Suite 14-18, 17 Bowen Bridge Road
Bowen Hills, QLD, 4006
(07) 3497 5048
hotline@amps.asn.au
amps.redunion.com.au

Policy Proposal: An Immediate Solution for Hospital Bed Block and Ambulance Ramping

Prepared for:

The Honourable Tim Nicholls MP
Minister for Health and Ambulance Services
health@ministerial.qld.gov.au

Dr David Rosengren
Director-General, Queensland Health
dgcorrespondence@health.qld.gov.au

Ms Deborah Carroll
Chief Executive Officer, Wide Bay Hospital and Health Service (Hervey Bay)
MD18-WideBay-HSD-HOME@health.qld.gov.au

Submitted by:

Kara Thomas - NPAQ President
Dr Duncan Syme - AMPS President
Dr Gary Fettke - AMPS Member

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Executive Summary

This policy proposal outlines a practical, immediate intervention to address hospital bed block and ambulance ramping in Queensland — particularly in the Wide Bay region. The intervention focuses on reducing unnecessary hospital admissions and delayed discharges related to nursing home and aged care facility clients, through the introduction of a dedicated primary care doctor model.

Problem Statement

A major factor in the root cause of hospital bed block and ambulance ramping is related to nursing home and aged care facility clients. Too many are sent to hospital emergency departments, and too few are able to easily return to those facilities after hospitalisation.

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Current System Challenges

- Most nursing homes and aged care facilities are staffed by one Registered Nurse and supporting allied health workers.
- General practitioner visits are rare, apart from a diminishing number offering this service.
- At present, when a client becomes unwell, falls, has a change in cognition, etc., it has become a go-to option to call an ambulance and transfer that person to the local emergency department, rather than being seen by a doctor in the facility.
- The reverse problem exists on leaving the hospital to return to the care facility. There is suboptimal supervision for the clients when they are improving but need a bit of extra support.

Proposed Solution

The proposal is to create the position of a primary care doctor to work across one or more nursing homes and aged care facilities and visit on a daily basis, or at least all weekdays. They would:

- See every client on a regular schedule — possibly fortnightly
- Review their well-being and medication
- Be funded on a Medicare fee schedule or other funding model

Expected Outcomes

- Those individuals who require acute or daily review would be seen accordingly and assessed in their primary environment, rather than via the stressful and disorienting hospital transfer path.
- Appropriate blood testing collection is already offered by many pathology services, supporting this in-facility model of care.
- Substantially reduce the need for admission and delay in discharge.

Feasibility and Early Evidence

- This path of primary care is already being done by a few doctors and has become their full-time position.
- It may be suited to a variety of doctors in a semi-retirement phase, or as part of an IMG accreditation process.
- Taking this to a pilot study level, or at least reviewing the outcomes of doctors and facilities offering this ‘boutique’ care, is warranted.

Anecdotally, it works.

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Next Steps

We request the following actions:

1. Endorsement of a localised pilot program in the Wide Bay (Hervey Bay) region.
2. Collaboration with primary health networks to identify GPs or IMGs suited to this role.
3. Development of a sustainable funding mechanism via Medicare or state-federal partnership.
4. Data collection and evaluation of ED presentation reductions, hospital discharge times, and patient outcomes.

Appendix A: Economic Brief – Why Hervey Bay Should Lead the Aged Care GP Trial

Rationale for Hervey Bay as a Trial Site

Hervey Bay is an ideal location to pilot the proposed primary care doctor model for aged care facilities. With one of the **oldest populations in Queensland**, it faces disproportionate pressure from ambulance ramping, hospital bed block, and delayed discharge.

- Median age in **Hervey Bay is 48 years**, compared to the national average of 37.
- **31%** of the local population is aged 65+ projected to reach **35% by 2041**.
- The **Wide Bay region has the highest prevalence of chronic conditions** in Queensland and **163,342 hospital bed days lost** annually due to patients awaiting aged care placement.

Economic Costs of Hospital Bed Block

- Hospital delays related to aged care discharge cost the Australian system up to **$2 billion annually**.
- 10% of aged care patients face delays over 35 days, costing up to **$847.6 million per year**.
- Average hospitalisation cost per aged care resident: **$9,233/year**, with nearly half of that from preventable hospital admissions.

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Estimated Savings of Proposed Model

- Modelling estimates **$1.4 billion in savings over 4 years** by avoiding unnecessary hospitalisation from aged care facilities.
- Diverting just 100 acute bed days per facility per year would fully fund a dedicated **GP role that supports** improved continuity of care and aims to reduce avoidable hospitalisations.

Implementation in Hervey Bay

A trial in Hervey Bay would:

- Support overburdened hospital systems through fewer ED transfers
- Prevent unnecessary ramping from aged care facilities
- Improve medication and chronic disease management on-site
- Reduce acute length-of-stay and delayed discharge