The Torres Strait Health District in Queensland encompasses the five northern most communities on Cape York and sixteen island communities in the Torres Straits, a population of 12,000 with two-thirds identifying as Indigenous.

Indigenous health care is on every government’s agenda with the latest strategy ‘Closing the Gap’ currently in place.

Introduced in 1996 the Torres Strait model of primary health care was a paradigm shift in the way Indigenous health care was organised and delivered in the district. Why then, in 2009, on closer review, is it not working: local community control, governments committing funding, better than recommended health care workers to head of population, chronic disease management systems—it ticks all the right boxes.

Since its introduction the population health data shows little or no improvement in the prevalence of chronic disease, sexually transmitted infections or rheumatic heart disease. The health service lost ACHS accreditation in 2000, clinician turnover rates are high, morale is low. What was happening within the model to cause this?

The fundamental principles of the model are sound; however, the implementation in the district was flawed. In 2009 these flawed elements within the model were evident. Taking the model back to first principles, five areas where identified and refined:

- Defining what is primary health care—over a decade, as new funding was available, the model became a jumble of programs within programs with gaps and overlaps in service provision. Acute care, mental health, public health, and primary health were defined.
- Role and responsibilities reconstructed into a four-framework matrix with ‘Professional’, ‘Management’, ‘Clinical’ and ‘Cultural’ reporting lines identified.
- Introduction of a new electronic clinical record system to replace the end-of-life chronic disease management system. Review and streamlining of other core systems, including supply chain, maintenance, travel and asset replacement.
- Development of a clinical governance framework across all service streams with accountabilities for outcome measures assigned.
- Review and restructure of staff education to a competency-based program with mandatory competencies for all clinical disciplines and training for managers.

In 2011 the health district, all 21 primary health clinics, the two hospitals, mental health and public health achieved accreditation with ACHS.
While the initial picture looks encouraging, further reform is needed particularly in the areas of managers versus clinician. This requires strong leadership, community engagement, vision and a passionate workforce to ensure a generational change in how the peoples of the Torres Strait view their health and wellbeing. Federal, state and local political point scoring and over-inflated egos have no place in this ongoing journey.