Aboriginal and Torres Strait Islander Health Worker position currently vacant; visiting worker from Charters Towers

Other supporting community services:
- Visiting Uniting Care North Queensland Rural Family Support Program
- Yumba Community Co-operative Society (housing)
- Rainbow Gateway (employment)
- Queensland Indigenous Family Violence Legal Service (QIFVLS)
- North West Indigenous Community Centre (still in establishment)

Issues:
- Limited input into health service development and operation by Indigenous community
- Aboriginal and Torres Strait Islander Health Worker positions vacant *(see also Health workforce)*
- Regimentation at facilities causes anxiety for some people and makes it hard to make connections
- Need for appropriate skills in healthy lifestyles, nutrition, budgeting *(see also People and community)*

Proposed actions:
- Create an Indigenous Community Advisory Network to facilitate input in service planning and delivery (with potential links to Richmond)
- Development and implementation of a local cultural awareness training program
- Develop/run life skills programs
- Teach life skills to kids early in life and run education programs improving knowledge of 'country'.
- Run cooking classes supported with funding from FSC
- Run camps on country to encourage a better understanding of 'place/country', facilitate learning between younger and older generations, share knowledge

<u>Transient and emerging populations</u>

Community views
Participants reported that there was an annual influx of tourists over winter, particularly *'grey nomads',* that put enormous strain on the local health services, particularly as older Australians generally experience higher health care needs. There was inflexibility in the current approved THHS staffing profile to increase workforce numbers in response to demand *(see Accessibility and limitation – MPHS)*.

The Flinders Shire Council was active in planning and developing economic growth opportunities with roles in some industries requiring specific skillsets. This has resulted in multicultural workers coming to town for work. One solar farm development had brought a cohort of Romanian workers to town. The local grape farm has engaged a cohort of Pacific Islander workers. These new industries have also resulted in different accidents and injuries related to the plant construction and use of different machinery. Meeting the needs of multicultural workers (and their families) has been identified as an emerging area for consideration in planning. Approximately 400-450 workers are expected to be located in Hughenden through the proposed Copperstring 2032 initiative, which is likely to have a major impact on services including health.(9)

Supporting data
The 2021 census found that 93% of the Flinders Shire population were born in Australia (not including the 198 people that didn't answer this question). The remainder of the population were born in New Zealand (n=18), England (n=14) and India (n=10), with smaller numbers born elsewhere.(5)

Whilst the census found the potential proportion of multicultural families in Hughenden was relatively low at that point in time, participants reported there was an obvious increase multicultural workers present in community prior to the census date, who were involved in the construction of one of the local solar farms. When people are working locally, they will access the local health services when needed.

The Census also found there were 513 visitors in the Flinders Shire on that night. This is equivalent to about one third of the usual resident population. In addition to some multicultural workers in particular industry developments who may have considered themselves visitors on census night, tourists likely account for the majority of visitors to the area. This is captured in the age ranges of the visiting population with most visitors (54%) aged between 25 and 64 years (likely associated with visiting workforce and industry) and 37% of visitors aged 65 years and over, likely 'grey nomads'.(5)

The Flinders Shire is on the dinosaur trail and each year attracts a significant number of visitors. In the 2021-22 financial year a total of 27,467 visitors went through the Flinders Discovery Centre.(10) Prior to the Covid-19 pandemic, the Flinders Discovery Centre saw an average of 21,100 visitors each year from 2014 to 2019, meaning there was an increase of around 6,500 people in 2021-2022 compared to pre-COVID data.

Current service providers:

- GP Surgery
- MPHS
- Hughenden pharmacy

Issues:

- Need to plan for future population growth including needs of multi-cultural workers and their families
- Challenges in meeting demand for health care services during peak tourist times

Proposed actions:

- Submit business case for MPHS FTE to be increased and flexible to meet increasing demand and at different times e.g. after hours, tourist season
- Upskill nursing staff to meet demand and differing health needs via secondments to Charters Towers and Townsville, or via training provided by nurse educator

Men's health

Community views

Men's health was raised by participants as a priority group to target, in particular the needs of ageing male farmers. Farmers have faced many challenges over the last few years including drought and floods, and the impact of the Covid-19 pandemic. It was reported older male farmers are typically more reluctant to seek help when the need it, especially health care. This group was discussed further through the ageing population *(see ageing population)* and mental health *(see mental health)*.

Supporting data

Men make up approx. half the population of the Flinders Shire (49.9%).(5) Whilst there are many new economic developments, the major industry of employment is agriculture (30%), mainly beef cattle farming.(5)

Between 54% and 67% of overall emergency attendances at the Hughenden MPHS for people aged 66 to 83 years were for males across the time period 2018-2022. The proportion of males presenting for care in this older age group was higher than for females in each triage category, across all years.(5)

3.6 Current and future concerns

In addition to priority population groups, participants identified several current and future health concerns affecting the community more generally. There were:

Chronic disease

Community views

Participants in the workshops identified that chronic issues affected residents, in particular arthritis, diabetes, cardiac disease, renal dialysis and managing chronic pain. Some residents with cardiac issues had participated in research focusing on improving cardiac rehabilitation upon returning to community following treatment.(11) Recommendations from this work included the need for more timely discharge planning, improved care coordination through appropriate referrals and use of telehealth and facilitating coordinated access to local and visiting allied health services. Funding is being sought to progress implementation of these findings in Hughenden. Delivery of services is also impacted by vacancies and difficulties in recruitment.

Renal disease was mentioned as a concern and whilst home peritoneal dialysis was available, there were no renal chairs or service available at the MPHS.

Participants felt the local community should be encouraged to prevent and delay the onset of chronic diseases by leading healthy lifestyles and having regular health checks.

Supporting data

In Flinders Shire, asthma (9.5%), arthritis (7.7%), heart disease (5.7%), diabetes (5.5%) and mental health conditions (5.1%) were the most reported chronic conditions.(5) Twenty-eight percent (n=420) of the population reported experiencing at least one chronic condition, with 18.7% reporting one condition, 6.8% reporting two conditions and 2.5% reporting three or more conditions.(5) Over half of the population aged 65 years and over reported living with at least one chronic condition with about 50% of this group experiencing two or more chronic conditions. Chronic disease was one of six priorities identified by the THHS through their local area needs assessment in 2022.(8)

Most chronic conditions reported affected people aged 45 years and over.(5) The population aged 65 years and over reported arthritis, heart disease and diabetes most commonly. Asthma and mental health conditions were the main health conditions affecting the younger population (aged 0 to 44 years).

There was no Hughenden specific data on numbers of renal patients publicly available. Risk factors for chronic kidney disease include older age, diabetes, cardiovascular disease, overweight and obesity, and smoking. An increasingly older population will likely be associated with higher numbers of people with chronic kidney disease. Renal dialysis is an important management strategy for end stage kidney disease. The number of people with kidney failure receiving dialysis is trending upwards and, in 2021, was highest for people aged 65 to 74 years.(12)

Current service providers:

- GP Surgery
- MPHS
- Hughenden pharmacy

- Local and visiting allied health services

Issues:
- Need to encourage and facilitate better patient self-management of chronic diseases
- Minimise risk factors, e.g. smoking prevention, healthy diets, early detection and management of hypertension and diabetes
- Little health promotion to raise awareness of chronic disease and encourage healthy lifestyles

Proposed actions:
- Health promotion to prevent and delay onset of chronic diseases *(see Lifestyle Diseases)*
- Promote importance of regular access to comprehensive primary health care and health checks
- Better chronic disease management through education and self-management
- Explore implementation of recommendations for remote cardiac rehabilitation model of care
- Use exercise physiologist for more cardiac rehab, diabetes, long term rehabilitation
- Provide support face-to-face with AHA or telehealth used for follow-up between visits
- Seek funding to implement proposed cardiac rehabilitation program
- Further research to explore whether there is a need for renal chairs at the MPHS (consider feasibility with staff training)

Mental health

Community views

Participants in the co-design process stated: 'people are tired from drought, floods and covid'. Strategies needed to be put in place to enhance resilience. It was hard for people to raise mental health issues. There was a perceived stigma and uncertainty about confidentiality for mental health. Many support services are visiting services and sometimes there was a need to talk to someone immediately when experiencing issues. Whilst telehealth may be an option, it was felt it was not always appropriate in crisis situations or if someone was experiencing a psychotic episode.

Another issue raised by those participating in the co-design workshops was that health staff did not always know people's history when presenting in crisis (diagnosed mental health issues). Existing patient histories may be accessible via telephone to the 24 hours mental health service in Townsville or potentially through the health provider portal.

It was also very important to ensure people seeking help, but who were not eligible to access a particular service, were not left alone, and where possible warm referrals and introductions made to the appropriate service to minimize distress of seeing new practitioners. Support needed to be offered during transition times until the right service was found. Making use of GP funded sessions to facilitate care while changes are being made may be one pathway to follow.

Rural minds training has been delivered by the Tackling Regional Adversity through Connected Communities (TRACC) regional coordinator in Hughenden previously and resources are held by the Flinders Shire Council. The coordinator has been visiting the community for over four years and has been one of the few consistent visiting health professionals. Other services also had capacity to deliver programs such as 'Head Yakka,' 'Safe Talk' and 'Mates Talk'. Repeat implementation of training programs was felt to be needed.

Supporting data

The 2021 census found that mental health issues were being experienced by Hughenden residents in all age groups.(5) Over 10% of 45-54 year olds reported experiencing issues followed by 6.1% of 25-34 year olds and 5.8% of 15-24 year olds. Mental health was a major health issue identified for the THHS in their recent LANA, and one of the six priority areas identified. (8)

Current service providers:

- GP Surgery
- MPHS –psychologist - visiting
- THHS acute mental health services (Charters Towers) – visiting
- Alliance Rehabilitation – visiting psychologist
- NWRH – visiting psychologist
- QH – Tackling Regional Adversity through Connecting Communities (TRACC) – visiting
- Outback Futures Head Yakka – schools, counselling – visiting
- Selectability – visiting

Issues:

- Majority of services are visiting – need to have people on the ground for an immediate conversation 'situational crisis'
- Limit 'using the wrong door', help patients finding the right practitioner, during transition time offering support until the right service is found
- Ongoing training and support needed

Proposed actions:

- Support a group of local people to complete mental health first aid course
- Better, more purposeful communication between services, family services and mental health and physical needs and services
- Use GP funded sessions to facilitate care while changes are being made
- Facilitate access to new services/providers through recommendations and warm introductions
- Linking in to 24 hour mental health services in Townsville to facilitate access to history (access may be able to be obtained through the health provider portal)
- Run and repeat implementation of support workshops such as Rural Minds by TRACC and Safe Talk by Selectability

Lifestyle diseases

Lifestyle diseases include disorders or conditions because of a person's lifestyle, such as diet and level of physical activity.

Healthy lifestyles

Community views

Community members discussed the need for education and health promotion about healthy lifestyles, eating healthy foods, exercising, giving up smoking and limiting alcohol and other drugs. The role of schools in teaching life skills was explored but participants felt there was very little 'life skills' content in the school curriculum, mainly in subjects like *home economics* and *technology* which taught some cooking skills. Participants believed people needed to be encouraged to be active and around healthy foods. There were lots of walking paths including around the lake. Sports groups could offer additional free activities with grants obtained from the Flinders Shire Council. Fair play vouchers may be able to be used towards fees for registered sporting clubs. The new 24-hour gym was seen as a positive initiative.

Cooking classes were suggested as a strategy to encourage healthy eating and develop skills to cook and save money on buying take away. Reinvigorating the community garden was also suggested. However, *'The Patch'* located adjacent to the MPHS was now very overgrown and there were access issues with no public transport. The Patch is leased to Rainbow Gateway and 'community service' at the garden was linked to Centrelink payments. However, with this requirement having been removed there are no longer any 'volunteers'. Some participants suggested an alternative space could be made available behind the North West Indigenous Community Centre. Funding would be required to purchase tools and resources and establish a garden.

There are also plans to obtain funding to run support life skills programs out of the North West Indigenous Community Centre, but again will require funding. Mentoring programs and forming youth groups could be used to promote healthy lifestyles to the younger generation. It was noted there were existing facilities and buildings not being used that could be repurposed to create space for kids activities. *See also Infrastructure and People and Community.*

Supporting data
There are no data available about health behaviours specifically for the Flinders Shire. However, people living in rural and remote areas have higher rates of smoking, smoking during pregnancy, sugary drink consumption, overweight or obesity and risky drinking habits.(5)

In the THHS LANA published in 2022, 17.5% of people who gave birth reported smoking during pregnancy, 13.8% did not do sufficient physical activity and 64.4% of adults and 31.2% of children were obese or overweight.(8) All these population risk factors were higher than the Queensland average at the time of measurement.

Current service providers:
- GP Surgery
- FSC Sports and Recreation Officer
- Private Personal Trainers / Classes
- Local gym
- Sporting groups
- Free options using the lake

Issues
- Need healthy, affordable food
- Sports available but not a lot of free activities
- Barriers to participation are transport and cost
- Lack of knowledge of healthy lifestyles

Proposed actions:
- Develop/run health promotion programs on healthy living
- Cooking classes and promotion of healthy eating
- Reinvigorate a community garden
- Encourage people to be active
- Sports clubs to run more free activities especially for kids, and promote these
- FSC has grants available for local clubs to run open days and free events
- Encourage use of fair play vouchers if eligible
- Pursue funding from Good Sports Foundation

Alcohol and other drugs (AoD)

Community views
Some participants in the co-design workshops reported there was an alcohol and drug culture in Hughenden. It resulted in anti-social behaviour including domestic violence, violence towards Queensland Police Services and aggressive behaviour towards MPHS staff when presenting for medical assistance. Lives Lived Well has been providing services in community however these have recently been scaled back to telehealth support only, even though there was a slow but growing awareness of the service and the local Support Officer was getting her services known in the community.

Supporting data

In the THHS LANA published in 2022, 25.4% reported lifetime risky alcohol use. Again, this population risk factor was higher than the Queensland average at the time of measurement.(8) There is no other publicly available data on this topic.

Current service providers:
- GP Surgery
- MPHS AODs (TBC)
- Lives Lived Well – Breakthrough for families (telehealth only)

Issues:
- Alcohol and other drugs (ice) are contributing factors to anti-social behaviour and domestic violence
- Violent behaviours towards QPS staff and MPHS staff

Proposed actions:
- Implement health promotion programs to reduce stigma around substance abuse issues and encouraging help seeking behaviours
- Encourage referrals to Lives Lived Well
- Promote social activities and groups having alcohol free events, guest speaker / motivational events
- Pursue funding to run 'Sober in the Country' program
- Continue MPHS staff training to deal with violent clients and de-escalation techniques

<u>Domestic violence</u>

Community views
Participants believed that the local Queensland Police Service was short staffed, resulting in delays attending a domestic violence (DV) scene to provide help. Once there, some officers lacked knowledge of where victims could be taken for safety, or who to go to for help. There is allegedly a safe house in town known only to the police, however this is unconfirmed. Generally, procedures are to remove a victim from town for their safety. The nearest safe house is in Charters Towers and there are very limited transport options out of Hughenden. The donga between the post office and Police station may be an option for emergency accommodation for DV victims due to its proximity to the police station until they can be relocated from town.

There is no local DV support service and those seeking help must register via the DV Connect call centre to receive help from Prospect Services located in Charters Towers. Prospect Services support staff visit Hughenden fortnightly or monthly depending on demand and staff availability. Some support may be available remotely such as funding for transport and emergency accommodation. Participants reported that community members do not know where to go for help.

It was mentioned that there are no foster carers in town where there are child safety issues and on one occasion QPS staff had to look after a baby before driving it to Charters Towers to meet child safety staff.

Supporting data
There is no publicly available data for Hughenden.

Current service providers:
- Queensland Police Service
- Prospect Services

Issues:
- Lack of knowledge as to where to go for help for DV support
- No emergency housing for domestic violence victims *(see also Social and emergency housing)*
- Confusion around safe house

- Delays for QPS attendance at MPHS or for DV – dependent on staff availability
- Child safety issues especially after hours, there are no foster carers in the community

Proposed actions:
- Implement health promotion programs to reduce stigma around domestic violence and seeking help
- Increase awareness of relevant services and how to access them
- Create a safe space for victims until they can be removed from community
- QPS to recruit to fill vacant positions – request letters of support documents to advocate for sufficient staff – Mayor, Chamber of Commerce, MPHS
- Establish network of local emergency foster carers

Disability

Community views
Community members reported there was a growing need for disability services and that there were many people living locally who were undiagnosed. Participants wanted more timely assistance for people who weren't eligible for assistance through the National Disability Insurance Scheme (NDIS). Advocacy services are available to the community as well as NDIS care coordination planners, however awareness of these is low.

For people who have a NDIS plan there were difficulties in accessing allied health professionals for therapy. There were also difficulties accessing tradespeople to make modifications to suit their needs such as ramps into their houses or bathroom renovations. Hughenden's location in a remote area meant homes are older and costs are higher which impacts ability to implement solutions to meet needs. There was a hope that new people coming to town with economic projects may bring trade skills. In addition, there are existing issues including no disability access to the main entrance to the MPHS and steps up into many local shops which restricts access for some community members.

Supporting data
There are 63 people living with a profound or severe disability in Flinders Shire with the majority (n=58) living in the community, outside long-term accommodation.(5) Most people living with profound or severe disability are aged 65 years or over (n=42).

Current service providers:
- GP Surgery
- MPHS
- Flinders Shire Council (Community Care, Dawn Services)
- Visiting allied health services

Plan coordination services:
- NDIS (Mount Isa office)
- Mercy Community Services
- Prospect Community Services

Advocacy:
- Aged and Disability Advocates (ADA) Australia
- Independent Advocacy Inc

Issues:
- Potentially eligible people not yet assessed for NDIS
- No disability access to the front door of the hospital
- Steps into local shops restricts access
- Funding insufficient for higher costs associated with older homes and remote location

- Difficulties in accessing allied health professionals
- Limited local trades people to do modifications and renovations

Proposed actions:
- Increase awareness of allied health services available
- Provide support for potentially eligible people to undertake NDIS assessments, develop plans and access therapeutic services
- Facilitate access to shops for those with a disability (and make them older persons friendly)
- Advocate for MPHS renovations/upgrade *(See infrastructure)*

Dental care

Community views
There is a school dental van that visits once per year, however participants reported that many kids have bad teeth. Access to the visiting public dentist was restricted by eligibility criteria and a private dentist only visits twice each year. There was nowhere to go locally for urgent dental care.

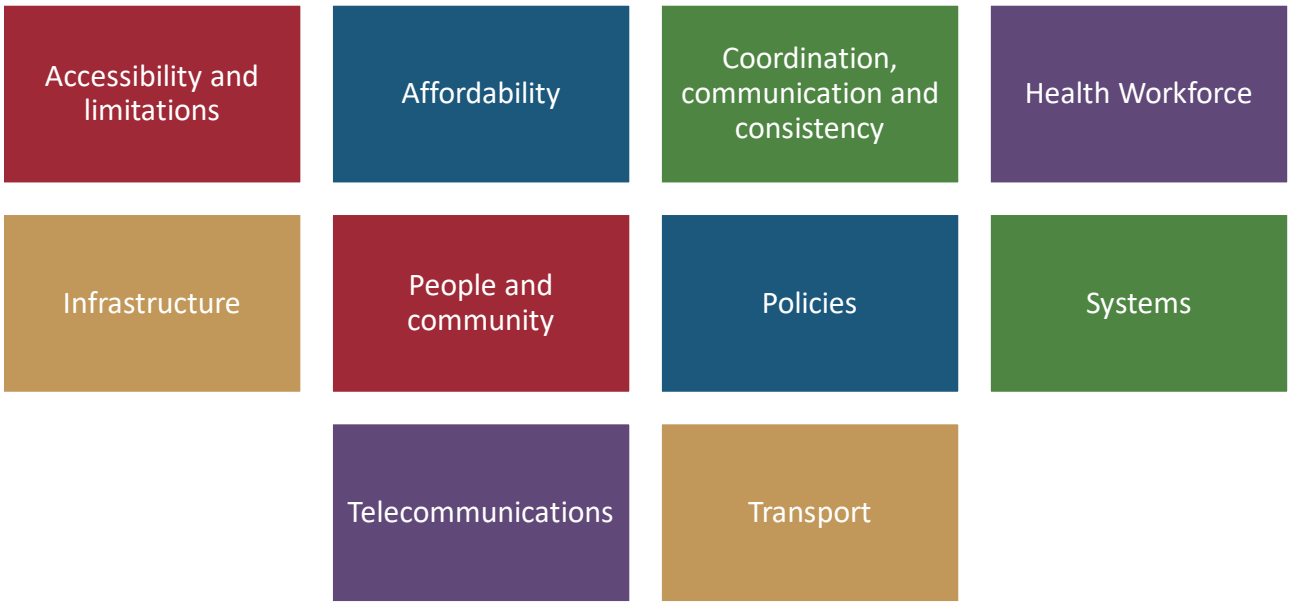
Supporting data
Data for dental services are mostly unavailable. The waiting list for the public visiting dental service at Hughenden MPHS, as at May 2023, had 20 clients waiting for general care.(5) Eighteen clients had been waiting less than 12 months and two had been waiting 12 to 24 months, with this type of care desirable within 24 months.

Current service providers:
- MPHS Visiting public dentist – one week every month
- Project Outback Dental – twice a year
- School dental van – annual visit

Issues:
- No access to urgent dental care.
- Limited dental services – restricted by eligibility requirements, DBS billing practices

Proposed actions:
- Advocate for more regular dental visits
- Purpose fit spaces for dental in proposed MPHS redevelopment

3.7 Other issues affecting health
Participants identified a range of issues affecting health service delivery in Hughenden. In summary these broad areas for improvement were:



This section provides an overview of discussion on each topic and outlines the issues and potential actions. Some actions may be feasible in the short term with minimal resources required, whilst others are long term and may require significant funding. Further co-design work may be required to explore some topics in more depth before action can be taken.

Accessibility and limitations

MPHS

The Hughenden MPHS has minimal staff rostered on for after-hours care. This puts pressure on staff members when they need to respond to emergencies, as well as care for admitted patients, without the opportunity to call in additional nursing support. The MPHS cannot increase its rostered staff after hours due to its current approved staffing profile. This is also an issue when demand for health services increases due to the annual influx of tourists over winter. There are safety concerns for patients as well as staff.

Nursing staff have the use of TEMSU (telehealth emergency medicine support unit) phone support to help manage emergency presentations. Whilst there are no onsite medical officers out of hours at the MPHS, an officer can be called in to respond to emergencies, however this then impacts upon GP clinics the following day.

Community members in the co-design process reported that it was a challenge to get x-rays and that the staff at the MPHS were not able to take some x-rays when required. At the time of the co-design work there were four staff members at the MPHS trained to operate the X-ray machine under a 'Rural or remote area radiography use licence'.(13) This allows health professionals (other than radiologists) to take x-rays within their scope of training. The MPHS uses an on-call roster for all shifts requiring additional help. This includes x-ray, operational, clinical staff and the DON. The local MPHS has x-ray *operators,* not *technicians,* who can undertake many different x-rays, however, cannot rule out c-spine and more in-depth x-rays. More complex imaging needs to be done elsewhere.

There were also queries around the existence of an ultrasound machine that was reportedly not used. The MPHS does have a 'fast-track' ultrasound machine that is used predominantly for relevant emergency presentations. It may also be used in antenatal clinics run at the MPHS. The MPHS uses a CTG machine (cardiotocography) for foetal monitoring and was extending training to other staff members.

Issues:

No flexibility in HHS staffing levels or rostering to meet demand at various times

Proposed actions:
- Recruitment of sufficient permanent medical workforce *(see Health Workforce)*
- Submit business case to THHS for additional FTE for night shifts and flexibility
- Ensure pool of trained staff to use x-ray machine
- Facilitate staff training in ultrasound and CTG machine for the growing number of antenatal clients

GP surgery
Participants in the co-design process reported issues accessing GP appointments in a timely manner. At the commencement of this project there was one permanent full time doctor who worked across the GP Surgery and the MPHS. Locums were recruited to provide additional services for shorter periods, however this impacted continuity of care. This was impacted when doctors had to attend emergencies at the MPHS or were on fatigue leave following being called out during the night. Some participants reported getting an appointment for a repeat prescription was a challenge and using telehealth to access E-scripts. However, it was an issue if you didn't have a fax and the providers had to post documents which also resulted in delays. This may be resolved as most providers now use SMS to send escripts to patients.

In August 2022 the GP Surgery implemented a fee for service. The implications of no longer bulk billing all patients means some people don't seek care. Concession card holders are still bulk billed and can see a doctor at no cost.

There is significant evidence that exposing junior doctors and students to practice in rural and remote areas increases the likelihood that they will pursue careers in these communities. However, with the instability of the medical workforce, this has limited the opportunities for registrars, junior doctors and students to undertake placements and work in Hughenden. Feedback also found students had issues in Hughenden accessing the internet for their studies.

Issues:
- Delays in service due to work requirements and insufficient numbers of medical staff, resulting in people seeking care elsewhere
- Limited bulk billing resulting in people not seeking care at all
- Limited opportunities to expose doctors in training to the local community

Proposed actions:
- Recruitment of sufficient permanent medical workforce *(see Health Workforce)*
- More opportunities for registrar, junior doctors and student (medical and other) rotations

Pharmacy
There is only one pharmacy located in Hughenden. Participants commented that the pharmacy was only open on weekdays and was not open on the weekend and Christmas break which was inconvenient for some community members. The Pharmacist advised the pharmacy can be opened out of hours for urgent scripts (only). The MPHS can supply prescription medications when the pharmacy is closed for extended periods (no over the counter).

Allied health
Based on the service mapping exercise there are three separate teams of various allied health professionals visiting the Hughenden community. Generally, visits are made either fortnightly or monthly and dependent upon positions being filled and demand for services.(6) There was confusion about the differences between the three different teams and whether practitioners could see private patients. Participants felt there were inadequate allied health services.

Participants commented that very few allied health services offered out of hours appointments which made it difficult for those who were working to access these. While some services made home visits, most did not. It was also reported that there was currently limited support and exercise programs in between visits. Timely support needed to be provided for people with special needs.

There is a part-time allied health assistant (AHA) based at the MPHS. It was mentioned that there are additional hours funded that are not currently filled. In addition, one of the tasks the AHA was currently fulfilling was compilation of the visiting services calendar. Some participants felt this was an administrative task that could be delegated to other workers to enable the AHA more time to see patients and provide additional support to patients in between allied health professional visits.

Issues:
- Confusion about eligibility criteria to see allied health professionals
- Few after-hours appointments and home visits
- Coordination of the visiting services calendar is an administrative task – may impact on patient numbers seen by AHA

Proposed actions:
- Clarify allied health services and eligibility criteria
- Negotiate flexibility for after-hours appointments and home visits from visiting services
- Re-model current AHA role to maximise patient support and minimize administrative tasks **
- Vacant positions and hours to be advertised

Centrelink

There was feedback from some participants that the Centrelink office hours were limited and did not suit the section of the community who were accessing these. The Centrelink office is run via a contract through the Flinders Shire Council. Its current hours are Monday to Thursday 9.00am – 12.30pm.

Issues:
- Limited opening hours make access challenging

Proposed actions:
- Obtain further feedback from Centrelink customers and Centrelink worker to explore access issues and inform if further action needed

Affordability

Community views

Through the co-design process participants reported that both parents are often working to ensure bills can be paid. Families have less resources, and health and food are expensive. The GP surgery changed to a fee-for-service practice in August 2022, however, does still bulk bill pensioners and health care card holders. There are often out of pocket costs for families.

Participants reporting funding seemed to disappear in Hughenden with one participant reporting that Hughenden is a *Bermuda triangle*, the funding comes to the edges and then falls into a hole. This means services are funded to provide services in Hughenden, but they are not happening. Services don't advertise that they are available and so people don't know they are available, so they don't book in, so then the services don't come.

Supporting data

The township of Hughenden has higher relative socioeconomic disadvantage (Quantile 2) than outer suburbs of Flinders Shire (Quantile 3 to Quantile 5) most of which are beef farming communities. In 2021, there were 129 families with children in the Flinders Shire, 75% of which have children aged under 15

years, and there are 42 single parent families. Nearly 45% of households are low income households (in the bottom 40% of the income distribution).(5) Ten percent of households (or 56 households) were receiving rent assistance.

Telehealth

Some participants reported using telehealth services to access health care services, including specialists, which meant they did not have to travel to another location. The tele-oncology services were very beneficial. Facilities are available at the MPHS and the Council Library. Some workshop participants were unaware that this may be an option. A grant had been submitted to obtain a unit for the GP surgery, however this was unsuccessful. The North West Indigenous Community Centre and Hughenden Pharmacy were planning to offer access to telehealth facilities and private spaces in the future.

Telehealth providers:

- MPHS – Two units available and accessible to the public (bookings can be made and are preferred)
- Library has devices for use and provides free space for appointments; space for those with own I-pads or devices, for allied health and/or private appointments

Issues:

- Lack of awareness of telehealth options and facilities
- Telehealth is problematic for aged residents who can't see or hear well enough.

Proposed actions:

- Increase awareness of, and access to telehealth **
- Encourage patients/clients to have a support person sit in on their consultation
- Advocate to THHS for telehealth facilities at the GP Surgery

Patient Travel Subsidy Scheme (PTSS)

The PTSS was a hot topic in the workshops with some community members unaware that the scheme existed, and others providing feedback about access difficulties and limitations in the scheme. Participants acknowledged it was a benefit that support was available the PTSS, even though it usually did not cover the full cost of travel. However, some participants were unhappy about having to travel to access health care services as it disrupted life and family routines.

Participants reported that the PTSS doesn't cover eyes or dental which was sub-optimal as there are no permanent services in these professions in Hughenden. Coordination of specialist appointments in Townsville was seemingly ad hoc and often people had appointments scheduled across multiple days/weeks resulting in several trips being required. In addition, the PTSS allowances were unreasonable for some procedures. Examples were that there was no allowance to go day earlier when preparing for colonoscopy or stay a day later when a procedure required dilations of eye/s and unable to drive. Travel subsidies did not take into account delays in service delivery, i.e. having to stay an extra night or more because of delays by the service provider.

There was also much frustration where appointments were cancelled via text, and often received whilst driving to Townsville. Some patients were deemed not eligible to fly and had to take the bus, which was felt not appropriate for some people due to their age or condition. For some there was also the requirement to have to find your own way home. Others were released and sent home on the bus with no consideration as to the arrival time of the bus in town (near midnight). This meant issues for some people in getting home from the bus stop in the middle of the night, in a town where there is no public transport. Issues accessing medications were also reported by some who were not released with sufficient medications to get them through the weekend.

Community members were confused about how to access the PTSS. They reported having to go between the hospital and the GP surgery to have forms signed and processed but didn't really understand how or

when this was supposed to happen. It was reported all other arrangements had to be managed by the patient (or their carer) who may have limited knowledge of accommodation options or transport to and from appointments at the referral centre, that were acceptable under the scheme. Some reported receiving advice about options and others had not. There is also an option for eligible patients to access transport through the QAS if they meet criteria. Many community people were unaware of this service.

Health Services staff advised all claims are guided by the Patient Travel Subsidy Scheme Guideline which is freely available online. (14) Brochures and information have been placed on both Townsville and Hughenden web pages (link below) as well as being available at the MPHS front counter.

https://www.townsville.health.qld.gov.au/patients-and-visitors/medical-cover-private-patients-and-costs/patient-travel-subsidy-scheme-ptss/

Any new applicants are provided with registration forms, EFT form, given brochures, and PTSS claim forms. All information pertaining to travel, accommodation options and allowances is explained on every application placed.

The guideline explains the process for new claims, what is covered and what is not etc. Some points of clarification included:

- Patients may be required to pay the first 4 nights' accommodation each financial year (unless they are a minor or a concession card holder).
- The medical officer completing referral forms is responsible for the mode of transport to specialist treatment and the MPHS is guided by this.
- The patient's medical officer must make a recommendation for an escort.
- Subsidies will only be provided for nights for which the patient is clinically required to stay away from home factoring in travel e.g. a patient may only need to stay overnight for a procedure but because of the time of the procedure, may need an extra night's accommodation. This extra night is not covered.
- Accommodation can be arranged through the MPHS and if appointments are delayed and the patient contacts MPHS they will extend another nights accommodation once submitted on return.
- There is a list of preapproved vendors in Townsville that the MPHS uses for bookings (patients may be required to pay a contribution if over the approved rate). However, if a patient wishes to stay with family this is not covered through PTSS as per guidelines. If a patient wishes to stay in accommodation chosen by them, and it is not on the vendor list, they need to pay and return their receipts to the MPHS and they will be reimbursed according to the PTSS guideline.

The PTSS is a complex scheme that needs to be explained carefully considering the health literacy of applicants. Understanding the scheme is an ongoing issue for many community members.

Issues:

- Community members have limited knowledge of the PTSS and eligibility requirements
- Limited scope, support and flexibility in the PTSS
- Lack of knowledge about accommodation and transport options at the referral centre
- Lack of awareness of transport and medication issues impacting patients upon release and returning home

Proposed actions:

- Increase awareness of, and facilitate access to the PTSS:
  - provide education for service providers (GPs should be completing form B and sending direct to patient travel officer)
  - Flyers/info on the PTSS promoted to community and patients (and done repeatedly) **
  - Promote accommodation options in Townsville with free transfers
  - Raise awareness of QAS transport options for eligible patients at the referral location

- Support patients who need assistance to complete forms (MPHS, social worker, family support worker, GP Surgery); community champions may be able to assist
- Support patients / clients with paperwork to facilitate access to transport (GP surgery and Uniting Care Community Family Support Service workers)

Health promotion

Participants reported that before the COVID-19 pandemic, health expos were held a couple of times a year where community members could have a free health check. These were held in the main street where people 'gathered' and were opportunistic. On some occasions the RFDS conducted 'pit stop' screening tests. Expos encouraged community members to have health markers checked in a non-clinical and more accessible and convenient environment. Concerns could be discussed, and advice given on appropriate courses of action, ore referrals made to the appropriate service. However, these had all ceased due to the pandemic. There was support for 'health expos' to be re-established and potentially held in conjunction with existing events where a crowd was already expected.

In addition to health checks, expos were opportunities to promote other preventive health measures such as flu shots, provide general health promotion advice and strategies, increase awareness of services available and provide referrals for follow-up. Another benefit of health expos was the ability for participating service providers, many of whom are visiting, to network in person.

Opportunistic assessments were perceived as valuable to capture people who were generally not interested in their health, or perceived it was too hard to access health care. Participants reported that some people don't understand the long term ramifications of what are now, minor health concerns, but develop into bigger issues in the future eg. smoking.

There was no designated health promotion officer to coordinate or implement programs within the local community. These positions typically sit within the public health services or local Council and will cover a range of health topics within their role.

Issues:

- Health expos ceased during the COVID pandemic
- Some people are not interested in their health and do not seek health care, especially preventive care

Proposed actions:

- Coordinate health expo at community events – first one at the Hughenden Show 1-3 June 2023 **
- Promote benefits of flu shots and increase access to more vulnerable community members through provision of bus service
- Seek funding for a health promotion officer

<u>Coordination, communication and consistency</u>

Service focused

The Hughenden District Community Advisory Network (CAN) aims to engage and respond to community health planning and service delivery; facilitate community input and feedback on health services; and ensure the MPHS meets the identified needs of the community. Membership is open to bodies representing local community and health service providers that will support the MPHS. The CAN has members from the local and visiting health services as well as local community members. The CAN is well placed to guide and learn from the Place-Based Health Planning project.

There was feedback in the co-design workshops that services new to the community did not always find the CAN. Equally, community members also were unaware of services. Part of the project was a service mapping exercise and a survey of local attendees at the Hughenden Show found that local community members were unaware of many of the health services, especially those that visited the community

(Appendix A). Participants in the co-design workshops also had limited awareness of the visiting providers, the services they offered and who was eligible to access these services.

The CAN requests all services enter their information into My Community Directory – an online tool that *"is the one place people go to find community services and events so they can understand what's happening in their local community."(15)* However, many participants were not aware of this tool and stated they were unlikely to use it due to difficulties accessing it or understanding the information. Some community members were unlikely to access information on internet, some did not use Facebook; some did not read the local newsletter 'the Post' and it was reported many local agencies did not put information into the Post due to the cost. The Council Library noticeboard was a place where some people looked for information.

Word of mouth was perceived to be highly effective, and it was identified that there were some key people 'community champions,' and places in the community where people came to when looking for help. Recruiting volunteer community champions located in various sections of the community could help with communication. Some local community members preferred a hard copy directory that they could refer to when needed, although it was acknowledged hard copies went out of date quickly. My Community Directory has functionality to create directories that automatically update every day. It was suggested that this tool could be used to create a sub-directory for local health and community services that would update automatically and be available in electronic version and printable.

The monthly visiting services calendar currently compiled by the Allied Health Assistant at the Hughenden MPHS was a positive initiative. However, not everyone in the workshops had seen the calendar. Some people didn't know what services were provided by agencies noted on the calendar. One participant noted that My Community Directory had calendar functionality, and this would enable visiting services to easily enter their dates. This also presented an opportunity to further develop the calendar around linking entries to service information and eligibility criteria. Some participants in the co-design process suggested the task of putting together the calendar was an administrative task and could be delegated, and the AHA would have more time for patient care.

Issues:

- Lack of awareness of services and their visit dates – community members don't know of services, what they offered, who was eligible to see them, or when, or where, or how to access them.
- Only *online* or only *in-print* communication strategies will not work for the local community
- Calendar collation and monitoring is an administrative task

Proposed actions:

- Ensure the entry point for new providers is through the CAN and their information (including service/program criteria and referral processes) and visit dates are entered into My Community Directory
- Create a directory of services – liaise with My Community Directory administrators to explore the option of automated directory and calendar tailored to suit the requirements of the community **
- Creation of widget to automatically display updated calendar on Flinders Shire Council website and relevant local Facebook pages (NQPHN)
- Increase awareness of services using a multi-pronged communication strategy – My Community Directory, Facebook, Flinders Post and word of mouth; supplemented with hard copy directory **
- Easily accessible 'Community Champions' – local people (or places) in different sections of the community who are known to be helpful as a source of knowledge and assistance eg. NWICC, FSC Library, FSS workers, Information Centre, Project Support Officer, as well staff in health facilities **
- Monitoring of calendar entries delegated to administration

Patient-focused
There were staff shortages and turnover in ALL health services which resulted in inconsistency of service provision and care coordination that impacted upon trust. This meant slow referrals and reluctance in having to see a new practitioner and tell *'their story'* all over again. Patients valued continuity of care and were reportedly reluctant to request seeing the same practitioner.

Coordination was also an issue with some local people having multiple appointments scheduled across various days or weeks. There was little coordination of specialist appointments in Townsville.

Communication between referral centres and the local HHS was a challenge. While some HHS staff said they couldn't access patient histories and discharge plans, others indicated they could. With the introduction of integrated electronic medical records (iEMR) throughout the Hughenden MPHS planned for April 2024 this issue should be resolved.

Some participants felt discharge from referral centres was also according to hospital agendas and neglected to consider issues that affect the client post-discharge. For example, releasing a potentially weak and/or vulnerable patient (still in recovery) who may need to wait for the next available public transport option, or spend many hours traveling home, and then arrive back in community late at night with little or no support such as transport home or access to medications on a weekend.

There were also concerns about lack of care coordination once back in the community. Whilst there was a local care coordination meeting involving primary care (GP and pharmacy), MPHS and service providers (FSC Community Care, visiting allied health), it was reported some participants did not attend regularly and processes would benefit from a nurse navigator or similar role to undertake a coordination role, follow up with patients, and ensure appointments were made.

Conversely, some patients were not being involved in their discharge plans and may not have wanted local health services staff to know about their health issues and not wanted local follow-up upon discharge. See *Confidentiality.*

Issues
- Patients not involved in discharge planning
- No local designated care coordinator or nurse practitioner
- Patients have little control over coordination and timing of appointments at referral centres

Proposed actions:
- Involve patients in discharge planning at referral centres to explore their wishes and take their home situation and local community support into consideration
- Improve care coordination by sharing of information (with client consent) through improved communication between referral centres and home-based services to facilitate discharge planning process
- Develop clear and transparent pathways for all patients discharged back to community
- Ensure all relevant stakeholders are invited to local care coordination meetings and encourage better, more purposeful communication between health services, mental health, family support and community services
- Encourage patients to ask to see the same practitioner – other communities facilitate a buddy system for patients to take a family member, friend or support person to speak up for the patient where necessary
- Encourage consistency of health staff to build trust and increase referrals

Health workforce
Like any rural and remote area, the Flinders Shire is not exempt to workforce shortages. Recruitment and retention of health professionals, both local and visiting in all disciplines was a challenge. Participants

reported there were delays in paperwork being processed by the THHS which meant potential staff were accepting positions elsewhere.

The CAN members make a concerted effort to support and welcome new health professionals in particular medical staff. Tours of town and social opportunities were provided. The Flinders Shire Council provides Welcome Packs with local information to all new residents.

Medical model of care

The Medical Superintendent with Right to Private Practice was the model of care used in Hughenden. At the commencement of the project locums had been filling vacant positions however, a new full time permanent GP had been recruited and commenced around April 2022. The GP was also the medical superintendent at the facility. However, the GP submitted his resignation in February 2023 and finished up in May 2023.

Participants strongly felt that the community needed a minimum of two full time doctors, preferably three to work around leave (including fatigue and annual), training and conferences. Emergencies and on-call disrupted service delivery at the GP clinic. Some participants stated the Medical Superintendent/Officer with Right to Private Practice (MSRPP/MORPP) model of care was not attractive to workforce and sustainability of the GP surgery was an issue. A couple of participants suggested transitioning to a Senior Medical Officer single provider model, with a minimum of two incumbents working Monday to Friday, preferably with a third SMO for relief/leave.

It was discussed in the workshops that further research may be required to determine the most appropriate model of primary health care delivery for the local community to achieve sustainability. Different models work for different communities and include social / community enterprises (16), HHS managed general practices, fully or partially owned Council models and the Medical Superintendent/Officer with Right to Private Practice model. Each model has its own advantages and disadvantages and success will depend on varying factors.

However, after the co-design process had been completed THHS Executive members visited in May 2023 and attended the CAN meeting. It was announced that moving forward the 'Staff Specialist' model of care would be implemented in Hughenden. This meant that THHS would be the single employer of staff specialists / medical officers as to work across the multi-purpose health service and the general practice, without the need to own/manage the general practice. Exposure to the community for more registrars, junior doctors and students may encourage future recruitment of medical staff.

Note: By the end of the project the THHS had recruited two permanent medical staff to service the community. In addition, a GP registrar position and RMO position had been established and filled.

Access to specialists was noted as an essential service for the community. Few specialist clinics were held in the community. However, telehealth was used where possible to facilitate appointments which reduced the need to travel, usually to Townsville. In such cases support via the PTSS was generally available.

Aboriginal and Torres Strait Islander Health Workers

Participants reported Queensland Health Policy restricts what support Health Workers can provide to support Aboriginal and Torres Strait Islander clients/patients. Participants reported that Aboriginal and Torres Strait Islander Health workers were not able to transport patients to appointments as this does not fit within Queensland Health policy, for example.

At the commencement of the project there was an Aboriginal and Torres Strait Island Health Worker employed at the local MPHS to assist with cultural issues and engage with the local people and assist accessing health services. However, that person has since resigned. A new local worker has not been employed at this stage. However, capacity has increased at the Charters Towers HHS (additional Health Worker (HW) Level 4), who will be part of the team servicing Hughenden and Richmond. This position will

train HW2s and trainees who will have the option of moving to Hughenden at the end of training. This training will provide the education and knowledge to undertake the role effectively within the community. Until then there are fortnightly visits by the advanced health worker (HW4) to facilitate referrals and make home visits. The GP clinic is also available for health care needs.

Nursing

At the time of the co-design process there were three agency nurses filling workforce gaps with no local casual nurse pool available. The staffing profile of the Hughenden MPHS was inflexible to meet fluctuating demand during emergencies and after hours, or to provide additional workforce during peak times for example, demand increased during the winter tourist season. There was support for a nurse unit manager role to be introduced into the Hughenden MPHS to provide additional support for nursing staff including staff management and education and fill in on the floor when staff call in sick or injured. This would enable the DON to undertake higher level planning and facility management and provide back up when required. There are vacant Allied Health Assistant hours available. Registered nurses may be eligible for incentives under the Rural and Isolated Practice Registered Nurses (RIPRN) program. Accommodation was provided for free as well as meals on shift. Suitable housing for families was an issue.

Participants in the workshops felt there was a need for additional staff such as a nurse navigator, social worker or case coordinator to facilitate local care coordination, making appointments and supporting patients navigate the health system.

Other health professions

Vacancies were reported across various allied health disciplines. Visiting services reported long term vacancies currently in podiatry, social work, dietetics and staff turnover in psychology and mental health. It was also reported the AHA had recently obtained accreditation in podiatry and could provide additional support in this area to the local community.

Support was required for aged patients trying to access aged care services and/or funding, and for applications to nursing homes. This was potentially resolved in July 2023 as the Flinders Shire Council received funding from the NQPHN to provide these services for residents and those in the Richmond Shire, through the Care Finder Service.

Issues:

- Vacant positions and staff turnover impacting on service delivery
- Delays in employment paperwork
- Inflexibility of staffing profile at MPHS
- Workforce inadequate for effective service delivery – no nurse navigators/care coordinators, NUM

Proposed actions:

- More opportunities for registrar, junior doctors and students (medical and other) to undertake supported rotations in Hughenden
- THHS to recruit to all vacant positions including medical officers, social worker, podiatrist, Aboriginal health worker, Allied Health Assistant (and leave positions open until filled)
- Recruit local or visiting nurses for short term relief / casual pool (including registered tourists)
- Increase local workforce FTE via submission of business cases to THHS for Nurse Unit Manager position and a nurse navigator / coordinator or increase community nursing FTE
- Opportunity to explore scope of practice / hours of Allied Health Assistant/s to increase patient focused work (calendar delegated to admin)
- Access additional allied health services via telehealth eg. Dietician is predominantly advice
- Apply for funding for a health promotion officer – could be via FSC or MPHS

QAS

Participants in the co-design activities reported that there was only one ambulance officer who covered a very large geographic area from Pentland to Julia Creek a distance of 405km and The Lynd to Muttaburra, 430 km. An area of 174,150km. The solo QAS officer travels long distances to retrieve patients from property accidents or heart arrests, which means the town can be without QAS coverage for many hours. This sometimes resulted in delays in attending an emergency.

Participants reported communication issues when dealing with the call centre, especially after hours. Call takers were often unfamiliar with the geography of western Queensland and would send a vehicle from Mount Isa instead of Hughenden. For example, it was mentioned there was an accident happened north of Hughenden and an ambulance was sent from Mount Isa, a minimum of 6 hours' drive away.

Issues:

- Solo QAS officer covering very large geographic area
- Delays in responding to emergencies if busy elsewhere
- Lack of understanding of remote geography in call centres

Proposed actions:

- Recruit and train volunteer first responders to provide help until the QAS officer can attend
- Undertake economic evaluation to explore cost-effectiveness of an additional QAS officer
- Training for call centre workers on remote geographical areas

Infrastructure

Health facilities

There was a lot of discussion about the age and inappropriateness of the current health facilities in Hughenden. The Queensland Health owned Multi-Purpose Health Service main building was established in the late 1950s (17) and many participants reported that this, and its extensions over the years, needed substantial refurbishment or the development of a new facility. Participants overwhelmingly agreed that the MPHS building was not efficient or not fit for purpose. Issues included ageing facilities, no disability access to the front door, no capability to host dementia patients, and insufficient bed numbers and staffing levels flexible to meet changing community needs, for example, from high care beds to servicing mother and babies. However, being able to accommodate dementia patients would require significant staffing increases with relevant expertise.

One participant stated the THHS had a plan for a new 20 bed facility, however currently no funding. It was felt that the bed capacity needed to be increased to a minimum of 25 beds to cater for a prospective population increase in the future. Ideally the local facility would have easy disability access, a safe wing for dementia patients, rooms for visiting allied health services and specialists; and fit-for-purpose spaces for dental and ophthalmology consultations.

There was debate about whether the GP Surgery should be co-located with the MPHS or kept in town. There were pros and cons of the GP surgery being off-site from MPHS. The surgery's central location in town made it more easily accessible to the broader community (where there is no public transport) and was a conduit for some who didn't like to go to the hospital due to past trauma or cultural issues. However, the need for medical staff to service both facilities caused disruptions particularly in emergencies. A major factor in the discussion was the number of medical officers that could be recruited and retained in the community.

Space for non-QH funded services including visiting allied health and community services would also be ideal as start-up costs for health professionals prohibits many services from having permanent office space in each community they visit. A facility that everyone comes to will help improve communication, networking, coordination and provide a supportive environment for health professionals and community

service providers. Participants suggested this could be co-located with the HHS, GP Surgery or another hub established in town. *See Community Facilities.*

Community facilities
At the time of the co-design workshops some visiting health and community services had no permanent base from which to operate. Some services rented offices or space, and some worked with clients at the library, in their homes or other mutually acceptable spaces. There is currently no Community Centre or Neighbourhood Centre in Hughenden. There is no culturally safe gathering place for Aboriginal and Torres Strait Islander peoples.

Community members expressed the need for a centre where visiting services could access office and meeting spaces, programs could be run, and information and referrals made. Visits could be coordinated, communication between providers improved, and resources shared to reduce costs. There was mention that the Flinders Shire Council had purchased land in town for a community hub to be developed in next 2 – 3 years, as well as a campus for a Country University where support could be provided for local students. IT access is vital for students (and the community for the purposes of study and telehealth) and should be considered in planning. Co-locating the Council Library Services with the hub would leverage use of resources and facilities and strengthen community capacity. There were suggestions to re-purpose some of the unused spaces in the community to create a hub for community activities. Unused buildings could also be renovated for a youth centre such as a Police and Citizens Youth Club (PCYC), men's shed or other purpose specific activities.

The North West Indigenous Community Centre was Incorporated in November 2022 as a not-for-profit association. Work was underway to renovate a privately owned shop front in the main street of Hughenden and establish a culturally safe gathering place for local Aboriginal and Torres Strait Islander people. The aim is for the Centre to facilitate a men's shed, women's groups, run youth programs including Aboriginal and Torres Strait Islander kids camps on country and be a place to access information and support.

Issues
- No health hub, community centre or neighbourhood centre
- Lack of facilities for visiting services
- No local public transport to access dispersed health facilities *(see Transport)*

Proposed actions:
- Opportunity for further consultation and research to explore community needs and expectations for development of FSC community hub, or alternative community centre
- Further community consultation to determine best location for health hub – in town potentially co-located with the community hub, or co-located with MPHS/QAS
- Advocacy and input into proposed hospital redevelopment or new facility to ensure local needs are met
- Explore potential for a PCYC
- North West Indigenous Community Centre Committee to seek funding to support development of space and programs focusing on addressing the needs of the local Aboriginal and Torres Strait Islander community
- Advocacy and seek funding to support developments

People and community

Health literacy and life skills

Community views
Many participants reported some residents had poor health literacy and didn't understand the long term ramifications of what current minor health concerns might lead to in the future e.g. smoking and lung conditions. It was reported that some were not interested in health, or it was too hard. Lack of transport

was an issue that influenced whether people attended health appointments. Travel to other centres disrupted home and family routines.

Some families reportedly struggled to manage their lives and lacked general life skills. Help was needed with budgeting, cooking and household support, tracking and getting to appointments. It was mentioned that some Indigenous families change phones and/or phone numbers regularly when out of credit. This was an issue as many health providers make appointment notifications by text message. Some people also won't answer calls if they are from a private number, with the expectation that it may be Centrelink, whereas it could be the MPHS or a health service. Some participants reported that the Townsville Aboriginal and Islander Health Service (TAIHS) had funding to provide intensive family support, however this service was not currently being provided. Prospect Services and UCC were trying to fill gaps and had waiting lists.

Current services:
- Prospect Services – family support–- visiting
- Uniting Care North Queensland Rural Family Support Program (life skills) – visiting
- TAIHS–- very limited visiting services

Issues:
- Limited health literacy and community capacity
- Health (and preventive measures) not seen as important
- Lack of general life skills

Proposed actions:
- Improve health literacy and build community capacity (knowledge and skills) through education
- Encourage healthy lifestyles through health promotion
- Increase awareness about services and encourage self- management
- Expand broad family support services to help with life skills and family management
- Involve clinical, family or buddies to support and advocate for the patient

Confidentiality

Community views
Confidentiality for clients was a constant concern raised by participants. In a small town where nearly everyone knows everyone, it was reported it was sometimes hard to keep issues private. There was also a perceived stigma around accessing health care and support for issues including mental health, domestic violence or substance abuse issues.

Some participants also mentioned that we tend to assume that people want information shared, for example upon discharge. However, some people choose to access health care in other towns and do not want information shared with local service providers upon discharge, or referrals for follow-up made.

Issues:
- People afraid to access health care due to concerns about confidentiality
- Health service staff at referral centres not discussing discharge plans with patients

Proposed actions:
- Implement health promotion programs to reduce stigma around accessing health care and support for mental health, domestic violence or substance abuse issues
- Encourage people to seek help
- Training for staff to ensure patient confidentiality
- Patients accessing health care out of town should be involved in discharge planning and whether they want their information shared, or referrals made, to health services in their local community

Resources

There were limited resources in Hughenden for some local providers and especially for visiting service providers. There were reports that some of the local hospital equipment was not suitable for children. For example, there were few children's size slings and crutches.

It was reported that the local ambulance service didn't have any hydraulic equipment which resulted in a lot of manual handling. Some visiting providers brought their own vans, some rented spaces, some made home visits or met clients in other convenient locations such as parks. Legal issues meant that cars couldn't be shared by providers funded by different funding bodies.

There was limited access to the internet. Medical, nursing and other students were able to utilise the wifi at the Council Library until it closed for the day. There was no free wifi at their accommodation.

Issues:

- Access to the internet
- Lack of hydraulic equipment in the QAS vehicle
- Access to equipment and resources suitable for children
- No renal service
- No facilities for some visiting services *(see infrastructure)*

Proposed actions:

- Run fundraisers to purchase equipment e.g. Giving Day - in other communities funding has been obtained from corporate organisations who have developments in and around the local community who are willing to invest in the local community where they operate
- Advocate for improvements in QAS equipment
- Facilitate free WIFI at facilities and staff/student accommodation

Social and emergency housing

Community views

At present there is no emergency accommodation in town for homelessness or other emergencies, but participants reported there is a need. Participants mentioned that there was a room at the CWA Hall that had been used previously for emergency accommodation. However, the CWA policy had changed due to issues and safety concerns for members. One suggestion was to explore using the CWA room again for emergency use (potentially excluding use for domestic violence victims as the preferred procedure is to remove a victim from town for their safety). Vinnies was reportedly in receipt of emergency relief funding which could be used for funding however an issue was there was no access out of hours.

Housing in general was limited in Hughenden. The FSC had just released several land blocks for auction with purchasers required to build permanent housing within two years. The local Yumba Community Co-operative Society reportedly owned numerous houses in the local community, however participants reported many needed urgent and general repairs. Funding was thought to be an issue as well as the limited number of trades people located locally. There were also at least four houses that were thought to be vacant.

Supporting data

In the 2021 Census it was found that 4% (n=50) of the population were living in crowded dwellings and 6.5% (n=81) in social housing. Ten percent of households (or 56 households) were receiving rent assistance.

Other supporting community services:

- Yumba Community Co-operative Society (housing)

Issues
- No emergency housing for domestic violence, homelessness or for other issues
- Social housing needing repair work
- Lack of housing in general

Proposed actions
- Explore the use of the CWA rooms for emergency accommodation
- Explore using trades people employed by Flinders Shire Council to make repairs to houses for example, for a few hours a week

Systems

Patient records and follow-ups
Delays in receiving follow-up letters from specialists re changes to treatment plans and medications was reportedly an issue. Some participants stated there were delays from 2-6 weeks in follow up letters being sent back to the GP following patients having face-to-face and telehealth appointments.

It was suggested that discharge planning summaries needed to go to the community nurse, GP and MPHS to facilitate communication across key local health care providers. The primary reason was so that if that person presented again the health care providers would be able to access their history. Whilst some HHS staff reported they had no access to ieMR for viewing patient records, accessing medical histories or discharge summaries, other staff said they did have access to this information. However, this issue should be resolved with the integration of the GP Surgery with THHS and the rollout of ieMR by April 2024.

In addition, the siloing of information between service providers and complexity of privacy, makes timely provision of services problematic. One participant mentioned the Release of Information (ROI) process which can allow sharing of information but is controlled and requested by the patient/consumer. Another option is using the Health Provider Portal to access information.

Issues:
- Timely access to follow up letters and discharge summaries
- Sharing of patient information and privacy

Proposed actions:
- iEMR to be rolled out in Hughenden (planned for April 2024)
- Use of 'Health Provider Portal' for health professional staff to access QH patient records and provide training, refresher courses for users, not easy to navigate.
- Training in how to maintain confidentiality

Transport

Public transport is available between towns heading east and west including Rex Flights, train services and a fully sealed road in both directions. The Greyhound bus stops in Hughenden.

However, there is no public transport currently available within Hughenden meaning getting around town is a challenge, including accessing to the MPHS and the visiting services operating from that facility, and the school. There are no public buses, taxi, rental cars or uber services. There are buses in the community owned by the Flinders Shire Council and the community care program, however there are criteria around who can access these services. The hot weather particularly in summer means that many people without transport do not access services and do not send their children to school. It was reported that to use the bus for school transport a bus license was required and two adults must be present on the bus. One

participant mentioned that *Community Flyer* have expanded their services to Charters Towers and had expressed interest in providing service in Hughenden.

Current services:
- Air travel with Rex – three times a week
- Train travel with Queensland Rail – twice a week
- Bus travel with Greyhound – three times per week
- Flinders Shire Council - 18-seater including driver – available for hire

Issues:
- No public transport within Hughenden

Proposed actions:
- Explore use of FSC bus to transport children to school
- Explore which user groups are able to use the FSC community care bus and promote to community
- Advocate for a transport service around town including to the MPHS – in other communities funding has been obtained from corporate organisations who have developments in and around the local community who are willing to invest in the local community where they operate
- Follow up with Community Flyer to explore providing a service in Hughenden

Telecommunications

There were other issues identified through the co-design process that impact on health needs but perceived to be out of the control of participants and health services. Participants reported there was limited Optus coverage and black spots for Telstra within the Flinders Shire. Whilst this was improving, concern remained especially by those who did not live in the Hughenden township. When the electricity goes out, it affects telecommunications which have limited backup battery storage. This in turn impacts mobile phones and the operation of personal alert alarms.

Issues:
- Poor coverage and service by telecommunication services

Proposed actions:
- Flinders Shire Council as the local governing body to advocate with the telecommunications companies to improve infrastructure and services delivered

3.8 Summary

This section has outlined the discussions with all stakeholders through the co-design process. The community of Hughenden was acknowledged by the participants as possessing numerous advantages, such as being a cohesive, safe, and strong community. The key principles identified in the early stages of the co-design process found participants valued having access to local primary care services through the MPHS and GP surgery. There was an acknowledgement that it was not necessarily feasible to have specialist services locally however having access to these via telehealth and at referral centres through use of the patient travel subsidy scheme was acceptable. There were however a range of issues in relation to the PTSS. Residents also had access to visiting services in particular for allied health.

Participants had observed changes in the types of services available within the local community and in the population as different groups came to town. A key principle of service delivery was that the local health services needed to be flexible to adapt to changing broader community needs and demand due to increasing population. It was felt there needed to be flexibility at the MPHS to meet changing demand and access to staff with the appropriate skill sets available. Community members had seen in increase in the number families moving to town with workers recruited for local economic projects which had resulted in

increased health care presentations in relation to mums and child health. Preventive health and health promotion was also seen as a priority to reduce the need for services in the first instance.

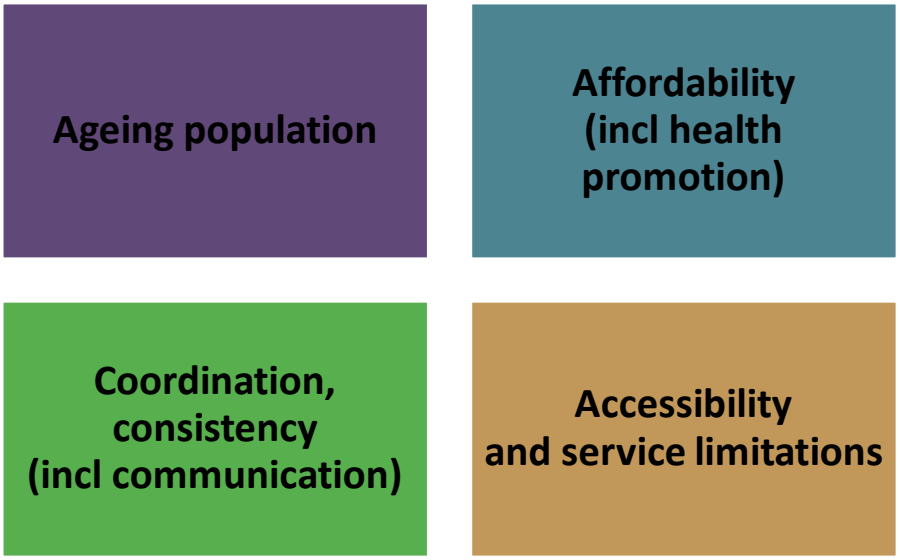
The actions discussed could be categorised as being health system related or community related. Some actions are small and may be feasible in the shorter term, whilst others are more resource or funding dependent and may take longer timeframe to action. A summary of the key proposed actions is presented in Table 1.

Table 1. Key proposed actions to improve Hughenden health services delivery

Health system focused actions
• Health Promotion Officer to facilitate health promotion and preventive care • Advertise vacant positions and keep open until filled • Facilitate flexibility in MPHS staffing FTE and skills sets to meet demand and changing needs • Introduce nurse practitioner role to coordinate care with internal and external providers, and discharge planning • Introduce Nurse Unit Manager role to facilitate rostering, education and support the DON • Secure more regular and comprehensive dental services • Community Advisory Network to facilitate service networking, info • Integrate electronic medical records to facilitate information sharing; use of 'Health Provider Portal' • Patient Travel Subsidy Scheme tailored to meet needs of patients and more fit–for-purpose considering patients' illnesses, home location and local services available • Advocate for fit-for-purpose health facilities and hub for visiting services
Community focused actions
• Empower community through improved health literacy, support for aged and Aboriginal and Torres Strait Islander families • Establish community hub or neighbourhood centre, provide space for visiting social services • Community Advisory Network to facilitate community input into services including Indigenous community • Encourage participation in health promotion, healthy lifestyles, disease prevention and self-management • Promote confidentiality especially around accessing support for mental health and domestic violence issues • Fundraising to support purchase of small items required by Hughenden MPHS (Auxiliary and Giving Day) • Establish network of first responders for first aid • Community Champions to promote services available • Community Advisory Network, Chamber of Commerce and Flinders Shire Council have advocacy role for community • Advocate for public transport provider • Advocate for improved tele-communications services • Support community members to access NDIS • Increase social and emergency housing options

4. IMPLEMENTING A PLAN

At the conclusion of the second round of co-design activities participants were asked to prioritise areas for further focus. Whilst it was recognised that all issues were important to the community it was impossible to address the majority within the scope and timeframe of the project. To narrow the focus and determine some feasible actions to implement, participants were asked to write on a piece of paper, the three areas that they felt were the most important to focus on in the short term. These were collated and fed back to participants at the third workshop for validation. The four prioritised areas were:



Through the third and fourth co-design workshops participants discussed these four broad priority areas in further depth and the extent to which actions were feasible and able to be addressed in the project timeframe. This was done through an assessment of the workforce and skillsets required, and resourcing and whether funding was needed and available. The research team also provided input into this stage to determine whether actions were likely to be able to be implemented within the timeframe of the project and within the capacity of project staff.

The finalised actions for implementation are outlined in the following table, including resourcing requirements and tools to measure success (Table 1). Whilst ageing population was identified as a priority area, there were few actions identified that could be implemented withing the timeframe of the project.

Table 1. Action plan for implementation.

	Actions	Workforce, Skillsets, Training	Resources, Funding	Tools to measure success
Affordability	• Increase awareness of, and access to **telehealth** to mitigate travel	• Existing admin staff set up and are trained in use	• Two units already at MPHS • Library has devices for use and provides free space for appointments or for those with own I-pads or devices, for allied health and/or private appointments • Grant submitted for unit at GP surgery	• Monitor usage – numbers of bookings at MPHS, Library; GP surgery to keep numbers on who would use if available (as unit not available yet) • Snap Feedback – satisfaction survey: ○ How would you rate your experience today (smiley faces)? ○ How could this be improved?
	• Increase awareness and facilitate access to **travel subsidies** to subsidise costs	• Within existing roles • QH travel unit staff and local staff • Patients may need assistance to complete forms (MPHS, social worker, family support worker, GP practice manager) • Community champions may be able to assist • GPs should be completing form B and sending direct to patient travel officer	• Flyers/info to community and be repeatedly circulated	• Monitor CAN agenda for issues/complaints • Formal complaints process is centralised, feedback from the local coordinators
Health Promotion	• Coordinate health expo at community events (Hughenden Show 1-3 June)	CAN, Project Support Officer, Service providers, JCU	Within existing resources Service providers to attend and promote services JCU students to conduct observations, general health promotion	Existence of event, numbers • Snap Feedback –satisfaction survey: ○ How would you rate your experience today (smiley faces)? ○ Should we do this again? • Option for longer survey – did you know these services existed?

	Actions	Workforce, Skillsets, Training	Resources, Funding	Tools to measure success
Coordination, Communication, Consistency	Coordinate details of **available services**: • clarify expectations about service providers **roles and constraints** including service/program criteria and referral processes • all providers info and visits to be documented in the **calendar** (currently AHA => admin task)	JCU Project Support Officer to check/collect extra info. Service providers to maintain their service description and enter visit dates (automate reminder process)	My Community Directory (free) My Community Diary (free) NQPHN funding ongoing for more advanced functionality. JCU digital solutions project to design app?	Evidence of up to date current info Evidence of hard copy directory Hits on the website or app
	Increase awareness about services using multi-pronged **communication strategy** – Community Champions, FB, My Community Directory, Flinders Post, word of mouth, networks e.g. mums/bubs, school newsletter, kindys, signs in shops, noticeboard, email lists e.g. Community Care; mail out, radio station, QR codes to website info	CAN Communications Officer Project Support Officer	Facebook, signs, newsletters, email free Flinders Post fees – negotiated? Mailout?	Feedback from service providers through CAN - verbal report on enquiries Snapshot survey at events/expo – did you know these services existed? Snapshot survey tailored after specific strategy. random sample of community in street: • Have you heard about x service? • Where did you hear about it? • Can you tell me what they offer?
	Promote awareness of '**Community Champions'** (as above) Establish network and support for champions (utilise service directory information)	Volunteers eg. NWICH, Library, FSS, HACC, Info Centre, Project Support Officer, health facilities staff Project Support Officer	Resources low, need info and time	Feedback from champions (interview)
Accessibil	**Re-model AHA role** to provide additional podiatry support to patients in between allied health visits (calendar delegated to admin)	Existing role	Scope of practice, training	Numbers of patients seen Extended scope of practice

5. CONCLUSION / RECOMMENDATIONS

This plan documents the discussions of the co-design process implemented in Hughenden as part to the place-based health planning project. Discussions resulted in the identification of priority population groups, current and future health concerns and a range of issues that impact upon the delivery of health care services. Through the process prioritised and feasible actions were determined for implementation as part to the project. The local Project Support Officer is leading the implementation of actions noted in the implementation plan which we are likely to be feasible within the timeframe of the project.

This plan provides evidence of issues important to the local community. Solutions were explored and categorised as being health system related or community related. While some actions may be easy to implement in a short timeframe, others require significant planning and funding to implement and are longer term goals. This plan may guide the Community Advisory Network, Chamber of Commerce, Flinders Shire Council and other key stakeholder organisations to advocate and pursue further improvements in health service delivery in the local community. Sub-committees or small working groups may choose to focus on specific actions.

APPENDIX A. HUGHENDEN SERVICES AWARENESS SURVEY RESULTS

Attendees at the 2023 Hughenden Show (who were locals) were asked to complete a brief survey regarding their awareness of services and what services they offer. There was a total of 29 surveys completed. Rates of awareness are shown in the table below. Services known by over 80% of respondents are highlighted in green. All of these organisations are based in Hughenden.

Organisation	N = 29	%
Flinders Shire Council – Community Care	26	89.7
Townsville University Hospital – Visiting/Telehealth Services	19	65.5
Hughenden Multi-Purpose Health Service	26	89.7
Hughenden Pharmacy	29	100.0
Hughenden GP Surgery	28	96.6
Alliance Rehabilitation	13	44.8
BodyFix	20	69.0
Carer's Gateway (North West Remote Health)	5	17.2
Clarity Hearing Solutions	14	48.3
Country Women's Association	24	82.8
Diverse Abilities Wellbeing Network (DAWN) Services	6	20.7
Flinders Shire Council – Library Services	29	100.0
Flying Skin Doctor	18	62.1
Health Collective Group	9	31.0
Hearing Australia	13	44.8
Heart of Australia	16	55.2
Hodgson Optical	7	24.1
Independent Advocacy NQ	4	13.8
Lives Lived Well	10	34.5
Mercy Community	2	6.9
NDIS Planner – Mount Isa	11	37.9
North West Indigenous Community Hub	15	51.7
North West Remote Health	12	41.4
O'Brien Chiropractic	22	75.9
Outback Futures	13	44.8
Project Outback Dental	11	37.9
Prospect Community Services	9	31.0
Qld Indigenous Family Violence Legal Service (QIFVLS)	8	27.6
Rainbow Gateway	21	72.4
RFDS Mental health	14	48.3
Rural Financial Counselling Service (for businesses)	7	24.1
selectability	5	17.2
Talk HQ	5	17.2
TRACC - Tackling Regional Adversity through Connected Communities	8	27.6
Towers Podiatry	14	48.3
True Relationships & Reproductive Health	8	27.6
Uniting Care - NQ Rural Family Support	16	55.2
Vinnies - St Vincent de Paul	27	93.1
Yumba Community Co-op Society	18	62.1

REFERENCES

1. Yeboah DA. A framework for place based health planning. Australian Health Review. 2005;29(1):30-6.
2. Panzera AJ, Murray R, Stewart R, Mills J, Beaton N, Larkins S. Regional health workforce planning through action research: lessons for commissioning health services from a case study in Far North Queensland. Aust J Prim Health. 2016;22(1):63-8.
3. Johnston K, Smith D, and the IHCP-NQ project team. James Cook University northern Queensland health atlas Townsville: James Cook University; 2022 [Available from: https://arcg.is/5a4Xq.
4. Johnston K, Smith D, Larkins S, Edelman A, Moodley N, Rouen C, et al. Integrating health care planning for health and prosperity in north Queensland: A gap analysis of the health needs and services in the northern Queensland region. Townsville: James Cook University; 2022.
5. IHCP-NQ project team. Health and Services in the Flinders Shire. Townsville: James Cook University; 2023.
6. Smith D, Crase M, and the ICHP-NQ project team. Hughenden Health and Community Services Directory. Townsville: James Cook University; 2023 4 September 2023.
7. Queensland Health. Specialist Palliative Rural Telehealth service: Information for clinicians Brisbane: Queensland Government: Queensland Health; 2023 [Available from: https://www.health.qld.gov.au/clinical-practice/referrals/statewide-specialist-services/palliative-rural-telehealth-service.
8. Townsville Hospital and Health Service. Local area needs assessment snapshot 2022. 2022, December.
9. Powerlink Queensland. Copperstring 2032: March Update and FAQs. 2024.
10. Flinders Shire Council. Flinders Shire attracts record number of tourists in 2021-22 Hughenden: Flinders Shire Council; 2022 [updated 15 August. Available from: https://www.flinders.qld.gov.au/news/article/101/flinders-shire-attracts-record-number-of-tourists-in-2021-22.
11. Field P, Franklin RC, Barker R, Ring I, Leggat PA. Cardiac rehabilitation in rural and remote areas of North Queensland: How well are we doing? Australian Journal of Rural Health. 2022;30(4):488-500.
12. Australian Institute of Health and Welfare. Chronic kidney disease: Australian facts: AIHW; 2023 [Available from: https://www.aihw.gov.au/reports/chronic-kidney-disease/chronic-kidney-disease/contents/how-many-people-are-living-with-chronic-kidney-dis.
13. Queensland Health. Rural or remote area radiography Use Licence: Queensland Government: Queensland Health; 2022 [updated 31 March 2022. Available from: https://www.health.qld.gov.au/system-governance/licences/radiation-licensing/apply/licences/medical/use/rural.
14. Queensland Government. The Patient Travel Subsidy Scheme (PTSS) 2023 [Available from: https://www.qld.gov.au/health/services/travel/subsidies.
15. My Community Directory [Internet]. 2023. Available from: https://www.mycommunitydirectory.com.au/.
16. National Rural Health Alliance. Primary care Rural Integrated Multidisciplinary Health Services (PRIM-HS) 2023 [Available from: https://www.ruralhealth.org.au/primary-care-rural-integrated-multidisciplinary-health-services.
17. Australian Country Hospital Heritage Association Inc. District Hospital, Hughenden Qld early 1960s: Australian Country Hospital Heritage Association Inc,. 2023 [Available from: https://achha.org.au/detailed.php?num=384.