Metro North Health Outpatient Service Plan 2022 – 2025

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Metro North Health

Queensland Government

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An electronic version of this document is available at https://qheps.health.qld.gov.au/metronorth/planning/plans/service

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Introduction

Outpatient services are a vital interface between primary care and inpatient services. Patients need access to specialists for several aspects of care beyond the capabilities of primary care provision.

Significant gains have been made in recent years at the Queensland Health and local health service levels across the state to improve and streamline outpatient care. In alignment with the *Queensland Health Reform,* equitable and improved access through boosting capacity of the public health system, building services to meet demand, investigating new models of care, patient journey improvements including safety, increased outcomes and person-centred care are placed at the forefront of the strategic direction

The Metro North Health (MNH) Outpatient Strategies Plan (Service Plan) aims to deliver:

- ***Access and Capacity**:* increased capacity and equitable access to outpatient services for all Metro North Health residents and residents from other HHS's requiring statewide or tertiary services not available 'closer to home'.
- ***Patient Centred Care:*** improved consumer engagement enabling patients/consumers to make informed decisions in accessing outpatient services and contributing to decisions about their care.
- ***Safe and Effective Care**:* best practice, quality care that is sustainable and responsive to consumer needs with systems to support highly reliable health care.
- ***Efficient Care**:* monitoring and analysis of performance and reporting of outpatient services and projects for the purposes of improving practices and implementing sustainable models of care.
- ***Integrated Care**:* integrated outpatient services across the continuum of care and in partnership with primary care, and collaboration and cooperation between providers across primary, secondary and tertiary care to better support accessible patient centred health services.

The purpose of the Service Plan is to identify, deliver and embed evidence-based, coordinated and sustainable outpatient services within MNH. The Service Plan will supersede the Operation Outpatients: Future Focused – Strategy for Metro North Specialist Outpatient Services 2018-2021.

The scope of the Service Plan includes outpatient services delivered by all Directorates within the Metro North geographic catchment (Appendix 1). Metro North delivers outpatient services to a broad geographic area including the Metro North catchment, other Queensland HHSs, and interstate and international jurisdictions (New South Wales, the Northern Territory, Norfolk Island and Papua New Guinea).

Ambulatory care services such as, Emergency Department attendances, non-admitted day procedures, chemotherapy, and Hospital in the Home (HITH) services are not within scope of this Service Plan.

Our patients

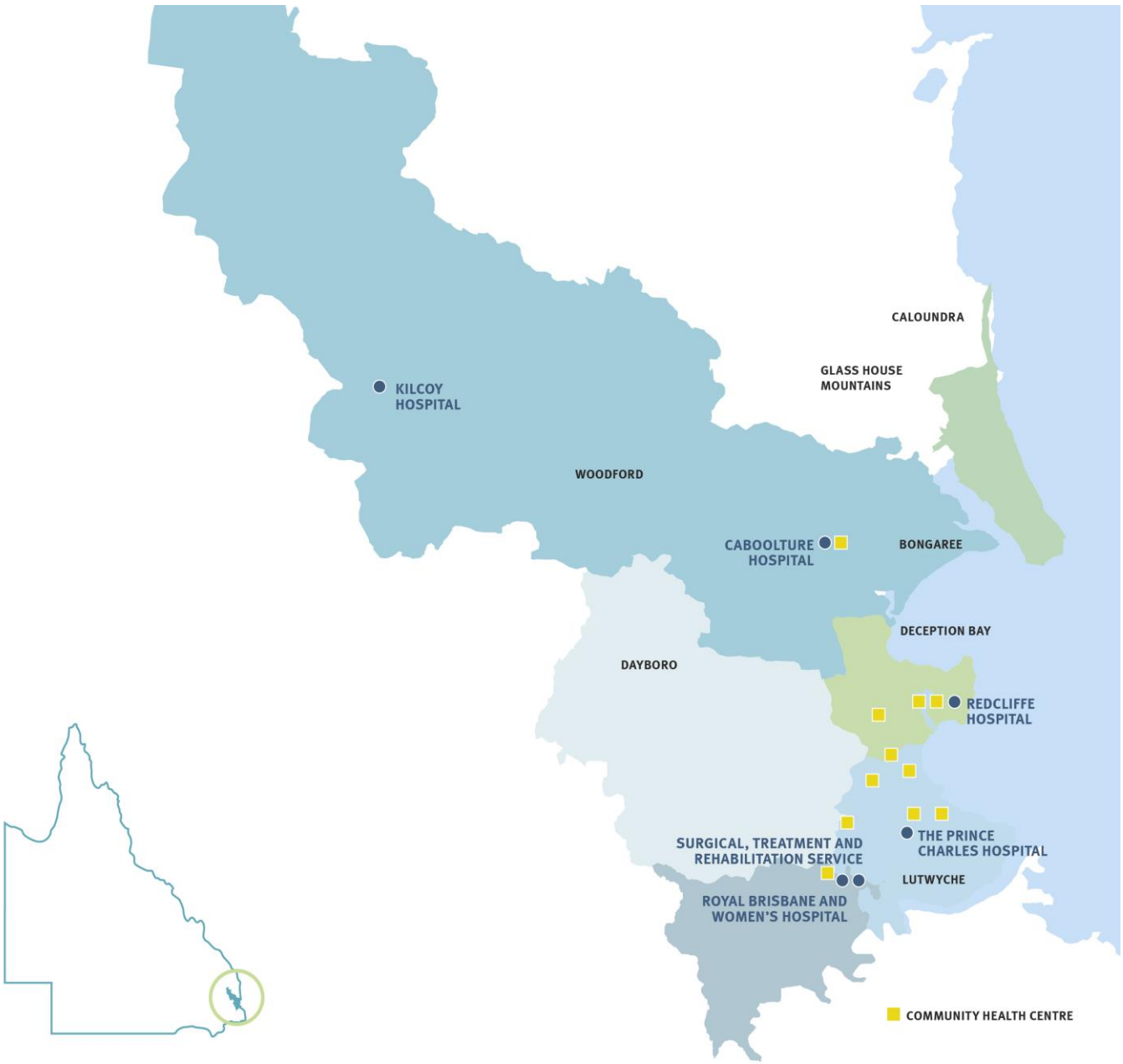
Our local Metro North Health catchment

Metro North Health is the largest public provider of health services in Australia which covers an area of 4,157 square kilometres extending from the Brisbane River to north of Kilcoy, and includes the regions of Brighton,

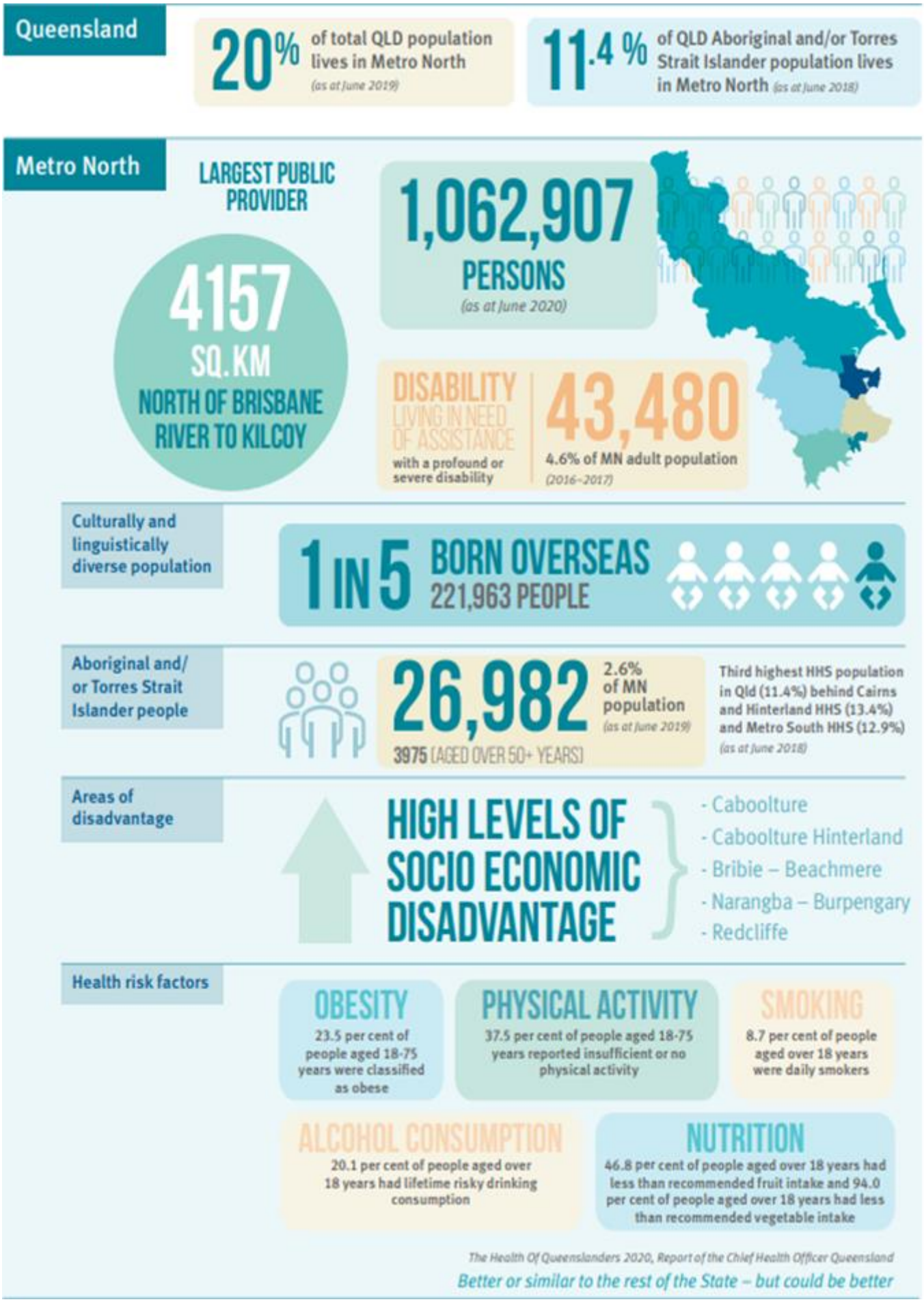
Caboolture, Chermside, North Lakes, North West, Nundah, Pine Rivers, Redcliffe, and Toowong. For planning purposes, Metro North is divided into four local hospital catchments based on resident flows:

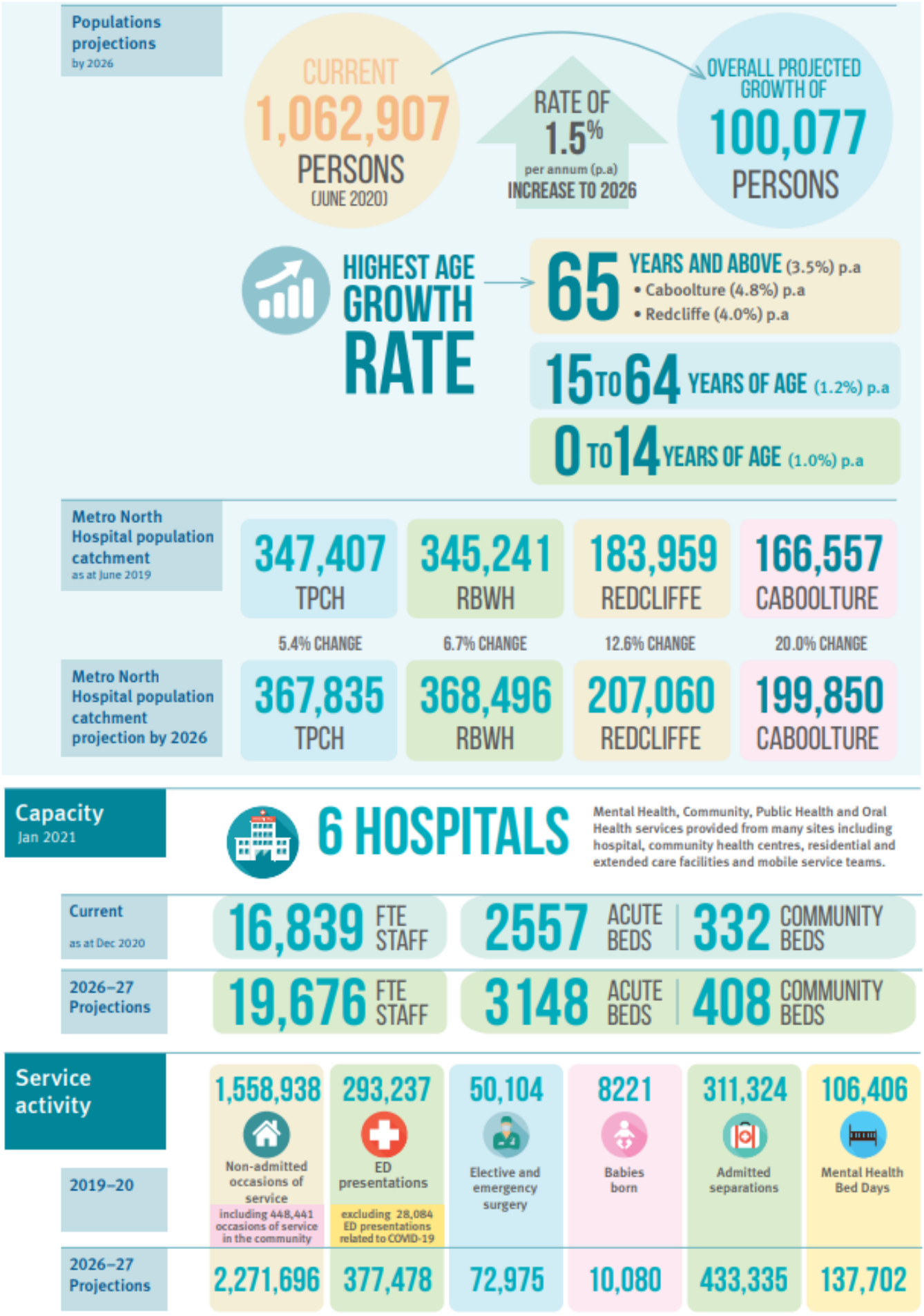
1. Royal Brisbane and Women's Hospital (RBWH)
2. The Prince Charles Hospital (TPCH)
3. Redcliffe Hospital
4. Caboolture / Kilcoy Hospitals and Woodford Correctional Services

It is recognised that the catchment areas include Surgical Treatment and Rehabilitation Services (STARS), Community and Oral Health (COH), and Mental Health facilities. The Metro North boundaries are depicted in Figure 1.



Metro North Health profile





Infographic provided by Health Service and Strategy Planning Unit, Metro North Health

The infographics are a snapshot of key statistics of the Metro North Health profile. This includes information on our population and projected population including cultural and linguistically diverse people (CALD) and persons who identify as Aboriginal and/or Torres Strait Islander, areas of disadvantage within Metro North and health risk factors. The infographic displays the latest data and projected capacity in terms of human resources, acute and community beds and service activity across key areas. Further in-depth data can be reviewed in Appendix 3.

The Metro North Health Outpatient service system

Service activity

Metro North Outpatient services provide care to patients across their lifespan (from newborns to the frail and elderly). The six Directorates within Metro North offer services for 27 specialities which encompass 51 clinics across the Surgical, Medical, Allied and Mental Health, and Women, Children and Families Clinical Stream. Outpatient appointments are delivered in person, via the telephone, or virtually from an array of care settings; including within the hospital, community, via outreach clinics, and within outsourced or partnership campus' such as primary care and Non-Government Organisations (NGO's).

In 2021, there were 2,250,279 outpatient occasions of service (OoS) provided in Metro North comprised of 1,062,296 new service events and 1,187,983 total review events. 628,321 of the total OoS were provided in the community.

As at the end of December 2021, 139,257 new referrals had been accepted by Metro North for Specialist Outpatient Department (SOPD) clinics in the last 12 months and 158,888 new cases had been seen in the same period. Despite the size and capacity of Metro North, a significant number of patients continue to wait longer than clinically recommended times for their initial consultation. There are multiple contributing factors impacting the wait times of patients including; service reduction impacts from COVID-19, population growth, and persistent fail to attend (FTA) rates of 4-5 percent limiting the optimisation of clinic resources. Gastroenterology, Ear, Nose and Throat (ENT), Orthopaedics and General Surgery showed the greatest levels of high volumes and high waiting times within Specialty Outpatients.

The next three years

During the next three years, this Service Plan will support the enhancement of Metro North outpatient services transforming the delivery, quality of care and pathways of non-admitted care as a focus point, and in alignment with the vision of MN32, the Metro North Health Strategic Plan and Metro North Health Service Strategy 2021 - 2026.

The Non-Admitted Reform Implementation Group will deliver oversight and governance for performance improvement in specialist outpatient access and lead recommendations from the Reform Plan, including the virtual care strategy. Supported by recommendations within the Improving access to specialist outpatient services Report 8: 2021–22, Metro North Outpatients expects to see the following subsequential actions complimentary to the service principles and actions:

- Address pressure points and releasing capacity by working with hospital and health services to embed proven, innovative models of care and more integrated health solutions across the state to help increase capacity and optimise benefits more broadly.
- Equitable Non-Admitted Load Balancing of patients throughout the Metro North facilities while promoting closer to home care for patients.
- Implement initiatives to stream non-urgent referrals, where clinically appropriate, to alternate care pathways to address priority pressure areas and early intervention.

- Implement enhanced holistic patient journey approach.
- Optimise use of primary care within the community by engaging with GPs through the PHN to enhance referral platforms, and support education and training to achieve further widespread use of GP Smart Referrals
- Develop clear and measurable objectives for future projects to assess whether intended benefits have been realised
- Increased equitable access for First Nations patients in culturally safe spaces
- Establish opportunities and expand care pathways by identifying opportunities for new models of care through upskilling and expanding workforce.
- The Service Plan is influenced and shaped by the guidance of the Queensland Health Reform, First Nations Health Equity, MN32, and the National Safety and Quality Health Service (NSQHS) Standards as detailed below.

Unleashing the potential: an open and equitable health system

This Queensland Health Reform initiative outlines a plethora of opportunities provided in a roadmap for the Queensland health system to build on the potential that was unleashed as Queensland responded effectively to the COVID-19 pandemic in the first half of 2020. The recommendations for consideration and implementation most relevant in a speciality outpatient setting are:

- Recommendation 1: Drive health equity and an understanding of local health needs
- Recommendation 4: Transform the relationship with primary care in Queensland
- Recommendation 5: Develop and deliver a value-based health care strategy to underpin service improvement across Queensland Health
- Recommendation 6: Transform non-admitted care to improve patient experience, reduce wait times, and improve clinical outcomes

First Nations Health Equity

In order to wholeheartedly embed Aboriginal and Torres Strait Islander peoples and voices at the centre of healthcare service design and delivery to eliminate racial discrimination and institutional racism, and address their social, cultural and economic determinants of health, Metro North Outpatient Services will commit to the following framework objectives:

- KPA1 - Actively eliminating racial discrimination and institutionalised racism within the service
- KPA2 - Increasing access to healthcare services
- KPA3 - Delivering sustainable, culturally safe and responsive healthcare services
- KPA4 - Influencing the social, cultural and economic determinants of health
- KPA5 - Working with First Nations peoples, communities and organisations to design, deliver, monitor and review health services

MN32: #NEXTCARE The Future of Health

Within the life of this Service Plan, strategic initiatives surrounding speciality outpatients are aligned with the MN32 strategy framework. The below initiatives are for consideration of priority and investment, and are centred around patient experience and outcomes, improved end of life care, and healthcare quality and safety:

- The Prince Charles Hospital Gastroenterology and Ambulatory Care Gastroenterology Centre
- Caboolture ED expansion, outpatients and medical imaging relocation
- Value-based healthcare, including capturing Patient Reported Experience Measures (PREMs) and Patient Reported Outcome Measures (PROMs) to inform care and service evaluation.
- Metro North Closing the Gap
- Satellite Hospitals

National Safety and Quality Health Service (NSQHS) Standards

Specialist Outpatients commits to display exemplar practice and continue to be guided by the below NSQHS Standards:

- Clinical Governance Standard
- Communicating for Safety Standard
- Comprehensive Care Standard
- Partnering with Consumers Standard

Challenges

COVID-19 Impact to Outpatient Services

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 patients and their general practitioners (GPs) regarding access. Despite this investment and further additional funding committed to support the impact of the COVID-19 pandemic, outpatient waiting lists have grown across Queensland over the past 24 months while the health service has responded to the pandemic. The number of specialist outpatient referrals across Queensland increased by 53 per cent, while the number of first appointments (termed initial service events) increased by 36 per cent. The increase in referrals exceeded the growth in Queensland's population, which grew 8.3 per cent between 2015 and 2020.

During the height of the COVID-19 response, Metro North Health responded to the management and continuity of health services through a tiered approach in alignment with the Queensland Health Statewide COVID Response.

To refocus the public healthcare system and ensure there was sufficient capacity available to manage the forecasted peaks in COVID-19 cases, the Department of Health introduced restrictions on the delivery of care and acceptance of referrals for non-urgent Category 2 and 3 elective surgery and Category 3 specialist outpatients, returning referrals to primary care for management where appropriate.
Outpatient services recorded increased failed to attend and cancellation rates as patients responded to the new COVID-19 environment. This impacted efficiency at all facilities and was further compounded by ongoing border closures and snap lockdowns. Sustained bed pressures and code yellow declarations also impacted outpatient services across Metro North Health facilities. In response, outpatient clinics were cancelled, and staff and resources were re-deployed to manage acute demand.

Potential Challenges in the Recovery Phase

As a result of increased demand, some patients wait longer than clinically recommended for an outpatient appointment. Queensland Health Reform initiative directives will inform strategic direction of outpatient services. The recovery approach aims to facilitate a reduction in long wait patients. It is predicted it will take up to 12 months for the health system to address the backlog.

Alignment of strategic direction regarding care pathways may prove challenging in the implementation phase across the Metro North Directorates due to workforce capability, resources, demand and backlog. The allocation of resources to support progressive actions is subject to normal budget processes.

In response to the reduction of planned care, the Medicare Benefit Schedule (MBS) Specialist Telehealth arrangements included funding for telephone consults. Future changes within the MBS funding structure post 30 June 2022, will shift funding to virtual videoconference consults and provide limited support for telephone consultations. The acceleration and scaling of virtual care initiatives is underway across Metro North Health and driven by the Planned Care Reform Group. Care delivered via telephone has been adopted quickly at all facilities, however, adopting virtual video telehealth to meet MBS funding requirements is more complex. Metro North has recently finalised a Telehealth Equipment Audit across all outpatient services to identify equipment gaps that exist and are a barrier to the delivery of virtual care. Each facility is at a different phase of telehealth readiness.

Opportunities

In alignment with *Unleashing the Potential* and *Health Equity,* Metro North Health commits to identifying and strengthening sustainable outpatient strategies. The recommendations for consideration and implementation in the latter initiatives will path strategic direction for outpatient departments across Metro North. A Local Area Needs Assessment (LANA) of the Metro North and Brisbane Primary Health Network was comprehensively conducted to identify health inequities. The LANA will inform future opportunities to optimise the identified service gaps by tailoring a response to the service demand and health data analysis findings.

Infrastructure redevelopment is a large component of MN32. Opportunity for outpatients lies within the physical and digital infrastructure. Consumers can expect their first interaction with Metro North to occur digitally e.g., booking appointments virtually at a time that suits them, communicating through text and email. Tasks will be automated i.e., patient referrals, outpatient scheduling and appointment reminders. Streamlined and standardised operating models will support administrative workload and improve quality and timeliness of tasks. All facilities will have culturally inclusive spaces to support culturally appropriate care. These improvements combined will likely reduce fail to attend (FTA) rates and reduce waitlists across the HHS, while improving patient reported experience and empowering patient choice.

The opening of STARS offers increased outpatient activity and load balancing capability. The anticipated positive impacts on wait lists however have not been fully realised, due to a variety of process and resource issues including the COVID-19 pandemic. Focus on enhancing outpatient departments through optimisation of business operating models at STARS will continue to be a priority.

To cater for the demand and population growth, the Caboolture, Redcliffe, and Prince Charles Hospital redevelopment and expansions will offer increased bed capacity, cover a range of specialities and expand the emergency department. A state of flux is anticipated in the transition to the new infrastructure, and further growth in service events. The physical and service development created by the delivery of the Satellite Hospital Program may aid capacity for services that are more appropriately delivered in the community and create opportunity for new services including hospital avoidance initiatives. Outpatients could expect to see reduction in waitlists, increased availability and improved equitable access

Increase in uptake of telehealth services across both the primary and acute care sectors has been widely recognised as a significant dividend from the COVID-19 pandemic and inclusive within Recommendation 7 of the Unleashing the Potential: an open and equitable health system initiative. As previously stated, the change in funding to telehealth delivered appointments means that to establish a stretch target of 50 to 70 percent as directed by the Department of Health, supported by Unleashing the Potential, facilities will need to be equipped with appropriate digital infrastructure and administrative / clinic models to receive funding for virtual telehealth consultations. Interoperability provides additional opportunity for supporting and optimising patient experience and choice and allows the healthcare system to remain adaptable to the current changing landscape of care delivery.

New models and pathways of care such as Nurse Practitioner and Nurse Navigator led clinics, Streaming Outpatient Referral Team (SORT), Smart Referrals Workflow Solution (SRWS), Connecting Your Care, First Nations pilot projects, and General Practitioners with Special Interest (GPwSI) have supported the capacity of the public health system to provide additional specialist appointments and services. These new models of care will continue to be enhanced and expanded, with the intent to quantify significant and sufficient increased capacity and optimise benefits more broadly across Metro North Health. Initiatives such as Your QH Application and Continuity of Care Criteria will continue to strengthen a robust outpatient recovery strategy.

Long wait times for outpatient appointments, particularly for new patients, lead to cancellations and fail to attend rates. The Non-Admitted Load Balancing model of care across facilities intends to reduce waitlists, increase clinic capacity, improve workforce and resourcing implications and demand, and provide better health outcomes for patients. To achieve a flexible method for optimising sharing of healthcare resources

and demand, significant gap analysis and consultation will be required for successful implementation to operationalise the Non-Admitted Load Balancing model of care.

To further support referral management processes, SORT was successfully established in November 2020 and is part of Central Patient Intake Unit (CPIU). The primary goal of SORT is to provide consistent, coordinated and efficient management of referrals within Metro North Health, achieved through a centralised nurse-led outpatient referral screening model. Since its establishment facilities have received referrals of a higher quality containing essential clinical information in compliance with Clinical Prioritisation Criteria (CPC) guidelines. It is envisioned that as SORT matures referral quality will continue to improve.

Research in the outpatient space within Metro North Health is limited. Facilitation of research and evaluation of common themes and gaps within the operational business models would significantly improve best practice through integration of evidence-based findings. Research exploration may subsequently inform new workforce models and peer supervision, attract funding sources and create prospective co-design and human factors research opportunities. Directorate nominated pain points and knowledge barriers include but are not limited to:

- What is an acceptable level of treatment?
- What are the barriers to organisational agility?
- What should the public system provide and where should it be provided?
- What should a tertiary quaternary service provide?
- How do / can OPD services impact on clinical interventions and outcomes?

Collaboration with the local Primary Health Network (PHN) will be informed and supported by the Brisbane North Primary Health Network Strategic Plan and Metro North Health initiatives. Strengthening and sustaining partnerships will enable re-orientation of healthcare systems toward care closer to home, encompass community voice and build capacity to meet health needs. Connecting Your Care and Continuity of Care Criteria initiatives will continue to embed these goals within Metro North Health, in conjunction with PHNs.

Service Directions

This Service Plan is organised around five service directions, each with its own set of objectives and actions to guide outpatient service development. The signs of success for each service direction will help monitor progress and achievements. The aim is to complete all actions within the next three years unless otherwise indicated. Directorate implementation plans to operationalise strategies will define local priorities. Timeframes should align with relevant DoH, MNH and Directorate Strategic Plans and initiatives. It is important to recognise that outpatient services operate within an everchanging health service with competing needs and finite resources.

Service Direction 1

Patients will have equitable access to outpatient care delivered locally where clinically appropriate.

Outpatient care in Metro North will be accessible, tailored and responsive to the individual's health, social, cultural and emotional needs. Patients will be triaged and treated based on their clinical urgency and vulnerable patient groups due to age, economic, cultural, ethnic or health characteristics will be supported to receive timely care to help achieve equitable health outcomes. Patients will have equitable access to care regardless of their place of residence. Metro North Health outpatient services will prioritise models of care that are delivered virtually and, in the community, where clinically appropriate.

Objectives

1. Improve equity of access to outpatient care for all patients based on their clinical urgency regardless of their place of residence.
2. Provide increased support for vulnerable patient groups to access outpatient care in Metro North.
3. Enhance capacity of healthcare services to improve access for patients
4. Provide increased outpatient care via virtual care modalities where clinically appropriate.

Service actions

Priority Actions		Implementation Lead
1.1	**Provide and implement more culturally safe and responsive services to Aboriginal and Torres Strait Islander people**	
Recommended actions:		
1.1.1	Maintain engagement with Aboriginal and Torres Strait Islander Elders, communities and consumers to ensure outpatient services are responsive to expectations, needs and patient-reported information *- in alignment with MNH Health Equity Implementation Plan Action 3.2A*	Directorate Executives
1.1.2	Embed person-centred care through optimising workforce models to enhance or establish care pathways to address system gaps and increase health outcomes *- in alignment with MNH Health Equity Implementation Plan Action 3.1A*	Directorate Executives
1.1.3	Continue expanding alternative methods of care in line with to provide outpatient services externally at hospital locations, or in a culturally resonant location *- in alignment with MNH Health Equity Implementation Plan Action 2.7A*	Streams & Directorate Executives
1.1.4	Expand co-designed Aboriginal and Torres Strait Islander patient referrals and waitlisting models *- in alignment with MNH Health Equity Implementation Plan Action 3.2G*	Outpatient Strategies & Directorate Executives
1.2	**Optimise Metro North outpatient capacity and access**	
Recommended actions:		
1.2.1	Advocate for expansion of Outpatient services in other HHS's enabling outside Metro North to access care closer to home, and support transition of patients from Metro North to local services where possible.	COO, CPIU, MNH Telehealth & Outpatient Strategies
1.2.2	Develop and implement supporting tools, processes, and service criteria to provide visibility of outpatient capacity and demand, to enable and support load balancing across Metro North Health.	MNSOG & Outpatient Services
1.3	**Support attendance for patients**	
Recommended actions:		
1.3.1	Review transport options including subsidised or validated parking for outpatients especially for chronic disease patients to reduce the financial barrier to accessing outpatient care.	Directorate Executives & COO
1.3.2	Identify and understand causes for FTA with a focus on vulnerable groups and implement solutions accordingly.	Directorate Executives & Outpatient Strategies
1.4	**Enhance uptake and imbed virtual care across outpatient departments**	
Recommended actions:		
1.4.1	Increase awareness of telehealth services through primary care to encourage patient access.	MNH Telehealth & Outpatient Strategies

1.4.2	Provide education and resources to ensure staff feel competent and supported when accessing and providing outpatient clinics through a virtual platform.	MNH Telehealth
1.4.3	Increase uptake of video-based telehealth across outpatient clinics where clinically appropriate.	Directorate Executives

Key measures

1. Each directorate reports an increase in video telehealth OoS for Medicine, Cancer Care and Women's stream outpatient care by 20% per annum on current baseline to ensure eligibility for MBS funding. (1.4.3)
2. Each directorate reports an increase in video telehealth OoS for Surgical and Allied Health outpatient care by 10% per annum on current baseline to ensure eligibility for MBS funding. (1.4.3)
3. Reduce fail to attend rates in outpatients to 6% per quarter across each medicine and surgery CCC via auditing and implementing sustainable processes through evidence-based findings. (1.3.2)
4. Deliver Telehealth education platform for healthcare services and workforce. (1.4.2)
5. Improve Metro North level governance and reporting structure to support load-balancing across all speciality outpatients and outpatients governed by SOSIS guidelines. (1.2.2)
6. Enhance transitional services for adolescence and young adults by optimising systems and processes between paediatrics and adult services across Metro North. (1.2)
7. In alignment with MNH Health Equity Implementation Plan (Action 2.7), Increase the delivery of innovative models of care that provide care closer to home or in partnership with local Aboriginal and Torres Strait Islander health organisations, including brokerage models and increasing the use of telehealth and digital health. (1.1)
8. Zero long waits and ultra long waits for planned care outpatient appointments (1.2)

Service Direction 2

Outpatient care will be patient focussed, giving patients more choices about their care and supporting patients and their carers to navigate and coordinate their care.

Metro North delivers outpatient care to a broad range of patients with diverse needs and preferences. Some patients would like to participate in navigating and coordinating their care whilst other patients require more support and assistance. Patients and carers will be informed and given more choices and flexibility about how and where they access Outpatient care within clinical and service parameters ensuring patients can access care that better aligns to their lifestyle, commitments, and health needs. Outpatient services will also work to improve the patient's experience whilst awaiting care.

Objectives

1. Focus on health literacy in outpatient services to ensure health information meets patients' needs, is well understood and supports informed decision making.
2. Empower patients to have more choice and flexibility regarding their appointment date, time, location and mode of care.
3. Improve patient experience whilst waiting for outpatient appointments.

Service actions

Priority Actions		Implementation Lead
2.1	**Enable and encourage health literacy for patients to ensure informed decision making and person-centred care**	
Recommended actions:		
2.1.1	Through co-design with consumers, consolidate and optimise condition-specific patient information resources that are easily accessible	Streams, MNH Telehealth, MNH Online & MNH Engage
2.1.2	Improve access to co-designed information resources on virtual care to support patients utilising telehealth services	MNH Telehealth & MNH Online
2.2	**Ensure patient experience is paramount in providing care**	
Recommended actions:		
2.2.1	Engage with clinical teams to support integration and encourage focus on patient-reported information to enhance patient care and inform service improvement	Directorate Executives
2.2.2	Evaluate the holistic outpatient experience and embed Human Factors and co-design to inform future infrastructure, interoperability and identify opportunities for redesign	Directorate Executives
2.3	**Ensure health outcomes are supported by patient-led choices and person-centred care**	
2.3.1	Enable patient choice in relation to appointment modality (including mode of notification and correspondence) when clinically appropriate	EDCS, COO, MNH Telehealth, MNH CALD
2.3.2	Explore language translation options for outpatient appointment notifications and correspondence to improve culturally safe healthcare, patient choice and patient experience	Interpreter Services & COO

2.3.3	Ensure Aboriginal and Torres Strait Islander people have choice in accessing healthcare services they need and want	Directorate Executives

Key measures

- Increased availability of condition and care pathway specific information for patients across ten specialty outpatients' services to support health literacy and empower patient choice. (2.3)
- Provide inclusive mechanisms for Aboriginal and Torres Strait Islander peoples of all needs and abilities to provide feedback to the Service. (2.3.3)
- Adopt PREMS survey methodology into outpatient departments and set local targets. (2.2.1):
    - Achieve 70% above satisfactory for patient reported experience with consumer literacy and education resources
    - Set local targets that aim to increase satisfaction with patient education and care pathway resources and/or virtual care.

Service Direction 3

Outpatient care will be integrated in the patient's health journey with a focus on information sharing, collaboration and partnerships with the patient's care networks.

Metro North Health recognises that outpatient care is just one part of a patient's health journey. A patient can have many encounters with multiple care providers along their journey of care. A patient's care network may include multiple specialities from different Metro North and other HHS facilities (both public and private), General Practice, community and domiciliary supports and other primary care providers, as well as carers, family and friends. The best patient outcomes are achieved when all care providers work together with the patient and their family to achieve their health goals. Integrated outpatient care is underpinned by bi-directional communication and collaboration and information sharing between care providers enabling a seamless journey of care.

Objectives

1. Enhance Metro North Health's outpatient service network to deliver coordinated care across settings by strengthening existing partnerships and developing new ones to grow outpatient care capacity and improve continuity of care for outpatients.
2. Streamline outpatient referral management and facilitate improved communication with referrers.
3. Improve access to specialist advice and ongoing education for General Practitioners and other primary care providers.
4. Enhance collaboration with primary care, other care providers and patients to co-design integrated models of outpatient care to meet patient's needs.

Service actions

Priority Actions		Implementation Lead
3.1	**Provide meaningful education opportunities for primary care clinicians and increase engagement to strengthen communication channels and protocols for transition back to primary care**	
Recommended actions:		
3.1.1	Better integrate specialist outpatients and primary care to reduce avoidable admissions and improve patient's outcomes and experience to achieve best practice continuity of care	Directorate Executives, MNH Telehealth & Outpatient Strategies
3.1.2	Enhance and expand Rapid Access Clinics by optimising pathways for implementation and sustainability to maximise service delivery and capability	Directorate Executives, MNH Telehealth & Outpatient Strategies
3.1.3	Refine and apply the framework of discharge criteria for specialities by establishing a streamlined and 'specialty specific' process of continuity of care back into primary care	Directorate Executives & Outpatient Strategies
3.1.4	Develop multimodal GP advice program enabling GPs to seek patient specific clinical advice from Specialists via synchronous and asynchronous modalities	MNH Telehealth & Outpatient Strategies
3.2	**Enhance digital infrastructure and interoperability to deliver high quality health care to patients and improve care coordination**	
Recommended actions:		
3.2.1	Equip directorates with appropriate resourcing and digital infrastructure to optimise virtual telehealth readiness	COO, Digital Metro North & MNH Telehealth Services
3.2.2	Optimise integration to support information sharing through interfaces to enable better information sharing between primary and secondary care	CE, Digital Metro North & Outpatient Strategies
3.3	**Optimise referral and waitlist processes to ensure equity and access**	
Recommended actions:		
3.3.1	Implement new and / or updated SOSIS guidelines within outpatient departments	Directorate Executives & CPIU
3.3.2	Adopt innovative evidence-based strategies to manage waitlists (e.g., automated waitlist administrative and clinical review function) to identify gaps and opportunities to reduce long waits and improve current processes	COO & Directorate Executives
3.3.3	Adopt innovative evidence-based strategies to manage referral intake including system optimisation, with the intention to identify gaps and opportunities to improve current processes	Directorate Executives, CPIU & Outpatient Strategies
3.4	**Build and strengthen valuable partnerships to enable access to support the patient's journey and achieve health goals**	

Recommended actions:

3.4.1	Further engage with Non-Government Organisations and external support groups to enhance and imbed robust partnerships, support waitlist management, clinical information sharing and subsidised care pathways to increase access to resources and decrease cost for patients	Strategic Developments, MNH Telehealth & Outpatient Strategies
3.4.2	Strengthen MNH outpatient services network by building capacity and influencing outpatient service network through analysis, design and engagement of current and future landscape	Strategic Developments, COO, MNH Telehealth & Outpatient Strategies

Key measures

1. Improve co-ordinated care and active efforts by HHSs and primary health care providers to ensure Aboriginal and Torres Strait Islander patients remain engaged, including while waiting for specialist care or elective surgery. (3.4)
2. Effective implementation of streamlined discharge criteria is shown in two priority specialties nominated by each directorate (12 total) across MNH with 7% per annum reduction of review OoS. (3.1.3)
3. Discharge letters are dispatched to GPs within 48 hours by 30 June 2023. (3.1.1)
4. Implement governance and compliance with SOSIS guidelines across all applicable outpatient departments. (3.3.1)
5. Deliver a single streamlined hotline to enhance Rapid Access and GP Advice Line/Program, with intention to provide care pathway advice and options to PHN and integration of care between primary and secondary services. (3.1.2)
6. Expand accessibility to The Viewer to all MNH clinical staff and GPs by 1st July 2023 with >90% of requesting GPs are granted access on the same day of request. (3.2.2)
7. >50% of all new models of care and operating models established and written (per annum) include an engagement strategy with NGOs PHNs, NDIS providers, private hospitals and other partnering organisations (3.4.1)

Service Direction 4

Outpatient Services will adopt contemporary models of care enabled by digital platforms and technology, infrastructure, workforce models and partnerships to support our workforce to deliver person-centred care.

Innovative workforce models and partnerships with primary care and other government and non-government agencies will be investigated to ensure our services meet patient and health service needs. Outpatient services will implement digital platforms and technologies including virtual care and enhanced data analytics to inform decision making and support our workforce to provide care. Metro North will explore new infrastructure options and ensure current outpatient infrastructure is fit for purpose, optimally utilised and re-designed where necessary to improve patient flow and patient and staff experiences.

Objectives

1. Increase the use of digital technologies and platforms to support our workforce to improve outpatient care and patient experiences.
2. Review locations of service offerings to improve access to care within the community, maximise the use of current clinic space, and investigate redesign and expansion opportunities to ensure infrastructure is fit for purpose.
3. Investigate contemporary workforce models and ensure our workforce is supported to work to their full scope of practice.
4. Prioritise the development of new and alternative models of care that better meet the needs of our patients (e.g., extended hours, virtual care, care delivered in the community and closer to home).

Service actions

Priority Actions		Implementation Lead
4.1	**Foster workforce adaptability and readiness through recognition, upskill and empowerment**	
Recommended actions:		
4.1.1	Analyse the business needs of specialist outpatient departments and redefine workforce scope and requirements of professions and roles to optimise the operations of the department	Streams, MNH Telehealth & Directorate Executives
4.1.2	Implement outpatient service and workforce models that maximise the use of non-medical expertise (e.g., nurse practitioner and allied health-led models)	Streams & Directorate Executives
4.2	**Enable systems to support business intelligence, reduce risk, and facilitate efficient, responsive, and streamlined care**	
Recommended actions:		
4.2.1	Explore pilot of a patient-controlled platform for managing appointments within clinical and service parameters	Directorate Executives, MNH Telehealth & Clinical Streams
4.2.2	Develop and pilot a model for patient self-monitoring to enable rapid review and response between scheduled appointments to promote high quality and patient-led care	Clinical Streams, Directorate Executives & Digital Metro North
4.3	**Review traditional care delivery and co-design of outpatient clinic spaces to ensure suitability and safety for patient cohorts**	

Recommended actions:

4.3.1	Investigate and implement where appropriate a clinic utilisation tool to better understand and optimise clinic and space utilisation	Digital Metro North
4.3.2	Review utilisation of clinic space and seek opportunities to move appropriate clinics off-site to non-traditional settings such as community hubs, shopping centres and general practices	COO & Directorate Executives

4.4	Review current demand, evaluate models of care and build services in accordance with health landscape

Recommended actions:

4.4.1	Improve patient experience through optimising Multi-Disciplinary Teams (MDT) models of care, with the intent to reduce multiple appointments, subsequently alleviating facility demand and waitlist pressures	Streams & Directorate Executives
4.4.2	Explore and implement appropriate shared care models especially for chronic diseases (e.g., Respiratory, Cardiology, Endocrine, Diabetes, Neurology, Cancer care)	Streams & Directorate Executives
4.4.3	Review gaps and opportunities and identify best use of resources (workforce, technology, funding etc.) to support remote healthcare delivery	COO & Directorate Executives

Key measures

1. Explore implementation requirements to enable use of YourQH application, to enhance the patient journey and improve overall communication between health services and the patient. (4.2.1)
2. Pilot an MDT clinic to integrate grouping of specialities, to assimilate a holistic appointment approach based on morbidity, rather than traditional clinic models. (4.4.1)
3. Implement MNH strategy for clinic room utilisation, and audit and compare findings across four outpatient departments in each facility. (4.3)
4. 75% of patients receiving shared care between GP and MN in specific clinical domains report above satisfactory experience and prefer this model of care compared to traditional outpatient care. (4.4.2)
5. A randomised audit of patients being remotely monitored across three clinical domains show that 75% of patients report above satisfactory patient experience, and under 5% of patients presented to emergency department in the audit time period. (4.4.3)
6. Demonstrate increase to nurse-led or allied health-led outpatient OoS per annum across four specialty outpatient departments. (4.1.2)
7. Implement models such as the Continuity of Care Criteria to support discharge back to primary care based on patient clinical need. (4.4)
8. Stocktake Service Level Agreements and Memorandums of Understanding with other HHSs to understand gaps, barriers, and uplift requirements to support care closer to home. (4.4)

Service Direction 5

Outpatient Services will deliver evidence-based, high-benefit, efficient and sustainable care that is co-designed and agile to meet evolving patient, workforce and health system needs.

As healthcare is rapidly evolving, Metro North Outpatient Services face increasing demand and finite resources in an everchanging healthcare landscape. Outpatient Services will work to minimise unnecessary variation in processes and care across facilities to maximise efficiency and ensure consistency. Outpatient Services will focus on providing high-benefit care, prioritising collaborative, sustainable and evidence-based models of care and service delivery. Outpatient services will foster a culture of innovation, continuous quality improvement and research and all services will be co-designed with our partners. Outpatient care will be agile and adaptive to changes in patient and health system needs and outpatient performance will be measured not only by volumes but by value, outcomes of care and patient experiences.

Objectives

1. Improve outpatient service quality, safety and performance through data collection and analytics to better inform clinical decision making and future service provision.
2. Minimise unnecessary variation in outpatient care across Metro North.
3. Improve and refocus performance measures and indicators to ensure safe, effective and high-benefit care across Metro North Health.
4. Development and implementation of new sustainable, evidence-informed models of outpatient care.
5. Create a culture of innovation and continuous quality improvement in outpatient services.

Service actions

Priority Actions		Implementation Lead
5.1	**Maximise and deliver high-benefit outcomes through refining and standardising contemporary operational models and performance**	
Recommended actions:		
5.1.1	Enhance the availability of clinical and service intelligence to inform operational performance and enhanced decision-making	Clinical Intelligence
5.1.2	Review key performance indicators (KPIs) and strategic and operational governance to support high quality performance and outcomes	MNSOG & Outpatient Strategies
5.1.3	Review transfer of care procedures and criteria including expanded use of Clinical Discharge Tool	Directorate Executives & Outpatient Strategies
5.1.4	Conduct an annual outpatient event to support opportunities, achievements, knowledge sharing and collaboration	Outpatient Strategies
5.3	**Develop and implement new sustainable, evidence-informed models of outpatient care and evaluate current models**	
Recommended actions:		
5.3.1	Build organisational capability and consistency around applying implementation science and evaluation frameworks in relation to new models to enhance sustainability	CE, MNH Research & Directorate Executives

5.3.2	Facilitate research and evaluation of specialty-specific topics and operational business models	Streams & Directorate Research

5.4	**Increase opportunity to prioritise co-designing new outpatient services with consumers to ensure services meet their needs**

Recommended actions:

5.4.1	Promote innovation and co-design through meaningful end-user engagement in health system improvements and expand opportunities for outpatient research endeavours	MNH Research, Outpatient Strategies & MNH Engage
5.4.2	Review, co-design and implement standardised appointment templates by Specialty across Metro North	Directorate Executives & Outpatient Strategies

Key measures

1. Review current KPIs to incorporate targets for correspondence with GPs (e.g., Days to review and make available on The Viewer) to enable transition of care, clinical currency and effectively managed patient care. (5.1.2)
2. Co-design benchmarking to ensure reporting standard is in alignment with consumer expectations. (5.4.1)
3. Reinvigorate the Metro North OPD Operational Group with the primary aim to enable increased integration and share new ideas, models of care and learnings across Metro North. (5.1.2)
4. Report higher consumer attendance on applicable committees and / or working groups. (5.4)
5. Establish speciality outpatient research framework specifically tailored to the needs of the specialty. Suggested framework to include appropriate funding and peer supervision. (5.3.1)
6. Facilitate availability of real time clinical and performance data to enhance decision making and clinical outcomes. (5.1.1)

Appendix 1 - Scope applicability breakdown of CCC's

		Outpatient Strategies Service Plan
Tier 2 Clinic	**Description**	**In Scope/Out of Scope**
10.01	Hyperbaric Medicine	Out of scope
10.02	Interventional Imaging	Out of scope
10.03	Minor Surgical	Out of scope
10.04	Dental	Out of scope
10.05	Angioplasty/Angiography	Out of scope
10.06	Endoscopy - Gastrointestinal	Out of scope
10.07	Endoscopy - Urological/Gynaecological	Out of scope
10.08	Endoscopy- Orthopaedic	Out of scope
10.09	Endoscopy – Respiratory/ear, nose and throat (ENT)	Out of scope
10.10	Renal Dialysis - Hospital Delivered	Out of scope
10.11	Chemotherapy - Treatment	Out of scope
10.12	Radiotherapy - Treatment	Out of scope
10.13	Minor Medical Procedures	Out of scope
10.14	Pain Management Interventions	Out of scope
10.15	Renal Dialysis - Haemodialysis - Home Delivered	Out of scope
10.16	Renal Dialysis - Peritoneal Dialysis - Home Delivered	Out of scope
10.17	Total Parenteral Nutrition - Home Delivered	Out of scope
10.18	Enteral Nutrition - Home Delivered	Out of scope
10.19	Ventilation - Home Delivered	Out of scope
10.20	Radiation Oncology - Simulation and Planning	Out of scope
20.01	Transplants	In scope
20.02	Anaesthetics	In scope
20.03	Pain Management	In scope
20.04	Developmental Disabilities	In scope
20.05	General Medicine	In scope
20.06	General Practice and Primary Care	In scope
20.07	General Surgery	In scope
20.08	Genetics	In scope
20.09	Geriatric Medicine	In scope
20.10	Haematology	In scope
20.11	Paediatric Medicine	In scope
20.12	Paediatric Surgery	In scope
20.13	Palliative Care	In scope
20.14	Epilepsy	In scope
20.15	Neurology	In scope
20.16	Neurosurgery	In scope
20.17	Ophthalmology	In scope
20.18	Ear, Nose and Throat (ENT)	In scope
20.19	Respiratory	In scope
20.20	Respiratory - Cystic Fibrosis	In scope
20.21	Anti-coagulant Screening and Management	In scope
20.22	Cardiology	In scope
20.23	Cardiothoracic	In scope

20.24	Vascular Surgery	In scope
20.25	Gastroenterology	In scope
20.26	Hepatobiliary	In scope
20.27	Craniofacial	In scope
20.28	Metabolic Bone	In scope
20.29	Orthopaedics	In scope
20.30	Rheumatology	In scope
20.31	Spinal	In scope
20.32	Breast	In scope
20.33	Dermatology	In scope
20.34	Endocrinology	In scope
20.35	Nephrology	In scope
20.36	Urology	In scope
20.37	Assisted Reproductive Technology	In scope
20.38	Gynaecology	In scope
20.39	Gynaecological Oncology	In scope
20.40	Obstetrics – management of pregnancy without complications	In scope
20.41	Immunology	In scope
20.42	Medical Oncology - consultation	In scope
20.43	Radiation therapy - consultation	In scope
20.44	Infectious Diseases	In scope
20.45	Psychiatry	In scope
20.46	Plastic and Reconstructive Surgery	In scope
20.47	Rehabilitation	In scope
20.48	Multidisciplinary Burns Clinic	In scope
20.49	Geriatric Evaluation and Management (GEM)	In scope
20.50	Psychogeriatric	In scope
20.51	Sleep Disorders	In scope
20.52	Addiction Medicine	In scope
20.53	Obstetrics - Management of Complex Pregnancy	In scope
20.54	Maternal Fetal Medicine	In scope
20.55	Telehealth - Patient Location	In scope
20.57	COVID-19 response	In scope
30.01	General Imaging	Out of scope
30.02	Magnetic Resonance Imaging (MRI)	Out of scope
30.03	Computerised Tomography (CT)	Out of scope
30.04	Nuclear Medicine	Out of scope
30.05	Pathology (Microbiology, Haematology, Biochemistry)	Out of scope
30.06	Positron Emission Tomography (PET)	Out of scope
30.07	Mammography Screening	Out of scope
30.08	Clinical Measurement	Out of scope
30.09	COVID-19 response diagnostics	Out of scope
40.02	Aged Care Assessment	In scope
40.03	Aids and Appliances	In scope
40.04	Clinical Pharmacy	In scope
40.05	Hydrotherapy	In scope
40.06	Occupational Therapy	In scope
40.07	Pre-Admission and Pre-Anaesthesia	In scope
40.08	Primary Health Care	In scope
40.09	Physiotherapy	In scope

40.10	Sexual Health	In scope
40.11	Social Work	In scope
40.12	Rehabilitation	In scope
40.13	Wound Management	In scope
40.14	Neuropsychology	In scope
40.15	Optometry	In scope
40.16	Orthoptics	In scope
40.17	Audiology	In scope
40.18	Speech Pathology	In scope
40.21	Cardiac Rehabilitation	In scope
40.22	Stomal Therapy	In scope
40.23	Nutrition/Dietetics	In scope
40.24	Orthotics	In scope
40.25	Podiatry	In scope
40.27	Family Planning	In scope
40.28	Midwifery and Maternity	In scope
40.29	Psychology	In scope
40.30	Alcohol and Other Drugs	In scope
40.31	Burns	In scope
40.32	Continence	In scope
40.33	General Counselling	In scope
40.34	Specialist Mental Health	In scope
40.35	Palliative Care	In scope
40.36	Geriatric Evaluation and Management (GEM)	In scope
40.37	Psychogeriatric	In scope
40.38	Infectious Diseases	In scope
40.39	Neurology	In scope
40.40	Respiratory	In scope
40.41	Gastroenterology	In scope
40.42	Circulatory	In scope
40.43	Hepatobiliary	In scope
40.44	Orthopaedics	In scope
40.45	Dermatology	In scope
40.46	Endocrinology	In scope
40.47	Nephrology	In scope
40.48	Haematology and Immunology	In scope
40.49	Gynaecology	In scope
40.50	Urology	In scope
40.51	Breast	In scope
40.52	Oncology	In scope
40.53	General Medicine	In scope
40.54	General Surgery	In scope
40.55	Paediatrics	In scope
40.56	Falls Prevention	In scope
40.57	Cognition and Memory	In scope
40.58	Hospital Avoidance Programs	In scope
40.59	Post-acute Care	In scope
40.60	Pulmonary Rehabilitation	In scope
40.61	Telehealth - Patient Location	In scope
40.63	COVID-19 response	In scope

70.04	Oral Health	In scope
70.07	BreastScreen	In scope
70.10	Advance Care Planning	In scope
70.50	Statewide Urology Outreach Service	In scope
72.06	Offender Health Services	In scope
72.07	Women's and Men's Health	In scope
72.08	Community Health Services - Allied Health	In scope
72.09	Community Health Services - Care Co-ordination	In scope
72.10	Community Health Services - Aged Care	In scope
72.11	Community Health Services - Geriatric	In scope
72.12	Community Health Services - Psychogeriatric	In scope
72.13	Community Health Services - Rehabilitation	In scope
72.14	Community Health Services - Other	In scope
72.15	Community Health Services - Child & Youth Health	In scope
72.16	Community Health Services - Chronic Disease	In scope
72.17	Community Health Services - Communicable Diseases	In scope
72.18	Community Health Services - Palliative Care	In scope
72.19	Community Health Services - Preventative Health	In scope
72.21	Maternal Health	In scope
72.23	Community Health Services – Sexual Health	In scope

Source: 2020-21 Non-Admitted price weights (N2021 and Q23) - Tier 2 non-admitted services classification V5.0

Appendix 2 – Methodology

This Plan has been developed in accordance with the Queensland Health endorsed Health Service Planning approach and process as documented in the Queensland Health Guide to Health Service Planning. A range of background papers have been developed to inform this Plan and consultation. The background papers consider the planning process and include a comprehensive review of national, statewide and local level strategic documents, health service plans and related literature. Desktop reviews, data analyses and consultation processes were undertaken to identify current service profiles, models, needs and issues.

A number of datasets and documents have been sourced for analysis of current and projected service activity, demography and health status related service needs for Metro North Health. Identification of service issues and prioritises was informed by extensive stakeholder and staff consultation. The planning process included:

1. Identification and prioritisation of health service needs of the population
2. Analysis of current and projected health service utilisation based on a planning horizon of three years
3. Prioritisation of health service needs in line with Metro North Health Strategic Plan 2020 - 2024
4. Consideration of integrated, safe and sustainable model of service delivery across Metro North Health hospitals
5. Outline service opportunities for optimising the capacity and/or capability of each hospital
6. Consideration of opportunities for integration with other hospitals, health services and other service providers
7. Ensuring sustainability and feasibility of projected service requirements across the planning horizon as well as the impact of service enabler opportunities and constraints
8. Identification of opportunities to enhance relationships between the acute and other sectors across the continuum of care.
9. Planning was overseen by the Metro North Health Service Strategy and Planning Unit and Healthcare Excellence and Innovation which provided executive oversight of the project.

Appendix 3 – Metro North Health Population Data

Data sources and limitations

- All estimated resident population (ERP) data has been sourced from the Queensland Government Statistician's Office, utilising Australian Bureau of Statistics data. At time of publishing the most current population data available by age, sex and statistical area is the 2020 year.
- Population projections may change as a reflective result of COVID-19 economic and societal implications.
- For ERP population data for Aboriginal and/or Torres Strait Islander populations, the most current source is the 2021 year, however 2019 data is presented in alignment with utilising Australian Bureau of Statistics 2020 data.
- All population projection data has been sourced from the Queensland Government Statistician's Office, utilising Australian Bureau of Statistics data.
- Where possible Hospital and Health Service (HHS) level data has been derived using Statistical Area 2 (SA2) level data by the Health Service Strategy and Planning Team, Metro North using data from the Statistical Analysis Linkage Team, Health Statistics Branch, Department of Health, Queensland. A summary of the alignment of hospital catchments to SA2s can be found in Appendix 2.
- For the purpose of population planning and needs assessment, SA2s have been utilised to define the primary Hospital and Health Services (HHS) catchments. It is recognised that there are a range of factors that influence how and where people access services. These factors include the availability of health services in local areas relative to the nature of local needs (for example, people may travel large distances to access a culturally relevant service), the centralisation of services offered at tertiary (or quaternary) level (such as medical specialities) and public transport and road networks.
- Children's Health Queensland has a statewide service catchment. As a result, the HHS has not been included as a separate HHS in this document.
- Kilcoy SA2 is split between Metro North HHS (85 per cent) and West Moreton HHS (15 per cent).

Table 1: Metro North HHS ERP by age group and sex, 2020

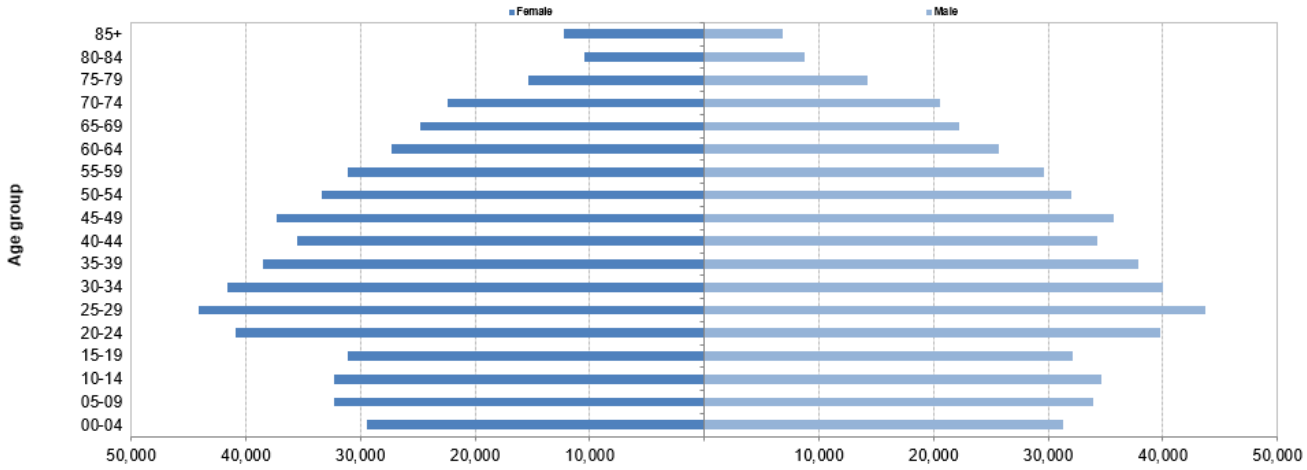
	Female		Male		2020 ERP total	Metro North
Age group	n	%	n	%	n	%
00-04	29,462	48.5	31,329	51.5	60,792	5.7
05-09	32,350	48.8	33,962	51.2	66,312	6.2
10-14	32,244	48.2	34,586	51.8	66,830	6.3
00-14 yrs	**94,057**	**48.5**	**99,877**	**51.5**	**193,934**	**18.2**
15-19	31,126	49.2	32,131	50.8	63,257	5.9
20-24	40,858	50.7	39,781	49.3	80,640	7.6
25-29	44,137	50.2	43,724	49.8	87,862	8.3
30-34	41,622	51.0	40,062	49.0	81,684	7.7
35-39	38,496	50.4	37,883	49.6	76,379	7.2
40-44	35,578	50.9	34,302	49.1	69,880	6.6
45-49	37,254	51.0	35,766	49.0	73,020	6.9
50-54	33,377	51.1	31,990	48.9	65,367	6.1
55-59	31,122	51.2	29,661	48.8	60,783	5.7
60-64	27,323	51.5	25,684	48.5	53,007	5.0
15-64 yrs	**360,894**	**50.7**	**350,984**	**49.3**	**711,878**	**66.9**
65-69	24,736	52.7	22,237	47.3	46,973	4.4
70-74	22,362	52.1	20,538	47.9	42,901	4.0
75-79	15,328	51.9	14,227	48.1	29,556	2.8
80-84	10,484	54.4	8,796	45.6	19,280	1.8
65-84 yrs	**72,911**	**52.6**	**65,798**	**47.4**	**138,709**	**13.0**
85+	12,209	64.0	6,873	36.0	19,082	1.8
Metro North HHS total	**540,071**	**50.8**	**523,532**	**49.2**	**1,063,604**	**20.5**
Qld total	2,618,880	50.6	2,557,306	49.4	5,176,186	100.0

Source: Statistical Services Branch, InfoBank – Demography, Population – Estimated Resident, HHS Level Estimated Resident Population: Age (5 year age groups) by Sex, Hospital and Health Services by Statistical Local Areas / Statistical Area 2, Queensland, 2020, downloaded January 2022 (MNHHS file: estimated-resident-population-abs-consultancy-single-year-age-sex-sa1-sa2-qld-lgas-tweed-2011-2020p FINAL r).

A comparison of the Metro North HHS (Figure 3) and Queensland population age group profiles indicates Metro North HHS is experiencing a barrel shape trend similar to that of Queensland, due to an ageing population and low fertility rates.

There are a relatively higher number of persons aged 20 to 30 years in the Metro North HHS region, reflecting the presence of universities in St Lucia and Herston, and young families in emerging high populated residential centres such as North Lakes and Caboolture.

Figure 3: Metro North HHS ERP by age group and sex, 2020



Source: Statistical Services Branch, InfoBank – Demography, Population – Estimated Resident, HHS Level Estimated Resident Population: Age (5 year age groups) by Sex, Hospital and Health Services by Statistical Local Areas / Statistical Area 2, Queensland, 2020, downloaded January 2022 (MNHHS file: estimated-resident-population-abs-consultancy-single-year-age-sex-sa1-sa2-qld-lgas-tweed-2011-2020p FINAL r).

An analysis of the hospital catchment populations indicate there are differences between the respective age group profiles. In the 0 to 14 year age group, the highest percentage rates were in the Redcliffe Hospital catchment (20.6%, 38,801 persons) and the Caboolture and Kilcoy Hospital catchment (19.7%, 34,189 persons), both of which reported rates higher than the Metro North HHS and Queensland rates of 18.2% and 19.3% respectively.

In the 15 to 64 year age group, RBWH (72.5%, 254,506 persons) and TPCH (66.1%, 232,180 persons) catchments reported rates higher than the Queensland rate of 64.6%. RBWH was the only hospital catchment to report a rate higher than the Metro North HHS rate of 66.9% within the 15 to 64 year age group.

In 2020, Caboolture (32,752 persons, 18.9%) and Redcliffe (30,564 persons, 16.2%) catchments had the largest population numbers in the age group 65 years and above which were higher lower than the Metro North HHS rate (14.8%) and the Queensland rate (16.1%).

Table 1: Metro North HHS ERP by age group and hospital catchment area, 2020

	0-14		15-64		65+		2020 total	
Hospital catchment	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**
Caboolture	34,189	19.7	106,368	61.4	32,752	18.9	173,309	16.3
RBWH	53,569	15.3	254,506	72.5	42,772	12.2	350,847	33.0
Redcliffe	38,801	20.6	118,824	63.1	30,564	16.2	188,189	17.7
TPCH	67,376	19.2	232,180	66.1	51,703	14.7	351,259	33.0
Metro North HHS total	**193,934**	**18.2**	**711,878**	**66.9**	**157,791**	**14.8**	**1,063,604**	**100.0**
Queensland total	999,054	19.3	3,345,251	64.6	831,881	16.1	5,176,186	100.0

Source: Statistical Services Branch, InfoBank – Demography, Population – Estimated Resident, HHS Level Estimated Resident Population: Age (5 year age groups) by Sex, Hospital and Health Services by Statistical Local Areas / Statistical Area 2, Queensland, 2020, downloaded January 2022 (MNHHS file: estimated-resident-population-abs-consultancy-single-year-age-sex-sa1-sa2-qld-lgas-tweed-2011-2020p FINAL r).

Metro North HHS population projections: 2016-2036

In 2016, Metro North HHS had a total ERP of 980,986 persons. By 2036, the Metro North HHS projected resident population is expected to increase by 327,582 persons (1.5% per annum) to reach a total projected resident population of 1,308,568 persons. The expected Metro North HHS per annum growth rate is lower than the Queensland expected per annum growth rate of 1.6%. The 80 to 84 year age group is expected to increase at the highest rate, increasing 4.6% per annum (22,503 persons) between 2016 and 2036. This is followed by persons aged 85 years and above (4.2% per annum, 22,326 persons), persons aged 75 to 79 years (4.0% per annum, 26,986 persons) and persons aged 70 to 74 years (2.8% per annum, 24,335 persons). These population projections depict significant growth and ageing for the Metro North HHS region.

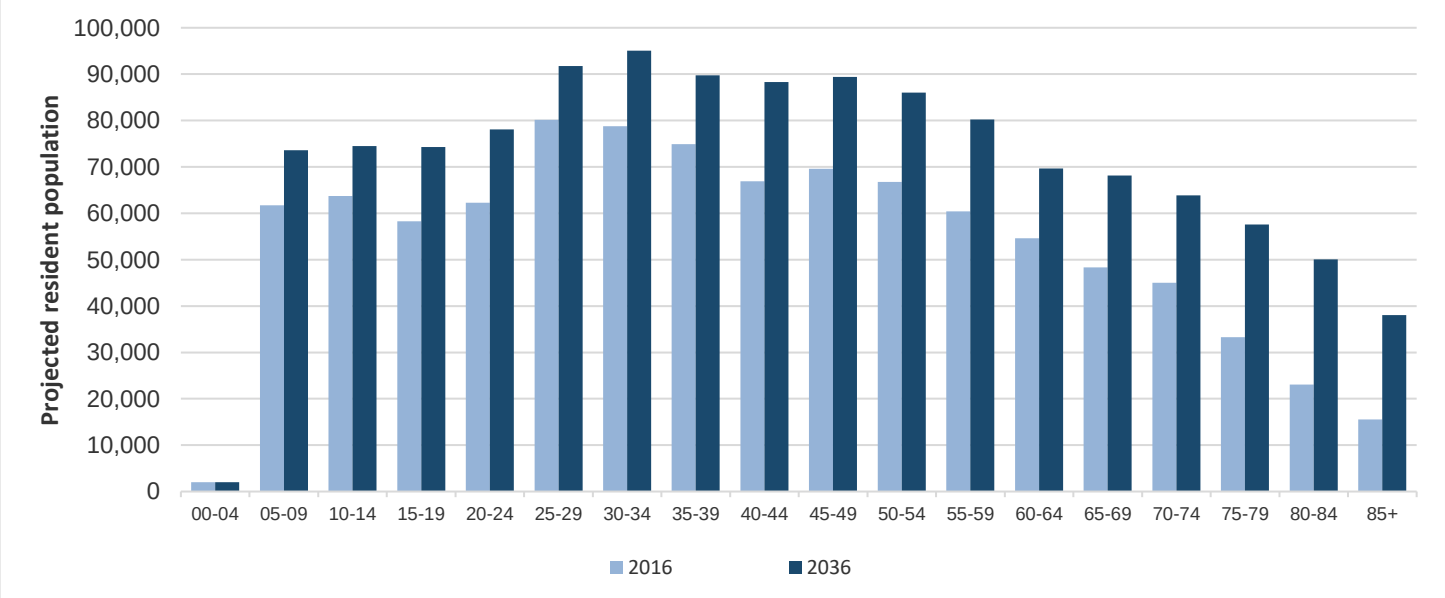
Table 2: Metro North HHS population projections by age group, 2016-2036

Age group	2016 ERP	2021	2026	2031	2036	Change from 2016- 2036 n	Change from 2016- 2036 CAGR %
00-04	61,751	64,685	67,460	70,580	73,601	11,850	0.9
05-09	63,695	65,810	68,075	71,272	74,520	10,825	0.8
10-14	58,292	66,652	68,278	70,878	74,311	16,019	1.2
15-19	62,252	64,832	72,949	75,085	78,094	15,842	1.1
20-24	80,133	77,169	80,324	88,974	91,768	11,636	0.7
25-29	78,768	83,694	83,535	87,210	95,089	16,321	0.9
30-34	74,914	80,570	85,049	86,171	89,785	14,871	0.9
35-39	66,917	77,149	82,130	86,729	88,317	21,400	1.4
40-44	69,582	69,780	79,343	84,579	89,441	19,858	1.3
45-49	66,763	70,926	70,903	80,492	86,017	19,254	1.3
50-54	60,429	66,939	70,291	70,685	80,235	19,806	1.4
55-59	54,605	60,250	65,615	68,966	69,665	15,060	1.2
60-64	48,351	54,895	59,677	64,834	68,140	19,789	1.7
65-69	44,987	48,029	54,233	58,952	63,890	18,903	1.8
70-74	33,279	43,587	46,586	52,965	57,614	24,335	2.8
75-79	23,059	30,827	40,315	43,670	50,045	26,986	4.0
80-84	15,548	19,532	26,116	34,572	38,050	22,503	4.6
85+	17,659	18,830	22,361	29,494	39,985	22,326	4.2
Metro North HHS total	**980,986**	**1,064,156**	**1,143,241**	**1,226,108**	**1,308,568**	**327,582**	**1.5**
Qld total	4,848,877	5,261,567	5,722,780	6,206,566	6,686,604	1,837,727	1.6

Source: Queensland Government Statistician's Office. Population Projections, 2018 edition (Queensland), Projected population, by five-year age group and sex, Queensland, 2016 to 2066 (latest: 2018 edition) (medium series), downloaded January 2019 (MNHHS file: FINAL Proj-pop-medium-series-age-group-sex-sa2-qld-pivot-2018-ed).

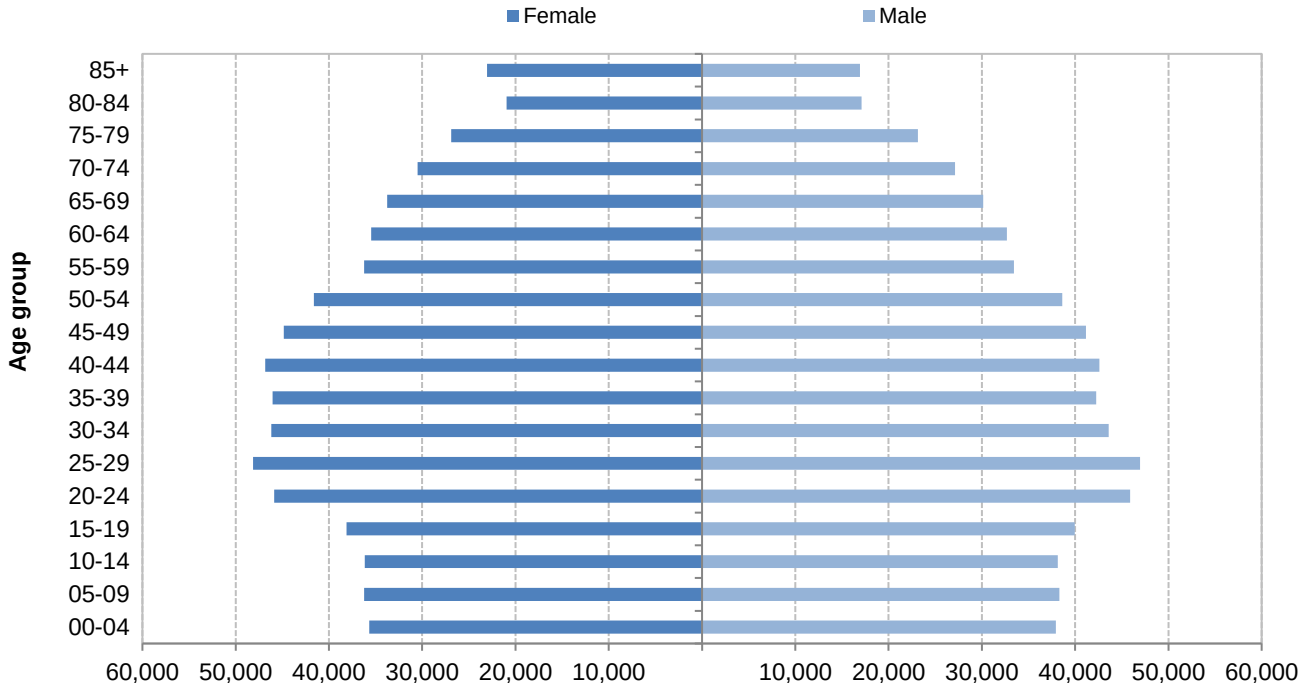
As Figure 4 illustrates, in 2016 persons aged 20 to 44 years represented the greatest proportion of Metro North HHS residents. Population projections from 2016 to 2036 indicate the greatest absolute growth will occur in persons aged 35 years and above, with the growth amongst older persons, particularly for those 70 years and above, will have significant implications for health services.

Figure 4: Metro North HHS projected resident population by age group, 2016-2036



Source: Queensland Government Statistician's Office. Population Projections, 2018 edition (Queensland), Projected population, by five-year age group and sex, Queensland, 2016 to 2066 (latest: 2018 edition) (medium series), downloaded January 2019 (MNHHS file: FINAL Proj-pop-medium-series-age-group-sex-sa2-qld-pivot-2018-ed).

Figure 5: Metro North HHS projected resident population by age group and sex, 2036



Source: Queensland Government Statistician's Office. Population Projections, 2018 edition (Queensland), Projected population, by five-year age group and sex, Queensland, 2016 to 2066 (latest: 2018 edition) (medium series), downloaded January 2019 (MNHHS file: FINAL Proj-pop-medium-series-age-group-sex-sa2-qld-pivot-2018-ed).

It should be noted that population projections are influenced by urban settlement and growth areas. As outlined in the South East Queensland Regional Plan 2009-2031, the northern corridor of Moreton Bay Regional Council area will establish major urban settlement creating greater demand for government investment in public transport, health, education, cultural and entertainment facilities. The northern growth corridor is focused around the regional activity areas of Caboolture, North Lakes and Redcliffe, all of which are located within the Metro North HHS catchment[1].

While population projections indicate the Metro North HHS catchment will experience significant growth and ageing, this will not be evenly distributed across the HHS. Both the Caboolture and Kilcoy Hospital catchment (2.6% per annum, 107,136 persons) and the Redcliffe Hospital catchment (1.7% per annum, 67,679 persons) are expected to experience growth rates significantly higher than the Metro North HHS rate of 1.5% per annum and the Queensland rate of 1.6% per annum between 2016 and 2036.

The RBWH and TPCH catchments will increase at a rate of 1.1% per annum (82,669 persons) and 1.0% per annum (70,098 persons) respectively. In all hospital catchments, the 65 year and above cohort recorded the highest projected growth rates, with the Caboolture and Kilcoy Hospital catchment (4.4% per annum) and Redcliffe Hospital catchment (1.7% per annum) recording the highest within the Metro North HHS catchment.

[1] South East Queensland Regional Plan 2009-2031. Department of Infrastructure and Planning. 2009

Table 3: Metro North HHS population projections by hospital catchment, 2016-2036

Hospital catchment	Age group	2016 ERP	2021	2026	2031	2036	Change from 2016- 2036 n	Change from 2016- 2036 CAGR %
Caboolture	0-14	32,460	35,568	38,510	43,431	48,820	16,360	2.1
	15-64	98,257	106,874	118,237	134,588	152,495	54,238	2.2
	65+	26,864	34,582	43,103	52,988	63,402	36,538	4.4
	Total	**157,581**	**177,023**	**199,850**	**231,007**	**264,717**	**107,136**	**2.6**
RBWH	0-14	50,676	53,317	53,431	54,110	55,511	4,835	0.5
	15-64	236,542	252,901	266,383	277,401	289,388	52,846	1.0
	65+	36,320	42,435	48,683	54,835	61,308	24,988	2.7
	Total	**323,538**	**348,653**	**368,496**	**386,347**	**406,207**	**82,669**	**1.1**
Redcliffe	0-14	35,600	40,367	43,099	45,309	46,370	10,770	1.3
	15-64	105,852	115,749	125,460	134,166	138,045	32,193	1.3
	65+	26,120	31,839	38,500	45,392	50,837	24,717	3.4
	Total	**167,573**	**187,955**	**207,060**	**224,867**	**235,252**	**67,679**	**1.7**
TPCH	0-14	65,002	67,894	68,772	69,879	71,731	6,729	0.5
	15-64	222,064	230,681	239,736	247,570	256,624	34,560	0.7
	65+	45,228	51,951	59,326	66,439	74,037	28,809	2.5
	Total	**332,294**	**350,526**	**367,835**	**383,888**	**402,392**	**70,098**	**1.0**
Metro North HHS	0-14	183,738	197,146	203,813	212,729	222,432	38,694	1.0
	15-64	662,716	706,205	749,817	793,725	836,552	173,837	1.2
	65+	134,532	160,806	189,612	219,654	249,584	115,052	3.1
	Total	**980,986**	**1,064,156**	**1,143,241**	**1,226,108**	**1,308,568**	**327,582**	**1.5**

Source: Queensland Government Statistician's Office. Population Projections, 2018 edition (Queensland), Projected population, by five-year age group and sex, Queensland, 2016 to 2066 (latest: 2018 edition) (medium series), downloaded January 2019 (MNHHS file: FINAL Proj-pop-medium-series-age-group-sex-sa2-qld-pivot-2018-ed).

In 2019, 26,989 people in Metro North identified as a person of Aboriginal and/or Torres Strait Islander origin, representing 2.6 per cent of the Metro North population (1,045,236 persons) (Table 8). While the proportion of the population in Metro North identifying as Aboriginal and/or Torres Strait Islander was lower than the Queensland proportion (4.6 per cent), the Aboriginal and/or Torres Strait Islander population in Metro North accounted for 11.4 per cent of the Queensland Aboriginal and/or Torres Strait Islander population; the third highest rate in the Queensland behind Metro South HHS at 12.9 per cent and Cairns and Hinterland HHS at 12.7 per cent.

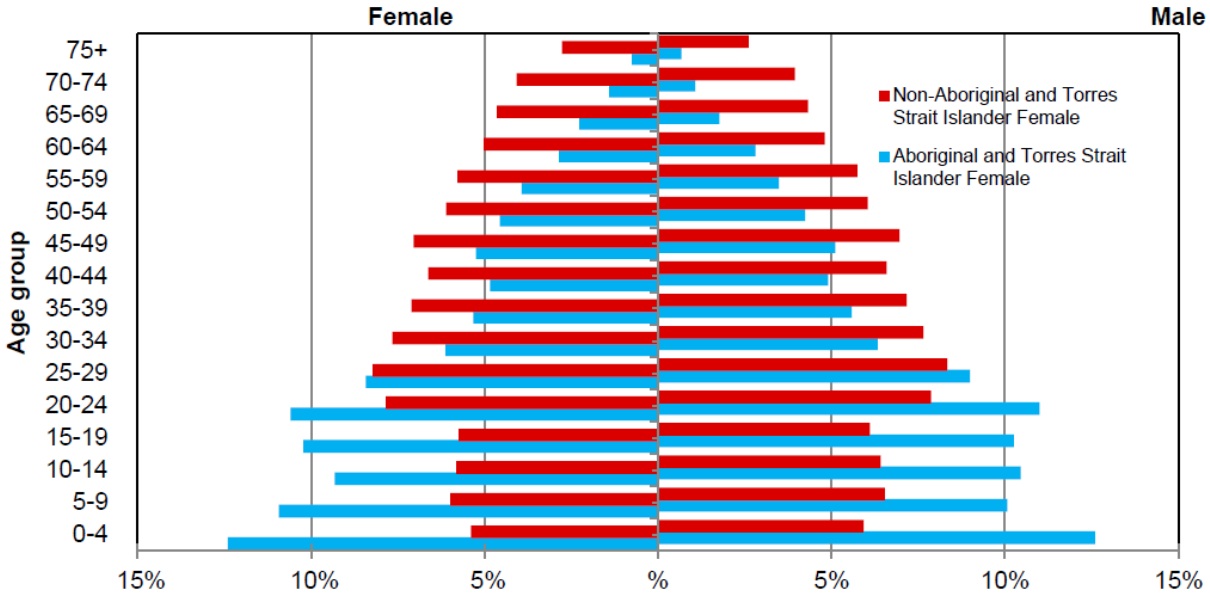
In 2019, the age profile of the Aboriginal and/or Torres Strait Islander population in Metro North was similar to the Queensland Aboriginal and/or Torres Strait Islander population with 53.9 per cent of the Aboriginal and/or Torres Strait Islander population living in Metro North being under the age of 25, while 2.7 per cent were aged 70 years and above. Of those aged under 25 years, 50.3 per cent (7320 persons) were females.

Metro North estimated resident Aboriginal and/or Torres Strait Islander population by age group and sex, 2019

	Female		Male		2019 First Nations ERP total	Metro North Total Population	
Age group	n	%	n	%	n	n	%
00-04	1,698	50.3	1,675	49.7	3,373	60,920	5.5
05-09	1,497	52.8	1,337	47.2	2,834	66,545	4.3
10-14	1,276	47.9	1,389	52.1	2,665	64,899	4.1
15-19	1,399	50.7	1,363	49.3	2,762	63,071	4.4
20-24	1,450	49.8	1,462	50.2	2,912	82,915	3.5
25-29	1,153	49.1	1,195	50.9	2,348	86,625	2.7
30-34	839	49.9	842	50.1	1,681	79,590	2.1
35-39	729	49.6	742	50.4	1,471	74,067	2.0
40-44	663	50.4	652	49.6	1,315	68,542	1.9
45-49	719	51.4	679	48.6	1,398	72,685	1.9
50-54	624	52.6	563	47.4	1,187	63,082	1.9
55-59	538	53.7	463	46.3	1,001	59,646	1.7
60-64	390	51.1	373	48.9	763	50,822	1.5
65-69	310	56.9	235	43.1	545	46,211	1.2
70-74	192	57.5	142	42.5	334	41,166	0.8
75-79	102	52.8	91	47.2	193	27,585	0.7
80-84	70	54.3	59	45.7	129	18,081	0.7
85+	49	62.8	29	37.2	78	18,784	0.4
Metro North total	**13,698**	**50.8**	**13,291**	**49.2**	**26,989**	**1,045,236**	**2.6**
Qld total	118,755	50.3	117,207	49.7	235,962	5,094,510	4.6

The below figure provides a comparison between the Metro North Aboriginal and/or Torres Strait Islander and non-Aboriginal and/or Torres Strait Islander age profiles of both the male and female populations. The comparison shows the significant difference between the age profiles, with the Aboriginal and/or Torres Strait Islander population depicting a pyramidal shape, reflecting high fatality rates and low life expectancy, and the non-Aboriginal and/or Torres Strait Islander population depicting a barrel shape, reflecting higher life expectancy and low fertility rates.

Figure 7 Metro North estimated resident Aboriginal and/or Torres Strait Islander population and Non-Aboriginal and/or Torres Strait Islander population by age group and sex, 2019



In 2019, the ERP of Aboriginal and/or Torres Strait Islander people by hospital catchment indicates the TPCH catchment had the largest Aboriginal and/or Torres Strait Islander population by number of persons (8153 persons), followed by the Caboolture and Kilcoy Hospital catchment (7963 persons). Estimates by percentage of the respective hospital catchments indicate the Caboolture Hospital (4.7 per cent) and Redcliffe Hospital (3.6 per cent) catchments had the highest rates.

Metro North estimated resident Aboriginal and/or Torres Strait Islander population by age group and hospital catchment, 2019

							2019 Metro North First Nations ERP	2019 Metro North ERP Total	
Hospital catchment	**0-14**	**15-29**	**30-44**	**45-59**	**60-74**	**75+**	**n**	**n**	**%**
Caboolture	2,750	2,254	1,279	1,051	528	101	7,963	169,041	4.7
RBWH	986	1,670	768	524	208	117	4,273	345,241	1.2
Redcliffe	2,433	1,828	1,042	834	397	66	6,600	183,547	3.6
TPCH	2,703	2,270	1,378	1,177	509	116	8,153	347,407	2.3
Total	**8,872**	**8,022**	**4,467**	**3,586**	**1,642**	**400**	**26,989**	**1,045,236**	**2.6**

Appendix 4 - Consultation

Consultation in line with the Queensland Health Guide to Health Service Planning to inform the development of the Service Plan occurred in multiple phases between May 2021 and February 2022. The engagement process was designed to provide information about health service planning being undertaken and seek and validate issues and opportunities.

Consultation with Metro North Health staff across all Metro North facilities and representatives from various stakeholder groups including consumers and carers was undertaken to identify the health needs, issues, challenges, and opportunities.

A workshop to review and further develop draft service directions and actions was held with key stakeholders on 14 July 2021. Further facility-specific workshops occurred to nominate service actions to each service principle. Additional formal and informal consultation occurred throughout the drafting and finalisation of the Service Plan.

The draft Service Plan was distributed to all key stakeholders for feedback including partner agencies such as Metro North Health Community Board Advisory Group and Brisbane North PHN. The operational and strategic governing bodies endorsed the final Outpatient Strategies Service Plan 2022 – 2025 with subsequent approval for facility and directorate implementation and publication for access to the wider community.

Appendix 5 – Limitations & Assumptions

The project did not undertake development of specific tools, clinical pathways, standards, procedures or protocols or implementation planning. While the Service Plan includes reference to the impact of workforce, support services, information management and infrastructure/equipment/assets, it does not undertake implementation planning or detailed costing of these.

The Service Plan has acknowledged limitations, in that it is necessarily unable to account for:

- Future changes to statewide funding and reporting mechanisms
- The impact of potential future advances in treatment, technology and models of care
- Cost and service delivery implications of new service models
- Data reliability, including population level data and projections and variations for community, ambulatory and primary health service data.

The following planning assumptions apply to the preparation and operational components of the Service Plan:

- All population trends are predictable
- Benchmarks for service planning and provision are available, appropriate, and accurate
- Utilisation of public health services by privately insured individuals is predictable
- Data and reference documents used are accurate, up-to-date, and available
- Activity targets are incorporated into future service planning at an operational level
- Funding will be made available, or resources will be able to be reallocated to support service directions.

Appendix 6 - Implementation and Evaluation

Through the implementation of this Service Plan, we aim to prevent or mitigate the following issues or risks at a Metro North wide level:

- At the ***organisational level***, adherence to statewide and Metro North existing performance indicators, priority areas and emerging initiatives otherwise non-compliance will result in less desirable outcomes.
- At the ***clinical level***, pressure will be experienced with an increase in demand. This may result in staff displaying an unwillingness to engage in and support change.
- At the ***service level***, the continuous need to achieve performance and process improvements may result in disconnection of services across the care continuum.
- At the ***system level***, during this strategy there are several large-scale intersecting projects (i.e., digital transformation) that will impact upon Specialist Outpatient Services with the potential to disrupt efficiency and decrease activity putting further pressure to deliver our services.
- At the ***population level***, continual growth in population and prevalence of chronic diseases has resulted in increased demand for Outpatient Services with traditional pathways no longer able to support the changing community population needs.

Directorates are required and supported in establishing a facility-specific implementation plan or framework to operationalise the Service Actions in a way that best suits the needs and goals of their facility. Directorate implementation plans are recommended to be alignment with the Service Plan strategic direction and actions, and below policies. The development and change of facility business rules will be flexibly considered throughout evaluation and performance review processes.

The Metro North Specialist Outpatient Group (MNSOG) was reformed in 2014 to oversee the progress of Metro North on achieving the Improving Outpatient Access (IOA) targets, and as a forum for collaboration between facilities and streams to support each other in meeting the targets. This community of practice, consisting of key MNH and facility Outpatient staff members involved in the operational delivery and management of outpatient services will serve as the governing body accountable for endorsement throughout evaluation for:

- The everchanging healthcare landscape will be considered when evaluating the Service Plan to ensure flexibility and support to unforeseen response requirements.
- Annual progress reports will be provided through to MNSOG and Executive meetings for tabling.
- Annual and monthly performance reporting will be undertaken and presented to MNSOG and facilities, these reports will contain;
    - performance measures aligning with existing service commitment
    - statewide targets
    - strategy progress and Metro North outpatient specific projects.

In addition to MNSOG, dedicated Outpatient groups and meetings exist across each facility with membership varying. The Clinical Streams, with their sub-streams and networks, include Outpatients in their service and strategy planning, supporting outpatient improvement within the specialties, across the HHS. These groups will support the implementation and evaluation at a local level.

Appendix 7 - Policy context

The Service Plan considers relevant information, leverage, service delivery impactions, Service Level Agreements and other relevant plans and strategies including but not limited to:

- My Health – Queensland's Future: Advancing Health 2026
- Aboriginal and Torres Strait Islander Maternity Services Strategy 2019 – 2025
- Connecting for Health Strategy 2019-2021
- Metro North Health Service Strategy 2021-2026
- Digital Metro North Strategy 2018-2032
- Metro North Clinical Service and Facility Plans
- Queensland Health 'Connecting Your Care' Program 2021 - 2022
- Guide to Health Service Planning Version 3, 2015
- Department of Health Strategic Plan 2021 – 2025
- Metro North Health Strategic Plan 2020 - 2024

The following initiatives are additional linkages and are referenced within the Service Plan and throughout the Service Actions:

- Virtual Care Strategy
- PREMS and PROMS
- Central Referral Management Centre and GP Advice Program
- GP Partnerships / Primary Health Network
- Connecting Your Care
- SORT
- GP with Special Interest
- Smart Referral Management System (SRWS)
- Quickflow
- Local initiatives
- PROV-ED
- Values in Action

Appendix 8 - Definitions

Term	Definition
Specialist outpatient service	Outpatient services are defined as an organisational unit or arrangement through which a Hospital and Health Service provides healthcare services in an outpatient setting. Specialist outpatient services are a subset of outpatient services, defined as an outpatient service where the clinic is led by a specialist health practitioner. Clinics classified as a specialist service are defined by their Corporate Clinic Code. (Specialist outpatient data collection manual 2015 – 2016
Clinical urgency	A clinical assessment of the urgency with which a patient requires elective hospital care, as represented by a code. (Australian Institute of Health and Welfare – Metadata Online Registry)
Referral	A specialist outpatient clinic referral is a written or electronic request from an approved referring practitioner to a specialist outpatient clinic for investigation and/or diagnosis, advice on or provision of treatment/management, and/or reassurance and second opinion for a patient. Referrals for a specialist outpatient service originate from outside the specialist outpatient clinic and initiate the specialist outpatient service
Waiting time	Waiting time is a calculation that represents the time a patient actively waited to receive a specialist outpatient service. It is calculated as the total number of days a patient waited on a Specialist Outpatient Waiting List, from the date the referral was received to the date of removal from the waiting list or a census date, excluding any days the specialist outpatient service request required further information, the patient was waiting with a less urgent clinical urgency category and the patient was not ready for care. (Specialist outpatient data collection manual 2015 – 2016)
Urgency category	A clinical urgency category is applied based on a clinical assessment of the urgency with which a patient requires care and / or treatment, following assessment of a referral for service at a specialist outpatient clinic. (Specialist outpatient data collection manual 2015 – 2016)
Secondary Care	Secondary health care relates to when patients are referred from a primary care service into another health service, this could be a hospital or specialist medical practice for example.
Tertiary Care	a level above secondary health care, that has been defined as highly specialised medical care, usually provided over an extended period of time, that involves advanced and complex diagnostics, procedures and treatments performed by medical specialists in state-of-the-art facilities.
Metro North Outpatient Services	Outpatient care delivered within a Metro North hospital facility or community health service within the Metro North catchment
Directorates	A facility or department that administratively supports and facilitates patient care through infrastructure and resources. For example, the RBWH is classed as a Directorate
New Appointments	A new patient encounter for a health issue not previously addressed at the same clinical service, or has been discharged back to primary care and a new referral for the existing health issue is provided .
Review Appointments	A follow up appointment for a repeat health issue within the same specialty.
Corporate Clinic Codes	The type of clinical activity a hospital provides to a non-admitted patient in a non-admitted setting, represented by a code. Corporate clinic codes (CCC) are mapped from local clinic codes which are established by Queensland public hospital outpatient clinics within non-admitted information systems.

Fail to Attend	Any scheduled appointment for the Patient to receive care by the Service Provider that the patient fails to attend without notifying the Service Provider prior to the scheduled appointment.
Occasion of Service	An occasion of service is any examination, consultation, treatment or other service provided to a patient, or a group of patients, in a functional unit of a health service or hospital on each occasion that such a service is provided. A service does not have to be provided in person.
Service Activity	An instance or occasion of care received by a client from a service provider.