



Report on a page

Queensland's growing and ageing population, with associated increasing prevalence of chronic diseases, is increasing demand pressures on the public health system in a time of significant fiscal constraints. As a result, some patients wait longer than they should for a specialist outpatient appointment. This has been exacerbated over the last 18 months with COVID-19 placing further strain on the health system.

Since July 2015, the Queensland Government has invested \$595 million in its *Specialist Outpatient Strategy* to address specialist outpatient long waits and known difficulties experienced by people and their general practitioners (GPs) trying to get the right specialist service at the right time. A long wait is where patients wait longer than clinically recommended for a specialist appointment.

In this audit we examined whether, by implementing the *Specialist Outpatient Strategy*, the Department of Health and the hospital and health services (HHSs) (collectively referred to as Queensland Health) have improved patient access to specialist outpatient services and reduced waiting lists.

 Findings <ul style="list-style-type: none">• Access and systems improved, but long waits increasing• Public demand outstripping supply—management strategies needed	 4 recommendations <ul style="list-style-type: none">• Address pressure points• Release capacity• Embed models of care• Engage more with GPs
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Demand for services is exceeding supply

Almost 80 per cent of the *Specialist Outpatient Strategy* funding was used for additional specialist outpatient appointments to reduce long waits. Queensland Health halved long waits in the first three years but increasing demand means the number of long waits for non-urgent cases has increased steadily since 2017. Queensland Health needs to address the challenge of increasing demand in its further reform work to create sustainable improvement.

Alternate models of care improve access for patients

Alternate models of care have increased the capacity of the public health system and provided more timely access to services for some patients. These models have reduced waiting lists in some specialties, but they need to be used more broadly to significantly increase capacity and optimise benefits. Specialist telehealth has improved patient-centred care through local access to some specialised services.

New systems are more efficient, but more GP engagement is needed

New contemporary information management systems have improved system integration, created process efficiencies for hospitals and GPs, and improved referral quality. They have improved the management and tracking of patient referrals along all stages of the healthcare journey.

However, GP uptake of electronic (smart) referrals is low, which reduces effectiveness. Greater engagement and support are needed to onboard more GPs.

Our recommendations

We made four recommendations to help Queensland Health address pressure points in the health system by changing how hospitals triage non-urgent cases and embedding proven models of care and effective practice across the state.

