



Regional Health Services in Western Australia

Survey of Local Governments

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Contents

1.0	Executive Summary.....	4
2.0	Background.....	6
3.0	Regional Health Services in Western Australia Survey of Local Governments.	7
4.0	Key issues.....	7
4.1	Workforce Development.....	8
4.2	Distance and Access	9
4.3	Aged Care Services	10
5.0	Types of services	10
6.0	Local Government Solutions.....	12
7.0	Conclusion	13
8.0	Recommendations	14
9.0	Appendix A: Local Government Survey Respondents	15
10.0	Appendix B: Service Provision by key stakeholder	16
11.0	Appendix C: Regional Health Services in Western Australia Survey of Local Governments	17
12.0	Appendix D: Area of Need Determinations for Western Australia	21

1.0 Executive Summary

In May 2017, WALGA was approached by Local Governments in the Murchison Zone to advocate for greater support for health services in their regions.

Regional, rural and remote areas with small or widely-dispersed populations lack adequate medical services to appropriately respond to health issues and emergencies in the community. Various factors contributing to this include the difficulty in recruiting and retaining staff, a lack of funding for positions, or a lack of facilities.

As a result of communication with regional Local Governments, WALGA met with the WA Country Health Service (WACHS) and St John Ambulance in December 2017 to determine opportunities to tailor existing and future resources to the needs of these communities. The issue was consequently brought to WALGA State Council's Strategic Forum in March 2018, to determine the extent of the issue for Local Governments across WA. At the forum, Elected Members discussed various problems their communities have experienced as a result of distance to medical facilities, and ultimately requested WALGA's assistance to investigate the matter further.

In May 2018, WALGA conducted the Regional Health Services in Western Australia Survey of Local Governments (the Survey) to determine the level of services in their communities, service delivery gaps and Local Government driven solutions. The Survey was engineered for regional Local Governments, however, metropolitan Local Governments were also encouraged to respond in order to provide a comparison between urban and regional locations.

WALGA received 161 responses from 91 Local Governments. There were a diverse range of experiences expressed across all responses. However the following common themes emerged:

1. **Workforce** challenges in recruiting and retaining doctors, nurses and allied health staff (health professionals).
2. **Distance** to travel to see a health professional.
3. **Access** to health professionals (Hours of operation or number of staff providing service).
4. **Aged care** services for people to stay within their region as they age are limited.

There are a range of stakeholders who are responsible for health services in regional, rural and remote areas. WACHS is the provider of state telehealth infrastructure and service provision, hospitals, nursing posts and for the delivery of primary, public and allied health programs. St John's Ambulance provide a fleet of ambulances, manage the paramedic and volunteer workforces and provide first aid training and resources to the wider community. Whilst Silverchain is the largest provider of in home health and aged care in regional Western Australia. A full list of services provided can be viewed in Appendix B.

Since completion of the Survey, State Government has announced the 2018-19 budget¹ with a snap shot of regional health services in Western Australia outlined below:

- \$73.3 million, over five years for the **Geraldton Health Campus** state 1 redevelopment
- \$10.2 million over the next five years to construct and operate a **Mid-West community mental health Step Up/Step Down service**, which will be offsite but integrated with the Geraldton Health Campus mental health services
- \$46.4 million to redevelop the **Newman Health Service**
- \$5 million towards the **Tom Price Hospital** project
- \$9.3 million to fast track 33 more **alcohol and drug rehabilitation beds in the South West**
- \$4.4 million for upgrades to the 193 bed **Peel Health Campus**
- \$182.3 million over four years for the **Patient Assisted Travel Scheme** to support regional Western Australian when they need to travel for medical treatment

Projects currently underway include:

- 9 million in funding towards the **Step Up/Step Down mental health facility in Kalgoorlie**, with construction due to start this year
- \$5 million funding for **Peel Youth Medical Service Hub**
- \$49.4 million to complete work on the **Karratha Health Campus**
- \$46.4 million to redevelop the **Newman Health Service**
- \$5 million towards the **Tom Price Hospital** project
- \$14.8 million towards the **Step Up/Step Down mental health facility in Karratha**
- \$12.8 million to continue the **Northwest Drug and Alcohol Support Program**
- \$13.4 million to complete and operate the **sub-acute mental health facility in Bunbury**
- \$1.6 million for the **Find Cancer Early program in regional areas**
- \$6.8 million for the **renal dialysis program**

Pursuant of Section 1.3 of the *Local Government Act 1995* (currently under review) Local Government is to use its best endeavours to meet the needs of current and future generations.

Therefore, WALGA's recommendation at this point in time, is that a further layer of engagement be carried out with Local Governments to clarify effective and self-generated solutions to bring to attention that which other jurisdictions have implemented to recruit and retain health professionals to their areas. Further recommendations outlined in this paper have been developed together with input from St John Ambulance Service, who are interested in continuing the discussion with Local Governments in regional, rural and remote areas. It can be concluded that there is significant work to be done before Local Governments can be confident in the coverage of health services in their communities.

A full summary of the Survey findings can be read in the report below.

¹ <https://www.ourstatebudget.wa.gov.au/2018-19/regional.html>

2.0 Background

At the May 2017 Murchison Zone meeting it was noted and carried that:

the Murchison Country Zone raise with WALGA State Council and other relevant bodies the critical issue with regard to the Staffing of Health Centres in the Murchison region. This region recommends that Government policy should dictate that at least two nurses, as a minimum, should be stationed at Health Centres where there is no hospital.

The shortage and/or lack of adequate staffing at remote nursing posts has been a problem for many years. The Parliament of Australia launched an inquiry into the nurse shortages and the impact on health services in 2002². The report noted that workforce planning and education has been sporadic, poorly integrated and inadequate. At this time it was highlighted that recruiting and retaining skilled experience nurses, with no forecast to improvements, was likely. In conducting the Regional Health Services in Western Australia Survey of Local Governments (the Survey), in May 2018, it is evident there has been no change in present challenges.

Some other underpinning factors for consideration when discussing the shortages of health services in Western Australia may include:

- Ageing population, with age being a significant predictor of health, disability and chronic disease.
- Indigenous population life expectancy and prevalence of chronic disease and illness.
- Commonwealth Government policy reform to 'Ageing In Place' in 2000 and the introduction of Community Aged Care packages.
- The 2011 Western Australian Governments *Delivering Community Services in Partnership Policy* which emphasised the not-for-profit sector or community services.
- Western Australian Department of Health 2018 strategic priority to reduce demand on hospital services by increasing ambulatory care and improved community care coordination.
- New technologies, such as Telehealth, and the impact on education and the scope of practice for nurses and allied health professionals.
- Variable healthcare expenditure from Commonwealth and State budgets and the expenditure on nurses and developing the health care workforce more broadly.
- Increased incidence of mental illness, depression and the emergence of social complexities such as child and elder abuse and violence.
- Increase knowledge and awareness of community and higher or shifting expectations of individuals on health services, both qualitatively and quantitatively.

These trends are exemplified in rural and remote areas where nurses are the major, and sometimes only provider of health services. Members of the Murchison Zone note that *working in a single person staffed remote area nursing post is dangerous and not liked by*

² Parliament of Australia (2002) Senate Standing Committee on Community Affairs, *Inquiry nurse shortages and the impact on health services*. Available online: https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/Completed_inquiries/2002-04/nursing/report/c02

nurses. Having two nurses at Nursing Posts would encourage more nurses to work at these locations.

WALGA engaged with members to ascertain the current and specific issues that are experienced by Local Governments across the State, in order to determine where to best direct energy to enact change that will assist Local Governments in ensuring the communities they serve are best accommodated for.

3.0 Regional Health Services in Western Australia Survey of Local Governments.

The Regional Health Services in Western Australia Survey of Local Governments (the Survey) was conducted by WALGA in June 2018. The four survey questions (Appendix C) were based around what was available and the gaps to each Local Government in health care, and possible solutions that Local Governments are currently implementing. The Survey, promoted through WALGA's ordinary communication channels, was conducted online and remained open for a period of six weeks.

WALGA received 161 responses from 91 WA Local Governments, representing 66% of members. Of the total responses, nine were metropolitan based Local Governments, which has enabled some analysis between urban and regional locations. A list of the Local Governments engaged in the Survey is listed in Appendix A. The high number of responses has further indicated the importance of the topic to the majority of Local Governments in Western Australia.

Key issues derived from the survey are covered in detail below. From the wider survey results it can be concluded that there is significant work to be done before Local Governments can be confident in the coverage of health services in their communities.

4.0 Key issues

No two Local Governments are the same. This is also highlighted through the diversity of findings in the different arrangements of medical facilities and opportunities, and allocation of services with reference to population, remoteness and demographic needs.

The most predominant themes were:

1. **Workforce** challenges in recruiting and retaining doctors, nurses and allied health staff (health professionals).
2. **Distance** to travel to see a health professional.
3. **Access** to health professionals (Hours of operation or number of staff providing service).
4. **Aged care** services for people to stay within their region as they age are limited.

It is apparent from conducting the survey that some Local Governments are procuring the services of doctors and nurses in their communities. Those that do not pay for their wages directly, may provide financial incentives or are providing facilities.

4.1 Workforce Development

Nearly one third of respondents made comment on the difficulty of recruiting and retaining staff in their region. This included doctors, nurses and allied health staff.

Some of the comment on issues preventing recruitment included:

- Lack of suitable accommodation;
- Remoteness and isolation;
- Rostering issues, for example in remote areas the time to drive to and from the location can be part of the 'time off' on the roster, causing dissatisfaction in staff;
- Very short-term contracts being offered to staff ;
- Recruiting and retaining appropriately qualified nurses due to the lack of variety in the position;
- Lack of activity at the 'centres' e.g. some nursing posts may have minimal patients each day; and
- Visa issues

Although some Local Government areas were able to access doctors on a fly-in fly-out schedule, this caused some issues for the community as the relationships built by living in community were often deemed as essential for the health recipient.

There is approximately 40,000 health professional, managers, support and administration staff who comprise the Western Australian Department of Health (WA Health) workforce³. Shortages in the WA Health workforce are being experienced at critical levels in regional Western Australia. If the present situation were to continue it would seriously undermine the quality of care provided to Western Australian living in regional, rural and remote locations.

WA Health has developed District of Workforce and Areas of Need strategies, which would be further supported with effective workforce planning.

District of Workforce Shortage

District of Workforce Shortage (DWS) refers to a geographical area that has less access to medical services when compared to the national average. A DWS is determined by the Australian Government of Health and Medicare Australia and is linked to the granting of a Medicare provider number. It is the responsibility of the employing health service or organisation to apply to the Australian Government for any proposed location to be considered as a DWS.

Area of Need

An Area of Need (AoN) is a location where there is a demonstrated shortage of suitably qualified medical practitioners. WA Health maintains the [AoN database](#) of all locations (Appendix D), as guided by the *Health Practitioner Regulation National Law (WA) Act 2010*,

³ Government of Western Australia (2018), Department of Health Workforce, *WA Health Strategic Intent 2015-2020*. Available online: <http://ww2.health.wa.gov.au/Health-for/Health-professionals/Workforce>

which lists many regional Local Governments, or entire health service regions such as the Pilbara and Kimberley regions, are represented as areas in need of medical services.

Workforce Planning

Strategies for effective recruitment and retention of nurses and the wider health workforce, with a specific emphasis in regional locations, will be clearly articulated in workforce plans. There is a notable absence of State or National workforce plans available to the public in relation to health services. Workforce planning will enable greater success in influencing policy issues such as coordination of local, state and national funding and service alignment, coordination of tertiary and other educational priorities and inconsistencies in data collection across Local Government and regional health geographical boundaries. It should also be noted that Federal funding of the aged sector adds to the complexity of division of responsibilities.

Volunteer Workforce

St John Ambulance volunteer workforce is operating well beyond its current capacities with workforce burnout a likely outcome. A number of other challenges facing volunteer workforces was clearly articulated in the Survey with one statement suggesting that:

St John Ambulance is struggling to find volunteers. This is in part to a general reduction in volunteers, but the training requirements are so high that volunteers are put off. There are a lot of transfers between hospitals which increases the volunteer workload.

4.2 Distance and Access

Distance is a major issue in Western Australia. The state is one-third of Australia's total landmass and is 2.5 million square kilometres. Local Governments across Western Australia are significantly disadvantaged with access to doctors, nurses and allied health professionals.

Survey comments on access to health professionals included the hours that doctors and nurses are employed within their Shire with, for example in the Shire of Coorow a doctor visits for 0.5 days per week and Wandering, 120km South-East of Perth, has no health service provision at all.

Another response in the Survey articulates that:

The lack of mental health services [is] a major issue. Limited service is available 50km away in Narrogin but that service covers a large area.

Several more responses were received about inadequate access to mental health services, alcohol and drug treatment and services for youth, each determining the lack of access to, or prohibitive distances required to travel, to receive a service.

Access to dental health care also featured as a service gap by a number of Local Governments whilst other responses suggested that resourcing of hospitals was done in a counterintuitive manner. For example, Busselton has a new hospital with adequate space and capacity, but residents must still travel to Bunbury for several specialised services.

4.3 Aged Care Services

In late June, the State Government announced that they had awarded funding to six aged care regional accommodation projects across Western Australia.

A total of \$13.1 million has been allocated to build and expand aged care accommodation in Pinjarra, Donnybrook, Dunsborough, Dongara, Brunswick Junction and across the Great Southern, including Broomehill, Cranbrook, Katanning, Kojonup and Bremer Bay.

An additional \$160,000 has been allocated to further developing business cases for four proposals that cover Leonora, Laverton, Corrigin, Cuballing, Kondinin, Narrogin, Wickiepin, Dowerin, Goomalling and Victoria Plains, where there is clear demand for aged accommodation.”⁴

5.0 Types of services

From the Survey the following themes across Western Australia emerged:

Hospitals

Of the 91 Local Government responses, 68 regional and two metro Local Governments have confirmed that they have a hospital in their jurisdictional area. The WA Health website reports that there are 85 public hospitals across Western Australia.

The Upper Gascoyne Hospital has a drive of 150km to reach from the Carnarvon Health Campus, with some residents of the Shire would have to travel up to 500km to receive care. Outer metropolitan Local Governments, such as the Shire of Chittering, must use their closest metropolitan hospitals, despite a lengthy travel to these centres.

Findings of this survey suggested that a range of measures are in place across the State to handle the medical needs of regional, rural and remote patients.

Medical Centres

Twenty-one Local Governments had no medical centre at all. Of those with a medical centre within their boundaries, sixteen have very limited hours, including the Shire of Cue with a doctor visiting one day per fortnight, the Shire of Coorow where a doctor is available 0.5 days per week and Coolgardie responding that they have had a doctor in the past, but not currently.

Nursing Post

Forty-two respondents stated that they had a nursing post operating in their local community, including nurses stationed at the hospital, medical centres, through Silverchain or in communities. Many of the responses stated that nurses worked in their community part-time with some areas having only one day of coverage per week.

⁴ State Government media statement. June 29, 2018. Retrieved on 31/07/18 from <https://www.mediastatements.wa.gov.au/Pages/McGowan/2018/06/Funding-to-boost-regional-aged-accommodation.aspx>

The original request from the Murchison Zone stated that there is only one nurse at the nursing post, with an identified on the ground need for at least two nurses.

Aboriginal Health Service

Thirty-five Local Governments have access to Aboriginal Health Services, either through their hospitals or medical centres. The Geraldton Regional Aboriginal Medical Service, which operates out of Mt Magnet, offers primary health and health promotion care to the mid-west and Murchison communities. Some Local Governments may not house an Aboriginal Health Service, but are visited regularly by nearby services, such as the City of Albany service offering services in Mt Barker.

St John Ambulance

The majority of Local Governments that responded to the Survey had the St John Ambulance service operating within their Local Government area.

Comments included the acknowledgement that their St John Ambulance service is staffed primarily with volunteers, all of whom struggle with the work load of call outs coupled with transports, and low membership necessitating ongoing recruitment.

Local Government respondents who stated that they didn't have access to St John Ambulance services were the Shires of Murchison, Upper Gascoyne and East Pilbara. These Shires have low populations and vast distances to travel, making recruitment to the service extremely challenging.

St John Ambulance have met with the Murchison Zone councillors, including representatives of the Shires of Murchison and Cue, to determine a plan to ensure that the region is not missing out on this essential service. It is anticipated that any arrangement they develop, may be replicated across Western Australia.

Mine-site Paramedic Arrangement

Twelve Local Governments responded that their residents had access to a mine-site paramedic.

Two arrangements with mines were described by respondents. One of these was the mining company paying a financial contribution toward the Shire doctor, and in the other scenario, the company provided in-kind support for the construction of an ambulance building. Secondly it was stated, that individuals were not sure of the possibility of accessing the assistance of mine-site paramedics, despite being aware that the mine did have those employees.

Local Governments in the Murchison Zone are currently negotiating with the mining company in their jurisdiction.

Telehealth Service

This outpatient service is delivered via videoconferencing. In 2017, telehealth services eliminated 27.3 million kilometres of travel to access in person health care services to regional

Western Australians. Services provided include burns, wound clinics, urology, pain medication, gastroenterology, speech pathology, neurology, respiratory, mental health clinical consultations and case reviews, paediatrics and other allied health services.

Empirical data to validate the health benefits of telehealth services is still to be evaluated and published. However early indications are there is a reduction in stress and inconvenience of travel and accommodation, time off work or away from home and financial savings.

6.0 Local Government Solutions

Procurement of Services

Twenty-five respondents stated that their Local Government contributed to the wages of the general practitioner or nurse as a way of securing this service in their location. This included either a partial or full responsibility for funding the service.

Some of these respondents, and many others, provide doctors and nurses with other incentives to work in their Shire. These include accommodation, vehicles and in some cases the lease to the medical centre.

St John Ambulance

St John Ambulance is currently investigating the expansion of services it can provide in regional areas to assist in building resilient communities. The aim is to become involved in assisting with a range of services across regional areas, including:

- Telehealth and some on-site medical assistance;
- Patient and Community transport;
- 'St John Safe', an audit and recommendations for capacity-building across the community;
- First-aid training and recruitment of volunteers; and
- Defibrillator and St John first responder program and App.

As the role of St John Ambulance expands, volunteer opportunities will move beyond the current scope of ambulance based volunteers. This has the potential to increase opportunities to recruit volunteers, as the new roles will have varying levels of commitment requirements. With that comes additional pressure to the already at capacity regional volunteer workforce.

Currently St John Ambulance is trialling their increased service offering in a regional Local Government. Once the trial is complete, they aim to have a framework for delivering health support options for regional Local Governments, including the potential for Local Governments to be able to choose the services and level of support they need.

Although St John Ambulance are dedicated to investigating how to best provide increased services for Local Governments, the services on trial will take some time to finalise and implement. In the meantime, WALGA will provide updates on available services to Local Governments who have registered their interests, and continue to work with this key stakeholder to develop strategies to ensure any programs they initiate are sustainable.

WA Country Health Service (WACHS)

There are many programs and initiatives that WACHS have employed to try and build the capacity of regional service provision. Telehealth Services and Health Direct are two programs that are having positive results for community members in regional areas.

WACHS are committed to working with the Murchison Zone Council representatives and WALGA to continue to enhance and contribute to the health and wellbeing of community members, and look forward to speaking with us further.

7.0 Conclusion

Conducting the Regional Health Services in Western Australia Survey of Local Governments has highlighted the priority of this topic as a widespread area of concern for the majority of Western Australian Local Governments.

Local Governments have provided WALGA with specific responses to the concerns around levels of services and service delivery gaps in the regions and some have provided examples of how Local Government are driving solutions to meet needs and service the communities they serve. It is highly apparent that the types of challenges facing regional members are not experienced by their metropolitan counterparts, however this exercise has raised the profile of this important issue across all urban and regional Local Governments.

WALGA's recommendation at this point in time, is that a further layer of engagement be carried out with Local Governments to clarify effective solutions to bring to attention that which other jurisdictions have implemented to recruit and retain health professionals to their areas. Further recommendations outlined in this paper have been developed together with input from St John Ambulance Service, who are interested in continuing the discussion with Local Governments in regional, rural and remote areas.

It can be concluded that there is significant work to be done before Local Governments can be confident in the coverage of health services in their communities.

8.0 Recommendations

State Council endorsed the following recommendations on September 7, 2018.

That WALGA:

- 1. Continue to work with affected Local Governments and key stakeholders, including but not limited to Rural Health West and WA Primary Health Alliance, to address short to medium term solutions including investigating how other States / countries have addressed recruiting and retaining staff, including but not limited to the role Nurse Practitioners across diverse landscapes and report back to State Council as progress is made;**
- 2. Continue to work with WA Health to advocate and prioritise regional health and the regional health workforce as a key strategic driver for change to ensure equitable access to health for all Australians;**
 - a. To broker partnerships with WACHS, through WA Health, and other key stakeholders identified on the Area of Need database to identify and develop collaborative strategies to mitigate pathways for change; and**
- 3. Develop a strong policy connection with the Australian Local Government Association as a pathway for advocating for stronger regional health service options for specialized regional health workforces.**

9.0 Appendix A: Local Government Survey Respondents

WALGA would like to thank the following Local Governments for taking the time to complete the survey.

City of Albany	Shire of Corrigin	Shire of Moora
City of Belmont	Shire of Cranbrook	Shire of Mount Magnet
City of Busselton	Shire of Cue	Shire of Mt Marshall
City of Canning	Shire of Cunderdin	Shire of Mundaring
City of Fremantle	Shire of Dalwallinu	Shire of Murchison
City of Greater Geraldton	Shire of Dandaragan	Shire of Nannup
City of Kalamunda	Shire of Dardanup	Shire of Narembeen
City of Kalgoorlie Boulder	Shire of Denmark	Shire of Narrogin
City of Karratha	Shire of	Shire of Northam
City of Perth	Donnybrook/Balingup	Shire of Nungarin
City of Swan	Shire of Dumbleyung	Shire of Peppermint Grove
City of Vincent	Shire of Dundas	Shire of Perenjori
Shire of Ashburton	Shire of East Pilbara	Shire of Plantagenet
Shire of Augusta Margaret River	Shire of Esperance	Shire of Quairading
Shire of Beverley	Shire of Gingin	Shire of Sandstone
Shire of Boddington	Shire of Goomalling	Shire of Shark Bay
Shire of Boyup Brook	Shire of Gnowangerup	Shire of Toodyay
Shire of Bridgetown-Greenbushes	Shire of Halls creek	Shire of Trayning
Shire of Brookton	Shire of Harvey	Shire of Wagin
Shire of Broomehill-Tambellup	Shire of Irwin	Shire of Wandering
Shire of Broomehill-Tambellup	Shire of Jerramungup	Shire of West Arthur
Shire of Bruce Rock	Shire of Katanning	Shire of Wickiepin
Shire of Capel	Shire of Kojonup	Shire of Wyalkatchem
Shire of Carnarvon	Shire of Kondinin	Shire of Yilgarn
Shire of Chittering	Shire of Koorda	Serpentine Jarrahdale
Shire of Collie	Shire of Kulin	Shire of Tammin
Shire of Coolgardie	Shire of Laverton	Shire of Three Springs
Shire of Coorow	Shire of Manjimup	Shire of Wagin
Town of Victoria Park	Shire of Meekatharra	Shire of Wickiepin
	Shire of Merredin	Town of East Fremantle
	Shire of Menzies	Town of Port Hedland
	Shire of Mingenew	

10.0 Appendix B: Service Provision by key stakeholder

Stakeholder	Service Provision	Funding
WA Country Health Services (WACHS)	<ul style="list-style-type: none"> • State Telehealth Service • 70 hospitals (including 30 Multi-Purpose Services (MPS)) • 38 nursing posts, community and mental health services • High dependency services • Medical and surgical services • Cancer services and palliative care • Obstetric and paediatric services • Rehabilitation and aged care • Residential aged care • Patient Assisted Travel Scheme (PATS) • State telehealth service • Primary, public and allied health programs 	Federal and State Gov.
St John's Ambulance	<ul style="list-style-type: none"> • Provide a fleet of ambulances • Paramedic and volunteer workforce • Critical care paramedics for Emergency Rescue Helicopter • Patient transfer and community transfer service • 3,500 paid and volunteer ambulance officers • 2,000 community care volunteers • Corporate health services, pre-employment medicals etc. • Event health services • First-aid training, kits and additional resources • Youth development program • Public access defibrillators 	Self funded
Silver Chain	<ul style="list-style-type: none"> • 12 Country Primary Health Centres • In home health and aged care by qualified nurse practitioners • Case management, collaboration with general practitioners • Emergency response and wound care • Chronic illness management, including diabetes • Allied health (physiotherapy, occupational therapy, podiatry) • Personal care and wellbeing, general health assessments • Aged and disability care and support • Community and companionship • Home and garden • Support for family and carers 	Federal Gov. grants, Dept. Health grants and donations

11.0 Appendix C: Regional Health Services in Western Australia Survey of Local Governments

Health services in your community	
<p>* 5. Please provide information on the health services operating in your community by checking the 'yes' and 'no' boxes to express whether this service is currently operating in your Local Government area or zone.</p> <p>If possible, please list information on each of the services in the comment box, including:</p> <p>a) Number of hospital beds available. b) Number of GPs and nurses at Medical Centre. c) Number of nurses at Nursing Post. d) Number of doctors and nurses at Aboriginal Health Service. e) Approximate number of volunteers for St John Ambulance in your area. f) Details of agreement with mine. g) Provider of Telehealth service.]</p>	
	Yes No
a) Hospital	<input type="radio"/> <input type="radio"/>
Additional information	
<div style="border: 1px solid #ccc; height: 25px; background-color: #e6f2ff;"></div>	
b) Medical Centre	<input type="radio"/> <input type="radio"/>
Additional information	
<div style="border: 1px solid #ccc; height: 25px; background-color: #e6f2ff;"></div>	
c) Nursing Post	<input type="radio"/> <input type="radio"/>
Additional information	
<div style="border: 1px solid #ccc; height: 25px; background-color: #e6f2ff;"></div>	
d) Aboriginal Health Service	<input type="radio"/> <input type="radio"/>
Additional information	
<div style="border: 1px solid #ccc; height: 25px; background-color: #e6f2ff;"></div>	
e) St John Ambulance	<input type="radio"/> <input type="radio"/>

	Yes	No
Additional information		
<input type="text"/>		
f) Mine-site paramedic arrangement	<input type="radio"/>	<input type="radio"/>
Additional information		
<input type="text"/>		
g) Telehealth	<input type="radio"/>	<input type="radio"/>
Additional information		
<input type="text"/>		

* 6. Please provide information on the gaps in health services to your community, and the reasons for these gaps (if known)

For example: difficulty recruiting health staff with appropriate experience, or distance to nearest medical facility. Examples are encouraged.

7. Please provide information on any solutions your Local Government has initiated or become involved in, which have assisted in alleviating pressure on health services, or have provided an alternative to these services when they are unavailable.

Thank you

Thank you for participating in this survey. To provide additional information for this survey, please contact WALGA Senior Community Policy Advisor [Evelyn Davitt-Rix](#)

12.0 Appendix D: Area of Need Determinations for Western Australia

<http://ww2.health.wa.gov.au/~media/Files/Corporate/general%20documents/international%20medical/PDF/AoN-database.pdf>