

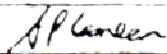


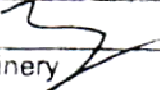
Coastal Wheatbelt and Moora Service Plan

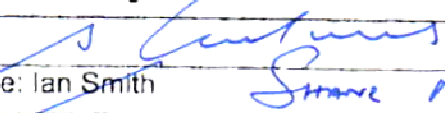
2012 – 2022

Endorsed 24 June 2013

DOCUMENT MANAGEMENT PAGE

To be completed by the Regional Director	
I certify that the Service Plan has been developed to my satisfaction in line with WACHS Planning and Reform Principles, and the document reflects the service reform priorities for the Coastal Wheatbelt and Moora health and hospital services.	
Signed 	Date: 30/04/2013
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Position: Acting Regional Director, WACHS - Wheatbelt Health Region	

To be completed by the Chief Operations Officer - WACHS Southern	
I certify that the Service Plan has been developed to my satisfaction and is in line with WACHS Planning and Reform Principles and WACHS Strategic Priorities.	
Signed 	Date: 21/6/2013
Print Name: Tina Chinery	
Position: Chief Operating Officer - Southern, WACHS	

To be completed by the Chief Executive Officer, WACHS	
I certify that the Service Plan has been developed to my satisfaction and is in line with WACHS Strategic Priorities.	
Signed 	Date: 24.6.13
Print Name: Ian Smith	
Position: Chief Executive Officer, WACHS	

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1. Executive Summary

This Service Plan provides the strategic direction for service delivery for the Western Australian Country Health Service's (WACHS) Coastal Wheatbelt and Moora catchment (referred to as the *Coastal Wheatbelt*) for the next 10 years and will inform the implementation plan for the State Government's \$565 million Southern Inland Health Initiative (SIHI). The Service Plan was developed via a comprehensive planning process as detailed in Appendix A.

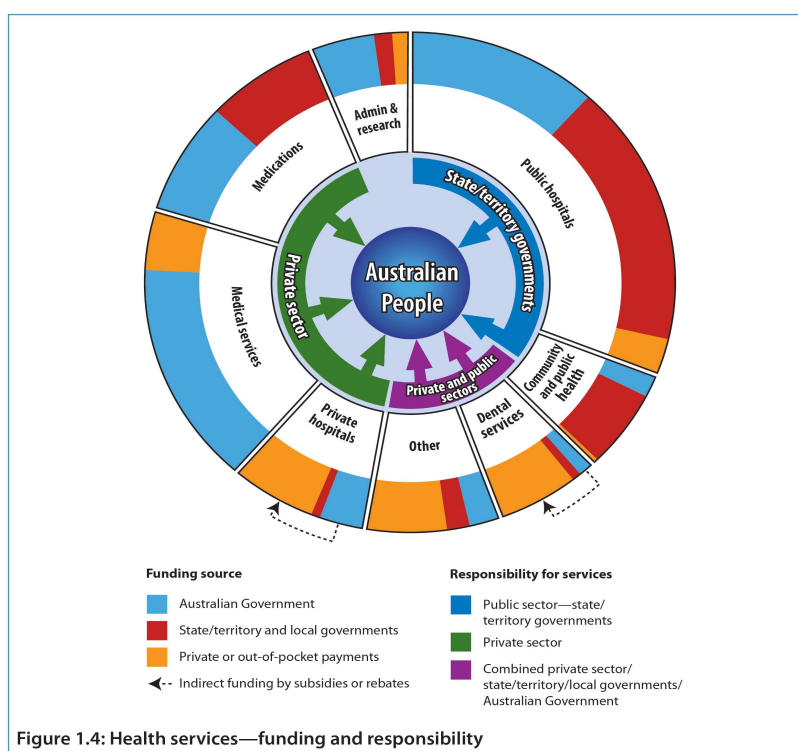
The service planning process in the Coastal Wheatbelt has identified a number of opportunities to strengthen service delivery and some key reform areas to meet the future needs of the Coastal Wheatbelt population. It is essential that this service plan is reviewed if facility planning progresses, new policies are introduced and the needs of the community change in response to the Jurien Bay SuperTown growth plan.

1.1 Strategic Planning Context

All planning in the WA Country Health Service (WACHS) occurs within a national and state policy context and in a multifaceted funding context.

The Australian health system encompasses public, non government and private service providers including medical practitioners, nurses, allied health and other health professionals, and services within hospitals, clinics, and government and non-government agencies. 'Health' is a complex system supported by a range of legislative, regulatory and funding arrangements, which involves three levels of government, non-government organisations, health insurers and individual Australians (refer to Diagram 1 below).

Diagram 1 Australian health care funding and responsibilities



Source: Australia's Health 2012, Australian Institute of Health and Welfare (AIHW)

Note: Excludes the Aged Care Sector which is categorised 'welfare' by AIHW.

Community and Residential aged care services are funded primarily by the Commonwealth and provided by either the public system (e.g. WACHS) or private or non government providers.

The Commonwealth Government is the largest contributor to health funding primarily through the two national subsidy schemes, the Medicare Benefits Scheme (MBS) and the Pharmaceutical Benefits Scheme (PBS). The Australian Government and state and territory governments also jointly fund public hospital services through the National Health Care Agreement.

Individual community members fund 17 per cent of the total funding (in 2009–10), with private health insurers contributing eight per cent, and accident compensation schemes contributing further five per cent toward health funding.

The formal 'aged care system' (Residential aged care and Home and Community Care services) are funded and regulated by the Australian Commonwealth Government.

Aged care delivery (both community and residential) is provided by a range of not-for-profit (religious, charitable and community groups), private sector operators as well as state, territory and local governments (Caring for Older Australians, 2011). The not-for-profit sector delivers approximately 65% of the country's residential aged care services, with the balance provided by the private sector and governments (Health Directory Australia). There is also significant capital investment by both private, local government and not-for-profit sectors.

Additionally the contribution by family members, carers and community organisations in caring for older people can not be overlooked.

1.2 Local Planning context

For the purposes of this service plan, the geographical areas being considered are the Wheatbelt Shires of Chittering, Dandaragan and Gingin plus the Moora Shire. All these shires fall within the WACHS operational district known as the Western Wheatbelt.

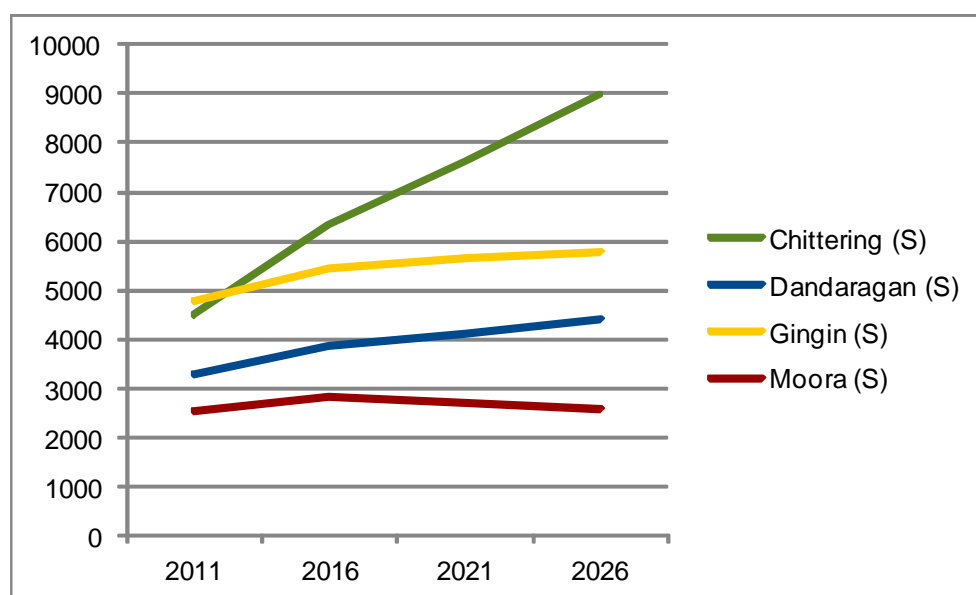
Moora Hospital is an Integrated District Health Service (IDHS) but it also forms part of the Dandaragan-Moora Multi-Purpose Service (MPS). Therefore this plan also includes the catchment area for Moora Hospital and considers its role delineation within Western Australian Health's *Clinical Services Framework (2010-2020) (CSF)*, and the services located in Moora that support the Coastal Wheatbelt catchment.

1.3 Key catchment area features influencing service delivery

Population growth

By comparing the current population (2011) with the forecast population the growth over the next 10 years across the Coastal Wheatbelt and Moora area is variable.

Figure 1: Current and Forecast Population Coastal Wheatbelt and Moora



2011 = Australian Bureau of Statistics Estimated Resident Population

2016 – 2026 = Department of Planning's WA Tomorrow Population Projections Band D

Jurien Bay's designation and future development as a 'SuperTown' funded through 'Royalties for Regions' will need to be monitored to determine impact on population growth of the Dandaragan Shire.

Health status

Data from the WA Health and Wellbeing Surveillance System has highlighted a number of modifiable risk factors within the Wheatbelt such as obesity and lack of physical activity that impact on health status. There are also a significantly higher number of adults in the Wheatbelt with arthritis and asthma.

Mortality

Mortality data for the Wheatbelt and Coastal Wheatbelt highlights:

- Between 2006 and 2010, the leading cause of death in the Coastal Wheatbelt was cancer, followed by diseases of the circulatory system and injury and poisoning.
- Between 1998 and 2007, around two-thirds of Wheatbelt resident deaths under the age of 75 were classified as avoidable. Cancers and chronic conditions accounted for the majority of avoidable deaths including ischaemic heart disease, lung cancer and suicide and self-inflicted injuries.

Hospitalisations

Hospitalisation data for the Wheatbelt and Coastal Wheatbelt highlights that between 2006 and 2010:

- Coastal Wheatbelt residents had a significantly lower hospitalisation rate when compared to all WA residents.

- The leading cause of hospitalisation of Coastal Wheatbelt residents was for factors influencing health status (which includes renal dialysis and chemotherapy), followed by diseases of the digestive system.
- *Diabetes and its complications* was the leading potentially preventable hospitalisation for both Aboriginal and non-Aboriginal Wheatbelt residents.

Primary Health

Research shows that health systems with strong primary health care services are more efficient; have lower rates of hospitalisation; fewer health inequalities; and better health outcomes including lower mortality, than those that do not. For this reason, a key feature of this Service Plan is to boost primary health care services.

Almost nine in ten Wheatbelt residents utilise primary health care services each year. This provides opportunities for both health promotion and early intervention initiatives. The focus should be on reducing the modifiable risk factors and responding to the range of identified priority needs of the people in the district: chronic disease, mental health, health care for older people, maternal, child and youth health, Aboriginal health, and oral/dental health.

Rural location

Given the rural location of the Coastal Wheatbelt, there are opportunities to utilise Telehealth technologies and new workforce models for care provision and supervision to provide care closer to home.

Ageing population

The proportion of the Coastal Wheatbelt that is ageing is increasing, which will place added pressures on public, private and non government sectors to provide primary health care services to manage chronic health conditions and co-morbidities. Demand for specialised dementia and high care aged care residential services is also likely to increase.

Aboriginal people

Aboriginal people are over represented in both death and hospitalisation statistics. This indicates the importance of providing culturally secure health care specific to the conditions and risk factors experienced by Aboriginal people.

1.4 Current Coastal Wheatbelt Health Service Profile

The health and emergency response services provided by WACHS and its key health partner, the Silver Chain Group, in the Coastal Wheatbelt include those of the Dandaragan-Moora multi-purpose service (MPS), nursing posts and health centres:

- Hospital acute inpatient facilities are provided at Moora Hospital which is operated by WACHS.
- WACHS operates 24/7 Emergency Department (ED) facilities at Moora and Jurien Bay. Silver Chain operates 24/7 ED facilities at Lancelin.
- WACHS operates the nursing post at Jurien Bay, while Silver Chain is contracted to operate the nursing post at Lancelin.
- WACHS Community Health Centres provide a range of community health nursing, Aboriginal health and allied health services at Moora, Jurien Bay, Gingin, Bindoon and Lancelin.
- WACHS operates mental health services from Gingin, visiting all communities in this Coastal Wheatbelt area.
- Silver Chain operates nursing services at Lancelin, Gingin and Bindoon.
- WACHS owns the former Cervantes respite facility but it is not fit for purpose and has not been used for the past 12 months.

The WACHS and Silver Chain services are supported by local private General Practitioners (GPs), government and other not for profit agencies and private providers (refer to Chapter 5 for more detail on health partners).

All health providers operate within a networked model of care to provide a continuum of care for the residents of and visitors to the Coastal Wheatbelt and Moora area, delivering services throughout the catchment area, and referring patients where necessary to larger hospitals primarily in Perth, but also occasionally to Northam and Geraldton.

1.5 Proposed strategic directions for service delivery

A review of the Government policies, local planning initiatives, State Government commitments, drivers for change and stakeholder expectations within the Coastal Wheatbelt has identified the following strategic directions for service delivery for the Moora and Coastal Wheatbelt hospitals and health services:

- Strengthen the integration of services across the continuum of care
- Review the capacity of Moora Hospital and its CSF role delineations in the context of ensuring patient safety and workforce constraints
- Focus on primary health care and non-inpatient care
- Strengthen partnerships with primary care, private and not-for-profit providers
- Deliver care closer to home where safe and viable to do so
- Improve Aboriginal service access and health outcomes
- Improve services to older people
- Attract and retain a skilled workforce and enhance workforce capacity
- Utilise ICT advancements for better care, including Telehealth
- Create a safer environment for all.
- Focus on those areas with projected high growth (Chittering and Dandaragan) to plan future health service changes and/or expansion and facility development.

1.6 Service Reform priorities for Coastal Wheatbelt

1.6.1 Workforce

The challenges of recruiting and retaining appropriate staff (GPs, nursing, allied health and other) within the whole Wheatbelt region including coastal Wheatbelt and Moora area are ongoing and recognised throughout this service plan. Workforce planning, staff recruitment, retention, training and ongoing development is therefore a significant priority. It is proposed to:

- Undertake WACHS and regional level workforce planning to address staffing issues, including succession planning, new workforce models to support recommended models of care, innovative learning and development, attraction and retention strategies.
- Maintain a sustainable GP emergency model across the Wheatbelt.
- Ensure all staff and DHAC members are provided with the opportunity to attend cultural awareness and sensitivity training.
- Explore ways to support local hospital and population health teams, to provide a supportive working environment for the provision of appropriate clinical learning opportunities for Aboriginal trainees.
- Explore ways to increase recruitment of Aboriginal staff across the workforce more generally.

1.6.2 Services

Community Awareness of Services

- Increase community awareness of available services.
- Improve the health literacy (including mental health literacy) of Coastal Wheatbelt and Moora residents.

Communication between providers

- Improve communication, coordinated care and discharge planning between tertiary hospitals, community agencies, GPs and WACHS health services.
- Increase capacity to better detect, assess and manage chronic and complex health conditions across providers.
- Introduce care coordination/case management models for people with multiple co-morbidities, chronic diseases and complex needs.

Increased access to services

- Provide greater access to specialists via both Telehealth and scheduled visits throughout the area based on health need and demographics.

Care for Older People

- Increase capacity for staff to undertake more home assessment over the next few years, particularly targeted at the older population, who have more chronic disease and multiple co-morbidities.
- Respond to the findings of the Wheatbelt Regional Development Commission Aged Care Planning Strategy.

Mental Health and Drug and Alcohol

- Increase capacity for the management of mental health consumers with co-morbidities, including drug and alcohol issues, particularly targeted at the Aboriginal population in Moora.
- Increase capacity for early intervention for children and young people with severe mental illness (e.g. enhanced Telehealth services from Perth CAMHS specialists to support WACHS – Wheatbelt services).
- Support comprehensive primary mental health services, including youth and adolescent mental health promotion.

Early Years and Maternal services

- Improve access for women and families within the Moora-Coastal catchment area to ante-natal and post-natal services, including ambulatory and home based services
- Develop an Early Years Network to ensure inter-agency communication and early intervention for children prior to school.

Services for Aboriginal People

- Ensure all health and hospital services across the continuum of care are welcoming, culturally aware and sensitive to the needs of clients from Aboriginal families.
- Develop engagement strategies to support Aboriginal clients access services.
- Provide culturally appropriate health services and facilities for the Aboriginal population within the catchment area, a particular priority at Moora. This would be enhanced through increased cultural awareness training and the increased recruitment of Aboriginal staff, both as Aboriginal Health Workers and across the workforce more generally.

Partnerships

- Support greater service integration by exploring opportunities for shared funding and resource partnerships, contracting out primary health and aged care services and co-locating public and non-government/private health services to deliver ambulatory/primary health care within each town.

Work with the South West Medicare Local to address local primary health care needs.

Telehealth and ICT

- Enable clinical telehealth and e-health to enhance all health service sites as per the WACHS telehealth strategy, and support staff to become 'expert telehealth users'.
- Expand the scope and reach of the Emergency Telehealth Service across the Wheatbelt including at Moora Hospital, Jurien Bay Health Centre and Lancelin Health Centre (operated by Silver Chain).
- Encourage the community to enquire and use Telehealth as an alternative to travelling to metropolitan area.
- Encourage GPs and consumers to avail themselves of the Telehealth Medicare incentives.
- Consider the use of emerging technologies such as remote monitoring (link to Silver Chain for those clients with chronic disease).

- Sharing of information via electronic health record between WA Country Health Services facilities/regions, and into metro and other providers would be of benefit to consumers and professionals.

Transport

Patient transport and transfer for outpatient and community based health services was consistently and frequently identified as a major service access barrier, particularly for older people and people with young children. Existing patient transport relies on volunteer ambulance, family and friends volunteering to transport patients, with very limited, if any, public transport options.

- It is recommended that WACHS – Wheatbelt support the St John Ambulance Association to lead the development of a multi-layered patient transport strategy (refer section 4.8.2) in collaboration with the Wheatbelt Development Commission, the Wheatbelt Health MOU Group, shires, community, and other key stakeholders to improve patient transport options.

Facilities

- At Jurien Bay, Bindoon, Gingin and Moora there is limited available space for current and future primary health/ community health and health service provision. See specific locations for site specific details.
- It is recommended that WACHS – Wheatbelt develop a facilities plan which will prioritise infrastructure redevelopment beyond minor works to upgrade infrastructure to contemporary standards, to reduce occupational health and safety risks, to enable co-location of services and providers, and support best practice models of care for rural health.

The facility requirements are more fully detailed in Section 7.

The contents of this Service Plan detail how these priorities were identified.

2 Introduction

This Service Plan focuses on the Coastal Wheatbelt and Moora hospital catchments and is the outcome of extensive research and consultation with stakeholders by the Wheatbelt region of the WA Country Health Service (WACHS).

The plan sets the strategic vision for health reform in this locality over the next five to 10 years and proposes reform strategies and service quality improvements in relation to the delivery of emergency, acute, primary health, aged care and associated clinical and non-clinical services for residents and visitors to the Coastal Wheatbelt area and Moora Hospital catchment.

The Service Plan will inform the \$565 million *Royalties for Region's Southern Inland SIHI Implementation Plan* (refer to Section 3) and future business cases or funding submissions.

The strategic directions, proposed reform strategies and service quality improvements outlined in this plan will enable WACHS - Wheatbelt to meet the needs of the catchment area, improve efficiencies in patient care, and ensure alignment with existing strategic directions and policies.

It is essential that this Service Plan is reviewed if and when facility planning progresses, National/State policies are introduced and the needs of the community change, for example if the substantial increase in the Jurien Bay population transpires as a result of its SuperTown growth plan.

An ongoing proactive approach to service planning will ensure that healthcare services remain responsive to the rapidly changing community, new policy developments and advances in medical care and technology.

The planning process undertaken to develop this Service Plan and the subsequent proposed strategies for service reform ensure that future service delivery to the Coastal Wheatbelt will:

- Align with National and State policy and plans
- Address the demographic and health needs of the community
- Meet the projected demand for health services of local residents and visitors
- Strengthen primary health care services
- Deliver modern and best practice models of care
- Utilise contemporary health technologies; and
- Be supported by contemporary healthcare facilities.

The service planning process undertaken to develop this Service Plan is detailed in Appendix A.

3 Planning Context and Strategic Directions

This section provides an overview of the catchment area of the district, along with a description of the health status, demography and other factors that influence the health status of local residents. This information on the population's health needs informs the types and locations of services required in the area over the next ten years. Refer to Appendix B for a detailed health needs analysis of the district.

3.1 Overview of the Wheatbelt Health Region

The Wheatbelt region has a diverse geographic profile ranging from pristine beaches to vast agricultural landscapes. The Wheatbelt covers 154,862 square kilometres and is aptly named for its traditional industry. The economy is based around agriculture, fishing and mining, which are supported by the high availability of infrastructure such as water, transport and energy.

The region has 45 local government areas and extends from the coast north of Perth, to where it joins the southern boundary of the Midwest health region, to the western boundary of the Goldfields and south from the Darling Scarp to the northern boundary of the Great Southern health region (see Figure 2).

A characteristic of the Wheatbelt is its scattered population dispersion, which has hindered the development of an identifiable regional centre and resulted in the four sub-regional centres: Merredin, Moora, Narrogin and Northam.

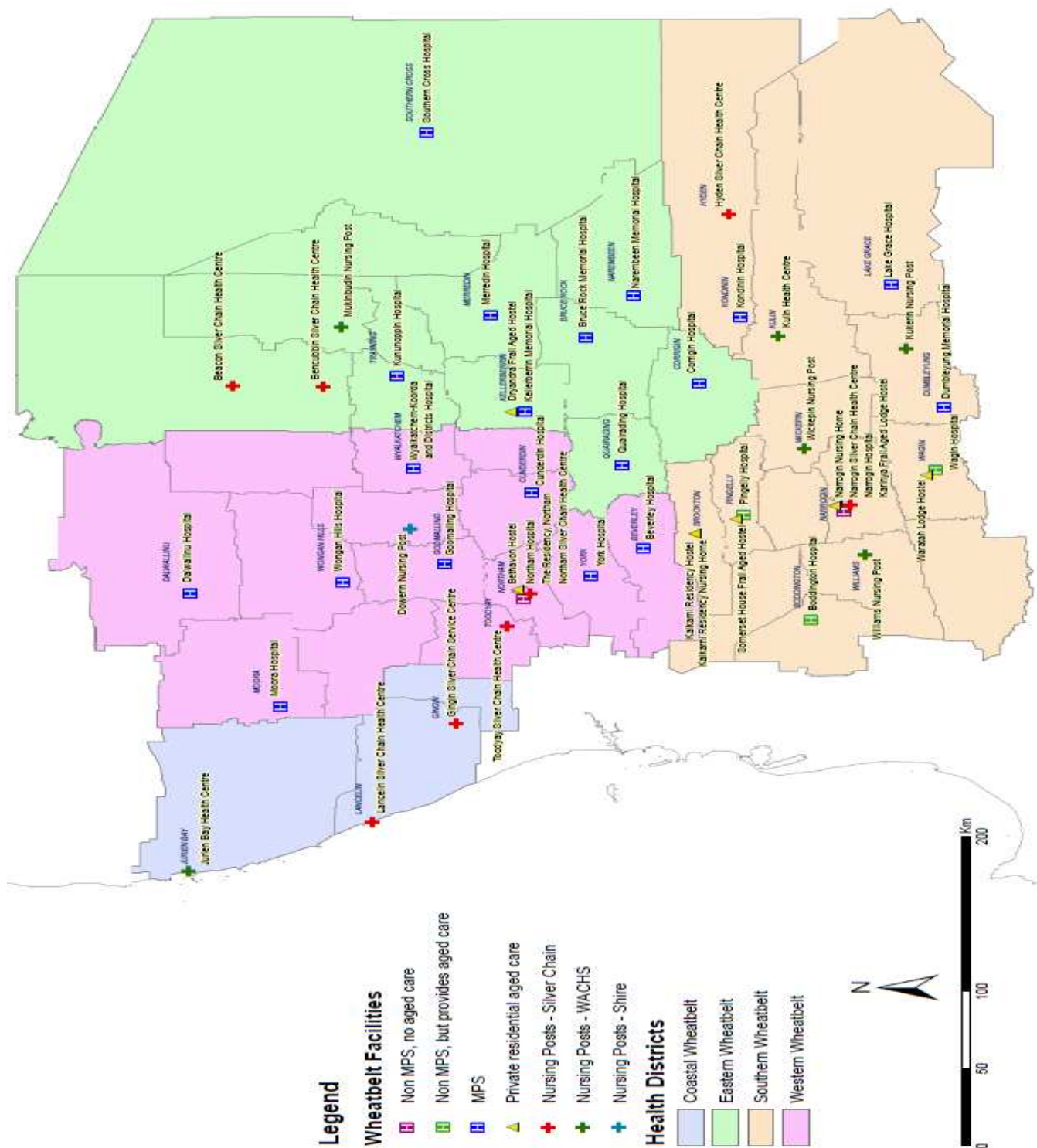
Given its proximity to the metropolitan area, many of the bordering communities of the Wheatbelt are experiencing an influx of overflow population from the outer metropolitan areas and those in search of a "lifestyle" change, without sacrificing access to metropolitan facilities (Wheatbelt Development Commission, 2011).

The Wheatbelt Health region has historically been split into three health districts (Western, Eastern and Southern Wheatbelt). Because the population is growing more rapidly in the Western district the three coastal shires have been considered separately to the whole of the Western Wheatbelt in this plan (refer Figure 2).

The four health districts for planning purposes are defined by the ABS' Statistical Local Areas (SLAs) as follows:

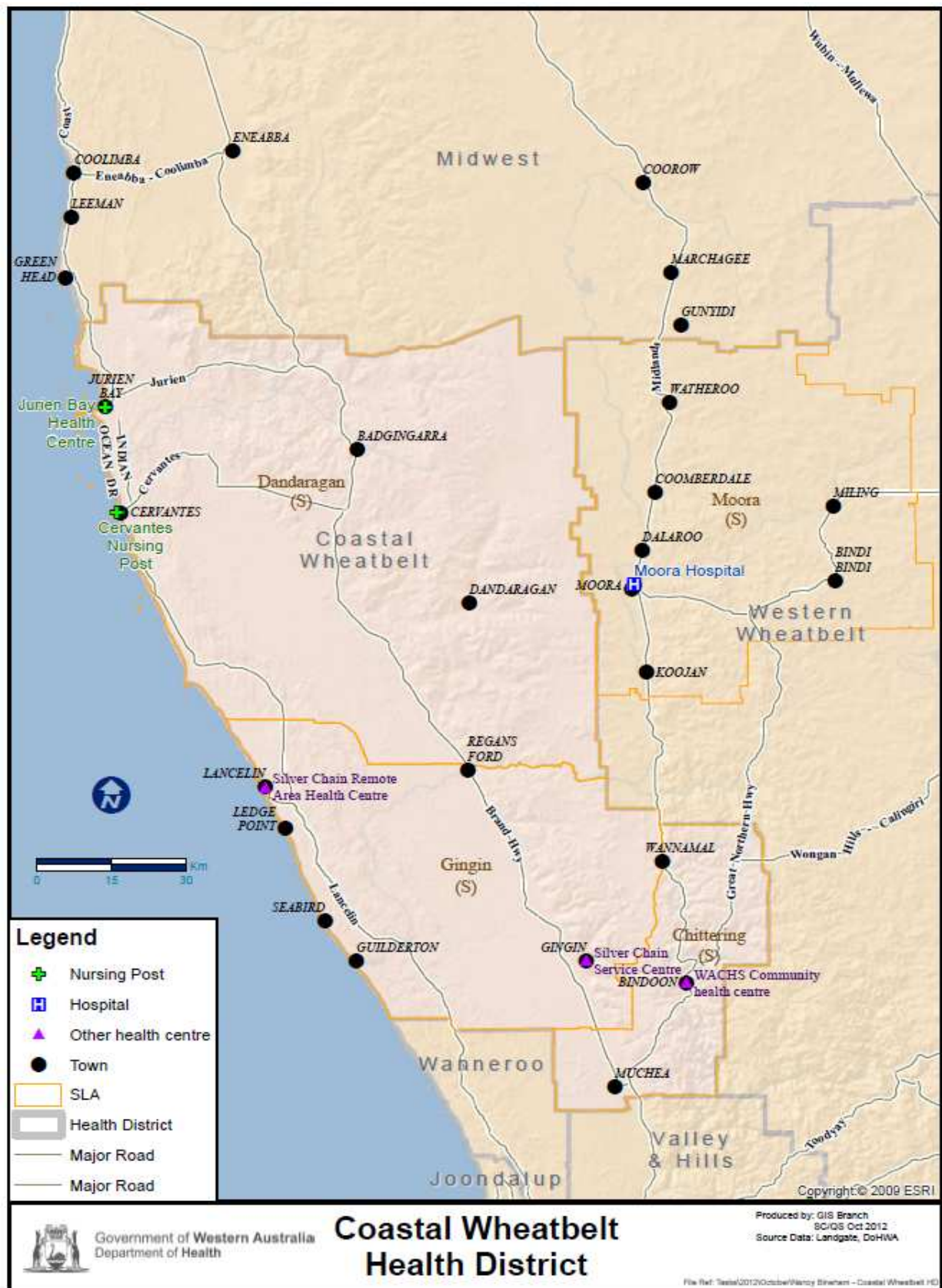
- **Western** Wheatbelt Health District: Beverley, Cunderdin, Dalwallinu, Dowerin, Goomalling, Koorda, Moora, Northam, (Town and Shire), Tammin, Toodyay, Victoria Plains, Wongan-Ballidu, Wyalkatchem and York.
- **Coastal** Wheatbelt Health District: Chittering, Dandaragan and Gingin.
- **Eastern** Wheatbelt Health District: Bruce Rock, Corrigin, Kellerberrin, Merredin, Mount Marshal, Mukinbudin, Narembeen, Nungarin, Quairading, Trayning, Westonia and Yilgarn.
- **Southern** Wheatbelt Health District: Boddington, Brookton, Cuballing, Dumbleyung, Kondinin, Kulin, Lake Grace, Narrogin (Town and Shire), Pingelly, Wagin, Wandering, West Arthur, Wickepin and Williams.

Figure 2: Wheatbelt Region of Western Australia



Source: Department of Health, Epidemiology Branch, 2012

Figure 3: Map of the Coastal Wheatbelt and Moora Catchment

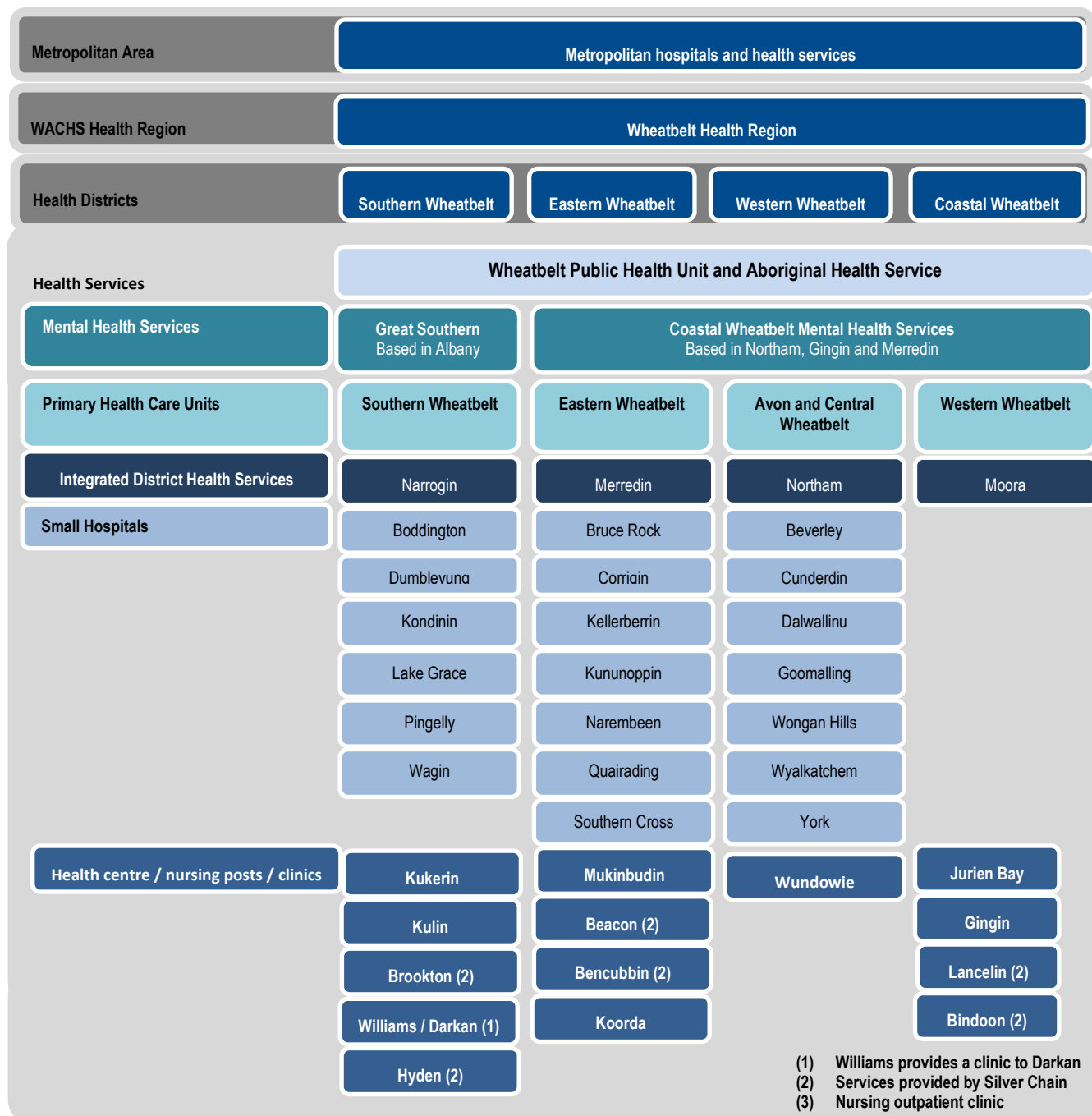


Source: Epidemiology Branch, Department of Health WA, November 2012

3.2 WACHS Wheatbelt current services

The operational network of WACHS hospitals and health services are highlighted below in Figure 4.

Figure 4: Current operational network of WACHS services



Note: Moora Hospital whilst listed as part of the Coastal Health District also provides services to some residents of the Western Wheatbelt particularly those living in Dalwallinu.

Note Bindoon Health Centre is owned by the Shire of Chittering and WACHS .Silver Chain operate and provide services from this Centre.

3.3 Organisational Governance

The Organisational Governance structure for the Wheatbelt including the Western/Coastal Wheatbelt is detailed in Appendix D. In summary there are four structures that support the District:

- Operational structure for acute, emergency, clinical support, non-clinical support and associated corporate functions (managed through the Operations Manager, Western Wheatbelt).
- Corporate Services structure (managed through the Director of Corporate Services, WACHS Wheatbelt region).
- Mental Health Services structure (managed through the Regional Manager of WACHS Wheatbelt Mental Health Services).
- Population Health (managed through the Director of WACHS Wheatbelt Population Health). This has three units covering the Western and Coastal Wheatbelt:
 - WACHS – Wheatbelt’s Public Health Unit
 - WACHS – Wheatbelt’s Aboriginal Health Service
 - WACHS - Western Wheatbelt Primary Health Service (Serves Gingin, Chittering, Moora and Dandaragan shires)

3.4 Community Engagement in Health Services

3.4.1 Southern Country Governing Council

On 1 July 2012, Western Australia officially launched five new Health Service Governing Councils made up of community members and clinicians selected by the Minister for Health. These high-level governing councils have an important role to play in planning, monitoring and reporting on our public health services, and engaging with clinical and community stakeholders.

3.4.2 District Health Advisory Council

The Western Wheatbelt DHAC and the Shire’s associated Local Health Advisory Committees (LHACs) enable Western (and Coastal) Wheatbelt community members to have input into local health service planning, access, safety and quality processes.

The Southern Country Governing Council and the District Health Advisory Councils (DHACs) provide a voice for the community and consumers to WACHS Executive and senior managers, the Minister for Health and Director General of Health about country health needs, priorities and services.

3.5 National, State and Local Health Policy Context

The strategic direction for service delivery to the Coastal Wheatbelt within this Service Plan considered the recommendations of National, State and local government policies as outlined in Appendix C.

Further background information regarding these policies can be found on the WACHS internet and intranet.

3.6 Local planning initiatives

The SIHI and service reform initiatives outlined in this Service Plan have evolved from the previous planning initiatives for the Wheatbelt Region.

The *Wheatbelt Health Memorandum of Understanding Group* (Health MOU group) was formed in 2006 and undertook a community consultation in relation to health services. Priorities include improving access to services and increasing use of technology (more information is located at www.wheatbelt.wa.gov.au/projects/wheatbelt-health-planning).

The *WACHS – Wheatbelt Clinical Services Plan, 2009* recommended implementation of an Ambulatory Care model to reduce inpatient demand and strengthening primary health care along with increasing the capacity of integrated district health services.

The [*Wheatbelt Aboriginal Health Plan 2010*](#) identified the following 12 priority health service delivery issues:

- Social and emotional wellbeing, grief and loss, mental health
- Smoking, alcohol and drug abuse
- Medical service access and sensory health – vision and hearing
- Affordable pharmaceutical access
- Oral health and dental services
- Chronic diseases – diabetes (includes podiatry), kidney disease, asthma, cardio-vascular disease, cancer
- Youth disengagement and associated poor sexual health
- Early years – parenting, early education, access to child health
- Injury, community based first aid skills
- Aged care, respite and dementia
- Transport and accommodation to attend medical appointments
- Cultural security across the spectrum of health services.

Proposed strategies also included ensuring Wheatbelt residents are informed of where they can obtain essential medical services and that essential support services, such as pathology, radiology and telehealth are available.

3.7 Existing Federal or State Government Commitments

3.7.1 Southern Inland Health Initiative (SIHI)

The \$565 million *SIHI* project aims to work with the Commonwealth to reform and improve access to health care for all residents of the Southern Inland area of Western Australia over the next five years. The SIHI will impact on selected communities within the Wheatbelt, Midwest, South West, Great Southern and Goldfields health regions, but excludes the regional hospitals and South West coastal areas.

SIHI aims to dramatically improve medical resources and 24 hour emergency coverage, while boosting primary health care service delivery via the implementation of six streams of work. The streams are highlighted below with the allocations made for the Coastal Wheatbelt to achieve the intention of the Stream.

The Service Plan will inform the SIHI Implementation Plan for the Western and Coastal Wheatbelt, which will invest funds from the State Government's *Royalties for Region Scheme* that includes:

- \$240 million investment in health workforce and services over four years
- \$325 million in capital works over five years

Table 1: SIHI overview

Stream (Total Southern Inland Area)	
1.	District Medical Workforce Investment Program (\$182.9 million) to significantly improve medical resources and 24 hour emergency response across the districts.
2.	District Hospital and Health Services Investment Program (\$147.4 million) <ul style="list-style-type: none"> a) to provide major upgrades at Northam, Narrogin, Merredin, Katanning, Manjimup (Warren Hospital) and Collie. b) Recurrent funding of \$26 million will also be provided under this program to boost primary health and ambulatory care services across each district.
3.	Primary Health Care Demonstration Program (\$43.4 million) will provide communities with the opportunity to re-examine how health services are delivered in their districts. Funding will be made available to boost primary and ambulatory health services for communities that opt in.
4.	Small Hospital and Nursing Post Refurbishment Program (\$108.8 million) will provide a capital works program for small hospitals and nursing posts to be refurbished or, if required, rebuilt to enable delivery of health care services that will match the needs of their communities.
5.	Telehealth Investment (\$36.5 million) will introduce innovative "e-technology" and increased use of telehealth technology across the region, including equipment upgrades.
6.	Residential Aged Care and Dementia Investment Program (\$20 million) will provide incentive for private providers to expand options for residential aged care and dementia care across the Southern Inland area.

3.7.2 'SuperTowns'

SuperTowns is a *Royalties for Regions* initiative to encourage regional communities in the southern half of the State to plan and prepare for the future so they can take advantage of opportunities created by WA's population growth.

Jurien Bay has been selected as a SuperTown based on its potential for population growth; economic expansion and diversification; strong local governance capabilities; and potential to generate net benefits to WA. The Jurien Bay SuperTown planning process commenced in September 2011. [The Jurien Bay SuperTown growth plan](#) aims to increase the current population of Jurien Bay and the wider Dandaragan Shire (approximately 3,200 people currently including 1,500 in Jurien Bay) to 20,000 over the coming decades.

3.8 Strategic directions for service delivery in the Coastal Wheatbelt

A review of government policies, local planning initiatives and an analysis of the demography and health needs of the Wheatbelt and Coastal Wheatbelt, identified the following strategic directions for service delivery for the Moora Hospital and Coastal Wheatbelt health services:

- Strengthen the integration of services across the continuum of care
- Review the capacity of Moora Hospital and its CSF role delineations in the context of ensuring patient safety and workforce constraints
- Focus on primary health care and non-inpatient care
- Strengthen partnerships with primary care, private and not-for-profit providers
- Deliver care closer to home where safe and viable to do so
- Improve Aboriginal service access and health outcomes
- Improve services to older people
- Attract and retain a skilled workforce and enhance workforce capacity
- Utilise ICT advancements for better care, including Telehealth
- Create a safer environment for all.
- Focus on those areas with projected high growth (Chittering and Dandaragan) to plan future health service changes and/or expansion and facility development.

3.9 Key drivers for change

The catchment population, current and projected activity data, and qualitative information have been analysed along with information gained from a series of consultative workshops with service providers and external stakeholders. This analysis has identified current service strengths within the Coastal Wheatbelt as well as a series of specific issues which are driving the development of future models of care and service reform priorities for WACHS Coastal Wheatbelt. These strengths and issues inform the proposed strategies for service improvements and reforms presented in Sections 4.0 and 5.0.

4 District Wide Current and Future Services

The following section details the current service models and future service reform strategies for the Coastal Wheatbelt and Moora area based on the issues and priorities highlighted in Section 3, the demography and health status information in Appendix B: Demography and Health Needs and the overview of current and future inpatient demand and supply activity for the district including patient flows in Appendix E

The information in this chapter will provide guidance for services in the district as they work towards consolidating improved primary health care models of care under the SIHI and acute care services at Moora.

The remaining sub-sections detail each service/department's current service profile and proposed service reform strategies and service improvement initiatives.

WACHS health services within the Coastal Wheatbelt and Moora catchment include emergency response, acute, ambulatory and primary health care services and residential aged care.

The remainder of this section is organised firstly by District wide services and then by site.

4.1 District Wide Primary, Population Health and Ambulatory Care

4.1.1 Definitions:

Primary Health Care

Primary health care services provide first level community based health care, across the life continuum. Primary health care encompasses medical (general practice), nursing and allied health services. It cover the scope of services provided by child and maternal health services, Aboriginal health workers, school and youth health, community mental health, oral health, community aged care and chronic disease care coordination and other health workers, such as multicultural health workers, health education, health promotion and community development workers.

As part of the *National Health and Hospitals Reform Agenda*, the Commonwealth Department of Health and Ageing has outlined the national reform agenda for primary health care services in Australia which includes:

- better integration of services
- access to multiple primary health professionals at one site
- co-location of services to improve accessibility for small communities

One of the key aims of SIHI is to provide a platform to realign health service delivery to boost primary health care services and implement the program direction. The preferred future model of primary health care in Coastal Wheatbelt and Moora will support the program, align with the intentions of SIHI and link with the South West Medicare Locals.

Integrated primary health care services offer the opportunity for improved economies of scale and efficiencies, integrated systems and promotion of a collaborative approach to patient and consumer health care and service improvement.

Integrated programs addressing issues such as chronic disease care coordination, community rehabilitation, maternal and child health, youth health, oral health and suicide prevention, will enhance the services delivered.

Population Health

Population Health Services are an essential element of the continuum of health care as they cover public and community health services across the age and care continuum. The focus is on health promotion and primary prevention plus interventions directed at preventing or minimising the progression of chronic disease (secondary and tertiary prevention) where possible.

Ambulatory Care

Ambulatory health care services generally refers to the planned services provided to patients who are able to 'walk in and walk out' of a health service on the same day. This includes:

- Primary health care services, particularly those services focused on management of chronic diseases and mental health.
- Same-day surgery and procedures
- Visiting and nursing outpatient services

4.1.2 Population and Primary Health Care

Within country WA ambulatory, primary and population health services are delivered by a range of service providers, including both WACHS primary and secondary level services. Services are often delivered in partnership with several other not-for-profit and private providers in the district and region described in Appendix G.

The following health care services are provided to the Coastal Wheatbelt and Moora residents by WACHS Wheatbelt:

Regional Wheatbelt Population Health Unit which includes:

- **Wheatbelt Public Health Unit** is based in Northam and provides outreach public health (including disease control, health promotion programs and project implementation) services to the entire Wheatbelt Health Region, including the Coastal Wheatbelt.
- **Wheatbelt Aboriginal Health Service** is run and managed by WACHS Wheatbelt. It is based in Northam and provides outreach services to address the health and wellbeing needs of the Aboriginal community. They are also responsible for the delivery of Aboriginal health promotion, social work and 'Bringing Them Home' counselling to the whole Wheatbelt region.
- **Western Wheatbelt Primary Health Service** is based in Moora and provides Aboriginal health, allied health, community health nursing and health promotion services from Moora. Outreach services are provided to all towns in the Moora area and Coastal Wheatbelt based on need. Referral to the service can be via a health professional or self-referral. This team includes:

- Aboriginal Health Workers
- Aboriginal Liaison Officers
- Community Health Nurses – Aboriginal health and Aboriginal antenatal programs
- Community Health Nurses – child health, school health & immunisation
- Dietitian
- Health Promotion Officer
- Occupational Therapists
- Physiotherapists
- Social Worker
- Speech Pathologists.

The child development team (comprised of the above professionals) provides assessment, treatment and case management of children with developmental delay and disability. The child development team has been liaising with Aboriginal elders and the Department for Communities – Best Start program to improve services for at risk Aboriginal children, as well as building a store of culturally appropriate resources (books).

Western Wheatbelt Primary Health Service also provides community mental health prevention and promotion activities such as the 'Act, Belong, Commit' program out of Northam to the Coastal Wheatbelt.

4.1.3 Domiciliary / Extended (outpatient) Nursing Care

Within the Coastal Wheatbelt and Moora area there are domiciliary / extended care nurses available 3-4 days per week, who provide both appointments for outpatient care appointments (which are held within the ED at Moora Hospital), and outreach services to Dandaragan, Badgingarra, Miling, Watheroo and New Norcia on a regular basis.

When the extended care nurses are unavailable, ED staff at Moora, Jurien Bay and Lancelin provide post acute outpatient services (e.g. wound care). Elderly HACC clients are encouraged to access available outpatient services (not HACC specific), when transport is available to them.

Within Lancelin the Silver Chain nurses provide some of these types of services at the Lancelin Health Centre, however are not funded to provide Hospital in the Home type services.

In Bindoon and Gingin Silver Chain also provide some extended care nursing services for HACC eligible clients.

4.1.4 Issues Identified

- There is a lack of awareness of services available for community members to access.
- Demographic information and current service levels suggests that the Chittering Shire has the greatest need for primary health services followed by Gingin community, but neither Bindoon nor Gingin has a

comprehensive primary health care centre or nursing post including emergency response services to the level of Jurien or Lancelin.

- The Commonwealth Carelink centre may be a good repository of service information, but there is a need to promote the use of these services as they are not only for older people, which is not well known.
- There are no specific mental health beds (authorised, designated or step-down) within the Western, Eastern or Coastal Wheatbelt districts. Patients requiring inpatient mental health care predominantly access this care from metropolitan hospitals. This has challenges around continuity of care and communication with local services in the districts (e.g. if someone has been an inpatient in the metropolitan area they may not be referred to the local community mental health service, and so may not receive follow-up care and support).
- There are no mental health accommodation options for people who can not go home (i.e. no step down facility, sub acute beds or supported living units).
- The coordination of care and general communication between metropolitan and local health services can be challenging, as well as segregation due to differences in geographic boundaries.
- Discharge planning from the metropolitan area back to the Coastal Wheatbelt is viewed as a major issue. For example, information is not always shared with local health professionals and patients may be discharged on a Friday afternoon when there is limited, if any, post acute care available locally.
- There is limited domiciliary or health centre based post acute care, with people often needing to travel to the metropolitan area. Different Coastal Wheatbelt centres provide post acute and nursing outpatient services at health centres and through HACC providers. Silver Chain is not funded to provide post acute care within existing contracts. There are extended care nursing services (outpatient nursing care) located at Moora Hospital, Jurien Bay Health Centre and Lancelin Health Centre.
- Patient Transport and lack of access to public transport was raised as a major issue for all areas impacting on service access for more vulnerable groups, particularly older people and mothers with several young children.
- Community members expressed a desire for more health promotion within the community, particularly regarding improved recognition of mental health issues.
- For residents in small centres outside of the larger communities of Lancelin, Jurien, Bindoon and Gingin sites, access to services was consistently raised as an issue. For most of these centres residents must travel to a larger community or to the metropolitan area to access services. The distances are generally around 15 to 30 minutes travel time. Outreach clinics by GPs/Nurse Practitioners were suggested but this option may not be viable given the lower numbers of people in outlying areas.

- Given the ageing population within the Coastal Wheatbelt and Moora area there will be an increased need for extended care / domiciliary nursing services.

The proposed strategies for service reform and areas for service improvement are described below. Specific actions will be contained with subsequent implementation and operational planning. It is the intention that more service and funding partnership approaches will develop over time to address the health needs of the population identified in this plan.

Proposed service reforms and service improvements – Ambulatory, Population and Primary health

The demographics and review of current service levels across the Coastal Wheatbelt indicates that the Chittering Shire is a priority area for additional allied health, health promotion, primary health, child, maternal and community mental health and drug and alcohol services over the next few years to ensure the needs of the high and rapidly growing population. This area has limited primary health or population health services.

Ambulatory Care

- The Northam based primary health care and nurse practitioners being recruited will provide services across the Western and Coastal district. This will enhance coordination, clinical up-skilling and access to primary health care in the Coastal Wheatbelt and Moora.
- Develop inter-agency case management and care coordination models, particularly focusing on people with complex and co-morbid mental health and alcohol and drug or other chronic physical health issues.
- Explore opportunities to increase post acute care or extended care services, given the lack of existing services and projected growth in the number of older people.
- Note specific strategies for each location are listed in Section 5.

Information Sharing

- Increase the community and other health provider awareness of available services through enhanced communication between providers, and making information more accessible to improve service access and maximise service utilisation.

Primary Health Care / Population Health

- Develop an Early Years Network(s) across the Coastal Wheatbelt to ensure inter-agency communication and early intervention for children prior to school.
- Increased access to and coordination of health promotion and access to primary health services across the district, aligned with local needs and population growth. The priority primary health services include chronic disease self management, additional allied health to enhance home visiting capacity for elderly clients, mental health and drug and alcohol health promotion and general health promotion, antenatal and postnatal care, lactation consultancy, mothers groups.

Proposed service reforms and service improvements – Ambulatory, Population and Primary health

- Improve access by vulnerable groups in targeted immunisation programs such as older people, Aboriginal people, people from low socio-economic groups, health workers.
- For mental health patients, improve the communication flow to the community mental health team to improve follow-up and support locally.

Partnerships

- The current gaps in services provision for post acute care and primary health care need to be discussed with the Southwest WA Medicare Local. It may be possible to provide education /support via Telehealth for staff in other centres providing domiciliary care.
- Develop interagency and tertiary partnerships to improve appointment, discharge planning and follow up for Wheatbelt residents hospitalised in the metropolitan area, particularly those with complex needs. This would include improving communication, documentation, boundary issues and day of discharge decisions.

4.2 Aged Care

4.2.1 National Aged Care Reforms

The Australian Government released a report "Living Longer, Living Better" in 2012 which identifies a range of Aged care Reforms which include:

- Greater emphasis on community care and increased numbers and levels of home support programs. It is uncertain how this will relate to MPS community package funding as the details have not been released. However with the ability of MPS' to remain as an MPS without a community service component there may be opportunities for increased private provider service provision. Similarly there is an opportunity to review occupancy of dedicated low residential care beds with a view of funds transfer from residential to community care in line with reforms.
- Increase in carer respite care. This could be possible in the Wheatbelt with the potential attrition of low care permanent care beds
- Creation of centralised information and assessment centres. In WA this is being delivered through Regional Assessment Services which removes the role of assessment from the individual HACC projects. The Wheatbelt Aged Care Unit will explore the implementation of an independent assessment service for HACC as per Kimberley and South West.
- Focus on dementia including primary and hospital care. The Wheatbelt will participate in a State Health dementia project including training for staff to identify signs of dementia at the point of admission and the implementation of appropriate protocols.

4.2.2 Community Aged Care

The Wheatbelt Regional Community Aged Care Program includes the following services:

- Aged Care Assessment Team (ACAT), who assess the care needs of the aged care client and refer them to community and residential aged care service providers. The regional ACAT team provides a visiting service to Moora and the Coastal Wheatbelt from their base in Northam.
- The Home and Community Care (HACC) program which provides services such as domestic assistance, social support, nursing care, respite care, food services and home maintenance, which aims to support people who live at home and whose capacity for independent living is at risk of premature admission to long-term residential care. In Lancelin, Gingin and Bindoon these are provided by Silver Chain whereas in Moora and Jurien they are provided by WACHS – Wheatbelt.

Across the Coastal Wheatbelt and Moora the HACC services are highly regarded by the community for supporting older people to remain in their homes for as long as possible, and particularly important given the lack of residential aged care available locally.

- Community Aged Care Packages (CACPs) are funded by the Commonwealth Government and are targeted at frail older people, aged 70 years and over (or 50 years and over for Aboriginal and Torres Strait Islander people), with complex care needs who wish to remain living in their own home. The CACP program support people who would otherwise be assessed as requiring a low level of residential care.
- The Extended Aged Care at Home (EACH) provides care for people who would otherwise be assessed as requiring a high level of residential care and the Extended Aged Care at Home Dementia (EACHD) program supports people who have complex high-care needs associated with their dementia.
- The Community Aids and Equipment Program (CAEP) is a region wide service in the Wheatbelt and provides eligible people with equipment and home modifications following assessment by local allied health service providers. The CAEP service is managed centrally from Northam.
- There are Independent Living Units located in Lancelin (10), Gingin (4), Moora (28), Jurien (99) – through the Returned Services League – (RSL) and future units planned for Bindoon.

4.2.3 Residential Aged Care

The current Commonwealth planning benchmarks are for the provision of 44 high care beds and 44 low care beds and 20 to 25 places for community care (with 4 for high level community care and 21 for low level community care) for every 1,000 people aged 70 years and over (non-Aboriginal) and aged 50 years and over (Aboriginal). The Commonwealth aged care reform agenda will see these benchmarks changing from July 2014 when there will be no distinction between high and low care approvals and the approval being based on need.

Within the Coastal Wheatbelt and Moora area:

- Currently the only residential aged care services within the area are provided by the Dandaragan-Moora MPS from Moora, 120 kms from the coast, (see Section 5). The Dandaragan-Moora MPS provides 'flexible care places' in Moora under a pooled Commonwealth/ State funding MPS Agreement as private aged care facilities are not viable.
- The Moora-Dandaragan MPS is currently allocated 47 places, including 19 flexible high care residential places, 21 flexible low care residential places and 7 flexible community aged care packages. Not all residential places are allocated and all are located in Moora. There are 9 high care beds provided through WACHS at the Moora Hospital and 10 low care beds at Moora Frail Aged Lodge operated by the Moora Homes for Aged committee.
- Geriatrician services are contracted through Royal Perth Hospital with a psycho-geriatrician and geriatrician visiting Moora once per year and additional geriatrician consultation services from Northam.

SIHI includes a residential aged care and dementia investment program that will provide incentives for private providers to expand residential aged and dementia care across the Southern Inland area, including for the Moora-Coastal Wheatbelt residents.

The Wheatbelt Regional Development Association (WRDA) has an independent consultant working with local governments, agencies and communities to assess the aged care need across the Region, rather than ad hoc individual local government and WACHS and non government planning. This process will also propose aged care models for the future. The outcome will be a regional Aged Care Planning Strategy.

Issues identified

- Population projections indicate that the greatest change to the age structure for the Coastal Wheatbelt is for the older population with an increase from 9% to 13% of the population. The greatest numbers of people over 65 years of age in the Coastal – Moora localities will be in the Chittering Shire into the future but the greatest proportion of those over 65 will be in the Dandaragan and Moora shires (over 15%) although the overall numbers will not be as high as the Chittering Shire (refer Appendix B).
- The increasing older population will place greater demand on health and community services for older people, both from the increased numbers of people and the fact that older people experience greater levels of ill health through chronic disease and cancers.
- For older residents, HACC services are well regarded, but eventually people tend to relocate when they require higher levels of aged care or dementia care. It is reported that some community members choose to stay at home without the care they need so that they can remain within their community.
- There are currently no private aged care providers throughout the area, and it will be challenging to attract providers. Traditional models of residential aged care need at least 60 beds to be viable, however other multi-site models and 'ageing in place' models are being explored through the WRDA's Aged Care Planning Strategy.

- Although there is funding through aged care packages in some areas linked to the MPS, there are challenges in utilising funds given the limited availability of local service providers and workforce in the area.
- Respite services are very limited throughout the Coastal Wheatbelt - Moora area.
- The Coastal Wheatbelt has one palliative care bed at Moora hospital and home supports available via the Regional Palliative Care Nurse Coordinator.
- Several Coastal Wheatbelt communities noted the need for Older Mental Health Services (mental health services are more fully discussed later in this plan).
- There is a gap across the entire Wheatbelt for specialised dementia care.

Proposed service reforms and service improvements – Aged Care

- Explore a Regional Model/Network of Aged Care in collaboration with the Wheatbelt Regional Development Commission's Aged Care Planning Strategy.
- Support Local Shires to explore independent living options for older people in the area. 'Independent living options' includes both ageing in place within the home, and moving to supported well aged housing.
- Increase access to geriatrician and psycho-geriatrician, through visiting or Telehealth consultations.
- Increase access to respite care either through HACC in home respite, Moora or private aged care provider (e.g. proposed Jurien Supertown Lifestyle village at Jurien).
- Consider greater access to community aged care packages where there is an identified need and explore the potential for transfer of HACC to a non government provider.

4.3 Oral Health Care

The National Health Reform Agreement 2011¹ reiterates the Commonwealth's role as the system manager and funder for Primary Health Care, General Practitioner Services and Aged Care Services. This range of services includes dental care.

In August 2012 several Dental Health Reform initiatives were announced including:

- A *Child Dental Benefits Schedule* for children between 2 and 17 years (replacing the Medicare Teen Dental Plan and with a total benefit entitlement capped at \$1,000 per child over a 2 year period.)
- A National Partnership Agreement (NPA) for adult public dental services to commence 1 July 2014. \$1.3billion will be provided to states and territories to expand low income adult public dental health services

¹ Commonwealth and Western Australian Government National Health Reform Agreement 2011

- A total of \$225 million will be provided for infrastructure (workforce and capital) to assist in “reducing access barriers,” and to target gaps in service delivery. Public and private sector agencies will be able to apply.

Within the Coastal (and wider) Wheatbelt and Moora areas there are limited oral and dental health services available to local residents.

Public Services

The closest public dental services for eligible adults in the Coastal Wheatbelt are offered at the Joondalup or Midland General Dental Clinics in Perth. Alternatively residents must access private dental services. A two chair public dental clinic based at Northam has been proposed in the future. There is also a Mobile Public Dental Unit (CDU 2) which treats eligible adults and children while sited at the towns of Beacon, Bencubbin, Dalwallinu, Goomalling, Koorda, Mukinbudin, Wyalkatchem, Cadoux and Buntine.

Dental care for school children in WA is available via Dental Therapy Centres (fixed centres) and Mobile Units.

School dental services available in the Coastal Wheatbelt and Moora area include those available through CDU2 as detailed above; the ‘Jurien’ mobile unit which includes the towns of Jurien, Eneabba, Cervantes, Badgingarra, Leeman, Lancelin and Yanchep within its circuit and ‘Moora’ mobile unit which includes the towns of Gingin, Wongan Hills, Kalannie, Ballidu, Calingiri, Bindoon, Yerecoin, Moora, Dandaragan, Watheroo and Miling within its circuit.

Private Dental Services

- Moora – There is a private dentist who will see people on a Medicare plan.
- Lancelin – There is no private dentist
- Jurien – There is one private dentist
- Bindoon – There is one private dentist
- Gingin – There is no private dentist. Planning consultations however identified that the cost to establish a new dentist within Gingin was likely prohibitive and that the dentist in Bindoon was sufficiently close.

Oral and dental health is considered a core primary health service area. Dental Health Services (DHS) and WACHS are meeting with the aim to better integrate dental health and WACHS, thereby increasing access to services.

Proposed Strategies service reforms and service improvements – Oral health

- Access supports available through the National Dental Reform initiatives (for workforce, services funding and infrastructure funding) to increase local private dental service availability.

4.4 Mental Health Services

Specialist Adult Mental Health Services in WACHS are purchased through the WA Mental Health Commission. The Commission's role is briefly described under Appendix G – Stakeholders and Health Partners.

Delivery of public mental health services to the rural communities of Western Australia is a significant challenge. The 2012 *Review of the admission or referral to and the discharge and transfer practices of public mental health facilities and services in WA* (the Stokes Review) recognised the need for consistent, quality mental health care to be available to all Western Australians.

The Review's first priority was the development of a Mental Health Clinical Services Plan for WA to be progressed jointly between the WA Mental Health Commission and the Department of Health. The Plan will embrace the key elements of clinical care, rehabilitation, living accommodation, geographical location and infrastructure build and support.

The WACHS prepared a two year Mental Health Services Plan in December 2012 to inform the WA Mental Health Clinical Services Plan. It outlines rural and remote clinical service and corporate reform priorities for specialist mental health services that support people with severe, persistent and enduring mental health issues including co-existing drug and alcohol issues. These priorities and principles will address needs and gaps identified in the Stokes Review and inform WACHS service planning.

4.4.1 Mental Health Services

The Gingin based community mental health team provides community mental health services to the Coastal – Moora catchment area and has a case management role for child and adolescent, as well as adult specialist mental health services. There is also a visiting Aboriginal mental health professional.

Triaging of people with mental health issues in the Wheatbelt region is performed centrally in Northam via the phone.

Rural Link is available for after hours mental health issues and the region has worked to strengthen the mental health services within the emergency departments. Rural Link has access to mental health plans so they can obtain such information when needed. During the day the Rural Link phone number diverts to community mental health, ensuring people are able to get in touch with the locally based service.

Health Tracks data shows that between 2006 and 2010 there were 11,322 mental health occasions of service to Coastal Wheatbelt residents.

The activity provided by Wheatbelt health services as a whole was 12,610 occasions of service from Northam in 2009/10 and this was an increase on previous years. This data should be treated as a guide only as there are some limitations with the data integrity. (MHIS)

A psycho-geriatrician is currently available via Telehealth to the Coastal Wheatbelt and Moora area, providing specialist mental health services for older people.

4.4.2 Mental Health Prevention and Promotion Services

There are a number of mental health prevention and promotion activities that are provided by population health in the Western and Coastal Wheatbelt including the 'Act,

Belong, Commit' program. The WACHS – Wheatbelt Mental Health Service has also received Coalition of Australian Governments (COAG) funding to facilitate the development and implementation of the Specialist Aboriginal Mental Health Service (providing both assessment and treatment services). Department of Education school psychologists are also available across the district.

4.4.3 Private Psychological Services

There is a private psychologist providing services in Bindoon, but not in other Coastal Wheatbelt centres.

4.4.4 Alcohol and Other Drug Services

The Community Drug and Alcohol Service is provided by Holyoake as described in Appendix G.

4.4.5 Inpatient mental health services

Moora and Northam hospitals currently provide limited voluntary inpatient care for non complex clients in general medical wards which are staffed by registered (general) nurses not by mental health nurses. The community mental health team inreaches into the hospital upon request.

The WACHS - Wheatbelt does not have, and there are no plans to have, an authorised mental health inpatient unit due to its relative proximity to Perth.

4.4.6 Issues Identified

- There is a notable lack of awareness of the community mental health services available to the Coastal Wheatbelt and Moora area, outside of Gingin where the team is based.
- A high proportion of people requiring inpatient mental health care need to travel or be transported to Perth to access this care (both voluntary and involuntary admissions).
- There is no crisis accommodation or supported 'step down' care available in the Coastal Wheatbelt and Moora area.
- The community perceives there are access issues, particularly for youth with the current provision and style of services not being youth friendly.
- Care coordination and case management approaches for people with mental health, physical health and/or alcohol and other drug co-morbidities and complex psycho-social issues, particularly for those accessing or being discharged from services in Perth, is limited, leading to care being uncoordinated, or poor discharge planning and follow up. Examples of such difficulties were frequently cited in the Stokes Review, 2012.
- There is limited access to mental health services for young people.

Proposed service reforms and service improvements – Mental Health and Alcohol and Other Drugs (AOD)

- The endorsed Western and Eastern Wheatbelt district services plans have proposed that non authorised voluntary mental health treatment be available at Northam and Merredin in line with the WA Health Clinical Services Framework, 2010 for Level 3 mental health services, with associated mental health staff who

Proposed service reforms and service improvements – Mental Health and Alcohol and Other Drugs (AOD)

would provide voluntary inpatient mental health care. (The Southern Wheatbelt already provides this service model at Narrogin by allocating 2 beds specifically for mental health care and employing enrolled mental health nurses. This model achieves around 70% mental health self sufficiency compared to around 28% self sufficiency at Northam). *Plans are available on the WACHS website: www.wacountry.health.wa.gov.au.* This model is a priority strategy in the *WACHS Mental Health Plan, 2012* for district hospitals to enhance care closer to home and inpatient mental health self sufficiency.

- Several communities identified the need for Older Mental Health Services (linking with Geriatrician, Psycho-geriatrician) and also greater access to Youth Mental Health Services including via telehealth. These needs are supported by the district demographics.
- Improve access and referral processes to community mental health services for the Coastal district as Moora, Lancelin and Jurien Bay residents and service providers were generally unaware of community mental health services during planning consultations.
- For Coastal Wheatbelt residents the enhancement of case management and care coordination and comprehensive discharge planning were indicated as a major area of need, regardless of where the hospitalisation occurs.

4.5 Cancer and Palliative Care

The WA Cancer and Palliative Care Network in collaboration in WACHS appointed a Rural Cancer Nurse Co-coordinator (RCNC) in January 2007 and a regional Palliative Care Coordinator in 2008 (RPNC). The RCNC and RPNC facilitate coordinated regional approach to cancer services and palliative care for patients in the Wheatbelt.

Chemotherapy services are primarily provided in Perth but a small rural cancer unit will be developed at Northam through Commonwealth infrastructure funding (refer Western Wheatbelt Services Plan, 2012).

4.6 Coastal Wheatbelt and Moora Clinical Support Services

4.6.1 Medical Imaging

Residents of the Coastal Wheatbelt and Moora generally travel to Perth for imaging services.

There is no Medical Imaging Technologist (MIT) based within the Coastal Wheatbelt and Moora area.

Currently the imaging services available locally are x-rays of extremities and chest by nurse x-ray operators located at Moora hospital and Jurien Bay Health Centre. There is no provision of ultrasound at any centre within the Coastal Wheatbelt. Bindoon and Gingin residents must travel to Perth for all imaging services.

It is estimated that an MIT based at Moora would likely increase the amount of imaging provided to approximately 2000 occasions of service each year. The establishment of an MIT position would be justified by the volume of activity.

4.6.2 Issues Identified:

- The lack of local medical imaging technologist in the Moora-Coastal Wheatbelt area was identified as a current and future need as the limited range of imaging available locally (only chest and extremity radiographs) is considered insufficient for local demand.
- Increasing medical imaging services will require substantial facility redevelopment.

Proposed service reforms and service improvements – Medical Imaging

- Increase the availability of a wider range of medical imaging services in the Coastal Wheatbelt and Moora area through the introduction of a local medical imaging technologist (MIT) based in Moora.
- Explore opportunities for private/public partnership models to establish more comprehensive imaging services.

4.6.3 Pharmacy

Overall the Wheatbelt region's pharmacy service, which is located in Narrogin, achieves the CSF Level 2 role delineation. The pharmacy department at Narrogin Hospital supplies the Wheatbelt region with both clinical pharmaceutical and supply services to Moora Hospital and supplies are ordered by the iPharmacy system and imprest based (weekly).

There are private pharmacies in Moora, Jurien Bay, Lancelin, Bindoon and Gingin which have varying opening hours most being open 6 days a week. For further details please refer to the site specific details listed in Section 5. All private pharmacies were noted to provide the community methadone program.

No issues were raised during the planning process and it is anticipated this centralised WACHS- Wheatbelt pharmacy service model will continue.

4.6.4 Pathology

PathWest are contracted to provide all pathology services for WACHS. Pathology tests are regularly transported from Jurien Bay, Lancelin, Bindoon and Gingin to Perth (Monday to Friday) and results are returned in a timely manner.

There has been concerns expressed that the increased access to medical and primary health care services will increase the pathology workload and reduce turnaround times, which will need to be monitored.

4.6.5 Sterilising Services

Northam Hospital has a Central Sterilising Services Department (CSSD) that provides sterilising services for outlying hospitals and doctors' surgeries, including Moora hospital and Coastal Wheatbelt health centres.

No issues were raised and it is anticipated this centralised WACHS- Wheatbelt CSSD service model will continue.

4.6.6 Telehealth and e-health

The Wheatbelt region currently utilises telehealth for staff meetings, staff education, and the receiving of outpatient appointments provided by the metropolitan health services.

Considerable work is being undertaken by the *Statewide Telehealth Service* to establish and deploy improved videoconferencing technologies and supporting systems in a consistent and scalable manner across WA Health Department sites.

The initial focus of telehealth will be:

- Clinical telehealth service provision – live, synchronous interaction between two or more locations conducted by videoconference.
- Emergency telehealth – enabling remote monitoring and triage of patients in the acute care setting.

These models will be developed to enable smaller regional sites to link into larger resource centres and / or metropolitan providers in order to access services and advice. Telehealth can deliver:

- Efficient and cost effective services while improving service access, equity, safety and quality.
- Improved health outcomes through increased service access and support.
- Better education, training and support opportunities for local health care providers and consumers.
- Improved collaboration and communication between health care providers.

4.6.7 Issues Identified

- Lack of Telehealth coordinated streamlined outpatients and Telehealth booking system
- At present there are limited metropolitan based specialists who use Telehealth regularly to provide consultations.
- There are limited opportunities for remote health monitoring in peoples own homes
- The community is largely unaware of the advantages of using Telehealth to improve access to health care, and avoid travel to attend appointments.
- There are difficulties in interfacing between private providers (e.g. GPs, Specialists) and WACHS services.

Proposed service reforms and service improvements – Telehealth

- SIHI will assist working with metropolitan doctors to develop Telehealth consultation models which would lead to effective Telehealth consultation for both patient and health professionals. May need to resolve the need for a clinical nurse to be in the room for many consultations.
- The priority services for increased Telehealth for Coastal Wheatbelt residents include:
 - emergency services
 - mental health
 - psycho-geriatrics and geriatrics
 - pain management, palliative care and cancer care
 - general physicians
 - post acute care; and
 - access to the new Emergency Telehealth Service for Jurien Bay, Lancelin and Moora sites and staff.
- Increase opportunities to access ambulatory care type services via Telehealth. This could bring care closer to home, reduce travel for people in these communities and decrease impact on PATS budgets (where eligible).
- Encourage the community to enquire about Telehealth consultation as an alternative to travelling to metropolitan area.
- Ensure local GPs are aware of Telehealth including the Medicare incentives to claim for equipment and undertaking consultations using Telehealth.
- Consider the use of Telehealth for remote monitoring. Liaise with Silver Chain who are rolling out remote monitoring across locations they service, for those clients with chronic disease.

4.7 Coastal Wheatbelt and Moora Non-Clinical Support Services

4.7.1 Engineering, Facilities Maintenance, Cleaning, Gardening and Supply

There is a regional Engineering and Maintenance team based at Northam with responsibility for the continuity of essential services on all hospital sites and buildings in the Western Wheatbelt, including Coastal Wheatbelt and Moora. Cleaning and gardening services are provided by locally employed WACHS staff at Moora hospital. Two team members based in Moora, cover the Coastal Wheatbelt (Gingin, Bindoon, Lancelin and Jurien Bay). If required, additional cover is available from Northam.

A regional service model for supply provides a 'just in time' service. Ordering is completed electronically, delivered centrally to Northam and then sent to smaller sites. Ordering is usually completed two to three times per week. Oracle is used for stores ordering with the catalogue being managed by Health Corporate Network (HCN).

4.7.2 Corporate Services

The WACHS – Wheatbelt Regional Corporate Services are coordinated from the regional WACHS – Wheatbelt office in Northam. This includes the regional executive team, administration, ICT, corporate governance, human resource, medical records management and financial accountability structures and systems.

HCN known as WA Health’s shared services centre, was established five years ago and provides WACHS with centralised Employment and Payroll Services. In addition, HCN provides support to components of the finance function. Health Information Network (HIN) was established in 2005 as Health’s shared ICT service. HIN provides WACHS with a range of ICT related services, but ICT staff remain managed through WACHS.

4.7.3 Information and Communication Technology

WACHS has an ICT Strategic Plan that will guide developments for the next five years, including equipment investment and application development. The implications for services and workforce from the establishment electronic medical records and human resource systems will need to be monitored.

For the Wheatbelt region there is a centralised ICT model provided with a WACHS ICT help desk based in Bunbury. The service is provided from 7.00am to 5.30pm Monday to Friday with an on call service outside these hours. Computer hardware replacement program is supported by the HIN under the End User Computer Project. The WACHS ICT Departments have a working relationship with HIN for application and network infrastructure support.

Proposed service reforms and service improvements – ICT

- Sharing of information via the national roll out of the electronic health record between WA Country Health Services facilities/regions, and into metro and other providers would/will be of great benefit to consumers and professionals.
- Monitor the impact of electronic medical records and human resource systems as these systems are established.
- Refer also to Telehealth strategies in Section 4.6.6

4.7.4 HR, Learning and Development

Human Resources (HR) provide services to the whole of the Wheatbelt. There is a HR Manager, HR Consultant and HR Officer in Northam and a HR Consultant in Kellerberrin. HR also provides Occupational Safety and Health (OSH) services for the Wheatbelt. The OSH Coordinator and the OSH/Workers Compensation Administration Assistant is located in Narrogin. The team provide recruitment support and advice, manage grievances, misconduct/disciplinary issues, classification and establishment queries, workers compensation claims, and provides day to day HR/OSH advice, employee support and HR training.

The Learning and Development team within the Wheatbelt does not report to HR. Each district has a Learning and Development Coordinator that reports to their Operations Manager and is responsible for the coordination of clinical and non-clinical training and development across the Wheatbelt region.

No issues were raised with existing non-clinical support services, except in relation to learning and development, which will be discussed in greater detail under workforce development in Section 4.9. It is anticipated that all these current centralised service models will continue.

4.8 Other District and Regional Wide Service Delivery Enablers

4.8.1 Transport and retrieval

Patient transport and transfer was identified as a major deficit across a range of health conditions and the care continuum. The community members attending the planning sessions felt that the lack of viable and accessible patient transport options within the region as well as to and from metropolitan areas is impacting on the health and wellbeing of residents. Existing patient transport relies on volunteer ambulance, family and friends volunteering to transport patients, with very limited, if any, public transport options. There are a range of transport issues including:

- Need for pre-hospital care (mainly ambulance road transport – primary retrieval),
- Inter-hospital patient transfers (by road or helicopter) to Perth and repatriation back to home communities or hospital;
- Transport of people with a mental health issue or in an altered mental state due to alcohol or drug use, who are a risk to themselves or others;
- Private/public/community transport to outpatient specialists or coming in for local appointments.
- Need for more support for the volunteer St John Ambulance Association (SJAA) services, 5-7 hour turn around for ambulance call out. Includes shared training opportunities and Telehealth supports for SJAA volunteers.
- Local transport issues are also an area of concern – lack of vehicles or lack of appropriate vehicles to home visit patients and transport equipment.
- Unwell, frail and/or aged patients unable to drive or access transport to outpatient or primary care appointments or referrals within the region or in the metropolitan region are reported to sometimes forego appointments which could potentially compromise their health.
- In the Coastal Wheatbelt – Moora area, it has been reported that on occasion health staff have driven patients to appointments but this results in a shortage of staff at Moora and the smaller sites. This problem is exacerbated when transporting a mental health patient as two staff must accompany the patient. Similarly, where patients require non urgent inter-hospital transport from smaller sites to Moora Hospital or metropolitan hospitals, ambulance transport is often used putting pressure on SJAA volunteers and leaving the community without ambulance services.
- There is a current lack of voluntary patient/consumer transport services, difficulty in accessing suitable, reliable vehicles and in some locations no public transport options including in the Chittering Shire.

The statistics for patient transfers in the Coastal Wheatbelt are shown below.

4.8.1.1 Non-RFDS inter-hospital patient transfers

In 2011/12 there were over 176 inter-hospital patient transfers from Moora hospital via ambulance, health service owned transport or helicopter evacuation from Moora Hospital and over 187 from Jurien Bay Health Centre, as detailed below. Ambulances associated with the RFDS transfers shown above are excluded from this information.

Table 2: Coastal Wheatbelt & Moora Hospital: Non RFDS inter-hospital transfers (2010/11-2011/12)

Type		2010/11	2011/12
Moora	Ambulance	127	96
	Hospital Transport	<5	<5
	Helicopter Evacuation	5	<5
	Other*	68	80
Jurien Bay	Ambulance	88	93
	Transport	<5	<5
	Helicopter Evacuation	<5	<5
	Other*	49	94
Total[^]		337	363

Data includes unqualified neonates and boarders.

Includes transfers to acute hospitals, psychiatric hospitals and nursing homes. Excludes transfers from residential aged care facilities and other nursing posts except Jurien Bay.

** Other includes private/public transport, police and other.*

[^]Total does not include the small numbers suppressed in the table as '<5'.

Source: WACHS online ED pivot and WACHS online ATS pivot, as at 25th July 2012.

Note: Ambulances include volunteer, community or hospital owned ambulances, but exclude instances where an ambulance is used in conjunction with RFDS, other plane or helicopter.

As shown in Table 3 below, in 2011/12 only 28 of the non-RFDS transfers from Coastal Wheatbelt hospitals were to other Wheatbelt facilities (hospitals and nursing homes). The majority were to metropolitan facilities, with Joondalup Health Campus receiving the largest number (107 or 29% of all transfers).

Table 3: Destination of non RFDS inter-hospital transfers from Coastal Wheatbelt Inpatient and Emergency Departments and (2011/12)

From	Transferred to	2011/12
Moora Inpatient	Royal Perth	17
	SCGH	12
	Moora Frail Aged Lodge	8
	Other*	46
Moora Emergency	Royal Perth	26
	SCGH	23
	Swan District	10
	Joondalup	9
	PMH	7
	Other*	22
	Joondalup Health Campus	98
Jurien Bay	Royal Perth	21
	Moora Hospital	20
	PMH	14
	SCGH	12
	Geraldton	10
	Other*	12
Total^		367

Data includes unqualified neonates and boarders.

Includes transfers to acute hospitals, psychiatric hospitals and nursing homes. Excludes transfers from residential aged care facilities and nursing posts.

^Includes not stated. Source: WACHS online ED pivot and WACHS online ATS pivot, as at 25th July 2012.

Within the Coastal Wheatbelt and Moora area there are a number of patient transfers that occur via Royal Flying Doctors Service (RFDS) and also on occasion evacuation by helicopter. Most transfers are to Royal Perth Hospital, followed by Sir Charles Gairdner Hospital and Princess Margaret Hospital for Children. Additionally there are also repatriation transfers of patients from the metropolitan hospitals back to the Coastal Wheatbelt area. There is limited data available to produce accurate figures for all patient transfers.

4.8.2 Patient's Assisted Travel Scheme (PATs) and Patient Transport

4.8.2.1 Patient Assisted Travel Scheme

The Patient Assisted Travel Scheme (PATs) provides an important role in linking specialist treatment to country Western Australians. Assistance is offered to eligible residents of a WACHS region and their approved escorts who are required to travel more than 100km (one way) to access the nearest PATs eligible medical specialist services not available locally, via telehealth or from a visiting service.

Assistance is provided in the form of a travel and accommodation (where applicable) subsidy. It is not intended to meet the full costs of travel and accommodation, or to provide assistance with other costs associated with access to specialist appointments. Patients who are required to travel between 70-100km to access the nearest eligible medical specialist service for cancer treatment or dialysis are also eligible for limited PATs assistance.

Most specialist medical services covered by Medicare are eligible under PATs. However, referrals to other health professionals are not covered by PATs.

Local hospitals and health services can provide help with organising travel and accommodation if required. Fuel and accommodation subsidies can also be provided prior to travel if necessary. Taxi vouchers are not routinely provided but in limited and exceptional circumstances will be considered.

Some locations in the Coastal Wheatbelt area including Gingin and Bindoon are less than 100kms from Perth and therefore residents do not qualify for PATS.

Proposed service reforms and service improvements – Patient Transfers / Transport

- Given these issues are experienced across the Wheatbelt Health Region, it is proposed the region supports the SJAA to lead the development of a multi-layered patient transport model in conjunction with the Wheatbelt Development Commission and Shire Zones. The model would need to consider:
 - Volunteer patient transport across the Wheatbelt (referring to the successful Community Assisted Patient Transport model in Narrogin).
 - Funding options (shire, Lotterywest, Bendigo Bank) for a 'community car' that could possibly be used with volunteer drivers.
 - Investigating PATS eligibility criteria for Coastal Wheatbelt residents given the challenges in travelling to larger Wheatbelt centres, the natural transport flows to metropolitan locations to access services and high fuel costs.
 - Advocating for inclusion of dental services within PATS eligibility criteria in the Wheatbelt
 - Gingin and Bindoon patient transports as these sites are both outside of PATS eligibility criteria (exception Cancer and Dialysis patients)
 - Coastal Wheatbelt residents consistently report that the natural transport route for inpatient and outpatient care is to Perth services; it is unlikely they will travel to Moora, and extremely unlikely they will travel to Northam for services. This will need to be considered by the Regional model.
- At the local level health providers can ensure people are aware of the pensioner \$500 fuel card entitlement– applications are available from Australia Post Offices - which may assist some people with their transport expenses.

4.9 Workforce

The increased demand on health services within the Coastal Wheatbelt is an ongoing issue leading to a shortage of experienced, skilled staff in all districts. Many staff are also keen to further their development, education and learning but it can be difficult to access training due to the shortage of staff to cover while people attend training or to cover study leave as well as some training (such as theatre nurse training) only being offered in metropolitan areas.

There is a high turnover of staff and recruitment and retention is also an issue within the region as there is limited access to accommodation and incentives as well as child care to support staff with children.

4.9.1 Issues:

- Accommodation (office space and housing) for existing (and potentially additional) staff was of particular concern to workshop attendees in Bindoon, Gingin, Jurien

Bay and Moora. However, WACHS – Wheatbelt is able to offer support for staff housing in line with the regional accommodation policy.

- Visiting models of services currently work well and allow for staff to be based where greatest demand for services exist with options to provide visiting services where required. However with the population growth projected to be greatest in the Chittering Shire, the effectiveness of visiting models will need to be monitored.
- Within some service areas attracting new providers may be challenging, particularly when demand for services has not yet reached service viability levels (e.g. aged care providers).

Proposed service reforms and service improvements – Workforce

Consultation undertaken with stakeholders in all four Wheatbelt District Service planning processes identified an expressed need for a comprehensive review of the regional workforce to develop and implement a strategy to attract, retain and nurture the workforce. This strategy would include:

- A resource to provide workforce planning, coordination and programs surrounding staff training and education.
- Explore how HR can better assist managers in areas such as recruitment, retention and workforce development.
- Succession planning to build career pathways for staff and graduates.
- Consider opportunities to encourage a public/private mix of health service providers and to have funding, service and resource partnerships. Supporting the establishment of services may be required (e.g. provision of free low cost facilities from which to provide services, provision of low cost housing options, shared training opportunities, use of technology etc).
- Using online options such as e-training or using Telehealth/Scopia for workforce training would reduce the time required for travel to maintain competencies.
- Explore opportunities for utilising semi-retired health professionals, particularly for Telehealth consultations. This may reduce waiting times and workload for the limited number of GPs available in the area.
- Investigate opportunities to share workforce training opportunities between local health providers, which could also improve cross-agency partnerships. May need to address some concerns around differences in clinical governance between agencies.

4.10 Cultural security

Whilst WACHS – Wheatbelt provides an Aboriginal Health Service, the need to provide culturally appropriate health services and facilities for the area's Aboriginal population is well recognised, including the recruitment of more Aboriginal staff as both health workers and across the workforce more generally. For example, there is limited uptake of Home and Community Care (HACC) Services by Aboriginal families and no Aboriginal Community Controlled Health Organisation (ACCHO) providing GP and other primary health care services in the District or Wheatbelt wider region.

Strengthening the cultural security of services will work towards ensuring Aboriginal people receive appropriate care at the right time in the right setting and would align with the intentions of Commonwealth and State Government policies.

Feedback from a recent survey by Coastal Wheatbelt Aboriginal Health Workers of the local Aboriginal community confirms workshop participant views of the need to continually ensure all health and hospital services across the continuum of care are welcoming and culturally aware and sensitive to the needs of clients from Aboriginal families and to develop engagement strategies to support Aboriginal clients access services.

Proposed service reforms and service improvements – Cultural Security

- Provide culturally appropriate health services and facilities for the Aboriginal population within the catchment area, a particular priority at Moora given the higher Aboriginal population within the district.
- Cultural awareness would be enhanced through the increased recruitment of Aboriginal staff, both as Aboriginal Health Workers and across the workforce more generally
- Establish mandatory cultural security training for all staff – both through the online WACHS Learning and Development resources and local workshops.

5 Site Specific – Current and Future Services

5.1 Dandaragan- Moora Multipurpose Service (MPS)

The design of the MPS program allows rural communities to pool Commonwealth and State health and aged care funds within a designated geographical area, creating opportunities to coordinate and appropriately target community health and aged care needs.

Flexible aged care funding allows services to be provided either in a residential setting (usually, the hospital or a hostel) or in the community in people's own home. The major objective of a MPS is to improve the range of health and aged care services being offered in the community, to dispense with inflexible funding arrangements, to encourage community participation in service planning, and to improve quality of care.

5.1.1 Where Moora-Coastal Wheatbelt residents receive inpatient care

The district hospitals serving Coastal Wheatbelt residents are located at Moora and Northam. Self-sufficiency is a measure which indicates a district or region's capacity to provide acute care closer to home. Due to distance and availability of onsite specialists, a country health service will never be 100% self-sufficient – that is to be able to treat all of its patients locally. Highly acute and complex patients will continue to be transferred to Perth where more specialised services and medical equipment are located.

Because the WACHS - Wheatbelt health region does not have a larger regional hospital which provides higher level care, but four smaller district hospitals that provide less complex care, a far greater proportion of inpatient care is provided in Perth for local residents than in other WACHS regions.

In 2010/11, 5,876 separations from all WA private and public hospitals involved residents of the Moora-Coastal Wheatbelt. Of these separations:

- 8 per cent (494) were supplied by hospitals within the Wheatbelt health region
- 47 per cent (2,748) were separated from public metropolitan hospitals; and
- 43 per cent (2,525) were privately treated (1% were privately treated in rural facilities and 42% were privately treated in metropolitan facilities).

If private activity is excluded then:

- 95 per cent of Coastal Wheatbelt residents (excluding Moora residents) who required public health care received that care from a Perth facility. This is an increase from 93 per cent in 2006/07. This is primarily due to the direct transport routes being towards Joondalup and Perth rather than across the region from the coastal areas to Moora or Northam hospitals.
- When Moora shire residents are included then the proportion of people requiring public inpatient care from the Coastal – Moora area who were treated locally in the public system was 15 per cent, with 85 per cent treated in Perth. The self sufficiency has reduced from 2006/07, when 20 per cent were treated locally.
- Decreasing self sufficiency is a trend seen across the Wheatbelt region.

5.2 Moora Hospital

Moora Hospital and services are part of the Dandaragan-Moora MPS. Moora hospital is classed as a WACHS Integrated District Health Centre and provides 24 hour emergency care, non-admitted population health and nursing outpatient services as well as a range of inpatient, medical, surgical, paediatric, mental health, and aged care services to the Coastal Wheatbelt and Moora catchment population.

Table 4: Moora Hospital summary profile

Department	Features
Emergency Department	24 hour/ 7 day a week emergency services nurse-led with close on call GP support. Two treatment bays and one resuscitation bay.
Medical and surgical inpatient services	10 acute bed multi-day capacity, 3 acute same-day bed capacity and 9 high care residential aged care beds. WACHS also operates Moora Frail Aged Hostel on site which provides 10 low care beds. The current Department of Health activity forecast indicates Moora will only need around 8 acute beds in ten years as the population is not growing significantly.
Theatres	1 theatre
GPs	From January 2012, 3 local GPs will be contracted to provide a service to Moora Hospital.
Outpatients/Extended Care	Visiting specialists provide a range of outpatient services from consulting rooms within Moora Hospital.
Aboriginal Health Service	Provided by Wheatbelt Aboriginal Health Service. Aboriginal health workers are part of the Primary Health teams servicing the Western Wheatbelt.
Wheatbelt Mental Health Service	Provided by Wheatbelt Mental Health Service based in Gingin. A consultant psychiatrist visits Moora 8 weekly, providing face to face consultations.
Population Health Service	Provided by Western Primary Health services based in Moora.
Medical imaging	Nurse x-ray operators provide emergency imaging of chests and extremities.
Pathology	Collection and laboratory testing facilities available.
Pharmacy	Pharmacy services provided by Narrogin Hospital.

Inpatient services at Moora Hospital currently include medical, minor surgical, paediatric and palliative care services. Moora Hospital has a *Clinical Services Framework, 2010*, (CSF) Level 3 role delineation for medical and surgical services which will be reviewed during 2013 to inform the development of the next update of the CSF.

Medical Services – CSF role delineation level 3

- 24/7 on-call by GP or visiting medical practitioner.
- 24 hour cover by a Registered Nurse.
- GP inpatient care.
- Outpatient care by general physician or visiting general medicine specialist or via Telehealth.
- Access to some allied health services.

At present Moora Hospital achieves its CSF role delineation for medical services as it provides 24 hour cover by a Registered Nurse (RN) and 24/7 on-call coverage from the local GP with access to allied health services.

The allied health service supports inpatients through to discharge home, often providing a seamless service where it is possible to see the same therapist as an inpatient and an outpatient.

There is a consultant psychiatrist who visits every 2 months, and a geriatrician visiting a couple of times a year, but there is no visiting general physician or other visiting medical specialists.

When transfer is required, patients are usually referred to Joondalup Hospital or other hospitals in Perth. Moora Hospital is also used as a step-down facility for local people who have received their inpatient care in the metropolitan area.

Surgical Services

Moora provides increasingly limited surgical services at around the CSF level 2 (minor outpatient and same day procedures by a GP or visiting general surgeon). It does not have the volumes or workforce to provide safe CSF level 3 surgical services such as uncomplicated elective and emergency surgery.

5.2.1 Moora Inpatient activity

Below is a summary of inpatient activity at Moora hospital. More detail can be found in Appendix E.

There was a 4 per cent decrease in medical service activity at Moora Hospital between 2008/09 and 2010/11, however the number of medical separations involving individuals 15 years and over to Moora is anticipated to grow steadily in future years. This increase is due to the forecast population growth for the area and the implementation of medical workforce reforms.

Moora currently has 22 inpatient beds. Of these 13 are acute (overnight and same day beds) and 9 are residential aged (high) care. In addition there are 10 residential aged (low) care beds in the Moora frail aged lodge which is operated by a local community group. Around acute 5 beds per day are occupied currently. The existing acute beds (13) will be sufficient to meet future bed demand which is forecast to be 8 acute beds by 2021 (see Appendix E for detail).

5.2.2 Emergency Services

The *Clinical Services Framework, 2010* has Moora designated as a Level 3 role delineation for emergency services, and should provide:

- 24 hour emergency cover via Local GPs who are rostered to provide medical coverage, with services provided by a Registered Nurse (RN).
- Resuscitation and stabilisation.
- Access to visiting specialist services or by telehealth.

The emergency services currently at Moora Hospital provide 24/7 management and stabilisation of all forms of emergency illness including life threatening illness requiring immediate resuscitation and management of all traumas. The service is nurse led with medical coverage provided by the local GPs.

Until recently there was only one GP in Moora providing emergency service coverage to Moora hospital, with the GP from Dalwallinu providing cover if required. The medical coverage is being strengthened by SIHI stream one, which is providing incentives directly to the private GPs and is helping to recruit GPs from overseas and interstate. An additional GP commenced at the Moora practice in July 2012. The SIHI Moora medical model provides a network of GPs who are available on call 24 hours a day and available onsite within 30 minutes.

Emergency response services are also available from Jurien Bay Health Campus and Lancelin Remote Area Health Service (operated by the Silver Chain Group).

5.2.2.1 Actual and projected emergency activity:

(Further detail is available in Appendix E)

- It is projected that the number of Emergency Department (ED) attendances at Moora will increase by 25 per cent between 2012/13 and 2021/22.
- The attendances for triage 5 categories are projected to decrease in line with trends occurring at the State level, which is also consistent with the expected decrease as a result of the SIHI medical and emergency reform actions.
- ED projections will be re-modelled in late 2012/13.
- At Moora Hospital, 21 per cent of attendances involved an Aboriginal person while in Jurien Bay they accounted for only 1 per cent.
- There were noticeable differences in the age of patients attending to the EDs at Jurien Bay and Moora Hospital. One in five (20 per cent) attendances at Jurien Bay involved someone over the age of 65 compared with around 14 per cent at Moora).

5.2.3 Population and Allied Health Services

The Moora based WACHS – Western Wheatbelt Primary Health Care Service delivers the following services in partnership with non-government, GPs and other private primary care providers:

- Community Health Nursing Services, including Child Health, School Health and Immunisation.

- Allied Health Services, including Occupational Therapy, Physiotherapy, Social Work, Speech Pathology. There are visiting allied health services in Dietetics and Podiatry.
- Chronic disease services, including asthma, continence and women's health services and visiting Diabetes Education. There is a cardiologist contracted to provide services for Aboriginal people – visiting four times per year.
- Aboriginal Health Services, including community nursing – medical support, chronic disease, antenatal, Aboriginal health workers, Aboriginal Liaison Officers and transport.
- The Wheatbelt GP Network (based in Northam) provides counsellors who visit Moora Hospital.

5.2.4 Issues Identified

- The Coastal Wheatbelt region has an older age distribution compared with the State, with 15% of the population aged 65 years and over, compared with 12% in the State. The proportion of residents who are aged 80 years and over is anticipated to increase from 2.7% in 2010 to 3.3% in 2021 (WA Tomorrow Band D) reflecting an increasing longevity.
- With the increasing number of older people in the Coastal Wheatbelt and Moora area, there will be increased need for allied and primary health services over the next 10 years. A particular concern for the provision of both allied and primary health services is the current lack of space and also lack of purpose built facilities in Moora. Expansion of other services, such as imaging, is likely to impact on space availability for other services and will need to be monitored.

5.2.5 Aboriginal Health

In the 2010 Estimated Resident Population 4 per cent of Wheatbelt residents (3,062), 1.7 per cent of Coastal Wheatbelt and 12.2 per cent of Moora residents are identified as being Aboriginal or Torres Strait Islander compared to the State (3.0 per cent).

Feedback from a recent survey by Coastal Wheatbelt Aboriginal Health Workers of the local Moora Aboriginal community confirms workshop participant views of the need to continually ensure all health and hospital services across the continuum of care are welcoming and culturally aware and sensitive to the needs of clients from Aboriginal families and to develop engagement strategies to support Aboriginal clients access services.

Strategies for improved cultural security are listed in Section 4, however are a particular priority at Moora given the higher Aboriginal population (12.2 per cent).

5.2.6 Moora Clinical and Non Clinical Support services

5.2.6.1 Medical Imaging

As previously noted in Section 4, residents of the Moora-Coastal Wheatbelt generally travel to Perth for imaging.

In the *Clinical Services Framework, 2010*, Moora hospital is designated as a Level 3 role delineation for medical imaging:

- Mobile service and limited to x-ray of extremities, chest, abdomen
- Interpreted by onsite doctor/health professional or by electronic means
- On site designated room
- Radiographer in attendance who has regular access to radiological consultation
- Simple ultrasound capacity for fetal monitoring
- Tele-radiology facility available.

Moora hospital does not currently meet the level 3 role delineation. Strategies to address this have already been noted in Section 4.

5.2.6.2 Food services

Kitchen services at Moora Hospital use a cook-fresh model and also provide Meals on Wheels. However, WACHS is reviewing models of food service delivery that will demonstrate both cost effectiveness and provide high quality meals.

5.2.6.3 Laundry and Linen Services

Laundry services for Moora Hospital and Residential Care are provided on-site.

Contaminated products are stored in bins and picked up from Moora on a regular basis. The contract management is through Northam.

WACHS is reviewing laundry services and the use of Memorandums of Understanding (MOUs) to provide centralised laundry and linen services where practicable and cost effective.

5.2.6.4 Disaster preparedness and response

The Clinical Services Framework, 2010 recommends Moora Hospital operate as a Level 4 service. *This equates to a Group 3 rating in WA Health Capital Works Program's Redundancy and Disaster Planning Guidelines.* Full requirements are listed online (www.public.health.wa.gov.au/cproot/2540/2/Redundancy%20and%20Disaster%20Planning.pdf) and include strategies to enhance security across the sites.

5.2.7 Issues Identified in Moora

- There are concerns for the hours worked by the local GP, but this should improve with the recent commencement of a second GP in July, and proposed additional GP in January 2013.
- The ED services are used for primary care presentations as it can be difficult to access the GP. There is limited use of practice nurses.
- There are few visiting specialists and no visiting general physician.
- There is a reliance on volunteers for Ambulance services, including a five to seven hour turn around when required for a patient transfer to the metropolitan area.
- There is a need for increased resources into primary prevention and chronic disease management.
- The primary health care facility is not purpose built, and space limitation has impacted on service availability. Increasing services available at

Moora hospital (e.g. medical Imaging) may negatively impact on Primary Health service by further limiting available space.

- Allied health services need to be reviewed over the next few years to ensure the needs of the population continue to be met. The current level of allied health is adequate with low waiting lists.
- Improved recruitment and retention of staff, particularly allied health, community health nursing staff and Aboriginal health professionals.
- There is a lack of community awareness regarding what services are available and where to find out information (discussed as a Coastal Wheatbelt issue in Section 4).
- Community members were concerned that road accidents are increasing in frequency. Investigation with the Office of Road Safety found no increase road accidents trends over the 10 year period 2001-2010.

Proposed service reforms and service improvements – Moora Integrated District Health Service

- Increase GP / Medical coverage for Moora Hospital.

Coordination and Communication

- Implement coordination and case management models for patients with chronic disease care, with particular focus on supporting complex cases to best support the client in self managing their conditions. Ensure services provided are comprehensively planned, not provided on an ad hoc basis dependent on individual health professional skill mixes.
- Consider options to enhance sharing of health information between providers and sites.
- Focus on healthy lifestyle, health promotion and healthy ageing strategies in partnership with other primary health care providers and shires (e.g. dual use infrastructure, recreation facilities and opportunities, lifestyle and Social Determinants of Health strategies, seniors falls prevention and diabetes prevention, health promotion and prevention).
- Increase access to allied health services to support both early years and the older population in the medium to long term

Early Years

- Advocate for improved access to paediatric services (via visiting or Telehealth).
- Continued current 'Early Years' actions in Moora, including Best Start (Aboriginal Playgroup), Best Beginnings, child development team and early intervention, health promotion with increased focus on engaging with vulnerable/high risk families.

Population and Public Health

- Increase health promotion strategies to engage with those most at risk and linking to other areas/agencies, such as schools.
- Increase access to primary and allied health services, particularly given the proportion of older people in the community is increasing.

Aboriginal

- Workforce and Cultural Security strategies as discussed in Section 4 including prioritising, developing and implementing strategies which engage and support Aboriginal clients (e.g. Boodjarri Yorgas Antenatal Program, Wheatbelt food security project and Noongar Boodja Diabetes Clinics)
- Target community based and mental health services to Aboriginal and other disadvantaged groups as they experience greater ill health and much shorter life expectancy.

Mental Health, Drug and Alcohol

- Increase access to mental health, drug and alcohol and wellbeing services, particularly for adolescent and youth age groups and Aboriginal people. Service delivery could occur at alternative venues to improve client privacy and engagement of at risk groups with services (e.g. WACHS Social Worker regularly visits the Moora Youth Centre).

Chronic Disease and Ageing

- Work with Medical Practices and SW Medicare Local to enhance existing medical and primary health services and Aboriginal clinics through increased recruitment of doctors, increased use of practice nurses and use of visiting specialists.
- In the long term, introduce Supported Home Dialysis (The WACHS renal plan propose two non staffed Community Supported Home Haemodialysis 'chairs' for at Moora in the longer term). This future plan would enable people to access home dialysis either within their own home or a suitable venue with support from the WA home dialysis service.
- Consider options for alternative providers for Moora HACC services.

Primary Care

- There could be greater use of GP practice nurses to reduce the reliance on the ED for primary health screenings and wound dressings

Other

- Advocate for SJAA paramedic to be based in Coastal Wheatbelt/Moora to enhance SJAA volunteer capacity and increase volunteer base

5.3 Jurien Bay Health Services

Jurien Bay Health Centre is a WACHS operated nursing post with a co-located GP practice on site and rooms for private allied health providers. The health services provided from that site include:

- Emergency response and stabilisation 7 days a week, 8.00am-5.00pm, with a nurse also providing on-call support 24/7 responding to ambulances and referrals from Health Direct. The centre has 4 ED beds including a resuscitation bay.
- There is one private GP practice with 2 GPs co-located at the Jurien Bay Health Centre. A Royal Flying Doctors Service (RFDS) female doctor visits every 3-4 weeks. There is no local GP 'on-call' after hours or on the weekend; The Moora GP is contracted by the WACHS to provide medical support on the weekend.
- Nursing outpatient services such as dressings and other wound care as referred from the GP and Silver Chain, and a fortnightly immunisation clinic. Some outpatient services (wound care) are supported through video – consultation.
- Community and child health services, visiting allied health and visiting mental health services.
- Visiting allied health services are offered by the WACHS – Western Wheatbelt primary care team based in Moora and include:
 - A speech pathologist who visits weekly
 - Dietitian visiting monthly
 - Occupational Therapist who visits weekly
 - Social worker as required
 - Health promotion
 - Community Health Nurse travels from Lancelin to Jurien Bay to provide child health and school health services (1 day each).
- A range of WACHS mental health professionals (based in Gingin) provide visiting services to Jurien Bay.
- Overnight beds are not provided at Jurien Bay Health Centre as this would require the site to be designated and accredited as a small hospital (rather than a health centre/nursing post), with appropriate increases in medical and nurses, clinical governance and support services (such as meals and laundry).

The current and projected volumes of people in the Jurien Bay catchment over the next 10 years are insufficient to support a viable small hospital service. Data shows that the type of inpatient care Jurien Bay residents need would be out of scope for any small hospital service hence why 90% of people who require inpatient care travel to Perth to receive this care and the remaining 10% travel to Moora or Northam.

Jurien Bay also has a few private health practitioners located in the township including a private dentist, podiatrist, physiotherapist, and a pharmacy:

- The pharmacy is open six days a week (8am-5pm Monday to Friday and 9am-1.00pm on weekends) and provides community methadone program
- Podiatry is provided privately, generally on a fortnightly basis, including a WACHS contract of six hours of public podiatry services at Jurien Bay per month.
- Physiotherapy services are contracted by WACHS – Wheatbelt 3 days per week through the private physiotherapist in Jurien Bay.

Other health and aged care services include the Returned Services League (RSL) independent living units and access to the Moora residential aged care services which are as part of the Moora – Jurien MPS (see district wide aged care services section 4.2 for more information on aged care). A Men's Shed is due to commence in Jurien Bay and Cervantes in the near future.

There is currently a bus that runs to and from Perth six days per week that can be used to attend appointments.

5.3.1 Issues Identified:

- There is community concern regarding the lack of GP / Medical cover available particularly after hours and weekends. Also concern about the on call expectation for the current nurses.
- The community is concerned about the lack of overnight beds and would like to see two overnight beds at the Jurien Bay Health Centre, primarily for observation purposes or as a step down from larger hospitals prior to returning home. However, it is reported that people accessing emergency services rarely require more than four hours of observation and stabilisation prior to returning home or being transferred out.
- The existing Jurien Bay Health Centre is cramped and lack of additional space in the facility prevents some types of service delivery.
- There are no residential aged care facilities in Jurien Bay and the residential beds and community aged care packages under the Dandaragan – Moora MPS are all based in Moora.
- Youth services (health, wellbeing and broader services) are a recognised gap within the Jurien Bay area.
- The occasional respite centre in Cervantes does not meet current building standards, has no allocated staffing and over the past year there has been no demand for respite services.
- The Jurien Bay SuperTown Growth Plan which aspires to an increase in population in the Shire over the coming decades to 20,000 is proposing an 80 bed 'lifestyle village' including nursing home in close proximity to the Health Centre.
- While transport has been identified as an issue to be considered at a Regional level, Jurien Bay consultations noted that local volunteers are already oversubscribed with existing duties, and there was concern that a transport model reliant on volunteers maybe unrealistic given existing demands on volunteer numbers.

Proposed service reforms and service improvements – Jurien Bay

- WACHS uses the Tomorrow WA population projections developed by the Department of Planning. Jurien Bay's designation as a Supertown and the potential impact on population growth is acknowledged and will be monitored on a regular basis.

Emergency services

- As the population increases from 1500 to over 4000 by 2026 it is likely that 24/7 onsite emergency response capability will be required by that time. In the short to medium term the operational hours of the emergency service at Jurien Bay Health Centre need to be increased in peak periods and additional nursing cover is currently being progressed to assist with the on call demand
- Introduce the Emergency Telehealth Service at Jurien Bay Health Centre.
- Advocate for SJAA to investigate the need for a salaried Community Paramedic based at Jurien Bay. The Community Paramedic role includes training and community capacity building and volunteer support.

Population and Public Health

- Engagement of youth in existing (and proposed) activities can be challenging. Services need to use other mechanisms to get their input into the process (School Health Nurses might be a good access mechanism for those young people still within the education system).
- Utilise the Northam based Primary Health Care (PHC) Nurse Practitioner and PHC Integration Coordinator for the Western Wheatbelt to enhance coordination, clinical up-skilling and access to primary health care services.

Aged Care and respite

- Support the development of the Wheatbelt Development Commission's Aged Care Strategy.
- Encourage non government service providers to provide community aged care packages in Jurien Bay and Cervantes.
- Explore long term options to enhance respite care in Dandaragan Shire catchment through MPS initially and through private providers.

Mental Health and Drug and Alcohol

- Need to increase awareness of and access to Gingin based WACHS community mental health services in Jurien Bay.
- Need to increase Mental Health Literacy of both community and providers.
- Alcohol and Other Drug issues require specific attention for both the local community and the large (and increasing) transient population that visits the area on a seasonal basis.

Facility and infrastructure

- Improve the physical access to the Jurien Bay Health Centre e.g. combine the reception areas (GP, Primary Health and Emergency) to avoid confusion for community and practitioners. Redesign car parking areas.

Proposed service reforms and service improvements – Jurien Bay

- Better signage at the Jurien Bay Health Centre would help improve access.
- Explore partnership with the Jurien Bay SuperTown and Southern Inland Health initiative to expand the existing facility to provide more primary health and wellbeing services from this site and to improve office and treatment space, reception areas and staff accommodation. This will also assist in attraction and retention of primary and community health staff.

Transport

Refer section 4

Jurien Bay SuperTown

- WACHS and SIHI to work in close collaboration with the SuperTown Committee to consider partnership opportunities, and the impact of the SuperTown growth plan on health and wellbeing services – particularly those operating from the Jurien Bay Health Centre.

5.4 Lancelin Health Services

- There are currently two GPs in one GP practice, which is open Monday to Friday 9am to 4.30pm. Blood tests are available at the GP clinic, but there is no imaging (x-rays) available. There are no specific skin cancer screening clinics, but the GPs perform checks when requested. Mammograms are available from a visiting service every other year. The GPs are physically located in the same building as the Silver Chain managed Remote Area Health Service.
- The Silver Chain Remote Area Health Service is open Monday to Friday 9am to 4pm (excluding lunch break), but staff are on-call after hours. It provides emergency response and stabilisation 24/7. There are two nurses, with a nurse on shift all the time.
- There is a local pharmacist, and a private physiotherapist who is contracted by other providers at times plus a private physiotherapist who is contracted by WACHS Wheatbelt to provide four hours of public access per week.
- Visiting health services that utilise rooms in the Lancelin health centre include:
 - a podiatrist who visits once a month (for private patients)
 - a clinical psychologist who visits once a week (for private patients)
 - an optometrist – every 6 months (Just Spectacles)
- Visiting allied health services offered by WACHS Western Wheatbelt primary care team (Moora based) include:
 - a dietitian visits monthly

- an occupational therapist (OT) visits once a fortnight (low numbers of patients in Lancelin)
 - a social worker visits once a month (low numbers of patients)
 - a speech pathologist visits once a month
 - a physiotherapist (4 hours week – public)
 - child health services (who provide information regarding mother's group and positive parenting)
 - health promotion services.
- A range of WACHS mental health professionals (based in Gingin) provide visiting services to Lancelin upon referral.
 - Silver Chain nurses are available for support in smoking cessation and weight loss and provide local ante-natal classes.
 - Disability in the Arts, Disadvantage in the Arts (DADAA) provides day respite. This service is available five days a week to those who are HACC eligible.
 - There is a Disabilities Services Commission (DSC) coordinator based in Yanchep who visits Lancelin and Ocean Farms.
 - At Woodridge there are visiting child health services one day a week from Lancelin and a resident private physiotherapist who provides some local services.
 - At Guilderton there is a private podiatrist who visits, but there are no other local or visiting health services including local GP services.
 - There are currently 10 independent living units in Lancelin.

5.4.1 Issues Identified:

- There is community concern regarding the lack of services for people with diabetes including awareness raising and education.
- There is a lack of awareness by both service providers and community about how to access mental health services.
- There is a lack of post acute care services locally and the Silver Chain Group nurses are not funded to provide these services. Some nursing outpatient services (dressings and wound care) can be provided in Jurien – a relatively short drive away. Post operative care is provided at the Lancelin Health Centre
- There are limited resident primary health care resources, but many services offered in a visiting capacity or a relatively short drive away.
- There are no aged care facilities in Lancelin.

Proposed service reforms and service improvements – Lancelin

- Regular communication between Silver Chain and WACHS to ensure coordinated client care and exploration of service partnerships would be beneficial.
- Enhance access to services for clients with Diabetes I or II. This should include ensuring all people with diabetes have an active diabetes management plan. Increased access to a diabetes educator could occur via Telehealth either from the Metropolitan areas or from other sites within Wheatbelt health region.
- Enable clinical telehealth and e-health as per the SIHI telehealth strategy, and support staff to become 'expert telehealth users'. Access to the new WA Health Emergency Telehealth Service will be explored.
- Increase use of Telehealth for both consultations and workforce training.
- Increase awareness of and access to the visiting primary health and community mental health services.
- Advocate for post acute care services through Silver Chain as this is currently out of scope of the contract with the Department for Health.
- Support the development of the Wheatbelt Development Commission's Aged Care Strategy.

5.5 Bindoon Health Services

- There is currently one full time GP in private practice in Bindoon. The practice is open Monday to Friday with no medical services after 3.30pm on weekdays or on weekends. Blood tests are available. Since the round 1 planning consultation the Bindoon practice has lost the services of one GP which has resulted in the practice having to 'close the books' to new clients/those outside the immediate area. This may be rectified if a new GP joins the practice.
- Emergency response services are provided by SJAA volunteers.
- WACHS population and community health services operate from a Chittering Shire owned building leased by WACHS. Silver Chain HACC coordination services are also based at this building.
- A new aged day centre will shortly be opening, and Silver Chain HACC coordination may relocate to the day centre.
- Allied and community health services offered by the Moora based WACHS Western Wheatbelt primary care team include:
 - Speech pathologist who visits weekly
 - Occupational Therapist who visits weekly
 - Social worker as required
 - Dietitian (based in Bindoon)
 - Health promotion (based in Jurien Bay)
 - Community Health Nurse provides child and school health services.

- Private practitioners in Bindoon include a private dentist, podiatrist, chiropractor, psychologist and a pharmacy which is open seven days a week but with limited hours (and provides community methadone program).
- A private physiotherapist provides services to Bindoon one day per week which includes a WACHS – Wheatbelt contract to provide 4.5 hours public access. Another private physiotherapist provides private services two days per week.
- There is a Men's Shed in Bindoon.
- The Bindoon Shire are working towards setting up a gym for local residents and has recently employed a project officer to take a community development approach to developing options for young people.
- The nearest residential aged care services are located in Moora. High care is provided through the Jurien – Moora MPS and low care through the Moora Frail Aged Lodge. The Chittering Shire is planning to build Independent Living Units in Bindoon in the next 24 to 36 months.

5.5.1 Issues Identified:

- The Chittering Shire area has the highest population numbers and greatest projected growth of the four Coastal Wheatbelt shires with higher numbers and proportion of younger families and higher numbers of older people.
- There is a lack of facilities within Bindoon in which to locate existing health services, and no opportunity to expand health services until appropriate facilities can be provided. There are plans for a new health centre to be built (partnership between Shire and other funding sources), however the development is still at the concept planning stage, and the resulting centre is still at least two years away. Temporary demountable buildings could be explored in the interim.
- There are limited GP and emergency response services given the size of the population.
- Limited access to primary and allied health providers (community, child and allied health professionals).
- A 'coordination role' between providers, similar to the Wheatbelt Cancer coordinator was proposed by the Bindoon community and providers. Bindoon consultation revealed the preference for a locally based coordinator who knows local providers and community.
- There is a need for greater health promotion and prevention activities and services rather than focus on acute and hospital services.
- There is no public transport but Bindoon residents are not eligible for PATS due to their proximity to Perth. Residents need to travel to Perth to access higher level health services that are not available locally (PATS is described in more detail in Section 4.8.2).

Proposed service reforms and service improvement – Bindoon

Primary Care, Population and Allied Health

- Prioritise increasing SIHI primary health care services in Gingin and Bindoon. Given the relatively close proximity of these two centres work with both communities to determine the most appropriate location for primary and community based health care services to enhance access for the greatest number of people and to build critical mass.
- Investigate the opportunities for greater health promotion and group activities in the area. These should focus on engagement with 'hard to reach' groups, highly vulnerable groups and young people.
- Improve access to child and maternal and women's health services and families in the Chittering Shire as the Shire has with the highest population and proportion of 0-4 year olds of all four Coastal – Moora shires. While women must travel to deliver babies safely in Perth or Northam, ante and post natal services are still important for these women and their families.

New Facilities and Infrastructure

- Explore opportunities for partnerships between the Wheatbelt Development Commission, WACHS and the Shire to establish a new Bindoon Health Centre and services including Telehealth capability. This would better enable the implementation and integration of services and strategies to address the community's health needs.
- The establishment of an expanded Health Centre and improved Telehealth facilities could allow for increased visiting services in the local area (e.g. mental health, additional allied health services).

Telehealth

- Planning for the centre should ensure the new health centre has good Telehealth equipment installed and appropriate facilities.
- Ensure Bindoon GP practice is aware of Telehealth Medicare incentives to claim for equipment and undertaking consultation.
- Encourage community members to request Telehealth consultations when advised of the need to travel to metropolitan locations for services.

Aged Care

- Support the development of the Wheatbelt Development Commission's Aged Care Strategy.
- The new Silver Chain Activity Centre will be opening around August 2012 and will provide day centre services for older people, including day respite.
- The Chittering Shire is managing the building of new independent living units which are anticipated within two to three years.

General Practice / Medical

- Support and advocate for increased GP primary care services in the Bindoon and Gingin area to support the needs of the high population and projected high growth.

5.6 Gingin Health Services

- There are currently two GPs in one practice, which is open Monday to Friday with no medical support on weekends. Blood tests are available. Emergency response is provided by SJAA volunteers.
- In Gingin WACHS community, child and allied health services and WACHS Mental Health Services operate from a privately owned building leased by WACHS.
- Allied and community health services are offered by the Moora based WACHS Western Wheatbelt primary care team and include:
 - A speech pathologist who visits weekly
 - Occupational Therapist who visits weekly
 - Social worker as required
 - Dietitian
 - Diabetes Educator
 - Health promotion (based in Jurien Bay)
 - Community Health Nurse provides child and school health services.
- Private practitioners in Gingin include a podiatrist (once a month) chiropractor, school psychologist three days per fortnight, and a pharmacy which is open six days a week during the day (and provides community methadone program).
- A private physiotherapist provides services to Gingin one day per week which includes a WACHS – Wheatbelt contract to provide 4.5 hours public access.
- There is a Men's Shed in Gingin.
- WACHS – Wheatbelt have community mental health services based in Gingin (refer to details below).

5.6.1 Issues Identified:

- Like Bindoon, there is a lack of facilities within Gingin in which to locate existing health services, and no opportunity to expand health services until additional facilities can be provided. Existing allied health/population health facilities are limited and not fit for purpose.
- Demand for services is increasing, particularly allied health, due to the ageing and increasing population, and maternal and early years care. Currently the occupational therapist experiences high demand for services in Gingin and outer lying areas such as Muchea and Guilderton and there are no antenatal or postnatal classes locally.
- Any increase in services will require increased availability of appropriate health facilities in which to base staff.
- Limited health promotion and wellbeing programs. While there are Shire run facilities and many and varied sporting opportunities, there are currently no organised community exercise programs (e.g. no casual classes available and no Living Longer, Living Stronger type programs which target older people).

- There are no programs for youth and no Police and Citizens Youth Club (PCYC). Gingin has sporting options, but youth engagement outside of sporting groups is challenging.
- There is very little support available for people with disabilities.
- Lack of access to public dental services is a widespread issue that should be considered from a WACHS and Wheatbelt regional perspective.
- There are currently no independent living units or supported living options for older people in the area or locally based community aged care services. The Gingin Shire is currently exploring ageing in place within the home and developing independent living units to support the well aged.
- There is no public transport available and Gingin residents are not eligible for PATS due to their proximity to Perth. Residents need to travel to Perth to access higher level health services.
- While there are telehealth videoconferencing facilities these are limited in access as they are heavily used by the Wheatbelt community mental health service and there are limited staff available to assist with equipment. In addition, the telehealth is not always available from the metropolitan services.
- Youth mental health is seen as a particular gap in services available to the Gingin community.
- Local residents currently travel to metropolitan areas for antenatal care.
- After hours medical services are not available except through Health Direct and other health services are very limited.

Proposed service reform and service improvement strategies – Gingin

Population and Allied Health

- Prioritise additional SIHI primary health/ allied health services in the Gingin and Bindoon areas of the Coastal Wheatbelt and Moora. Work with both communities (given their proximity) to determine the most appropriate location for primary and community based health care services to enhance access for the greatest number of people and to build critical mass.
- Instigate health promotion/prevention/early intervention strategies such as community exercise programs (e.g. Living Longer, Living Stronger types of programs) and work in partnership to create more health and wellbeing options for young people, including a community awareness mental health strategy for youth about where to get help for mates.
- Improve access for women and families within the Moora-Coastal catchment area to ante-natal services particularly in the Chittering and Gingin Shires with the highest population and proportion of 0-4 year olds.

Aged Care

- Support the development of the Wheatbelt Development Commission's Aged Care Strategy.

Telehealth

- Other facilities for Telehealth equipment might increase availability and use of Telehealth. Gingin has a Community Health Resource Centre with Telehealth facilities which may be suitable.

6 Priorities for service reform

The proposed priorities for the Coastal Wheatbelt and Moora health services are:

6.1 Workforce

The challenges of recruiting and retaining appropriate staff (GPs, nursing, allied health and other) within the whole Wheatbelt region including coastal Wheatbelt and Moora area are ongoing and recognised throughout this service plan. Workforce planning, staff recruitment, retention, training and ongoing development is therefore a significant priority.. It is proposed to:

- Undertake WACHS and regional level workforce planning to address staffing issues, including succession planning, new workforce models to support recommended models of care, innovative learning and development, attraction and retention strategies. Maintain a sustainable GP emergency model across the Wheatbelt.
- Ensure all staff and DHAC members are provided with the opportunity to attend cultural awareness and sensitivity training.
- Explore ways to support local hospital and population health teams, to provide a supportive working environment for the provision of appropriate clinical learning opportunities for Aboriginal trainees.
- Explores ways to increase recruitment of Aboriginal staff across the workforce more generally.

6.2 Services

Community Awareness of Services

- Increase community awareness of available services.
- Improve the health literacy (including mental health literacy) of Coastal Wheatbelt and Moora residents.

Communication between providers

- Improve communication, coordinated care and discharge planning between tertiary hospitals, community agencies, GPs and WACHS health services.
- Increase capacity to better detect, assess and manage chronic and complex health conditions across providers.
- Introduce care coordination/case management models for people with multiple co-morbidities, chronic diseases and complex needs.

Increased access to services

- Provide greater access to specialists via both Telehealth and scheduled visits throughout the area based on health need and demographics.

Care for Older People

- Increase capacity for staff to undertake more home assessment over the next few years, particularly targeted at the older population, who have more chronic disease and multiple co-morbidities.
- Respond to the findings of the Wheatbelt Regional Development Commission Aged Care Planning Strategy.

Mental Health and Drug and Alcohol

- Increase capacity for the management of mental health consumers with co-morbidities, including drug and alcohol issues, particularly targeted at the Aboriginal population in Moora.
- Increase capacity for early intervention for children and young people with severe mental illness eg: enhanced Telehealth services from Perth CAMHS specialists to support WACHS – Wheatbelt services.
- Support comprehensive primary mental health services, including youth and adolescent mental health promotion.

Early Years and Maternal services

- Improve access for women and families within the Moora-Coastal catchment area to ante-natal and post-natal services, including ambulatory and home based services
- Develop an Early Years Network to ensure inter-agency communication and early intervention for children prior to school.

Services for Aboriginal People

- Ensure all health and hospital services across the continuum of care are welcoming, culturally aware and sensitive to the needs of clients from Aboriginal families.
- Develop engagement strategies to support Aboriginal clients access services.
- Provide culturally appropriate health services and facilities for the Aboriginal population within the catchment area, a particular priority at Moora. This would be enhanced through increased cultural awareness training and the increased recruitment of Aboriginal staff, both as Aboriginal Health Workers and across the workforce more generally.

Partnerships

- Support greater service integration by exploring opportunities for shared funding and resource partnerships, contracting out primary health and aged care services and co-locating public and non-government/private health services to deliver ambulatory/primary health care within each town.

Work with the South West Medicare Local to address local primary health care needs.

Telehealth and ICT

- Enable clinical telehealth and e-health to enhance all health service sites as per the WACHS telehealth strategy, and support staff to become 'expert telehealth users'.
- Expand the scope and reach of the Emergency Telehealth Service across the Wheatbelt including at Moora Hospital, Jurien Bay Health Centre and Lancelin Health Centre (operated by Silver Chain).
- Encourage the community to enquire and use Telehealth as an alternative to travelling to metropolitan area.
- Encourage GPs and consumers to avail themselves of the Telehealth Medicare incentives.
- Consider the use of emerging technologies such as remote monitoring (link to Silver Chain for those clients with chronic disease).
- Sharing of information via electronic health record between WA Country Health Services facilities/regions, and into metro and other providers would be of benefit to consumers and professionals.

Transport

Patient transport and transfer for outpatient and community based health services was consistently and frequently identified as a major service access barrier, particularly for older people and people with young children. Existing patient transport relies on volunteer ambulance, family and friends volunteering to transport patients, with very limited, if any, public transport options.

- It is recommended that WACHS – Wheatbelt support the St John Ambulance Association to lead the development of a multi-layered patient transport strategy (refer section 4.8.2) in collaboration with the Wheatbelt Development Commission, the Wheatbelt Health MOU Group, shires, community, and other key stakeholders to improve patient transport options.

7 Facilities and Infrastructure

The Service Plan will inform the development of future business cases for the potential redevelopment of sites and services. Facility development needs to support the proposed key service reforms and enhance the patient experience of health care and services.

Limited infrastructure funding has been allocated through Southern Inland Health Initiative (SIHI) to develop Telehealth services, primarily in the emergency department at Jurien Bay and Moora and potentially for infrastructure developments in Coastal Wheatbelt. Allocation of funds will be prioritised based on identified need across the whole Wheatbelt region.

Future redevelopment of the Coastal Wheatbelt and Moora sites should align with the *Australasian Health Facility Guidelines* and various building codes and guidelines of

Australia to ensure the facilities are contemporary and able to meet modern best practice models of care.

7.1.1 Facility Issues

At Jurien Bay, Bindoon, Gingin and Moora health facilities there is limited available space for current and future primary health/ community and child health and allied health service provision. See specific locations for site specific details.

Proposed strategies to improve health facilities

- It is recommended that WACHS – Wheatbelt region develop a facilities plan which will prioritise infrastructure redevelopment beyond minor works to upgrade infrastructure to contemporary standards, to reduce occupational health and safety risks, to enable co-location of services and providers, to support best practice models of care for rural health and to meet the health needs of the growing population.

The facility development priorities in Coastal Wheatbelt and Moora are:

1. Advocate for and support the establishment of the proposed Chittering Shire owned Bindoon Health Centre.
2. Advocate and support the expansion of the WACHS owned Jurien Bay Health Centre in partnership with Jurien Bay SuperTown Committee.
3. Explore options for improved health facilities at Gingin in partnership with Gingin Shire and or other providers such as Silver Chain.
4. Ensure telehealth and e-health technology is available and accessible at all sites in the Coastal Wheatbelt and Moora to enhance emergency services, primary health care service delivery and specialist outpatient access.
5. This planning has highlighted some service limitations at Moora due to facility constraints. Facility priorities at Moora include:
 - A purpose built ambulatory care facility for community, primary care and Aboriginal health services.
 - Moora ED needs an interview room with dual egress, duress and access to videoconferencing facilities.
 - Consider an MIT service establishment at Moora in facility planning.

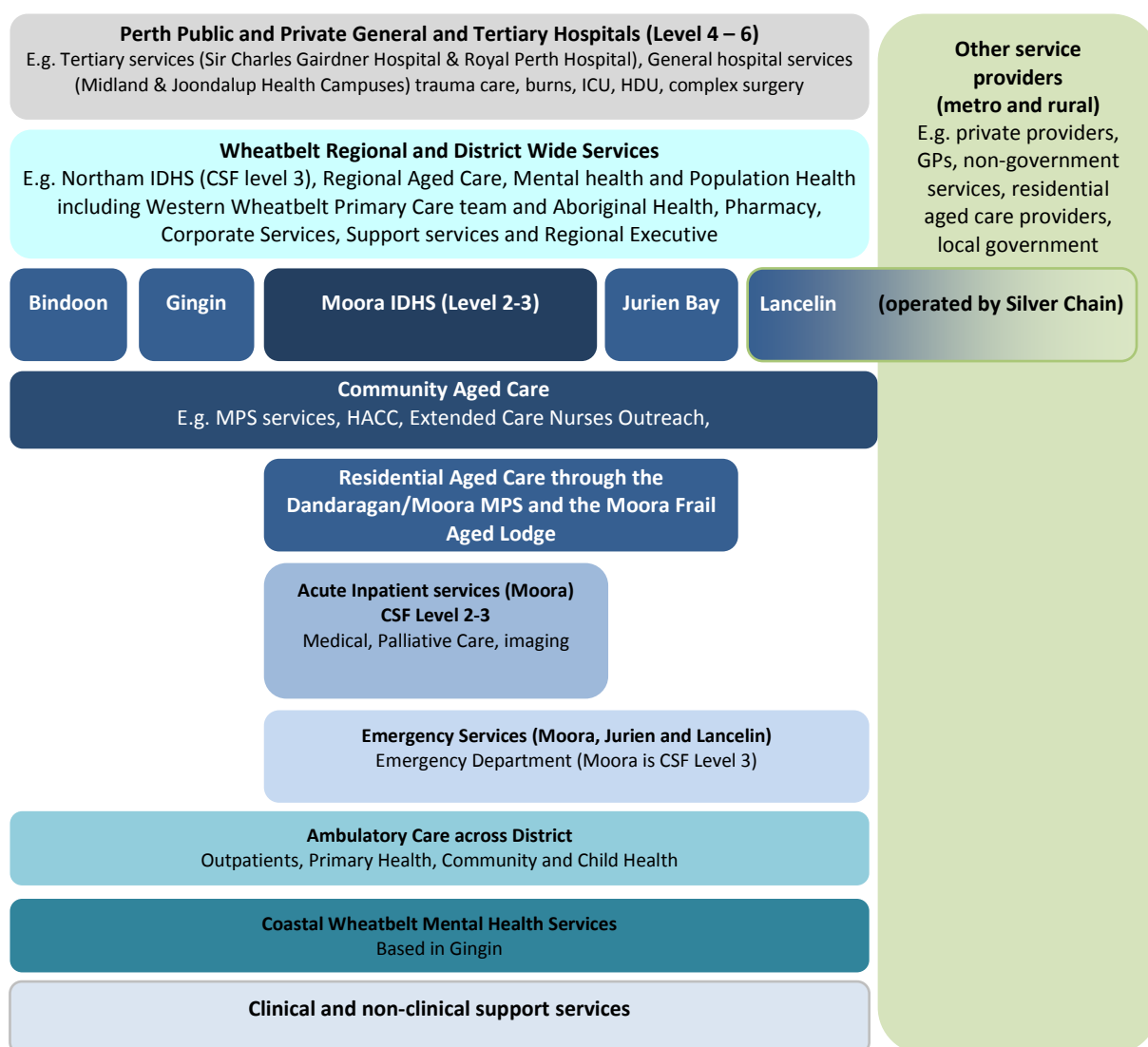
8 Functional Model of Care

The following provides a visual representation of the proposed functional internal and external relationships for the Coastal Wheatbelt and Moora area WACHS health services. Patients will flow to and from any of the services listed.

The future Model of Care will focus on strengthening existing services particularly in the primary health care, complex care coordination and partnerships and potentially contracting out more primary care and aged care services to achieve more service integration, more comprehensive care for consumers and value for money for tax payers.

Figure 5: Future Functional Model of Care for WACHS Coastal Wheatbelt and Moora

Note levels refer to role delineation levels within the WA Clinical Services Framework 2010 - 2020



9 Next Steps

The next phase is to develop an Implementation Plan to identify the key operational and facility implications arising from the service delivery strategies outlined in this document. This will ensure all key issues arising from the Service Plan are considered to progress service reforms. This includes determining priorities within the Service Plan for the Coastal Wheatbelt and Wheatbelt region that align with the funding intentions of the SIHI to ensure priorities are met, including but not limited to:

- Utilise recurrent funding for medical and emergency services (SIHI Stream 1)
 - Utilise recurrent funding for primary health care services (SIHI Stream 2) to boost primary health care services, particularly in Bindoon and Gingin
 - Maximise the SIHI Stream 4 (small hospital upgrades) contribution to the development of improved health facilities as per the established SIHI capital works prioritisation processes
 - Leverage partnerships with private aged care providers to establish residential aged care and respite beds (SIHI Stream 6).
- Determine the higher level strategic directions for the Wheatbelt region once and where possible pool resources and efforts to achieve key service model reforms across the Region (e.g. care management and care coordination models, workforce development, sub-acute rehabilitation services and increasing post-acute and hospital in the home services).
 - Determine the workforce strategy and recurrent cost implications.
 - Develop a WACHS – Wheatbelt facility plan.
 - Determine the private and inter-governmental partnerships to be formed to enable the future models of care to be established.
 - Continue community engagement during implementation planning to ensure services are suitable and culturally secure services for all consumers.
 - Develop the future functional models of care for emergency services and primary health care within the Coastal Wheatbelt and Moora.
 - Work with the Department of Health's Health Information Network branch to establish electronic shared and integrated medical records (as per the National Health Reform Agreement).

10 Appendix A: Method for Developing the Service Plan

Project Plan (July 2011)

A Project Plan detailing the method, consultation process, timeframe, key milestones and budget for the planning process for developing the Service Plan was negotiated with and signed off by WACHS.

Literature Review (August – December 2011)

Key literature including Commonwealth, State and local policies were reviewed to provide direction for service reform as contained Section 3.5 in this Service Plan.

Data Analysis (August 2011, updated August 2012)

WACHS Planning Team provided the following data:

- Demographic data analysis of Estimated Resident Population (population numbers) and WA Tomorrow 2012 projections (population growth).
- Health status activity data obtained from the WA Health and Wellbeing Survey (2009) and various morbidity and mortality databases.
- Actual and projected inpatient and ED health service activity using endorsed 2011 modelling and other Department of Health data sources.

Consultation workshops (May 2012)

Round 1 of Service Planning Consultation workshops were conducted with staff of the Coastal Wheatbelt and external stakeholders to determine the District's strengths, emerging issues, areas for improving the existing model of care and opportunities to implement the intentions of the Southern Inland Health Initiative. Workshops engaged representatives from emergency, acute, aged care, primary health care services and clinical and non-clinical support services.

Validation workshops (July 2012)

A thematic analysis was undertaken of the data collected in Round 1. Validation workshops were held to confirm the outcomes and determine the strategic direction as detailed in this Service Plan.

Preliminary findings (August 2012)

Preliminary findings from the workshops were drafted and circulated to all invitees and attendees to review for accuracy and correct interpretations.

Service Plan Document Development (Sept 2012 – March 2013)

The service plan was drafted and several drafts provided to the PWG, DHAC over the course of 3 months. The final draft was provided to the Regional Executive in early December 2012 and following their review and feedback was provided to the Regional Director for review in late January 2013. In early March the Regional Director provided her detailed feedback which was incorporated by mid March 2013.

Following the RD review, the plan was provided to WACHS central office for review prior to CEO endorsement.

11 Appendix B: Demography and Health Needs

11.1 Demography

The demography of the Coastal Wheatbelt and Moora, as well as the broader Wheatbelt health region will influence the type of services and the models of care delivered to residents and visitors. This section highlights the population growth, gender, age distribution and cultural diversity of the Moora-Coastal Wheatbelt that will need to be considered in determining the future models of care, types and location of services.

11.1.1 Population and population growth

The Australian Bureau of Statistics of the Coastal Wheatbelt region and Moora grew by 9% (1.8% per year) over the last five years since 2006, to 15,127 in 2011. This increase was less than the 14% (2.8% per year) for the State. Gingin SLA had the highest numbers of residents in 2011 followed closely by Chittering.

The WA Department of Planning produces population projections (*Tomorrow WA, 2012*) based on historic trends in the components of population growth (fertility, mortality and migration). These projections are used across Government to plan for infrastructure and service provision and by private sector organisations to plan for changing demand.

WA Tomorrow Band D population projections² estimate the district's population to increase by 3,095 (18%) to 20,065 in 2021, as shown in the Table below. This level of growth is slightly lower than the expected 20% growth of the State for the same time period.

The Coastal Wheatbelt (including Moora) is expected to have strong growth of 18% between 2012 and 2021 or 23% excluding Moora. Chittering is forecast to have the highest growth rate at 69% to 2021 followed by Dandaragan at around one third of the growth rate at 26%. Moora is only anticipated to grow by 6% over the next 10 years. Overall the growth across this whole area is just under 2% per year.

Table 5: Coastal Wheatbelt and Moora: 2011 ERP and 2016 to 2026 population projections

Shire	Est. Resident Population 2011*	2016	2021	2026	% change 2011 to 2021
Chittering (S)	4509	6305	7600	8975	69%
Dandaragan (S)	3277	3855	4125	4400	26%
Gingin (S)	4801	5450	5645	5790	18%
Moora (S)	2550	2830	2695	2585	6%
Grand Total	15137	18440	20065	21750	44%

*Australian Bureau of Statistics Estimate Resident Population (ERP) 2011
Forecasts from WA Department of Planning, WA Tomorrow 2012 Band D

² WA Health has endorsed the use of the WA Tomorrow population projections band D for Wheatbelt.

Implications for service planning:

Over the last five years (2006 to 2011) the population of the Coastal Wheatbelt district has grown at a slower pace than the population of the State (9% compared with 14%). This was due to strong growth in Chittering in particular and decline in Moora. The population growth in the Coastal Wheatbelt and particularly in Chittering SLA is anticipated to be more than the State while at the same time Moora's population is projected to decline.

11.1.2 Gender distribution

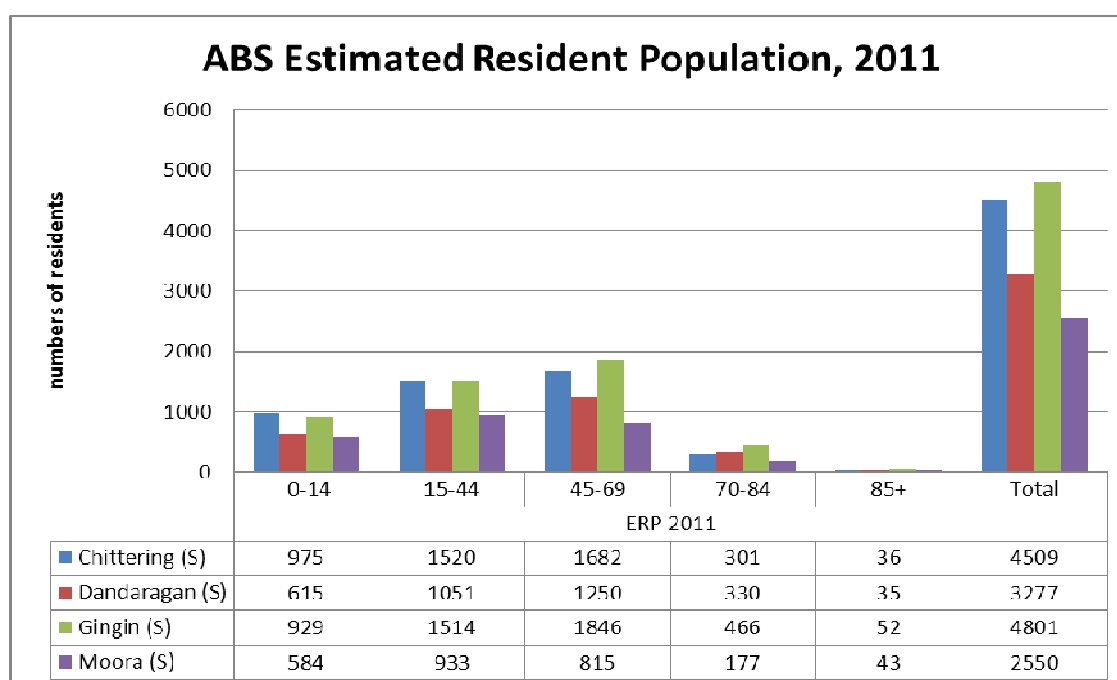
The 2011 ABS Estimated Resident Population (ERP) shows there were slightly more males than females in the Coastal Wheatbelt (53% compared with 47%) and this gender imbalance is projected to remain in the future.

11.1.3 Age distribution

In the 2011 (ABS, ERP 2011) the Wheatbelt region had an older age distribution compared with the State. In the Coastal Wheatbelt 15% of the population are aged 65 years and over, compared with 12% in the State.

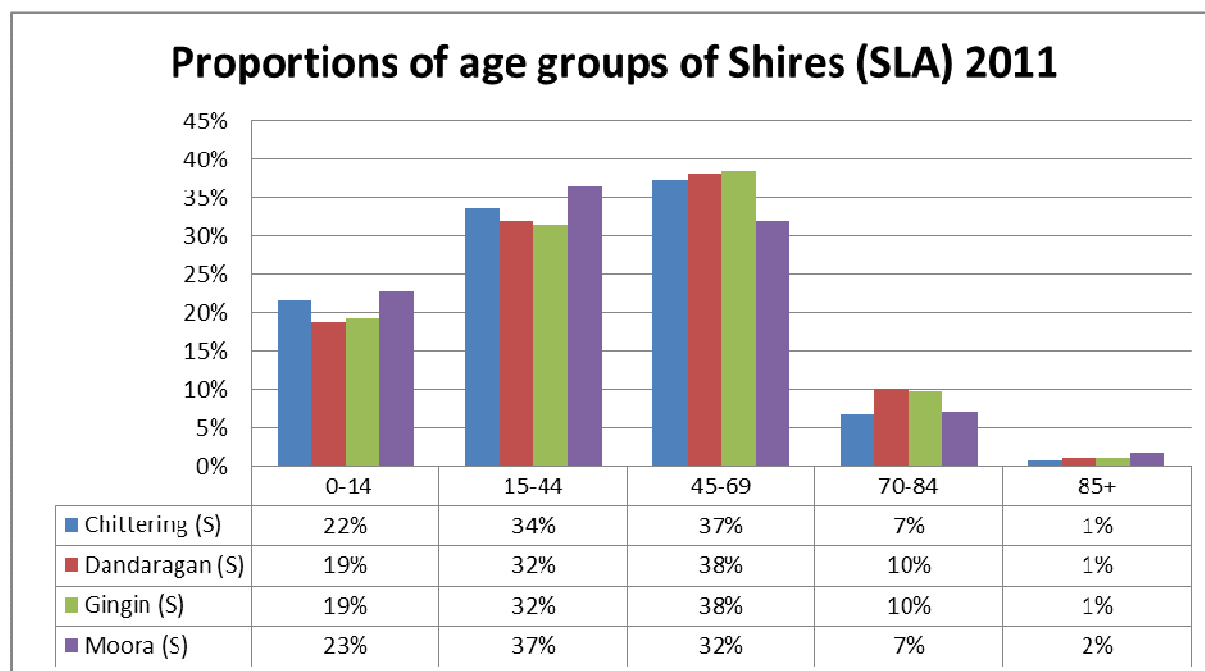
The dependency ratio is a ratio of those typically not in the labour force to those in the labour force and is calculated by dividing the number of people under 15 or over 64 years of age by the number of people aged 15 to 64 years. According to the 2010 ERP the dependency ratio of the Coastal Wheatbelt was greater than that of the State (0.56 compared with 0.46) and is anticipated to increase to 0.60 in 2021 (Department of Health 2010b).

Figure 6: Coastal Wheatbelt Age distributions (2011 ERP)



Source: ABS 2011 ERP

Figure 7: Proportions of age groups of each Coastal – Moora Shire (SLA) 2011



The proportion of residents who are aged 80 years and over is anticipated to increase from 2.7% in 2010 to 3.3% in 2021 (WA Tomorrow Band D) reflecting an increasing longevity. With this increase there will be an additional 252 older adults aged 80 years and over between 2010 and 2021, 42 in Moora, 49 in Dandaragan, 76 in Gingin and 85 in Chittering.

Implications for service planning: The ageing population will place added pressures on health services to manage health conditions commonly seen in older adults and indicates an increasing need for community, primary health (chronic conditions) and aged care services that provide the services in line with the national aged care reforms – Living Longer, Living Better.

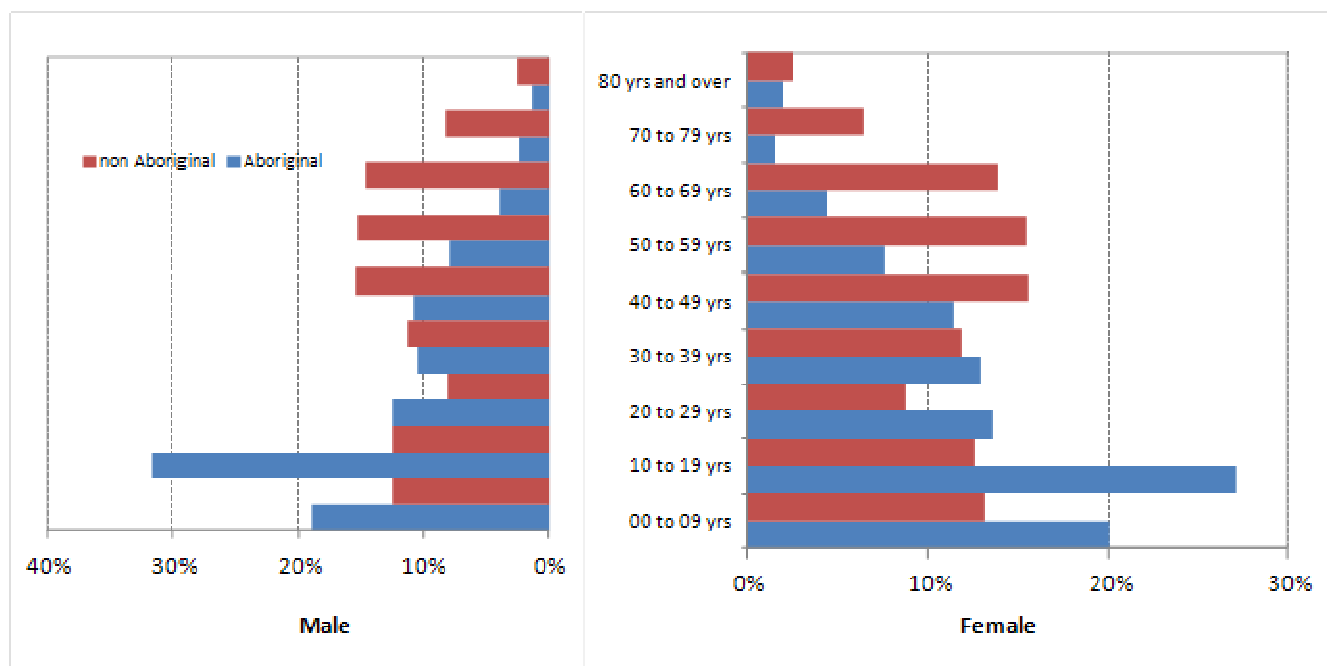
With the Coastal Wheatbelt's older population the residential aged care and dementia investment program of the SIHI will be particularly important for providing the residential aged care and dementia services that will be required in the region in the future.

11.1.5 Aboriginal people

In the 2011 Estimated Resident Population 5.6% of Wheatbelt residents (4206), 1.9% of Coastal Wheatbelt (Chittering, Dandaragan and Gingin) (236) and 12.2 % of Moora residents (310) were identified as being Aboriginal or Torres Strait Islander (ABS ERP via Rates Calculator), compared to the State (3.6%).

The Aboriginal Coastal Wheatbelt plus Moora population has a slightly greater proportion of females than the non-Aboriginal population does (50.0% compared with 48.7%) and a much younger age structure, as shown in the next figure. The proportion of Aboriginal people living to an older age is far less than the non Aboriginal population highlighting the gap in life expectancy and health outcomes.

Figure 8: Coastal Wheatbelt region including Moora SLA by Aboriginality, 2011



Source: Estimated by the Epidemiology Branch, Public Health Division, Department of Health.

Implications for service planning:

The Aboriginal population has a much younger age structure than the non-Aboriginal population. Nearly half the Aboriginal population is aged under 20 compared with a quarter for the non-Aboriginal population. This differing age structure will need to be taken into account in the planning of primary health services and programs as well as the cultural appropriateness of services and supporting people to access health care to improve the gap in health outcomes and life expectancy.

11.1.5.1 Ethnicity

In the 2006 Census, 13% of the Wheatbelt residents and 11% of Coastal Wheatbelt residents reported being born overseas (ABS, 2006a). This proportion was less than half that of the State (27%). Half (49%) the Wheatbelt residents born overseas were born in the United Kingdom.

11.2 Health status and health service needs

11.2.1 Determinants of Health

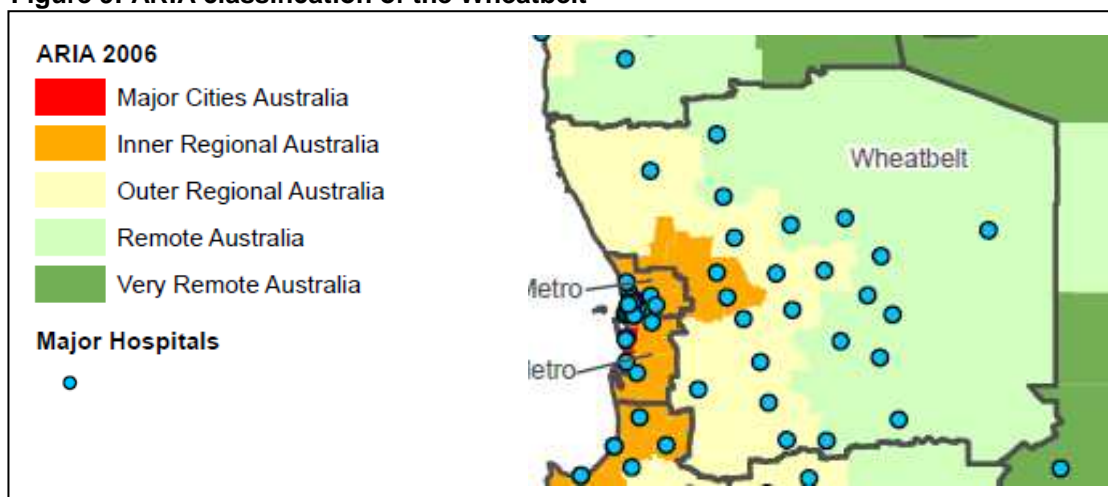
There are many factors that influence a person's health, including genetics, lifestyle and environmental and social factors. These factors may have a positive or a negative impact (Joyce and Daly, 2010). The following section describes the current health status of the region and summarises the factors (or determinants of health) that will influence the health status of residents now and into the future. The factors highlighted influence the demand for health services and should be considered when designing the future models of care for the Western Wheatbelt.

11.2.2 Remoteness

Remoteness is measured by the Accessibility Remoteness Index of Australia (ARIA), where areas classified as remote have very restricted accessibility of goods, services and opportunities for social interaction (Department of Health and Ageing, 2001).

Based on the 2006 ARIA the Wheatbelt has areas classified as inner regional, outer regional and remote, as shown in Figure 9.

Figure 9: ARIA classification of the Wheatbelt



Source: Department of Health, Epidemiology Branch

The distances and approximate vehicle travel time between Coastal Wheatbelt towns, Perth, Moora and Northam are shown in Table 6.

Table 6: Distance and approximate travel times between centres

	distance									
travel time	Northam	171	332	216	183	142	82/140	117	78	97
	2 hrs 50	Moora	121	138	172	125	107	171	171	174
	3 hrs 39	2 hrs 22	Jurien Bay	106	139	187	214	250	250	224
	2 hrs 59	2 hrs 48	1 hr 23	Lancelin	46	97	132	101	139	130
	2 hrs 28	2 hrs 36	2 hrs	49 min	Guilderton	47	98	66	106	92
	1 hr 41	1 hr 32	2 hrs 04	1 hr 35	1 hr 04	Gingin	27	68	62	87
	1 hr 40	1 hr 12	2 hrs 31	2 hrs 02	1 hr 32	27 min	Bindoon	64	63	84
	1 hr 29	1 hr 54	2 hrs 43	1 hr 32	1 hr	46 min	43 min	Joondalup	40	29
	57 min	1 hr 57	2 hrs 46	2 hrs 05	1 hr 35	48 min	45 min	36min	Midland	18
	1 hr 19	2 hrs 20	3 hrs 09	1 hr 51	1 hr 21	1 hr 11	1 hr 08	22 min	30 min	Perth

Source: RAC Western Australia

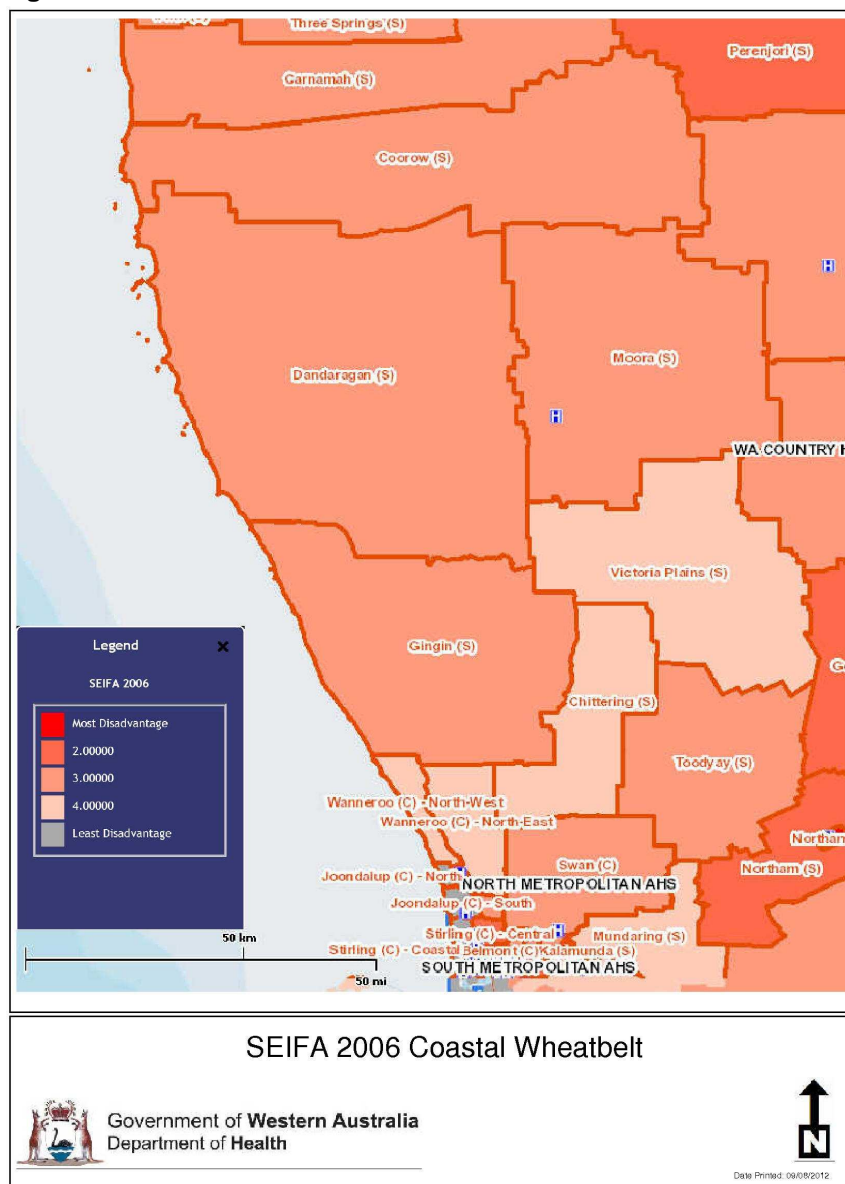
11.2.3 Socio-Economic Disadvantage

Socio-Economic Indexes for Areas (SEIFA) Index of Relative Socio-Economic Disadvantage scores are calculated by the ABS from responses to the Census. They look at 17 different measures which include things like levels of education, income, rent, Aboriginality and more. The indexes do not take into account accumulated wealth, infrastructure of areas or differences in cost of living between areas. It has been shown that more disadvantaged areas have higher proportions of reported ill health or risk factors for ill health.

The mean SEIFA score for Australia is 1,000. Scores below 1,000 indicate areas of relatively more disadvantage, whereas scores above 1,000 shows areas of relatively less disadvantage. The ABS (2008) SEIFA reveals that Coastal Wheatbelt SLA scores were close to average ranging from 982 in Moora to 1,029 in Chittering.

An indication of the distribution by quintile can be seen in the next figure which shows Chittering to be in the middle 20% of SLA scores while the other three SLA are in the lowest 40% of scores.

Figure 10: SEIFA classification of the Coastal Wheatbelt



Source: Health Tracks

Implications for service planning:

The SEIFA Index of Relative Socio-Economic Disadvantage shows that there are areas within the Western Wheatbelt with differing levels of disadvantage. Services and programs will need to be flexible to respond to the needs of these disadvantaged communities.

11.2.4 Australian Early Childhood Development Index

The Australian Early Development Index (AEDI) measures how young children are developing when they first enter full time school. A teacher completes a checklist for each child and the scores of all children across Australia are ranked in each of the five areas, or domains, of early childhood development. Children ranked in the bottom 10% are classed as “developmentally vulnerable”, those in the top 75% are classed as “on track” and those in between are classed as “at risk”.

The results for Coastal Wheatbelt communities are shown below in the next table. The cells shaded green indicate towns with lower than average levels of vulnerable children across developmental domain, while red cells indicate towns with higher levels.

Table 7: Proportion of children vulnerable on one or more domain, 2009

Community	Number children surveyed	% Developmentally vulnerable on one or more domains	% Developmentally vulnerable on two or more domains
Chittering	83	28%	11%
Dandaragan	49	27%	16%
Gingin	81	9%	1%
Moora	30 (30% ATSI)	47%	32%
Australia	261,203 (4.8% ATSI)	24%	12%

Data Source: Australian Early Development Index

11.2.5 Local risks and climate

The Coastal Wheatbelt district has proximity to major highways and all traffic to the north of the state from Perth and so is at a higher risk of receiving high trauma cases from motor vehicle accidents.

The Coastal Wheatbelt due to its proximity to the Perth has a similar climate to the metropolitan area and therefore health services should also be responsive to extreme conditions such as storms and flooding and natural disasters like fire.

Implications for service planning:

Coastal Wheatbelt will need to maintain effective emergency management plans for receiving, stabilising and transferring patients to tertiary hospitals in the future and be responsive to climate risks such as storms, flooding and fires.

11.2.6 Self-reported risk factors

Lifestyle behaviours are particularly important because of their relationship with chronic conditions that are considered to be preventable (Joyce and Daly, 2010). Prevention and management of these modifiable risk factors can therefore have a substantial effect on these preventable chronic conditions. The next table shows the relationship between these modifiable risk factors and the National Health Priority Areas.

Table 8: Chronic conditions and related modifiable risk factors

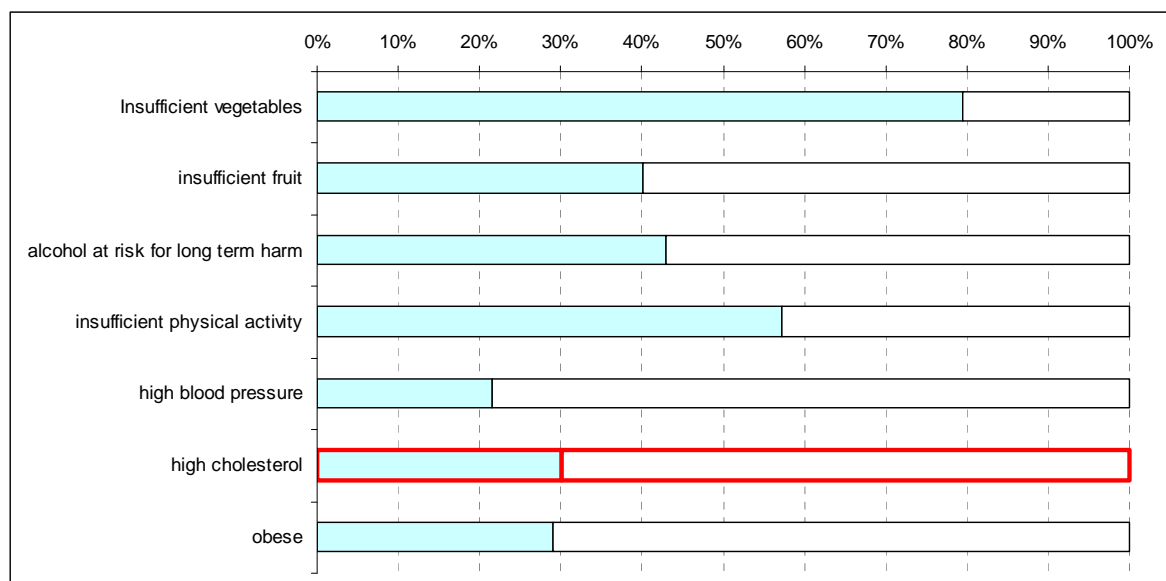
Chronic Disease / Condition	Behavioural risk factors				Biomedical risk factors		
	Poor diet	Physical inactivity	Tobacco smoking	Excess alcohol use	Excess weight	High blood pressure	High blood cholesterol
Coronary heart disease	✓	✓	✓	✓	✓	✓	✓
Cerebrovascular disease	✓	✓	✓	✓	✓	✓	✓
Lung cancer			✓				
Colorectal cancer	✓	✓		✓	✓		
Depression				✓	✓		
Diabetes	✓	✓			✓		
Asthma			✓		✓		
COPD(a)			✓				
Chronic kidney disease	✓		✓		✓	✓	
Oral diseases	✓		✓	✓			
Osteoarthritis		✓			✓		
Osteoporosis	✓	✓	✓	✓	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(a) Chronic utilization pulmonary disease
Source: AIHW 2002a

Source: Australian Institute of Health and Wellbeing (2006). Reproduced from AIHW's *Chronic diseases and associated risk factors in Australia*.

Risk factor information is usually collected by population based surveys, such as the WA Health and Wellbeing Surveillance System (HWSS). The Epidemiology Branch and Cooperative Research Centre for Spatial Information (2009) reported the results in the following chart for adults aged 16 years and over in the Coastal Wheatbelt between 2007 and 2010.

Figure9:Self-Reported Risk Factors Coastal Wheatbelt Residents 16+ 2007-2012



Note: The red/bold border indicates that this is significantly higher than the State. Source: HWSS, via Health Tracks

While many of the lifestyle behaviours of Wheatbelt residents may not be significantly higher than the State the prevalence is still important because these behaviours are modifiable risk factors for chronic conditions.

Lifestyle risk factor information is not available for Aboriginal Wheatbelt residents. At the national level Aboriginal people have been found to be twice as likely as non-Aboriginal people to be a current smoker (45% compared with 20%). Nearly a third (31%) of Aboriginal people has never smoked compared to half of non-Aboriginal people (52%). Furthermore, twice as many Aboriginal people report poor self-assessed health and report higher levels of psychological stress as non-Aboriginal people (ABS, 2006b).

Implications for service planning:

The modifiable risk factors and self-reported chronic conditions should continue to be monitored and used as a guide for developing and sustaining public health programs and interventions within the Wheatbelt region.

Wheatbelt residents were more likely to report height and weight measurements that classified them as obese compared with the State (one in three adults). They also reported high levels of blood pressure and insufficient physical activity. These behaviours are of particular interest as excess body weight, physical inactivity and high blood pressure are linked with several chronic conditions, including coronary heart disease and some cancers. The increasing trend of obesity in the State may suggest an increase in these chronic conditions in the future.

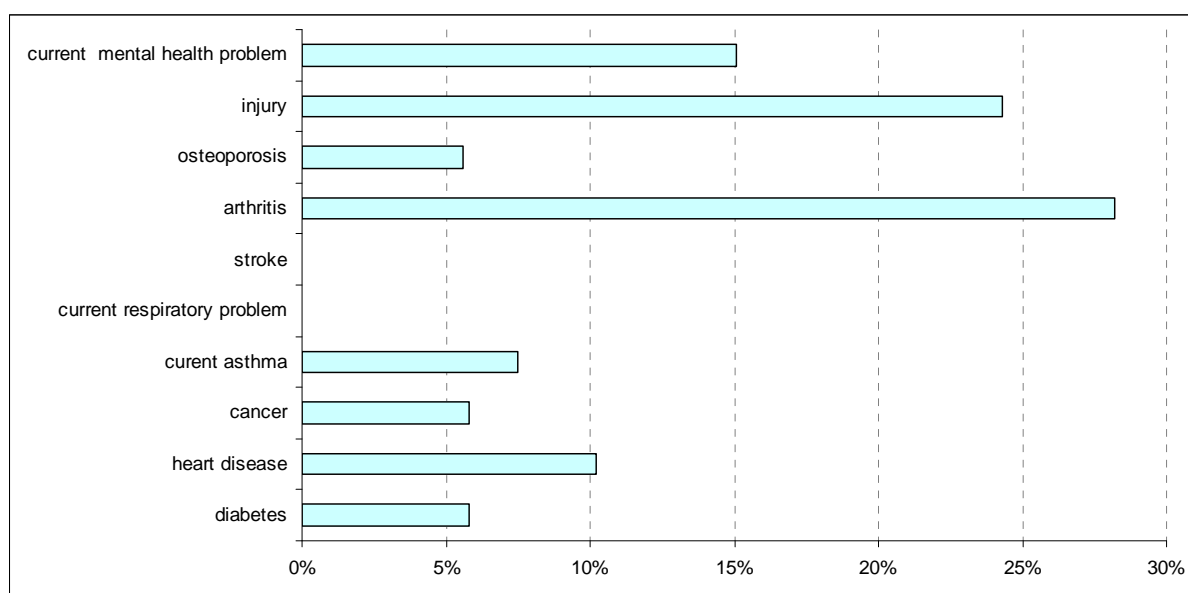
11.2.7 Health Status, all Wheatbelt residents

11.2.7.1 Self-reported chronic conditions

Chronic conditions refer to long-term conditions that last for six months or more (Joyce, S and Daly, A. 2010). Not all chronic conditions result in hospitalisations and so hospital data does not give the full picture. This type of information is usually collected by population based surveys, such as the WA HWSS.

According to the Epidemiology Branch and Cooperative Research Centre for Spatial Information (2009a), the most prevalent chronic conditions for adults in the Coastal Wheatbelt are shown in the chart below.

Figure 10: Self Reported Chronic Conditions Coastal Wheatbelt Residents 16 years and over, 2007 to 2010



Note: The missing bars are where numbers of respondents were too small to make a prevalence estimate, no significant differences to prevalence estimates for the state

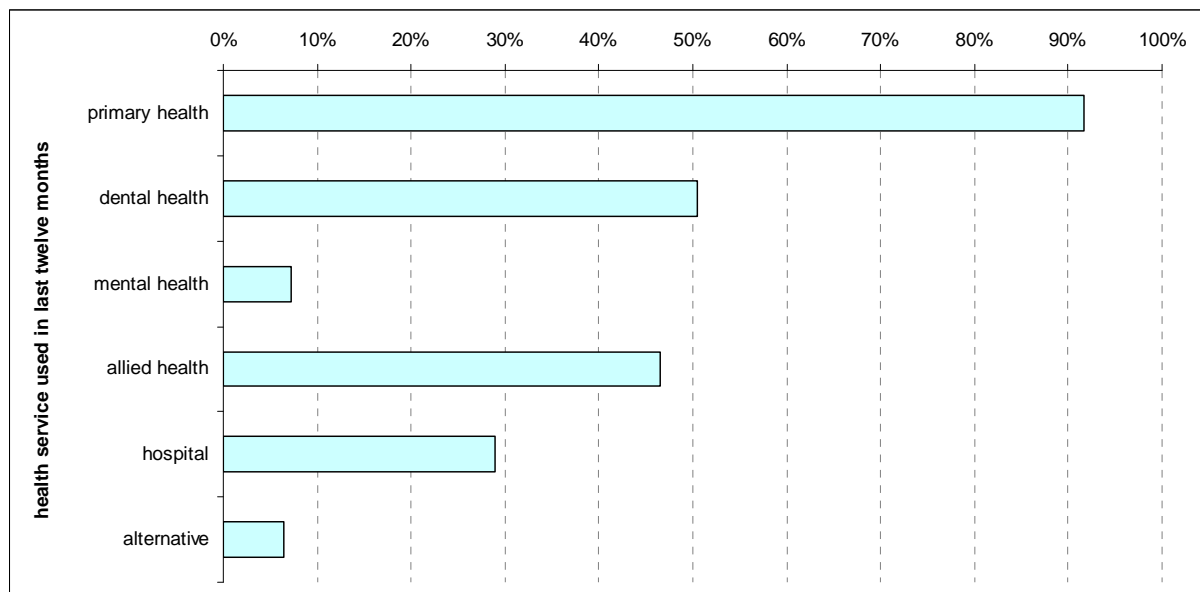
Source: HWSS, via Health Tracks

Nationally, Aboriginal people report a higher prevalence of most chronic conditions compared with non-Aboriginal people. For example, at a national level, after adjusting for age, Aboriginal people were 1.6 times more likely to report asthma, and three times more likely to report diabetes (ABS, 2006b). As the HWSS may not be representative of the Aboriginal population, national levels of chronic disease among the Aboriginal population must be considered.

11.2.7.2 Self-reported service utilisation

The Epidemiology Branch and Cooperative Research Centre for Spatial Information (2009) reported between 2007 and 2010 there were no significant differences in the reported health service utilisation of Coastal Wheatbelt residents compared to the State.

Figure 11: Self Reported Service Utilisation Coastal Wheatbelt Residents 16 years and over, 2007 to 2010



Source: HWSS, via Health Tracks

Implications for service planning:

As the majority of Coastal Wheatbelt residents use primary health care this presents an opportunity for chronic conditions and modifiable risk factors to be assessed. While 15% of Coastal Wheatbelt adults reported having a current mental health problem, only 7% reported having used mental health services in the past year. This indicates the importance of:

- Implementing health promotion programs, population health level interventions, awareness raising and de-stigmatising initiatives and intervention at the time of assessment to improve access to mental health services.
- Enhancing the continuum care, service integration and coordinated care planning between emergency, inpatient and primary health care services within the acute and community sector to enable more effective assessment, management and follow-up as patients transition from acute care to the community (and vice versa) particularly for chronic disease management and mental health care.

11.2.7.3 Mortality

Mortality is an important indicator of the health of the population. Aboriginal people have a significantly lower life expectancy compared with their non-Aboriginal counterparts, with the gap at the national level estimated to be 11.5 years for males and 9.7 years for females (ABS, 2006b).

Between 2003 and 2007 more than 50 Coastal Wheatbelt residents died each year. After removing the impact of the different age structures in the populations there was a significantly lower mortality rate (the number of deaths per 1,000 people) for all Coastal Wheatbelt residents compared with the State (Epidemiology Branch and Cooperative Research Centre for Spatial Information 2009).

The leading cause of death of Coastal Wheatbelt residents in that period was neoplasm, followed by diseases of the circulatory system and injury and poisoning. The leading causes of death were similar to all Western Australian residents (Epidemiology Branch and Cooperative Research Centre for Spatial Information, 2009).

From 1998 to 2007, Wheatbelt, Great Southern and South West Aboriginal residents had a significantly higher mortality rate for cardiovascular disease compared with the State Aboriginal population (Carlose, Crouchley, Dawson, Draper, Hocking, Newton and Somerford, 2009). Aboriginal residents in the Wheatbelt, Great Southern and South West Aboriginal people had a significantly higher mortality rate for diabetes, cardiovascular disease, respiratory disease, injury and poisoning, alcohol-related conditions and tobacco-related conditions compared with non-Aboriginal residents of the same area (Hocking, Draper, Somerford, Xiao, and Weeramanthri, 2010).

11.2.7.4 Avoidable mortality

Each year people die from diseases that have medical interventions and/or effective public health programs. These deaths are referred to as avoidable mortality and are classified into three categories related to the type of intervention according to Hocking, Draper, Somerford, Xiao, and Weeramanthri (2010). Primary intervention includes deaths that could potentially have been avoided via effective public health measures. Secondary intervention includes deaths that could potentially have been avoided by early intervention through primary health care services or early detection through screening. Tertiary intervention includes deaths that could potentially have been avoided using medical or surgical techniques.

Between 1998 and 2007 around two-thirds of Wheatbelt resident deaths under the age of 75 were classified as avoidable, as shown in the next table. Cancers and chronic conditions accounted for the majority of avoidable deaths. Ischaemic heart disease was responsible for one in four avoidable deaths (24%), followed by lung cancer (13%) and suicide and self-inflicted injuries (7%).

The use of primary interventions could potentially have avoided more than half (54%) the avoidable deaths, while 24% could have potentially been avoided through the use of secondary interventions, such as primary health care services or early detection through screening. One-fifth of the avoidable deaths could potentially have been avoided through the use of tertiary interventions, such as medical or surgical techniques.

Between 1998 and 2007 Aboriginal Wheatbelt residents had a greater proportion of deaths classified as avoidable compared with non-Aboriginal Wheatbelt residents (75% compared with 63%). As shown in Table 12, ischaemic heart disease and diabetes accounted for a greater proportion of Aboriginal than non-Aboriginal deaths.

Table 12: Wheatbelt residents: Leading causes of avoidable mortality, by Aboriginality, aged 0-74 years (1998-2007)

Condition	No.	% of total
Aboriginal		
Ischaemic heart disease	32	31%
Diabetes	11	11%
Cerebrovascular diseases	10	10%
Alcohol related disease	9	9%
Suicide and self-inflicted injuries	7	7%
Non-Aboriginal		
Ischaemic heart disease	254	24%
Lung cancer	146	14%
Suicide and self-inflicted injuries	80	7%
Colorectal cancer	78	7%
Cerebrovascular diseases	53	5%

Source: ABS Mortality Data

Implications for service planning:

More than half the deaths of Wheatbelt residents under the age of 75 could potentially be avoided through the use of primary health programs.

Neoplasm and circulatory diseases were the leading causes of mortality for Coastal Wheatbelt residents, with Ischaemic heart disease the leading cause of avoidable mortality. This highlights that many of these deaths could potentially be avoided with the use of health programs. Physical inactivity and obesity are both modifiable risk factors for ischaemic heart disease. With the increasing trend of obesity seen across the State, heart disease may also be likely to increase in the future, suggesting the need for primary health services targeted at this condition and its risk factors.

Injury and poisoning was also a leading cause of mortality for Coastal Wheatbelt residents with suicide and self inflicted injuries one of the leading causes of avoidable mortality for both Aboriginal and non-Aboriginal residents. Again, this suggests the need for primary health services targeted at creating resilience within the community and identifying people at risk of self-harm.

The primary health care streams of the SIHI will be integral to reducing avoidable deaths of Wheatbelt residents.

11.2.7.6 Hospitalisations

Hospitalisations are an indicator of relatively severe conditions in the community and assist in targeting primary care resources to prevent hospitalisations. Wheatbelt residents may be admitted to a hospital in the region, or may choose to attend a hospital in the metropolitan area, as a public or private patient.

Between 2006 and 2010 Coastal Wheatbelt residents had a significantly lower hospitalisation rate than that of the State (Epidemiology Branch and Cooperative Research Centre for Spatial Information, 2009).

The leading categories of hospitalisation are shown in the next table. Between 2006 and 2010 the leading category of hospitalisation of Coastal Wheatbelt residents was for factors influencing health status (which includes renal dialysis and chemotherapy), followed by diseases of the digestive system. The leading causes of hospitalisation were similar to those of the State.

Aboriginal Wheatbelt residents had a significantly lower hospitalisation rate when compared with all Aboriginal WA residents. However, their hospitalisation rate was twice that of the non-Aboriginal Wheatbelt residents (Epidemiology Branch and Cooperative Research Centre for Spatial Information, 2011).

Between 2006 and 2010 the leading causes of hospitalisation differed markedly between Aboriginal and non-Aboriginal Coastal Wheatbelt residents, as shown in Table 13. Injury and poisoning, and mental and behavioural disorders accounted for a greater proportion of hospitalisations of Aboriginal compared to non-Aboriginal Coastal Wheatbelt residents. Injury and poisoning is one of the leading causes of hospitalisation for both Aboriginal and non-Aboriginal residents and is also one of the leading causes of mortality.

Table 13: Leading category of hospitalisations by Aboriginality Coastal Wheatbelt Residents, 2006 to 2010

Rank	Category	No.	% of total
Aboriginal			
1	Injury and poisoning	34	14.0%
2	Digestive diseases	26	10.7%
3	Mental disorders	21	8.6%
4	Pregnancy and childbirth	15	6.2%
5	Musculoskeletal diseases	15	6.2%
Non-Aboriginal			
1	Factors influencing health status	6,798	20.2%
2	Digestive diseases	4,295	12.7%
3	Musculoskeletal diseases	3,188	9.5%
4	Neoplasms	3,051	9.0%
5	Injury and poisoning	2,545	7.5%

Source: WA Hospital Morbidity Data System.

11.2.7.7 Potentially preventable hospitalisations

Many hospitalisations result from conditions where hospitalisations could potentially be prevented by the use of preventive care and early disease management. These hospitalisations are known as *potentially preventable hospitalisations* and are grouped into three major categories acute, chronic and vaccine preventable. Public health measures have the greatest influence on vaccine preventable and chronic conditions.

Between 2005 and 2009, potentially preventable hospitalisations accounted for 10% of hospitalisations of Wheatbelt residents, a similar proportion to that of the State (Epidemiology Branch and Cooperative Research Centre for Spatial Information 2009). Of these, vaccine preventable conditions accounted for 3%, acute preventable accounted for 42% and chronic conditions accounted for 55% of potentially preventable hospitalisations in the Wheatbelt (Epidemiology Branch and Cooperative Research Centre for Spatial Information, 2009). As shown in the following Table, diabetes and its complications was the leading potentially preventable hospitalisations, accounting for more than one in four hospitalisations.

Between 2005 and 2009 potentially preventable hospitalisations accounted for a greater proportion of hospitalisations of Aboriginal Wheatbelt residents compared with non-Aboriginal Wheatbelt residents (21% compared with 9%) (Epidemiology Branch and Cooperative Research Centre for Spatial Information, 2009).

Chronic conditions accounted for 59% of the Aboriginal potentially preventable hospitalisations. While diabetes and its complications was the leading potentially preventable hospitalisations for both Aboriginal and non-Aboriginal Wheatbelt residents, it accounted for a greater proportion of hospitalisations of Aboriginal residents, as shown in the next table (Epidemiology Branch and Cooperative Research Centre for Spatial Information 2009).

Table 14: Leading potentially preventable hospitalisations by Aboriginality, Wheatbelt residents, 2005 to 2009

Category	No.	% of total
Aboriginal (21% of all hospitalisations)		
Diabetes complications	643	41%
Convulsions and epilepsy	228	14%
Asthma	143	9%
ENT infections	133	8%
Dental conditions	86	6%
Pyelonephritis	86	6%
Non-Aboriginal (9% of all hospitalisations)		
Diabetes complications	2,945	27%
Dental conditions	1,235	11%
Chronic obstructive disorders	1,024	9%
ENT infections	921	8%
Congestive cardiac failure	880	8%

Source: WA Hospital Morbidity Data System.

Implications for service planning:

Coastal Wheatbelt residents had a significantly lower hospitalisation rate compared with the State.

The leading cause of hospitalisation of Coastal Wheatbelt residents is for factors influencing health status, which includes renal dialysis and chemotherapy.

One in ten hospitalisations of all Wheatbelt residents and one in five hospitalisations of Aboriginal Wheatbelt residents could potentially be avoided through the use of preventative care and early disease management. The SIHI will move the focus from providing inpatient hospital services to the delivery of primary care, including the prevention and detection of chronic conditions, such as diabetes related conditions and dental conditions, which accounted for the greatest proportion of potentially preventable hospitalisations.

Aboriginal Wheatbelt residents have a greater need for health care services compared with their non-Aboriginal counterparts. Future services planning needs to ensure culturally appropriate services for the Aboriginal residents are incorporated in this planning.

12 Appendix C: Major Commonwealth and State policies

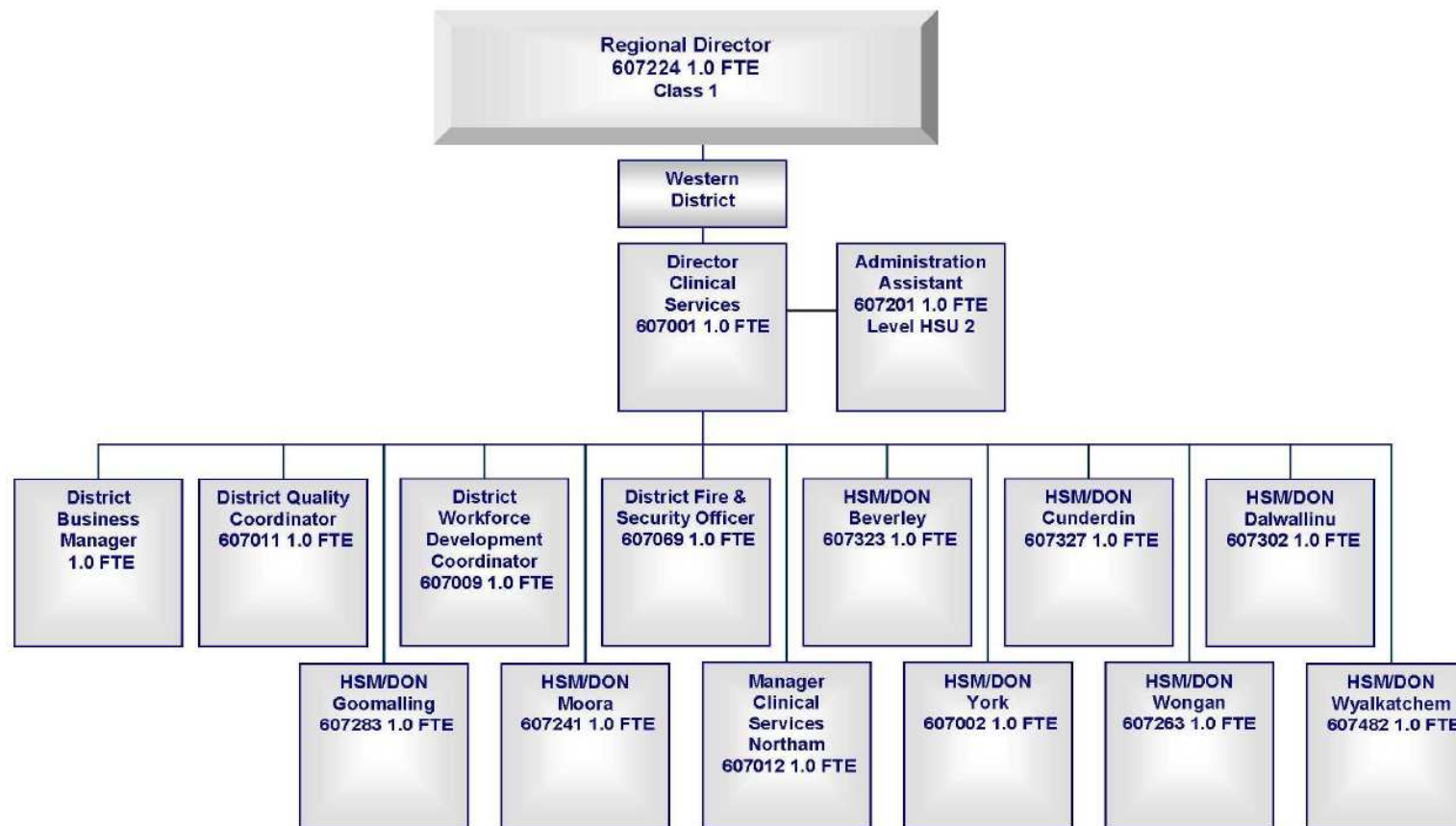
More detail can be found from the comprehensive document '[Commonwealth and State Policies Summary](#)' document available on the WACHS internet under publications.

Policy	Policy implications for the Coastal Wheatbelt
Commonwealth Policy	
<i>Council of Australian Governments (COAG) National Health Reform Agreement (2011) including Local Health Networks and Medicare Locals</i>	<p>In August 2011, all States and Territories agreed to the <i>COAG National Health Reform Agreement</i> which will deliver major reforms to the organisation, funding and delivery of health and aged care.</p> <p>The Agreement sets out the shared intention of the Commonwealth, State and Territory governments to work in partnership to improve health outcomes for all Australians and ensure the sustainability of the Australian health system. The reforms will achieve better access to services, improved local accountability and transparency, greater responsiveness to local communities and provide a stronger financial basis for our health system into the future.</p> <p>Local Health Networks and Medicare Locals are being established to locally manage public hospital health services and primary health care services respectively.</p> <p>www.coag.gov.au/docs/national_health_reform_agreement.pdf</p>
<i>National Partnership Agreement Closing the Gap in Indigenous Health Outcomes (2009)</i>	Service planning enables key strategies within the <i>Western Australian Implementation Plan</i> to be achieved including strong collaboration of ambulatory care services.
<i>Health and Hospital Funding for Rural Cancer Units</i>	<p>The Commonwealth have endorsed providing \$22.091 million of infrastructure funding over three years (2010/11 – 2012/13) to WACHS to develop a multi-site rural cancer centre and patient accommodation located in four WACHS regions.</p> <p>Under this plan, by 2013/14 Northam will have a five chair, one bed chemotherapy unit plus a three double bedroom patient accommodation facility.</p> <p>Funding has also been provided to St John of God to expand their rural cancer centre in Bunbury.</p>
State Government Policy	
<i>WA Health Strategic Intent 2010-2015 (2010)</i>	<p>This document has a number of overarching goals for WA Health to build <i>healthier, longer and better quality lives for all Western Australians</i>. The intention of this Service Plan is to align with these overarching goals within this policy. Refer to:</p> <p>www.health.wa.gov.au/about/docs/WAHealth_Strategic_Intent_2010_2015.pdf</p>
<i>WA Health Clinical Service Framework 2010-2020 (2010)</i>	<p>This Policy stipulates that Northam and Moora Hospital provide Level 2 – 4 health services (as per pp. 24-5).</p> <p>Service planning utilises this State policy to understand the level of service delivery as an IDHS and the level of integration required with other Wheatbelt and metropolitan hospitals. Refer to:</p> <p>www.health.wa.gov.au/publications/documents/CLINICAL_SERVICES_FRAMEWORK_WEB.pdf</p>
<i>WA Health Telehealth Strategic Direction (yet to be published)</i>	A major initiative of health service reform is to enhance Telehealth facilities in health services to enable efficiencies to be gained in providing patient assessment and care; staff training; and patient-to-practitioner communication.
<i>WA Health Network Models of Care</i>	Service planning offers the opportunity to create facilities that best support the delivery of modern models of care as developed by the

Policy	Policy implications for the Coastal Wheatbelt
(ongoing)	Network. The published models of care are found at www.healthnetworks.health.wa.gov.au/modelsofcare
<i>Mental Health 2020: Making it personal and everybody's business (Strategic Policy)</i>	<p>The WA Government's ten year strategic policy for mental health, <i>Mental Health 2020: Making it personal and everybody's business</i>, provides a whole of government and community approach and sets out three key directions:</p> <ul style="list-style-type: none"> • person centred supports and services; • connected approaches; and • balanced investment. <p>For more information go to: www.mentalhealth.wa.gov.au/Libraries/pdf_docs/Mental_Health_Commission_strategic_plan_2020.sflb.ashx</p>
<i>WA Health Redundancy and Disaster Planning Guidelines (2008)</i>	<p>Northam Hospital and Moora Hospital will comply as a Group 3 facility for Redundancy and Disaster Planning as per these Guidelines: www.public.health.wa.gov.au/cproot/2540/2/Redundancy%20and%20Disaster%20Planning.pdf</p>
WACHS Policy	
<i>WACHS Strategic Priorities 2013 - 2015</i>	Service reform enables WACHS to achieve many of the key action areas within this strategic plan for the Western Wheatbelt community.
<i>Operational Plan 2011/12 WA Country Health Service</i>	This <i>Operational Plan</i> actions the <i>Strategic Plan</i> , providing practical direction for WACHS operations across the State.
<i>WA Country Health Services Human Resources Strategic Directions Framework (2011)</i>	Human Resources Priorities Plan for 2011/12 will be developed as an outcome of WACHS endorsing this framework. Workforce development within the Western Wheatbelt should engage in this process to improve the attraction and retention of a skilled workforce.
<i>Aboriginal Employment Strategy 2010-2014</i>	This strategy advocates for more Aboriginal people to be employed in all levels of the organisation as a strategy to make services more culturally secure.
<i>WACHS Renal Dialysis Plan</i>	This plan identifies the need for renal satellite outreach dialysis or community supported dialysis services (small satellite services) in the Wheatbelt to enable care closer to home. 4 chairs are planned for Northam.
<i>WACHS ED Services Planning and Facility Design Principles and Benchmarks</i>	Calculation of the required number of treatment bays to manage future demand is based on the benchmarks published in this document.
<i>WACHS Mental Health Plan 2012 - 2014</i>	Contains high level key mental health priorities for WACHS to address the recommendations of the Stokes Review into mental health services in WA.

13 Appendix D: Organisational structures

Figure 11: WACHS Wheatbelt Region: Population Health (March 2013)



Created: 13 October 2006
Updated: 19 April 2013

Figure 12: WACHS – Wheatbelt Population Health Organisational Chart March 2013

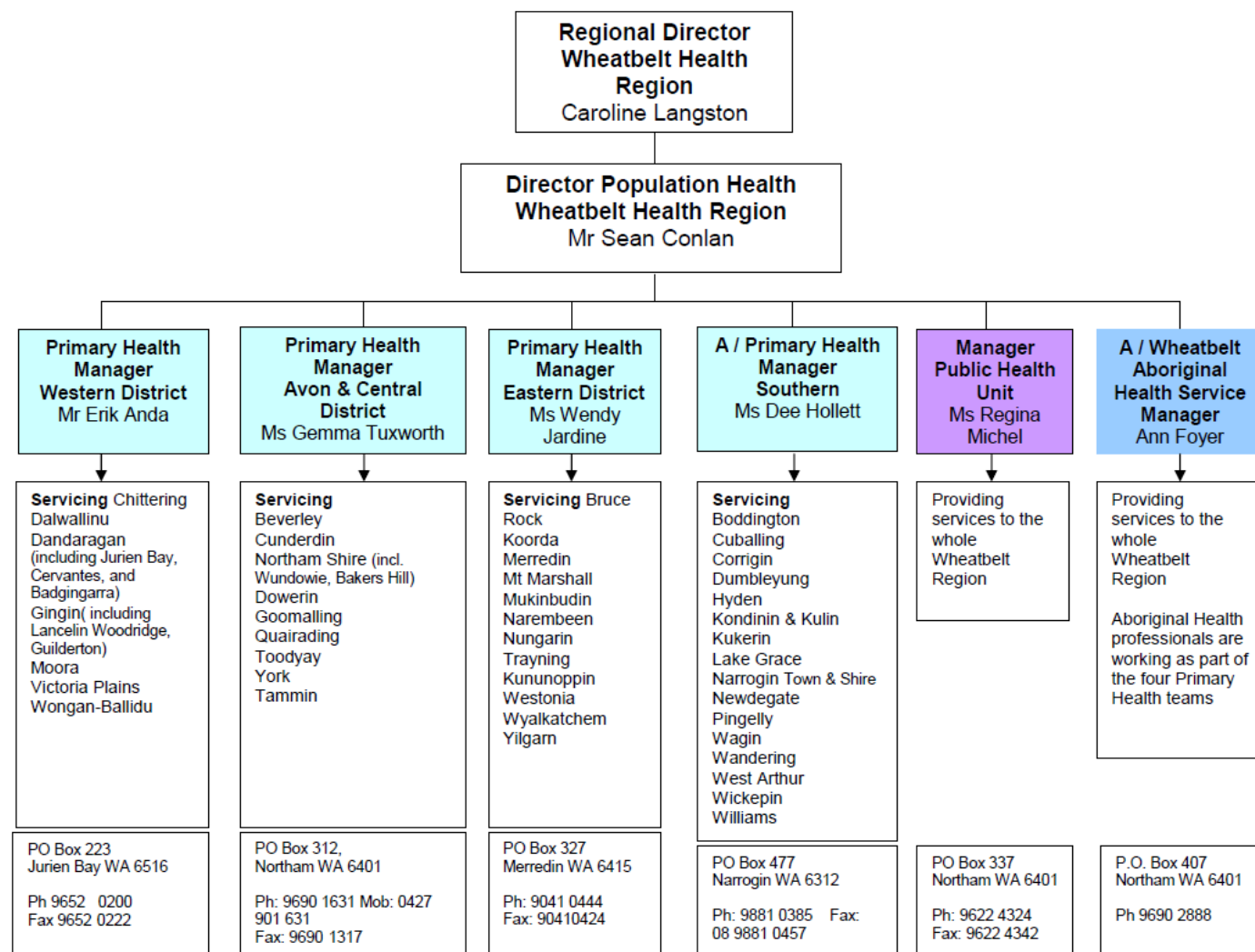


Figure 13: Western Wheatbelt Primary Health Service (March 2013)

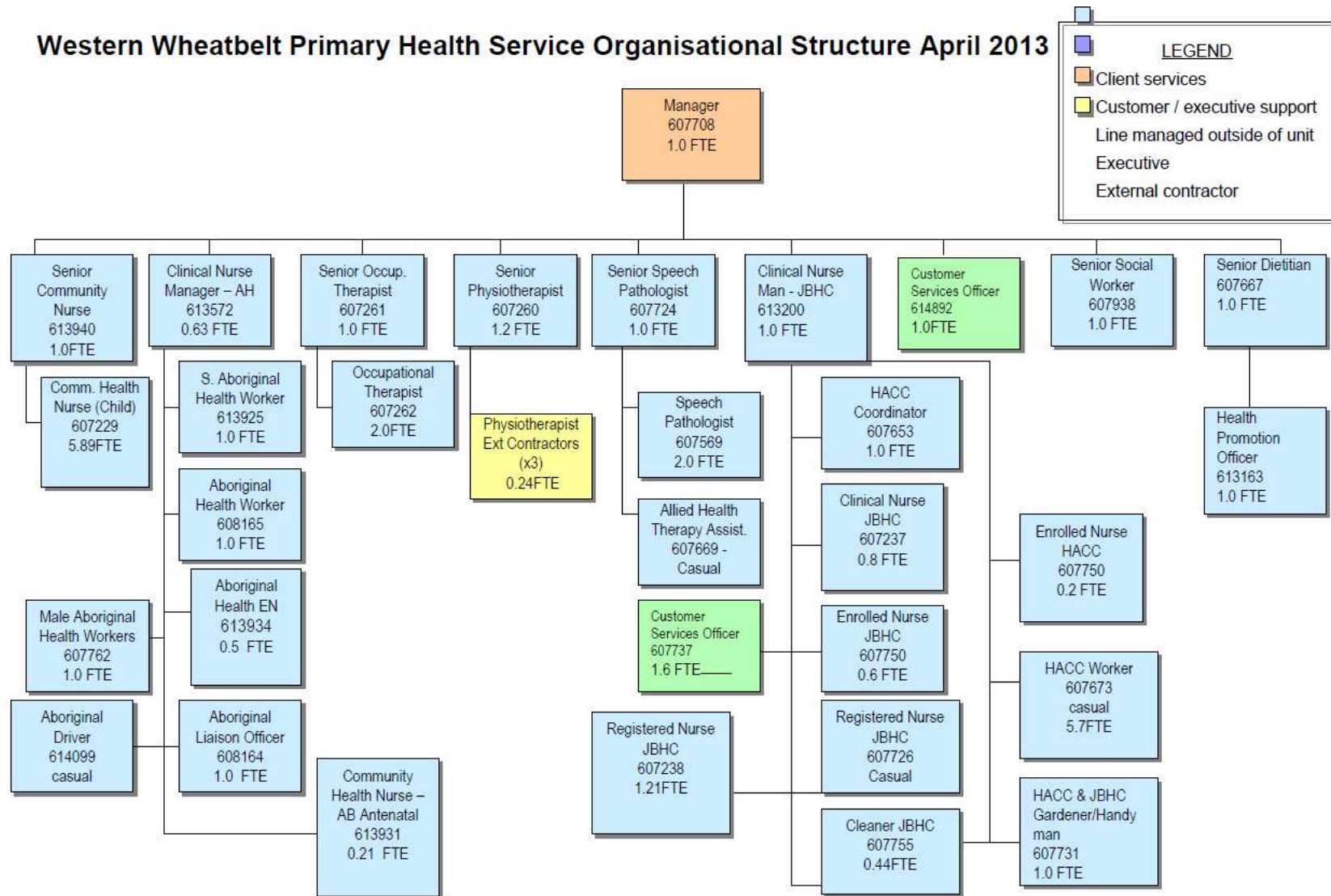
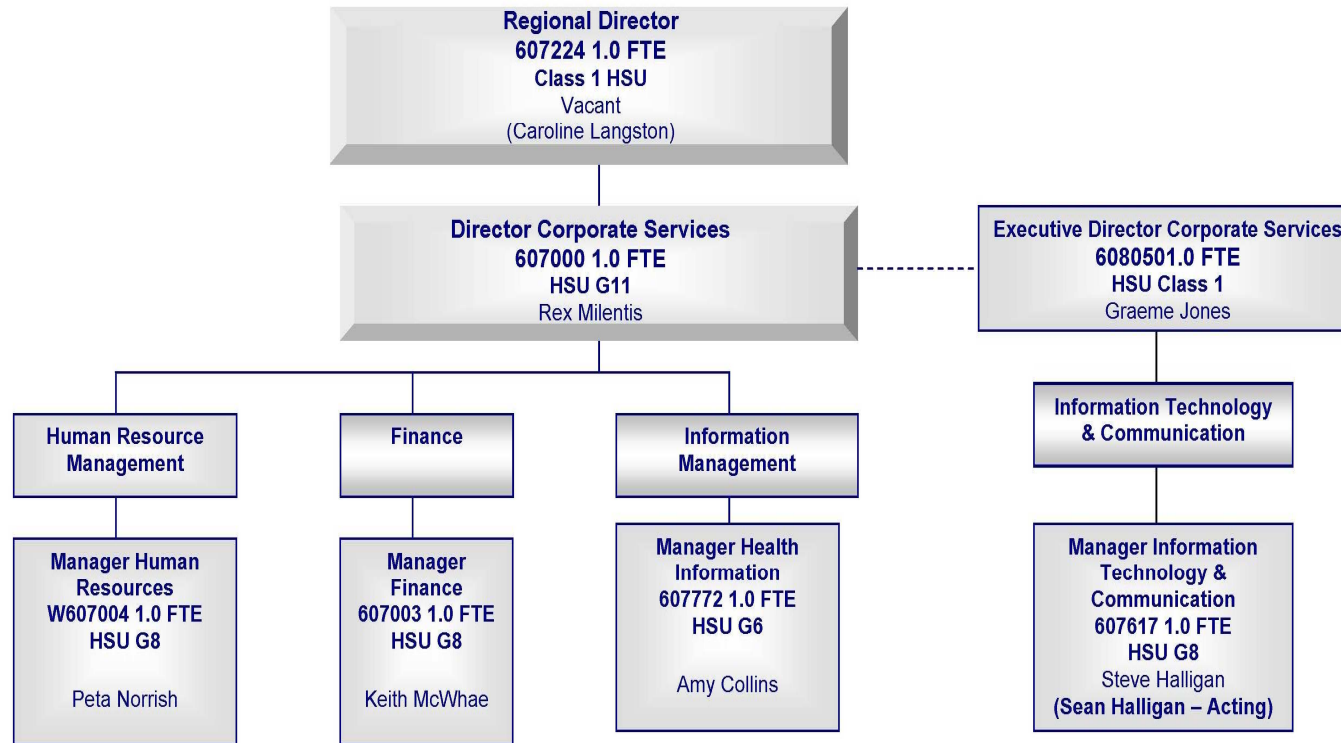


Figure 14: Corporate Services Structure (March 2013)



Created: 13 October 2006
Updated: 18 April 2013

14 Appendix E: Services and Activity

14.1 Acute inpatient flow of Moora-Coastal Wheatbelt residents

In 2010/11, 5,876 separations from all WA private and public hospitals involved residents of the Moora-Coastal Wheatbelt. Of these separations:

- 8% (494) were supplied by hospitals within the Wheatbelt Health Region (598 across WACHS)
- 47% (2,748) were separated from public metropolitan hospitals; and
- 43% (2,525) were privately treated (1% were privately treated in rural facilities, almost all of these were Dandaragan residents, and 42% were privately treated in metropolitan facilities).

Self-sufficiency is a calculation used to identify the proportion of resident acute separations that are managed by a local region/district. It is an indicator of the district's capacity to provide acute care closer to home. Due to remoteness and availability of onsite specialists, a country health service will not achieve 100% self-sufficiency. Highly acute and complex patients will continue to be transferred to Perth where more specialised services and medical equipment are located.

The public self sufficiency of the Coastal Wheatbelt was determined as the proportion of Coastal Wheatbelt resident public separations that occurred in the Wheatbelt region. In 2010/11 this was five per cent. This means five percent of Coastal Wheatbelt residents who required public health care received that care from a Wheatbelt facility. This shows just how little of resident demand is met by local services primarily due the direct road transport routes and relative proximity to Perth and the district hospitals serving these residents being located at Moora and Northam. This is a reduction from 7% in 2006/07. If Moora shire residents separations are included then public self sufficiency is 15% which has also reduced since 2006/07, from 20%. This reduction in self sufficiency is seen across the whole Wheatbelt region. Over nine in ten separations of coastal Wheatbelt residents occurred in metropolitan facilities.

14.2 Emergency Services

Moora Hospital CSF role delineation – Level 3

Level 3 emergency services should provide:

- 24 hour emergency cover via Local GPs who are rostered to provide medical coverage, with services provided by a Registered Nurse (RN).
- Resuscitation and stabilisation.
- Access to visiting specialist services or by telehealth.

The emergency services at Moora Hospital achieve CSF level 3 role delineation. The service provides 24/7 management and stabilisation of all forms of emergency illness including life threatening illness requiring immediate resuscitation and management of all traumas. The service is nurse led (1 RN and 2 Ens on roster) with medical coverage provided by the local GP.

There is presently one GP in Moora providing emergency service coverage to Moora hospital, with the GP from Dalwallinu providing cover if required.

The medical coverage is being strengthened by SIHI stream one, which is providing incentives directly to the private GPs and is helping to recruit GPs from overseas and interstate. An additional GP commenced in July 2012. The SIHI Moora medical model provides a network of GPs who are available on call 24 hours a day and available onsite within 30 minutes. Emergency response services are also available from Jurien Bay Health Campus and Lancelin Remote Area Health Service.

Actual and projected activity

The most current modeling off a 2010/11 base year projects that the number of ED attendances to Moora will increase by 25% between 2012/13 and 2021/22.

The attendances for triage 5 categories are projected to decrease in line with what has been happening at a State level, which is consistent with the expected decrease as a result of the SIHI.

ED projections will be updated in late 2012/13.

At Moora Hospital, 21% of attendances involved an Aboriginal person while in Jurien Bay they accounted for only 1%.

Table 15: Coastal Wheatbelt: Actual and projected emergency department presentations and bays, by triage

Hospital	2008/09 (actual)	2009/10 (actual)	2010/11 (actual)	2012/13 (projected)	2016/17 (projected)	2021/22 (projected)
Moora						
Triage 1 & 2	43	56	104	125	188	299
Triage 3	181	192	348	411	579	874
Triage 4 & 5	1,954	2,058	1,752	1,756	1,738	1,696
Total	2,178	2,306	2,204	2,292	2,505	2,869
ED bays	0.9	0.9	1.0	1	1	2
Jurien Bay Health Campus						
Triage 1 & 2	25	45	60	n/a	n/a	n/a
Triage 3	92	159	226	n/a	n/a	n/a
Triage 4 & 5	1,373	1,406	1,381	n/a	n/a	n/a
Total	1,490	1,610	1,667	n/a	n/a	n/a
ED bays	0.6	0.7	0.7	n/a	n/a	n/a
Lancelin Health Campus						
Triage 1 & 2	112	113	94	n/a	n/a	n/a
Triage 3	426	454	592	n/a	n/a	n/a
Triage 4 & 5	1,285	1,289	1,300	n/a	n/a	n/a
Total	1,823	1,856	1,986	n/a	n/a	n/a
ED bays	1.0	1.0	1.1	n/a	n/a	n/a

Source (historic): WACHS online ED pivot, extracted 14th August 2012; (projections) WACHS ED Projections Pivot (Based on ABS Series B+); Lancelin from Silver chain report to DoH
See Appendix C for benchmarks used to calculate bays.

Emergency department presentations, by age

There were noticeable differences in the age of patients attending to the Eds at Jurien Bay and Moora Hospital. One in five attendances at Jurien Bay involved someone over the age of 65 (compared with around 14% at Moora).

Time, day, month of attendances

- Moora Hospital data shows approximately one half of attendances occur over the weekend while at Jurien Bay there are around a third with another 16% attending on Monday
- At Moora approximately 60% of attendances occur between 6am and 5pm, while at Jurien Bay 80% occur in this time period.
- There is little seasonal variation shown in the ED attendances at Moora while at Jurien Bay there are noticeable increases in attendances in January and April.

Actual mental health emergency department attendances, including alcohol and drugs

In 2010/11, 2.4% of all attendances to the Moora ED and 1.3% of attendances to Jurien Bay Health Campus were classified as 'mental health or alcohol/drug' issue (WACHS Online Emergency Department Pivot, 14 August 2012).

In 2010/11 'alcohol/drug (only)' accounted for around 28% of the mental health and alcohol/drug attendances at Moora Hospital and 27% of these attendances at Jurien Bay Health Campus (WACHS Online Emergency Department Pivot, 14 August 2012).

14.3 Inpatient Services Profile

14.3.1 District Current Activity Overview

Table 16: Moora Hospital: Health Activity Summary

Category	
EMERGENCY DEPARTMENT (2010/11)	
Number of treatment bays	2
Emergency Department Attendances	2,207
RESIDENTIAL AGED CARE as at 31/05/2012	
Number of residential beds (low & high care)	19
ACUTE INPATIENT CARE (2010/11)	
Number of active acute multiday beds	11
Total multiday separations	424
Total multiday bed-days	1,359
Average multi day Bed Occupancy	3.7
Number of active same-day beds	3
Total same-day separations	154
Total same-day bed-days	154
Average Same-day bed occupancy	0.4
Total separations	578
Total bed days	1,513
Average bed occupancy	4.1
Average Multiday Length of Stay	3.2
Public Acute Self Sufficiency (inc Moora) (All WB Hospitals)	15.0%
Public Acute Self Sufficiency (not inc Moora)(All WB Hospitals)	5%

Acute inpatient data excludes boarders, unqualified neonates and residents. Excludes Nursing Home Type patients with beddays greater than 180 days at separation. Includes public patients in private hospitals. Average bed occupancy is derived by beddays/365. Source: WA Hospital Morbidity Data System, via Clinical Activity Modeling Unit, WACHS online ED pivot, WACHS online bed pivot

14.3.2 Moora Acute Inpatient Services

Moora Hospital provides a range of inpatient and ambulatory emergency, medical, surgical, paediatric and mental health services to its catchment population. There are 12 acute beds, including 2 beds used for inpatient respite care, and 8 residential aged care beds (high care).

There were 578 separations supplied by Moora Hospital in 2010/11, more than half (361) of these separations involved residents of Moora. One in five separations are from residents of Dandaragan.

Table 17: Moora Hospital: Supply of acute services for residents and others (2010/11)

Chittering Residents	6
Dandaragan Residents	109
Gingin Residents	5
Moora Residents	361
Other Residents	97
Total	578

Note: Excludes boarders, unqualified neonates and residents. Also excludes Nursing Home Type patients with beddays greater than 180 days at separation.

Source: WA Hospital Morbidity Data System, via Clinical Activity Modeling Unit

Current and projected activity

As shown in Table 18, the separations at Moora Hospital are projected to increase by 91% at between 2010/11 and 2021/22.

The beddays are projected to increase at a slower rate, as a result of the increase in the proportion of separations that are sameday, see Table 19.

The inpatient activity at Moora Hospital are broken down by medical, surgical, obstetrics, paediatrics and palliative care in subsequent sections of this Service Plan.

By 2021/22, it is projected that the number of beddays at Moora will be around 2,381. This indicates that the current number of inpatient beds (23, of which 14 are acute) will be sufficient to meet future demand.

Table 18: Moora Hospital: Historic and projected acute activity, separations

	Historical			Projected			% growth
	2008/09	2009/10	2010/11	2012/13	2016/17	2021/22	(2010/11 - 2021/22) (projected)
Sameday	130	131	154	157	438	560	263%
Multiday	462	427	424	456	495	545	28%
Grand Total	592	558	578	612	934	1104	91%

Note: Excludes boarders, unqualified neonates and residents. Also excludes Nursing Home Type patients with beddays greater than 180 days at separation.

Source: WA Hospital Morbidity Data System, via Clinical Activity Modeling Unit

Table 19: Moora Hospital: Historic and projected activity, separations, beddays and beds

	2009/10			2013/14			2016/17			2021/22		
	Seps	Beddays	Beds	Seps	Beddays	Beds	Seps	Beddays	Beds	Seps	Beddays	Beds
Moora	558	1515	5	628	1718	6	934	2110	7	1104	2381	8
'Multiday'	427	1384	5	465	1555	6	495	1672	6	545	1821	7
'Sameday'	131	131	0	164	164	0	438	438	1	560	560	2
Grand Total	558	1515	5	628	1718	6	934	2110	7	1104	2381	8

Note: Excludes boarders, unqualified neonates and residents. Also excludes Nursing Home Type patients with beddays greater than 180 days at separation.

Note: Rounding may result in differing total figures

Source: WA Hospital Morbidity Data System, via Clinical Activity Modeling Unit

Inpatient activity by age group

Over a third of separations at Moora hospital involved patients aged 15 to 44 years, while 8% (49 separations) involved patients aged 85 years and over.

Inpatient separations, by Aboriginality

Aboriginal and Torres Strait Islander people accounted for 16% of the 2010/11 separations at Moora Hospital.

Wheatbelt Assumptions for Projected Activity, 2011

Future inpatient activity projections were remodelled in late 2011 by the Department of Health Clinical Modelling Unit, the WACHS Planning Team and the region. The updated modelling for the Wheatbelt was based on the following assumptions:

- An increase in the relative utilization of renal dialysis to account for people moving to receive their dialysis care.
- An increase in the public self-sufficiency of renal dialysis (to 95%), in line with the WACHS Renal Plan. In the Western Wheatbelt the renal dialysis service will operate at Northam Hospital with four chairs.
- An increase in the public self-sufficiency for chemotherapy (to 75%), in line with the WACHS Cancer Plan.
- An increase in the public self-sufficiency of select ESRGs, in line with the role delineation of the hospitals.

14.3.3 Patient satisfaction at Moora Hospital

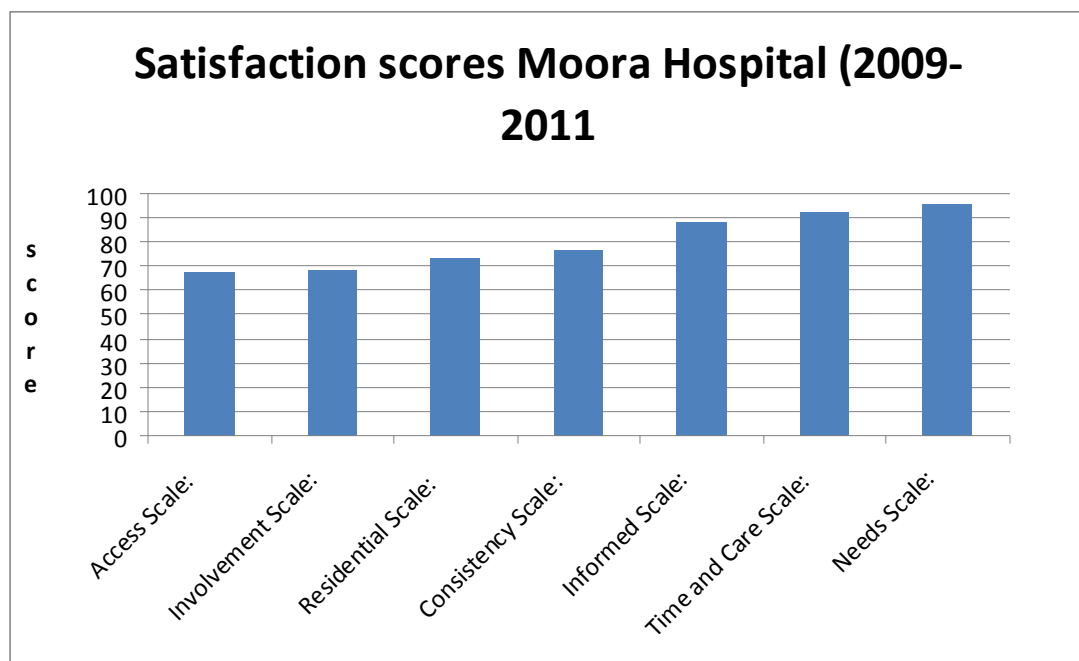
In 2009/10, a sample of adult patients who had stayed less than 35 nights at Moora Hospital completed a patient satisfaction survey. The answers to the survey have been grouped into themes (scales) that represent how the patients rated the hospital on a particular aspect of health service. The following items were measured:

Needs Scale:	Meeting personal as well as clinical needs
Time and Care Scale:	Time and attention paid to patient care
Informed Scale:	Information and communication
Consistency Scale:	Continuity of care
Access Scale:	Getting into hospital
Residential Scale:	Food and residential aspects

Involvement Scale: Involved in decisions about your care and treatment

As shown in Figure 15, the 'needs' and 'time and care' scales were rated the highest (above 90), while the 'access' scale was rated the lowest (68). Overall patients were satisfied with their hospital stay and its outcome.

Figure 15: Mean scale scores, Moora Hospital (adults, 0-34 nights), 2009/10



Source: Patient Evaluation of Health Services (Epidemiology Branch)

Note: this scale score does not represent the percentage of patients satisfied with the service.

14.3.4 Length of stay performance

WA Health is now using an activity based funding (ABF) and management (ABM) system. Within the ABF, inpatient separations with a length of stay between one-third and three times the WA average length of stay (known as the central episode) for a DRG will be funded at the same price. This funding mechanism means that separations within the central episode that have a length of stay greater than the average will tend to cost the hospital more than the payment they receive and those with less are an opportunity to save money which can be reinvested in other services.

Separations with a length of stay greater than three times the WA average are regarded as being over the high boundary of the central episode (outlier episodes of care). These high boundary separations are of particular interest from a safety and quality perspective and in the ABF/M as they are more likely to have adverse events associated with them.

In 2011/12 there were 37 separations at Moora Hospital that had a length of stay greater than twice the WA average. These 37 separations resulted in 59 bed days (0.2 beds) of over boundary stay.

Within the service planning the models of care and hospital processes, such as admission and discharge, will also need to be considered within the context of how they impact on the average length of stay.

14.3.5 Medical services profile (Adult)

Moora Hospital CSF role delineation – Level 3

Level 3 medical services should provide:

- 24/7 on-call by GP or visiting medical practitioner.
- 24 hour cover by a Registered Nurse.
- GP inpatient care.
- Outpatient care by general physician or visiting general medicine specialist or via Telehealth.
- Access to some allied health services.

At present Moora Hospital achieves its CSF role delineation for medical services as it provides 24 hour cover by a Registered Nurse (RN) and 24/7 on-call coverage from the local GP with access to allied health services. The allied health service supports inpatients through to when they are discharged home, often providing a seamless service where it is possible to see the same therapist as an inpatient and an outpatient. There is a geriatrician who visits a couple of times a year, but there is no visiting general physician or other visiting medical specialists.

When transfer is required patients are usually referred to Joondalup Hospital. Moora Hospital is also used as a step-down facility for local people who have received their inpatient care in the metropolitan area.

In terms of cancer care coordination and chemotherapy, the WA Cancer and Palliative Care Network in collaboration with WACHS appointed a Rural Cancer Nurse Co-coordinator (RCNC) in January 2007. The RCNC facilitates a coordinated regional approach to cancer services for patients in the Wheatbelt.

Inpatient services at Moora Hospital include medical, surgical, paediatric and palliative care services. Rostered GPs at Moora Hospital cover the acute inpatient admissions as required. The current service model and activity are outlined in the following sections.

The activity for inpatient medical services in Moora is outlined in Table 20. The data excludes activity that is categorised as paediatrics, mental health, obstetrics and palliative care, as these service areas are presented in subsequent sections.

Table 20: Current and Projected Moora Hospital Medical Separations, 15 years and over

	Historical			Projected			% growth
	2008/09	2009/10	2010/11	2012/13	2016/17	2021/22	(2010/11 - 2021/22) (projected)
Multiday	339	324	325	344	375	413	27%
Sameday	78	72	96	85	351	450	369%
Grand Total	417	396	421	428	726	863	105%

Note: Excludes unqualified neonates and boarders.

Source (historic): WA Hospital Morbidity Data System, via Clinical Activity Modelling Unit

Source (projections): WACHS Inpatient 2011 Modelling– based on ABS Series B+

There has been a 4% decrease in medical service activity at Moora Hospital between 2008/09 and 2010/11.

The number of medical separations involving individuals 15 years and over to Moora is anticipated to grow steadily in future years, as outlined in Table 20. This increase is due to the forecast population growth for the area and proposed workforce reforms.

14.3.6 Surgical services profile (Adult)

Moora Hospital CSF role delineation – Level 3

Level 3 surgical services should offer:

- Surgery by GPs, general surgeons and visiting sub-specialists
- Day surgery, uncomplicated elective surgery and emergency surgery
- Theatre trained nurses
- Access to some allied health services
- 24 hour cover by a Registered Nurse
- Outpatient care

Currently Moora hospital does not have the capacity to fully and sustainably achieve the CSF Level 3 role delineation for surgical services. Moora is one of four IDHS that provide acute surgical services within the Wheatbelt region. Surgical procedures were performed by a monthly visiting general surgeon (from Geraldton), who undertakes scopes and minor surgery (mainly scopes, hernias and carpal tunnel). The local GP is not a GP surgeon. However, surgical activity at Moora has declined significantly and surgery is no longer being performed at Moora. The current level 3 role delineation is no longer achievable or appropriate in the context of low volumes, patient safety and maintaining workforce capacity and surgical skills.

The region is working towards nurse lead models of care primary health and chronic disease management with the implementation of the Nurse Practitioner workforce. Identification of opportunities for proceduralist Nurse Practitioners roles over the next few years will enhance the opportunities to meet customer demands for care closer to home. The Nurse Practitioner is not a substitute model for the GP proceduralists service, rather, a service model in its own right.

The multiday and same-day surgical activity for 15 years and over at Moora is outlined in Table 21. Surgical activity has decreased by around a third between 2008/09 and 2010/11, while other activity has remained fairly stable with less than one per week on average.

The number of same day and multiday surgical admissions of patients aged 15 years and over to Moora is anticipated to grow slightly in future years, also outlined in Table 21 due to low population growth but the overall numbers are still very small and raise concerns for sustainability and patient safety as the volumes are not great enough to maintain nursing, surgical and theatre skills.

Table 21: Current and Projected Moora Hospital Surgical Separations, 15 years and over

	Historical			Projected			% growth
	2008/09	2009/10	2010/11	2012/13	2016/17	2021/22	(2010/11 - 2021/22) (projected)
Sameday surgical	30	9	14	10	11	12	-14%
Multiday surgical	21	25	21	32	41	52	148%
Total surgical	51	34	35	42	52	64	83%
Sameday Other	24	20	23	21	23	25	7%
Multiday Other	13	13	17	15	17	21	21%
Total Other	37	33	40	36	40	45	13%

Note: Excludes unqualified neonates and boarders.

Source (historic): WA Hospital Morbidity Data System, via Clinical Activity Modelling Unit

Source (projections): WACHS Inpatient 2011 Modelling– based on ABS Series B+

The number of multi-day surgical separations for patients aged 15 years and over at Moora Hospital is projected increase by 148% between 2011/12 and 2021/21. This increase is largely due to an increase in ophthalmology services.

14.3.7 Paediatrics services profile (0 – 14 years)

Moora Hospital CSF role delineation – Level 3

Level 3 paediatric services offer:

- Designated paediatric ward, including short stay.
- Inpatient medical care by GP or paediatrician.
- On-call paediatric advice.
- Outpatient care by visiting paediatrician.
- Limited surgery by visiting paediatric surgeon or surgeon with paediatric skills.
- Day surgery, uncomplicated elective surgery and emergency surgery.
- Access to some allied health services.

Currently Moora hospital does not have the capacity to achieve the CSF Level 3 role delineation for paediatric services. There is no designated paediatric unit, and Moora Hospital currently provides only limited paediatric inpatient services. Paediatric surgery is not available at Moora.

The region is currently exploring options to provide additional paediatric services with Metropolitan Child Development Services and Swan-Kalamunda Health Service though the focus of this service will be on child development rather than acute care or surgery.

Paediatric activity at Moora Hospital has increased (18%) between 2008/09 and 2010/11 and is projected to increase (47% which is 21 separations) between 2010/11 and 2021/22, as outlined in the next table but the actual numbers are very low.

Table 22: Current and Projected Moora Hospital Paediatric Separations

	Historical			Projected			% growth (2010/11 - 2021/22) (projected)
	2008/09	2009/10	2010/11	2012/13	2016/17	2021/22	
Medical	38	51	45	56	59	66	
Surgical&Procedura	<5	0	0	0	0	<5	
Total	39	51	45	56	59	66	47%

Excludes unqualified neonates and boarders.

Source (historic): WA Hospital Morbidity Data System, via Clinical Activity Modelling Unit

Source (projections): WACHS Inpatient 2011 Modelling– based on ABS Series B+

Demand for services in regional areas, particularly for paediatric care is highly episodic and seasonal. There is a severe shortage of other paediatric services in the Wheatbelt region.

Child and adolescent mental health services

Child and adolescent inpatient mental health services at Moora are role delineated as nil. In the CSF there is no distinction between the different age groups in the detailed descriptions of the mental health services.

Community-based Child and Adolescent Mental Health Services (CAMHS) are provided across the Wheatbelt. Community Mental Health Services are described in Section 4.4

14.3.8 Mental health inpatient service profile (including Alcohol and Other Drugs)

Moora Hospital CSF role delineation – Level 3

Level 3 adult and older adult mental health inpatient and emergency services offer:

- No mental health professionals available on site.
- Emergency assessment capacity.
- Capacity for non-authorized mental health.
- Admission and management by GP or other medical officers.
- Capacity to cope with acutely unwell pending transfer.
- Limited assessment and treatment for severe and persistent mental health conditions.
- Limited access to mental health multidisciplinary team.

Moora currently meets the delineation of a Level 3 inpatient mental health service as listed in the CSF. While there are no mental health professionals available on site mental health patients are admitted and cared for within the general ward of Moora hospital. Support for hospital staff is provided by the local GP.

There is no dedicated inpatient mental health facility in the Wheatbelt and local mental health professionals are not on call for out of hours emergency services. This service is provided by Rural Link.

Videoconferencing is used for assessment, treatment, education and meetings and there is VC through Rural Link for out of hour's services.

There has been a slight increase in mental health separations involving people aged 15 years and over at Moora Hospital between 2008/09 and 2010/11.

Mental health inpatient activity of those aged 15 years and over is projected to increase at Moora Hospital, as outlined in the table below.

Only 5 of these separations were of Coastal Wheatbelt residents.

Table 23: Current and Projected Moora Hospital Mental Health Separations, 15 years and over

	Historical			Projected			% growth
	2008/09	2009/10	2010/11	2012/13	2016/17	2021/22	(2010/11 - 2021/22) (projected)
38, Drug and Alcohol	22	13	20	15	17	21	4%
39, Psychiatry - Acute	19	21	12	24	28	32	168%
Grand Total	41	34	32	39	45	53	65%

Excludes unqualified neonates and boarders.

Source (historic): WA Hospital Morbidity Data System, via Clinical Activity Modelling Unit

Source (projections): WACHS Inpatient 2011 Modelling– based on ABS Series B+

Mental Health Inpatient Flow

In 2010/11 there were 101 mental health separations of residents aged 15 years and over from the Coastal Wheatbelt at all private and public facilities of WA.

24 of these separations were in private facilities.

One third (33) received their health care from Joondalup.

5 of these residents received their public health care from Moora Hospital, giving a public mental health self-sufficiency of 6.5%.

The average length of stay in Moora Hospital for these mental health separations was 1.4 days, whereas the length of stay in the private and public metropolitan area was 8.0 days.

14.3.9 Palliative care services profile

Moora Hospital role delineation – Level 3

Level 3 palliative care services should offer:

- Inpatient care by an accredited GP.
- 24 hour cover by a clinical nurse with experience in palliative care services.
- Outpatient care by visiting general physician and possible palliative care specialist by Telehealth.
- Access to some allied health services.
- Consult liaison services for inpatients

Moora generally meets the CSF level 3 role delineation for palliative care. Inpatient palliative care services are provided within Moora Hospital. While the RNs are not clinical palliative care nurses they are experienced in providing palliative care. Silver Chain provides a free 24 hour phone advisory service for palliative care nurses.

Current and projected activity

The recent and projected palliative care activity at Moora Hospital number is between five and ten separations per year. The palliative care separations are projected to increase in the future to twelve.

Coastal Wheatbelt residents who require palliative care generally receive that care in metropolitan facilities.

14.3.10 Sub-Acute and Rehabilitation Inpatient Care

Moora Hospital role delineation – Level 3 – 4

Level 3-4 rehabilitation services should offer:

- Regular visiting services provided by district/regional allied health staff
- Full time salaried physiotherapy, occupational therapy
- Speech and social work services
- Region/district referral role
- Limited day hospital program
- Rehabilitation program for both inpatients and outpatients
- Links between regions and designated metropolitan hospitals

Rehabilitation specialist services are generally staffed by experienced registered nurses, physiotherapists, occupational therapists, speech pathologists and dieticians.

Subacute care is defined as interdisciplinary care in which the need for *care is driven primarily by the patient's functional status* and quality of life rather than the underlying medical diagnosis. It may include care for patients who have multiple diagnoses, none of which is a principal diagnosis.

Moora Hospital does not currently have specialist rehabilitation or sub acute service and this is not anticipated in any Wheatbelt hospitals for the foreseeable future. Allied health staff locally can provide follow up care for people being discharged from metropolitan rehabilitation services.

14.4 Residential Aged Care Services Profile

Currently the only residential aged care services within the Moora-Coastal Wheatbelt area are provided within Moora – Dandaragan MPS at Moora, as shown below.

Table 24: Residential Aged Care Facilities in Moora (beds as at 2010/11)

Residential Care Facility	Location	High Care Beds	Low Care Beds	Respite Beds	Beddays*	Occupancy Rate*
Moora MPS	Moora	12	0	-	4192	127%
Moora Frail Aged Hostel	Moora	0	10	-	2643	72%

Source: www.agedcareguide.com.au/ and *WACHS online bed pivot, accessed 20 January 2012..

14.5 Ambulatory Care Services Profile

In 2011/12 there were 9,931 occasions of service for community health services at Moora and 3,570 at Jurien Bay (AOD pivot, 2012).

Around 9% of the community health occasions of service in Moora and 1% of those at Jurien Bay were for Aboriginal residents, which is similar to the overall proportion of Aboriginal people living in the areas (12% Coastal WB and 2% Moora).

15 Appendix F: Planning Benchmarks and Assumptions

Projections are unavailable for Nursing Posts/Health Centres. The estimated number of treatment bays is calculated from the attendances for each triage category using the benchmarks in Table 25. These benchmarks have also been applied to the historic activity above to give an indication of the current number of ED bays required to meet demand. As shown in the table above, ED bays are projected to increase to two for Moora by 2021/22.

Table 25: ED Planning Benchmarks

Measure	Treatment Space	Hospital Classification	Benchmark
ED Attendances (all ages)	Streaming low urgency presentations	All WACHS hospitals	1/3000 yearly T4 and T5 attendances
	General ED	All WACHS hospitals	1/1000 yearly T3 attendances
	Trauma/ Critical Care	Regional Resource Centres	1/975 yearly T1 and T2 attendances
		Integrated District Health Services	1/975 yearly T1 and T2 attendances
		Small Hospitals	1/950 yearly T1 and T2 attendances

Source: Adapted from *Emergency Demand Treatment Space Calculator*, The Advisory Board Company, 2009. Revised in 2011 to incorporate combined triage 1 & 2 categories

Modelling Assumptions

The assumptions listed below are those of most relevance to the Coastal Wheatbelt and Moora area, however consideration should also be given to the regional models being strengthened within the Wheatbelt.

Emergency Assumptions for Coastal Wheatbelt modelling 2011(2010/11 base year)

- Wheatbelt will use Population ABS series B+
- Increase ED presentations from Triage 4 and 5 due to decreased GP numbers
- In future, SIHI will increase GP availability and this will need to be considered .

Inpatient Assumptions for Coastal Wheatbelt modelling 2011 (2009/10 base year)

- Some marginal increases in self sufficiency in adult general medicine

16 Appendix G: Stakeholders and Partners

16.1 Coastal – Moora Planning Project Working Group

Name	Role
Sean Conlan	Chair PWG and Regional Population Health Director
Jennifer Lee	Operations Manager, Western Wheatbelt
Linley Bell	Health Service Manager, Moora Hospital
Karen Beardsmore	Coordinator Primary Health Care Integration
Nancy Bineham	Manager, Planning
Nerissa Wood	Senior Planning Analyst
Tia Lockwood	Senior Health Planner

16.2 Coastal – Moora Health Partners and Key Stakeholders

The following health partners support or fund the delivery services to the Coastal Wheatbelt area and provide a continuum of care from primary health care to acute and emergency services in the regional and metropolitan area.

Memorandum of Understanding (MOU) members as at April 2013

WACHS

Avon-Midland Central and Great Eastern Country Zones of WA Local Government Association

Wheatbelt GP Network (Inc)

Wheatbelt Development Commission

Regional Development Australia Wheatbelt

Coastal Wheatbelt Health or Funding Partners

Private Health Provider Partners

GPs

Private allied health providers

Private dentists

Community Pharmacy

Visiting Specialists

State Government Partners

Department for Child Protection

Department for Communities

Department of Education

Disability Services Commission (DSC)

District Health Advisory Council

Metropolitan Health Services

PathWest

**1.1.1 Regional
Development and
Lands (Director
PoRegional Director**

**1.1.2 Wheatbelt Health
Region**

1.2 Caroline Langston

Police and Fire and Emergency Services

Wheatbelt Development Commission

Local Government, Non-government Partners

Holyoake

Local government

Relationships Australia

Royal Flying Doctors Service (RFDS)

Rural Health West

Silver Chain Group

St John Ambulance Australia (SJAA)

Commonwealth Government Partners

South West WA Medicare Local

The Department of Human
Services incluServicing

Beverley

Cunderdin

Northam Shire (incl. Wun**Primary
Health Manager**

Eastern District

16.2.1 State Government

16.2.1.1 Department for Child Protection

Department of Child Protection focuses on working with children and families assessed as 'at risk'. WACHS has working relationships Department of Child Protection to assess and monitor the health needs of 'at risk' children in the community.

16.2.1.2 Department for Communities

The Department for Communities informs the development of social policy, advocating on behalf of Western Australian children, parents and their families, young people, seniors, women, carers, volunteers and non-government organisations. Department for Communities is also responsible for the delivery of programs and services to support and strengthen WA's diverse communities. This includes administering WA's child care regulatory framework and, through the Child Care Licensing and Standards Unit, managing the licensing and compliance of some 1 500 child care services throughout WA.

DFC also offers the *Best Start* program for Aboriginal families in Moora and Narrogin, which provide activities for children aged 0 to 5 years old, and their families "to enhance the children's social, educational, cultural and physical development." This includes mentoring, support and role modelling by mothers with older children.

16.2.1.3 Department of Education

The Department of Education provides education for children and young people throughout Western Australia, helping them reach their full potential. Public schools in the Coastal Wheatbelt and Moora Shire areas include:

- Moora Primary School
- Central Midlands Senior High School, Moora
- Jurien Bay Primary School
- Jurien Bay District High School
- Cervantes Primary School
- Gingin Primary School
- Gingin District High School
- Bindoon Primary School
- Lancelin Primary School
- Ellen Stirling Primary School, Muchea

WACHS school health nurses provide screening and health checks to school aged children in these schools.

16.2.1.4 Disability Services Commission

Disability Services Commission work with people with disabilities and their families to access support in the community, access funding, and work across the community in collaboration with other agencies in the community.

16.2.1.5 Metropolitan Health Services

In WA there are four public health services providing emergency, acute, sub acute, outpatients and community based hospital and health care. The metropolitan based services are:

- North Metropolitan Health Service
- South Metropolitan Health Service
- Child and Adolescent Health Service

It is vital that WACHS has strong linkages with these services to improve the patient journey through the health system, particularly in relation to complex care planning and coordination, discharge planning and follow up.

16.2.1.6 PathWest

PathWest provide collection and testing services.

16.2.1.7 Regional Development and Lands, Royalties for Regions

Regional Development and Lands is responsible for initiatives such as SIHI and SuperTowns and enable opportunities to develop partnerships with State, Local, Commonwealth and non-government agencies and private providers in the Wheatbelt Region.

16.2.1.8 RuralLink

RuralLink provides a specialist after-hours mental health telephone service for the rural communities and health services of WA.

16.2.1.9 WA Dental Health Services

Providing visiting dental health services to school aged children in the Coastal Wheatbelt.

16.2.1.10 WA Mental Health Commission

The WA Mental Health Commission was established in March 2010 with responsibility for policy, planning and the purchasing of mental health services in Western Australia. The Commission's functions include the development and provision of mental health policy and advice to the government; and leading the implementation of the Mental Health Strategic Policy.

16.2.1.11 WA Police and Fire and Emergency Services (FESA)

WA Police and FESA work together with WACHS and St John Ambulance to coordinate emergency management responses for the Western Wheatbelt. This is largely coordinated through the Local Emergency Management Committee.

WA Police also provide patient escorts as required by the Mental Health Act for acute mental health patients requiring admission to metropolitan health facilities.

16.2.1.12 Wheatbelt Development Commission

The Wheatbelt Development Commission is a statutory authority charged with the role of implementing the State's Regional Development Policy. This role incorporates project management and program delivery, coordination of community dialogue, strategic planning, promotion of investment opportunities and partnerships with local government.

16.2.2 Local government

The Coastal Wheatbelt includes the Shire of Chittering, Shire of Dandaragan and Shire of Gingin and for this planning purpose the Shire of Moora.

Local governments provide a number of health and community services that support the health and wellbeing of their communities. These include environmental health, immunisation services, aged care and accommodation, community care, recreational and sporting venues and welfare services. In some cases local governments will provide financial, accommodation, vehicles and other incentives to attract GPs to the district.

16.2.3 Commonwealth Government and its Funded Services

16.2.3.1 South West WA Medicare Local (SWWAML)

The *South West WA Medicare Local (SWWAML)* is one of first group of 19 Medicare Locals that commenced across Australia on the 1 July 2011. SWWAML was formed through an alliance of the following three GP Networks: GP Down South; Greater Bunbury Division of General Practice; and Great Southern GP Network. SWWAML covers the Wheatbelt, South West and Great Southern, with offices in Albany, Northam and Busselton.

For further information visit: www.sw-medicarelocal.com.au/Home.aspx

16.2.3.2 The Department of Human Services

The Department of Human Services is responsible for the development of service delivery policy and provides access to social, health and other payments and services. It was created on 26 October 2004 as part of the Finance and Administration portfolio. The Human Services Legislation Amendment Act 2011 integrated the services of Medicare Australia, Centrelink and CRS Australia on 1 July 2011 into the Department of Human Services.

16.2.3.3 Department of Health and Ageing (DOHA)

The Department of Health and Ageing (DOHA) is a funder of Aged Care, Rural Health, Primary Health and Aboriginal Health programs plus the Medical Specialist Outreach Assistance Program (MSOAP) and Home and Community Care (HACC). DOHA provides flexible funding to the MPS sites for the provision of residential and community aged care services.

16.2.3.4 Home and Community Care (HACC)

The HACC Program is a joint Commonwealth, State and Territory initiative which funds basic maintenance and support services to help frail older people and younger people with disabilities to continue living in their community.

16.2.3.5 Medical Specialist Outreach Assistance Program (MSOAP)

The MSOAP aims to improve access to medical specialists in rural and remote communities and reduce some of the financial disincentives incurred by medical specialists in providing outreach services. Funds are available for the costs of travel, meals and accommodation, facility fees, administrative support at the outreach location, lease and transport of equipment, telephone support and up-skilling sessions for resident health professionals.

16.2.3.6 National Disability Insurance Scheme (NDIS)

Disability funding and service delivery across Australia is provided by the Commonwealth, state and local government agencies, not-for profit and the private sector. The sector is primarily funded by the Commonwealth through the Disability Support Pension (DSP) which provides basic income safety and support for people with disabilities, and also through the arrangements between Commonwealth and State/Territory government under the National Disability Agreement.

The 2013 Commonwealth funded National Disability Insurance Scheme (NDIS) is the largest reform of the disability sector for many years. NDIS is aimed at improving services for those who are most in need, providing long term, high quality support for people who have a permanent disability; or those who care for someone who has a disability. NDIS will consider what is required across a person's lifetime. Commonwealth income support will not be replaced by the NDIS.

16.2.3.7 Department of Veterans' Affairs (DVA)

The WACHS are supported by the Department of Veterans' Affairs to implement community nursing services and the Coordinated Veterans' Care Program. The Program aims to improve the wellbeing and quality of care for chronically ill Veterans' Affairs gold card holders. The program funds general practitioners and nursing providers to co-ordinate care for gold card holders who are at risk of hospitalisation. Services include health assessments, social assistance and other support designed to keep veterans and war widows / widowers well in their community, live independently and prevent hospitalisation. For more information visit: www.dva.gov.au

16.2.4 Not-for-Profit Agencies and Community Groups

16.2.4.1 Holyoake

Holyoake Community Drug Service Team is a not for profit agency which provides services for individuals and their families with alcohol and other drug misuse issues. It also provides education and prevention services to communities and professionals within the Wheatbelt area. Its main role is to empower people and communities impacted by addictions to create positive and sustainable outcomes.

Holyoake operates under a Memorandum of Understanding with the WACHS Mental Health to provide a coordinated service to clients with 'cross-over' needs. They operate the "No Wrong Door" model that works for people with a drug and/or alcohol issue and mental health problems.

Holyoake offers individual, couple, family and group counselling. The *Indigenous Services Program* supports Aboriginal families impacted by alcohol or drug use

The Regional Community Drug Service Team (CDST) is based in both Northam and provides outreach services to the Coastal Wheatbelt.

16.2.4.2 Relationships Australia

Provide mediation and counselling services to individuals, couples, children and families.

16.2.4.3 Royal Flying Doctor Service (RFDS)

The RFDS provides a pivotal role throughout country Western Australia providing medical and nursing services to transfer patients to larger regional or metropolitan hospitals. There are no RFDS bases located in the Wheatbelt, but they do transfer patients from the Wheatbelt to the metropolitan area. This is due to the relative closeness of the Wheatbelt to Perth metropolitan.

16.2.4.4 Silver Chain Group

The Silver Chain Group is one of the largest providers of community and health services to the Western Australian community. Silver Chain provide a diverse range of services, including home care, palliative care, emergency care, family health care and other care services to residents living in metropolitan and rural Western Australia. Within the Coastal Wheatbelt, Silver Chain provides palliative care and rehabilitation services in the home and support the WoundsWest Program.

16.2.4.5 St John Ambulance Australia (SJAA)

Northam has two paid paramedics and 21 ambulance volunteers that coordinate patient transfers in partnership with WACHS to district, regional and metropolitan health services. Within the Coastal Wheatbelt there are ambulance services operated by volunteers in Moora, Dalwallinu, Jurien Bay, Lancelin, Bindoon and Gingin.

16.2.5 Private providers

16.2.5.1 Jurien Bay

At the time of writing there were two GPs with a RFDS doctor visiting every three to four weeks who has a focus on women's health.

There is a private dentist, physiotherapist and a pharmacy.

16.2.5.2 Lancelin

There are currently two GPs located in the same building as Silver Chain managed Remote Area Health Service.

There is a physiotherapist and a pharmacist with visiting podiatrist (monthly), clinical psychologist (weekly) and optometrist (twice per year).

16.2.5.3 Bindoon

One full time GPs practice in Bindoon, with no medical support after 3.30pm on weekdays or on weekends.

A physiotherapist practices two days per week and there are also a dentist, chiropractor, podiatrist, psychologist and a pharmacy.

16.2.5.4 Gingin

Two GPs are located in one practice which is open Monday to Friday.

There is a local pharmacist and visiting podiatrist (monthly), chiropractor (weekly), counsellor, drug and alcohol services and physiotherapist.

16.2.5.5 Moora

There are usually at least three GPs based in Moora.

17 Appendix H: Glossary and Acronyms

ACAT	Aged Care Assessment Team
ABF	Activity Based Funding
ABS	Australian Bureau of Statistics
ALOS	Average Length of Stay
CAMHS	Child and Adolescent Mental Health Service
CHS	Country Health Services
COAG	Council of Australian Governments
CSF	Clinical Services Framework
CSSD	Central Sterilising Services Department
DGPP	Divisions of General Practice Program
DHAC	District Health Advisory Committee
ED	Emergency Department
ENT	Ear Nose and Throat
ERP	Estimated Resident Population
ESRG	Expanded Service Related Group
FESA	Fire and Emergency Services
FTE	Full Time Equivalents
GP	General Practitioner
HACC	Home and Community Care
HCN	Health Corporate Network
HIN	Health Information Network
HWSS	WA Health and Wellbeing Surveillance System
ICT	Information Communication Technology
IDHS	Integrated District Health Service
KEEDAC	Kaata-Koorliny Employment and Enterprise Development Aboriginal Corporation
LHAC	Local Health Advisory Committee
MOU	Memorandum of Understanding
MPS	Multipurpose Service
RFDS	Royal Flying Doctor Service
SEIFA	Socio-Economic Indexes for Areas
SIHI	Southern Inland Health Initiative
SWWAML	South West WA Medicare Local
WGPN	Wheatbelt General Practitioner Network
WACHS	WA Country Health Service

17.1 Key Definitions

Ambulatory care is a broad term that generally refers to the planned services provided to patients who are able to 'walk in and walk out' on the same-day. Ambulatory care services can include primary health care services, day surgery and outpatients (e.g. wound care and management).

Ambulatory health care centre refers to a health facility where ambulatory health care services are provided in close proximity to emergency department care and overnight inpatient admissions.

Primary care is often used interchangeably with primary medical care as its focus is on clinical services provided predominantly by general practitioners, as well as by practice nurses, primary/community health care nurses, early childhood nurses and community pharmacists.

Primary health care is an aspect of ambulatory health care but is generally first level health care. The term is sometimes used interchangeably with the term primary care although primary care tends to refer to the clinical care provided by GPs. Primary health care gives priority to those most in need, maximises community and individual self-reliance and participation and involves collaboration with other sectors. It includes:

- Health promotion
- Illness prevention
- Clinical treatment and care of the sick
- Community development
- Advocacy and rehabilitation

Primary health care is provided by general practitioners, practice nurses, primary/community/child health nurses, pharmacists, dentists, allied health professionals, aged care workers, support workers and many other providers across the local, state and federal government sectors, non-government organisations and the private sector.

Primary health care centre generally refers to a stand-alone health facility where primary health care services are provided. It would ideally be located in close proximity to emergency department and may be colocated with inpatient, outpatients, minor wound care and diagnostic services. A primary health care centre does not include day surgery services.

Nursing Posts are generally located in small towns that do not have a hospital. Nursing posts are also a setting for primary health care services and visiting outpatients' services and although they do not have a functioning ED, they do provide low level emergency care and stabilisation to patients prior to transferring to a more specialised health service when required.

Term	Meaning
Acute care	Care in which the need for treatment is driven primarily by the patient's principal medical diagnosis rather than their functional status.
Admitted patient	Is a person who has been assessed by the treating clinician as meeting at least one of the minimum criteria for admission to an inpatient area and who undergoes the hospital's formal or statistical admission process as either a same-day, overnight or multi-day patient.
Ambulatory health care centre	Is a health facility where ambulatory health care services are provided along with emergency department care and overnight inpatient admissions.
Ambulatory care services	Is a broad term that generally refers to the planned services provided to patients who are able to 'walk in and walk out' on the same-day. Ambulatory care services can include primary health care services, day surgery and outpatients (e.g. wound care and management).
Authorised bed	Authorised under the <i>Western Australia Mental Health Act, 1996</i> to accept involuntary admission to a Mental Health Unit. Unauthorised facilities cannot accept involuntary admissions.
Catchment area	A catchment area refers to the geographical area that a health service will primarily provide services to. It is usually bound by one or more local statistical areas as defined by the Australian Bureau of Statistics.
Clinical support services	Includes services to support the operations of clinical services. Includes pharmacy, medical imaging, central sterilising services and pathology.
Co-located/ Collocated	Co-located services are located together in the one facility. Collocated services are located adjacent to another or in close proximity to one another, generally in a separate buildings.
Culturally secure	Services or facilities that are culturally appropriate and meet local cultural and religious needs.
Fluoroscopy	Is a type of medical imaging that shows a continuous x-ray image on a monitor, much like an x-ray movie. It is used to diagnose or treat patients by displaying the movement of a body part or of an instrument or dye (contrast agent) through the body.
Health consumer	A term utilised to refer to individuals who are likely to or are currently accessing WACHS services. Includes inpatients and clients.
Length of stay	The number of days spent in hospital by a patient for a single admission. Calculated as date of separation minus date of admission.
Model of care / service delivery model	A service delivery model is a framework that establishes how particular health care services will be delivered. The model stipulates the key features of a service such as the key aim/focus of care provided; type of specialist and general services provided; the preferred strategy for patient management and flow; and the relationships required with other stakeholders to deliver care. One of the key features of the Service Plan is the future service delivery models. These form the foundation for workforce and master planning.
Multi-day patient	Is a patient that was admitted to, and separated from, the hospital on different dates. Therefore, a booked same-day patient who is subsequently required to stay in hospital for one night or more is an overnight patient; a patient who dies, is transferred to another hospital or leaves of their own accord on their first day in the hospital is a same-day patient even if the intention at admission was that they remain in hospital at least overnight.
Non-clinical support services	Includes corporate support, information and communication technology services, supply services, site maintenance, cleaning, kitchen services and laundry services. Services that are required to maintain the safety and comfort of staff, patients and visitors.
Primary health care	Is an aspect of ambulatory health care but is generally first level health care. The term is sometimes used interchangeably with the term primary care although primary care tends to refer to the clinical care provided by GPs. Primary health care gives priority to those most in need, maximises community and individual self-reliance and

Term	Meaning
	<p>participation and involves collaboration with other sectors. It includes:</p> <ul style="list-style-type: none"> • Health promotion • Illness prevention • Clinical treatment and care of the sick • Community development • Advocacy and rehabilitation <p>Primary health care is provided by general practitioners, practice nurses, primary/community/child health nurses, pharmacists, dentists, allied health professionals, aged care workers, support workers and many other providers across the local, state and federal government sectors, non-government organisations and the private sector.</p>
Primary health care centre	Refers to a stand-alone health facility where primary health care services are provided. It would ideally be located in close proximity to emergency department and may be collocated with inpatient, outpatients, minor wound care and diagnostic services. A primary health care centre does not include day surgery services.
Role delineation	Indicates the type and level of services provided by a hospital, as outlined in the WA Health <i>Clinical Services Framework 2010 - 2020</i> .
Same-day patient	<p>A same-day patient is a patient who is admitted and separated on the same day of inpatient admission. May be either a planned booked patient or an unplanned patient transferred from the emergency department. A patient cannot be both a same-day patient and an overnight or multi-day stay patient at the one hospital.</p> <p>The category of same-day is determined retrospectively; that is, it is not based on the intention to admit and separate on the same date. Rather, a patient is deemed to have been a same-day patient, if in retrospect, it can be seen that the patient was admitted to, and separated from, the hospital on the same date. Therefore patients who die, transfer to another hospital or leave of their own accord on their first day in the hospital are included. Booked same-day patients who are subsequently required to stay in hospital for one night or more are excluded and regarded as a multi-day patient. Examples of same-day activity include renal dialysis, colonoscopy and chemotherapy.</p>
Separation	Separation is the most commonly used measure to determine the utilisation of hospital services. A separation equates to a patient leaving a healthcare facility because of discharge, sign-out against medical advice, transfer to another facility/service or death. Separations, rather than admissions, are used because hospital data for inpatient care are based on information gathered at the time of discharge.
Service planning	<p>Is a process of:</p> <ol style="list-style-type: none"> 1. Documenting the demographics and health status of a health service's catchment area. 2. Recording the current status and projected future demands for the health service. 3. Evaluating the adequacy of the existing health service to meet the future demands. <p>The process involves analysis of current and future population and service data and consultation with a range of internal and external stakeholders to develop the future service delivery models for the identified health campus or site.</p> <p>The key deliverable or outcome of service planning is a Service Plan.</p>
Service plan	A Service Plan will outline the current and preferred future profile for services operating from an identified health campus or site. It will include the context for service delivery including the population profile, future demand, existing policies and strategies and the preferred future service delivery models.
Sub-acute care	Interdisciplinary or multidisciplinary care in which the need for care is driven primarily by the patient's functional status and quality of life rather than the underlying medical diagnosis. It may include care for patients who have multiple diagnoses, none of which can be specified as the principal diagnosis.

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