

# CARE COLLECTIVE – SOUTH WEST: THE CO-DESIGN, PILOT AND EVALUATION OF INNOVATIVE PRIMARY CARE MODELS IN FAR SOUTH WEST QUEENSLAND

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## EXECUTIVE SUMMARY

The Care Collective – South West Primary Care Pilot (the Pilot) is a Commonwealth funded project aimed to co-develop and test innovative models that improve care integration and enhances hospital and primary health pathways in general practice and the community.

The Pilot focuses on improving health and wellbeing for people with complex conditions in Charleville, Quilpie, Cunnamulla and Thargomindah, four rural and remote communities in South West Queensland, by enhancing collaboration and service coordination among local health and non-health providers, building on existing strengths and addressing service gaps.

This innovative, place-based model for managing chronic conditions, improving access and coordination in rural communities fosters shared ownership and collaboration across local Councils, health services, primary care providers and Aboriginal and Torres Strait Islander community health organisations. It offers a scalable, transferable approach for other rural and remote communities to deliver sustainable, locally tailored health solutions

## PROBLEM/ISSUES

A literature review highlighted that rural and remote populations, such as those in the South West Hospital and Health Service (SWHHS) catchment, face significant challenges due to geographic isolation, including limited access to medical services and poorer health outcomes compared to urban areas [1]. Strengthening primary care is a key strategy for improving health outcomes [2], with care coordination for complex chronic conditions being a major challenge [3].

Residents in the SWHHS catchment experience barriers such as long travel distances, limited transport and accommodation, telecommunication constraints, and extreme weather. Remote health and community services also struggle to recruit and retain staff. As one of Queensland's most remote regions, SWHHS faces exceptional difficulties, and health outcomes for First Nations people remain poorer than for non-Indigenous residents and the state average [4].

The four pilot communities experience worse health outcomes than the Queensland average, including:

- Lower average life expectancy

- Higher rates of potentially preventable hospitalisations
- Higher Emergency Department presentations per capita.

## INTERVENTION/APPROACHES

The pilot is administered by Queensland Health, in partnership with the SWHHS and the South West Queensland Primary Health Care Alliance. To address the challenges, extensive scoping and co-design was undertaken with health providers, stakeholders, and consumers using a place-based approach to understand community needs and inform the Pilot's design, implementation and evaluation.

An insights-driven approach guided co-design and built a shared understanding of local context and priorities. Scoping combined desktop research, data analysis and stakeholder engagement. Stakeholders highlighted the value of this approach as it ensured decisions were data-driven and aligned with on-the-ground perspectives.

Initial co-design workshops confirmed support for a care coordination approach and commencement of the pilot in the Charleville and Far South West region (Quilpie, Cunnamulla, Thargomindah). Four local groups were established to:

- inform localised co-design of the model,
- guide implementation and,
- provide strategic advice on the approach and priorities.

This approach allows each town to determine which service-level and care coordination Care Collective workforce best addressed their needs and gaps (Table 1).

**TABLE 1: CARE COLLECTIVE SOUTH WEST MODEL**

	Charleville	Quilpie	Cunnamulla	Thargomindah
Community Service Coordinator <i>Administrative support for the coordination of health and wellbeing services within the region or town</i>	1FTE Host: Murweh Shire Council	0.5FTE Host: Quilpie Shire Council	1FTE Host: Cunnamulla Corporation for Health	0.5FTE Host: South West Hospital and Health Service
Clinical Care Coordinator <i>Qualified health professionals provide clinical care coordination in the primary care setting in partnership with clients, GPs and acute health care providers</i>	1FTE Host: Charleville & Western Area Aboriginal and Torres Strait Islanders Community Health		1FTE Host: Cunnamulla Corporation for Health	0.5FTE Host: Royal Flying Doctor Service
Community Care Facilitator <i>Professionals based in the local community to work with consumers as part of multidisciplinary team, to guide them on personalised services, information and supports to meet their needs</i>	Possibly, further discussion needed	Possibly, further discussion needed		Possibly, further discussion needed

The model has been continually adapted and refined as it matured, reflecting the realities of a genuine place-based partnership. This Pilot is unique in promoting a whole system approach, shared ownership and collaboration across community and primary care settings. Positions are hosted by local Shire Councils, the Hospital and Health Service, Royal Flying Doctor Service and local Aboriginal and Torres Strait Islander Community Controlled Organisations.

## LEARNING

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The local co-designed model's biggest success has been the Community Service Coordinators, who act as key contacts in the towns to direct and connect people with health services. A major achievement is creating service directories for each town, covering health, disability and aged care services.

The pilot is delivering tangible benefits by strengthening collaboration between health professionals to identify vulnerable community members and connect them with the right services. Early results also indicate a promising trend toward fewer hospital visits. Examples of specific local outcomes include:

- a 300% increase in monthly physiotherapy availability in Thargomindah.
- 150% increase in mammogram screening appointment attendance in Thargomindah provided by BreastScreen Queensland mobile service.
- Introduction of sleep studies (new service) in Quilpie and Thargomindah.
- In Charleville the Queensland Ambulance Service has integrated the service directory onto iPads, giving paramedics access to real-time referral information.
- Optometry service reintroduced in Thargomindah after 3-year absence.
- QR code to Quilpie service directory added to Council's Get Ready Queensland calendar.
- Local community surveys to identify health priorities and inform future planning and activities.

The independent external interim evaluation found:

- Most stakeholders report the pilot improves care and service coordination.
- True service gaps are highlighted and provides a process to address them.
- Stakeholder engagement of service providers varies; those highly engaged report greater satisfaction.

Key learnings include:

- Investment in building trust and commitment is critical to success.
- True co-design takes time and dedicated resources.
- Working collaboratively with partners and stakeholders requires clear communication and defined roles and responsibilities are essential.
- Leveraging existing partnerships is beneficial and acknowledge in-kind contributions.
- Leadership and willingness to innovate drive success.

The pilot offers a new integrated care model for people living with chronic conditions in remote communities by improving access to coordinated care close to home. It promotes shared ownership and collaboration across organisations and providers in the community and primary care setting.

## IMPACT FOR PRACTICE

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This approach provides a scalable and transferable model for empowering rural and remote health services to design and deliver sustainable, collaborative care in partnership with local communities.

By undertaking scoping and place-based co-design with stakeholders, the Pilot developed an overarching framework and site-specific model that align program objectives with local priorities. The interim evaluation (April 2024) highlighted key strengths of this approach:

- Established strong foundations, fostering local ownership of the model.
- Adopted an inclusive, tailored engagement strategy that ensured participation by stakeholders with appropriate decision-making authority and influence.
- Utilised a data-driven process to guide decision-making and build a clear strong understanding of local needs.

By starting small, thinking differently, and demonstrating measurable impact, this place-based methodology offers a replicable approach for rural and remote health service providers to co-create sustainable, integrated services that reflect the unique needs of their communities.

## FUNDING

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## References

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