



THE MCKELL INSTITUTE

# A Healthy Queensland

A SNAPSHOT OF THE  
**QUEENSLAND** HEALTH SECTOR

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OCTOBER 2024

# ABOUT THE MCKELL INSTITUTE

The McKell Institute is an independent, not-for-profit research organisation dedicated to advancing practical policy solutions to contemporary issues.

For more information visit [www.mckellinstitute.org.au](http://www.mckellinstitute.org.au)

## ABOUT IMPACT ECONOMICS AND POLICY

Impact Economics and Policy brings together a group of expert economists and policy specialists with experience working for government, non-for-profits and big four consulting. Established at the start of 2022, our mission is to partner with clients for impact through providing robust evidence, fresh analysis, and strategic communication to tackle Australia's biggest public policy challenges.

### ACKNOWLEDGEMENT OF COUNTRY

This report was written on the lands of the Jagera and Turrbal peoples and the lands of the Eora nation. The McKell Institute acknowledges Aboriginal and Torres Strait Islander peoples as the Traditional Owners of Country throughout Australia and their continuing connection to both their land and seas.

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Sarah is the Executive Director Queensland of the McKell Institute. Sarah has dedicated her working life to promoting an equal and inclusive society that includes fairness at work by making a tangible difference and creating change in the lives of Australians. Sarah's career history includes a combined 15 years' experience working within the Australian Labor Party, the Transport Workers Union and the Queensland Government.

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## FOREWORD

As always, health is one of the top issues for voters ahead of the 2024 Queensland State Election.

The Queensland Health system has a lot to be commended for.

Our research shows that the Queensland Health system operates at or above the national average in a number of areas.



Within a decade of opening, the Queensland Children's Hospital was ranked 10th out of 250 pediatric hospitals following an international survey of health professionals.<sup>1</sup>

The past decade has seen major policy commitments like nurse-to-patient ratios and the introduction of satellite hospitals result in fundamental shifts in the provision of health care in this state.

But it is clear the pressure on the system is building.

Record population growth in recent years, coupled with a growing and ageing population, coupled with an increase in service usage with less people using private health care is placing a strain on an already fragile system.

This report aims to highlight the current state of our health services, identify key challenges, and outline opportunities for improvement.

In a rapidly changing healthcare landscape, including a potential change of government, understanding some of the strengths and challenges in the Queensland Health system is crucial.

As we reflect on the past decade, we recognize the ongoing impacts of public health challenges, including the COVID-19 pandemic, which have tested the system and the workforce within.

Despite the challenges that exist, Queenslanders continue to benefit from a world class health system that has shown over time that it is both robust and resilient.

Ensuring that this continues is one of the greatest obligations that exists for the Government.

**Sarah Mawhinney**

**Executive Director, McKell Institute Queensland**

<sup>1</sup> Newsweek, <https://www.newsweek.com/rankings/worlds-best-specialized-hospitals-2024/pediatrics, 2024>

## INTRODUCTION

As one of the largest health systems in the country, Queensland Health operates a diverse range of services, including public hospitals, community health centers, mental health services, and preventive health programs.

Workforce Shortages, burn out, job stress and retention issues create challenges for healthcare professionals, including nurses, doctors, and allied health workers, which affects service delivery.

The Queensland Government manages over 230 health facilities across the state, providing a range of services that Queenslanders rely upon, including specialist health care, emergency care, oral care, residential aged care, and mental health.<sup>2</sup>

- **13,538** Doctors
- **52,455** Nurses
- **15,251** Profession and Technical Officers
- **13,810** Beds and Bed Alternatives

In this policy briefing we take a snapshot of the Queensland health system.

We look at the overall performance and funding of the health system, including elective surgery wait times, ambulance wait times and access to primary health care.

Overall, it is clear from the data that Queensland is performing either at or above average across a number of critical metrics.

The data also shows that the health system is stronger today than it was ten years ago before the current Queensland Government came to power.

## PART 1: HEALTH FUNDING

The Queensland Government allocated a record \$28.9 billion, or 18 per cent of its budget, to health care in the 2024-25 Budget.

While it is largely correct to assert that the Health Budget is always a record spend the past decade has seen significant investment in Health services that have seen just over a **60 per cent increase in real terms since 2014-15**.<sup>3</sup>

In per capita terms, the Queensland Government spends close to the Australian average on health care.

<sup>2</sup> Queensland Department of Health, Queensland Health - Our Performance, <https://www.performance.health.qld.gov.au/>

<sup>3</sup> 2024-25 Queensland Budget Papers, Budget Strategy and Outlook, Budget Paper No.2 and 2014-15 Queensland Budget Papers, Budget Strategy and Outlook, Budget Paper No.2

Sustainability of health spending in Queensland is a growing concern as demand for healthcare services rises alongside population growth, an aging demographic, and advances in medical technology.

To ensure long-term sustainability, Queensland must prioritize efficient resource allocation and healthcare innovation.

### Workforce Challenges

Recruitment and retention of public health professionals poses a significant challenge for the system.

In 2024 the Queensland Government announced the Health Workforce Strategy for Queensland to 2032.

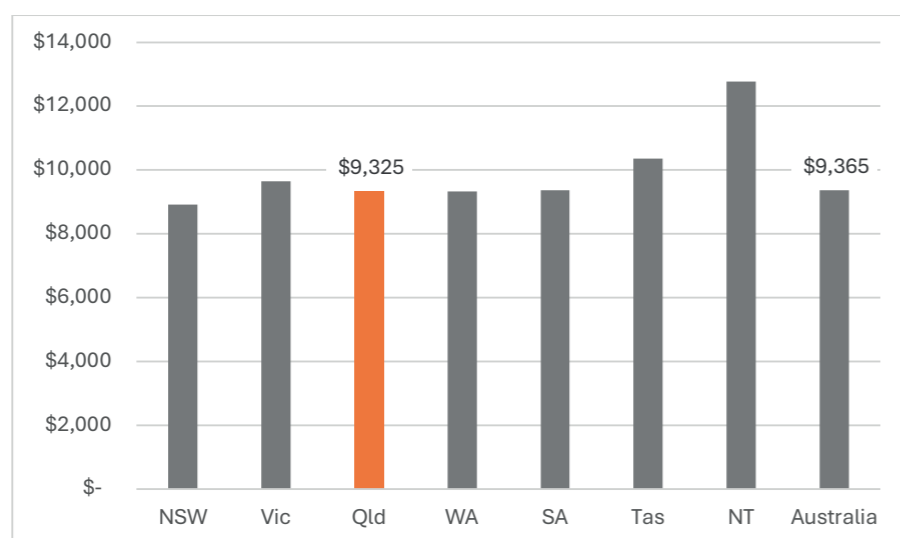
The strategy identified that the workforce needs to grow by almost 50% to service the health needs of Queenslanders in the coming decade.<sup>4</sup>

This is against the World Health Organisation estimating a projected global shortfall in the same period.<sup>5</sup>

While this is anticipated in mostly low- and lower-middle income countries, the WHO asserts that no countries will be exempt from this challenge.

This highlights the urgent need for innovative solutions to attract and retain skilled professionals in the public health sector.

**Figure 1: Average total health spending per person (2021-22)**



Source: AIHW (2023). Health expenditure in Australia datacube, Table 5

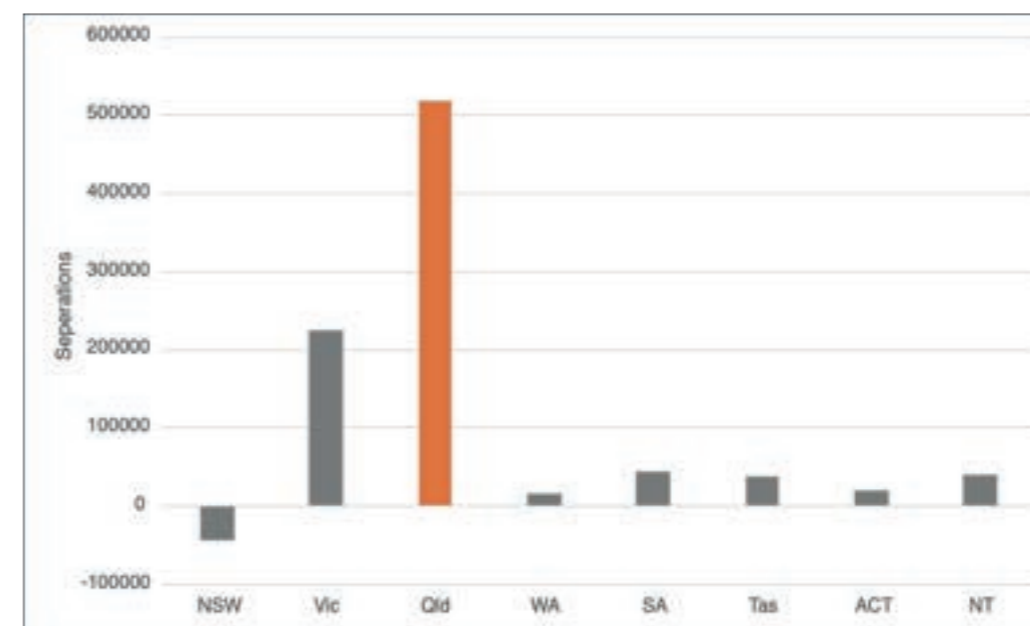
4 Health Workforce Strategy for Queensland to 2032, [https://www.health.qld.gov.au/\\_\\_data/assets/pdf\\_file/0039/1339995/Health-Workforce-Strategy\\_Digital.pdf](https://www.health.qld.gov.au/__data/assets/pdf_file/0039/1339995/Health-Workforce-Strategy_Digital.pdf), June 2024  
 5 World Health Organisation, [https://www.who.int/health-topics/health-workforce#tab=tab\\_1](https://www.who.int/health-topics/health-workforce#tab=tab_1), 2024



### Hospital Services

There are 123 public hospitals in Queensland, and in 2021-22 there were 1.7 million separations, a 43.1 per cent increase since 2014-15.<sup>6</sup> The increase in hospital activity in Queensland represents more than half of the national growth over the period.

**Figure 2: Change in Public Acute Hospital Separations 2014-15 to 2021-22**



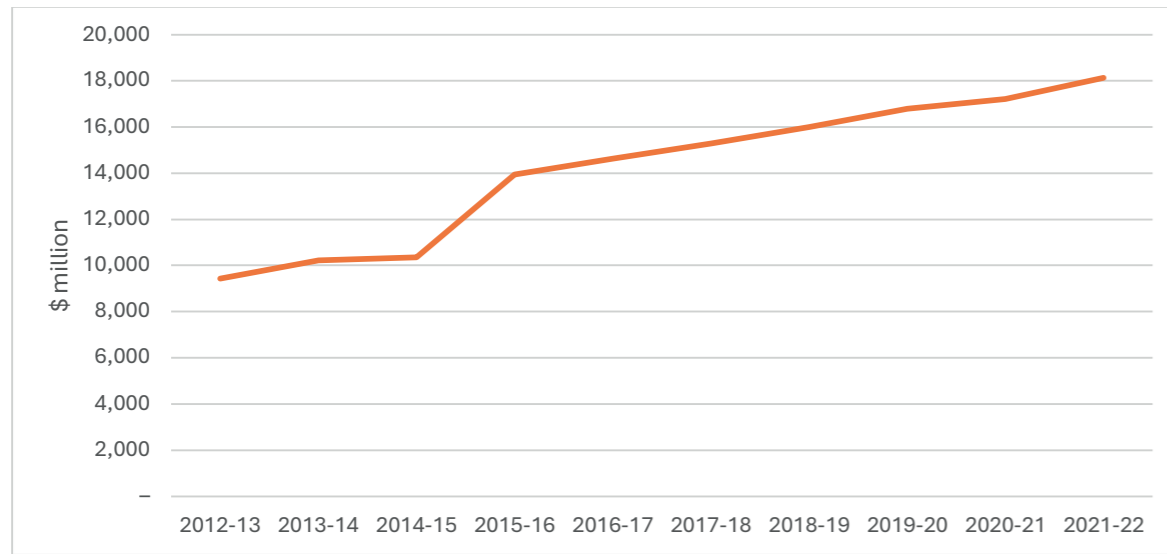
Source: Productivity Commission (2024). Report on government services, Public hospitals data tables, Table 12.A8

6 Productivity Commission (2024). Report on government services, Public hospitals data tables, Table 12.A8

This increase in total separations has been supported by an increase in the FTE staff per 1,000 people of 56.6 per cent since 2014-15.<sup>7</sup> This compares to a 20.7 per cent increase in FTE staff over the same period across Australia.<sup>8</sup>

Total spending on public hospitals increased from \$10.4 billion in 2014-15 to \$18.1 billion in 2021-22, a 75.0 per cent increase in real terms.

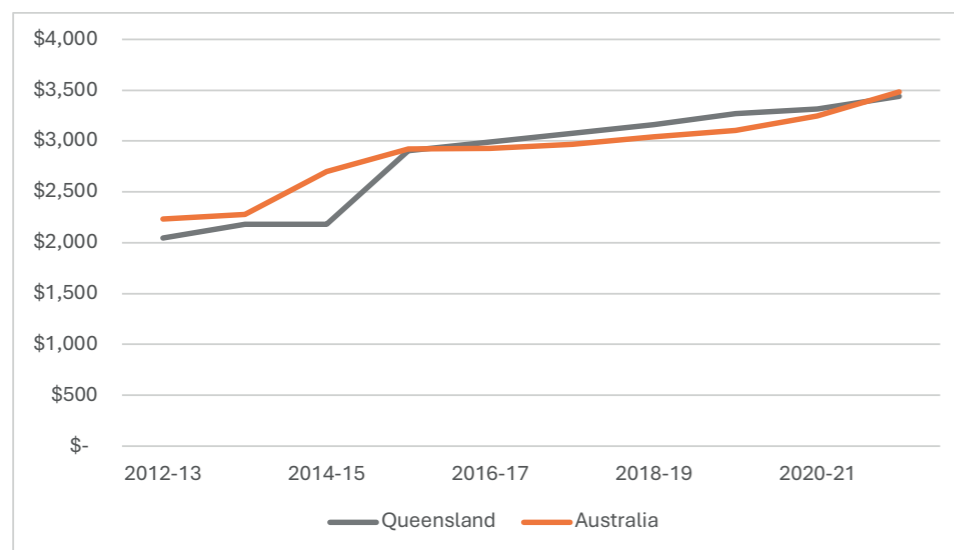
**Figure 3: Public Hospital Expenditure - Queensland (2021 Dollars)**



Source: Productivity Commission (2024). Report on government services, Public hospitals data tables, Table 12.A1

Spending per person on hospital services has also increased, and, having fallen behind the national average, it is now at the national average.

**Figure 4: Public Hospital Spending Per Person (2021 Dollars)**

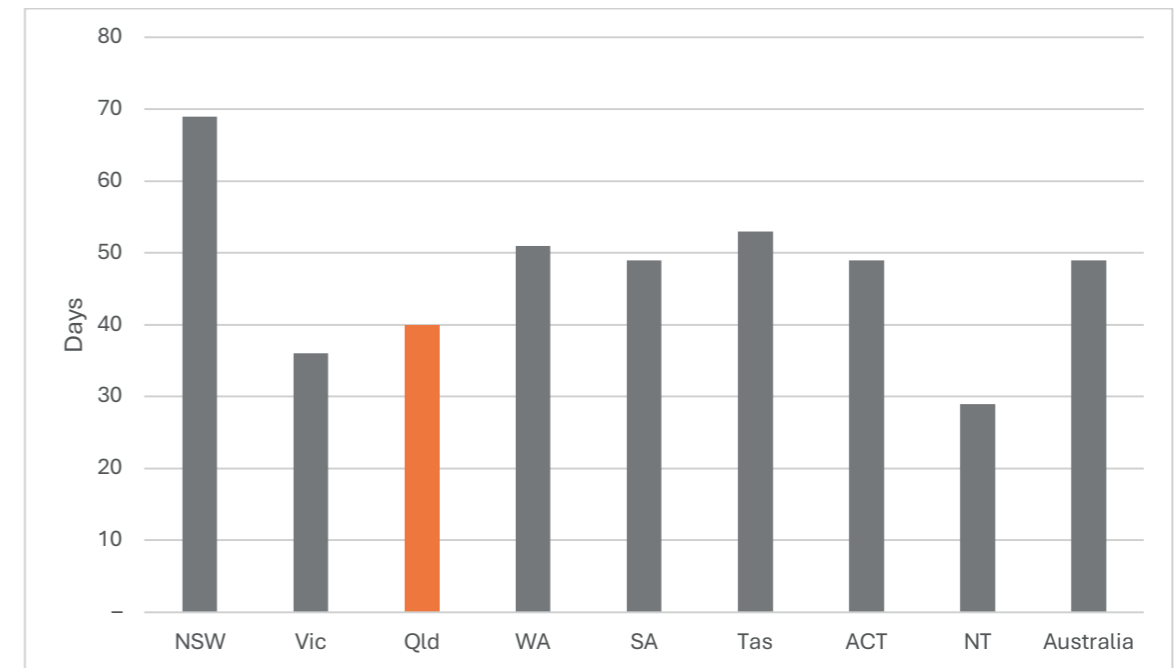


Source: Productivity Commission (2024). Report on government services, Public hospitals data tables, Table 12.A2

<sup>7</sup> Productivity Commission (2024). Report on government services, Public hospitals data tables, Table 12.A9  
<sup>8</sup> Productivity Commission (2024). Report on government services, Public hospitals data tables, Table 12.A9

In 2022-23 median wait times for elective surgery in Queensland are below the national average, with patients waiting nine days less on average.

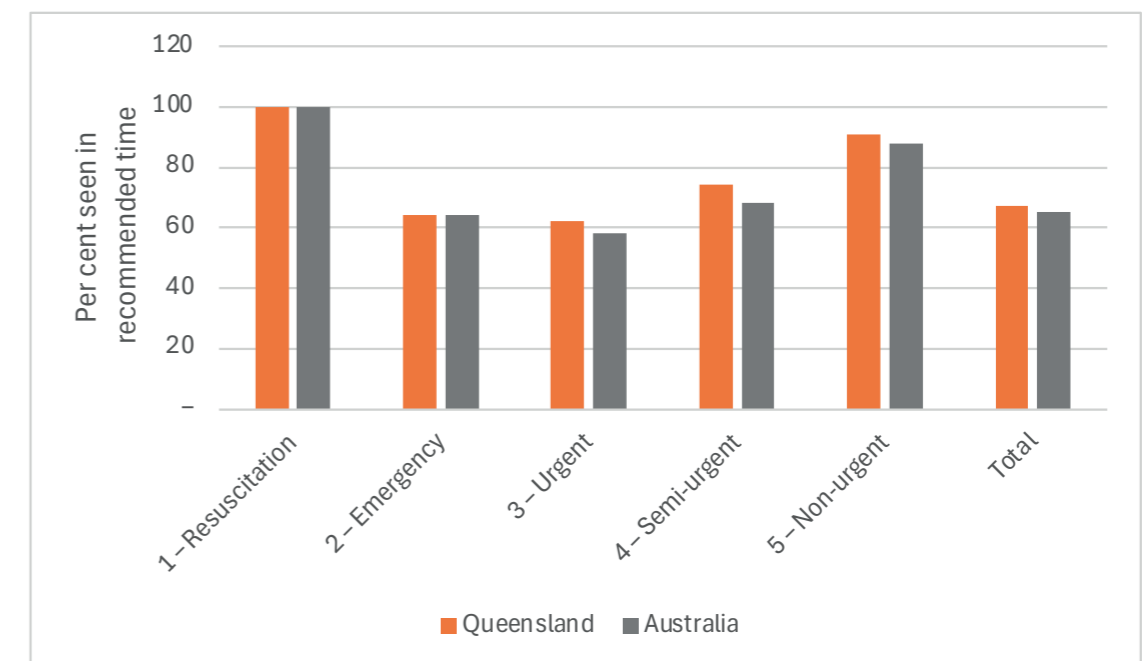
**Figure 5: Waiting Times for Elective Surgery - 50<sup>th</sup> Percentile**



Source: Productivity Commission (2024). Report on government services, Public hospitals data tables, Table 12.A23

In 2022-23 there were 1.7 million emergency department presentations in Queensland, and across each of the five triage categories, Queensland performed either at or slightly better than the national average.

**Figure 6: Emergency Department Wait Times by Triage Category - 2022-23**



Source: Productivity Commission (2024). Report on government services, Public hospitals data tables, Table 12.A13

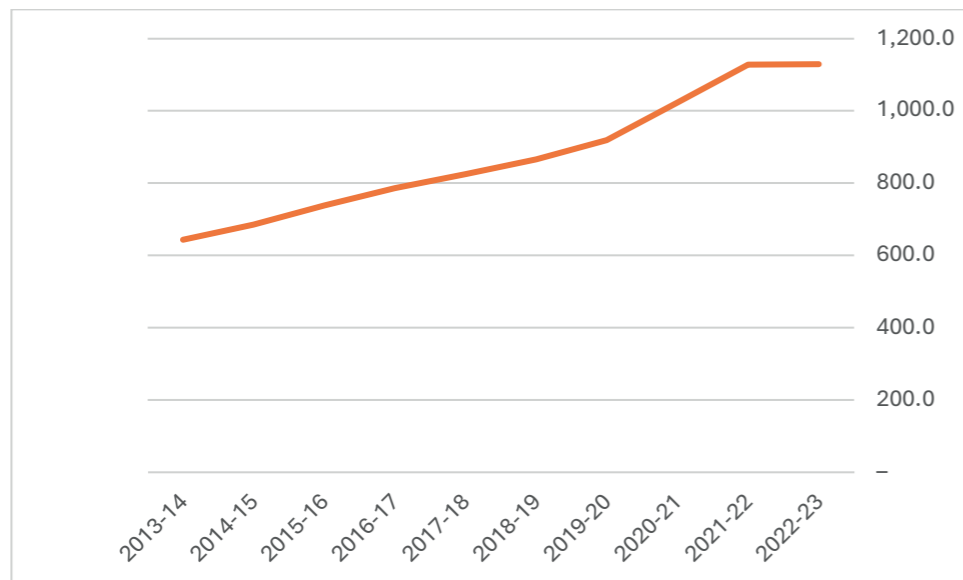




### Ambulance Services

Ambulance wait times can be an important metric of the health systems capacity, and the number of calls received by triple zero in Queensland that require an ambulance service increased by 65.0 per cent between 2014-15 and 2022-23, compared to a 58.8 per cent increase across Australia.

**Figure 7: Number of 000 calls needing an ambulance - Queensland**



**Source:** Productivity Commission (2024). Report on government services, Ambulance Data Cubes, 11A.6

Meeting this additional demand has presented some challenges. In 2022-23 median ambulance wait time in Queensland was 12.5 minutes, an increase from 8.3 minutes in 2014-15. Compared to other states and territories, median wait time in Queensland is comparable to Victoria, and better than in NSW.

**Figure 8: Statewide ambulance services response time, 50th percentile**

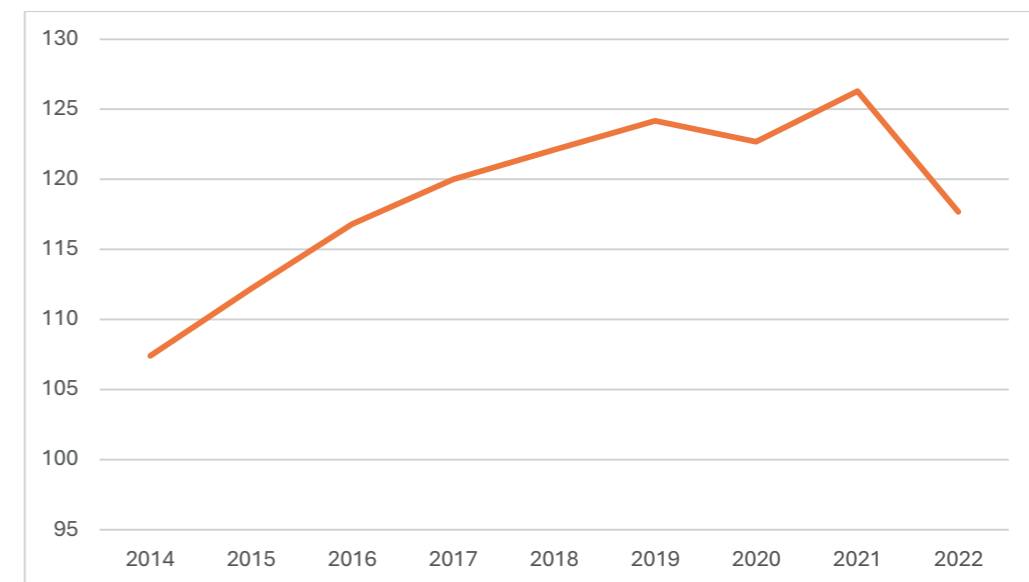


**Source:** Productivity Commission (2024). Ambulance services data, Table 11A.5<sup>9</sup>

### Access to Primary and Preventative Health Care

Accessing health care in the community, outside acute settings, can reduce demand and improve health outcomes. In 2022 Queensland had 118 GPs per 100,000 people an increase of 10 per cent since 2014.<sup>10</sup>

**Figure 9: GPs per 100,000 people - Queensland**



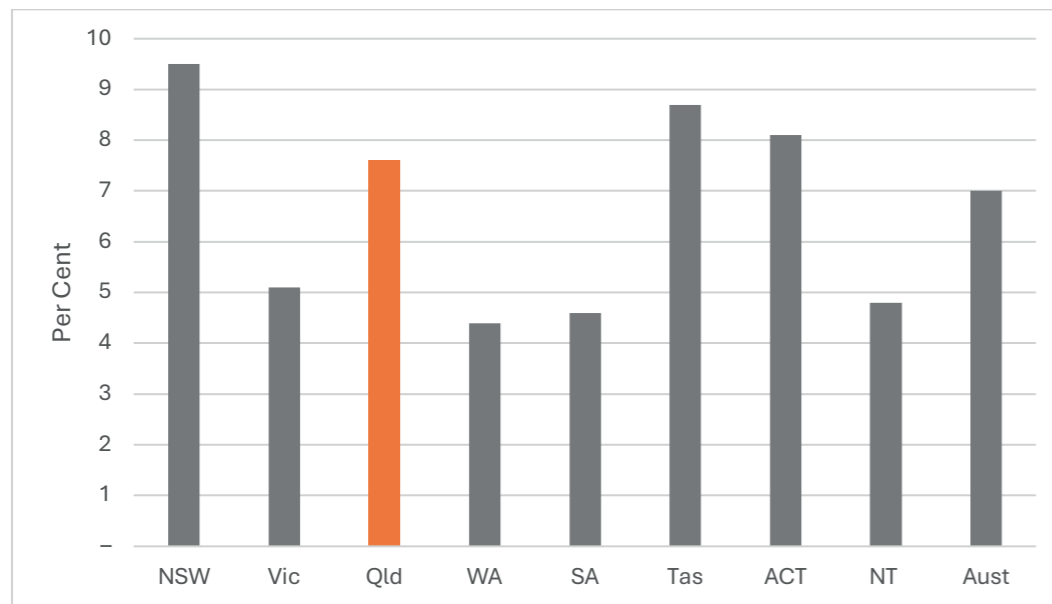
**Source:** Productivity Commission (2024). Report on government services, Primary and community health, Table 10.A23

<sup>9</sup> Productivity Commission (2024). Ambulance services data, Table 11A.5

<sup>10</sup> Productivity Commission (2024). Report on government services, Primary and community health, Table 10.A23

Despite having a high number of GPs per 100,000 people, high out-of-pocket costs for GP services are impacting access to services. In 2022-23, 7.6 per cent of Queenslanders reported that they either delayed or did not see a GP due to the cost, which was above the national average of 7.0 per cent.

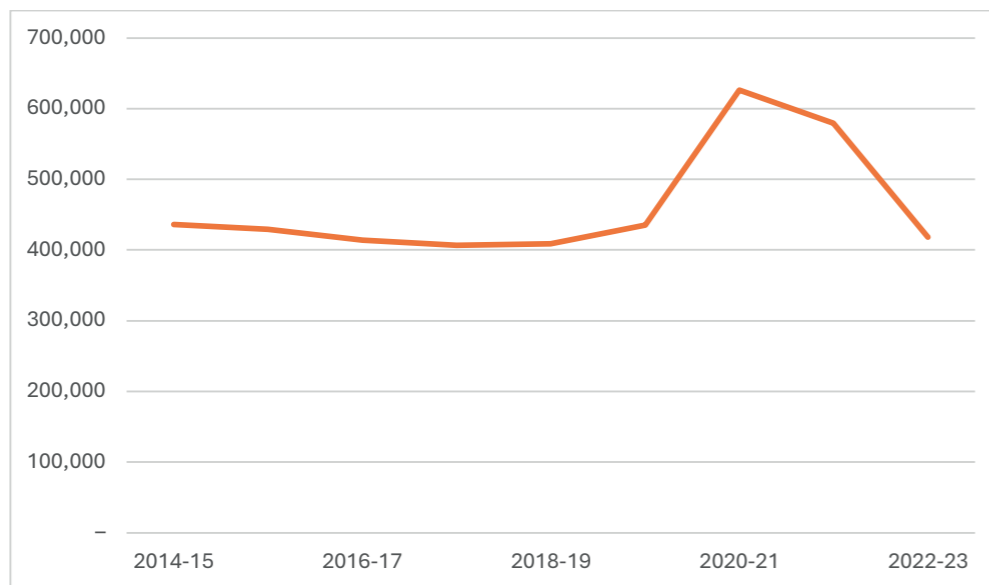
**Figure 10: People who delayed or did not see a GP due to cost - 2022**



**Source:** Productivity Commission (2024). Report on government services, Primary and community health, Table 10

Despite issues with access and rising demand for services, the number of avoidable GP type presentations at Emergency Departments have not increased since 2014-15, excluding the COVID-19 pandemics impact.

**Figure 11: Potentially avoidable GP-type presentations to emergency departments**



**Source:** Productivity Commission (2024). Report on government services, Primary and community health, Table 10A.34

## PART 2: ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH

### CLOSING THE GAP

The poorer health outcomes experienced by Aboriginal and Torres Strait Islander people in Queensland remains a top priority for governments. As part of the national Closing the Gap Agreement, Queensland is accountable for progress on priority reforms.

### OUTCOME 1: LONG AND HEALTHY LIVES

Target One - Close the Gap in Life Expectancy within a generation by 2031 - Not on Track

#### 2010-12

Male - 10.8 years  
Female - 8.6 years

#### 2015-17

Male - 7.4 years  
Female - 7.0 years

While the life expectancy gap remains unacceptably high and is not on track to be closed by 2031, the gap has narrowed over the past decade in Queensland.

### OUTCOME 2: CHILDREN ARE BORN HEALTHY AND STRONG

Target 2: Increase the proportion of Aboriginal and Torres Strait Islander babies with a healthy birthweight to 91 per cent by 2031 – on track

2014 - 89.6  
2021 - 90.6

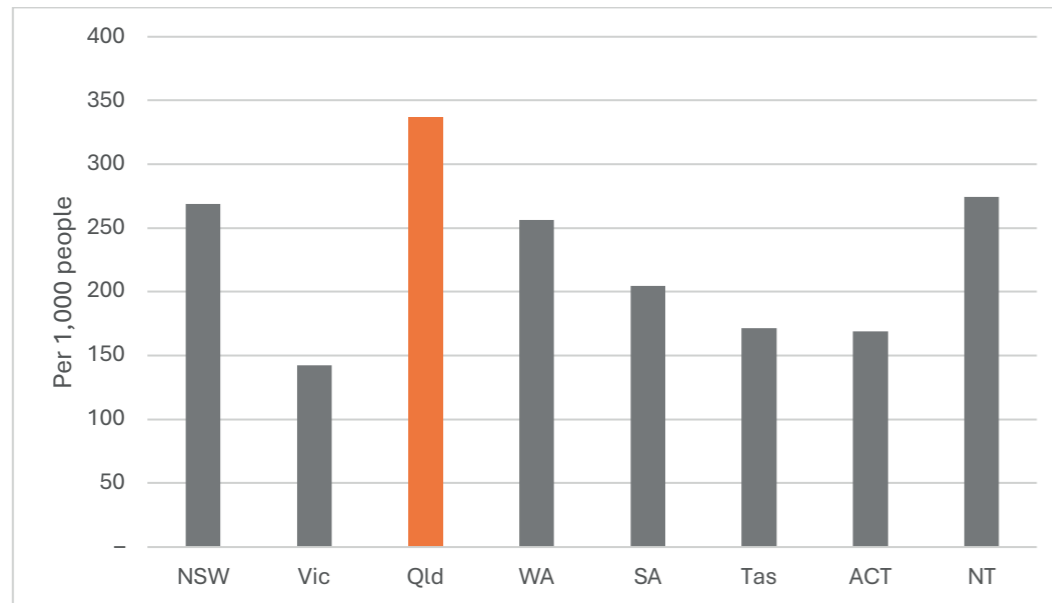
Key to closing the gap is access to health care services, many of which are provided or funded by the Queensland government. Queensland is performing well in relation to health checks and cancer screening access for Aboriginal and Torres Strait Islander Australians.

### HEALTH CHECKS

Queensland has the highest number of Aboriginal and Torres Strait Islander health checks per 1,000 people in Australia.



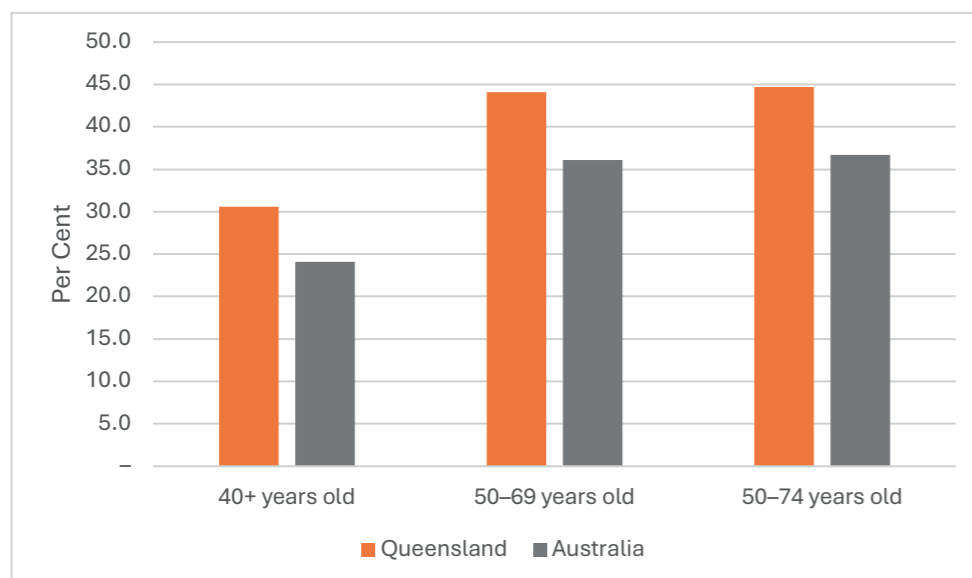
**Figure 12: Aboriginal and Torres Strait Islander-specific health checks or assessments, per 1,000 people - 2022-23**



Source: Productivity Commission (2024). Report on government services, Primary and community health, Table 10

Participation in breast screening by Aboriginal and Torres Strait Islander women is also well above national averages across all age ranges.

**Figure 13: Participation of Aboriginal and Torres Strait Islander Women in BreastScreen Australia - 24 month period**



Source: Productivity Commission (2024). Report on government services, Primary and community health, Table 10

## CONCLUSION

Despite the clear pressures from an ageing population and record growth, the Queensland health system is performing well relative to other states and territories.

Over the past ten years, additional funding has allowed capacity across the system to expand and helped meet growing demand.

However, pressures will continue to grow as the population of Queensland is projected to grow by almost 50 per cent by 2050.

Queensland Health faces significant challenges in addressing workforce shortages, increasing demand for services, and ensuring equitable access to healthcare across the state.

Overcoming these issues will require strategic investment, innovative solutions, and a commitment to long-term sustainability.

This will require ongoing investments in workforce, infrastructure and services to meet demand and keep Queenslanders healthy.

The Queensland Health system is resilient and has continued to deliver world class health care in the face of the pressures from an ageing population.

## RECOMMENDATIONS

**Prioritise recruitment and retention.** Prioritising the recruitment and retention of health staff as a separate reporting metric for the department is essential to ensure a sustainable and high-quality healthcare system that can meet the growing demands of the population.

**Ensure long-term funding sustainability.** To ensure long-term sustainability, Queensland must prioritize resource allocation and healthcare innovation that supports the core objectives of the system.

**Increase Bulk Billed GP Services.** Increasing bulk-billed GP services will improve access to affordable healthcare, ensuring more people can see a doctor without out-of-pocket costs.







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