Draft concept brief Regional Consortia & HHS Pall Care Hub proposal for discussion (based on population, geography and Indigenous demographic profiles)

HHS Information web page :

http://www.health.qld.gov.au/health-reform/html/hhs-profiles.asp

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Potentially **8 Specialist Palliative Care Regionalised Consortia/Hubs** - PC CSCFv3 Level 5/6 + Generalists and Level 1-4 Specialist Consortia (these Consortia/Hubs may contain 1-4 Level 5/6 Services within their region, based on population size, geographical area, remoteness & demography –age, SES status, Indigenous & CALD population profiles; e.g. per 300,000 population or per 150,000 sq. KM, per 10-20,000 Indigenous, CALD, low SES and >70y pop. etc. Vic PCRAM needs to be analysed as a possible PC funding methodology). Level 5/6 Consortia/Hubs must be funded and required to provide community outreach, up-skilling to all generalist EoL Care and Level 1-4 Specialist Pall Care providers in their defined region (direct or via video-link/web-based platforms).

Hospital & Health Service (HHS)	Current population	Predicted population 2021	Geography: Square KM covered	Indigenous population in 1,000s (%HHS) (%total Qld.)
Cairns	250,000	280,000	142,000	25.5 (10.2%)(15.6%)
Torres Strait & Northern Peninsula	11,000	Marginal increase	Large + TS Is.	9.1 (83.4%) (5.8%)
Cape York	13,000	Marginal increase	156,000	6.8 (52.6%) (4.5%)
Townsville	240,000	290,000	?	17.2 (7.2%) (10.3%)
North West	34,000	Decrease by 4%	240,000	8.7 (>25%) (5.5%)
Metro North	900,000	>1,000,000	4,157	14.4 (1.6%) (8.7%)
Metro South	1,000,000	1,200,000	?	20 (2%) (12.7%)
Mackay	185,000	230,000	69,000 (+Whitsundays)	7.7 (4.2%) (4.5%)
Central Qld.	225,000	260,000	114,000	11.7 (5.2%) (7.1%)
Central West	12,000	Marginal increase	?	0.84 (7%) (0.6%)
Darling Downs (Toowoomba)	300,000	340,000	?	10.8 (3.6%) (11.3%)
West Moreton (Ipswich)	220,000	330,000 (largest rate of growth in Qld.)	?	7.9 (3.6%) (11.3%)
Gold Coast	540,000	680,000	?	6.5 (1.2%) (3.8%)
South West	26,000	Marginal increase	319,000	3.1 (12%) (2.1%)
Sunshine Coast	390,000	480,000	?	5.9 (1.5%) (3.5%)
Wide Bay	220,000	260,000	?	6.6 (3%) (4.1%)

N.B.

For patient safety reasons and to meet service level capabilities as outlined:

Level 5/6 Cancer Services need a Radiotherapy Service + a Level 5/6 Palliative Care Service.

To be safe and meet service level capabilities as outlined:

Essential Ancillary **Medical Services** needed for all Level 5/6 Palliative Care Services are -

Level 5 Cancer, Radiotherapy and Interventional Pain Management Services.

So, **Cancer Centres**, **Pain Centres** & Level 5/6 Regionalised Palliative Care Service Consortia/Hubs need to be co-located and have defined service provision, specialist workforce development, up-skilling and generalist capacity building responsibilities plus clearly defined on-call advice areas that they cover.

1. How can this be achieved across 17 HHS's?
2. How will this be rolled out via the Statewide Paediatric Service in terms of sharing and up-skilling the available Adult Palliative Care infrastructure?