

ECONOMIC NEED AND IMPACT ASSESSMENT

PROPOSED HEALTH CARE SERVICES
39-45 HOMESTEAD DRIVE, FLAGSTONE

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EXECUTIVE SUMMARY

This economic need and impact assessment relates to a proposed Development Application for around 250m² GFA (subject to design) of Health Care Service uses at 39-45 Homestead Drive, Flagstone. The site is zoned Rural Residential and is opposite a centre zone (Flagstone Central).

Given its small scale, the proposal is expected to accommodate practitioners that serve the local community such as general practitioners (GPs), physiotherapists, psychologists, etc.

Main Service Area and Population

A Main Service Area (**MSA**) was defined to represent a catchment which the proposed Health Care Services uses would primarily serve. It generally extends around 3-5km from the site.

Between 2024 and 2036, it is projected that the population of the MSA will grow rapidly and generate significant demand growth for additional Health Care Services. Flagstone is among the highest growth areas in Queensland.

Supply Assessment

The local supply of Health Care Services was investigated. Provision of these services is very limited and has not kept pace with recent residential development and demand growth.

While future centres are earmarked, there are no approved development permits for additional Health Care Services in the MSA.

Demand Assessment

Health care practitioner demand was projected based on the average provision at the Queensland level. MSA demand exceeds supply for all practitioner types from 2024 to 2036 indicating a shortfall of Health Care Services required to meet the needs of the community.

Summary of Need and Impacts

Economic need for the proposed development is demonstrated by the following:

- The Main Service Area (MSA) population is expected to grow significantly from 12,170 persons in 2024 to 43,880 persons by 2036.
- A comparison of supply and demand indicates a current and substantial undersupply of health care practitioners across all disciplines.
- The MSA population is currently sufficient to support around 36 additional health care practitioners of the types considered in the assessment. This represents a current undersupply of around 1,270sqm of Health Care Services floorspace.
- There is a current undersupply of 12 general practitioners in the MSA, forecast to increase further with population growth. This is a significant disbenefit to the community as general practitioners represent an important primary health care service.

- The proposed development would have no material adverse impacts on designated centres and would not undermine their function for the following reasons:
 - The identified undersupply indicates that demand is more than sufficient to support existing Health Care Services as well as the proposal.
 - Population growth is sufficient to also support future Health Care Services in designated centres.
 - There are no approved Health Care Services in the MSA that could address the identified undersupply/need.

Community Need

Community need for the proposed development is demonstrated by the following:

- Enhancement of the range and variety of Health Care Services in the local area.
- Improved accessibility and availability of Health Care Services where there is a demonstrated undersupply.
- Increased provision of primary health care facilities in response to local demand growth with a lack of any adverse economic impacts.

Planning Need

It is concluded that there is a planning need for the proposed development given that:

- There is currently a strong economic and community need for the proposed use.
- The current availability of suitably zoned land to meet the present need is limited.
- The site is opposite an existing centre zone that cannot accommodate the identified need for Health Care Services.
- The proposed development would not prejudice potential development of similar uses upon suitably zoned land due to the level of undersupply and future demand growth.

Conclusion

Based on this assessment it is concluded that the proposal would improve community well-being with an absence of adverse impacts. It follows that **there is a strong need for the proposed development.**

1. INTRODUCTION

1.1 Proposed Development

Dewan Family Practice Pty Ltd (the applicant) proposes a Development Application comprising a Material Change of Use for Health Care Services uses at 39-45 Homestead Drive, Flagstone.

The proposal will have a Gross Floor Area (GFA) of around 250m² GFA (subject to design) of Health Care Services. Given its small scale, the development is expected to accommodate practitioners that serve the local community such as General Practitioners (GPs), physiotherapists, and other allied health practitioners.

1.2 Subject Site

The 1.5ha subject site (Lot 160 RP 848031) at 39-45 Homestead Drive, Flagstone is zoned Rural Residential. It is improved by a detached residential dwelling.

Figure 1.1 shows the subject site and its surroundings.

The site is opposite Flagstone Central, which provides a range of health care services, including medical, dental, chiropractic, and physiotherapy clinics. The centre is anchored by Woolworths and ALDI supermarkets and features a variety of additional shops and services.

The subject site is situated near the Greater Flagstone Priority Development Area (PDA), which is planned to support around 51,000 dwellings and accommodate up to 138,000 residents at build-out which is expected to occur over 30-40 years. Substantial development within the PDA commenced in Flagstone around 2016.

Figure 2.1 (later section) shows the Greater Flagstone Priority Development Area and residential developments proximate to the subject site.

1.3 Purpose of Report and Methodology

The applicant commissioned Foresight Partners Pty Ltd to prepare this economic need and impact assessment. The primary objectives of this assessment are to:

- Assess the demand and economic need for the proposed development having regard to the existing supply and future demand for health care practitioners;
- Assess the potential economic impacts on designated centre zones and other existing/approved health care facilities; and
- Assess the community benefits associated with the proposal.

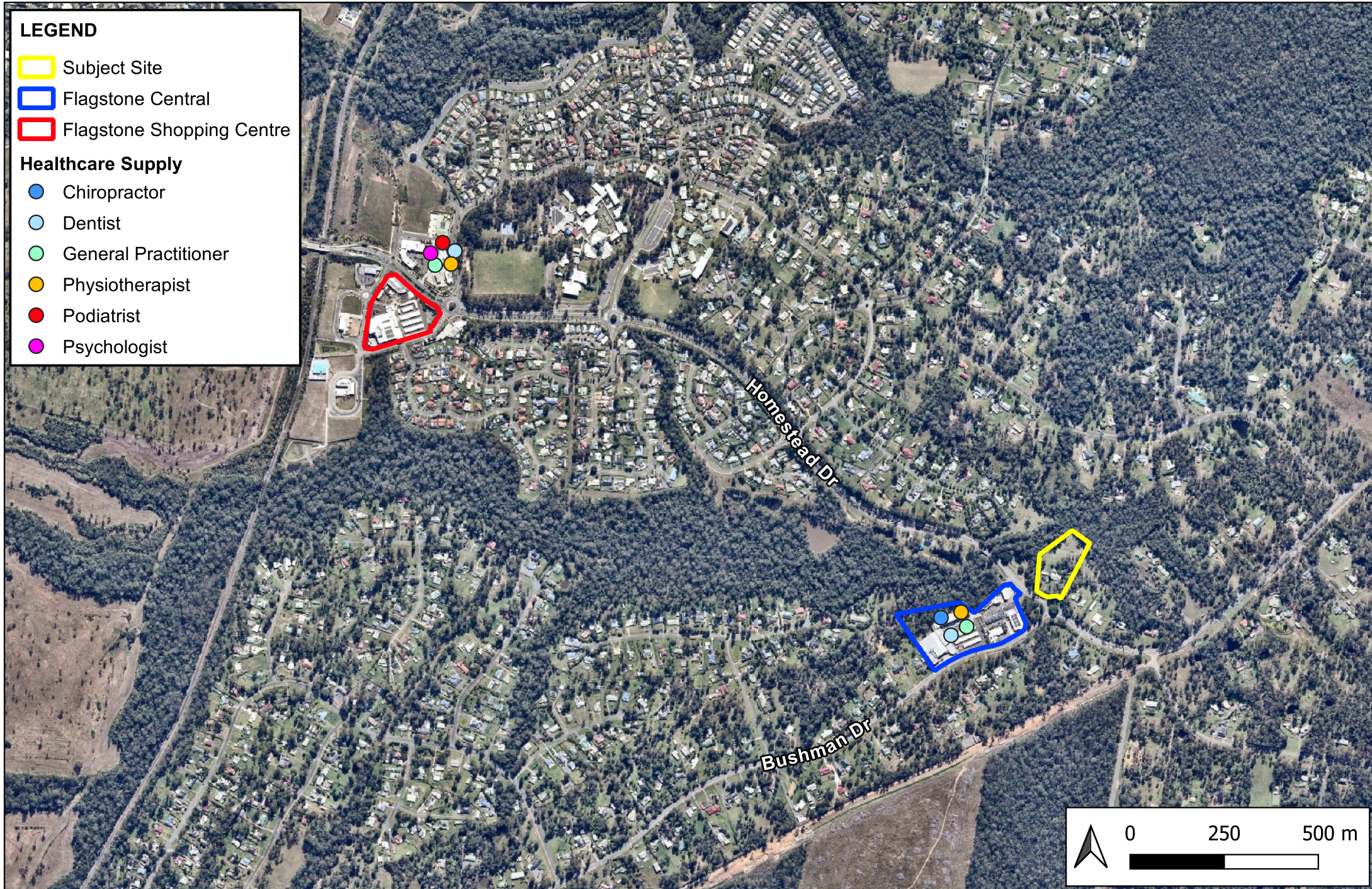
In preparing this report, a number of investigations were undertaken. These included:

- Definition of, and justification for, a Main Service Area (MSA) for the proposed development.

- Current and forecast population of the defined MSA.
- Extraction and analysis of selected socio-economic characteristics of MSA residents.
- Estimation of the current and future MSA resident demand for health care practitioners.
- Discussion of the relevant centre zones and their intended functions.
- Identification, mapping and analysis of existing, proposed and approved Health Care Services in the local area, noting their key characteristics.
- Evaluation the supply and demand for Health Care Services uses in the MSA.
- Assessment of suitably zoned potential alternative sites and vacant premises.
- Evaluation of the potential economic impacts of the proposal upon designated centres and existing/approved facilities.
- Discussion of the economic need and community benefits of the proposal.

These investigations form the basis of this economic need and impact assessment.

Figure 1.1: Subject Site and Surroundings



Aerial imagery dated: June 2024

2. SERVICE AREA ANALYSIS

This section defines a Main Service Area, evaluates projected population growth, and analyses demographic characteristics.

2.1 Defined Main Service Area

A Main Service Area (**MSA**) was defined to represent a catchment which the proposed Health Care Services uses would primarily serve.

Several factors influence the geographic extent of the defined Main Service Area, including:

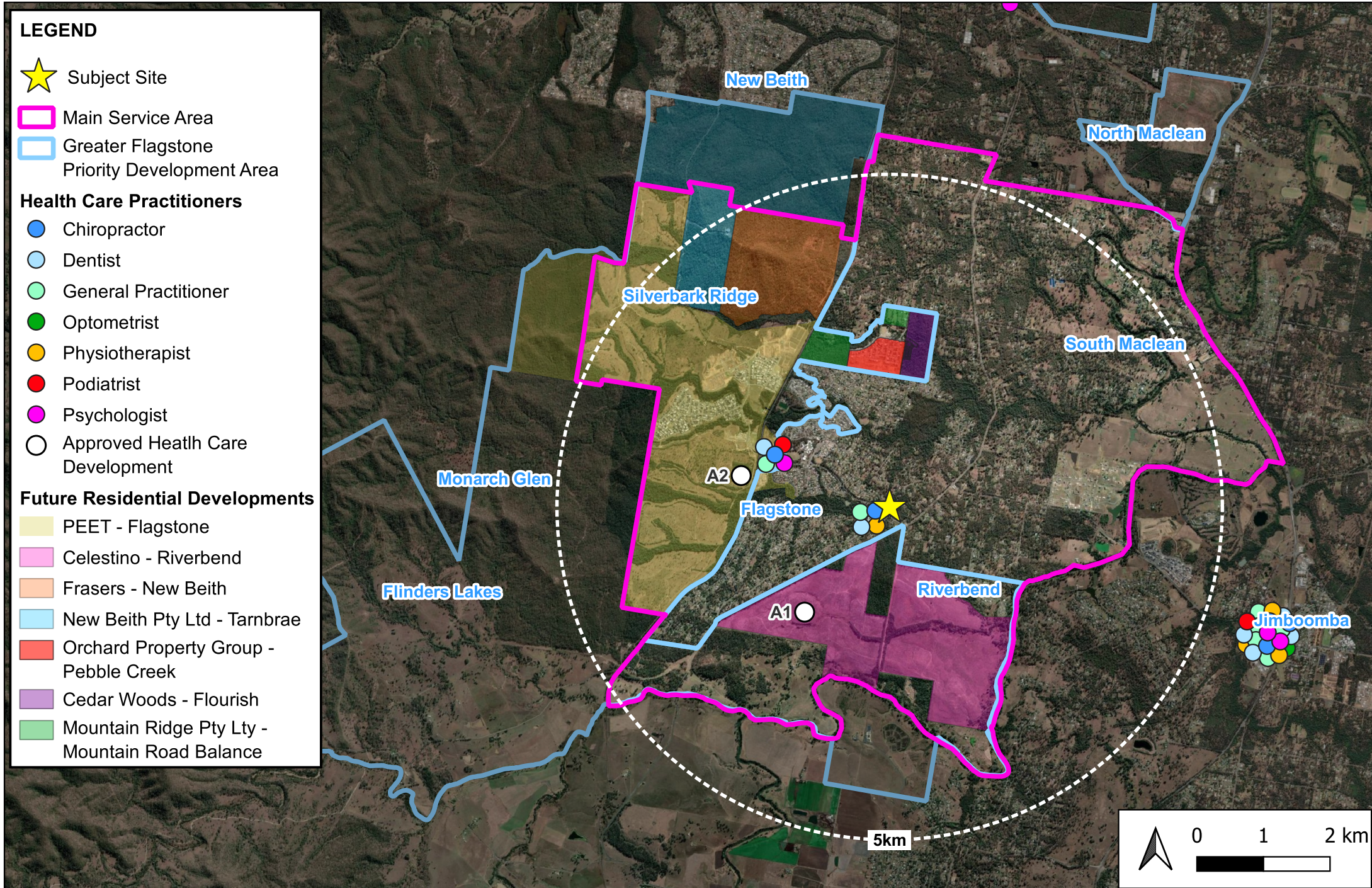
- The likely characteristics, function, and attraction of the proposed Health Care Services at the subject site;
- The characteristics and proximity of existing and future potentially competitive facilities/services;
- The ease of access to the subject site by car, the road network, and typical travel routes; and
- 2021 Australian Statistical Geography Standard (ASGS) boundaries for which ABS Census data is available.

Figure 2.1 shows the defined Main Service Area for the proposed development.

It encompasses the SA2 of Flagstone (East) – Riverbend and selected SA1s within the Flagstone (West) – New Beith and Greenbank – North Maclean SA2s. The MSA generally extends around 3-5km from the subject site and encompasses areas within around a 5-10 minute drive time.

The supply of existing Health Care Services is also shown in Figure 2.1 and discussed in Section 3.1.

Figure 2.1: Defined Main Service Area, Existing & Approved Health Care Services and Future Residential Developments



Aerial imagery dated: July 2023

2.2 Population Growth

Population growth will be a key driver of demand for Health Care Services in the Main Service Area (MSA).

Table 2.1 sets out the estimated resident population in the Main Service Area (MSA) between 2024 and 2036. Population projections are Foresight Partners’ estimates based on ABS Census data, ABS resident population estimates and dwelling approval data, Queensland Government Statistician’s Office (QGSO) medium series projections by SA2 (2023 edition) and known residential developments.

The PTA grew significantly from 7,830 people in 2016 to 10,300 people in 2021, an increase of 2,470 people, with an average annual growth rate (AAGR) of 5.4%. For reference, average annual growth in Queensland was 1.5% over the same period. Growth in the MSA was largely driven by the commencement of PEET’s Flagstone residential development in 2016.

At June 2024, it is estimated that the MSA population was around 12,170 persons. Between 2024 and 2036, it is projected that the population of the MSA will increase to 43,880 persons, an increase of 31,710 persons. Growth is anticipated to ramp up due to the assumed commencement of several major residential projects in the MSA (Figure 2.1).

For context, the population of the Yarrabilba development increased by around 1,300 to 1,400 persons per annum in recent years. Therefore, the projected rate of growth in the MSA is considered achievable.

Table 2.1: Estimated Population, Main Service Area, 2016 to 2036

At June	2016	2021	2024	2031	2036	Incr. 2024-2036
MSA Population	7,830	10,300	12,170	27,130	43,880	31,710
Avg. Change p.a.		494	623	2,137	3,350	

Source: Foresight Partners’ estimates based on ABS data, QGSO Population Projections medium series 2023 edition, known residential developments.

2.3 Demographic Profile

Table 2.2 sets out a summary of selected socio-economic characteristics of MSA residents/households as at the 2021 Census, benchmarked against the Logan City LGA and Queensland.

Flagstone West is a subset of the MSA (yellow shaded area in Figure 2.1), encompassing the area to the west of the Beaudesert rail line. This captures the demographic profile of newly developed residential areas within the PDA.

Key insights include:

- The MSA had a younger age profile compared to both the Logan LGA and Queensland, with an average age of 33.2 years, compared to 36 years for Logan and 39.3 years for Queensland. Flagstone West had an even younger average age of 24.9 years.
- The average household income in the MSA was \$143,661, higher than both the Logan LGA (\$122,975) and Queensland (\$133,268). This disparity can be attributed to the MSA's high labour force participation rate of 71.7%. The average household income in Flagstone West was \$116,713, lower than the benchmark areas, reflecting the area's younger population.
- Detached dwellings represented the vast majority of occupied dwellings in the MSA and Flagstone West (99.2% and 96.6% of households).
- The MSA had a high proportion of households with a mortgage (61.8%). Similarly, Flagstone West had a high proportion of households with a mortgage (55.3%), and a very low proportion of renters (5%).
- The MSA had a higher proportion of households comprising couples with children (44.6%) compared to Queensland (29.3%). Flagstone West had a high proportion of couples with children (39.4%) and single parent households (20.3%).
- A slightly higher proportion of MSA residents had a long-term health condition (33.7%) compared to Queensland residents (32.9%).

These key differences suggest that the MSA is largely composed of working-age families, many of whom have mortgages and a higher incidence of health conditions. Consequently, MSA residents are likely to have a greater-than-average demand for primary health care services, such as general practitioners and allied health providers.

Over the next 30 years, as the Greater Flagstone PDA is developed, the demographic profile of the MSA is expected to align more closely with the characteristics of the Flagstone West area.

Table 2.2: Summary of Selected Socio-Economic Characteristics, MSA, 2021

	MSA	Flagstone West	Logan LGA	QLD
Age (% residents)				
0-9 (Gen Alpha)	16.9	25.7	14.9	12.1
10-24 (Gen Z)	22.8	20.4	20.9	19.0
25-39 (Millennials/Gen Y)	20.9	34.5	21.7	20.5
40-54 (Gen X)	21.2	12.3	18.8	19.5
55-74 (Baby Boomers)	16.1	6.7	18.6	21.7
75+ (Interwar Gen)	2.2	0.2	5.2	7.2
Average Age (Years)	33.2	24.9	36.0	39.3
Employment (%)				
In labour force	71.7	79.0	65.4	65.8
Unemployed	4.8	6.0	7.0	5.4
White collar occupations	59.6	57.7	59.6	68.8
Employed per household (persons)	1.61	1.49	1.35	1.31
Household Income				
Average (\$2024 values)	\$143,661	\$116,713	\$122,975	\$133,268
Dwelling Structure (% households)				
Detached	99.2	96.6	85.1	75.0
Semi-detached	0.5	2.2	11.8	11.7
Flats/units	0.2	1.2	2.7	12.5
Other structure	0.0	0.0	0.3	0.7
Dwelling Tenure (% households)				
Owned	17.5	5.0	23.0	29.5
Purchasing	61.8	55.3	40.7	35.0
Renting	20.7	39.7	35.2	33.6
Average Annual Occupancy Cost - Mortgages	\$27,679	\$26,935	\$25,904	\$27,665
Average Annual Occupancy Cost - Rentals	\$25,814	\$23,849	\$21,705	\$23,297
Mobility (% households)				
No car	0.3	0.0	4.8	5.8
1 Car	20.1	30.5	31.5	35.8
2 or more cars	79.6	69.5	63.6	58.4
Avg. Vehicles per Household (no.)	2.32	1.93	1.94	1.80
Family Type (% households)				
Couples with Children	44.6	39.4	34.4	29.3
Couples without Children	27.0	21.3	25.0	28.6
Single Parent Household	15.1	20.3	15.9	12.0
Lone Person Household	11.1	14.4	20.2	24.7
Group/Other Household	2.2	4.5	4.6	5.5
Avg. Household Size (persons)	3.18	3.00	2.85	2.53
Health Indicators (% residents)				
Persons with a Long Term Health Condition	33.7	29.5	33.1	32.9
Persons with 2 or more Long Term Health Conditions	8.9	6.9	9.9	9.5

Source: ABS Census 2021.

3. SUPPLY ANALYSIS

3.1 Supply of Health Care Services

This section outlines the supply of health care services available to the local community. Table 3.1 and Figure 2.1 identify the existing Health Care Services in the MSA and Table 3.2 provides the total count of each practitioner type.

Practitioner types considered in this assessment include chiropractors, dentists, general practitioners, optometrists, physiotherapists, podiatrists, psychologists in community-based settings¹.

Figure 1.1 (Section 1) illustrates the concentration of health care practitioners within the MSA, predominantly within/near shopping centres. Flagstone Central hosts several providers, including Flagstone Physiotherapy, Flagstone Dental Centre, Flagstone Medical Centre & Skin Clinic, and First Choice Chiropractic.

Across from Flagstone Shopping Centre (1.5km west of the site), the Flagstone Medical Precinct includes Flagstone Family Practice, Flagstone Dental, and Flagstone Podiatry. Flagstone Family Practice includes a physiotherapist and part-time psychologist in addition to five general practitioners.

There are no optometrists within the MSA. Beyond the MSA, the nearest concentration of health care practitioners is in Jimboomba, around 6.8km by road from the subject site.

Table 3.1: Supply of Health Care Services, MSA

Name	Address	Practitioner Type	Practitioners
Flagstone Family Practice	Shop 1/8-12 Wild Mint Dr, Flagstone QLD 4280	GP, Physiotherapist, Psychologist	5,1,1
Flagstone Dental	Shop 4/8 Wild Mint Dr, Jimboomba QLD 4280	Dentist	2
Flagstone Physiotherapy	Central Shopping Centre, Shop CT3/25 Bushman Dr, Flagstone QLD 4280	Physiotherapist	2
Flagstone Dental Centre	Level 1/25 Bushman Dr, Flagstone QLD 4280	Dentist	2
Flagstone Medical Centre & Skin Clinic	shop 8B/1-15 Bushman Dr, Flagstone QLD 4280	General Practitioner	2
Flagstone Podiatry	Shop 5/8-12 Wild Mint Dr, Flagstone QLD 4280	Podiatrist	1
Flagstone First Choice Chiropractic	25 Bushman Dr, Flagstone QLD 4280	Chiropractor	1

Source: Foresight Partners via online sources.

¹ Community settings include group/solo private practice and aboriginal or community health care centres/services. It excludes job settings such as hospitals, schools, tertiary education facilities, outpatient services, residential aged care, defence force, etc. The analysis was undertaken on this basis as health care practitioners in hospital setting perform a different function to the proposed development.

Table 3.2: Supply of Health Care Practitioners by Type, MSA

Practitioner Type	2024
Chiropractor	1
Dentist	4
General Practitioner	7
Optometrist	0
Physiotherapist	3
Podiatrist	1
Psychologist	1
Total	17

Source: Foresight Partners via online sources.

3.2 Proposed and Approved Developments

A search of the Logan City Council and Economic Development Queensland (EDQ) Development Application databases revealed the two relevant approvals. The location of these approved developments is shown in Figure 2.1.

- **Map ID A1** - Celestino's Riverbend Masterplan (DEV2016/811), approved by EDQ in September 2017, includes residential areas, district and neighbourhood centres, parks, and educational facilities. Health Care Services are listed as potential uses within the planned district and neighbourhood centres (one of each), but the land remains vacant. Given the Riverbend project has not commenced construction, it will likely be several years before Health Care Services are developed as an established population is required to support these facilities.
- **Map ID A2** - PEET's Flagstone City Centre Masterplan (DEV2022/1312), approved by EDQ in July 2024, includes designated precincts for health, food, retail, community, mixed-use residential, and business uses. This masterplan forms stage 6 of PEET's Concept Area 1. No Development Application has been submitted detailing specific health care uses, nor is there an existing development permit. It is expected to be many years before health care uses are developed due to the population required to support a centre of this scale.

As no timing or specific details about the potential future Health Care Services are currently available, no allowance has been made for these projects in the comparison of demand and supply for Health Care Services in Section 4.4.

The significant population growth in the MSA and surrounding areas will undoubtedly be sufficient to support additional Health Care Services in the future.

4. DEMAND ANALYSIS

The section provides an overview of industry trends, benchmark supply provision, forecast demand, and need by practitioner type.

4.1 Trends in Health Care

Various industry trends and changes are unfolding in the delivery and presentation of health care services across the nation. As relevant to the proposed development, these include:

- **Health Equity:** In recent years, there has been a strategic focus by state and federal governments on increasing the range and accessibility of health-related services. This push has been especially important in consideration of the COVID-19 pandemic.
- **Larger Practices:** New medical centres are often larger practices, co-located with other health care providers. As consumers increasingly seek coordinated approaches to health across multiple specialties, and the administrative and reporting requirements for practices grows, it is beneficial for medical centres to provide a large variety of services to meet patient needs.
- **Evolving Health Care Methods:** The impact of the COVID-19 pandemic on the health care sector has resulted in increased patient numbers, workforce shortages, and supply chain disruptions for important medical supplies and equipment². In order to meet growing demand and more complex challenges, the health care sector is increasingly implementing innovative methods of care delivery. These include telehealth (i.e. providing medical services over the phone or over real-time virtual interactions through online services such as Zoom), wearable technologies for monitoring and treatment, and enhanced methods of sharing health data between health professionals.
- **Increasing Demand:**
 - According to the ABS Patient Experience Survey, demand for GP services has been increasing. In 2020-21, 83.6% of persons aged 15+ saw a GP, up from 81.1% in 2012-13.
 - In 2021-2022, 16.6% of persons aged 15+ saw at least one health professional for their own mental health, up from 15.8% in 2020-21. In the 15-24 age group, 21.1% of persons saw a health professional for mental health treatment, the highest proportion of any age group.

4.2 Benchmark Provision

Table 4.1 sets out the benchmark provision of health care practitioners at the Queensland level. This data is sourced from the Department of Health's Health Workforce Dataset and

²<https://www2.deloitte.com/content/dam/Deloitte/us/Documents/life-sciences-health-care/implications-of-the-covid19-crisis.pdf>

includes practitioners in community (non-hospital) settings only. This data is used as an input to estimate demand for health care practitioners at the MSA level.

Table 4.1: Benchmark Provision of Health Care Practitioners, Queensland Level, June 2022

Practitioner Type	Persons per Practitioner
Chiropractors	5,932
Dentists	1,466
General Practitioners*	627
Optometrists	4,430
Physiotherapists	1,372
Podiatrists	6,848
Psychologists	1,201

Source: Foresight Partners based on Department of Health's Health Workforce Dataset at June 2022 (latest), *Primary Care GP Statistics 2023, ABS ERP. Note: Includes practitioners in community settings only (i.e non-hospital settings).

4.3 Forecast Demand

By applying the benchmark data in Table 4.1 to the MSA population projections in Table 2.1, Table 4.2 sets out forecast demand for health care practitioners generated by MSA residents.

Based on this analysis, the current MSA population is sufficient to support 53 health practitioners of the types identified in Table 4.2.

Table 4.2: Forecast Demand for Health Care Practitioners, MSA, 2024 to 2036

MSA Demand (Practitioners)	2024	2031	2036
Chiropractor	2	5	7
Dentist	8	19	30
General Practitioner	19	43	70
Optometrist	3	6	10
Physiotherapist	9	20	32
Podiatrist	2	4	6
Psychologist	10	23	37

Source: Foresight Partners estimates based on Table 4.1.

4.4 Comparison of Supply and Demand

Table 4.3 compares demand and supply to estimate shortfalls by practitioner type.

MSA demand is expected to exceed supply for all practitioner types from 2024 to 2036. GPs, psychologists, physiotherapists and dentists are significantly undersupplied.

The significant undersupply of health care practitioners within the MSA is demonstrative of a strong need for additional health care services.

At an average of 35sqm per practitioner, this represents a current undersupply of approximately 1,270sqm of Health Care Services floorspace in the MSA in 2024.

Table 4.3: Forecast Undersupply/Oversupply of Health Care Practitioners, MSA, 2024 to 2036

Implied Undersupply (-) / Oversupply (+)	2024	2031	2036
Chiropractor	-1	-4	-6
Dentist	-4	-15	-26
General Practitioner	-12	-36	-63
Optometrist	-3	-6	-10
Physiotherapist	-6	-17	-29
Podiatrist	-1	-3	-5
Psychologist	-9	-22	-36
Subtotal	-36	-102	-175
Sqm per Practitioner	35	35	35
Sqm Undersupply	-1,270	-3,563	-6,130

Source: Foresight Partners, Table 4.1, Table 4.2. Note: this assessment is relevant to practitioners in community settings only (i.e non-hospital settings). Negative numbers imply an undersupply. Figures are rounded.

5. IMPACT ANALYSIS

5.1 Economic Impacts

Economic impacts are typically measured as dollar impacts redirected from one retail centre to another and discussed in terms of a centre’s viability and function. However, the proposal represents a health care use which would not incur typical retail sales impacts. Accordingly, the impacts of the proposed development are assessed in the context of demand and supply of practitioners.

The proposed Health Care Services are unlikely to have any material adverse economic impact on existing/future Health Care Services for the following reasons:

- As demonstrated in Table 4.3, in the MSA, demand currently exceeds supply for all health care practitioner types from 2024 to 2036. Therefore, demand is sufficient to support existing Health Care Services, the proposal, and future developments comprising Health Care Services.
- The timing and scale of potential future Health Care Services in the MSA is unknown and cannot be relied upon to address the identified undersupply and need.

5.2 Potential Alternative Sites

An analysis of suitably zoned potential alternatives sites was undertaken to determine the capacity and location of alternative sites where Health Care Services could potentially be established.

According to the Logan Planning Scheme Tables of Assessment, zones suitable for a Health Care Service use (i.e. where it is Code Assessable) include:

- Centre zones;
- Community Facilities zone (if in the Community purposes precinct);
- Mixed-use zone where not in the abattoir or industry precinct; and
- Specialised Centre zone where not in Albert River tourism precinct or Loganholme tourism precinct.

To address planning need for the proposal, an assessment of vacant suitably zoned sites was undertaken. These sites were assessed in terms of their availability and suitability to accommodate Health Care Services and the findings are summarised as follows:

- There are no vacant Community Facilities nor Mixed-use zoned sites in the MSA.
- The vacant centre zoned land at 1-15 Bushman Drive (7SP146553) is hampered by an easement (overflow flow path) which covers approximately 46% of the land. The site is earmarked as overland flow and ‘park’ on the Flagstone Central DA plans. For these reasons, it is unlikely that this site is able to be developed for retail/commercial purposes.

- There is currently undeveloped Major Centre zoned land in Flagstone under the Greater Flagstone PDA Development Scheme. It is expected that additional Health Care Services will be provided on this land, but such development is likely many years away. Ownership of this land is tightly held, and no Development Applications for development permits for Health Care Services have been lodged. Therefore, this centre-zoned land cannot be relied upon to meet the current shortfall of Health Care Services. The same applies to other centres earmarked in the PDA Development Scheme.
- Demand is sufficient to support future Health Care Services uses on suitably zoned land given the considerable undersupply of health care practitioners outlined in Table 4.3. This confirms that the subject development would not prejudice potential development opportunities on suitably zoned land.

Based on this analysis, it is concluded that the availability of suitably zoned land to meet the current need for Health Care Services uses is limited. Coupled with the significant undersupply and the substantial disbenefit to the community, it is concluded that there is a planning need for the proposed development to assist in addressing the identified undersupply and need.

From an economic perspective, the subject site represents an appropriate location for proposed use for the following reasons:

- The site is on a highly trafficked road.
- The site is convenient to both residents of the established Rural Residential areas and higher density neighbourhoods in the PDA.
- The site is opposite an existing centre zone that cannot accommodate the identified need for Health Care Services.

6. SUMMARY OF NEED AND BENEFITS

6.1 Economic Need

Economic need refers to whether there is sufficient demand generated by the market to support a proposed development, while considering the possible impacts upon the existing and approved supply of similar or potentially competitive uses.

Economic need for the proposed development is demonstrated by the following:

- The Main Service Area (MSA) population is expected to grow significantly from 12,170 persons in 2024 to 43,880 persons by 2036.
- A comparison of supply and demand indicates a current and substantial undersupply of health care practitioners across all disciplines.
- The MSA population is currently sufficient to support around 36 additional health care practitioners of the types considered in the assessment.
- There is a current undersupply of 12 general practitioners in the MSA, forecast to increase further with population growth. This is a significant disbenefit to the community as general practitioners represent an important primary health care service.
- The proposed development would have no material adverse impacts on designated centres and would not undermine their function for the following reasons:
 - The identified undersupply indicates that demand is more than sufficient to support existing Health Care Services as well as the proposal.
 - Population growth is sufficient to also support future Health Care Services in designated centres.
 - There are no approved Health Care Services in the MSA that could address the identified undersupply/need.

6.2 Community Need

Community need relates to the extent to which community well-being is improved. This can be addressed in terms of convenience, accessibility, choice, range, depth, competition, price, service, and consumer amenity.

Community need for the proposed development is demonstrated by the following:

- Enhancement of the range and variety of Health Care Services in the local area.
- Improved accessibility and availability of Health Care Services where there is a demonstrated undersupply.
- Increased provision of primary health care facilities in response to local demand growth with a lack of any adverse economic impacts.

6.3 Planning Need

Planning need refers to the extent to which a proposal can be accommodated by existing planning provisions or zoning. It is concluded that there is a planning need for the proposed development given that:

- The current availability of suitably zoned land to meet the present need is limited.
- There is currently a strong economic and community need for the proposed use.
- The proposed development would not prejudice potential development of similar uses upon suitably zoned land due to the level of undersupply and future demand growth.

6.4 Conclusion

The proposal will address a current and pressing need for an increased supply of health care practitioners in the local area. There are several economic and community benefits associated with the proposed development, and no adverse economic impacts are anticipated.

It is concluded that **there is a strong need for the proposed development.**