WHEATBELT HEALTH PLANNING INITIATIVE

REPORT OF CONSULTATIONS
AUGUST 2009

For the Wheatbelt Health MOU Group

Western Australia

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CONSULTANCY SERVICES

MMT Consultancy Services would like to acknowledge the assistance of the members of the Wheatbelt Health Planning Initiative Steering Group. In particular we would like to thank Ms Tracy Meredith, Chair of the Steering Group for her leadership of this Project and Ms Pip Shields and Ms Pip Kirby for assisting with the distribution of materials and organising the consultations.

Most importantly, we thank the community members and other stakeholders for their participation and contribution to this phase of the Wheatbelt Health Planning Initiative Project.

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1 EXECUTIVE SUMMARY

This Report is the outcome of stage one of the Wheatbelt Health Planning Initiative Project, which is being led by an inter-agency group comprising, the Wheatbelt Development Commission, WA Country Health Services, Local Government and the Wheatbelt General Practice Network.

The Report is a summary of consultations conducted by MMT Consultancy Services that were held with community members and other stakeholders across the Wheatbelt Region during June and early July 2009.

The aim of the consultations was to gather information on the future health needs of the community and to provide the community with an opportunity to identify solutions that would contribute to the development of a sustainable health system for the Wheatbelt in the future.

The next stage of the Project is the development of a draft Service Plan for the Wheatbelt, which will involve further community input.

CONTEXT

The Wheatbelt Region has a highly dispersed population of 71,320[1] people with 116 towns and smaller settlements. Half of the population is located in 30 towns with the remainder of the population in groups of fewer than 200 people. In addition, towns become further apart and diminish in number to the far north and east of the Region.

The profile of the population in the Wheatbelt is changing with an increase in older people and an overall increase in the population. The increase in population is a particular trend in the Coastal areas of the Region. The use of health services is also changing with a reduction of activity in local hospitals in the acute/sub-acute beds and a reduction in the length of stay of patients. At the same time there has been an increase in the use of the beds for older people requiring long term aged care and an increased demand for in-home aged care.

Across Australia the modes of health service delivery are constantly changing with the introduction of new technologies, medicines and new health professional groups, such as nurse practitioners. Many services traditionally provided in hospitals can now be provided safely in a Nursing Clinic or even in a person's home. Home care is now an increasingly important element of the health and aged care system.

GPs are delivering a far wider range of services in a coordinated team approach. There is now a much stronger focus on preventing illness and supporting the growing number of adults and older people with a chronic disease, such as diabetes. There are also an increasing number of people with mental health and drug and alcohol problems.

Older people want to remain active participants in society and continue to live in their own homes for as long as possible. Young Mums, young people and carers need support in the community and "babyboomers" are realising that they need to better look after their health. In addition, there continues to be disparities between the health of non-Indigenous and Indigenous people.

[1] Australian Bureau of Statistics, Census 2006

There are a number of challenges in developing a sustainable health service model for the future for the Wheatbelt Region. These include ensuring the availability of a coordinated range of services across the dispersed population from health promotion through to emergency care, attracting and retaining health workers, particularly doctors, nurses and allied health workers and ensuring that services meet quality standards and are delivered safely for both the community and health workers.

CONSULATIONS

Four Community Profile booklets were drafted to assist the community to participate in the consultation process. The booklets contained the following information.

- The background to the Wheatbelt Health Planning Initiative;
- Information on changes in the health system and the current challenges;
- A population profile by each District;
- Information on the current health status of the community by each District drawn from available evidence;
- Information about the types of health and aged care services currently available in the District and across the Wheatbelt with some examples of service utilisation; and
- The dates, times and locations of the community consultation meetings.

The booklets were distributed via the Local Government Associations (LGAs) with many of the LGAs promoting the community consultations locally. The booklets were also available through the Consultant's and the Wheatbelt Development Commission's websites. Advertisements in regard to the consultations and the availability of the Community Profiles were also placed in local and State newspapers and information promoting the community meetings was provided through local radio stations.

The Community Profiles will continue to be available through the Wheatbelt Development Commission's website at www.wheatbelt.wa.gov.au. Interested individuals, groups or organisations are welcome to use the Profiles as a resource for future service planning.

The Consultant conducted 24 community consultation meetings in 12 locations. The locations were Northam, Merredin, Narrogin, Jurien Bay, Gingin, Koorda, Moora, Beverley, Corrigin, Lake Grace, Boddington and Southern Cross.

At the meetings the Consultant provided an overview of the contents of the Community Profiles and further examples of changes and challenges in the health system. The communities were also provided with laminated charts of the current and projected population by District and information on the LGAs' contribution to health service provision. In addition, a "Health News" sheet was provided of recent newspaper articles about changes and current pressures in the health system.

The community then worked in groups to discuss the following two key questions.

1. What does the community need to ensure good health and well-being for the future? This included the identification of the priority health needs of the community; and
2. What are your creative solutions for addressing the health needs, and in particular the priority health needs, of the community?

The community groups were asked to consider the health needs of all aged groups and services across the whole health spectrum, that is from health promotion through to acute and residential aged care.

A total of 502 community members attended the community consultations. In addition, 21 written submissions were received; sixteen from community members, one from a Local Health Advisory Group and four submissions from Shires and other organisations.

Consultation meetings were also held with 149 other stakeholders including, groups of LGAs, GPs, health advisory groups, health providers (such as mental health services and Aboriginal Health Workers) and people involved in professional education. In total there were 672 contacts.

A significant level of information was collected, including over 300 pages of notes plus the submissions and a range of other documents and reports. Each District Summary section in this Report was developed by reviewing and cross checking against all of the information received and then identifying the recurring themes. Where some community members attended community consultations in towns outside of their District the information they provided was transferred and incorporated into the relevant District section.

The Wheatbelt Region Summary section was then developed from the four District summaries.

This Report is structured into three parts as follows:

- The requirements and methodology for this stage of the Project and data on the attendances;
- A consolidation of the major themes across the Wheatbelt Region; and
- A summary of the consultations by each planning District (Coastal, Eastern, Western and Southern).

In summary, the community identified health needs across the whole population and the entire spectrum of health. That is, from health promotion and prevention through to acute care and high level residential aged care, including secure dementia care.

A recurring theme for the communities across the Wheatbelt was the need to maintain current services. In addition, the communities identified the need for an increase in the range and level of services across the Region to better meet the increasing needs of their communities (particularly older people) and the growing population.

Access to emergency response services and medical care were very important to the community as well as access to nursing care. The community also identified child, youth women's and men's health, Aboriginal health, mental health and allied health as key areas of need. Furthermore, access to transport was identified in every area as a major issue.

A considerable number and variety of solutions were identified by the community and other stakeholders. These included solutions relating to:

- Improving health planning, coordination and the sharing of resources;
- Addressing service boundaries to improve access to services;

- Ensuring access to sustainable emergency care and transport;
- Ensuring access to a well-coordinated and affordable transport system;
- Attracting and retaining health workers and GPs;
- Ensuring access to a wide range of services for older people;
- Making better use of existing facilities;
- Increasing funding;
- Increasing support for volunteers and developing new roles for volunteers;
- Increasing access to health promotion and prevention; and
- Increasing the use of technology, particularly to reduce the need to travel to access health care.

The implementation of solutions calls for a cooperative response from local communities (including individuals, community organisations and businesses), the LGAs and the State and Federal governments.

This Report is available on the Wheatbelt Development Commission's website at www.wheatbelt.wa.gov.au

CONTENT

ACRONYMS

WDC – Wheatbelt Development Commission
WACHS – Western Australia (WA) Country Health Services
LGA – Local Government Association
GP – General Practitioner
MPC - Multipurpose Centre
MPS - Multipurpose Service
MOU – Memorandum of Understanding
HACC – Home and Community Care
ACAT – Aged Care Assessment Team
RFDS – Royal Flying Doctor Service
24/7 – 24 hours a day, 7 days a week

2 BACKGROUND

The Wheatbelt Health MOU[2] Group was formed in 2006 in response to the need to ensure an inter-agency response to health planning for the future. The Group comprises:

Wheatbelt Development Commission

WA Country Health Service – Wheatbelt

Local Government Authorities
(Zone representatives)

Wheatbelt General Practice Network

The major role of the MOU Group is to oversee the Wheatbelt Health Planning Initiative Project, which aims to develop a sustainable and reliable health model for the future that will meet the unique needs of the Wheatbelt residents.

An independent consultant, Marguerite Tohl, Director, MMT Consultancy Services, was engaged by the Wheatbelt Development Commission on behalf of the Wheatbelt Health MOU Group in March 2009 to work with the Wheatbelt community to gather information about community needs, priorities and local solutions for the future development of health services. This is the first stage of the Project, which is the consultation phase.

This work follows on from a planning process conducted in 2006/07, which identified a number of areas for improvement to the provision of health services. These included:

- Ensuring continuing medical cover;
- Improving emergency service protocols;
- Making better use of small hospitals;
- Increasing access to services in Coastal Communities;
- Improving communication and information systems;
- Increasing access to mental health services;
- Increasing residential aged care, particularly for people with dementia; and
- Making the best use of district hospitals.

During June and early July 2009, Marguerite travelled throughout the Wheatbelt region to hear from the community, health service providers and other important stakeholders about what they considered were the priority health needs of the community and to identify community solutions.

The information gathered was used to develop this Report. The next stage of the Wheatbelt Health Planning Initiative is the development a draft Service Plan for the Wheatbelt region that will take into consideration the health needs identified during this Phase of the Project. WACHS will lead this process with the members of the Wheatbelt Health MOU. This stage will involve further community input.

[2] MOU: Memorandum of Understanding – a formal written agreement between the group members outlining among other matters their commitment to working together.

3 REQUIREMENTS AND METHODOLOGY

The requirements for the consultation phase of the Wheatbelt Health Planning Initiative Project were to:

- Develop health status and health utilisation profiles to inform the local community and stakeholder consultation;
- Undertake a series of Community Consultations utilising the profiles as the springboard for discussion and debate; and
- Report on outcomes from each consultation and provide a consolidated Report that identifies key directions and requirements for future health service planning.

3.1 METHODOLOGY

The following methodology was used to meet the requirements.

STAGE 1	**MAJOR ACTIVITY**
Project initiation	Teleconference held on 17 March 09 with the Project Steering Committee to confirm the methodology and agree on the number of community profiles and the content. A meeting was also held in April in Northam with the MOU Group and the Project Steering Group to further clarify aspects of the Project.
Previewed relevant materials and data collection	Previewed material from the Steering Group and collected data and other information from WACHS, Divisions of General Practice and other sources eg Dept Health and Ageing website.
Development of community profiles	Drafted four community profiles for the Wheatbelt: Eastern, Western, Southern and Coastal. Circulated the Profiles for comment and amendments made. Provided the Profiles to the WDC for printing and distribution.
Development of LGA matrix for Community Consultations	A request was made on 2nd April for information from the 44 LGAs on their contribution to health services. These were forwarded to the Consultant who created an A3 laminated spreadsheet with the information that had been received to date for the Community Consultations. Additional requests were made for the information and the last of the 44 LGAs responded on 10th July. The matrices are an electronic document that forms part of Appendix A to this Report.
Development of Service Matrix	Developed four (by District) A3 laminated spreadsheets of services available to the community by LGA for the Community Consultations. These were updated by members of the community at the Community Consultations. The Service matrices are an electronic document that forms part of Appendix A to this Report.
Health news sheet	A "Health News" sheet was put together of recent articles about changes in health was collected for the Community Consultations.
Websites	Information about the Project and the Community Profiles were placed on the WDC and MMT Consultancy Service's websites.
STAGE 2	
Organising the Community Consultations	The WDC organised the Community Consultations and other meetings.

	MAJOR ACTIVITY
Promoting the community consultation.	A Flyer was sent to the Steering Committee on 6 May for distribution to all LGAs and other stakeholders. The Community Profile booklets were sent to the LGAs on 18 May. Some LGAs distributed the booklets widely to GP Practices and other local venues and/or publicised the consultations in local newsletters.
	An advertisement was drafted and the WDC placed the advertisements in regional papers during 19 May to 21 May and the West Australian newspaper on 23 May.
Conduct of the Community Consultations	Two Community Consultations (mid morning and evening) were held in Northam, Merredin, Moora, Southern Cross, Koorda, Jurien Bay, Gingin, Beverley, Narrogin, Corrigin, Lake Grace and Boddington from 2 June to 2 July.
LGA consultations	Each Steering Committee member provided a list of stakeholders for the Consultant to meet. Given the large number of individuals a decision was made by the Steering Committee to organise some meetings by groups eg LGAs and GPs. The LGAs were therefore invited to one of four group meetings with the Consultant.
GP consultations	GPs were invited to one of three group meetings with the Consultant. The Consultant also met with some GPs individually.
Health Advisory Group consultations	The Western, Eastern and Southern District Health Advisory Committees met with the Consultant. A meeting was also held with the Central Coastal Health Advisory Group.
Indigenous Health	The Consultant met with staff from Aboriginal health services in Merredin, Kellerberrin, Moora, Narrogin and Northam and the WDC Indigenous Economic Development Officer.
Mental health	The Consultant met with staff from the Wheatbelt and Great Southern Mental Health Services.
Other health services	The Consultant met with a number of Health Service Managers and other health staff in various locations.
Other stakeholders	The Consultant met or conducted telephone interviews with other stakeholders such as, the Royal Flying Doctor Service, St John Ambulance, Silver Chain, CY O'Connor TAFE (Narrogin) and the Combined Universities Centre for Rural Health.
Written submissions	An invitation to provide written comments to the Consultant was included in the advertisement and the Community Profile booklets.
STAGE 3	
Progress Reporting	The Consultant reported progress to the Steering Group via teleconference on 3 April and at meetings on 28 April, 2 June and 1 July. Other updates were also provided via telephone and email at key times of the Project. The Consultant also reported progress to the Wheatbelt Health MOU Group on 28 April, 2 June and 1 July.
Draft Report	The Consultant reviewed all of the information collected and produced a draft Report that was forwarded to the Steering Group on 4th August. A teleconference was held on 11th August with the Steering Group to seek comment on the draft Report and amendments made.
Final Report	The final Report was presented to the Wheatbelt Health MOU Group in Northam on the 18th August 09.

3.2 CONDUCT OF COMMUNITY CONSULTATIONS

The Community Consultations were structured as workshops in order to give all the attendees the opportunity to fully participate. Each meeting was approximately 1 ½ hours duration and commenced with the Consultant providing a summary of the information contained in the community profile booklets as well as examples of changes in health care delivery. The community members were then asked to work in groups to identify the future health needs of the community. In particular they were asked to consider the health needs across all age groups and across the whole health spectrum (that is health promotion through to acute care).

Each group was then asked to review their list and identify the priority health needs. This generated significant discussion in all groups and in a few groups a level of debate.

The groups were then asked to identify community solutions, particularly targeted to (but not restricted to) the priority health needs. The groups were asked to be creative and to not limit their thinking, such as which level of Government has what responsibility or guidelines that might restrict certain practices. Once again this task created considerable discussion and generated a broad range of ideas for solutions.

3.3 OTHER STAKEHOLDER CONSULTATIONS

During the same period the Consultant met or held telephone interviews with a wide range of other important stakeholders. These included, LGAs, GPs, Aboriginal Health Workers, mental health services, health advisory committees, other health service providers (eg health centres and hospitals) and education providers.

3.4 WRITTEN INFORMATION

Community members and some other stakeholders gave the Consultant written information during the consultation period. In addition, written submissions were received by the Consultant in person, by post, email and via the electronic form on the Consultant's website.

3.5 PROJECT GOVERNANCE

The Consultant reported to the Wheatbelt Health MOU Steering Group. The membership of the Steering Group is outlined below:

- Ms Tracy Meredith, Chair Steering Group, Wheatbelt Development Commission Board;
- Mr Tim Free, Regional Director WA Country Health Services, Wheatbelt;
- Ms Sally Congdon, Project Manager, Clinical Workforce and Reform, WA Country Health Service (resigned 27 May 09);
- Ms Nancy Bineham Manager, Planning, WA Country Health Service (commenced 2 June 09);
- Mr Paul West, Chief Executive Officer, Wheatbelt General Practice Network;
- Mr Graeme Fardon, Central Country Zone representative and Chief Executive Officer, Shire of Quairading;
- Mr Steve O'Halloran Great Eastern Country Zone, Chief Executive Officer Shire of Bruce Rock;
- Ms Sally Gifford Avon Midland Country Zone; and
- Miss Pip Shields, Executive Support, Wheatbelt Development Commission

4 CONSULTATION DATA

Table 1 shows the number of people that attended the 24 community consultation sessions, excluding observers[3]. In total 502 people attended the sessions.

Table 1: No. of attendees at Community Consultations

	AM	PM	Total
WESTERN			
Northam	10	19	29
Moora	0	0	0
Koorda	30	9	39
Beverley	34	26	60
Sub total	**74**	**54**	**128**
EASTERN			
Merredin	13	20	33
Southern Cross	23	60	83
Corrigin	53	53	106
Sub total	**89**	**133**	**222**
SOUTHERN			
Narrogin	12	7	19
Boddington	4	3	7
Lake Grace	19	11	30
Sub total	**35**	**21**	**56**
COASTAL			
Jurien Bay	45	18	63
Gingin	25	8	33
Sub total	**70**	**26**	**96**
TOTAL			**502**

Data was also collected on where the attendees lived and this information is contained in each of the Eastern, Western, Southern and Coastal sections of the Report.

Figure 1 below shows the age range of the community members that attended the meetings compared to the Wheatbelt population aged 15 years and older. There was a greater representation of people that attended the consultations aged 45 years and over compared to the proportion of people living in the Wheatbelt.

[3] Some members of the Wheatbelt Health MOU Group, the Steering Group and other people eg health service providers attended the meetings to observe the sessions.

Figure 1: Profile of the community

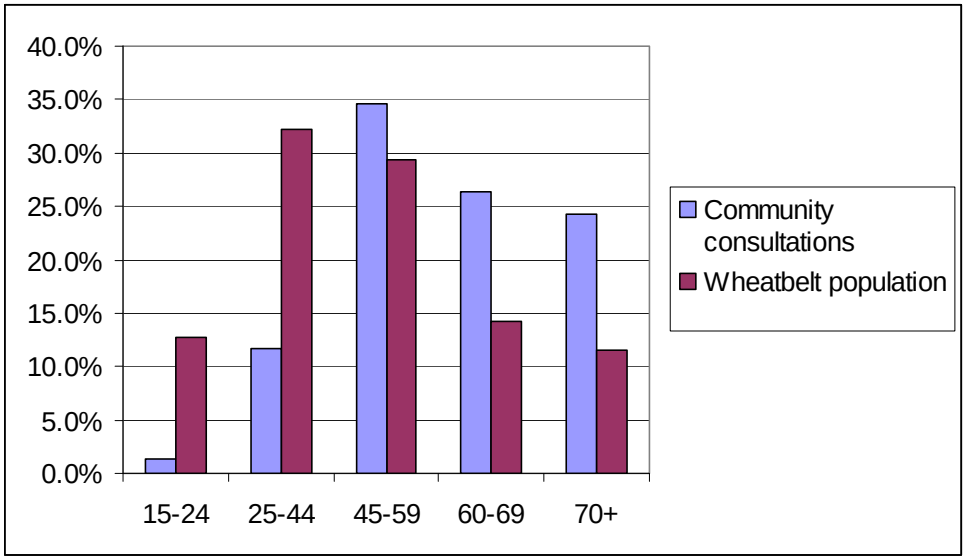

Table 2 shows that the Consultant met with 149 other people and received 21 written submissions. This means that in total there were 672 contacts, including the attendees at the Community Consultations. It is acknowledged that there may be some double counting. For example a few service providers and LGA representatives that met with the Consultant also participated in the community consultation sessions; however the number was very small.

Table 2: Number of other contacts

	No. of people
Coastal LGAs (3)[4]	6
Western LGAs (4)	8
Eastern LGAs (11)	19
Southern LGAs (4)	5
Western DHAC	11
Coastal LHAC	3
Eastern DHAC	9
Southern DHAC	6
GPs	23
Health services (general, including mental health)	308
Aboriginal health services	13
Education providers	3
Divns of GP	5
Other	8
TOTAL OTHER	**149**
Submissions	21
TOTAL ALL	**672**

[4] The number in the brackets means the number of LGAs that attended.

5 WHEATBELT REGION - SUMMARY

There were many recurring themes identified throughout the consultation phase of the Wheatbelt Health Planning Initiative. These were identified at the Community Consultations, in the meetings with stakeholders, the written submissions and other information received by the Consultant.

5.1 PRIORITY HEALTH NEEDS - THEMES

The community placed a high priority on retaining existing services into the future. This included the hospital (accident and emergency, acute care, palliative care and residential aged care) for those members of the community that have a local hospital, as well as all other services such as emergency transport, access to a GP, community based aged care and allied health (particularly community nursing and child health).

The following information is an overview of the recurring themes across the Wheatbelt Region relating priority health needs for the future.

Hospitals, medical care and emergency transport

- Access to accident and emergency services, including the availability of medical care 24/7.
- Access to acute care services, including surgery (both locally and at the District level).
- Ensure that the ambulance service is sustainable, including adequate numbers of volunteer ambulance officers; more support for volunteers; and in some areas paid workers.
- Ensure that the Hub hospitals and the hospitals in the metropolitan area are available to accept patient transfers.
- Ensure that the Hub hospitals have sufficient capacity and resources to provide quality services for the District, including reliable back up for GPs, emergency services, maternity services, medical care and surgery.
- Increase access to GP services locally, including access to a female doctor and provide back up support for GPs eg locums, GP practice nurses or nurse practitioners.
- Increase the use of local hospitals eg for day surgery, early discharge from metropolitan hospitals and post acute care.
- Ensure that services have adequate equipment.
- Access to a wide range of visiting specialists reducing the need for people to travel to the metropolitan area.
- X-rays facilities and pathology services (locally and at the District level) with earlier results and courier services.

Transport

- A more effective and affordable transport service for health appointments to Perth and throughout the Region and safe transport for people with an acute mental health episode. There is a need to reduce the use of ambulances for non-emergency carries.

Older people, people with a disability and carers

- Provide a comprehensive range and increased level of services locally for older people including healthy ageing programs, independent living units, flexible home and community care services, carer support/respite, access to social activities and residential aged care, including access to dementia care (ensuring a smooth transition to permanent care). Some communities identified a need for residential dementia care provided locally while other communities want it available regionally.
- Increase opportunities for "ageing in place".
- Access to information and assistance to navigate the health and aged care system for older people.
- The provision of a comprehensive range of services for people with a disability, including home support and residential care.
- Access to in-home and residential respite for carers.

Palliative care

- Access to in-home and hospital based palliative care.

Dental, allied health and nursing

- Access to dental services (for adults and especially older people).
- Access to nursing services, including HACC type community nursing, post acute care, palliative care nursing and GP practice nursing. A number of communities identified the need to maintain or establish Silver Chain services in their communities.
- Increase the number of nurse practitioners and fully develop their role in supporting rural communities.
- Access to a wider range of allied health services particularly physiotherapy and podiatry.

Mental health

- Increase access to mental health services, eg mental health nurses, psychologists and counselling. Increase support for young people and farmers and families/ friends of people with a mental health illness.
- Establish a regional mental health tertiary facility.
- Increase mental health promotion.

Drug and alcohol

- Increase access to drug and alcohol education and services.

Aboriginal and Torres Strait Islander people

- Health support that is focussed on the social and emotional well-being of the community and delivered in a culturally appropriate way. This means that all aspects of the person and their community need to be considered eg education, employment, housing, culture and the environment and the different ways that men and women see and do things[5].

Families, children and young people

- Maternal health services eg obstetrics at the Hub hospitals, support for safe births and ante natal and post natal care locally. Access to childcare locally was also identified as a need, particularly for health workers.

[5] This is supported by information consistently received through the consultation process, comments made by health workers working with Aboriginal people and the Indigenous Economic Development Officer, Wheatbelt Development Commission.

- Access to child health services, including health education, school health services and immunisation.
- Increased focus on youth social and recreational activities.
- Increased support for parents eg budgeting, nutrition.

Health education, promotion and prevention

- Better promotion of and information on the services available to the community.
- Increase the focus on men's and women's health.
- Increase health promotion and education programs eg nutrition, exercise and sexual health.
- Increase chronic disease education, particularly for diabetes and asthma.
- Increase mobile screening, particularly for cancers.

Infrastructure and technology

- Need well equipped modern facilities (locally and at the District level).
- Some hospitals and medical practices require upgrading and a number of communities identified a need for co-located and integrated services within the one facility.
- Improve technology through the upgrade of existing technology and the introduction of new technology. For example, a capacity to send information electronically to specialists or GPs so that less travel is required. In addition, outlying areas require access to mobile phone and broadband coverage.

Other

- Affordable health care eg increase bulk billing and provide access to low cost housing (particularly for older people).
- Increase support for volunteers and recruitment opportunities eg nurturing young volunteers in schools.
- Establish facilities that have a rehabilitative focus eg gyms and hydrotherapy pools.

5.2 SIMILAR ISSUES

During the process of identifying the future health needs of the community a number of issues were consistently raised by the community and other stakeholders. These are outlined below.

Patient Assistance Transport Scheme (PATS)

Issues relating to transport to medical appointments and PATS were raised by many community members and other stakeholders, such as GPs and administrators involved in the scheme.

The issues included the inadequate level of reimbursement (for travel costs and accommodation), the minimum distance that a person has to travel before they are eligible for PATS and the administrative process. Some community members said that they have stopped using PATS because of the complex process eg "we gave up in the end and haven't used it since. We've got enough to deal with without mucking about with difficult paperwork".

In addition, the community was particularly concerned about the policy that excludes people from receiving PATS funding if they do not visit the closest health specialist. This means that if a person has been visiting a specialist in Perth for many years

they will not receive PATS funding if there is another specialist in the same field available in the Wheatbelt Region.

The community members considered that they should have a right to choose their health provider and choose the location for access to the service.

Ensuring continued viability of towns

The community emphasised the importance of ensuring that there is an adequate range and level of health services available in their towns to attract people to the area. Ensuring continued access to accident and emergency services and medical services locally was particularly important. Access to residential aged care and in home support were also regarded as important to ensure that older people can remain in their homes and as their needs increase to access residential care in their own communities.

Better use of existing facilities

The community identified a need for their hospitals to be more fully utilised and identified early discharge and post acute care for locals returning from metropolitan hospitals as an opportunity to increase activity. Co-locating services onto the one site was also seen as a better use of existing facilities as well as establishing services adjacent to the hospital eg independent living units for older people.

The Hub and Spoke model

The community generally supported the Hub and Spoke model on the condition that the Hubs were fully functioning as a Hub eg often the Hub hospitals are on by-pass. Some LGAs do not fully support the Hub and Spoke model because of concerns that it could mean that GPs would be based in the Hub and not permanently located in the smaller towns.

Different health boundaries

The consultations provided many examples of where the health boundaries did not work well for particular communities. For example some communities do not go to their designated Hub hospital and instead travel towards Perth. One reason for this is that people do not wish to travel east to a Hub hospital and then be transferred west to the metropolitan area because their health needs cannot be met at the Hub hospital.

There are also different boundaries for accessing mental health and population health and different boundaries for the Divisions of General Practice. The community considered that the different boundaries that health services operate causes gaps and inefficiencies.

5.3 COMMUNITY SOLUTIONS - THEMES

There were a number of recurring themes in relation to the solutions identified by the community and other stakeholders. These are outlined below.

State/Regional/District approach

The need for improved health planning, coordination and the sharing of resources was identified as a solution. Examples included:

- Establish a better system for discharge planning from metropolitan hospitals.
- Employ a regional coordinator to promote the availability of services and implement better coordination of regional services.

- Share a GP locum service across a few LGAs.
- Increase the level of co-operation and collaboration across all agencies.
- Ensure that health planners understand the distances travelled by communities to access health services.
- Hospitals share the provision of staff back up to enable staff to attend training.
- Better coordinate GP coverage across the Wheatbelt.

Boundaries

The issue of service boundaries was identified by a number of communities. Examples of solutions included:

- Abolish boundaries and have statewide planning and service delivery.
- Make the boundaries more flexible to allow service access across boundaries.
- Ensure that the boundaries do not create gaps and inefficiencies.

Health planning

The need to improve health planning, particularly to meet future health needs was a recurring theme. Examples of community solutions included:

- "Improve health planning for the future. Involve the community and the LGAs in the process."
- Fund on the basis of population need, not historical service delivery.
- Improve planning for the future replacement of equipment and buildings.
- More communication between the Health Department and the LGAs is needed regarding planning for aged care in rural areas.

Quality care

The community and other stakeholders consistently identified the need to ensure quality care. Suggested solutions are outlined below.

- Involve GPs in clinical governance and health service planning.
- Ensure that GPs are able to relate to the culture of the community.
- Offer mentor programs for GPs.
- Provide staff education online through internet or video-conferencing.
- Increase the level of skills of nurses in accident and emergency, including the ability to triage by rotating nurses through the Hubs or undertaking placements in accident and emergency in a metropolitan hospital for one week a year.

Ensure access to emergency transport

The need to access ambulance services was consistently seen by the community as an essential service. Issues identified included the ageing volunteer workforce and the need for skilled ambulance officers.

Ambulances are also being used for non-critical transport as there is no other transport option available, particularly for older people and this has placed pressure on the volunteers. Possible solutions identified included:

- Provide local training for volunteer ambulance officers and increase support for the volunteers.
- Pay volunteers for hours of service or per trip as many are self employed.
- Employ paid ambulance officers (eg paramedics) to supplement the volunteer service. One per District or LGA.

Medical care

The community understands that ensuring the availability of GPs is a continuing challenge and they offered a variety of solutions. In addition, the LGAs taking on the role of employing/contracting GPs was not supported by all communities or all LGAs as it is considered to be a State Government responsibility.

Examples of solutions to ensure access to GPs are outlined below.

- Recruit additional GPs to provide support for solo GPs. It was also suggested that GP Practices should be a minimum of two GPs.
- Provide locum support for GPs and employ nurse practitioners and GP practice nurses to relieve the doctor of certain tasks eg blood tests and medication scripts.
- Better remunerate GPs for their work for State Government.
- Review Medicare Provider numbers, eg attached to location not GP.
- Improve the system of accessing overseas and Australian trained doctors.
- Increase the number of Australian places for medical training.
- Provide more support for overseas trained doctors.
- Target GPs aged 45 years and older as their children are more likely to have left home and they can be more flexible in moving to a rural area.
- Establish a Co-operative GP service within the Wheatbelt.

Strategies to attract and retain health workers

Many strategies to better attract and retain health workers, including GPs were identified by the community. The solutions included:

- Provide incentives for health workers eg subsidise university costs, provide tax concessions, housing, scholarships (in more needy areas), professional development, peer support and mentoring programs, good facilities and equipment, increased remuneration, locality allowances, education for family, childcare and employment for spouses.
- Reward staff for long term service with the types of incentives above.
- Establish mandatory country training for medical students.
- Establish more student placements in rural areas. Give students a positive learning experience, which will encourage them to return to rural areas.
- “Host a health professional” ie locals host the person in a “welcome to the bush” theme.
- Make it easier to recruit staff as the current human resources system takes too long.
- Create positions for health workers residing in towns but working outside of the town.
- Promote the interesting and varied nature of rural health work to attract staff.

Older people

Ensuring access to a wide range of services for older people was an important priority for all communities. Solutions included:

- Train and employ more home and community care workers, particularly locals.
- LGAs to be contracted to deliver home and community care services, particularly for home maintenance.
- Build independent living units and increase access to residential aged care by increasing the beds available in facilities; upgrade buildings and build new facilities.

- Provide incentives for locals to deliver in home care eg by offering local training.
- Build a regional (some communities want more local) secure dementia care facility.
- Increase the opportunity for “ageing in place”.

Technology

- Replace old technology and introduce new technology eg in accident and emergency and in people’s homes.
- Increase the use of video-conferencing to deliver health care and support for health professionals.
- Telephone/email medical service eg for prescriptions.
- Increase use of tele-health for follow up specialist appointments.

Allied Health and nurses

- Introduce allied health assistants.
- Provide incentives for Silver Chain to set up locally.
- Define a range of roles and services for nurse practitioners that will better support rural communities and fund the positions appropriately
- Utilise more fully the skills of existing nurses.

Mental health

- Provide mental health support through community members working at low capacity (eg daily contact).
- Introduce mental health first aid training for the community.

Visiting services

- Have more mobile health clinics that visit towns regularly.
- Create more incentives for specialists to visit rural communities.
- Increase opportunities for specialists to fly in/fly out.

Maternal health

- Provide accommodation for expectant mothers in Northam and Perth akin to a “Ronald McDonald House”.

Better use of existing hospitals

- Use existing hospitals for early discharge and step down care for people in metropolitan hospitals and promote the service to the hospitals and through AMA and Rural Doctor Associations.
- Use the hospitals’ operating theatres to take the pressure off the hospitals in the metropolitan area.
- Make full use of the hospital by increasing beds and co-locating other services eg allied health.

Facilities

- Replace current inadequate buildings.
- Build new facilities.

Transport

- Change the PATS guidelines to better meet consumers needs, including making the system less complex and providing a greater freedom of choice of health service provider and choice of location. Increase the rates for travel and accommodation.
- Establish a funded transport service between clinics, small hospitals, regional centres and the metropolitan area.
- Provide tax rebates for volunteer drivers.

- Use existing buses/cars that are already in the community.
- Employ transport coordinators "travel agents" to coordinate/arrange transport and accommodation to appointments.
- Free transport for people to travel to Perth or within the Region.
- Establish a low cost taxi service.
- Employ regional drivers on a roster that is well coordinated. Need a mix of volunteer and paid drivers as sometimes it is not appropriate for a volunteer to transport people.
- Fund vehicles eg HACC vehicles (with minimal equipment eg oxygen) for transfers to Perth specialists.
- Provide $500 per year (as per the current petrol grant) to replace PATS for country people who are eligible.

Funding and staff

- Many community members identified the need for more funding for services and staff generally. This included funding from Government, (including "Royalties for Regions") as well as businesses and to a lesser extent local fund-raising.

Health education and promotion

- Increase the communities' (and the doctors) awareness of what services are available in the community eg use the Telecentre to share/publicise health information. Include updates in local papers/newsletters. Generate a calendar of health events/visits with concise and clear information. Inform the community about what GP and other services are available. Employ a health coordinator in various locations.
- Increase the level of public education campaigns locally eg banners in streets and instead of "Tidy Towns" have "Healthy Town" competitions.
- Develop ready made health promotion/education resources (packages) that are available on the internet.
- Have a Medicare rebate for health prevention eg diet and exercise.

Prevention and early intervention services

- Increase the level and type of mobile screening services.
- Break the cycle of poor health, especially for people who are most in need (eg better parenting skills. nutrition and mental health).
- Increase opportunities for exercise and rehabilitation, eg subsidise local fitness centres and have hydrotherapy pools with paid health workers.
- Fund and train local people to conduct preventative health groups.

Community volunteers

- Increase the use of community volunteers eg palliative care, transport, basic home and community care and day care. Provide funding and training.
- Encourage the importance of volunteering to school age children to ensure flow on into the community when they leave school.
- Provide greater acknowledgment for volunteers.

6 EASTERN DISTRICT - SUMMARY

6.1 COMMUNITY CONSULTATIONS

For planning purposes the Eastern District comprises the following LGAs.

- Shire of Merredin
- Shire of Bruce Rock
- Shire of Mount Marshall
- Shire of Mukinbuddin
- Shire of Trayning
- Shire of Nungarin
- Shire of Westonia
- Shire of Yilgam
- Shire of Kellerberrin
- Shire of Narembeen
- Shire of Corrigin
- Shire of Quairading

Six Community Consultations were held across the District in three locations. They were Merredin, Southern Cross and Corrigin. A mid-morning and evening meeting was held in each location during June 2009.

The table below shows that a total of 222 people attended the six Community Consultations, excluding observers.

EASTERN	AM	PM	TOTAL
Merredin	13	20	33
Southern Cross	23	60	83
Corrigin	53	53	106
TOTAL	**89**	**133**	**222**

The attendees came from Corrigin (89), Babakin (2), Bruce Rock (15), Narembeen (1), Quairading (1), Southern Cross (76), Bodallin (2), Moorine Rock (3), Marvel Loch (2), Merredin (20), Kellerberrin (3), Bencubbin (2), Beacon (3), Kununoppin (1) and Westonia (2).

Some community members that live in the Eastern District attended community consultations in the Western District. The information they provided has been incorporated into this section of the report. The community members that attended the community consultations outside of the Eastern District were from the LGAs of Mount Marshall (Bencubbin and Beacon), Mukinbuddin, Trayning (Kununoppin Hospital) and Quairading. Where working groups comprised of members from towns across two planning Districts and the health needs were not identified by location the

information has been cross checked to ensure that it has been included in both District Sections of this Report.

Fourteen written submissions were received by the Consultant: eleven from residents of Beacon and Bencubbin, one from an organisation in Beacon and one from a person with family ties to the District. In addition, at the Corrigin meeting the Consultant was handed a copy of surveys conducted by the Corrigin Local Health Advisory Group in February 2009. The identified health needs, comments and issues from all submissions have been incorporated into the information below.

PRIORITY HEALTH NEEDS

The following information provides a summary of the future priority health needs for the Eastern District identified at the Community Consultations.

- A continuation of the services that are currently provided.

Hospital and emergency care

- An upgraded hospital in Merredin with visiting specialists.
- Accident and emergency at Merredin with resident doctor 24/7 and an anaesthetist.
- Accident and emergency 24/7 in local hospitals.
- Obstetrics - especially for emergencies at Merredin.
- Day surgery at the local hospital in Southern Cross.
- Improved x-ray, other imaging services and pathology (including courier arrangements).
- Oncology services and cancer support services for Southern Cross.
- Improved medical equipment.
- Utilise small hospitals for early discharge and after hospital care for locals discharged from hospitals in Perth.
- In-patient palliative care.

Emergency transport

- Adequate emergency transport needed across the District and improved timing of emergency transfers. Increase coordination/ education and ensure adequate numbers of volunteers.
- More RFDS planes for transport to Perth.

Medical and pharmacy

- Increased access to quality medical services locally and provide GPs with adequate back up.
- Improved pharmacy service in Southern Cross and Bencubbin.
- A female GP in Southern Cross and Corrigin.
- A GP practice nurse or nurse practitioner to help GP workload in Corrigin.

Transport

- A coordinated transport system is needed for travel and accommodation to health appointments to other towns and Perth that does not just rely on volunteers. There are times when only trained staff should provide transport, not a volunteer. Need a choice of provider and location.
- Vehicles required - volunteer cars are not insured when taking patients to specialist appointments.
- Provide vehicles for transport not just PATS.

Older people and people with a disability

- Increased home and community care.

- Aged Care Assessment Team (currently under funded).
- Increased residential care for older people (including secure dementia), people with disabilities and for respite.
- Information for the community on the available aged care services and how to access them.
- A comprehensive range of services for people with dementia.
- A range of services for people with a disability.
- More personal care workers in Corrigin.
- Access to a visiting geriatrician.

Families, children and young people

- Child health and immunisation. Better screening to identify needs early.
- Maternal care eg ante-natal and post natal care in each town, visiting services for special needs and access to accommodation support services for new mums having difficulties with their babies.
- Services for young people eg community education on appropriate alcohol use, screening, diet/exercise and sexual health.
- Youth Centre/Groups and a coordinator in Bruce Rock.
- Home help due to illness for people living in Corrigin, including new mothers with other children.

Allied health and nursing

- Increased allied health (including visiting services) eg physiotherapy, occupational therapy, speech pathology, dietetics, podiatry and social work.
- Nursing services across the District, including visits to elderly people and people in remote locations.
- More community nursing services in Corrigin eg dressings, blood tests, PICC (cancer point).
- Maintain nursing services eg Silver Chain across the District and introduce Silver Chain services in other areas eg Southern Cross.

Dental

- Access to dental care.

Mental health

- Increased mental health services, including counselling, psychology, psychiatry and mental health nurses. Male and female counselors for young people. More support for family members and friends and in-home care. Training for professionals, including police who deal with the initial crisis.
- Increased mental health awareness especially for the 10-25 year olds.
- A mental health facility.

Aboriginal health

- Increased Aboriginal health services in Bruce Rock and Merredin.

Health education, promotion and prevention

- More promotion of available services.
- Drug and alcohol prevention and intervention services.
- Increased recreation and sport organised by physical activities coordinators in Merredin.
- More frequent mobile screening programs eg breast, bowel, bone density and skin cancer.
- Increased men's health eg men's health van service.
- Increased promotion of wellness and healthy lifestyle eg gym, exercise, gardening, nutrition, limiting drug/alcohol, no smoking.

- Increased drug and alcohol services in Merredin.
- Install health coordinators in various locations to assist with information.
- Increase opportunities for exercise and rehabilitation, eg subsidise local fitness centres and have hydrotherapy pools with paid health workers in Southern Cross.
- More services for chronic disease for communities, including outlying areas eg asthma and diabetes.
- Women's health eg pap smears and screening.

Technology

- Improved tele-conferencing.

Other

- Support for volunteers eg ambulance and Meals on Wheels in Trayning.
- Domestic violence services in Merredin.
- Replace the current inadequate buildings in Mukinbuddin.
- Improved communication services in all areas eg mobile phone and broadband.
- An upgraded all weather airstrip in Southern Cross.
- Hydrotherapy and rehabilitation in Southern Cross and Corrigin. A gym with Government subsidy that includes a heated pool in Southern Cross.
- Improved coordination across Dowerin and Mukinbuddin.

OTHER HEALTH NEEDS

A summary of the other health needs identified at the Community Consultations is outlined below.

Hospitals

- Follow up care and support after specialist care in Perth.
- More advanced accident and emergency services in Southern Cross.

Emergency transport

- "Better support from St John's Ambulance central to Southern Cross."
- A paid ambulance service.

Visiting specialists

- Increase access to a wide range of visiting specialists eg urology, cardiology, obstetrics and gynaecology.

Allied health

- A chiropractor in Southern Cross.

Older people and people with a disability

- Senior support groups at the local level.
- More activities for seniors eg gentle gym.
- Carer support and respite.
- Meals on Wheels.

Health education and promotion

- More facilities for physical exercise in Corrigin.

Health prevention

- More screening visiting clinics eg women's, men's children and young people.
- Preventative programs ie diabetes educators, asthma, women's health and continence.

- Increased health prevention eg healthy lifestyles and exercise for all ages.

Volunteers

- Increase volunteer recruitment as it is an ageing workforce.

Families, children and young people

- An accommodation support service for new mums living in the Shire of Yilgarn that are having difficulty with their babies.
- Shared care for pregnant women.
- Child day care in Corrigin.

Palliative care

- In-home and hospital palliative care. "The right to die in family surroundings".

Other

- Support for people with multi-cultural needs in Bruce Rock.
- A chaplain in Corrigin.
- Increased Aboriginal health services.
- Services for people from culturally diverse communities.
- Funeral services.

COMMUNITY SOLUTIONS

A summary of the solutions identified at the Eastern District Community Consultations are outlined below.

Regional and district

- Upgrade Merredin Hospital and operate it as a Hub.
- Establish a community health facility in Merredin, which includes the hospital, community health, primary health and allied health all working in a co-operative approach.
- Establish a co-operative GP service across the Wheatbelt.
- Merredin Hospital – return to private practice arrangements as there are problems with hierarchy and the attitude of personnel.
- Increase training for the doctor and nurses in accident and emergency at Merredin hospital.
- Need increased co-operation across all agencies.
- Increase resource sharing across hospitals eg a trained post-operative nurse to work across the District.
- Share staff across a District eg palliative and post acute care.
- Have stronger links with LGAs.

Doctors and health workers

- Increase incentives for GPs and health workers eg housing, vehicle, employment for spouses, ensure back up, adequate remuneration, business support, reimbursement of HECS fees, and support for family members.
- Make sure that the GP incentives are standard across all sites.
- More scholarships eg the John Flynn Scholarships.
- Rotate 1st and 2nd year nursing students through local hospitals for training to potentially increase recruitment.
- Market the benefits of a rural lifestyle to attract health workers.
- Target GPs 45 years and older as their children are likely to have left home and they may be more flexible in moving to a rural area.
- Have State Government bonded students and mandatory clinical placements.

- Nurse practitioner/ paramedics to assist the GP in Southern Cross.
- A funded mentoring system for hospital nurses.
- Upskill and employ local staff to ensure sustainable workforce eg local training for personal care staff. Fund and train local people to conduct preventative health groups.
- Need a more efficient recruitment process for health staff.
- Nurse practitioner /GP practice nurse to assist with GP workload.
- Provide incentives to increase productivity and reward services for efficiency.
- There needs to be a coordinated approach to ensuring GP coverage after hours and weekends at Northam and Merredin and service providers/ ambulance volunteers need to know who is on call.
- Increase training for nurses eg online education.
- Provide training for staff in health promotion and prevention.
- Promote the GP as a specialty service.

Hospitals and medical/health centres

- New medical centre in Corrigin, providing surgery, dental and physiotherapy.
- Upgrade existing medical facilities and equipment in Southern Cross.
- Administer chemotherapy at the local hospital in Southern Cross.
- Hospital at Bruce Rock needs more administrative staff to deal with the paperwork.
- Upgrade building for current services in Mukinbuddin.
- Relocate the medical clinic to the hospital site in Southern Cross.
- Establish the hospital at Southern Cross as a teaching hospital.
- Locate all health providers in one facility to better coordinate services in Southern Cross.
- Use theatres in local hospitals to take the pressure off the metropolitan hospitals.
- Return hospital board to Kununoppin Hospital.
- Make better use of the smaller hospitals.
- Train local people to operate x-ray equipment (volunteers).
- Upgrade the hospital at Corrigin to include more allied health, female GP visits, x-ray and ultrasound.
- GP facility needs to be larger and modernised in Corrigin and used as a base for allied health.
- Improve the facilities at Bencubbin Nursing Post.

Specialists

- Specialist visits to be organised on a “rostered route” to visit country towns.
- Mobile air-operated regional visiting specialists in Southern Cross.
- Engage visiting cancer specialists for treatment and support.
- Use the mine’s aircraft to transport visiting health professionals to Southern Cross.
- Access to visiting specialists eg surgeon, gastroenterologist, paediatrics and ENT.

Planning

- Ensure that all Departments/agencies take into consideration the impact of legislation/policy on the health needs of rural people eg LGA planning, fast food and alcohol advertising.
- The Health Department boundaries need review.
- Regional solutions are needed. Focus on the Hub and Spoke model.

- Recognise the increasing aged population across the Wheatbelt.
- "Keep the communication open between the Department and the community".
- All health services to be under one District.
- Have a capital works program to upgrade buildings.
- Recognise farming as one of the most dangerous occupations.

Better use of existing services

- "Stop over crowding in services in larger areas (eg Perth, Kalgoorlie etc) by using current facilities in our town" (Corrigin).
- Promote the services in rural areas to the metropolitan hospitals.

Emergency transport and volunteers

- Improved timing of emergency transfers to other hospitals.
- More support from the St Johns Ambulance Service Central office to Southern Cross.
- Part-time paid ambulance officers.
- Better support and funding for rural health infrastructure, such as St John's and RFDS.
- Support for ambulance and Meals on Wheels volunteers needed.
- More incentives are needed for volunteer positions and paid staff.
- Adequately remunerate locals (including emergency services).
- Give more recognition to volunteers.
- Compensation for volunteer ambulance drivers (for lost work time) on call outs.
- Increase funding for RFDS. More RFDS planes for transport to Perth.
- Encourage younger volunteers for Meals on Wheels and ambulance.
- Let ambulance volunteers know which doctors are on call.
- The Health Department to fund ambulance transfers directly, not from the annual budget from the referring site as there is reluctance by some hospitals to accept patients because of the cost.

Allied health

- Subsidise the business for the pharmacy in Southern Cross eg rent and housing.

Transport

- Provide a funded transport service for clients, and medical consumables between nursing clinics, small hospitals and regional centres.
- Paid/volunteer transport system to allied health appointments.
- HACC car be made available for transport for residents in Corrigin.

Older people

- Increase staff for HACC services.
- Appoint an aged care coordinator to facilitate services for older people.
- Increase funding to the Aged Care Assessment Team.
- HACC gardeners/handymen – need more time or assistants eg unemployed could assist as volunteers or for a small payment.
- Local aged support groups (utilising volunteers).
- Increased Government funding for Carinaville Hostel for increased accommodation.
- Extend the hostel in Corrigin.

Families, children and young people

- Facility in Northam/Perth providing accommodation for expectant mothers.

- Fund a domestic violence service and shelter in Merredin.

Mental health

- Need police to support work of mental health services.
- Training for health professionals and police in mental health.

Health promotion, prevention, early intervention

- Promote local services to ensure maximum potential use.
- Increase the focus on social well-being.
- Instead of “Tidy Towns” have “Healthy Towns”.
- Encourage healthy lifestyle, exercise, alcohol and drug use prevention, health eating eg banners in main street.
- Increase the number of nurses to provide preventative health services in Beacon, Bencubbin and Kununoppin.
- Provide a subsidy for a local gym that has a hydrotherapy pool and rehabilitation staff in Southern Cross eg occupational therapist and physiotherapist.
- Fund a recreation officer; peer group volunteers to deliver health promotion.
- Hydrotherapy/physiotherapy – incorporate at pool in Corrigin.
- Increase mobile screening services.

Increase viability of towns and community capacity

- Ensure that there is an appropriate range and level of services available to attract more people to the area and increase the viability of the town.
- Reduce the number of people who fly in/fly out. This will increase population size, which will improve the range and size of services in Southern Cross.
- “Change community attitude to self, to neighbours, to people values.”
- Maintain the community’s interest in health and the community ownership (local fund raising).

Funding

- More government funding.
- More “Royalty for Regions” funding.
- Target specific groups for grants eg seniors, Aboriginal Health, disability.
- Attract sponsorship from mining companies and fundraise for a fitness centre; and medical equipment for the hospital in Southern Cross.
- Seek business support for the hospital in Southern Cross.
- The Grants Commission to recognise the contribution that Local Government makes to maintaining health services.

Technology

- Use of mobile equipment.
- Increase use of technology eg for follow up appointments.

Other

- Regional management and WACHS to give recognition for the good standard of service (conducted in a cost efficient manner) undertaken by health providers. Give recognition/rewards for working within budget eg keep surplus funds as an incentive.
- “Commonwealth should fund GP Practices not Shires”.
- “Reduce beaurocratic costs and redistribute to providers”.
- Maintain the airstrip in Corrigin.
- “Recognise that we can’t have a full time person for everything in our town but need access once per week or month in town”.

- Have a coordinator for all Government services that can answer all queries.

ISSUES/COMMENTS

Issues and comments from the Community Consultations included:

- "Why is Merredin refusing to see/accept patients from Bencubbin?"
- "[The hospital at Merredin] does not have the right facilities, equipment and skills for emergencies and traumas".
- "The ambulance volunteers are not skilled for trauma incidences and some are too old".
- More people are coming into the region because of economic issues and they have high health needs. They need confidence in receiving appropriate services.
- The seasonal increase in employment causes an increase in high needs eg harvest and seeding months.
- When developing policies Governments need to consider the implications of the health needs of rural people.
- "Increase sense of community" in Southern Cross.
- Need a coordinated regional approach to staffing and services.
- HACC handyman difficult to recruit in Bencubbin.
- "Services in Perth or regional hospitals do not understand the travel time required and do not coordinate appointments or allow reasonable appointment times" for people living in outlying areas.
- There needs to be more appreciation of the long distances that some people/ambulances travel to reach the Hub hospitals and an assurance that medical care will always be available in the outlying areas eg Beacon and Bencubbin.
- Getting a doctor appointment in a timely fashion is a problem in Corrigin.
- Patients want continuity of doctor in Corrigin.
- PATS is difficult to use – too much paperwork. Can no longer have continuity of doctor if there is a visiting specialist closer. Some people have stopped using it eg "we gave up in the end and haven't used it since. We've got enough to deal with without mucking about with difficult paperwork".
- "Narrogin services are better for Corrigin: superior to Merredin."
- "Stop expecting volunteers to pick up the tab – reduced funding by stealth!"
- The population data should include people who fly in/ fly out as they also use the health services.
- "Health care funding should be commensurate with earnings of the District."
- "Stop cost shifting between Commonwealth, State and Local Government. Abolish State Government – Local Government more effective".
- "Too many levels of Government".

6.2 OTHER STAKEHOLDER CONSULTATIONS

Eastern District LGAs

A meeting was held with representatives from the Eastern District LGAs, which was attended by all LGAs except the Shire of Bruce Rock.

The LGAs emphasised many of the health needs that the community also identified in the consultations. These included access to accident and emergency care, medical care, visiting specialists, aged care (including secure dementia care), community nursing, mental health, Aboriginal health, respite care and the lack of equipment and services in some facilities (eg x-ray). In addition, some of the LGAs

identified a difficulty in attracting HACC workers and the need for minor surgery to be undertaken in local hospitals.

Other comments and issues raised included:

- Often the hospital at Northam is on by-pass on weekends and after hours (the hospital at Merredin is also unreliable). As a result, people (and ambulances) need to drive towards Perth to access services, which adds even further time to the hours that people have travelled. In some cases people have travelled away from the direction of Perth to access a hospital and then have been advised to go to Perth;
- There are too many boundaries and the way that communities have been linked to particular Hubs is not logical to some communities eg Koorda comes under Merredin and Wyalkatchem comes under Northam;
- The Hub and Spoke model is supported for allied health but not for accident and emergencies or GPs; and
- If Merredin is to be a Hub then it should be funded to operate effectively as a Hub;

Eastern District Health Advisory Group

The Consultant met with members of the Eastern District Health Advisory Group. The meeting was held after the final community consultation for the Eastern District. Therefore, the Consultant provided a briefing on the preliminary themes that had emerged during the consultations. There was discussion of these themes and many of the members concurred with the identified needs and issues. There was also a discussion on how the information would be presented in the Report.

Some members noted that they had concerns about the planning and decision-making process for the next stage of the Project eg on what basis certain services may or may not be included in the draft Service Plan.

Other Stakeholders

Health needs for the community were also identified during meetings with GPs, the Eastern Aboriginal Health Service, the Wheatbelt Mental Health Service and staff from local health services. These are outlined below.

- The need for improved emergency and trauma services eg use telehealth and computers in the emergency Department and doctor's rooms. Establish tele-communication links between the emergency department at Merredin with the other accident and emergency services in local hospitals and with the teaching hospitals with the aim of reducing patient transfers.
- Doctors need to be more involved in clinical governance.
- Increase aged care beds and access to secure dementia and palliative care.
- Increase mental health services in the hospital at Merredin.
- Increase Aboriginal health services.
- Need to review the boundaries.
- The Aboriginal health clinic in Merredin needs to be fully equipped and staffed. Even basic equipment is not available eg telephones and computers.
- Ambulance, RFDS and the helicopter needs to be more responsive.
- The Merredin hospital needs to be upgraded and further developed and operate as a Hub. One example was providing sports medicine.
- Information needs to be distributed to all towns about available services.

- The provision of post natal care when a woman returns from Perth (home visits).
- Accident and emergency training is essential for nurses in all hospitals.
- Improved transport systems for patients are needed as volunteer ambulances are being used for non-urgent transport.
- Access to a quality pharmacy in Kellerberrin.
- Improved facilities in Southern Cross.
- Increase access to GP practice nurse in Southern Cross.
- Specialists that visit more often in Merredin (weekly not monthly).
- Supported accommodation and step down care for people with a mental illness.
- Increased support for Aboriginal young mothers eg for post natal depression and infant mental health.
- Need resilience programs in schools as an early intervention for mental health.
- Youth mental health services for people aged 14-25 years.
- Access to affordable dental and optical services for Aboriginal people.
- More support for Aboriginal families eg outreach workers.
- Access to transport for Aboriginal people to access appointments in Perth the same day.
- More male Aboriginal Health Workers.
- Increase visiting specialists eg cardiologist and rheumatologist.
- Increase programs and incentives for Aboriginal children to continue school eg a sports program attached to a school, providing transport for children to attend playgroup (to establish routines for attending school).
- More programs for Aboriginal people that are family and community orientated and focus on the spiritual and cultural aspects of the community.

OTHER ISSUES/COMMENTS

A number of other issues and comments were expressed during the stakeholder meetings. These included:

- "The health of the GP is important".
- WACHS should support GP Practices.
- "The government should help GPs to ensure safety for surgeries."
- The changing category for Merredin from remote to rural will impact on GPs.
- The level of remuneration from State Government for medical services related to the hospital is not enough.
- A lot of work GP type work could be done by nurse practitioners and they could share on-call rosters. "Nurse practitioners is the way to go in the future" for the smaller towns.
- "The community needs to put in themselves. They also need to take responsibility."
- At the moment only doctors can triage. This needs to be reviewed.
- "Specialists are short of time. Can't make it too difficult for them as they won't come" eg expecting specialists to travel outside of the Hub hospitals.
- Rotate registered nurses from smaller hospitals to do placements for training in the Hub hospitals.
- "Often people are admitted if they present to accident and emergency in the evening. It depends on the doctor".
- Housing is an issue for health professionals in Merredin and there is a lack of housing for Aboriginal families.
- Domestic violence is an issue in the Aboriginal population.

6.3 EASTERN DISTRICT - THEMES

During the consultations for the Eastern District a wide range of health needs were identified across the health and aged care spectrum.

An issue consistently identified by the Eastern District consultations was the need for planners to recognise the distances that some communities have to travel to access services, particularly the communities living in the Shire of Mt Marshall. In addition, planners also need to take into account the most convenient direction for people to travel eg the Corrigin community travel towards Narrogin for services (not Merredin) and the community in Quairading travel towards Perth usually not stopping at the hospital in Northam as it is often on by-pass.

In summary the themes for the Eastern District identified by the community were the need to:

- Ensure reliable access to medical care and other services in the Hub hospitals (Merredin and Northam), particularly for people who live in outlying areas.
- Fund the Merredin hospital to work as an effective Hub (eg fully functioning theatre) and improve the infrastructure. The infrastructure of other towns services also needs to be reviewed. Provide obstetric services in the Merredin hospital
- Maintain all services currently provided at local hospitals in the Eastern District and increase the services as the population ages. More minor procedures and day surgery to be undertaken locally. Increase the use of hospitals for early discharge of acute and maternity care for local residents discharged from metropolitan hospitals.
- Maintain Silver Chain at Bencubbin and Beacon and the nursing post in Mukinbuddin and extend or introduce nursing/Silver Chain services in other areas across the District, particularly as the population ages.
- Ensure that modern equipment is available in all sites.
- Ensure access to accident and emergency 24/7 and access to a sustainable emergency transport service.
- Increase access to medical care locally; including access to a female GP. Provide support for the GPs eg peer support, relief back-up and GP practice nurses/ nurse practitioners.
- Improve access to pathology, x-ray and pharmacy services locally (including courier services).
- Increase access to visiting specialist services and consultants eg surgery, gastroenterology, paediatrics ear, nose and throat, cardiologist, geriatrician, dermatologist, endocrinologist, a skin clinic and urology.
- Introduce more local support for people with cancer eg local chemotherapy and visiting cancer specialists.

Continued over

- Develop an improved patient transport system for travel and accommodation to other District towns and Perth eg fund a transport coordinator and review the PATS scheme.

- Improve access to a wide range and increased level of services for older people and people with a disability, including activities and support groups, home and community care, respite care and residential care. In addition, access to appropriate care for people in the various stages of Alzheimer's disease or dementia from home support through to high care, including suitable residential care for people who are mobile.

- Improve access to information and assistance to navigate the health and aged care system for older people eg through the provision of aged care coordinators.

- Increase services that support families, children and young people eg access to ante natal and post natal care locally and more support for mothers with new babies. Ensure access to child health/ school health services, such as immunisation, screening and early childhood programs and access to child day care. Provide more social and recreational opportunities for young people.

- Ensure access to dental services for adults and older people. A major issue is affordable access to these services for Aboriginal people.

- Increase access to allied health services (with a treatment and wellness focus) across the District eg occupational therapy, community health, speech pathology, dietician, podiatry, chiropractic care, social work, optometry and counselling.

- Increase access to palliative care (in-home and hospital) locally.

- Increase access to Aboriginal health services. More programs are needed for Aboriginal people that are family and community orientated that focus on the spiritual and cultural aspects of the community.

- Improve access to mental health services (eg psychologist, psychiatrists, mental health nurses and child mental health workers). Increase mental health promotion and increase support for families and friends, young people and farmers.

- Increase access to drug and alcohol education and services.

- Increase health promotion, education and prevention programs eg exercise, healthy eating promotion, sexual health, asthma, diabetes educators and screening services. Increase the focus on men's/ women's health.

- Increase the use of technology eg use of video-conferencing in health consultations. Mobile phone and broadband coverage.

- Provide continuing training for staff and Increase incentives for staff eg housing.

- Establish facilities that have a rehabilitative focus eg gym and hydrotherapy with employed health staff.

7 WESTERN DISTRICT - SUMMARY

7.1 COMMUNITY CONSULTATIONS

For planning purposes the Western District comprises the following LGAs.

Shire of Northam
Shire of Wongan- Ballidu
Shire of Koorda
Shire of Dowerin
Shire of Wyalkatchem
Shire of Goomalling
Shire of Toodyay
Shire of York
Shire of Beverley
Shire of Tammin
Shire of Cunderdin
Shire of Dalwallinu
Shire of Moora
Shire of Victoria Plains

Eight Community Consultations were held across the District in four locations. They were Northam, Koorda, Moora and Beverley. A mid-morning and evening meeting was held in each location during June 2009.

The table below shows that a total of 128 people attended the eight Community Consultations, excluding observers.

	AM	PM	Total
WESTERN			
Northam	10	19	29
Moora	0	0	0
Koorda	30	9	39
Beverley	34	26	60
TOTAL	**74**	**54**	**128**

The attendees came from Northam (5), Goomalling (22), Toodyay (1), Cunderdin (1), York (6), Beverley (50), Quairading (2), Brookton (2), Koorda (11), Bencubbin (8), Wyalkatchem (3), Mukinbuddin (2), Dowerin (2), Trayning (5), Kununoppin (4), Yelbeni (1), and Dalwallinu (2). One person's location was unknown.

The LGAs of Mount Marshall (includes Bencubbin and Beacon), Mukinbuddin, Trayning (Kununoppin Hospital) and Quairading are in the Eastern planning District and therefore the information provided by these community members has been

included in the Eastern District summary Section of this Report. In addition, the Shire of Brookton is in the Southern District and therefore the information provided by these community members has been included in the Southern Districts summary Section of this Report. Where working groups comprised of members from towns across two or more planning Districts and the health needs were not identified by location the information has been cross checked to ensure that it has been included in each District Section of this Report.

Two written submissions were received by the Consultant: one from a resident of Beverley and the other from the Shire of Cunderdin. The comments have been incorporated into the information below.

PRIORITY HEALTH NEEDS

The following information provides a summary of the future priority health needs for the Western District identified at the Community Consultations.

- A continuation of the services that are currently provided across the District.

Metropolitan and regional

- Better discharge planning from metropolitan hospitals.
- A regional approach to staffing and services.
- Need a coordinated and collaborative health service, inclusive of all providers.
- A well funded Hub in Northam with sufficient capacity to provide quality services, including maternity and general medical and surgical and reliable back up for other towns.
- “Boundaries cause gaps and inefficiencies.”

Hospital and emergency transport

- Accident and emergency care 24/7 locally with trained qualified staff.
- Acute beds and after care in Goomalling.
- Medical resident at hospital on weekends in Beverley.
- A hospital at Beverley that is a hub for all services with visiting services accessible from the hospital and providing minor surgery and dialysis.
- Access to pathology and x-ray (with earlier results).
- Nurse practitioner or level 2 nurses in the Beverley hospital.
- A sustainable ambulance service – St John’s and RFDS.
- More acute services, early discharge and day surgery in the Wyalkatchem – Koorda District hospital.
- Increase the use of hospitals for recovery; post discharge from Perth hospitals.

Medical and pharmacy

- Continued availability of GPs and access to female GPs. More support for GPs. Better access to GPs on the weekend.
- Pharmacy services in Beverley.

Allied health

- Physiotherapy for older people in Goomalling.
- Increased access to allied health, including physiotherapy, podiatry and speech therapy, dietetics, optometry and audiology.

Visiting specialists

- Better access and support from visiting specialists.

Transport

- Improve transport arrangements and subsidies for health appointments between towns and to Perth ie review PATS.
- Vehicles required - volunteer cars are not insured when taking patients to specialist appointments.

Health education, promotion and prevention

- Increase the promotion of available health services.
- Health promotion/ education to increase the community's focus on healthy lifestyles eg mental health, drug and alcohol, exercise, diabetic service and asthma education.
- Alcohol and drug support.
- Yearly breast/bone density screening in Beverley.
- Men's health.
- A health educator for asthma, diabetes, arthritis.

Dental

- Access to dental care for adults and older people.

Nursing

- Community nursing, including HACC, post acute and palliative care.
- Utilise more fully the skills of nurses eg blood samples, suturing and ante-natal care.
- Silver Chain service in Beverley for HACC and post acute care.

Mental health

- A regional mental health tertiary facility.
- Community based mental health services across the District.

Older people

- More support for healthy ageing eg Men's Shed, "Stay on your Feet" program, gym.
- Increase home and community care services.
- Ensure a smooth transition from home to permanent residential aged care.
- Ensure access to Aged Care Assessment Teams.
- Access to dementia care in-home, residential and respite.
- A more flexible HACC service in Beverley eg changing light globes and cleaning gutters.
- Services that maintain people in their own home.
- Residential aged care and support services locally.

Carers

- Carer support – day and respite in Beverley. Could be provided through Red Cross, Government and volunteers.

Families, children and young people

- Youth health eg youth clubs, funding for youth development across the District, sporting facilities.
- In-home support services for children and adults in Beverley.
- Expand child health and school health services.

Facility upgrades

- Upgraded health facilities in York.

Other

- Affordable health care with less gap payments.

- Low cost housing to enable people to relocate to towns (eg older people from farms); rental or purchase to enable people to better access services in Beverley and York.
- Additional staff according to growth (doctors, nurses, specialists, community nurses) in Goomalling.
- More resources eg medical equipment, video-conferencing and technology in people's homes for Goomalling.
- Hydrotherapy unit/pool in Beverley.
- In home palliative care in Beverley.
- A documented health complaints system – open to all.

OTHER HEALTH NEEDS

A summary of the other health needs identified at the Community Consultations is outlined below.

Major referral hospitals

- Need for major referral hospitals in outer suburban areas eg Swan Districts and Armadale.

Aboriginal health

- Increased support for Aboriginal communities eg health worker in Goomalling and Beverley.
- More male and Aboriginal Health Workers.
- Improved flexibility in service response to health needs, especially where there is no hospital and limited GP access.
- Culturally aware staff, particularly for staff working with Aboriginal people.

Families, children and young people

- Increased leisure activities and youth development for young people in Northam and Beverley.
- Maternity support and midwifery service eg ante natal, post natal care, parenting skills and post natal depression. Shared care with an obstetrician.
- Child care facilities in Beverley.
- Child care for health workers.
- In home care for children (eg if a family member is in a metropolitan hospital.)

Older people

- Increased stock of independent living units for older people.
- In home care for older people (eg if a family member is in a metropolitan hospital).
- Improved aged care in Goomalling.

Information technology

- Teleconferencing for clients to decrease the need to travel.
- Improve the emergency departments with increase use of teleconferencing and other technologies.

Other

- Nurse practitioner or more Level 2 nurses in the Beverley hospital.
- Sharps disposal service in Beverley.
- "PATS is restrictive".
- Doctor's surgery in the Beverley hospital.

- More affordable health services and transport and accommodation costs for people on low incomes.
- Alternative health treatments for holistic health ie mental physical and emotional.
- Recreation facilities eg hydrotherapy, gym in Beverley and York.
- Need an appropriate ambulance loading area at York hospital.

COMMUNITY SOLUTIONS

A summary of the solutions identified at the Western District Community Consultations are outlined below.

Doctors and health workers

- Increase incentives for GPs and health workers eg cars, house, on call support, locums, tax rebates, financial, insurance cover, minimum two doctor practices and scholarships.
- Train more medical students.
- Medical residents to do service in country towns.
- "Have [Medicare] provider numbers to locations not doctors."
- Regular training for nurses.
- Ensure staff have skills for high level care.
- Mentoring of staff.
- Better services in Koorda to attract and retain staff eg housing and child care.
- Improve system of granting access to overseas and Australian trained doctors.
- Put dental care under Medicare.

Hospitals and health centres

- Have Shire operated medical centres (with funding). Remove unnecessary "hoops" or conditions to operate them.
- Increase the use of the Beverley hospital for recovery and promote through the AMA and Rural Doctors Association.
- The Koorda-Wyalkatchem hospital to become a training hospital for nurses.
- Employ a nurse practitioner to deal with some of the urgent issues at the hospital.
- Local governance for local hospitals eg Hospital Boards and stop regionalization.
- Provide purpose built out-patient facilities.
- Replace current inadequate buildings in Dowerin.
- Hospitals to share back up between hospitals for staff training.

Ambulance

- Private ambulance service for transport (perhaps with LGA support).
- Ambulance volunteers paid for hours of service or journey as many are self-employed.
- Need continued support for ambulance volunteers.
- One paid ambulance officer per District or LGA to assist volunteers.

Transport

- Extend PATS to visits to allied health.
- Coordinate health appointments that require people to travel.
- Low cost taxi service.
- A coordinated bus/rail service.
- Employ regional drivers on a coordinated roster.

- Fund vehicles for transfers to specialist appointments in Perth.
- $500 per year allocation to replace PATS for eligible country people.
- Transport provided by locals; cover their expenses.

Older people

- Establish a regional dementia care facility.
- HACC to contract with LGAs for home maintenance.
- LGA to provide (perhaps under contract) the services that HACC won't do eg home maintenance such as work on ladders.

Coordination, communication and planning

- Need police to support the work of mental health services.
- More communication between the Health Department, LGAs and urban planners regarding aged care in rural areas.
- More joint ventures with neighbouring LGAs.
- Introduce more electronic communication and access greater support from larger hospitals eg Royal Perth.
- A coordinated approach to ensure GP coverage after hours and weekends at Northam and Merredin.
- Provide a flowchart of which Doctors are on call, when and where, for the region.
- Allow local health professionals to determine needs and mode of delivery.
- Provide funding based on statistics.
- Ensure that boundaries enable efficiency.

Health information, education, promotion and prevention

- A Medicare rebate for health prevention eg diet and exercise.
- School curriculum to include health related education.
- Increase incentives for community participation in sporting events eg cash prizes.
- Improve the community's work/life balance in Goomalling.
- Increase the involvement of the local gym instructor with Health Department programs in Goomalling.
- Increase opportunities for sporting and social activities for young people.
- Increase social activities for men, regular meetings with health experts, visits to farms and peer support for residents of Goomalling.
- Increase mobile clinics eg hearing.
- Conduct special allied health days for men's, women's and young people's health.
- Incorporate the local masseuse in the health services (employed) in Goomalling.
- Increase the focus on social health (not just physical and mental health).
- Change community attitudes towards the importance of health and the need for regular check ups.
- Employ a regional coordinator to promote the availability of services and the coordination of regional services.
- Fund an exercise/leisure coordinator for Goomalling.
- Increase access to alternative health treatments.

Increase local capacity

- Transportation and in home crisis provided by trained locals; cover their expenses.
- Community mentors working at low impact capacity (daily contact) with people with a mental illness.

- "Encourage more goodwill in our community services eg CWA, Red Cross, ambulance."
- Develop capacity of local health professionals to provide treatment for cancer patients in the community.
- Involve community groups in promoting wellbeing (eg church groups, service clubs and seniors groups).

Other

- Tax deductions for volunteers.
- Respite for carers.
- Establish a regional mental health facility.
- Use video-conferencing facilities.
- Better referral process to access services in Beverley and York.
- Establish an independent body to deal with health complaints.
- Provide incentives for Silver Chain to set up locally in Beverley.
- Give more control to Health Service Managers over staffing levels and budgets.
- Encourage private developers and not for profit groups to build low cost smaller houses/units in Beverley and York. LGA to provide land at low cost or free.
- Ensure gender specific, culturally appropriate health services.
- Increase the level of community based care.
- "Stop making cigarettes and drugs."
- Improve coordination between Dowerin and Mukinbuddin.

ISSUES/COMMENTS

Issues and comments from the Community Consultations included:

- Need to increase individual's responsibility for their own health.
- Need an improved PATS.
- "Shires shouldn't have to run medical centres. It should be a State Government responsibility not Shires."
- There is no on-call support from Moora and no patient transfers to Moora for people living in Koorda.
- Difficult to recruit handymen for home and community care services in Koorda.
- "Services in Perth or at regional hospitals do not understand the travel time required and do not coordinate appointments or allow reasonable appointment times".
- Need increased training for nursing staff in Goomalling.
- "Some services are historically based rather than needs based (eg on population health data). Planners need to examine the larger Wheatbelt picture and engage with local communities but not each town on their own."
- "Communities need to acknowledge that current services are declining and are unsustainable."
- Comprehensive, integrated, professional planning on future needs is required.
- "Our beds are often occupied by people out of our Shire which means locals are unable to get in." (Goomalling)
- Need good telecommunications coverage eg mobile and internet in Koorda and Wyalkatchem.
- Realign primary health care and hospitals into the same District.
- "Remove duplication with Federal/State with HACC/CACPs."

- "Return to basics – Hospital Board comprised of local people in an advisory capacity."
- "Doctor to "commit" to community. Doctors need a life too."
- "Need more beds" in Goomalling.
- "Get services to the people eg screening, health promotion".

7.2 OTHER STAKEHOLDER CONSULTATIONS

Western District LGAs

A meeting was held with representatives from the Western District LGAs. Four of the 14 LGAs attended. They were the LGAs of Cunderdin, Goomalling, Wyalkatchem and Beverley. The LGAs identified a range of health needs for their communities including the need for access to accident and emergency services (24/7) in all hospitals, residential aged care, visiting allied health services, GPs, dental health for adults, improved transport, emergency mental health, drug and alcohol services in all areas and a Silver Chain nursing service in Wyalkatchem.

Specific issues raised included:

- Often the regional hospital is on by-pass on weekends and after hours;
- The hospital in Northam needs to be funded and effectively functioning as a Hub hospital; and
- It is becoming more difficult for LGAs to retain their GP and LGAs are competing against one another by offering further incentives, which is becoming a high cost to the LGAs. The LGAs believe that the State Government should be responsible for ensuring community access to this basic health service.

The Shire of Cunderdin provided a written submission highlighting an issue in relation to the Cunderdin hospital's policy of not permitting patients to be admitted or to remain in hospital over the weekend unless the doctor is present in town. In a recent example, an elderly woman who was in hospital for respite was sent home on a Friday afternoon with no support.

The Shire is also concerned about the increasing number of people relocating to rural towns with mental health and drug and alcohol issues without the necessary support services. This is putting the safety of ambulance volunteers at risk as police and the hospital have policies which preclude them from becoming involved.

Western District Health Advisory Group

The Consultant met with members of the Western District Health Advisory Group. The following priority health needs were identified.

- Western District - increased aged care and respite care; post acute care (particularly for people living alone in their own homes); increased mental health counseling and support; more Aboriginal Health Workers (particularly females); access to dental services; more nurse practitioners and GP practice nurses; and the need for trained assistants to support allied health workers.
- Dallwallinu - increased mental health services.
- Moora - increased aged care and respite (particularly for people with dementia); accommodation for carers to have a break in town; increased

drug and alcohol services for young people; increased support for young mothers; and improved access to mental health services.

- York – increased preventative programs, particularly for school leavers through to 30 year olds; more activities/ groups and drug and alcohol services for young people; support for people returning to York after receiving mental health treatment; more accommodation options for older people on low incomes; more support for unemployed men aged 45+ years; and accommodation for students and workers.
- All above points were relevant to Cunderdin. In addition, a lack of transport for patients to visit specialists was highlighted.
- Access to GPs in Wongan Hills – a need for greater incentives and support to encourage students to rural areas.

Other issues or comments raised included:

- The "community voice has disappeared from health".
- One of the obstacles to recruiting is the lack of accommodation for students and workers.
- The MPS can't charge accommodation bonds and therefore there is no program funding to upgrade buildings.
- The MPS model requires ongoing community consultation and this is not occurring.
- Need to look at what is working well and build on that.

Other Stakeholders

Health needs for the community were also identified in meetings with GPs, the Wheatbelt Mental Health Service, the Western Aboriginal Health Service and Northam Regional Hospital. These are outlined below.

- Provide supported accommodation and step down care for people with a mental illness.
- Increase support for Aboriginal young mothers eg post natal depression and infant mental health services.
- Introduce resilience programs in schools as an early intervention for mental health.
- Increase programs/services for young people with mental health issues aged 14-25 years.
- Improve access to childhood services eg there is currently a waiting list for hearing checks.
- Ensure access to a paediatric specialist.
- Install an MRI in the District.
- Increase personal carers and provide Meals on Wheels in Koorda.
- Improve pharmacy services in Moora.
- "There are Health Department delays in recruiting staff. Is this a cost saving measure?"
- Provide In-home respite and more community nursing in the Moora area.
- Increase the number of aged care beds in Moora.
- Establish a GP Clinic in the hospital at Northam.
- For Aboriginal people living in and around Moora - an improved transport system and accommodation for people to travel to Perth (although people prefer to return the same day); more health promotion working with Aboriginal young mums and young people; more mental health workers; and more male Aboriginal Health Workers.

- Provide transport within Northam to assist Aboriginal children to attend playgroup to establish good routines for attending school in the future. Provide visiting child health workers, occupational therapists and speech pathologists at the playgroup. Need a transition program for children moving from primary to high school.
- Establish a "Dad's Parent Program" and "Elders Exercise Group" for the Aboriginal community.
- Provide culturally appropriate resources and programs for young Aboriginal mothers.
- Increase the number of Aboriginal health workers.
- Need more opportunities for employment for Aboriginal people (with ongoing training) and offer cultural awareness programs for employers. Provide incentives for employers to employ Aboriginal people. Develop mentoring programs for newly employed young people, which include teaching budgeting skills.
- Establish a scheme to enable Aboriginal people to buy their own home; provide financial advice.
- Need affordable dental services for Aboriginal people.

OTHER ISSUES/COMMENTS

A number of other issues and comments were expressed during the stakeholder meetings. These included:

- Build the practice at the hospital in Northam so that it is more akin to a centre of excellence and will attract doctors.
- Northam is not set up as a Hub. There is an expectation that the local GPs in Northam will provide support to other GPs in the District but there are not enough GPs to do this and there is no remuneration for the time involved.
- GPs are poorly remunerated for the work that they do for the State Government and there is a lack of equity of payments. GPs should feel free to choose if they want to do casualty work.
- There are not enough incentives for GPs (particularly GPs working in Hub towns).
- Develop a mentor system for new doctors. Make Northam more of a teaching area.
- Some people are using the casualty at Northam instead of going to the GP. Reasons for this include reduced time to access medical care (compared to the GP practice) and no fees.
- Hospitals do not use Rural Link effectively.
- Sustaining the skills of hospital staff in mental health is a challenge.
- Most people in Koorda associate with the Eastern District.
- The Department needs to be using state operated Nursing Clinics more effectively eg intra-venous antibiotics, ultrasounds, suturing, chemotherapy, taking blood and a courier service, with adequate equipment and working more closely with the GP.
- Provide more flexibility in the hours that staff work and their scope of practice.
- The Moora hospital is under-staffed thus creating a safety issue.
- Need to move away from single GP Practices.
- GPs need to be more involved in the planning and management of services as they are a major health provider.
- Need an enhanced MPS.
- There needs to be some funding for collaboration.

- There is pressure from people that want a free GP service in Northam and Beverley.
- Need to provide good housing for GPs.
- Unemployment and the cost of health services is a particular issue for Aboriginal people.
- It is important to focus on the emotional and social well-being of Aboriginal people rather than solely on physical health and mental health.
- Create career pathways for Aboriginal Health Workers.

7.3 WESTERN DISTRICT – THEMES

During the consultations for the Western District a wide range of health needs were identified across the health and aged care spectrum.

In summary the key themes for the Western District identified by the community were the need to:

- Retain current services including acute care, residential aged care, palliative care, accident and emergency services 24/7 and ambulance services in all areas.
- Ensure a more co-operative, coordinated health service, inclusive of all providers.
- Greater support from metropolitan hospitals and improved discharge planning is needed. In addition, there is a need to ensure the availability of major metropolitan hospitals for rural communities.
- Ensure that the Hub in Northam has sufficient capacity and resources to provide quality services for the District, including reliable back up for GPs, emergency services, maternity services, general medical and surgical services.
- Increase the use of local hospitals eg for day surgery, post acute care and dialysis. Improve access to x-rays and pathology (with earlier results). Ensure that services have adequate equipment.
- Ensure that the ambulance service is sustainable.
- Ensure access to GPs locally with increased bulk billing and locum GPs to provide back up after hours and weekends.
- Increase access to visiting specialists.
- Develop Improved and more affordable transport options for people travelling to health appointments between towns and to Perth.
- Provide a wide range and increased level of services locally for older people including healthy ageing programs, independent living units, flexible home and community care services, carer support/respite, access to social activities and residential aged care, including access to dementia care (ensuring a smooth transition to permanent care). Some communities saw a need for locally provided residential dementia care while other communities want it available regionally. Increase opportunities for “ageing in place”.

Continued over

- Increase allied health including physiotherapy, child/school health, optometry, dietetics, speech pathology, community nursing (HACC, palliative and post-acute care), pharmacy, dieticians, podiatry, audio and psychology. Ensure that the skills of staff, particularly nurse's skills, are being fully utilised.

- Increase access to community based mental health services and mental health promotion. Establish a regional mental health tertiary facility.

- Access to dental services for adults and older people.

- Provide maternity and parental support, such as parenting skills, ante natal and post natal care locally, shared care with obstetrician and child care.

- Increase access to Aboriginal services that focus on their social and emotional well-being; increase support for Aboriginal families, eg to ensure school attendance; and identify strategies to increase employment.

- Train locals to provide in-home care (including crisis), to conduct daily checks for people with mental health issues and to provide transport.

- Improve the promotion of available services and healthy lifestyles across the District, particularly exercise and nutrition (starting at the primary school level) and involving local groups eg service clubs. Increase health education eg diabetes, asthma and arthritis and increase health prevention by promoting regular check ups and increased mobile screening.

- Increase access to drug and alcohol education and services.

- Increase men's health and youth health programs.

- Ensure more affordable health care services and access to low cost housing in towns (particularly for older people).

- Improve telecommunications coverage (mobile and broadband) and increased technology in health service delivery eg video-conferencing in accident and emergency.

8 SOUTHERN DISTRICT - SUMMARY

8.1 COMMUNITY CONSULTATIONS

For planning purposes the Southern District comprises the following LGAs.

Shire of Narrogin
Shire of Wandering
Shire of Boddington
Shire of Brookton
Shire of Pingelly
Shire of Wickepin
Shire of Wagin
Shire of Dumbleyung
Shire of West Arthur
Shire of Williams
Shire of Kondinin
Shire of Lake Grace
Shire of Kulin
Shire of Cuballing
Town of Narrogin

Six Community Consultations were held across the District in three locations. They were Narrogin, Boddington and Lake Grace. A mid-morning and evening meeting was held in each location during June 2009.

The table below shows that a total of 56 people attended the six Community Consultations, excluding observers.

SOUTHERN	AM	PM	TOTAL
Narrogin	12	7	19
Boddington	4	3	7
Lake Grace	19	11	30
Total	**35**	**21**	**56**

The attendees came from Narrogin (2), Williams (4), Darkan (2), Pingelly (10), Brookton (1), Dumbleyung (4), Lake Grace (25), Lake King (1) and Boddington (7). In addition, two people from Brookton attended the meeting at Beverley (the Western District) and therefore the priority health needs identified by the group that the Brookton residents participated in have been included in this Section of the Report.

Two written submissions were received by the Consultant: one from a resident of Lake Grace and the other from the Shire of Lake Grace. The comments have been incorporated into the information below.

PRIORITY HEALTH NEEDS

The following information provides a summary of the future priority health needs for the Southern District identified at the Community Consultations.

- A continuation of the services that are currently provided.

Medical services

- Medical services provided locally.
- Increased medical services eg Pingelly and Lake Grace.
- More support for local GPs and back up eg nurse, nurse practitioner, second GP and locums.
- In Williams - A doctor that visits more than once a week. More administrative support for the medical centre as this function takes valuable nursing time. Improved equipment in the medical centre. Increased ability for tests to be undertaken locally so that people do not have to travel. A pathology collection service and a drug dispensary.
- Continuity of same GP in Dumbleyung and Lake Grace.
- Ensure continued visiting GP in West Arthur.

Hospital and emergency transport

- Improved hospital facilities plus accident and emergency 24/7, two to three beds, palliative care facility and an Indigenous nurse in Pingelly.
- Sustainable obstetric services at Narrogin.
- Complete the previously approved additions to the hospital in Narrogin.
- CT scanner for Narrogin.
- An expanded and improved hospital in Lake Grace eg accident and emergency 24/7, more general sub-acute beds and modern equipment.
- Aged care units attached to the hospital in Dumbleyung, increase the number of hospital beds, maintain all current hospital services and have a nurse practitioner in charge.
- Accident and emergency services and ambulance transport (St John's Ambulance locally and RFDS).

Pharmacy

- Improved access to pharmacy services in Lake Grace, Williams and Dumbleyung.

Older people and people with a disability

- A coordinated aged care system, including residential places to enable "ageing in place" in Pingelly.
- Increased home and community care services across the District.
- Increased services for older people and people with a disability living in the Shire of Lake Grace eg Carelink alarms, suitable housing, extended care in-home nursing and respite for carers.
- Residential care for people with disabilities in Lake Grace.
- Residential aged care (including dementia) and respite attached to the Lake Grace hospital.
- Free or subsidised emergency call buttons for those in need.
- Increased aged care eg independent living units, home and community care and residential high care in Boddington.

Allied health

- Increased allied health eg physiotherapy, podiatry, optical, dietetics, speech pathology and audiology across the District and particularly to small outlying towns.

Dental
- Provision of dental services across the District.

Mental health
- Increased mental health services in Lake Grace, Pingelly and Brookton.
- Increased mental health awareness.
- Mental health first aid training in the community.

Nursing
- Visiting nurse practitioner: specific to illness, once per month in West Arthur.
- Nurse practitioner services.
- Nurses for hospitals, aged care and home care.

Families, children and young people
- Child health eg immunisation, speech therapy in schools, psychology and occupational therapy.
- Support for parents with babies/young children in Lake Grace eg ante natal education and post natal care, support for safe birthing and parenting skills.
- Child care centre, including out of school care in Boddington.
- A recreational centre with youth facilities in Boddington.

Transport
- Public transport for people in the Shire of Lake Grace – community bus (Shire-wide) for visits to health services.
- Improved transport to health appointments (not just PATS).
- Give choice of specialists and hospitals under PATS.
- Vehicles required - volunteer cars are not insured when taking patients to specialist appointments.

Health information, education and promotion
- More information on available services.
- Increased education, health promotion and prevention in areas such as nutrition, exercise, dental health, mental health, drugs and alcohol and sexuality.

Other
- Reduce factors, such as service boundaries, which limit services to Dumbleyung.
- Access to closer services for the West Arthur community in neighbouring towns.

OTHER HEALTH NEEDS
A summary of the other health needs identified at the Community Consultations is outlined below.

Hospital, emergency and specialists
- Increased visiting specialists in Lake Grace eg gynaecology, obstetrics and Ear, Nose and Throat specialists.
- Advanced medical imaging in Lake Grace.
- Post operative and palliative care in the hospital at Lake Grace.
- Emergency transport.
- More staff in the hospital at Lake Grace.

Aboriginal health
- Increased Aboriginal health services across the District.

Health information, education, promotion and prevention

- Preventative health eg funding assistance for recreation centres.
- Health education and prevention (eg sport/exercise groups and health screening).
- Short health education programs eg nutrition and education.
- Drug and alcohol awareness programs in Pingelly.
- Visiting allied health for management of chronic illness eg asthma, diabetes and arthritis.
- Increase sport and exercise groups in Pingelly.
- Increase men's and women's health programs and services.
- Diabetic Clinic in Lake Grace.
- Alternative health services in Lake Grace eg massage, Reiki, chiropractor and acupuncture.

Nursing

- Nurse practitioner (properly remunerated) or GP practice nurse to support the GP by undertaking certain tasks eg taking samples, blood tests and medication scripts.
- Nursing staff accredited in special needs.

Families, children and young people

- Pre and post natal care in Williams.
- Youth health and services that support young families in Lake Grace eg sexuality, drugs and alcohol, mental health and relationship counseling.
- Playgroup and day care for children in Pingelly.

Older people and people with a disability

- Home modification services.
- Independent living units.
- Seniors health eg "Stay on your feet" programs, social outings.

Palliative care

- More in-home palliative care across the District.
- Palliative care in the Lake Grace Hospital.

Other

- Men's community groups.
- Well equipped regional centre.
- Increased services to towns such as Newdegate, Varley and Lake King.
- Helipad for helicopter near hospital in Boddington.
- Indoor heated pool and extend the months that it can be used in Boddington.
- Continued good quality water supply in Boddington.
- Upgraded and expanded Tele-health.
- Hydrotherapy (or a heated pool) in Lake Grace.
- Free first aid courses and local blood donation in Williams.

COMMUNITY SOLUTIONS

A summary of the solutions identified at the Southern District Community Consultations are outlined below.

Funding

- More funding.
- Funding to the LGAs for adequately funded Medical Centres.
- Make funding applications easier eg HACC.

- Use “Royalty for Regions” funds.
- Increased financial support from the mines in Boddington.

Doctors and health workers

- Increase incentives for GPs and health workers eg tax concessions, housing, scholarships, ensure the availability of locums, provide modern facilities and equipment, offer professional development and networking, increased remuneration, child care, education for children and well equipped regional centres.
- Have more student placements
- Introduce mandatory training for GPs and specialists in rural medicine eg obstetricians.
- Subsidise the cost of local nurses to undertake nurse practitioner training.
- Pool of doctors in Narrogin for small outlying towns.
- Phone and email GP consultations.
- “Host a health professional” ie locals host the person in a “welcome to the bush” theme.
- Merge the two GP Practices into one in Boddington with multiple GPs to provide relief and economies of scale.

Hospitals and health centres

- Use the hospital ward areas in Pingelly for long term aged care.
- Co-located integrated health services in Pingelly including, accident and emergency, allied health, ageing in place, GP and aged independent living. This will help to make better use of the hospital and help to attract and retain qualified staff.
- Complete the previously approved addition to the Narrogin hospital.
- “Have a purpose built facility to deliver health services instead of “white elephants” such as under utilised recreation centres” (group from Pingelly, Brookton, Narrogin and Williams).
- “More staff in the Lake Grace hospital”.
- Build a large new hospital at Lake Grace with aged care/respite facilities (8–12 beds) and accommodation for nurses and visiting families.
- Upgrade/new house for Director of Nursing in Lake Grace.
- Have a dedicated plan for upgrading equipment.

Older people

- Establish a dementia unit in Lake Grace similar to Gnowangerup.
- An additional aged care facility adjacent to the Boddington hospital.
- Use the acute beds as aged care beds in the Boddington hospital.

Transport

- Free transport for people to travel to Narrogin or Perth.

Boundaries

- Abolish or change boundaries or be more flexible to allow service access across boundaries.

Families and children

- Trained staff to deliver services to support parents with babies and young children, including post natal and ante natal care. Provide temporary accommodation at regional centre (eg Narrogin).
- Provision of emergency packs with information for emergencies eg birth pack for emergency.
- Establish a child care centre in Boddington.

Health information, education and health promotion

- Increase the awareness of available services.
- Use the Telecentre to share/publicise information. Include updates in local papers and newsletters. Organise a calendar of events.
- Men's health education to be combined with existing events/functions.
- Provide increased individual opportunities for exercise in Boddington.
- Maximise the use of recreation facilities by employing a coordinator in Boddington.

Other

- Share resources between towns eg health professionals.
- Promote health as a vocation in rural schools.
- Provide low cost accommodation.
- Give more recognition to how much the community contributes to supplement services.
- Ensure regular local input into health service needs.
- Upgrade the power supply to 3 phase in Boddington.

8.2 OTHER STAKEHOLDER CONSULTATIONS

Southern District LGAs

A meeting was held with representatives from the Southern District LGAs. Four of the 15 LGAs attended. They were the LGAs of West Arthur, Pingelly, Brookton and Narrogin. The LGAs discussed the issues currently impacting on their communities such as the increasing need for aged care and the need to better use existing facilities.

The Shire of Brookton provided information on the issues and difficulties in managing small aged care facilities cost effectively given their experience with the 42 bed facility that they contract Baptist Care to operate. The Shire would like to increase the number of places in the facility for neighbouring towns.

The Shire of Pingelly would like to increase the provision of aged care and other health services in the hospital, including accident and emergency, although noted that it is difficult to maintain the accident and emergency skills of nursing staff.

Other issues raised included the need to maintain the current level of services at Narrogin (particularly maternity and surgical) as staff retire or leave the area.

The Shire of Lake Grace provided a written submission highlighting the need for a second GP and the need for residential aged care (including secure dementia) and self funded retiree accommodation.

Other Stakeholders

Health needs for the community were also identified during meetings with GPs, the Great Southern Mental Health Service, the Southern Wheatbelt Aboriginal Health Service and staff from two hospitals in the District. These are outlined below.

- A place and safe transport for people who present with drug induced psychosis is needed (does not need to be local).
- The provision of CT Scanning services in Narrogin.
- Shelter accommodation (crisis centre) for men in Narrogin.
- More Aboriginal Mental Health Workers and a gender balance.

- A sustainable service to transport people with a mental illness safely to Perth.
- Improved video-conferencing facilities across the District for mental health counseling.
- Dementia specific care (high and low care) for the District.
- Transport to Perth for medical appointments.
- More allied health services as there has been a reduction in services due to recent cutbacks.
- Mental health services for Aboriginal people, particularly for people who are experiencing deep grief and loss issues.
- Access to affordable/ free dental services is a big gap for Aboriginal people.
- Need alcohol and drug prevention programs for Aboriginal children aged 11 years and over and more education on preventing pregnancy and safe sex.
- Support for Aboriginal families to help them get their children to pre-school to establish good routines that will assist children to continue with their education.
- Bereavement counseling for young Aboriginal women who have lost a baby at birth.
- Information on funding funeral services for Aboriginal people. Encourage people to have payments taken out of their Centrelink payments to save for funeral costs.
- A program for Aboriginal women aged 15 years and over.
- A program based in schools is needed to prevent trouble occurring in schools eg bullying. Perhaps a male and a female worker (one older one younger) who have a role in the early identification of issues.

OTHER ISSUES/COMMENTS

A number of other issues were raised and comments were expressed during the stakeholder meetings. These are outlined below.

- There is an increasing pressure on mental health services.
- There is an issue in accessing Medicare Provider numbers for overseas trained doctors in Narrogin, which impacts on opportunities for recruitment. Maintaining doctor numbers is a significant challenge.
- The change in the classification of the Narrogin area (from remote to rural) means that there are fewer incentives for GPs to work in Narrogin.
- GPs are poorly remunerated for the work that they do for the State Government and there is a lack of equity of payments.
- There is a lack of recognition of the good work that GPs, nurses and other health workers do in rural areas.
- More support is needed for rural medical visiting specialists.
- Maintaining the nursing workforce in Narrogin has become very difficult in the last 6 to 12 months.
- All health positions are now advertised only online. This assumes that everyone has access to a computer and it is particularly difficult to attract support staff through online recruitment.
- There is no career structure for Aboriginal Health Workers.
- The WACHS needs to promote and support a healthy workforce eg subsidised gym membership. More recently, leadership courses have been cancelled, study leave can only be taken if a staff member does not need to be replaced (resulting in some staff leaving) and there has been a reduction in shift hours to 6 hrs, which is less attractive for casual staff and means that there is not adequate handover time.

- Permanent night staff should be required to also do some shift work to maintain their skills.
- Could establish a healthy partnership between city and country hospitals like a formalised “Sister Hospital Program”.
- Some nurse’s skills in accident and emergency need updating. Could establish a “Reciprocal Nurses Program” eg nurses from rural areas could spend time in metropolitan hospitals gaining experience in accident and emergency for a week or two (with paid accommodation) and nurses from hospitals in the city could do placements in rural hospitals to provide them with the experience working in a rural hospital.
- There is an issue about how to increase funding of the MPS in Lake Grace through contracts with outside services.
- There is a need to better support State Government health staff with professional development.
- There is a significant demand for affordable housing in Narrogin.
- There is pressure from the Health Department to do more with less and there is no time to teach new nurses.
- Nurses working in aged care are paid 20% less than nurses working in hospitals.
- Nurses are not attracted to shared accommodation.

8.3 SOUTHERN DISTRICT – THEMES

During the consultations for the Southern District a wide range of health needs were identified across the health and aged care spectrum.

In summary the themes identified by the community and other stakeholders included the need to:

- Ensure a continued and sustainable health service at Narrogin. In addition a CT scanner is required.

- Ensure access to emergency care and emergency transport locally.

- Increase access to GP services (and continuity of GP) and provide more support for GPs (eg increased administrative assistance, employing nurses/ nurse practitioners, locums and additional permanent GPs). In addition, improve medical facilities and equipment to reduce the need for people to travel for tests.

- Increase access to visiting specialists, such as gynaecology, obstetrics and Ear, Nose and Throat specialists.

- Build a new facility at Lake Grace that is well equipped and adequately funded that offers accident and emergency, post-operative care, palliative care, residential care for older people and people with disabilities (including respite) and secure dementia care. The facility to also have accommodation for nurses or visiting families and independent living units for older people.

- Establish a co-located integrated health service at Pingelly (that better utilises the hospital) and offers accident and emergency (with 2 to 3 beds), allied health, “ageing in place”, the medical centre and aged independent living. In addition, attract an Indigenous nurse to Pingelly. **Continued over**

- Upgrade the hospital in Dumbleyung to include accident and emergency, residential aged care and independent living units for older people attached to the hospital. Provide more beds.

- Increase the availability of independent living units and high level residential aged care in Boddington.

- Develop improved and affordable transport options for people travelling for medical appointments eg free transport or Shire-wide community bus.

- Increase the provision of in-home palliative care.

- Provide local access or at least closer access to services such as pharmacy, blood collection, allied health and health prevention regardless of health boundaries.

- Increase access to allied health services including physiotherapy, podiatry, speech pathology, occupational therapy, optical and dietetics. Increase services for chronic disease eg diabetes, asthma and arthritis. Employ nurse practitioners to provide visiting services to smaller towns or increase access to specialist nursing in health facilities.

- Increase home and community care services for older people and people with a disability. In addition, provide access to a coordinated aged care system that enables “ageing in place”.

- Increase access to Aboriginal services that focus on their social and emotional well-being, including access to mental health services, increased support for families eg to ensure school attendance, support for young women and the development of a prevention program in schools.

- Ensure support for safe births and provide ante natal and post natal care locally.

- Ensure access to child health services eg speech therapy in schools, day care and playgroups. Increase access to men’s and women’s health services.

- Increase access to dental services (public and private).

- Increase access to mental health services; provide safe transport to Perth for people experiencing a mental health crisis; increase the use of video-conferencing and increase mental health promotion eg mental health first aid training for community members.

- Increase the promotion of available services through a variety of means eg through the Telecentre, local papers and newsletters.

- Increase health education and prevention eg exercise, nutrition, drug and alcohol awareness and sexual health.

9 COASTAL DISTRICT - SUMMARY

9.1 COMMUNITY CONSULTATIONS

For planning purposes the Coastal District comprises the following LGAs.

Shire of Chittering

Shire of Dandaragan

Shire of Gingin

Four Community Consultations were held across the District in two locations. They were Jurien Bay and Gingin. A mid-morning and evening meeting was held in each location during June 2009.

The table below shows that a total of 96 people attended the four Community Consultations, excluding observers.

COASTAL	AM	PM	TOTAL
Jurien Bay	45	18	63
Gingin	25	8	33
Total	70	26	96

The attendees were from Jurien Bay (36), Lancelin (14), Cervantes, (12), Gingin (9), Bindoon (7), Greenhead/Leeman (6), Badgingarra (3), Dandaragan (3), Woodridge (2), Moolliabeenie (1), Seabird (1). There were also two visitors in the District from Augusta who attended the meeting.

It should be noted that residents from Greenhead and Leeman are not in the Coastal District; however they access their health services from Jurien Bay and therefore attended the meeting. The residents from these towns and the Shire of Dandaragan identified the different health boundaries as an issue for future service planning.

Further information was received by the Consultant at the community consultation in Gingin regarding the health needs of the community in the Shire of Chittering. The information included an indicative list of services required across the Shire, a report titled "*Health Perceptions Survey Report for Communities of the Shires of Chittering and Gingin (East of the Brand Highway), October 2000"* and a history of activities relating to the establishment of a proposed MPC or MPS in the Shire of Chittering since 1998. The latter document refers to multiple reports that have been drafted since 2000 relating to the health needs of the community in the Shire that have not resulted in any change.

Two additional written submissions were received by the Consultant; one from a resident in Gingin and the other from the Shire of Dandaragan (formalising the Shire's comments at the meeting with the Consultant). The comments have been incorporated into the information below.

PRIORITY HEALTH NEEDS

The following information provides a summary of the future priority health needs for the Coastal District identified at the Community Consultations.

- A continuation of the services that are currently provided across the District.

Hospital, emergency and medical

- Hospital care in the Coastal Region (including Greenhead and Leeman) with observation beds (possibly two) in Jurien Bay to be used after minor illness or day surgery; x-ray facilities and visiting specialists eg gynaecology, cardiology, audiology and paediatrics. Plan for a larger hospital as the population increases. The Jurien Bay consultations wanted this to be in Jurien Bay; however other communities (at the Gingin consultations) were less specific.
- Access to medical services 24/7 with back up relief and more support for GPs in Jurien Bay.
- Access to a female GP in Jurien Bay.
- Two permanent GPs in Jurien Bay with relief locum.
- Access to emergency medical care in Lancelin.
- Ensure access to emergency transport.
- X-ray facilities in Jurien Bay.
- Large medical facility in the Shire of Chittering.
- Ensure modern equipment and technology.
- Ensure access to visiting specialists.
- Silver Chain Clinic – not just homecare but a nursing centre that could be the first port of call in an emergency and cover weekend hours when the GP is not available in Gingin.
- Day surgery in Lancelin.

Health Centres

- 24/7 emergency clinic with two GPs and allied health eg physiotherapist, podiatrist, dietician and dentist in Gingin.
- A medical centre with GP and allied health in the Lower Coast or alternatively a mobile team that regularly visits towns.

Older people and carers

- Increased home and community care for older people and people with a disability, including in-home equipment.
- Affordable independent living units for older people in Jurien Bay.
- A day centre in Gingin.
- A retirement village in Bindoon and Gingin.
- High and low residential aged care locally.
- Dementia care in Jurien Bay.
- Respite centre with 24/7 support in Jurien Bay.
- Silver Chain to coordinate services to retirees in Gingin eg accessing allied health services locally and assistance with pets and gardens.

Palliative care

- In-home palliative care.
- A palliative care hospice in Jurien Bay.

Mental health and drug and alcohol

- Drug and alcohol awareness and intervention in Jurien Bay, particularly for schools, the fishing industry, parents and when there is an increase in tourist numbers during holiday periods.

- Mental health services, particularly psychology.

Dental

- Dental care, particularly for adults and older people.

Young people

- More programs for young people providing support and stimulation (eg "Rock and Water") Program across the Shire of Dandaragan.

Transport

- Need a complete overhaul of PATS eg choice of destination and specialist for the subsidy.
- Increase funding for travel to specialist medical care.
- Non-emergency transport to take the pressure off the ambulance volunteers.
- Need transport to health services in the metropolitan area.

Nursing and allied health

- Local Silver Chain nurses on call in Gingin.
- Diabetes education/services in Gingin and Lancelin.
- Home nursing, eg community nurses or Silver Chain, in Gingin, Bindoon, Lancelin and the Lower Coast.
- Increased allied health.
- Increased visiting health workers in women's and men's health.
- Nurse practitioner services.
- Alternative therapists.

Children

- More education for children in diet and exercise: perhaps in schools.
- Increased mental health services.
- Day care for babies and school age children, including children with special needs, such as Autism across the Shire of Dandaragan.
- Increase awareness of child health issues.

Health education, promotion and prevention

- Increase the community's and GPs' knowledge of available services.
- Exercise groups for all ages.
- Increased preventative health focus and services eg increased mobile education and screening in areas such as cancer screening, drug and alcohol services and mental health services.
- Health programs through the Telecentre.
- Health education for all ages.
- More community support networks and groups (eg seniors groups and playgroups) to be visited by allied health workers.

Other

- Local service delivery in Lower Coastal area.
- Mortuary facilities in Gingin.
- Deep sewerage needed in Gingin.

OTHER HEALTH NEEDS

A summary of the other health needs identified at the Community Consultations is outlined below.

Families and children

- Parental assistance, eg budgeting and nutrition, in Jurien Bay.
- More support for young mums and single parents.
- Pre and post natal care for young mothers in Jurien Bay.
- Home support and help for mothers who have had a multiple birth.
- Child health services eg immunisation.
- Children's services, such as child health nurses, childcare facilities/playgroups and allied health eg occupational therapy and speech pathology.
- First aid training for families.

Allied health

- Podiatry, physiotherapy, dietetics and optometry.
- Asthma counseling in Lancelin.

Young people

- Local youth health service in Jurien Bay.
- Youth health education, fitness and cultural activities.

Other

- Increase access to visiting specialists.
- A heated pool for exercise in Jurien Bay.
- Disability services that provide continuity of care.
- Emergency accommodation for domestic violence in Jurien Bay.
- Improved facilities at the Jurien Bay medical centre eg x-ray, ultrasound and biopsy.
- Respite for carers.
- Stress management for middle aged adults – fitness programs.
- Aboriginal health and support services in the Shire of Dandaragan.
- X-ray and pathology in Lancelin.
- Expand medical centre services in Lancelin.
- There are increasing seasonal health needs in summer in the Lower Coast.

COMMUNITY SOLUTIONS

A summary of the solutions identified at the Coastal District Community Consultations are outlined below.

GPs and health workers

- Increase incentives for GPs and health workers, such as subsidising university costs if they agree to work for 5 years in rural areas and the provision of scholarships. Reward health staff for long term service in the country eg tax relief, HECS reimbursement.
- Encourage a private GP that is unsponsored in Jurien Bay.
- A Perth/Geraldton based GP pool to provide locums to Jurien.
- Increase the number of HACC and health workers.
- Bring nursing training back to hospitals to increase recruitment.
- Paid ambulance workers ie paramedics.
- Create positions for health workers already living in the Shire of Gingin but working elsewhere eg podiatrist, physiotherapist, and Silver Chain nurses.

- More financial support for GPs and Silver Chain in Lancelin.
- Provide peer support to health workers.
- There is a future planned Medical Centre on the corner of Guilderton and Lancelin Roads.

Emergency, medical and allied health

- Build and staff a hospital in Jurien Bay.
- Upgrade the medical facility for a second GP in Jurien Bay.
- Establish a telephone medical service eg between 9am to 10am for repeat prescriptions.
- Expand medical services in Lancelin.
- Build additional facilities in the medical centre for allied health in Gingin.
- Incorporate all allied health services and education programs with the Telecentre in Lancelin.
- Establish a Gingin Wellness Centre that provides nursing, allied health, chronic disease education, health promotion and an activities coordinator (eg a person that coordinates activities such as a men's shed, community gardens) and a transport coordinator. Place the site next to a GP Centre with GPs and visiting specialists. Do not co-locate the GP Centre with the Wellness Centre as that will impact on the culture of the Wellness Centre with the turnover of medical professionals.
- Build a larger medical centre with visiting services in Gingin eg child health, mental health.
- Establish a health centre with a GP and allied health workers that also provides health promotion services in the Lower Coast or alternatively a mobile team.
- Upgrade Midland Hospital.
- More visiting professionals.

MPS or MPC

- Establish an MPS (Multipurpose Service) with beds or at least a MPC (Multipurpose Centre) on Shire owned land in Bindoon with a completely funded service plan.

Transport

- Change the PATS guidelines to meet consumer needs.
- Use existing buses and cars that are already in the community for transport.
- Buses to Midland from Bindoon.
- Establish a non-emergency, non-ambulance transport service.

Aged care

- Plan for increased services, particularly access to residential aged care and home and community care for older people.
- Bring in Scouts to help older people with household tasks in the home.
- Visitors (trained) for the elderly.

Carers

- Give recognition to the role of carers and provide financial remuneration.

Planning and preparation

- There needs to be an inter-agency response to the planning and implementation of services.
- Ensure that Governments understand the distances to the nearest hospital/specialist.
- Centralise services in Jurien Bay.

- Plan for further expansion of medical services and facilities at the proposed MPS to incorporate 24 hr nursing care in Lancelin.
- Prepare to build a District Hospital in Jurien Bay.
- Set aside land for high level residential aged care in Jurien Bay.
- Jurien Bay and Lower Coastal resident lobby all tiers of Government.
- Undertake a cost analysis of overnight stays in Jurien Bay versus the cost of an ambulance transfer and hospital stay in Moora or Joodalup.
- Create a Hub and Spoke model with Jurien Bay as the Hub.
- Speed up the building of the RSL retirement complex.
- Keep the community informed continually.

Volunteers

- Encourage day care volunteer training to ensure a continued service in Cervantes.
- Provide funding to train volunteers to work in the Palliative Care Hospice in Jurien Bay.
- Encourage greater acknowledgement of volunteers.
- Get young people motivated to take an active role in the community and nurture volunteers in school years to ensure flow on to the community.
- Less reliance on volunteers.
- Funding for community volunteers.
- Recruit new volunteers for the ambulance service.

Funding

- Increase funding from government to meet future health and aged care needs at a sustainable level.
- Introduce time limited levies through rates for specific projects.
- Introduce toll gates on the Indian Ocean Drive to increase revenue for the area.
- Encourage sponsorship from local industries and developers.
- Raise local funding and apply for grants.
- Develop a local private health fund to fund a GP Practice.
- Establish a community funded multi-service practice to provide GP and allied health services.
- Increase awareness of available grants.

Health advertising, education, promotion and prevention

- Increase GPs knowledge of available services.
- Increase the promotion of available health services eg using local radio to advise of visiting specialists in Jurien Bay.
- Jurien Bay Chamber of Commerce to take up the cause of health awareness eg fitness etc.
- Employ a health promotion officer to coordinate preventative services in Jurien Bay.
- Increase mobile cancer screening services.
- Have a team of experts to present health promotion in an entertaining way.
- Prepare a booklet that provides information on services and is updated regularly. Locals could take it with them to Perth appointments as specialists do not have the information.

Young people

- Establish a “Rock and Water” Program for youth (as per Denmark).
- Appoint youth workers in smaller towns (even if only for a few hours).
- Establish a local youth help service in Jurien Bay.

Other solutions

- Incorporate all allied health services, education programs in conjunction with the Telecentre.
- Increase the population in Lancelin to enable the provision of a comprehensive range of services.
- Establish centralised facilities in the Lower Coastal area.
- Better educate the community and Government about the health needs of the Lower Coastal community.
- Alternative therapies to be recognised by Government as important services.
- Increased use of technology with results electronically sent to GPs or specialists in Perth to save travel.
- Increase access to dental services eg mobile services.
- Continue public consultations and keep the community informed continually.
- Establish an action group in Jurien Bay to lobby governments.

ISSUES/COMMENTS

Other issues and comments raised at the Community Consultations are outlined below.

- The community in the Shire of Chittering has been waiting for an MPC or MPS to be established in the area since the need was first identified in 1998.
- The RSL is planning to build a large retirement complex (approximately 161 beds) in a staged approach in Jurien Bay, therefore it will be important to plan for extended aged care services for the future.
- "Need more action and less talk".
- The Indian Ocean Drive will increase the traffic and number of accidents and increase the pressure on services.
- The Jurien Bay Health Service was designed to be extended with more facilities.
- Need more "shock" advertising and more police at "hotspots" eg jetty in Jurien Bay.
- There is a lack of continuity of services in the Shire of Dandaragan for people with a disability.
- There are increasing seasonal health needs in Woodbridge/Seabird.
- The community members in Lancelin would like to know if the high lime in the water is detrimental to the community's health.
- Motor bike buggies in dune – detrimental to sleep, a drain on resources due to accidents, no toilets in the vicinity and littering in Lancelin.
- …"people who live in Coastal areas do not generally want to access Gingin facilities."
- Silver Chain is no longer providing post acute care, which has resulted in people being transported back to hospital (some on several occasions).
- "…the ambulance is sometimes the only medical service available [in Gingin]."
- "..the relationship between GPs and Shires needs looking into, while some Shires are very successful in this field others are not and for some smaller Shires employment of the GP must consume a large amount of their rate income".
- The Hub and Spoke model is not meaningful for the community of Gingin.
- Stop the cost shifting between the Federal and State Governments. "Australia should be one country – not segregated into States".

9.2 OTHER STAKEHOLDER CONSULTATIONS

Central Coast Health Advisory Group

A meeting was held with representatives of the Central Coast Health Advisory Group and the Western District Health Advisory Committee (with Coastal members). In summary, the key areas of health need identified included:

- The establishment of hospital Beds (2+) in Jurien Bay, a palliative care room, permanent residential aged care and a medical facility of a similar structure to Dongarra or Kalbarri.
- Gingin –there is no MPS in the area and no post acute care (Silver Chain is no longer funded for this function). There is a lack of transport for clients from Lancelin to Wongan Hills or Goomalling for respite.

Other issues and comments raised included:

- Jurien Bay is undergoing significant population growth and should become an independent health Hub in the future and recognised as a regional centre for the central coast area.
- There is available land to expand the Jurien Bay Health Service.
- The ageing workforce of the St John's Ambulance volunteers is of concern.
- The ambulance is being used for non-critical non-emergency transport and this is not appropriate.
- There is a need to provide accommodation for nurses.

Coastal District LGAs

A meeting was held with representatives from the Coastal District LGAs. The LGAs provided an update of developments across each LGA. The representatives emphasised the growing population (both permanent and tourist) and the need for Government to undertake forward planning (in partnership with the LGAs). An immediate need across all of the LGAs is residential aged care to enable people to remain in their communities.

Other specific health needs identified by the LGAs are outlined below.

- The need for a facility in Jurien Bay with aged care and accident and emergency in a small hospital with a gradual growth to a fully functioning sub-regional hospital (developed over the next 5 – 7 years) as the population increases. In the interim there is an urgent need for three overnight beds and a medical or nurse practitioner presence after hours at the Multipurpose Centre similar to the service in Dongarra and Kalbarri.
- An additional GP in Gingin and a medical centre with 24/7 accident and emergency in the Lower Coastal areas.
- The establishment of a Multipurpose Centre in the Shire of Chittering.

9.3 COASTAL DISTRICT - THEMES

During the consultations for the Coastal District a wide range of health needs were identified across the health and aged care spectrum. A number of these were considered immediate needs. At the same time a high priority was given to planning for the delivery of an appropriate range and level of health and aged care services as the population increases across the Coastal District.

In summary the key themes identified by the community and other stakeholders for the Coastal District included the need to:

- Establish Jurien Bay over the next 5 to 7 years as a regional health Hub for the Coastal District (land is available). This would include the provision of accident and emergency, in-patient beds, a palliative care hospice, a wide range of visiting specialists and up to date equipment and technology. In the interim, fund 2 or 3 overnight beds and have an after hours medical or nurse practitioner presence in the Jurien Bay health service.

- Ensure continued access to emergency services and transport across the District.

- Ensure access to visiting specialists.

- Establish an MPC or MPS in the Shire of Chittering (land is available).

- Ensure appropriate medical facilities with consulting rooms for visiting allied health across the District and increase the focus on wellness.

- Provide a wide range and increased level of services locally for older people including retirement villages, independent living units, home and community care services (including people with a disability), day centres, and residential aged care (low and high care). In addition, ensure access to in-home and residential respite care across the District and dementia care in Jurien Bay. Better plan to meet the needs of an increasing older population.

- Increase local access to GPs (24/7), including access to female GPs and nurse practitioners.

- Increase allied health eg occupational therapy, optical, physiotherapy, podiatry, and dietetics.

- Maintain and increase access to community nursing, particularly Silver Chain for HACC type nursing and post acute and palliative care.

- Increase programs for young people eg fitness and cultural activities.

- Increase access to mental health services eg psychology and mental health promotion focusing on community well-being.

- Increase access to dental services.

Continued over

- Increase health education and health promotion activities for all ages eg diet, exercise and drug and alcohol awareness (and intervention).
- Increase access to health information on available services and health promotion activities for the community and GPs.
- Increase services such as women's and men's health, diabetes and asthma education and mobile screening eg cancer.
- Improve transport for specialist medical care and reduce reliance on the use of the ambulance for non-emergency transport. Improve the transport scheme to better meet consumer needs.
- Increase support for volunteers and opportunities for recruitment eg nurture school age volunteers.
- Better support families and children eg school health services, eg immunisation, health education, pre and post natal care, home help, budgeting, nutrition, day care, and first aid training.

Appendix A MATRICES

Appendix A has been provided as a separate Electronic Document to the Wheatbelt Health MOU Steering Group. It contains:

- The Service Matrices by District that were updated during the Community Consultations: and
- A Matrix by the 44 LGAs that shows what each LGA contributes to the health system in their communities.

Appendix B COMMUNICATION TOOLS

Appendix B has been provided as separate Electronic Documents to the Executive Officer, Wheatbelt Health MOU Steering Group. It contains:

- Copies of the four District Community Consultation booklets; and
- Copies of the media release, flyer and other communication tools.

The Wheatbelt Health MOU Group would like to acknowledge that this first stage of the Wheatbelt Health Planning Initiative (ie community consultation process and this Report) was made possible by funding through the Wheatbelt Regional Development Scheme by the Wheatbelt Development Commission.