



Brisbane South Joint Regional Needs Assessment 2025-2027

Final report





Brisbane South Joint Regional Needs Assessment 2025-2027

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Acknowledgment of traditional owners



We acknowledge the Traditional Custodians of the land on which we live and work, and of the many different nations across the wider Brisbane South region.

We pay our respects to the Elders, past, present and emerging, as the holders of the memories, the traditions, the culture and the spiritual wellbeing of the Aboriginal and Torres Strait Islander peoples across the nation. We acknowledge any Sorry Business that may be affecting the communities as a whole.

In the spirit of reconciliation, partnership and mutual respect, we will continue to work together with Aboriginal and Torres Strait Islander peoples to shape a health system which responds to the needs and aspirations of the community.





Executive summary

The Brisbane South region is home to 23 per cent of all Queenslanders. Our population is fast-growing, ageing and includes diverse communities with varying health needs. There continues to be a high demand for care with significant pressure on health services in the region. Listening to our community and understanding their needs has never been more important. This will ensure our efforts are focused on delivering the greatest benefit for the communities we serve.

In 2024, the Brisbane South Primary Health Network (Brisbane South PHN) and Metro South Health (MSH) worked in partnership to undertake the Brisbane South Joint Regional Needs Assessment (Brisbane South JRNA). The Brisbane South JRNA was guided by the JRNA Framework developed by the Queensland-Commonwealth Partnership. This involved a systematic process to identify and prioritise needs across the region, including:

- extensive engagement with community members and service providers, including nearly 1,000 responses to a community survey and 30 focus groups aimed at capturing the views of priority population groups
- detailed analysis of data including population demographics, health status, chronic disease risk factors and service use
- review of key publicly available policies, strategies, reports and research articles
- a comprehensive prioritisation process that involved a total of 121 people: 32 consumers, 45 representatives from community service organisations, 24 clinicians, and 20 executives from both Brisbane South PHN and MSH.

The Brisbane South JRNA identified 12 high-priority, 12 medium-priority and 66 unranked health and service needs. These needs sit across 10 themes:

- | | |
|--|--------------------------------------|
| • Priority populations | • Primary care services |
| • Care across the lifespan | • Service navigation and integration |
| • Mental health, alcohol and other drugs | • Access and service models |
| • Chronic health conditions | • Geographic inequities |
| • Wider determinants of health | • Infectious diseases |

The Brisbane South JRNA was undertaken with the support and contributions of many consumers, community members, other service providers, partners and staff. We thank you all for your commitment and valued contributions. Your voices helped us better understand the needs of the Brisbane South community and will inform future planning and changes to service delivery and/or programs of work.

The Brisbane South JRNA provided an opportunity to strengthen the partnership between the Brisbane South PHN and MSH. As we address the health needs of our community, there are ongoing opportunities for us to work together to better integrate services across the continuum of care and to partner with other organisations in addressing the broader factors influencing health.



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Governance

- Brisbane South Joint Regional Needs Assessment Advisory Committee
- Brisbane South PHN Executive Committee and Board
- MSH Executive Strategic Governance Committee and Board

Data analytics and epidemiological expertise

- Metro South Health Public Health Unit
- DCI Consulting
- Schottler Consulting

Internal Working Groups

- Brisbane South PHN Implementation Working Group

Stakeholder engagement and consultation activities

- Queenslanders with Disability Network (QDN)
- Queensland Council for LGBTI Health
- MSH Aboriginal and Torres Strait Islander Division
- Brisbane South PHN Cultural Diversity Program
- Brisbane South PHN First Nations Program
- MSH Equity and Access Team (HEAT)
- Homelessness Program, Brisbane South PHN
- Brisbane South PHN Media and Communications team
- MSH Media and Communications team
- MSH Consumer Partnering team

Prioritisation Working Groups

- Consumers
- Clinicians
- Service Providers
- Brisbane South PHN and MSH Executives

Brisbane South community members who completed the online survey



Definitions and abbreviations

| Terms | Description |
|---------------------------|--|
| ABS | Australian Bureau of Statistics |
| AIHW | Australian Institute of Health and Welfare |
| AOD | Alcohol and other drugs |
| CALD | Culturally and Linguistically Diverse |
| Children and young people | Children (people aged 0 to 14 years of age) and Youth (people aged between 15 and 24 years of age) |
| DFV | Domestic and family violence |
| ERP | Estimated Resident Population |
| First Nations | Throughout the Brisbane South JRNA, we refer to Aboriginal and/or Torres Strait Islander people. However, where the term 'First Nations' people was used in literature, this was retained. |
| FTE | Full Time Equivalent |
| GP | General Practitioner |
| Health Need | A need that is helped by health care (like health education, preventing diseases, diagnosing and treating illnesses, recovery, and end-of life care) and can also include wider social and environmental factors that affect health (like poverty, housing, diet, education, jobs, and the social environment where someone lives) |
| HHS | Hospital and Health Services |
| IRSD | Index of Relative Socioeconomic Disadvantage |
| JRNA | Joint Regional Needs Assessment |
| LGA | Local Government Area – a defined area of Queensland that is governed by a local council or authority e.g. Logan LGA governed by Logan City Council |
| LGBTIQA+ | Lesbian, Gay, Bisexual, Transgender, Intersex, Queer, Asexual and others |
| MBS | Medicare Benefits Scheme |
| MSH | Metro South Health |
| NDIS | National Disability Insurance Scheme |
| Older people | People aged 65 years and over |
| PHN | Primary Health Network |
| PPH | Potentially Preventable Hospitalisations |
| QCP | Queensland-Commonwealth Partnership |
| QGSO | Queensland Government Statistician's Office |
| QLD | Queensland |
| QPHS | Queensland Preventive Health Survey |
| SA2 | Statistical Area Level 2 |
| SA3 | Statistical Area Level 3 |
| Service Need | Identified "gaps" in the service provided, which can be fixed by health services (for example, not enough health services available to meet demand) |
| UCC | Urgent Care Clinics |

About our region

The Brisbane South region is situated in the south-east of Queensland and is home to over 1.2 million residents.

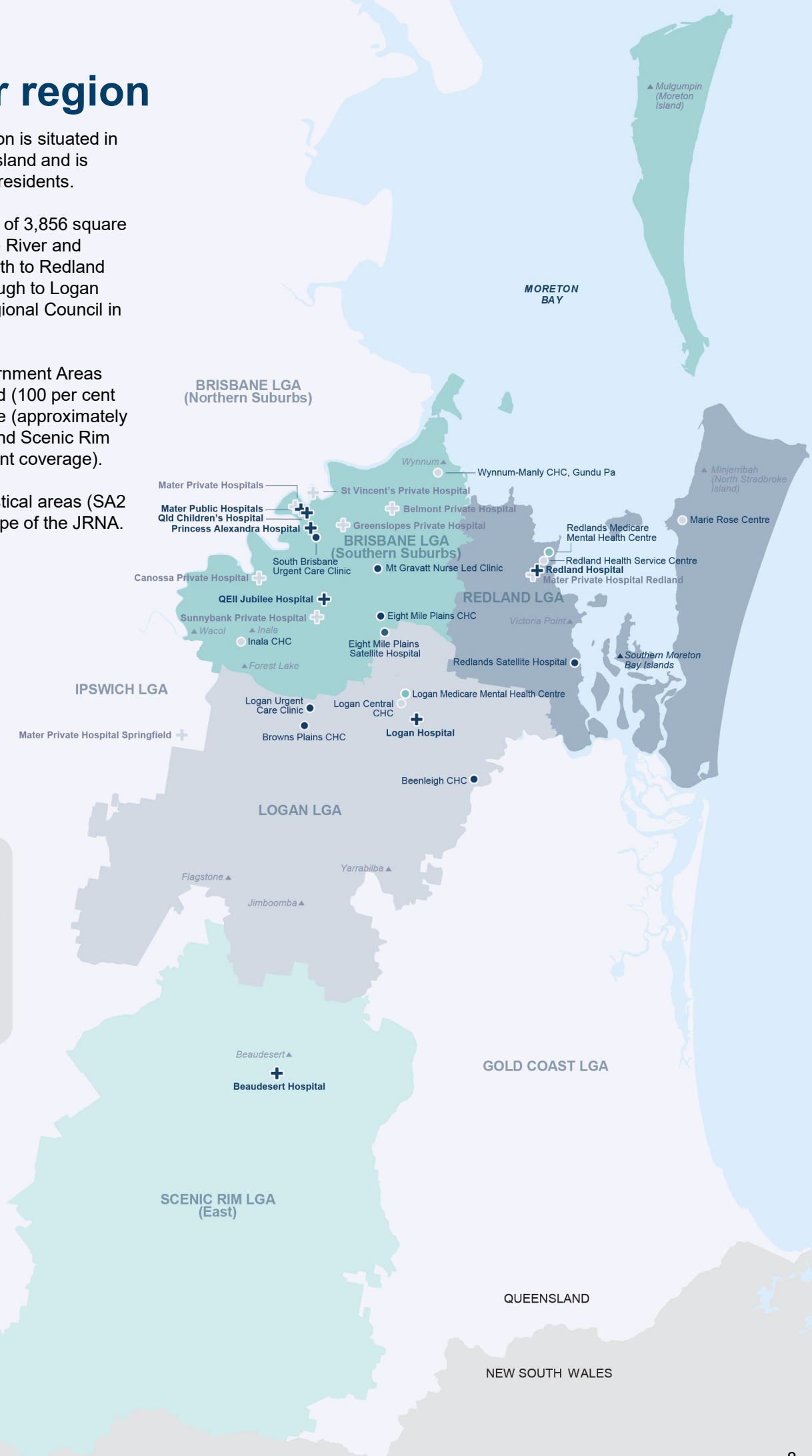
The region covers a total of 3,856 square kilometres from Brisbane River and Moreton Island in the north to Redland City in the east, and through to Logan City and Scenic Rim Regional Council in the south.

It spans four Local Government Areas (LGAs) - Logan, Redland (100 per cent coverage each), Brisbane (approximately 54 per cent coverage), and Scenic Rim (approximately 34 per cent coverage).

See Appendix 1 for statistical areas (SA2 and SA3s) within the scope of the JRNA.



- Community health centres
- Satellite Hospitals and Urgent Care Centres
- Medicare Mental Health Centres
- + Public hospitals
- + Private hospitals
- ▲ Location marker



Notes:

1. This map is not comprehensive and does not include all services and facilities servicing the region.
2. Moreton Island SA2 is part of Redcliffe SA3. Due to the small size of the Moreton Island population (approximately 300 residents) it was excluded from the JRNA analysis.



Our services and facilities

Brisbane South Primary Health Network

Brisbane South PHN is one of the 31 PHNs established by the Commonwealth Department of Health in 2015. The purpose of the PHNs is to:

- Improve the efficiency and effectiveness of medical services, particularly for those most at risk of poor health outcomes.
- Improve care coordination for people to receive the right care, in the right place, at the right time.

Brisbane South PHN is a not-for-profit organisation. The organisation works with health professionals and communities to understand the health and wellbeing needs of the Brisbane South region, and to commission services that directly respond to these needs. Brisbane South PHN plays a key role as a health system driver, connector, integrator and innovator. The organisation specialises in person-centred, place-based health system reform that delivers real-world results. Furthermore, Brisbane South PHN strives to improve the health outcomes of people in the region by creating a more accessible and equitable health system.

Metro South Health

MSH is the major provider of public hospital and health services for the Brisbane South region. It is also a provider of statewide tertiary services, and is a leading health and medical research institution. Our services complement those provided by our partners across the broader health system.

The Queensland Department of Health is responsible for the overall stewardship of the public health system, including leadership in statewide planning and the monitoring of Hospital and Health Service performance. A Service Level Agreement between the Department of Health and MSH identifies the health services MSH will provide, the funding arrangements for those services, and the relevant targets and performance indicators.

General Practices

- 336 GP clinics (includes 7 Aboriginal and Torres Strait Islander Health Services)

MSH Public Hospitals

- Beaudesert Hospital
- Logan Hospital
- Princess Alexandra Hospital
- QEII Jubilee Hospital
- Redland Hospital

Other Public Hospitals

- Queensland Children's Hospital
- Mater (South Brisbane)

Private Hospitals

- Belmont Private
- Greenslopes Private
- Mater Private Hospital Redland
- Mater Private Hospital Springfield
- Sunnybank Private
- St Vincent's Hospital

Satellite Hospitals

- Eight Mile Plains Satellite Hospital
- Redlands Satellite Hospital

Nurse-led walk-in clinics

- Mount Gravatt nurse-led walk-in clinic

Urgent Care Clinics (UCCs)

- South Brisbane UCC
- Logan UCC (Browns Plains)

Medicare Mental Health Centres

- Logan
- Redlands

MSH Major Community Health Centres

- Bayside Addiction and Mental Health Centre
- Beenleigh Community Health Centre
- Browns Plains Community Health Centre
- Corinda Community Health Centre
- Eight Mile Plains Community Health Centre
- Inala Community Health Centre
- Logan Central Community Health Centre
- Logan Central Addiction and Mental Health Centre
- Logan Healthcare Centre
- Marie Rose Centre (Dunwich)
- Redland Health Service Centre
- Southern Queensland Centre of Excellence, Inala
- Woolloongabba Community Health Centre
- Wynnum-Manly Community Health Centre, Gundu Pa

MSH clinical services

- Addiction and Mental Health Services
- Aged Care and Rehabilitation Services
- Cancer Services
- Emergency Services
- Medicine and Chronic Disease Services
- Oral Health Services
- Patient Flow Program
- Primary Care Services
- Surgical Services
- Women's and Children's Services

MSH statewide specialty services

- Kidney transplant
- Liver transplant
- Spinal Cord Injury Service
- Movement Disorders Surgical Service
- Donate Life
- Queensland Tissue Bank
- Queensland Voluntary Assisted Dying – Support and Pharmacy*
- Medical Aid Subsidy Scheme*

* Not formally designated statewide services

MSH community services

- Aboriginal and Torres Strait Islander Health
- Addiction and Mental Health
- Aged Care Assessment Team
- Acute Care@Home
- BreastScreen Queensland
- Chronic Disease Management
- Dementia Outreach Service
- Maternity
- Offender Health
- Oral Health
- Palliative Care
- Persistent Pain
- Public Health
- Refugee Health
- Rehab@Home
- Residential Aged Care
- Voluntary Assisted Dying



Purpose and scope

What is a Needs Assessment?

A needs assessment is a systematic approach to reviewing health issues facing a specific population and identifying their needs. The Brisbane South JRNA seeks to understand what is important to Brisbane South residents by identifying and prioritising health and service needs. This will help guide future planning and investment, such as funding new services or adjusting existing resources and programs of work.

The Brisbane South JRNA offers insights into:

- Key health-related issues and concerns for residents of Brisbane South
- Differences in health experiences and needs between population groups or geographical areas
- Challenges in accessing available healthcare services.

Purpose

This report outlines the methods and findings from the Brisbane South JRNA, including the high and medium priorities for the Brisbane South region. The JRNA was guided by the Joint Regional Needs Assessment Framework and Implementation Toolkit developed by the Queensland–Commonwealth Partnership.

Scope

The scope of the Brisbane South JRNA was limited to residents living in Brisbane South (see Appendix 1). Priority population groups identified in the Brisbane South JRNA include children and young people, older people (65 years of age and older), Aboriginal and/or Torres Strait Islander people, individuals from culturally and linguistically diverse (CALD) backgrounds, people living with disability, people who identify as Lesbian, Gay, Bisexual, Transgender, Intersex, Queer, Asexual and others (LGBTIQ+), people experiencing homelessness, and women.

Health needs and service needs impacting Brisbane South residents were identified through stakeholder consultation and engagement activities (>1,200 participants), data analysis of locally available data, and a review of key health policies and strategies in the Australian health system. The identified health and service needs were then prioritised by a diverse group of stakeholders (121 participants) including health consumers, clinicians, health care managers and representatives of community service organisations.

Reporting Period

The Brisbane South JRNA project was undertaken throughout 2024. The Brisbane South JRNA Report was developed for a three-year period, effective from 1 January 2025 to December 2027. During this period, the report may be reviewed and updated as a result of new information or to conduct a ‘deep dive’ to address known limitations.

Methodology

Please see a description of the methodology in Appendix 2 of this document, including the distinct phases of the needs assessment, key data sources, project governance, key deliverables and a description of the prioritisation process.



Background

In 2024, the Brisbane South Primary Health Network (Brisbane South PHN) and Metro South Health (MSH) undertook the Brisbane South Joint Regional Needs Assessment (Brisbane South JRNA) to better understand the health and service needs of Brisbane South residents. This work contributes to the strategic vision of both organisations to create healthier communities, and an intent to do this by improving health equity, understanding and meeting community needs, and working in partnership.

The Brisbane South JRNA approach was guided by the Queensland-Commonwealth Partnership (QCP) JRNA Framework (QCP, 2024). The QCP includes representatives from Queensland PHNs, the Commonwealth Department of Health and Aged Care, Queensland Department of Health, Queensland Hospital and Health Services, the Queensland Aboriginal and Islander Health Council, Aboriginal and Torres Strait Islander Community-Controlled Health Organisations, Health Consumers Queensland and health consumer representatives. Together, the QCP has a shared vision to lead a responsive, integrated health system that offers high-quality, equitable care for all Queenslanders. The JRNA Framework supports the vision by advancing joint planning by guiding a collaborative and comprehensive understanding of priority health and service needs of a community.

Working in partnership provides both Brisbane South PHN and MSH with an opportunity for alignment of efforts to deliver effective, efficient and equitable services that meet the needs of the community. Identification of shared priorities for the Brisbane South region will inform future planning, commissioning, changes to service delivery and programs of work across both primary and acute care.

Guiding principles

The Brisbane South JRNA is based on the fundamental principles outlined in the Joint Statement of Queensland-Commonwealth Partnership (QCP, 2024):

- 1. One health system:** We work across system boundaries to ensure care integration across both primary and acute care
- 2. Commitment to collaboration and partnerships:** We work in partnership with other organisations to improve consumer experiences and health outcomes
- 3. We listen to our community:** We embrace and respect diversity and we are accessible and equitable in every interaction
- 4. Health equity:** We work to reduce health inequities by meeting diverse community needs with a focus on priority population groups.



Brisbane South region snapshot



**Over 1.2 million people
living in Brisbane South
in 2022 (23% of Qld)**



**Over 3,800 square kms
in size**



97% live in major cities



3% live in:
Beaudesert
Jimboomba
Redland Bay



**Brisbane South population expected
to grow to 1.4 million by 2031.**

**6.1% annual growth in Jimboomba SA3.
Logan LGA expected to grow by 2.1%
annually to 2036, higher growth than
Brisbane South (1.3%) and QLD (1.4%).**

Life Expectancy at Birth



**All: 81.6 years
Males: 79 years
Females: 84.4 years
(2022)**



**Median age
36 years**

**19.5% aged 14 and under
14.2% aged 65 years and
over (2022)**

Socioeconomic disadvantage

**In 2021, SA3s with >40% of
residents in the most
disadvantaged quintile compared
to 20% of Queensland:**

- Beaudesert
- Springwood-Kingston
- Beenleigh
- Brown Plains

CALD



**31% were born
overseas in 2021,
higher than
Queensland (23%)**

**1 in 4 spoke a
language
other than English at
home in 2021**

Aboriginal and/or Torres Strait Islander

**2.8% of population
compared
to 4.6% of Qld (2021)**

**SA3s with the largest
proportion of Aboriginal
and/or Torres Strait Islander
people (>4%): Browns Plains,
Springwood-Kingston, Forest
Lake-Oxley.**

Disability

1 in 3

**people needing
assistance with one or
more activities were in
5 SA3s: Beaudesert,
Beenleigh, Cleveland-
Stradbroke, Loganlea-
Carbrook and
Springwood-Kingston
(2021)**

Homelessness



11%

**Increase in people
living in improvised
dwellings, tents, or
sleeping out between
2016 to 2021**



Brisbane South region snapshot

Smoking



8% of females and
10% of males smoked daily
(2020-22)

Obesity



1 in 3 adults were
overweight
27% were obese
(2020-22)

Physical Activity



2 in 5

adults reported
insufficient
physical activity
in 2020-22

Alcohol



2 in 5 males **1 in 4 females**



exceeded the
Australian alcohol
consumption
guidelines in 2020-22

General Practitioner

87 %



of Brisbane South
residents saw a
General
Practitioner in
2022-23

Oral Health



46% of eligible
population for oral
health care were aged
5-12 years in 2023

Allied Health



2 in 5

received at least one
Medicare-subsidised
service in 2022-23

Hospital Activity



Over 400,000
emergency
department
presentations
and 1.7 million
outpatient
presentations
in 2022-23

Workforce



38,000 FTE health practitioners
in 2022, including:

- 52% nurses and midwives
- 17% medical practitioners
- 31% allied health professionals

Potentially Preventable Hospitalisations



Total of 45,000 in
2022-23 representing
7% of hospitalisations

- 50% Chronic
- 43% Acute
- 7% Vaccine-Preventable

Cancer Screening



Among 50-74 years:

- 36.3% screened for
bowel cancer in 2020-21
- 51% screened for breast
cancer in 2019-20

After Hours



57 after-hours
attendances per 100
people in Brisbane
South in 2022-23;
second highest in
QLD, after Gold Coast
(61 per 100)



Our priorities

Identifying priority needs helps organisations to identify the most important areas on which to focus efforts and resources. The Brisbane South Joint Regional Needs Assessment 2025-27 involved over 120 people from diverse cultural and professional backgrounds to identify priority needs for our region. This group shortlisted 24 needs from a long list of 97 needs and ranked them to identify 12 high-priority and 12 medium-priority needs. The remaining needs (66 in total) were unranked and are listed in the 'Unranked needs' section of this report.

Health and service needs

The 24 priority needs were categorised into two types of needs: health needs and service needs. Health needs are defined as needs benefiting from healthcare (such as health education, disease prevention, diagnosis, treatment, rehabilitation, and end-of-life care) and include broader social, and environmental factors (such as housing, diet, education, transport and employment). A service need, on the other hand, is a 'gap' in service availability that can be addressed by the healthcare system (e.g., lack of health service capacity or a mismatch between supply and demand).

Our priority needs

Of the 24 Brisbane South JRNA priority needs, 12 focus on population groups, including Aboriginal and/or Torres Strait Islander people, people from CALD backgrounds, people living with disability, people experiencing homelessness, the LGBTIQ+ community, women, youth (15-24 years), older persons (65+ years) and other priority groups. One of the priority needs identifies the need for "culturally responsive and inclusive services". This need statement recognises that *how* care is delivered to our communities is just as important as *what* services are provided. It also emphasises the importance to provide care that is responsive to people's unique personal characteristics (e.g. values, abilities, attitudes, beliefs, race and culture), circumstances and prior experiences with the health system.

The prevalence of mental health conditions and the associated gap in service provision was identified as a priority for the region and across most population groups. Prevention and management of chronic diseases were also identified as a high priority. This need reflects the high prevalence of chronic diseases in the Brisbane South region including musculoskeletal conditions, chronic pain, heart disease, respiratory conditions, diabetes, kidney disease and other conditions. Finally, the high rates of dementia was identified as a medium priority, reflecting the ageing population of Brisbane South.

Domestic and family violence (DFV) was identified as a high priority for the region and reflects greater awareness of the issue and its impact. Financial barriers to healthcare was also identified as a priority, reflecting the rising cost of living over the recent years and the impact that this has on health and wellbeing. Accessibility to transport, which affects people's ability to attend medical appointments, was a major concern. Stakeholder consultations revealed that access to transport is particularly challenging in areas such as Beaudesert and the Southern Moreton Bay Islands.

From a service perspective, long wait times, limited availability and capacity of health services, and access to bulk-billing GP services were seen as high-priority needs. These challenges affect both primary and hospital care and relate to the growing demand for services due to population growth, ageing, and an increase in chronic conditions.

The prioritisation of needs as part of the JRNA will help focus organisational resources on needs that are considered most important for residents of Brisbane South. This does not mean that the 66 unranked needs are not valid or important. Both Brisbane South PHN and Metro South Health will continue to address and monitor the unranked needs that were identified in the JRNA (see 'Unranked needs' section).



Relationships between needs

It is important to note that many of the health and service needs are interlinked. Needs can overlap or influence each other, and addressing one need may positively impact others. For example:

- Health and service needs can relate to different parts of the care continuum. Some needs work ‘upstream’ as they can prevent disease in the first place. Other needs relate to the management of disease following diagnosis. Addressing upstream needs can impact the needs that are ‘downstream’ in a person’s health journey.
- Many needs impact specific population groups and are more prevalent in specific geographical areas.
- A health need may require multiple service responses. For instance, high rates of obesity may be addressed through health promotion, weight management and/or bariatric surgery (service needs).
- A single service need can benefit multiple health needs. For instance, a specialised diabetes service can help manage diabetes-related complications, such as kidney disease and eye disease.

Themes

To capture the relationships between needs, the high priority, medium priority and unranked needs were grouped into 10 themes (see ‘High and medium priority needs’ and ‘Unranked needs’ sections):

- | | |
|---|---------------------------------------|
| 1. Priority populations | 6. Primary care services |
| 2. Care across the lifespan | 7. Service navigation and integration |
| 3. Mental health, alcohol and other drugs | 8. Access and service models |
| 4. Chronic health conditions | 9. Geographic inequities |
| 5. Wider determinants of health | 10. Infectious diseases |

Lead agency and partnerships

Of the 24 priority needs, all but two will be advanced jointly by Brisbane South PHN and MSH, working together as joint lead agencies. The exceptions to this are:

- Access to GP bulk-billing services (Brisbane South PHN)
- Wait times and availability of services (MSH)

Just under half of the priority needs identified are health needs. Addressing these needs will require Brisbane South PHN and MSH to work in partnership with community organisations and other government agencies to improve health and wellbeing outcomes for the Brisbane South region.



High and medium priority needs

| Need Statements | Priority + High + Medium | Need Type | Lead Agency |
|---|-----------------------------|-----------|-------------|
| Priority populations | | | |
| Culturally responsive and inclusive services - Culturally responsive, respectful and inclusive health services for Aboriginal and/or Torres Strait Islander people, CALD people, people with disability, youth (15-24 years of age), LGBTIQ+ people and other priority populations | + | S | Joint |
| Aboriginal and/or Torres Strait Islander people - Aboriginal and/or Torres Strait Islander people experience poorer health outcomes compared to the rest of the population | + | H | Joint |
| Aboriginal and/or Torres Strait Islander people - Timely service access for Aboriginal and/or Torres Strait Islander people | + | S | Joint |
| People living with disability - People living with disability experience poorer health outcomes compared to rest of the population | + | H | Joint |
| People living with disability - Access to services for people with disability, including education to understand and navigate NDIS assessments | + | S | Joint |
| Homeless/houseless people - Access to services for people experiencing homelessness, including housing/accommodation support | + | H | Joint |
| Women - High rates of family and domestic violence impact the health and wellbeing of women | + | H | Joint |
| Culturally and linguistically diverse people - Access to quality language services to reduce barriers to getting care | + | S | Joint |
| Care across the lifespan | | | |
| Children and young people - Supports for families, communities, parents and caregivers to create the best conditions for children to grow up healthy | + | H | Joint |
| Children and young people - Support for developmental delays and behavioural conditions in children and young people | + | H | Joint |
| Older people - High rates of dementia impact health and wellbeing | + | H | Joint |
| Older people - Access to services for older people in line with population ageing | + | S | Joint |
| Mental health, alcohol and other drugs | | | |
| High prevalence of mental health conditions | + | H | Joint |
| Access to mental health services and supports, including access to psychologists/psychiatrists | + | S | Joint |
| Chronic health conditions | | | |
| Preventative and early intervention health programs to prevent illness and chronic disease | + | S | Joint |
| Chronic disease management and supports | + | S | Joint |
| Addressing risk factors for chronic diseases: high and increasing prevalence of obesity | + | H | Joint |
| Wider determinants of health | | | |
| Financial barriers impact ability to access healthcare | + | H | Joint |
| Access to transport impacts ability to attend medical appointments | + | H | Joint |
| Primary care services | | | |
| Access to GP bulk-billing services | + | S | BS PHN |
| Service navigation and integration | | | |
| Holistic, joined-up care across both primary care and acute care services | + | S | Joint |
| Access and service models | | | |
| Wait times and availability of health services | + | S | MSH |
| Capacity of health services to meet growing demand, including health workforce | + | S | Joint |
| Alternative models of service delivery to meet growing demand | + | S | Joint |
| Geographic inequities (no high/medium priority needs) | | | |
| Infectious diseases (no high/medium priority needs) | | | |

Note: Lead agency refers to either Brisbane South PHN (BS PHN), Metro South Health (MSH) or a joint effort on behalf of all agencies.

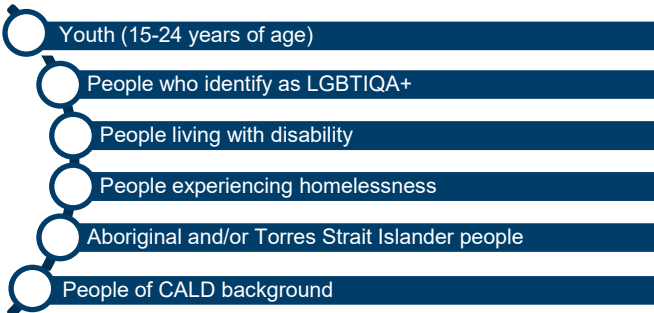


Priority populations

High Priority Service need

Culturally safe, respectful and inclusive health services for Aboriginal and/or Torres Strait Islander people, people of culturally and linguistically diverse background, people with disability, youth (15-24 years of age), people who identify as LGBTIQ+, and other priority populations

Need was identified for the following population groups



"Make it free of racism, so we aren't scared and worried at even just the idea of going to a hospital even when we are in need. Make it urgent to address the four priority areas of Closing the Gap – get serious about it." (Survey respondent)

Culturally safe, respectful, and inclusive healthcare was identified as a key priority in the Brisbane South JRNA. The Brisbane South region is one of Queensland's most diverse areas, with over 31% of residents born overseas, 23% speaking a language other than English at home, approximately 3% identifying as Aboriginal and/or Torres Strait Islander, 13% aged 15-24, and 6% reporting a profound or severe disability (Queensland Government Statistician's Office, 2023).

During community consultations, 42% of Brisbane South JRNA online survey participants reported observing or experiencing discrimination in health care. About 20% of participants mentioned the need for respectful services, but this number increased to 33% among people with a CALD background, 44% among youth, and 33% among LGBTIQ+ participants. Qualitative analysis of survey responses showed that both youth and LGBTIQ+ individuals often did not feel confident expressing their health concerns. Similarly, some priority groups avoided health services due to fears that consultations would not be respectful. This highlighted that better communication and more mindful interactions between consumers and practitioners could encourage more people to use health services and take better care of their health.

Focus groups with Aboriginal and/or Torres Strait Islander people, CALD individuals, people living with disability, and the LGBTIQ+ community provided more insight into the issues these groups face when accessing healthcare. Participants from CALD backgrounds and community service representatives stressed the importance of cultural sensitivity and called for multicultural health competency training for healthcare workers. Focus groups with Aboriginal and/or Torres Strait Islander community members and service providers highlighted the need for culturally appropriate care models, such as face-to-face consultations and maintaining cultural knowledge within the health workforce. Groups representing people with disabilities and LGBTIQ+ individuals pointed out the lack of professional training and understanding of their unique healthcare needs as a significant gap in current services.

Brisbane South PHN and MSH are working to address these concerns with strategic actions aimed at improving health equity and reducing institutional racism. The Brisbane South PHN *Health Access and Equity Framework 2024-27* aims to reduce health inequalities and promote equitable access to healthcare. This Framework is supported by the Brisbane South PHN *Reconciliation Action Plan 2023-2026*, the PHN *Multicultural Health Framework*, and the *Pasifika and Māori Health and Wellbeing Strategy 2020-25*. The Metro South Health *First Nations Health Equity Strategy 2022-2025* is designed to embed cultural safety and strengthen partnerships with Aboriginal and/or Torres Strait Islander communities and Aboriginal Community Controlled Health Services. Key actions include developing culturally appropriate models of care, integrating services across primary and secondary care, and improving discharge processes to prevent adverse health outcomes. Similarly, the *Metro South Multicultural Health Service Plan 2023-2026* and *Disability Service Plan 2023-2026* emphasise the importance of cultural competency training and collaborative partnerships to better address the needs of CALD populations and people with disability. Both organisations will continue building on these efforts.



Key policies and strategies

- ✓ National Closing the Gap Agreement ([National Indigenous Australians Agency](#), 2020)
- ✓ South-East Queensland First Nations Health Equity Strategy ([Institute of Urban and Indigenous Health](#), 2023)
- ✓ Multicultural Health Policy and Action Plan 2024-2029 ([Queensland Health](#), 2024)
- ✓ Health Access and Equity Framework 2024-2027 ([Brisbane South PHN](#), 2024)
- ✓ First Nations Health Equity Strategy 2022-2025 ([MSH](#), 2022)
- ✓ Multicultural Health Services Plan 2023-2026 ([MSH](#), 2023)
- ✓ Disability Service Plan 2023-2026 ([MSH](#), 2023)



Brisbane South JRNA online survey

Safe and inclusive healthcare was important to:

- 1 in 3 people of CALD background
- more than 2 in 5 young people
- more than 30% of people identifying as LGBTIQ+

Proportion of participants that felt healthcare providers are not safe or inclusive:

- 27% of people experiencing homelessness
- 1 in 4 people living with disability
- 1 in 10 Aboriginal and/or Torres Strait Islander people



Priority populations



High rates of domestic and family violence impact the health and wellbeing of women

Need was identified for the following population groups



In Australia, women are 5 times more likely than men to require hospitalisation due to domestic and family violence

(Australian Institute of Health and Welfare, 2023)

Domestic and family violence (DFV) has been identified as a high priority for the Brisbane South region. DFV occurs when one person in an intimate or romantic relationship or former relationship, or a family or informal carer relationship, uses violence or abuse to dominate and control the other person. DFV usually constitutes an ongoing pattern of behaviour but can be an isolated instance of abuse or violence (Queensland Government, 2024).

In Australia, an estimated 20 per cent of women reported experiencing physical and/or sexual DFV since the age of 15 (Australian Bureau of Statistics, 2021-2022). The Queensland Police Service estimates that about 40 per cent of all recorded incidents are related to DFV, with occurrences rising by 50 per cent between 2015-16 and 2021-22 (Department of Justice QLD, 2024). The health impacts of DFV are significant, leading to poor physical and mental health, long-term trauma, and increased risks of homelessness and poverty. Aboriginal and/or Torres Strait Islander women are particularly at risk, being 11 times more likely to die from family violence compared to non-Indigenous women (Olsen and Lovett, 2016).

In Brisbane South, DFV was recognised as a major issue during stakeholder consultations. Women from CALD backgrounds highlighted domestic violence as an unaddressed problem in their communities and called for more tailored interventions to meet their specific needs. Brisbane South PHN and MSH understand the importance of a strong, coordinated response to DFV. This includes enhancing screening and risk assessment practices within the health system and improving frontline health workers' knowledge of DFV. Ongoing collaboration between government and community sectors is essential to tackle the root causes of violence and the social factors that influence health, while also expanding access to services that provide immediate safety and support long-term recovery for victims.



Key policies and strategies

- ✓ National Plan to End Violence against Women and Children 2022-2032 (Department of Social Services, 2022)
- ✓ Queensland's plan for the primary prevention of violence against women 2024-2028 (Department of Justice and Attorney-General, 2024)
- ✓ Domestic and Family Violence Strategy 2023-2025 (Queensland Police Service, 2023)
- ✓ Domestic and Family Violence Prevention Strategy 2016-2026 (Queensland Government, 2016)
- ✓ Broadening the Focus: Queensland's strategy to strengthen responses to people who use domestic and family violence 2024-2028 (Queensland Government, 2024)
- ✓ Women's Safety and Justice Taskforce, Hear Her Voice Reports 1 and 2, and the Queensland Government response (Queensland Department of Justice, 2024)
- ✓ Queensland Women and Girls' Health Strategy 2032 (Queensland Health, 2024)



Data analysis

- The number of DFV occurrences reported to the Queensland Police Service increased by 50% between 2015-16 and 2021-22
- Queensland Police Service estimates that about 40% of all its recorded incidents relate to DFV



Priority populations



Access to services for people experiencing homelessness, including housing and accommodation support

Need was identified for the following population groups



People experiencing homelessness

"We need more crisis accommodation options or social houses in the Redland Bay Area. More rental subsidies and support to maintain housing. We require more funding to employee staff or retain staff, the team are stretched as they are at service capacity everywhere"

Homelessness service provider survey (2024)

Access to services for people experiencing homelessness, including housing and accommodation support, is a high priority for the Brisbane South region. Housing instability and homelessness are significant issues impacting the health and wellbeing of residents in Brisbane South. Compared to the general population, people who are experiencing or are at risk of homelessness face higher risks of negative health, social, and economic outcomes.

In 2021, 4,244 people were experiencing homelessness in the Brisbane South region. Of these, 1,188 were living in boarding houses, and over 1,000 were in supported accommodation for the homeless (Australian Bureau of Statistics, 2021). Between 2016 and 2021, there was an 11% increase in people living in improvised dwellings, tents, or sleeping rough; a 25% decrease in those living in boarding houses; and a 19% decrease in those living in supported accommodation (Australian Bureau of Statistics, 2021).

Rising home prices across south-east Queensland are making home ownership and rent more expensive and difficult to access, especially for those on low to moderate incomes. This is pushing more people into unstable housing, increasing the need for interventions and support to manage the growing housing crisis and its effects on health and wellbeing. Between 2019-20 and 2022-23, there was a 2% increase in Brisbane South clients receiving support from Specialist Homelessness Services (Australian Institute of Health and Welfare, 2024). The main reasons people sought assistance were financial difficulties (47%), housing crises (46%), and housing affordability stress (44%).

A survey of homelessness service providers in Brisbane South identified several unmet needs for people experiencing homelessness. These included crisis accommodation, social housing, rental subsidies, and fully accessible housing for the ageing population. There were also calls for long-term housing solutions, transitional accommodation, employment pathways, and more affordable housing for women and children. Stakeholders noted that housing instability often intersects with mental health issues, substance abuse, and access to healthcare. Key health issues linked to homelessness include trauma, depression, social isolation, and other complex physical and mental health conditions.

MSH and Brisbane South PHN can work with partners to support efforts that address housing insecurity. This includes increasing access to primary healthcare through mobile and community clinics and improving referral pathways between hospitals and community services. Through strategic partnerships, MSH and Brisbane South PHN can help advance initiatives to reduce housing insecurity and its broad impacts on physical and mental health.



Key policies and strategies

- ✓ National Agreement on Social Housing and Homelessness (Department of Social Services, 2024)
- ✓ Queensland Housing and Homelessness Action Plan 2021-2025 (Department of Communities, Housing and Digital Economy, 2021)
- ✓ Queensland Housing Strategy 2017-2027 (Queensland Government, 2017)
- ✓ Towards ending homelessness for young Queenslanders 2022-2027 (Queensland Government, 2022)
- ✓ Our Place: A First Nations Housing and Homelessness Action Plan 2024-2027 (Queensland Government, 2024)



Data analysis

In 2021:

- 36% of social dwellings in Brisbane South were in Forest Lake-Oxley, Springwood-Kingston and Holland Park-Yeronga SA3s
- Springwood-Kingston SA3 had the largest number of people living in overcrowded and severely overcrowded dwellings in the region (18%)
- Springwood-Kingston SA3 had the highest rate of homelessness in the region, 1.8 times higher than the Queensland rate



Priority populations



Aboriginal and/or Torres Strait Islander people experience poorer health outcomes compared to the rest of the population

Need was identified for the following population groups

Aboriginal and/or Torres Strait Islander people

Almost 1 in 3 of Aboriginal and/or Torres Strait Islander participants in the Brisbane South JRNA online survey reported that they were affected by:

- Mental health conditions
- Musculoskeletal conditions
- Chronic pain
- Diabetes
- Chronic respiratory conditions

Aboriginal and/or Torres Strait Islander people continue to face significant health inequalities compared to the rest of the population. The life expectancy gap in Queensland is a major concern, with a difference of 7.8 years for males and 6.7 years for females (Queensland Audit Office, 2023). Aboriginal and/or Torres Strait Islander people also bear a disease burden that is 2.3 times higher than that of non-Indigenous Australians (Australian Institute of Health and Welfare, 2024). Additionally, they face higher rates of potentially preventable hospitalisations, and have fewer babies born with a healthy birthweight (Queensland Audit Office, 2023).

Brisbane South PHN and MSH are dedicated to improving health outcomes for Aboriginal and/or Torres Strait Islander people by embedding cultural safety and capability programs, strengthening governance, and building strong partnerships with community-controlled health organisations (*Brisbane South PHN Reconciliation Action Plan 2023-2026*; *Metro South Health First Nations Health Equity Strategy 2022-2025*). Key initiatives include developing culturally appropriate care models, enhancing access to healthcare closer to home, and addressing social determinants of health through partner collaboration. Both organisations are committed to creating avenues for consumer feedback and involving Aboriginal and/or Torres Strait Islander people in the co-design and implementation of health services. By re-designing and commissioning health services, we aim to close the gap in health outcomes for Aboriginal and/or Torres Strait Islander people.



Key policies and strategies

- ✓ National Closing the Gap Agreement ([National Indigenous Australians Agency](#), 2020)
- ✓ National Aboriginal and Torres Strait Islander Health Plan 2021-2031 ([Department of Health](#), 2021)
- ✓ South-East Queensland First Nations Health Equity Strategy ([Institute for Urban Indigenous Health](#), 2023)
- ✓ Reconciliation Action Plan 2023-2026 ([Brisbane South PHN](#), 2023)
- ✓ Health Q32 First Nations Strategy ([Queensland Health](#), 2024)
- ✓ First Nations Health Equity Strategy 2022-2025 ([MSH](#), 2022)



Data analysis

Between 2018-22:

- Median age at death for Aboriginal and/or Torres Strait Islander people was 61 years (60 years for males and 65.5 years for females).



Priority populations



People living with disability experience poorer health outcomes compared to the rest of the population

Need was identified for the following population groups



In 2022, across Australia:

- Adults with disability (35%) were less likely to self-assess their health as 'very good/excellent' compared to those without disability (69%)
- Almost 1 in 2 people with severe/profound disability self-reported anxiety, 41% reported depression

(Australian Institute of Health Welfare)

People living with disability face significant health inequalities compared to the general population. In 2020-21, 31% of adults living with disability in Australia rated their health as 'excellent or very good', compared to 68% of adults without disability (Australian Institute of Health and Welfare, 2024). Additionally, 33% of adults living with disability reported high or very high levels of psychological distress, more than double the rate of those without disability (Australian Institute of Health and Welfare, 2024). Higher rates of health risk factors, such as smoking and sugary drink consumption, further worsen these health outcomes.

Despite their complex health needs, many people living with disability face barriers to accessing healthcare, including long wait times, high out-of-pocket costs, limited accessibility, and poor communication between healthcare providers. For Aboriginal and/or Torres Strait Islander people and people of CALD backgrounds, additional challenges such as stigma and cultural barriers can make accessing care even more difficult. These barriers contribute to poorer physical and mental health and prevent people living with disability from receiving equitable healthcare.

More than half of the people living with disability who participated in the Brisbane South JRNA online survey reported being affected by musculoskeletal conditions and mental health issues. Additionally, 43% experienced chronic pain, 30% had chronic respiratory conditions, and 23% had heart disease. Focus groups highlighted key challenges such as the lack of personalised care, the high cost of GP visits, and the need for more accessible services.

MSH and Brisbane South PHN are committed to addressing these inequalities and ensuring high-quality, person-centred care for people living with disability. Key initiatives include building a workforce skilled in disability awareness and inclusion, improving access to care, and better integrating services across different healthcare settings. A top priority for current and future efforts is to create partnerships with disability service providers and community organisations. These partnerships will help support smoother transitions between hospitals, specialists, primary care, and disability services, ultimately enhancing care coordination and health outcomes for people living with disability.



Key policies and strategies

- ✓ Australia's Disability Strategy 2021-31 ([Commonwealth Government, 2021](#))
- ✓ Queensland's Disability Plan 2022-27 ([Department of Seniors, Disability Services and Aboriginal and Torres Strait Islander Partnerships, 2022](#))
- ✓ Disability Service Plan 2023-2026 ([Metro South Health, 2023](#))
- ✓ Disability Service Plan 2022-2024 ([Department of Health, 2022](#))



Brisbane South JRNA online survey

Major self-reported health conditions for people living with disability:

- Mental health
- Musculoskeletal conditions
- Chronic pain
- Chronic respiratory conditions
- Heart disease



Priority populations

+ Medium Priority Service need

Access to services for people with disability, including education to understand and navigate NDIS assessments

Need was identified for the following population groups



People living with disability

*"Not being able to afford an operation because of my disability and low financial status. Unreasonable and unnecessary treatment by NDIS and service providers."
(Survey respondent)*

Access to services for people living with disability, including education to understand and navigate NDIS assessments, was identified as a medium priority for the Brisbane South region. Focus groups with people living with disability and service providers highlighted the need for better education within the healthcare system to help people complete their NDIS assessments promptly. The complexity of the NDIS system, combined with a lack of awareness in the community and GP clinics about how to conduct these assessments, worsened these challenges.

Additionally, focus groups with people living with disability emphasised the need for improved health literacy, coordinated care, accessible communication, and personalised care to enable informed decisions about healthcare. There was a call for greater support mechanisms, such as peer-to-peer support and navigation assistance, as well as better coordination across service providers to help individuals access the services they need.



Key policies and strategies

- ✓ Australia's Disability Strategy 2021-31 ([Commonwealth Government](#), 2021)
- ✓ Queensland's Disability Plan 2022-27 ([Department of Seniors, Disability Services and Aboriginal and Torres Strait Islander Partnerships](#), 2022)
- ✓ Disability Service Plan 2023-2026 ([MSH](#), 2023)
- ✓ Disability Service Plan 2022-2024 ([Department of Health](#), 2022)



Brisbane South JRNA online survey

12% of health practitioner participants mentioned that organising outreach services and targeting vulnerable consumers (e.g., people with disability, mental health issues, past trauma) are ways that health services can consider the needs of the community.



Priority populations

+ Medium Priority **S** Service need

Access to quality language services to reduce barriers to getting care

Need was identified for the following population groups



People of CALD background

"The lack of interpreters makes it chronically unsafe to receive appropriate treatment" (Survey respondent)

"They are safe and inclusive mainly, except when interpreters are involved. Providing bad interpreters makes the whole system unsafe" (Survey respondent)

Access to quality language services was identified as a medium priority for the Brisbane South region. Around 31% of the Brisbane South population was born overseas, and almost 1 in 4 people speak a language other than English at home (Australian Bureau of Statistics, 2021). Effective communication between healthcare providers and consumers from CALD backgrounds is therefore essential to delivering quality care.

Stakeholder consultations highlighted several barriers in the use and availability of language services. Concerns were raised about the quality of interpreters, especially their understanding of culture and health literacy. Consumers from smaller communities sometimes felt uncomfortable using interpreters they knew, due to privacy concerns. The use of interpreters in telehealth consultations was also mentioned as a challenge, with many preferring in-person interpreters. Additionally, it was noted that some general practitioners avoid seeing clients who need interpreters due to the extra time and complexity involved in appointments, as well as insufficient compensation.

CALD consumers stressed the importance of cultural competence among healthcare providers. They highlighted the need for well-qualified interpreters, particularly those accredited by the National Accreditation Authority for Translators and Interpreters (NAATI) and requested more information in multiple languages. Members of the CALD community also called for more support in navigating the healthcare system, advocating for easier access to interpreters and better quality and availability of these services. Additionally, the need for gender-specific interpreters and privacy during medical examinations was an important issue raised.



Key policies and strategies

- ✓ Queensland Multicultural Health Policy and Action Plan 2024-2029 ([Queensland Health, 2024](#))
- ✓ Exploring the Health of Culturally and Linguistically Diverse (CALD) Populations in Queensland: 2016-17 to 2019-20 ([Queensland Health, 2023](#))
- ✓ Refugee Health and Wellbeing Policy and Action Plan 2022-2027 ([Queensland Health, 2022](#))
- ✓ Multicultural Health Service Plan 2023-2026 ([MSH, 2023](#))
- ✓ Pasifika and Maori Health and Wellbeing: A Strategic Framework and Action Plan for Brisbane South 2020-2025 ([Brisbane South PHN, 2020](#))



Data analysis

In 2021:

- 31% of Brisbane South population was born overseas, compared to 23% of Queensland
- 48% of residents in Rocklea-Acacia Ridge SA3 were born overseas, highest in Brisbane South region
- China and India are the leading countries of birth for residents born in a non-English background country
- 1 in 4 of Brisbane South residents spoke a language other than English at home, 3.7% had low English proficiency
- 55% of Sunnybank SA3 spoke a language other than English



Priority populations

+ Medium Priority  Service need

Timely service access for Aboriginal and/or Torres Strait Islander people

Need was identified for the following population groups



Aboriginal and/or Torres Strait Islander people

"Lengthy delays in EDs, longer wait times to see your family GP, or any other GP, quicker visits to GP with only time enough for one condition to be discussed"
(Survey respondent)

Timely access to health services for Aboriginal and/or Torres Strait Islander people is a medium priority for the Brisbane South region. Aboriginal and/or Torres Strait Islander people often experience significant delays in accessing healthcare. Queensland data shows higher rates of missed specialist appointments (2.3 times greater), discharges against medical advice (2.8 times greater), and patients leaving emergency departments without being seen (1.6 times greater) compared to non-Aboriginal and/or Torres Strait Islander patients. These delays can result in poorer health outcomes (Queensland Audit Office, 2023).

Consultation and engagement activities from the Brisbane South JRNA highlighted the need for shorter wait times and better access to health services for Aboriginal and/or Torres Strait Islander people. Focus groups with community members and service providers emphasised the importance of extending clinic hours, addressing regional access issues—especially related to transport—and reducing long wait times to see a general practitioner. Access to public oral health services was also identified as a service need.



Key policies and strategies

- ✓ The National Aboriginal and Torres Strait Islander Health Plan 2021-2031 ([Department of Health](#), 2021)
- ✓ Indigenous Australians' Health Programme ([Department of Health and Aged Care](#), 2024)
- ✓ South-East Queensland First Nations Health Equity Strategy ([Institute for Urban Indigenous Health](#), 2023)
- ✓ The Aboriginal and Torres Strait Islander Health Strategy 2020-2025 ([AHPRA](#), 2020)
- ✓ First Nations Health Equity Strategy 2022-2025 ([MSH](#), 2025)
- ✓ Reconciliation Action Plan 2023-2026 ([Brisbane South PHN](#), 2023)



Results from stakeholder consultation

- Need was identified as a key theme in focus groups for Aboriginal and/or Torres Strait Islander people
- Almost 1 in 5 Aboriginal and/or Torres Strait Islander people identified need for timely service access (Brisbane South JRNA online survey)



Care across the lifespan

+ Medium Priority Health need

Support for families, communities, parents and caregivers to create the best conditions for children to grow up healthy

Need was identified for the following population groups

Children and young people

"There is a lack of specialist services for infants, children and people with chronic conditions" (Survey respondent)

Support for families, communities, parents, and caregivers to create the best conditions for children to grow up healthy is a medium priority for the Brisbane South region. The early years are critical for a child's social, emotional, and physical development, and fostering conditions that support this growth is essential. Families, communities, and caregivers play a key role in meeting children's needs, including promoting safe environments, ensuring access to healthcare, providing opportunities for play, and meeting basic material needs such as food, shelter, clothing, and other essentials. Families and communities also need to be empowered and supported with resources that help them meet their children's developmental and emotional needs. Creating safe, nurturing environments where children can build resilience and social skills is crucial to improving overall health and wellbeing outcomes.

Brisbane South PHN and MSH have a role to play through the direct commissioning of primary care services and creating inclusive environments for both children and caregivers to ensure the best conditions for children to grow up healthy.



Key policies and strategies

- ✓ National Action Plan for Health of Children and Young People 2020-2030 ([Department of Health and Aged Care, 2019](#))
- ✓ First 2000 Days - the Opportunity of a Lifetime ([Queensland Clinical Senate, 2023](#))
- ✓ Putting Queensland Kids First ([Department of Premier and Cabinet, 2024](#))



Data analysis

- Self-reported behaviours among children in Brisbane South Region:
- In 2020-22, over 50% were active for less than 60 minutes per day
 - In 2017-22, 97% had insufficient daily vegetable consumption
 - In 2019-20, 1 in 4 had been sunburnt in the previous 12 months

Care across the lifespan

+ Medium Priority Health need

Support for developmental delays and behavioural conditions in children and young people

Need was identified for the following population groups

Children and young people

People of CALD Background

People who identify as LGBTIQ+

"Developmental needs for children - wait time for developmental assessments is very long, early intervention is held up by delays and poor NDIS planning/understanding of children's needs" (Survey respondent)

Support for developmental delays and behavioural conditions in children and young people was identified as a medium priority for the Brisbane South region. Results from the Brisbane South JRNA online survey show that around 20% of youth were affected by behavioural and developmental conditions. Survey data also suggests an overlap between youth, people living with disability, and the LGBTIQ+ community, as 25% of people living with disability and 19% of LGBTIQ+ individuals reported being impacted by these conditions.

Community focus groups identified undiagnosed developmental delays as a recurring issue that often leads to behavioural challenges when children start school. Commonly mentioned conditions included neurodevelopmental disorders, such as autism and ADHD, with participants emphasising the need for early diagnosis, support, and adjustments to address these concerns. Focus group participants noted that these delays are often overlooked or dismissed, worsening mental health and social outcomes as children grow older.

There is a need for greater awareness, early diagnosis, and access to specialised support services for children with developmental delays and behavioural conditions. This support will empower parents, caregivers, and educators to better manage these conditions and promote healthier developmental outcomes for affected children and young people.



Key policies and strategies

- ✓ National Action Plan for Health of Children and Young People 2020-2030 ([Department of Health and Aged Care, 2019](#))
- ✓ First 2000 Days - the Opportunity of a Lifetime ([Queensland Clinical Senate, 2023](#))
- ✓ Putting Queensland Kids First ([Department of Premier and Cabinet, 2024](#))



Data analysis

- In 2021:
- Highest proportion of developmentally vulnerable children were in Beaudesert SA3
 - 1 in 5 children in Beaudesert SA3 were developmentally vulnerable in two or more domains (Australian Early Development Census)



Care across the lifespan

+ Medium Priority Health need

High rates of dementia impact health and wellbeing

Need was identified for the following population groups

Older people (65+ years)

"Increase in dementia and cognitive decline that is ignored in the community until an acute issue arises"
(Survey respondent – what changes in the health system have you noticed in the last three years)

High rates of dementia was identified as a medium priority for the Brisbane South region. In 2021, the age-standardised rate of dementia was 34.4 per 100,000 people, which was statistically significantly higher than the Queensland average of 32.3 (Australian Bureau of Statistics, 2021). Between 2017 and 2021, dementia was the second leading cause of death among Brisbane South residents, surpassed only by coronary heart disease. The condition is particularly common in individuals aged 75 years and over.

Dementia has a significant impact on both individuals and the healthcare system. People living with dementia who move to aged care after a hospital stay typically spend an additional 20 days in hospital (Australian Institute of Health and Welfare, 2024). These trends highlight the increasing burden that dementia places on the health and aged care systems as the population ages. Following a diagnosis, both short-term and long-term multidisciplinary supports are required to care for people with dementia.



Key policies and strategies

- ✓ National Dementia Data Improvement Plan 2023-33 (Australian Institute of Health and Welfare, 2023)



Data analysis

In 2022, 15,445 Brisbane South residents were living with dementia

In 2021, rates of dementia were higher in the following SA3s compared to the Queensland average:

- Rocklea-Acacia Ridge
- Brisbane Inner East
- Mt Gravatt
- Springwood-Kingston
- Holland Park-Yeronga

Care across the lifespan

+ Medium Priority Service need

Access to services for older people in line with population ageing

Need was identified for the following population groups

Older people (65+ years)

"Geriatric services are not keeping up with demand. MyAged care is struggling to assess elderly people in a reasonable timeframe. With an increasing ageing population this will only get worse and patients and family will suffer."
(Survey respondent)

Access to services for older people, in line with an ageing population, was identified as a medium priority for the Brisbane South region. The growing number of older adults is expected to be a major factor driving demand for healthcare services in Brisbane South, especially for those aged 65 and over. By 2036, the population of older adults in the region is projected to increase by 47% (more than 80,000 people) from 2022 levels (Queensland Government Statistician's Office, 2023). Certain areas within Brisbane South, such as Jimboomba and Browns Plains SA3s, are expected to see their older populations nearly double during this period (Queensland Government Statistician's Office, 2023).

As older adults are high users of health services, this demographic shift presents a growing challenge for health service providers. Key considerations include improving access to aged care services and supporting older adults in their communities with appropriate health, social, and community services. The projected growth will require targeted action to ensure that service capacity meets the needs of the ageing population.



Key policies and strategies

- ✓ Older People's Health and Wellness Strategy 2019-24 (Brisbane South PHN, 2024)
- ✓ Brisbane South Aged Care Workforce Strategy 2020-24 (Brisbane South PHN, 2020)



Data analysis

In 2022:

- Older people (65+ years old) are the largest driver of growth in the region
- By 2026, there will be 47% more residents aged 65+ than in 2022
- Higher proportions of older people residing in Cleveland-Stradbroke, Beaudesert, Centenary and Capalaba SA3s



Mental health, alcohol and other drugs



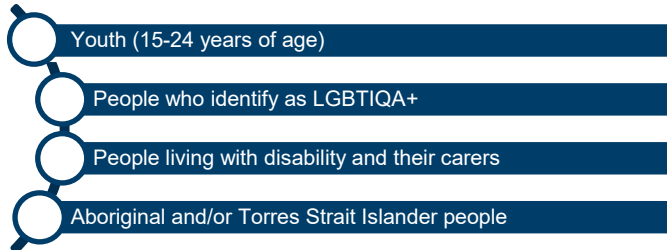
High Priority



Service need

Access to mental health services and supports, including access to psychologists/psychiatrists

Need was identified for the following population groups



"There is a six month wait to see Psychologists." (Survey respondent)

"Mental health needs are enormous amongst patients. This is exacerbated by the fact there are long waiting times to see a psychiatrist or psychologist and the costs are sometimes prohibitive" (Health Practitioner respondent - Survey)

Access to mental health services, including psychologists and psychiatrists, is a high-priority need for the Brisbane South region. Over the past five years, demand for mental health services grew faster than both population growth and the expansion of the mental health sector, putting pressure on service delivery. The increasing complexity and severity of mental health conditions has further complicated service provision, with more individuals presenting in a crisis and needing immediate care.

Both the community and health practitioners identified access to mental health support as a significant unmet need in the Brisbane South region. This was particularly highlighted by diverse groups in the Brisbane South JRNA online survey and focus groups, including Aboriginal and/or Torres Strait Islander people, CALD individuals, youth, people who identify as LGBTIQ+, and other population groups.

Brisbane South PHN and MSH have taken and are continuing to explore various steps to address these mental health service challenges. In 2024, Brisbane South PHN commissioned local Mental Health, Suicide Prevention, and Alcohol and Other Drugs (MHSPAOD) treatment services to better meet individual needs. That same year, MSH, under the statewide strategy Better Care Together, expanded its Hospital in the Home services to include mental health care, aiming to improve access to recovery-oriented care in home settings. To strengthen the mental health workforce, MSH also launched the Psychology Internship Program, which helps psychology interns gain supervised experience, preparing them for clinical roles and ensuring smooth pathways for new graduates to enter the field.

Efforts are underway to develop a Joint Regional Mental Health, Suicide Prevention, and Alcohol and Other Drugs Plan in 2025. This aims to enhance collaboration and integration between MSH, Brisbane South PHN, and other mental health services in the region, ensuring individuals and communities have better access to the care they need.



Key policies and strategies

- ✓ National Mental Health Workforce Strategy 2022-2032 (Department of Health and Aged Care, 2022)
- ✓ Mental Health Australia Strategy 2024-2029 (Mental Health Australia, 2024)
- ✓ Vision 2030: Blueprint for Mental Health and Suicide Prevention (National Mental Health Commission, 2023)
- ✓ Working Together Differently: Brisbane South Mental Health, Suicide Prevention and Alcohol and Other Drug Foundation Plan 2020-2022 (Brisbane South PHN, 2022)
- ✓ Shifting Minds: The Queensland Mental Health, Alcohol and other Drugs, and Suicide Prevention Strategic Plan 2023-2028 (Queensland Mental Health Commission, 2023)
- ✓ Achieving Balance: the Queensland Alcohol and Other Drugs Plan 2022-2027 (Queensland Mental Health Commission, 2022)
- ✓ Better Care Together: A plan for Queensland's state-funded mental health, alcohol, and other drugs services to 2027 (Queensland Health, 2022)



Data analysis

- 8% of Brisbane South residents received support from a GP for mental health
- 39,000 community and inpatient mental health related episodes of care were delivered in 2023-24



Mental health, alcohol and other drugs



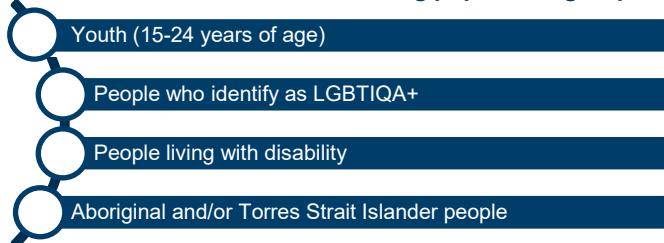
High Priority



Health need

High prevalence of mental health conditions

Need was identified for the following population groups



"Mental healthcare provision and affordability is lacking for the whole population" (Survey respondent)

"Mental health, exacerbated by poor social circumstances is a key issue" (Health practitioner survey participants)

The high prevalence of mental health conditions has been identified as a high priority for the Brisbane South region. Mental health conditions are widespread in Australia, with an estimated 1 in 5 Australians aged 16 to 85 experiencing a mental disorder within the past year (Australian Institute of Health and Welfare, 2024). In the Brisbane South region, mental health was the most common self-reported health issue among various population groups, including 48% of youth, 56% of people living with disability, 68% of LGBTIQ+ participants, and 41% of Aboriginal and/or Torres Strait Islander people. Geographical comparisons across the region showed that Beenleigh and Beaudesert SA3s had the highest rates of self-reported mental health conditions (12% of the population), which is statistically higher than the Queensland average of 10% (Queensland Government Statistician's Office, 2023). In 2022-23, approximately 8% of Brisbane South residents received mental health support from a general practitioner. This was a 10% decrease compared to 2020-21 (Australian Institute of Health and Welfare, 2024).

Mental health is an essential component of overall health and wellbeing. Mental illnesses vary in severity and duration and can impact a person's cognitive, emotional, and social functioning. Importantly, a person's wellbeing can be negatively affected by mental health challenges even in the absence of a diagnosable mental illness or disorder.

To address the growing mental health needs in the region, Brisbane South PHN and MSH are working on several initiatives. These include strengthening service capacity, providing culturally responsive services, and improving workforce capability. The development of a Joint Regional Mental Health, Suicide Prevention, and Alcohol and Other Drugs Plan in 2025 highlights both organisations' commitment to tackling the high prevalence of mental health conditions in the Brisbane South region.



Key policies and strategies

- ✓ National Mental Health Workforce Strategy 2022-2032 (Department of Health and Aged Care, 2022)
- ✓ Vision 2030: Blueprint for Mental Health and Suicide Prevention (National Mental Health Commission, 2023)
- ✓ Working Together Differently: Brisbane South Mental Health, Suicide Prevention and Alcohol and Other Drug Foundation Plan 2020-2022 (Brisbane South PHN, 2022)
- ✓ Shifting Minds: The Queensland Mental Health, Alcohol and other Drugs, and Suicide Prevention Strategic Plan 2023-2028 (Queensland Mental Health Commission, 2023)
- ✓ Achieving Balance: the Queensland Alcohol and Other Drugs Plan 2022-2027 (Queensland Mental Health Commission, 2022)
- ✓ Better Care Together: A plan for Queensland's state-funded mental health, alcohol, and other drugs services to 2027 (Queensland Health, 2022)



Brisbane South JRNA online survey

For Brisbane South JRNA online survey, mental health was self-reported by:

- Almost 50% of youth
- 56% of people living with disability
- 2 in 5 of carers of people living with disability
- 68% of people that identify as LGBTIQ+
- 38% of parents of children aged 15 years and younger

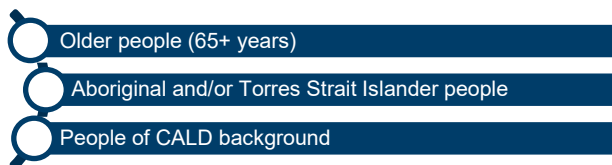


Chronic health conditions

High Priority Service need

Chronic disease management and supports

Need was identified for the following population groups



- 9% of community and 13% of health practitioner respondents identified chronic disease management and support as an unmet need in the Brisbane South JRNA online survey
- People from a CALD background, Aboriginal and/or Torres Strait Islander people and older people found management of chronic conditions particularly challenging during stakeholder consultations

Chronic disease management and supports was identified as a high priority for the Brisbane South region. Chronic diseases are a major cause of poor health and contribute to increased rates of disability and premature death. Data analysis showed that the age-standardised rates of diabetes in Brisbane South region were statistically higher than the Queensland average. In addition, Logan LGA was identified as a geographic area of concern. The age-standardised rates of self-reported chronic conditions, including diabetes, arthritis, heart disease, kidney disease, and lung conditions, were significantly higher in the Logan LGA compared to both the Queensland and Brisbane South average (Australian Bureau of Statistics, 2021).

In the Brisbane South JRNA online survey, the most common self-reported health conditions were musculoskeletal conditions (37%), mental health conditions (33%), and chronic respiratory conditions (18%). Health practitioners working in the Brisbane South region indicated that management of chronic conditions was the second most pressing health issue in the region. Furthermore, focus groups with Aboriginal and/or Torres Strait Islander people and those from CALD backgrounds highlighted challenges in managing chronic conditions such as chronic pain, diabetes, and hypertension.

Chronic conditions have a significant impact on individuals, the community, and the health system due to lost productivity, the need for ongoing care, and healthcare costs. MSH and Brisbane South PHN are committed to improving chronic disease management and support for Brisbane South residents through ongoing initiatives. These include enhancing access to care coordination, multidisciplinary care, self-management support, and culturally appropriate services. By collaborating with community service organisations, these actions aim to improve chronic disease management outcomes, reduce hospital admissions, and enhance the quality of life for people living with chronic conditions in the region.



Key policies and strategies

- ✓ National Preventive Health Strategy 2021-2030 ([Department of Health and Aged Care, 2021](#))
- ✓ National Obesity Strategy 2022-2032 ([Commonwealth Government, 2022](#))
- ✓ National Health Reform Agreement 2020-2025 ([Department of Health and Aged Care, 2020](#))
- ✓ Australian National Diabetes Strategy 2021-2030 ([Department of Health, 2021](#))
- ✓ Primary Health Networks Strategy 2023-2024 ([Department of Health and Aged Care, 2023](#))
- ✓ Prevention Strategic Framework 2017-26 ([Queensland Health, 2017](#))



Data analysis

Lifestyle factors in 2020-22:

- 8% of female and 10% of male Brisbane South residents reported smoking daily
- Around 25% of females and 42% of males exceeded the Australian alcohol consumption guidelines
- 1 in 3 adults were overweight and 27% were obese
- 2 in 5 adults reported insufficient physical activity

Cancer screening in 2020-21:

- 36% of Brisbane South 50-74-year-olds screened for bowel cancer, compared to 38% for Queensland

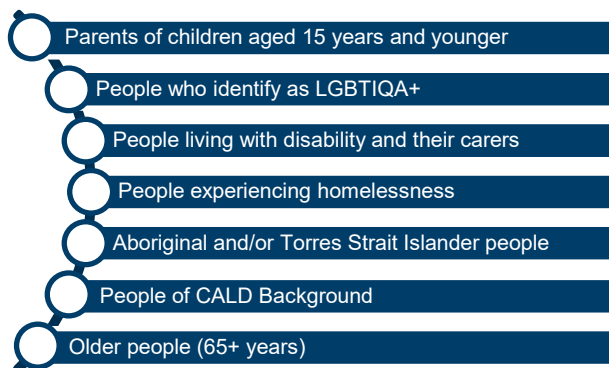


Chronic health conditions

High Priority Service need

Preventative and early intervention health programs to prevent illness and chronic disease

Need was identified for the following population groups



"Poor health literacy is worsening the management of chronic disease including the absence of a strong focus on the social determinants of health" (Survey respondent)

Preventative and early intervention health programs were identified as a high priority for the Brisbane South region. Preventing chronic illness is vital for improving the overall health and wellbeing of Queenslanders. Research indicates that up to 38% of the disease burden can be prevented by reducing modifiable risk factors such as obesity, physical inactivity, poor diet, alcohol consumption, tobacco use, and other drug dependencies (Australian Institute of Health and Welfare, 2018). An analysis of modifiable risk factors showed that:

- Over 80% of Brisbane South residents did not consistently practice sun protective behaviours in summer, and half of the adults reported being sunburnt in the past 12 months (Queensland Health Preventive Health Survey, 2019-20).
- Over 40% of Brisbane South residents did not engage in enough physical activity during the week (Queensland Health Preventive Health Survey, 2020-21).
- Over 90% of Brisbane South residents did not consume enough vegetables daily (Queensland Health Preventive Health Survey, 2017-22).
- 1 in 4 females and 42% of males in Brisbane South exceeded the Australian alcohol consumption guidelines (Queensland Health Preventive Health Survey, 2021-22).
- One-third of adult Brisbane South residents were overweight, and a further 27% were obese (Queensland Health Preventive Health Survey, 2021-22).

In the 2022-23 financial year, there were 23,016 potentially preventable hospitalisations due to chronic diseases in Brisbane South, accounting for 4% of total hospitalisations. Certain areas, including Browns Plains, Springwood-Kingston, Loganlea-Carbrook, and Beenleigh, had higher rates of preventable hospitalisations compared to the Queensland average (Queensland Hospital Admitted Patient Data Collection, 2022-23). This highlights the need for preventative health measures to enhance the health and wellbeing of Brisbane South residents.

Stakeholder consultations revealed strong support for implementing preventative health programs. In the Brisbane South JRNA online survey, 25% of health practitioners indicated they would prioritise preventative health care programs to improve overall health outcomes. Many community members agreed, noting that focusing on preventative health would help individuals maintain their health and reduce the burden of chronic disease.

MSH and Brisbane South PHN are expanding preventative and early intervention health programs for Brisbane South residents. These initiatives aim to reduce modifiable risk factors and educate the community on healthy lifestyles. MSH has implemented actions to address chronic disease prevention, including health promotion campaigns, screening programs, and improving access to multidisciplinary care teams. Ongoing prevention efforts will continue to strengthen partnerships between local health services and community organisations to address risk factors and reduce chronic disease hospitalisations in the region.



Key policies and strategies

- ✓ National Preventive Health Strategy 2021-2030 ([Department of Health and Aged Care, 2021](#))
- ✓ National Obesity Strategy 2022-2032 ([Commonwealth Government, 2022](#))
- ✓ National Health Reform Agreement 2020-2025 ([Department of Health and Aged Care, 2020](#))
- ✓ Health and Wellbeing Queensland Strategic Plan 2023-27 ([Health and Wellbeing Queensland, 2023](#))



Data analysis

Lifestyle factors in 2020-22:

- 8% of female and 10% of male Brisbane South residents reported smoking daily
- Around 25% of females and 42% of males exceeded the Australian alcohol consumption guidelines
- 1 in 3 adults were overweight and 27% obese
- 2 in 5 adults reported insufficient physical activity

Cancer screening in 2020-21:

- 36% of Brisbane South compared to 38% of Queensland 50-74-year-olds screened for bowel cancer



Chronic health conditions

+ Medium Priority Health need

High and increasing prevalence of obesity is impacting health and wellbeing

Need was identified for the following population groups

People of CALD background

"Access to health programs including weight control, exercise, support groups" (Survey respondent)

The high and increasing prevalence of obesity was identified as a medium priority for the Brisbane South region. Data from 2021-22 indicates that 27% of adults in Brisbane South were classified as obese, with an additional 34% classified as overweight (Queensland Health Preventive Health Survey, 2021-22). This represents a significant rise in obesity rates, up from 21% in 2009-10. The prevalence of obesity is especially high in the Logan LGA, where 38% of adults identified as obese—significantly higher than the state average of 27%.

Focus groups conducted with CALD communities highlighted obesity as an unaddressed need and emphasised the importance of targeted interventions. Participants raised concerns about the lack of accessible and culturally appropriate programs that promote healthy eating and physical activity within their communities. These findings stress the urgency of addressing this growing health challenge, given its links to other chronic diseases, such as cardiovascular disease, diabetes, musculoskeletal conditions, and others.



Key policies and strategies

- ✓ National Preventive Health Strategy 2021-2030 ([Department of Health and Aged Care, 2021](#))
- ✓ National Obesity Strategy 2022-2032 ([Commonwealth Government, 2022](#))
- ✓ National Health Reform Agreement 2020-2025 ([Department of Health and Aged Care, 2020](#))
- ✓ Health and Wellbeing Queensland Strategic Plan 2023-27 ([Health and Wellbeing Queensland, 2023](#))



Data analysis

- Between 2009-10 and 2021-22, prevalence of obesity in Brisbane South increased from 21% to 27%
- Prevalence of obesity was 38% in Logan LGA; higher than for Brisbane South and Queensland (both at 27%).

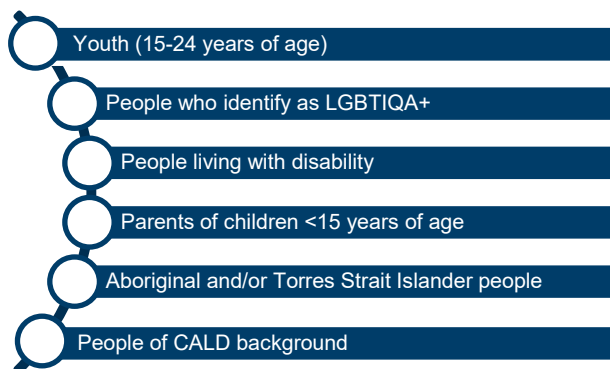


Wider determinants of health

+ Medium Priority Health need

Financial barriers impact ability to access healthcare

Need was identified for the following population groups



"There are now high financial costs of seeing a GP due to lack of Medicare rebate indexation and due to cost of living pressures" (Survey respondent)

"The cost of access to GPs. It's increasingly out of reach with cost of living pressures to access a good quality GP practice" (Survey respondent)

The affordability of healthcare was identified as a medium priority for the Brisbane South region. Consultation and engagement activities revealed that finances are a significant barrier to accessing healthcare for many people, particularly those from low socioeconomic backgrounds.

The consultation and engagement activities highlighted that many disadvantaged population groups, including Aboriginal and/or Torres Strait Islander people, people from CALD backgrounds, people living with disability, LGBTIQ+ individuals, and those who are homeless or houseless, struggle with the financial burden of accessing healthcare. In the Brisbane South JRNA online survey, 21% of health practitioners expressed a desire to implement programs to improve healthcare affordability, and 30% reported an increase in healthcare costs over the past three years. Additionally, 36% of community respondents noted that cost-of-living pressures and the affordability of healthcare make it difficult to maintain good health.



Key policies and strategies

- ✓ Australia's Primary Health Care 10 Year Plan 2022-32 (Department of Health and Aged Care, 2022)
- ✓ Primary Health Networks (PHN) Strategy 2023-2024 (Department of Health and Aged Care, 2023)
- ✓ National Health Reform Agreement 2020-2025 (Department of Health and Aged Care, 2020)



Data analysis

In 2021:

- More than half of residents of Beaudesert and Springwood-Kingston SA3 populations experienced the most socio-economic disadvantage (Index of Relative Socio-economic Disadvantage - Quintile 1), compared to 20% of Queensland
- Around 10% of families in Beaudesert and Springwood-Kingston SA3s experienced the greatest financial hardship, with the lowest median total family weekly income and highest unemployment rates (over 5.5%) in the region



Wider determinants of health

+ Medium Priority Health need

Access to transport impacts ability to attend medical appointments

Need was identified for the following population groups

- People of CALD background
- Aboriginal and/or Torres Strait Islander people
- People living with disability
- People experiencing homelessness
- People who identify as LGBTIQ+

"There is a lack of public transport and for the elderly population, this is difficult. There's only one footpath and no exercise equipment." (Survey respondent)

Transport challenges were identified as a medium priority for the Brisbane South region. In the Brisbane South JRNA online survey, approximately 15% of participants indicated that transport and travel were barriers to accessing care. Issues identified included limited public transport availability, high transport costs, and unreliable services. This was particularly relevant for those living in regional areas such as Beaudesert and the Southern Moreton Bay Islands.

Stakeholders reported that the lack of after-hours transport services further exacerbates these difficulties, with family members often having to provide transport to and from healthcare facilities. Focus groups involving people from CALD backgrounds, Aboriginal and/or Torres Strait Islander people, people living with disability, and LGBTIQ+ individuals found that these groups were among the most affected by transport limitations.



Key policies and strategies

- ✓ Queensland Transport Strategy: Our 30-year plan for transport in Queensland ([Department of Transport and Main Roads](#), 2019)
- ✓ South-East Queensland Regional Transport Plan ([Department of Transport and Main Roads](#), 2021)
- ✓ Way2Go: Connecting Logan: Integrated local transport plan ([Logan City Council](#), 2018)
- ✓ Draft Scenic Rim Regional Council Integrated Transport Plan ([Scenic Rim Regional Council](#), 2024)



Brisbane South JRNA online survey

- 15% of community participants mentioned transport was an issue in getting to appointments and obtaining the healthcare they needed
- 10% of health practitioner participants indicated lack of transport was an unmet health need for patients in the region



Primary care services



Access to GP bulk-billing services

Need was identified for the following population groups

- People living with disability in Beaudesert
- People experiencing homelessness
- People of CALD background

"I can't always afford to pay Medicare gap when I see my doctor. I can't always afford petrol to attend Brisbane hospitals or the carpark fees." (Survey respondent)

Access to General Practitioner (GP) bulk-billing services was identified as a high priority for the Brisbane South region. In recent years, Queenslanders have faced increasing difficulties in accessing affordable healthcare, with many reporting that they are unable to see a GP without incurring out-of-pocket fees. The rapid shift in billing practices has become a significant concern, particularly for those from lower socioeconomic backgrounds who struggle to afford healthcare services. This has widened the gap in equitable access to essential health services.

In Brisbane South, the proportion of GP non-referred attendance patients who were always or usually bulk billed was at its lowest in the past four financial years, dropping from 86% in 2019-20 to 71% in 2023-24. Between 2019-20 and 2022-23, the difference between total provider fees and total Medicare benefits paid increased by 82% (from \$37,110,377 to \$67,387,598) for GP attendance services, 120% (from \$699,025 to \$1,534,681) for GP mental health services, and 54% (from \$1,705,136 to \$2,630,602) for GP after-hours non-urgent services.

Feedback from consultations aligned with these data trends and highlighted that access to GP bulk-billing services is an unmet need, especially for priority population groups. Service providers working with Aboriginal and/or Torres Strait Islander people, CALD communities, and people living with disability raised concerns about the increasing cost of GP services, particularly with rising cost-of-living pressures. Moving forward, Brisbane South PHN and MSH will continue to advocate for improved access to bulk-billing services. This includes collaborating with policymakers to review funding models so that people from lower socioeconomic backgrounds can access GPs without financial burden.



Key policies and strategies

- ✓ Australia's Primary Health Care 10 Year Plan 2022-32 (Department of Health and Aged Care, 2022)
- ✓ Primary Health Networks (PHN) Strategy 2023-2024 (Department of Health and Aged Care, 2023)
- ✓ National Health Reform Agreement 2020-2025 (Department of Health and Aged Care, 2020)
- ✓ Strengthening Medicare Taskforce Report (Commonwealth Government, 2022)



Data analysis

In the Brisbane South region, the proportion of Medicare GP non-referred attendance patients who were always or usually bulk billed decreased from 87% in 2019-20 to 71% in 2023-24



Service integration and navigation

+ Medium Priority **S** Service need

Holistic, joined-up care across both primary care and acute services that address wider determinants of health

Need was identified for the following population groups

- People who identify as LGBTIQ+
- People living with disability
- People experiencing homelessness
- Aboriginal and/or Torres Strait Islander people

"A service to follow up patients discharged from hospital following stroke with allied health intervention (TIA/strokes with good resolution) to manage the risks of sedentary behaviour/inactivity following stroke." (Health Practitioner survey participant)

Holistic, coordinated care across both primary and acute services was identified as a medium priority for the Brisbane South region. During consultation and engagement activities, participants expressed a need for better communication and coordination between primary care and acute services to ensure seamless transitions within care pathways and multidisciplinary teams. In the Brisbane South JRNA online survey, 20% of health practitioners indicated a desire to implement integrated care models if resources were not a limitation. One survey participant suggested the co-location of medical and allied health clinics as an example of such integration, aimed at providing better case management and enabling early intervention to prevent health issues from escalating.

Brisbane South PHN and MSH are committed to improving health system navigation and ensuring that patients and consumers can access more integrated and streamlined care in the coming years. A major focus will be on enhancing care integration within the community by partnering with non-government and community-controlled organisations. These partnerships are essential for delivering comprehensive care that addresses not just the immediate health needs of consumers but also the broader determinants of health.



Key policies and strategies

- ✓ Primary Health Networks (PHN) Strategy 2023-2024 ([Department of Health and Aged Care, 2023](#))
- ✓ National Health Reform Agreement 2020-2025 ([Department of Health and Aged Care, 2020](#))
- ✓ Strengthening Medicare Taskforce Report ([Australian Government, 2022](#))



Brisbane South JRNA online survey

20% of health practitioners identified need for care integration to address health and wellbeing



Access and service models

+ Medium Priority Service need

Alternative models of service delivery to meet growing demand

Need was identified for the following population groups



People who identify as LGBTIQ+

People experiencing homelessness

"Expand the range of health services offered, increase staffing, increase the health education and promotion programs, invest in health information technology systems and telehealth platforms to streamline healthcare delivery, improve communication, and increase accessibility, implement health equity initiatives to address disparities in healthcare access and outcomes among people from marginalised communities."
(Survey respondent)

"More visiting allied health/specialists to run outreach clinics at our service. Greater telehealth services where appropriate that can be run at our clinic/as case conferences with public hospital clinics for our patients." (Survey respondent)

Alternative models of service delivery to meet growing demand was identified as a medium priority for the Brisbane South region. Alternative models of service delivery in healthcare include telehealth, virtual care, outreach, home visiting, and other modalities. The uptake of these models has shown promise in improving access to healthcare in both hospital and non-hospital settings. For instance, between 2018-19 and 2022-23, there was a seven-fold increase in non-admitted telehealth service events at MSH, demonstrating the rapid adoption of digital healthcare since the COVID-19 pandemic. The shift towards alternative service delivery models not only helps manage rising demand but also brings healthcare closer to the community, enabling more joined-up care throughout the region.

During stakeholder consultations, participants emphasised the need for responsive and accessible support services in the region, including outreach services and the expansion of telehealth services for priority populations. These initiatives highlight the importance of healthcare that is adaptable and responsive to the needs of diverse communities.



Key policies and strategies

- ✓ Putting Patients First: Further Action to Tackle Ramping and Healthcare Pressures (Queensland Health, 2023)
- ✓ Australia's Primary Health Care 10 Year Plan 2022-32 (Department of Health and Aged Care, 2022)
- ✓ Health Service Plan 2024-28 (Metro South Health, 2024)
- ✓ Telehealth Strategy 2021-2026 (Queensland Health, 2021)



Data analysis

In Australia:

- 20% of Medicare-subsidised services processed in the second quarter of 2024 were delivered via telehealth
- Between 13 March 2020 and 31 July 2022, over 118 million telehealth services were delivered to 18 million patients, and more than 95,000 practitioners used telehealth services



Access and service models



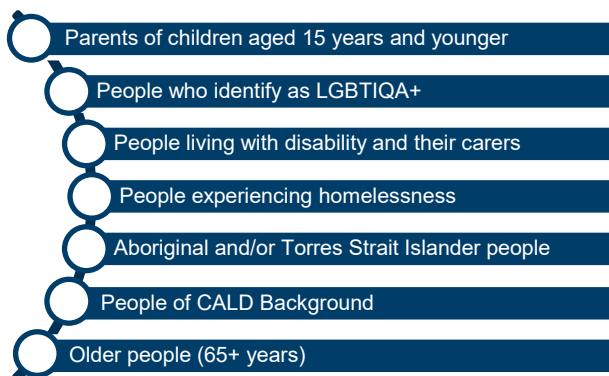
High Priority



Service need

Wait times and availability of health services

Need was identified for the following population groups



"Appointment wait times for my GP. It's like you have to choose when to get sick, so it lines up with their availability."
Survey respondent

"Available services – both timing and location. Some people have to relocate to be able to attend health services, moving away from community networks." Survey respondent

Wait times and availability of health services was identified as a high-priority need for the Brisbane South region. The region faces growing challenges in ensuring timely access to healthcare services, with demand outpacing the capacity of both emergency and planned services. As of April 2024, there were over 53,000 patients on the specialist outpatient waitlist, with more than 26,000 waiting longer than clinically recommended (Queensland Health, 2024). Approximately 50% of patients presenting to emergency departments in the Brisbane South region were discharged within the recommended target of four hours (target of 80%; Queensland Health, 2024). Additionally, around 80% of category one elective surgery patients were treated within the clinically recommended time frame (target of 98%; Queensland Health System Performance Data, 2020/21-2022/23).

Stakeholder consultation and engagement activities highlighted timely access to care as an issue for diverse population groups, including Aboriginal and/or Torres Strait Islander people, CALD communities, people living with disability, and older adults. Healthcare practitioners in the region echoed these concerns, with 34% of surveyed practitioners identifying long wait times as a significant and increasing challenge over the past three years.

MSH is addressing these issues by implementing the 'Sprint Series' initiatives designed to streamline outpatient and surgical care processes. These initiatives helped restore elective surgery volumes to pre-pandemic levels and increase the number of outpatients appointments treated per day. However, the growing demand for services continues to surpass supply and there is a need for continued innovation and capacity building in the healthcare sector.

Sustainable solutions moving forward will require stronger collaboration between healthcare providers, community organisations, and government bodies to enhance both the availability and efficiency of services across the region. Expanding local infrastructure, embedding integrated care pathways and introducing alternative models of care/service delivery will be essential to meeting the region's growing healthcare demands. As one community respondent succinctly stated: "Timely access to services is not just about reducing wait times; it's about creating healthcare systems that fit the needs of the people they serve."



Key policies and strategies

- ✓ HealthQ32 Health Services Strategy 2032 ([Queensland Health, 2024](#))
- ✓ Health Service Plan 2024-28 ([Metro South Health, 2024](#))
- ✓ Putting Patients First: Further Action to Tackle Ramping and Healthcare Pressures ([Queensland Health, 2023](#))
- ✓ Australia's Primary Health Care 10 Year Plan 2022-32 ([Department of Health and Aged Care, 2022](#))



Brisbane South JRNA online survey

9% of community participants indicated long wait lists as an issue not being addressed in the community and suggested need for timely access when visiting health care services



Access and service models



High Priority



Service need

Capacity of health services to meet growing demand, including health workforce

Need was identified for the following population groups



- Almost 1 in 3 of Brisbane South JRNA online survey community respondents identified expansion of health services, more hospitals, and increased system capacity as actions for improvement
- 19% asked for more staff to improve healthcare

The capacity of health services to meet growing demand was identified as a high-priority need for the Brisbane South region. The Brisbane South health system faces unprecedented challenges as population growth and ageing drive increased demand for services. While new and expanded facilities have provided some relief, growth has outpaced expansion, and the system remains under pressure across all levels of care, particularly in emergency departments and specialist outpatient services. As demand continues to rise, so too does the need to attract, retain, and grow the health workforce.

Stakeholder consultations revealed broad agreement on the need for expanded health services and a larger workforce to meet increasing demand. In the Brisbane South JRNA online survey, 25% of health practitioners identified the need for expanded services, and 14% pointed to workforce shortages as a key challenge. This need was also highlighted by diverse community members, including Aboriginal and/or Torres Strait Islander people, CALD communities, people living with disability, and other diverse population groups.

Significant investments are being made to expand system capacity through healthcare infrastructure. MSH has commissioned several major infrastructure projects, including two new satellite hospitals at Redlands and Eight Mile Plains, new wards at Logan, Queen Elizabeth II (QEII), and Redland hospitals, and Stage 1 of the Logan Hospital expansion project, which will ultimately add 206 beds and critical clinical services. Further expansions are underway at Princess Alexandra, QEII, and Logan hospitals, and a new ward with an Intensive Care Unit will be delivered at Redland Hospital. Likewise, Brisbane South PHN is focused on expanding Urgent Care Clinics (UCC) and Medicare Mental Health Centres to meet the region's healthcare needs.

Both MSH and Brisbane South PHN recognise the importance of planning and growing the health workforce to keep up with service demand. There are multiple initiatives underway with the Brisbane South PHN identifying workforce needs and future Registrar training capacity through the national General Practice Workforce Planning and Prioritisation Program. Similarly, MSH has introduced several initiatives to actively recruit and retain health professionals across disciplines, including nursing, midwifery, allied health, and other support roles. These capital expansion and workforce planning initiatives are designed to ensure the necessary resources are in place to support a growing and diverse population.



Key policies and strategies

- ✓ National Health Reform Agreement 2020-2025 ([Department of Health and Aged Care, 2020](#))
- ✓ National Mental Health Workforce Strategy 2022-2032 ([Department of Health and Aged Care, 2022](#))
- ✓ HealthQ32 Health Services Strategy 2032 ([Queensland Health, 2024](#))
- ✓ Health Workforce Strategy for Queensland to 2032 ([Queensland Health, 2024](#))
- ✓ Health Service Plan 2024-28 ([Metro South Health, 2024](#))



Data analysis

In 2022, there were 38,000 Full-Time Equivalent (FTE) health practitioners in Brisbane South region, including:

- 52% nurses and midwives
- 17% medical practitioners
- 31% allied health professionals

Rate of General Practitioner FTE was 119 per 100,000 residents



Unranked needs

In addition to the 24 high and medium-priority needs, the Brisbane South JRNA identified 66 unranked needs. These include:

- Priority Populations: Needs specific to the LGBTIQ+ population
- Care across the lifespan: Maternal and infant health, including diabetes during pregnancy
- Geographic inequities: Logan LGA, Forest Lake-Inala SA3, Beaudesert SA3, and the Southern Moreton Bay Islands
- Health conditions: High prevalence of diabetes, chronic pain, musculoskeletal conditions, cancer, other chronic diseases, and infectious diseases
- Health issues: social and economic disadvantage, alcohol and substance abuse, social isolation, lack of physical activity, and lack of healthy food options
- Service needs: Access to GP-after hours services, public oral health services, oncology services, medication management and health literacy/service navigation.

| Need Statements | Type of Need | Lead Agency |
|---|--------------|-------------|
| Priority populations | | |
| Culturally responsive and inclusive services - Racism and discrimination towards vulnerable populations in the community | Health | Joint |
| Culturally and linguistically diverse people - Access to multicultural health workers to improve quality of care | Service | Joint |
| Culturally and linguistically diverse people - Access to health services or those ineligible for Medicare | Service | Joint |
| Culturally and linguistically diverse people - Access to gender specific healthcare for people of culturally and linguistically diverse backgrounds | Service | Joint |
| People living with disability - Carers for people living with disability experience poorer health outcomes compared to the rest of the population | Health | Joint |
| People living with disability - Support for carers of people with disability to improve health and wellbeing outcomes | Health | Joint |
| Homeless/houseless people - The homeless/houseless people experience poorer health outcomes compared to the rest of the population | Health | Joint |
| Homeless/houseless people - Alcohol and other drugs services for people experiencing homelessness | Service | Joint |
| Lesbian, gay, bisexual, transgender, intersex, queer, asexual and others (LGBTIQ+) - LGBTIQ+ people experience poorer health outcomes compared to the rest of the population | Health | Joint |
| Lesbian, gay, bisexual, transgender, intersex, queer, asexual and others (LGBTIQ+) - Prevalence of mental health conditions impacts the health and wellbeing of LGBTIQ+ people | Health | Joint |
| Lesbian, gay, bisexual, transgender, intersex, queer, asexual and others (LGBTIQ+) - Access to health services that meets the needs of LGBTIQ+ people | Service | Joint |
| Women - Queensland women are supported to maintain healthy lifestyles, behaviours and overall health and wellbeing | Health | Joint |
| Women - Endometriosis is a leading cause of disease burden and is becoming more common | Health | Joint |
| Women - Community awareness and treatment of symptoms of menopause | Service | Joint |
| Men - Community awareness of men's health conditions to improve health and wellbeing | Health | Joint |



Unranked needs

| Need Statements | Type of Need | Lead Agency |
|---|--------------|-------------|
| Care across the lifespan | | |
| Children and young people - Declining immunisation rates among children, from birth to 5 years old | Health | Joint |
| Maternal and infant health - High prevalence of diabetes during pregnancy impacts health and wellbeing of both mother and baby | Health | Joint |
| Maternal and infant health - High rates of maternal obesity have significant health implications for both mother and baby | Health | Joint |
| Maternal and infant health - Low levels of attendance at 8 or less antenatal visits can have a negative impact on the health of both mother and baby | Health | Joint |
| Maternal and infant health - Women giving birth at over 35 years of age have an increased risk of pregnancy complications and pregnancy loss, especially in Inner Brisbane SA3 | Health | Joint |
| Maternal and infant health - Smoking during pregnancy poses serious health risks for both mother and baby | Health | Joint |
| Mental health, alcohol and other drugs | | |
| Alcohol consumption presents a substantial health risk in the region | Health | Joint |
| Increasing alcohol consumption in females presents a substantial health risk in the region | Health | Joint |
| Tobacco smoking presents a substantial health risk in the region | Health | Joint |
| Substance abuse presents a substantial health risk in the region | Health | Joint |
| Vaping presents a substantial emerging health risk in the region | Health | Joint |
| Chronic health conditions | | |
| High prevalence of diabetes impacts health and wellbeing | Health | Joint |
| Chronic pain - High prevalence of chronic pain impacts health and wellbeing | Health | Joint |
| Chronic pain - Access to physiotherapy and other pain management services | Service | Joint |
| High prevalence of musculoskeletal conditions impacts health and wellbeing | Health | Joint |
| High prevalence of high blood pressure impacts health and wellbeing | Health | Joint |
| High prevalence of chronic respiratory conditions impacts health and wellbeing | Health | Joint |
| High prevalence of chronic heart disease impacts health and wellbeing | Health | Joint |
| High prevalence of stroke impacts health and wellbeing | Health | Joint |
| High prevalence of skin conditions impacts health and wellbeing | Health | Joint |
| High prevalence of kidney disease impacts health and wellbeing | Health | Joint |
| Lack of healthy food options and availability of junk food impacts health and wellbeing | Health | Joint |
| Poor lifestyle choices such as lack of physical activity impacts health and wellbeing | Health | Joint |
| Access to weight management and nutrition services | Service | Joint |
| Cancer - High prevalence of cancer impacts health and wellbeing, with cancer incidence and cancer mortality of some cancers trending upwards | Health | Joint |
| Cancer - Low participation rates in bowel, breast and cervical cancer screening reduce opportunity for early detection | Health | Joint |
| Wider determinants of health | | |
| High rates of social isolation impact psychological health and wellbeing | Health | Joint |
| Social and economic disadvantage impacts health and wellbeing | Health | Joint |
| Local planning and built environments support inclusive communities and healthy lifestyles | Health | Joint |
| Primary care services | | |
| Access to GP after-hours services | Service | BS PHN |
| Quality of GP services | Service | BS PHN |
| Access to medications and medication management | Service | Joint |



Unranked needs

| Need Statements | Type of Need | Lead Agency |
|--|--------------|-------------|
| Service navigation and integration | | |
| Programs that improve the health literacy of the population | Service | Joint |
| Awareness of what health services are available and how to access them | Service | Joint |
| Access and service models | | |
| Access to oncology health services within the Brisbane South region | Service | MSH |
| Timely access to public oral health services | Service | MSH |
| Capacity of health service infrastructure to meet growing demand | Service | Joint |
| Consider alternative models of funding for access to healthcare | Service | Joint |
| Geographic inequities | | |
| Logan LGA - Poorer health outcomes for people living in Logan LGA relative to the rest of the population | Health | Joint |
| Logan LGA - High proportion of the population are socioeconomically disadvantaged, which impacts health and wellbeing | Health | Joint |
| Beaudesert SA3 - Poorer health outcomes for people living in Beaudesert SA3 relative to the rest of the population | Health | Joint |
| Beaudesert SA3 - High proportion of people living in Beaudesert SA3 are socioeconomically disadvantaged, which impacts their health and wellbeing | Health | Joint |
| Beaudesert SA3 - Access to health care and transport for people living in Beaudesert SA3 | Health | Joint |
| Forest Lake-Oxley SA3 - High proportion of the population are socioeconomically disadvantaged, which impacts health and wellbeing | Health | Joint |
| Southern Moreton Bay Islands - Access to health care and transport for people living in Southern Moreton Bay Islands | Health | Joint |
| Infectious diseases | | |
| Sexually Transmitted Infections - Levels of <i>gonorrhoea</i> and <i>syphilis</i> (sexually transmitted infections) are increasing in the community | Health | Joint |
| Sexually Transmitted Infections - Levels of <i>chlamydia</i> (sexually transmitted infection) are increasing in the community, especially in persons aged 30 years and over | Health | Joint |
| Sexually Transmitted Infections - Access to sexual and reproductive health services | Service | Joint |
| Acute respiratory infections represent a significant burden of disease in the community and have an impact on long term health and wellbeing | Health | Joint |
| <i>Varicella</i> infection (chicken pox and shingles) has an increasing impact on health and wellbeing | Health | Joint |
| <i>Campylobacter</i> infection (food borne gastroenteritis) has an increasing impact on health and wellbeing | Health | Joint |

Note on unranked needs

All needs are important. Both Brisbane South PHN and Metro South Health will continuously assess and monitor unranked needs in partnership with our funding partners and community service organisations. This will ensure that appropriate level of attention and resourcing is considered for all needs.



Future opportunities and next steps

Future opportunities

During the Brisbane South JRNA 2025-27, we listened to over 1,200 people who shared their needs and experiences through online surveys and focus groups. Despite all efforts, however, we recognise that the process we have undertaken will not have identified all needs that exist for residents of our region. Some of the limitations in the JRNA process arose from the lack of locally available data and insufficient project resources to reach all priority groups. Additionally, not all needs were openly voiced during stakeholder consultations. Some of the reasons for this were stigma, the desire to respond positively in social settings, consultation fatigue, recall bias, and many others. As a result, issues like sexual health, drug use, and risky behaviours may have been avoided by certain groups.

While a comprehensive regional needs assessment is carried out every three years, there is an opportunity to complement this by focusing on specific needs in the years between assessments. The opportunity to undertake 'deep dives' may help with some of the known limitations of the JRNA process, including:

- **Newly available data:** The emergence of new data or a data refresh may warrant a detailed exploration into the need or issue.
- **Opportunity to reach under-represented groups:** Targeted engagement with groups that were under-represented in consultations could provide further insights. These groups include young people, older adults, men, residents of Southern Moreton Bay Islands, Logan LGA residents, and prisoners.
- **Emergence of new needs over time:** New needs may emerge because of changes in the socioeconomic, demographic, lifestyle, behavioural, environmental, technological and regulatory factors. Examples include vaping among youth (15-24 years of age), access to services for homebound people, and demographic trends in household composition, such as smaller and more diverse households.

The MSH Public Health Unit has provided epidemiological expertise that has informed the evidence base within this report. The Unit will continue to undertake an ongoing review and analysis of relevant datasets in the intervening years, with an opportunity to contribute to future needs assessments on a regular basis.

Future needs assessments will also consider the opportunity to work with broader partners across the system, notably the community-controlled sector.

Next steps

Following the publication of this report, both Brisbane South PHN and MSH will use the results to focus on the needs identified as most important by the Brisbane South community. This may lead to additional planning and changes in service or programs of work. However, it is important to note that needs not prioritised (i.e. unranked needs) will still be considered as part of business-as-usual.

The JRNA provides an opportunity to develop stronger partnerships between the primary and acute care sectors, and between organisations and government agencies that address the broader factors influencing health. These include organisations that tackle issues such as socio-economic disadvantage, social isolation, limited access to stable housing, and other challenges that healthcare organisations typically have limited control over.

The establishment of the Queensland-Commonwealth Partnership, a national first, also supports the understanding and addressing of health and service needs. This partnership will foster stronger collaborations across the continuum of care and will encourage shared decision-making at a system-wide level.



Appendix 1: Geographic area

| SA3 Name | SA2 Name |
|---|---------------------------------|
| Beaudesert (Scenic Rim LGA) | Beaudesert |
| Beenleigh | Beenleigh |
| | Eagleby |
| | Edens Landing - Holmview |
| | Mount Warren Park |
| | Wolffdene - Bahrs Scrub |
| Brisbane Inner (Note: split SA3s across Brisbane LGA) | Highgate Hill |
| | Kangaroo Point |
| | South Brisbane |
| | West End |
| Brisbane Inner East | Balmoral |
| | Bulimba |
| | East Brisbane |
| | Hawthorne |
| | Morningside - Seven Hills |
| | Norman Park |
| Browns Plains | Boronia Heights - Heritage Park |
| | Browns Plains |
| | Chambers Flat - Logan Reserve |
| | Crestmead |
| | Hillcrest |
| | Marsden |
| | Munruben - Park Ridge South |
| | Regents Park - Heritage Park |
| Capalaba | Alexandra Hills |
| | Belmont - Gumdale |
| | Birkdale |
| | Capalaba |
| | Thorneside |
| | Wellington Point |
| Carindale | Camp Hill |
| | Cannon Hill |
| | Carina |
| | Carina Heights |

| SA3 Name | SA2 Name |
|---------------------------|--------------------------------------|
| Centenary | Jindalee - Mount Ommaney |
| | Middle Park - Jamboree Heights |
| | Riverhills |
| | Seventeen Mile Rocks - Sinnamon Park |
| | Westlake |
| Cleveland – Stradbroke | Cleveland |
| | North Stradbroke Island |
| | Ormiston |
| | Redland Bay |
| | Sheldon - Mount Cotton |
| | Southern Moreton Bay Islands |
| | Thornlands |
| Forest Lake – Oxley | Victoria Point |
| | Darra - Sumner |
| | Doolandella |
| | Durack |
| | Forest Lake - Ellen Grove |
| | Inala - Richards |
| | Oxley (Qld) |
| | Wacol |
| Holland Park – Yeronga | Annerley |
| | Coorparoo |
| | Fairfield - Dutton Park |
| | Greenslopes |
| | Holland Park |
| | Holland Park West |
| Jimboomba | Woolloongabba |
| | Yeronga |
| | Flagstone (East) Riverbend |
| | Flagstone (West) - New Beith |
| | Greenbank - North Maclean |
| | Jimboomba - Glenlogan |
| | Logan Village |
| | Yarrabilba |



| SA3 Name | SA2 Name |
|------------------------|--------------------------|
| Loganlea - Carbrook | Bethania - Waterford |
| | Cornubia - Carbrook |
| | Loganholme - Tanah Merah |
| | Loganlea |
| | Shailer Park |
| | Waterford West |
| Mt Gravatt | Eight Mile Plains |
| | Macgregor (QLD) |
| | Mansfield (QLD) |
| | Mount Gravatt |
| | Rosedale - Burbank |
| | Upper Mount Gravatt |
| | Wishart |
| Nathan | Coopers Plains |
| | Moorooka |
| | Robertson |
| | Salisbury - Nathan |
| | Tarragindi |
| Rocklea - Acacia Ridge | Algester |
| | Calamvale - Stretton |
| | Pallara - Willawong |
| | Parkinson - Drewvale |
| | Rocklea - Acacia Ridge |

| SA3 Name | SA2 Name |
|---|-----------------------------|
| Sherwood Indooroopilly (note: split SA3s across Brisbane LGA) | Chelmer - Graceville |
| | Corinda |
| | Sherwood |
| Springwood - Kingston | Daisy Hill |
| | Kingston (QLD) |
| | Logan Central |
| | Rosedale South - Priestdale |
| | Slacks Creek |
| | Springwood |
| | Underwood |
| Sunnybank | Woodridge |
| | Kuraby |
| | Runcorn |
| | Sunnybank |
| Wynnum - Manly | Sunnybank Hills |
| | Brisbane Port - Lytton |
| | Manly West |
| | Manly - Lota |
| | Murarie |
| | Tingalpa |
| | Wakerley |
| | Wynnum |
| | Wynnum West - Hemmant |

Note: Due to a small population size, residents of Gold Coast Hinterland (approximately 100 residents) and Moreton Island SA2 (approximately 300 residents) were excluded from the analysis.



Appendix 2.1: Approach

The Brisbane South JRNA comprised four distinct phases. During the planning phase (Phase 1), the scope, resources, and joint governance/approval processes were established between Brisbane South PHN and MSH (see Appendix 2.2). The key deliverables for this phase were the project plan and the Prioritisation Framework.

In the 'Assess of Need' phase (Phase 2), the project team profiled population health and service use data, consulted stakeholders, and conducted a policy and environmental scan. This was followed by triangulation of evidence (see Appendix 2.3).

Phase 3 ('Establish Priorities') involved shortlisting and categorising needs into three groups: high-priority, medium-priority, and an unranked group of needs (see Appendix 2.4).

This was followed by Phase 4 ('Confirm Priorities'), which involved the approval and dissemination of results.

| | Phase 1: Plan the project | Phase 2: Assess need | Phase 3: Establish priorities | Phase 4: Confirm priorities |
|---------|--|---|--|--|
| Actions | Develop project and consultation plans Establish scope and governance processes Develop Prioritisation Framework | Profile population health data and service use Consult stakeholders Develop policy and environmental scan Triangulate evidence | Identify need statements Conduct prioritisation working groups: 1. Shortlist needs 2. Rank shortlisted needs 3. Deliberate results Combine rankings | Finalise high and medium priority needs Develop Joint Regional Report |
| Outputs | Project Plan Stakeholder engagement plan Prioritisation Framework | Data Indicators Report Stakeholder Consultation and Engagement Report Policy and Environmental Scan Triangulation Report | Prioritisation Report | Joint Regional Report |



Appendix 2.2: Governance

The Brisbane South JRNA was overseen via multiple layers of joint governance. This included the Brisbane South PHN and MSH project teams, which were responsible for the day-to-day management of the project. Where needed, the project teams sought feedback and expert advice from internal Brisbane South PHN and MSH working groups.

The Needs Assessment was overseen by an Advisory Committee comprising representatives from both the government sector and community service organisations. The Advisory Committee reviewed project deliverables and made recommendations to Brisbane South PHN and MSH executives for approval. The Brisbane South PHN and MSH Boards oversaw the development of the needs assessment and final report.

Brisbane South PHN and MSH Needs Assessment Project Team

- Manage day-to-day project activities
- Identify needs through stakeholder consultation and engagement, data analysis and research
- Organise and facilitate prioritisation workshops
- Prepare outputs

Internal Brisbane South PHN and MSH Implementation Working Groups

- Provide subject matter expert advice in areas such as Aboriginal and/or Torres Strait Islander Health, multicultural health, and others
- Assist with the organisation and facilitation of stakeholder consultation and engagement activities
- Provide advice and feedback on outputs

Joint Brisbane South PHN-MSH Needs Assessment Advisory Committee

- Review and provide feedback on outputs
- Provide advice and recommendations to Brisbane South PHN and MSH executives on the JRNA process and outputs

Brisbane South PHN Executive Governance and MSH Executive Governance

- Advise on the JRNA process
- Review and endorse all JRNA outputs

Brisbane South PHN Board and MSH Board

- Oversee the Joint Regional Needs Assessment process and final report



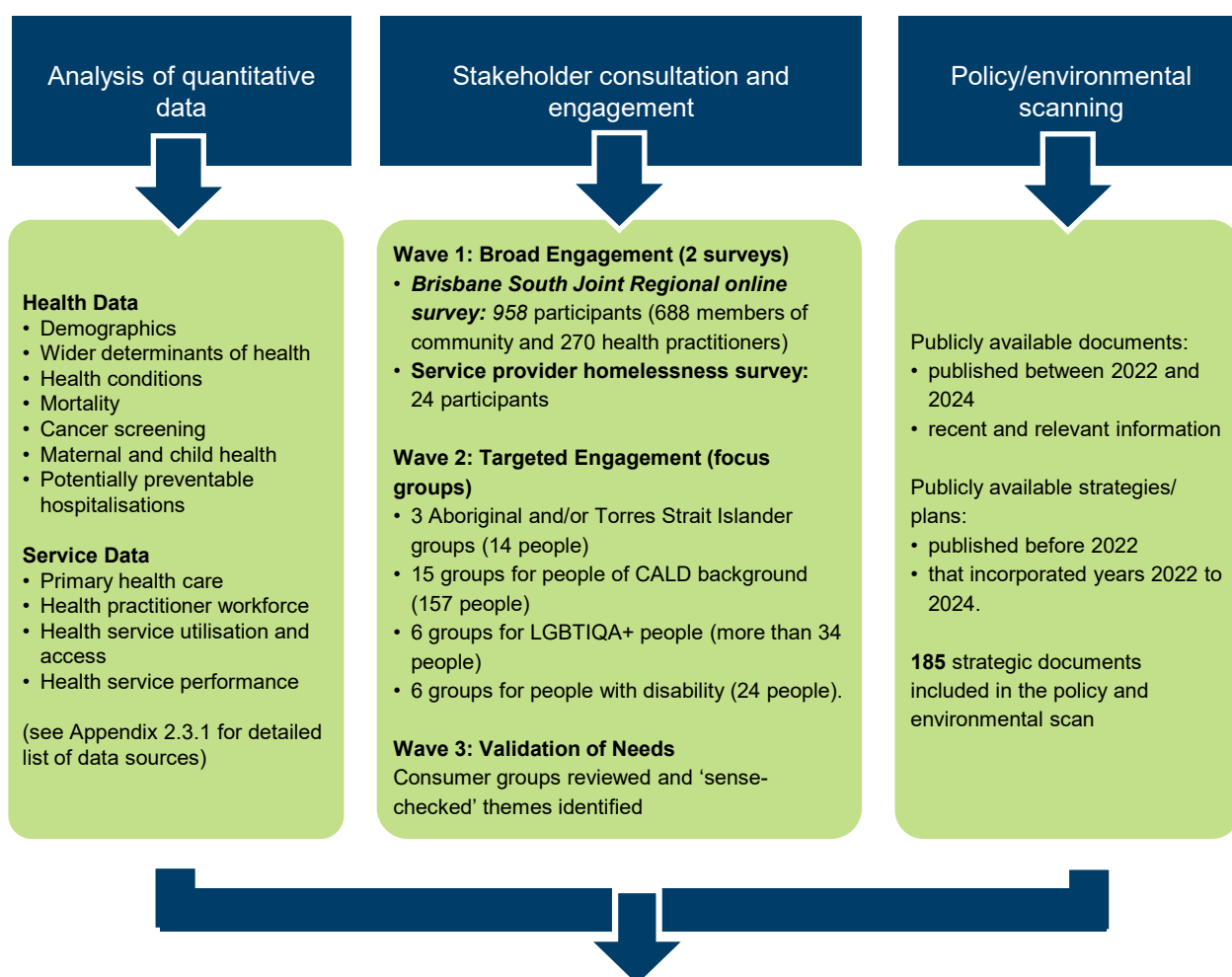
Appendix 2.3: Triangulation of evidence

The first step was to collate both quantitative and qualitative information from three sources of evidence:

- analysis of quantitative data,
- stakeholder consultation and engagement activities, and
- research of publicly available documents (policy/environmental scanning).

The first step in the process of triangulation involves combining all sources of evidence and identifying all health and service needs statements. The overarching criteria for identifying a needs statement was **at least** one credible source of evidence. This resulted in a list of around 300 needs statements.

In the second step of the process, the identified list of 300 health and service needs were aggregated into high-order groupings and a combined list of **97 unranked health and service needs**.



Brisbane South Joint Regional Needs Assessment 2025-27
Unranked health and service needs statements (97 needs)



Appendix 2.3.1: Sources of evidence and data collections

| Source | Description/Data collection |
|------------------------|--|
| Public health data | <p>Data from national and regional health databases, including:</p> <ul style="list-style-type: none"> • Australian Bureau of Statistics (ABS) that provides data and statistics on geographic regions, such as Statistical Area Levels, and LGAs. ABS data includes Census-derived data, the Socio-Economic Indices for Areas (SEIFA), and profiles from the National Health Survey • Commonwealth Government, Department of Health collected data from Medicare Benefits Schedule (MBS), Australian Childhood Immunisation Register, National Disability Insurance Scheme, and aged care data • National Health Workforce Dataset • Australian Institute of Health and Welfare • Queensland Government Statistician's Office • Report of the Chief Health Officer Queensland |
| Health service data | <ul style="list-style-type: none"> • Data from local health facilities • Emergency Department Data, Queensland Ambulance Services, National Health Services Directory • Cancer Alliance Queensland (OASys) • Queensland Health Notifiable Conditions System • Queensland Suicide Register (QSR) • Brisbane South Primary Health Network Customer Reference Management tool • Statistical Services Branch, Queensland Health • Decision Support System (DSS), Queensland Health. • System Performance Reporting System (SPR), Queensland Health • Metro South Health Community and Oral Health Dataset • 13HEALTH Call Centre |
| Stakeholder engagement | Online survey and focus groups with community and healthcare providers |



Appendix 2.3.2: Limitations

While the methodology for the triangulation process was extensive, detailed, and evidence-based, it is important to note that it was not possible to identify all needs during the process. Some of the limitations associated with the JRNA are:

- **Lack of locally available data:** Data was not available for all health and service needs specific to the Brisbane South region. In some cases, data was available at the Brisbane South level but not at more granular geographical levels, such as SA2 and SA3.
- **Representation bias:** The composition of stakeholders involved may not fully represent the Brisbane South region. For example, convenience sampling meant that survey responses were more likely to come from easily accessible population groups rather than a representative cross-section of the community. To address this limitation, over 1,200 people from diverse backgrounds and professions participated in consultation activities, including targeted engagement with harder-to-reach groups, such as CALD populations, Aboriginal and/or Torres Strait Islander people, and the LGBTIQA+ community.
- **Information bias:** Information collected through stakeholder consultations was subject to several biases, including shame and stigma, social desirability bias, and recall bias. Shame and stigma can affect participants' willingness to share sensitive information, particularly regarding stigmatised health issues like mental health or substance use. Social desirability bias occurs when participants respond with answers they feel are more socially acceptable rather than their true opinions. Recall bias may arise when participants struggle to accurately remember past events or experiences, resulting in incomplete or inaccurate data.
- **Bias in recording, interpretation, and analysis:** The processes of recording, interpreting, and analysing qualitative and quantitative data can introduce biases that impact the accuracy of findings. To mitigate this, subject matter experts in both qualitative and quantitative analysis contributed to the process. For instance, the Metro South Public Health Unit assisted with data analysis and provided expert advice on data interpretation.
- **Process limitations:** Limitations in time, scope, and organisational resources for the Brisbane South JRNA meant it was not possible to talk to all hard-to-reach population groups (e.g., youth, prisoner populations, people experiencing domestic and family violence, those living in regional areas, and others).

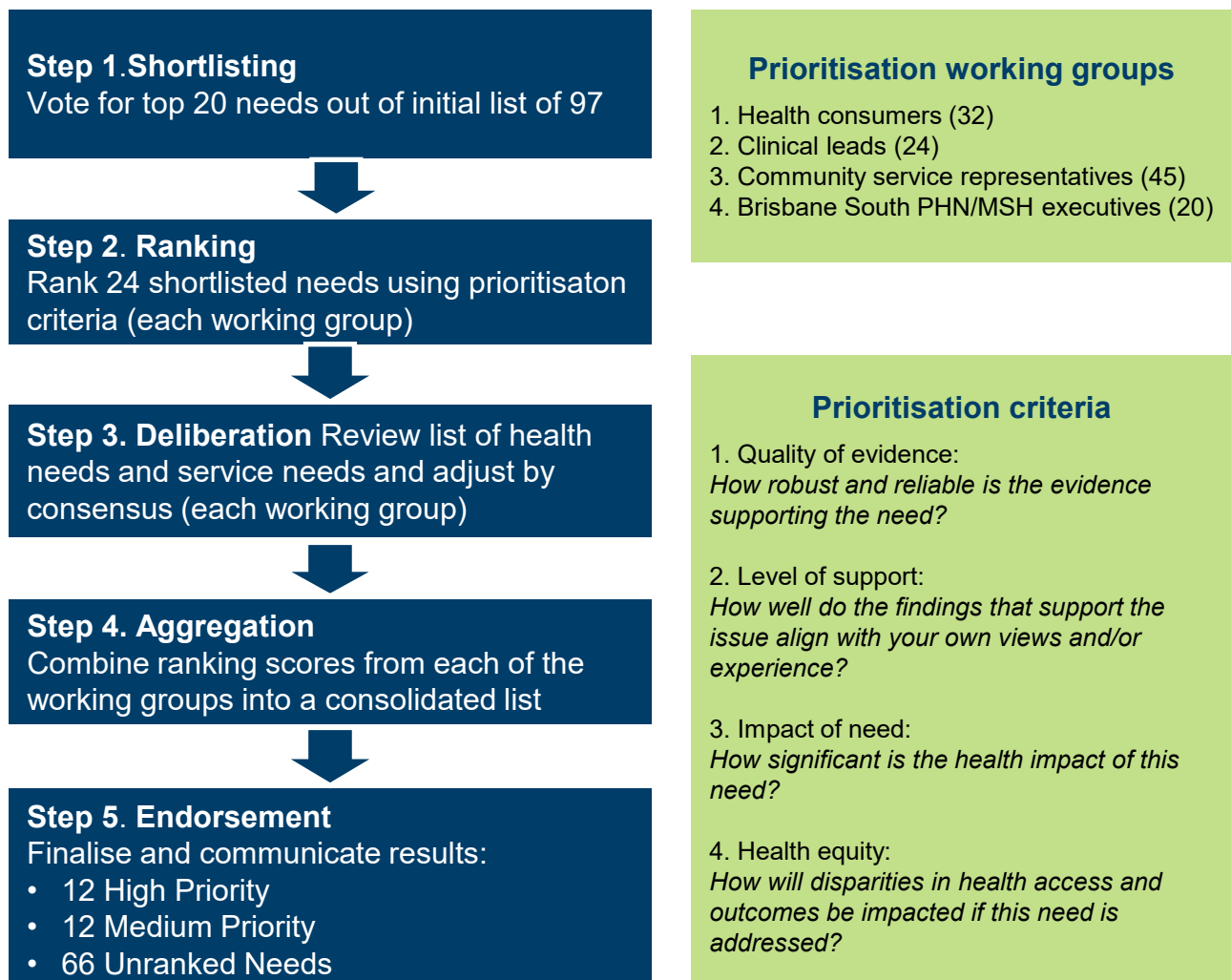


Appendix 2.4: Prioritisation process

A total of 121 people participated in the Brisbane South JRNA prioritisation process. This group included 32 consumers and members of the community, 45 representatives from community service organisations, 24 clinicians, and 20 executives from both Brisbane South PHN and MSH.

The Brisbane South JRNA prioritisation process was conducted in five steps, and follows the endorsed Brisbane South JRNA Prioritisation Framework. In the first step (shortlisting), each participant voted for their top 20 needs from a total of 97 needs statements. The second step involved a more detailed ranking of the shortlisted needs, using explicit prioritisation criteria. The four criteria were quality of evidence, level of support, impact of need, and health equity.

This was followed by an online or face-to-face deliberation meeting where participants discussed rankings and had an opportunity to adjust them through group consensus. Next, the rankings from the working groups were consolidated into a single list. The final step in the process was the finalisation and communication of results.







**We thank our consumers for
their valuable contributions
to help us shape the future
of health services.**