



Tom Price and Paraburdoo Health Service, West Pilbara Health District

WA Country Health Service

Final Version

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1. Executive Summary

The purpose of this high level Service Plan is to establish the health service delivery strategy for Tom Price and Paraburdoo Health Services, part of the WA Country Health Service, Pilbara.

Planning Context

Tom Price and Paraburdoo are located within the Shire of Ashburton, one of two shires located in the West Pilbara. The West Pilbara has experienced a mineral and energy resources boom that has triggered rapid population growth and a significant transient population due to the fly in/fly out workforce. Services at Tom Price and Paraburdoo will need to align with region wide directions for healthcare delivery, whilst also being responsive to the unique local issues of the area.

Key Features of the Catchment Area influencing Service Delivery

A significant population expansion is forecast for Tom Price due to anticipated ongoing growth in the mining and resource industries. A recent report by Heuris Partners (March 2010), commissioned by the Pilbara Industry's Community Council, projects the Tom Price population to grow from 2,700 residents at the time of the 2006 Census, to over 4,700 residents by 2015.

The estimated resident population of Paraburdoo at the time of the 2006 Census was approximately 1,600 residents. Despite the forecast of significant population growth across most of the Pilbara region, the population of Paraburdoo is anticipated to remain relatively static (Heuris Partners, 2010).

A review of the demography and epidemiology of the area reveals the following additional considerations in planning for healthcare services:

- 5-6 percent of the population of Tom Price and Paraburdoo identify as being of Aboriginal or Torres Strait Islander descent. Although this is not a large proportion of the population, Aboriginal admissions for inpatient services and presentations for emergency services are very high. The towns are located adjacent to Karijini National Park, the homeland of the Punjima, Kurrama and Innawonga Aboriginal people, many of whom now live in the nearby Wakathuni and Innawonga (Bellary Springs) Aboriginal Communities. Improving Aboriginal Health outcomes and life expectancy is a primary consideration.
- Tom Price and Paraburdoo have a higher proportion of people aged 0-14 years and 25-54 years; and lower proportion of people aged 55 years and over when compared with WA. Based on the future industry plans for Tom Price and the poor health outcomes of Aboriginal people it is anticipated that the number of working aged males and young families will continue to grow at a faster rate than the elderly age groups.
- Approximately 50-60 percent of the working population of Tom Price and Paraburdoo are employed in the mining industry.
- Both towns have a seasonal influx of visitors between April and September (note the census was conducted during the peak tourist season).
- Despite the level of wealth in the community there are pockets of extreme disadvantage whereby residents have difficulty accessing mainstream services, either due to living in remote areas, lack of transport or financial difficulties.

- There are considerable environmental health challenges in the region as a result of the extreme geographical remoteness and climatic conditions.
- There are significant transport issues relating to the condition of the road between Karratha and Tom Price and the location of the airport, 70km from Tom Price, that limits access to health care.

Current Service Profile

Under the WA Clinical Services Framework 2010-2020, both Tom Price and Paraburdoo hospitals are designated as 'small hospitals' and form part of the WACHS Pilbara integrated network of services. The larger service at Tom Price provides support to Paraburdoo (80 km away). Both Tom Price and Paraburdoo are part of a network of hospital and health services supported by the Nickol Bay Hospital in Karratha in the West Pilbara, and Hedland Health Campus (HHC), the regional resource centre for the Pilbara region, located in South Hedland. Tom Price and Paraburdoo Health Services are part of WACHS – Pilbara's Inland Pilbara Health District. The Operations Manager for the Inland Pilbara District is based in the town of Newman.

Tom Price hospital has eight inpatient beds but on average only two to three of these beds are used at any one time. Paraburdoo provides a two bed service with admission restricted to patients requiring day only admission or overnight admission for observation. Both facilities provide a 24 hour nurse led emergency service, with on call support from local GPs engaged as Visiting Medical Officers (VMOs).

A review of historical activity reveals that:

- in 2009/10 approximately 10 patients per day presented to the Tom Price emergency service, with four to five patients per day presenting to Paraburdoo's emergency service;
- Paraburdoo occupancy rates are approximately 15-25 percent, reflecting that for the majority of time both beds are vacant or only one bed is occupied.

Population health services are delivered to the community through staff based at the hospitals and a range of visiting services, including a paediatrician and obstetrics/gynaecology specialist

Given the forecast population growth in Tom Price will be driven by mining workers and their families it is assumed that the resulting increase in healthcare demand will be focussed on primary healthcare and emergency services rather than significant increases in demand for inpatient care. Minimal growth is forecast for Paraburdoo and, given the bulk of the population is comprised of young-middle aged workers and their families, it is unlikely that demand for inpatient services will increase.

Proposed Service Reform Strategies

The health care needs of the local Aboriginal communities, along with identified issues around remoteness, lack of public transport and environmental conditions reflects the need to provide a continuum of care that offers a range of accessible healthcare services for the local community.

The issues identified in this Service Plan, along with consultation processes that have occurred to date between WACHS Pilbara staff and the local community have informed the development of the following key service delivery strategies:

- Provide a targeted local Aboriginal health service.
- Deliver an appropriate and accessible mental health service.
- Increase and enhance primary health services to improve Aboriginal health and meet the needs of the population, including the FIFO workforce.
- Reorientate inpatient services across Tom Price and Paraburdoo Hospitals to improve safety, efficiency and quality of service.
- Develop partnerships with external stakeholders and health partners to address local transport issues and improve access to health services.
- Improve emergency response and retrieval capabilities, including capacity to manage multiple trauma presentations to the Tom Price Emergency Department
- Focus on ensuring workforce sustainability.
- Investigate a strategy to address the identified site facility issues at both the Tom Price and Paraburdoo Hospitals as described in the Building Condition Audit report (2010).
- Utilise information and communications technology (ICT) and telehealth to link service providers working across large geographical distances.

In addition to implementing these key service delivery strategies, an ongoing, proactive approach to service planning, including regular monitoring of population growth, will be essential to ensure that healthcare services are responsive to the rapidly changing needs of the local area.

2. Introduction and Purpose

This high-level Service Planning Report has been prepared by Aurora Projects for the WA Country Health Service – Pilbara Region. It summarises the key service planning issues for the local Tom Price and Paraburdoo catchment area.

The key objectives of the Service Plan are to:

- outline the planning context for the development of this document;
- provide an overview of the catchment population, including the demography and epidemiology of the catchment area;
- describe the current status of healthcare service delivery in Tom Price and Paraburdoo and the anticipated future needs of the catchment area;
- identify the key issues/shortcomings of the current service; and
- propose strategies for improving health service delivery for the local residents of Tom Price, Paraburdoo and surrounding areas.

3. Planning Context

The mineral and energy resources boom in the West Pilbara and the anticipated growth in population have triggered the need to assess the current capacity of WACHS West Pilbara services and facilities to meet the future needs of the community.

The development of this Service Plan, for Tom Price and Paraburdoo, has been guided by a number of National, State and Local Government policies and service planning frameworks, as well as the overall future outlook for the Pilbara region.

3.1. National and State Government Policies

National and State Government policies relevant to the *Tom Price and Paraburdoo Health Service Plan* include:

Commonwealth Government Policy
A National Health and Hospitals Network for Australia’s Future - Delivering the Reforms Council of Australian Governments (COAG) National Indigenous Reform Agreement National Strategic Framework for Aboriginal and Torres Strait Islander Health 2003-2013
WA Health Policies
Health Activity Purchasing Intentions 2010-2011 WA Health’s Clinical Services Framework, 2010 – 2020 (2009) WA Health Networks’ Models of Care WA Health, Greening Health, Building and Renovations (2010) WA Health Telehealth Strategic Directions (under development)
WACHS Policies
WACHS Strategic Plan, Revitalising WA Country Health Service, 2009-2012 (2009) WACHS Operational Plan 2010/11 (2010) Primary Health Reform in Country WA 2010-2012 Aboriginal Employment Strategy 2010-2014 WACHS Mental Health Strategic Directions (2010) WACHS ICT Strategy (awaiting endorsement)

The healthcare reform policies outlined in these documents acknowledge that meeting future demand is not purely about increasing the capacity of facilities. Meeting demand is more so reliant on reconfiguring service delivery to ensure patients are managed more efficiently and safely.

A summary of these policies is provided in Appendix 8.4

3.2. WACHS Local Service Planning Frameworks

The following WACHS planning frameworks provide specific reference to health services in Tom Price and Paraburdoo and have been considered in developing this Service Plan:

- WACHS Pilbara Clinical Services Plan (2009); and
- WACHS Karratha Health Campus, West Pilbara Health District Service Plan (2010).

- WACHS Renal Dialysis Plan (2010)

3.2.1 WACHS Pilbara Clinical Services Plan, March 2009

This overarching strategic document sets out the vision and strategic approach for the development of health services in the Pilbara Region.

The document identifies key drivers for changing the delivery of health services. These include:

- The major direction for the development of services is based on a population health approach which supports services across the continuum of care with an increased focus on ambulatory care. The need for acute inpatient beds is reducing.
- Rapid population growth and an increase in local heavy industry activity is a major driver for change.
- Health data demonstrates significant growth in chronic disease (including diabetes and renal disease) and lifestyle risk behaviours including alcohol and other drug misuse, smoking and obesity.
- The proportion of the Pilbara region's population who are Aboriginal and Torres Strait Islander (ATSI) people is significant (13.5 percent) and the burden of disease incurred in the Aboriginal community remains significantly higher than for the non-Aboriginal community.
- Growth in demand for emergency services is expected to accelerate.
- The lack of access to primary health care services is impacting on the demand for emergency services.
- Significant health staff attraction and retention issues exist in the Pilbara.
- Poor patient transport systems and the challenges patient face to access necessary services are key health issues.

The WACHS – Pilbara Clinical Services Plan 2009 acknowledges that significant levels of service reform are required for the region to continue to safely and effectively manage the current and future health needs of the population.

3.2.2 WACHS Karratha Health Campus, West Pilbara Health District, Service Plan, 2010.

The Karratha Health Campus, *West Pilbara Health District Service Plan* (2010) was endorsed in 2010.

This document sets out the health service delivery strategy for the Karratha Health Campus and surrounding services in the West Pilbara Health District to 2020. The Service Plan reinforces the role of the Karratha Health Campus (the site of the Nickol Bay Hospital) as the 'network' health service for the West Pilbara region. A range of regional and district services are coordinated from Karratha to support the smaller facilities in the region including Tom Price and Paraburdoo health services.

A number of key service delivery strategies for the West Pilbara region are identified within this document and relate to a focus on the patient across the continuum of care, Aboriginal health, non-inpatient care, demand management strategies, workforce, developing partnerships with primary care and the private sector and the essential role of information communication technology (ICT) and telehealth.

3.2.3 WACHS Renal Dialysis Plan (2010)

WACHS has developed a renal plan that includes options for the types of renal services to be developed in each specific region. The Renal Plan describes the models of care, the National, State and WACHS planning context, a needs assessment and options analysis.

Options have been developed for the Pilbara with a focus on providing improved services in the larger centres/towns. These options are being reviewed in 2011 in light of the expressed desire for a range of community based treatments and the need to provide care closer to home across the whole Pilbara.

3.3. Pilbara Region – Local Planning Context

3.3.1 Pilbara Industry's Community Council (PICC), Planning for Resources Growth in the Pilbara: revised employment and population projections to 2020, March 2010 (report prepared by Heuris Partners)

This report, commissioned by the Pilbara Industry's Community Council (PICC), was developed to provide a framework for understanding the implications of the planned growth in the resource sector for the wider Pilbara community, in particular the need for infrastructure provision.

The paper identifies that the traditional population measure for service planning (ABS recorded place of residence) does not provide a complete picture for areas such as the Pilbara, with a significant proportion of the population being fly in-fly out (FIFO). This factor, combined with the planned and real rapid expansion of heavy industry, has an impact on population and accordingly demand for infrastructure, such as hospitals. The report identifies that there will be significant increases in the Pilbara population by the year 2015, to approximately 57,000-60,000. This is a significant variance from the 2006 ABS population projections which proposed a population of 41,000 by the same year.

3.3.2 State Government Royalties for Regions Scheme

The State Government has committed significant funding from the Royalties for Regions Scheme to the Pilbara Health Region. Through Royalties for Regions, the equivalent of 25 per cent of the State's mining and onshore petroleum royalties will be returned to the State's regional areas each year as additional investment in projects, infrastructure and community services.

Specific to Tom Price is the inclusion in the scheme of \$10 million to revitalise the Tom Price town centre.

Pilbara Cities Initiative

One of the key initiatives under the Royalties for Regions scheme is the Pilbara Cities blueprint, announced in November 2009, which aims to transform the Pilbara region by creating modern higher density centres, supported by all the services and facilities enjoyed in other Australian cities.

Under the Pilbara Cities vision, Karratha and Hedland would become major cities of the future. In addition there would be major revitalisation of Newman, Dampier, Tom Price, Roebourne and Onslow town centres, together with

plans to create new marinas and improved waterfronts at Port Hedland, Dampier and possibly Onslow¹.

The Pilbara Cities initiative includes \$150 million for a new hospital in Karratha, as well as \$310 million to partner with the Federal Government and private sector on major infrastructure projects such as power and water supply.

3.3.3 Draft Pilbara Planning and Infrastructure Framework, February 2011

The draft Pilbara Planning and Infrastructure Framework being developed by the Department of Planning and Infrastructure defines a strategic direction for the future development of the Pilbara region, over the next 25 years. In summary, the Framework:

- addresses the scale and distribution of future population growth (based on the Pilbara Industry's Community Council's projections – see Section 3.3.1) and housing development, as well as identifying strategies for economic growth, environmental issues, transport, infrastructure, water resources, tourism and the emerging impacts of climate change.
- sets out regional planning principles, together with goals, objectives and actions to achieve these. The Framework represents an agreed 'whole of government' position on the broad future planning direction for the Pilbara, and will guide the preparation of local planning strategies.
- informs government on infrastructure priorities, including Health infrastructure, across the Pilbara.

The draft Pilbara Planning and Infrastructure Framework is being publicly advertised for a period of 60 days, finishing on 9 May 2011. Consultation sessions will take place during this period prior to finalisation of the document in late 2011.

3.3.4 Pilbara Indigenous Employment Program

The Pilbara Indigenous Employment Program is a four year program funded under the Pilbara Health Initiative, a partnership between the State Government's Royalties for Regions scheme, the WA Country Health Service and the WA Chamber of Minerals and Energy's Pilbara Industry's Community Council (PICC). The key elements of the Strategy are to increase Aboriginal employment through recruitment, training and mentoring; along with retention strategies such as leadership development, cultural awareness and community development.

¹

<http://www.mediastatements.wa.gov.au/Pages/default.aspx?ItemId=132847&andsearch=andadmin=andminister=and portfolio=and region=Pilbara>

4. Demographics and Epidemiology

4.1. Overview of the Catchment Area

Pilbara Region

Tom Price and Paraburdoo Hospitals are located within WA Country Health Service’s Pilbara region. The location of Tom Price and Paraburdoo in relation to other major towns in the region is presented in Figure 1.

Figure 1: WACHS Pilbara



Source: WACHS Website

The demand for the Pilbara region’s minerals and energy resources has resulted in an economic and population boom, including a significant transient population due to the fly-in/fly out workforce. Despite the resource industry bringing a degree of wealth to the region, pockets of significant socio-economic disadvantage exist in Aboriginal communities across the Pilbara.

Access to remote communities within the Pilbara region is an issue with long distances, and road and weather conditions changing seasonally. The dry, tropical climate can result in extreme temperatures both in summer and winter and the region is also subject to tropical cyclones and storms. These can produce torrential rainfall and potential health impacts relating to morbidity and trauma; the risk of post-cyclone disease outbreaks; and damage to health facilities.

Shire of Ashburton

The WACHS Pilbara region is divided into East, West and Inland Pilbara Health Districts. Tom Price and Paraburdoo form part of the Shire of Ashburton which is one of two shires making up the West Pilbara District. WACHS services within the Shire of Ashburton are also located at Onslow. The second shire comprising the West Pilbara Health District is the Shire of Roebourne, which includes the town of Karratha, the location of the Nickol Bay Hospital (NBH).

The Shire of Ashburton, at nearly half the size of Victoria (105,647 square km), boasts some of the world's largest open cut mines, largest pastoral leases and cattle stations and a thriving fishing industry. The majority of the population resides in the four towns of Onslow, Pannawonica, Paraburdoo and Tom Price. Tom Price, located in the eastern sector, is the largest town and the Shire's Administration Centre.

The Shire's 6000 residents are employed in a variety of industries including oil, gas, mining, cattle, fishing and tourism. The supporting infrastructure also provides employment and career opportunities. Based on the 2006 ABS Census, mining is the dominant industry in the Ashburton Shire, employing approximately 50 percent of the working population.

Town of Tom Price

Tom Price is located approximately 1600 km from Perth and is situated on the edge of the Hamersley Ranges. Tom Price caters for tourists with one of the largest open-cut mines in the world and being centrally located between the National Parks of Karijini, Millstream/Chichester and Mount Augustus.

Karijini is the homeland of the Punjima, Kurrama and Innawonga Aboriginal people, many of whom now live in the Wakathuni Aboriginal Community close to Tom Price.

The Mount Tom Price mine, developed in 1966, is operated by Rio Tinto Iron Ore (RTIO). RTIO operates and maintains all mining, rail, power and port facilities on behalf of the asset owners, Hamersley Iron (a wholly owned subsidiary of Rio Tinto). It is acknowledged that RTIO provides many essential services and infrastructure needs for the towns in the Pilbara region.

The Tom Price employment profile is similar to that for the Ashburton shire with mining employing approximately 50 percent of the working population (ABS 2006 Census).

Town of Paraburdoo

Paraburdoo is located approximately 1500 km from Perth and is located at the south-western end of the Hamersley Range National Park, 80kms from Tom Price on a bitumen road.

The township of Paraburdoo was originally constructed by Hamersley Iron Pty Ltd between 1970 and 1971 to house workers at the nearby mine. In the present day, the town continues to provide housing for workers from the three nearby mines, those being the Channar, Eastern Range and Paraburdoo mines.

The Paraburdoo mine is wholly owned by Hamersley Iron (and therefore is 100 percent owned by Rio Tinto). The Eastern Range mine is jointly owned by Hamersley Iron (54 percent) and Shanghai Baosteel Group Corporation (46 per cent). The Channar mine is also a joint venture, being jointly owned by Hamersley Iron (60 percent) and Sinosteel Corporation (40 percent). All three mines are operated and maintained by Rio Tinto Iron Ore.

Iron ore from these mines is crushed and screened at Paraburdoo before being railed to Tom Price and onto the port at Dampier where it is blended with ore from Tom Price.

Approximately 60 percent of the working population of Paraburdoo are employed in the mining industry (ABS 2006 Census).

4.2. Demographics

A summary of the demographics of Ashburton Shire and the town of Tom Price, as taken from the 2006 ABS Census, is provided in Table 1. This table indicates that the Ashburton Shire, Tom Price and Paraburdoo populations are younger and wealthier (in terms of median income) than the State average. This is reflective of the high proportion of employment in the mining sector.

Table 1: Summary of Demographics

Population Characteristic	Ashburton (Shire)	Tom Price (Town)	Paraburdoo (Town)	Western Australia
Usual Resident Population	6,078	2,721	1,607	1.96M
Place of enumeration *	8,139	3,053	1,734	1.99M
% Male Residents	56%	55%	56%	50%
Median Age	31	29	30	36
% Unemployed	2.3%	1.4%	1.3%	3.8%
% Identifying as Aboriginal/TSI	9.6%	5.8%	5.0%	2.3%
Median individual income (\$/wkly)	1,058	1,181	1,245	500
Median family income (\$/wkly)	2,398	2,576	2,506	1,246

Source: Australian Bureau of Statistics, 2006 Census

*shows how many people were in the locations on Census night (August) which was during peak tourist season.

Transient and Visiting Population

There are a significant number of fly-in-fly-out (FIFO) and construction workers associated with mining and resource projects in the area plus an influx of tourists between May and September. On Census night in 2006 12 percent of the people staying in Tom Price and 8 percent of the people staying in Paraburdoo were visitors. At a State level, 5 percent were visiting on Census night. This comparison highlights the more transient nature of the Tom Price and Paraburdoo populations, relative to the rest of the State.

Projected Population Growth

A number of datasets exist to predict the anticipated growth in the Pilbara region. The datasets have varying underlying assumptions to estimate growth. The ABS Series B+ data set is projected from ABS 2009 estimated resident population and is currently used by WACHS for calculating anticipated growth in clinical activity. However the ABS projections exclude the FIFO workforce which, along with projected infrastructure development generating construction employment, has a significant impact on the Pilbara's population. Therefore activity forecasts for the WACHS Pilbara region are based on recent population projections undertaken by Heuris Partners² which includes FIFO and construction workers.

The residential population projections developed by Heuris Partners specific to Tom Price and Paraburdoo are outlined below.

² 'Planning for resources growth in the Pilbara: revised employment and population projections to 2020' (for the Pilbara Industry's Community Council), Heuris Partners, March 2010

Table 2: Residential population projections for Tom Price and Paraburdoo

Town	ABS Census	Heuris Partners projections			
	2006	2008	2010	2015	2020
Tom Price	2,721	3,517	3,550	4,738	4,468
Paraburdoo	1,607	1,730	1,736	1,718	1,575

Source: Heuris Partners, March 2010

The FIFO and construction workforce projections are not included in the Heuris projections by town site, however they have been undertaken for key geographical sub-regions and LGAs. The projected resident, FIFO and construction worker populations for the Ashburton Shire (excluding Onslow) are included in the table below. Heuris Partners note that these projections convey potential trends only and the numbers should be treated with some caution given attribution across sub-regions involves a large element of judgment.

Table 3: Population projections for the Shire of Ashburton (excluding Onslow)

Ashburton Population component	2015	2020
Resident	7,126	6,347
FIFO	8,880	10,972
Construction	2,500	-
Total	18,506	17,319

Note: due to uncertainty around future construction projects beyond 2015, there are no projections for the likely number of construction workers in 2020.

Source: Heuris Partners, March 2010

Aboriginal Populations

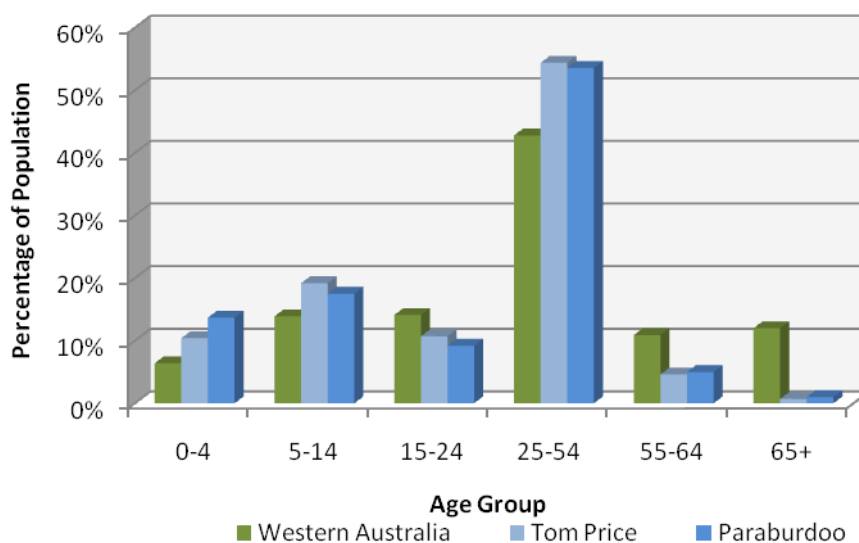
Approximately 5-6% of the populations of Tom Price and Paraburdoo identify as being of Aboriginal or Torres Strait Islander descent. Although this is not a large proportion of the population it is noted that the town is in close proximity to Karijini National Park, the homeland of the Punjima, Kurrama and Innawonga Aboriginal people, many of whom now live in the nearby Wakathuni and Innawonga (Bellary Springs) Aboriginal Communities.

Age Distribution

The age distribution within Tom Price and Paraburdoo, shown in Figure 1, demonstrates that the areas pertinent to this Service Plan have a higher proportion of people aged 0-14 years and 25-54 years; and significantly lower proportion of people aged 55 years and over when compared with WA. Aboriginal people have a much lower life expectancy which also impacts on the proportion of older people.

This feature of the catchment area highlights the need to focus services across all age groups with a particular focus on meeting the needs of adults, young families and Aboriginal people.

Figure 1: Comparative Age Distributions, Tom Price, Ashburton Shire and WA



Source: Australian Bureau of Statistics, 2006 Census

4.3. Factors Influencing Health Status

The following Section describes the current health status of the community and summarises the factors (or determinants of health) that will influence the health status of residents and visitors now and into the future. These influences include:

- Level of disadvantage experienced in the community (according to the Socio-Economic Indexes for Areas)
- Level of remoteness experienced by the catchment area
- Climate
- Access to housing and transport
- Lifestyle behaviours
- Early Childhood Development (according to Australian Early Childhood Development Index)

4.3.1 SEIFA

The ABS produces the Socio-Economic Indexes for Areas (SEIFA) which measures the level of social and economic well-being of Australian geographical areas.

According to the SEIFA Index of Relative Socio-Economic Disadvantage³, the Shire of Ashburton has a higher socio-economic status when compared to

³ Includes the variables of low-income, low educational attainment, high unemployment, and people with low skilled occupations. The baseline for the Index of Disadvantage is 1,000. A score above 1,000 indicates an area of socio-economic advantage, and a score below 1,000 indicates an area of disadvantage. The further the deviation away from 1,000, the greater the level of advantage or disadvantage.

WA4. This would be largely influenced by the incomes of residents derived from the local mining and energy sector. However there are pockets of extreme socio-economic disadvantage as scores from the various Ashburton Shire collection districts ranges from 289 – 1102. Tom Price collection district (CD) ranges from 923 – 1102, Paraburdoo CD ranges from 1052 – 1081 and Ashburton CD ranges from 289 – 1102).

A high SEIFA score would indicate fewer households with low incomes and fewer people with no qualifications or in low skilled occupations. The ranges in CD scores indicate that despite the level wealth in the community there are pockets of disadvantage whereby residents have limited resources and access to suitable health and human services. This includes Aboriginal communities, the elderly and those living with a disability.

4.3.2 Accessibility/Remoteness Index of Australia

According to the Accessibility/Remoteness Index of Australia (ARIA), the shire of Ashburton is categorised as very remote, with very little access to goods and services and opportunities for social interaction.

The table below highlights the distances and approximate travel times between Perth, Port Hedland, Newman, Karratha, Tom Price and Paraburdoo.

Table 4: Approximate Distances and Travel Times by road (driving): Perth, Port Hedland Newman, Karratha, Tom Price and Paraburdoo

		Approx. Travel Time				
Distance (Km)	Perth	27 hours	14 hours	18.5 hours	17 hours	18 hours
	1,636	Hedland	5.5 hours	3 hours	5.5 hours	6 hours
	1,182	455	Newman	7 hours	3.5 hours	4 hours
	1,538	241	562	Karratha	5.5 hours (unsealed)	5.5 hours
	1,389	408	275	311	Tom Price	45 minutes
	1518	468	335	336	80	Paraburdoo

Source: www.westernaustralia.com.au

This ARIA Index and table above reinforce the level of isolation and remoteness experienced by local services and residents. Therefore, one of the underlying aims for the future will be to ensure services continue to be integrated within an efficient Health Network model that provides adequate coverage within the resources provided. Furthermore, to meet the needs of the community, services need to be supported by modern ICT and other support services which enable staff and services to operate in a range of settings across the region.

4 Statistical Local Area of Ashburton has a SEIFA score of 1033 and a State ranking of 9.

4.3.3 Climate

The dry, tropical climate can lead to extreme temperatures both in summer and winter, resulting in a number of presentations relating to heat stress. It is also expected that there is longer-term morbidity, such as renal disease, as a result of inadequate water intake and frequent dehydration associated with gastroenteritis, particularly in the Aboriginal population.

In addition to the heat, the Bureau of Meteorology (2009) has estimated that the Pilbara region experiences at least one cyclone every two years which can impact on health service delivery, supply routes, and the health of the community.

4.3.4 Access to housing and transport

A number of issues relating to housing and transport in the region have been identified including:

- Lack of affordable housing options for the community.
- The Karratha to Tom Price access road is mostly unsealed. The current trip takes approximately 3.5 hours (staff have estimated that this time will reduce to 2.5 hours once the road is sealed). As most vehicles, e.g. standard hospital sedans cannot utilise this road, staff and residents must travel the long way around, taking the road toward Newman prior to turning back towards Karratha.
- There is no public transport in the area therefore health consumers without access to vehicles are often unable to access health services. This is a pertinent issue for some Aboriginal people, young mothers, elderly and those living with a disability who are often isolated and unable to access transport readily.
- A volunteer ambulance service is in place however the local community report there to be insufficient volunteers (mainly industry workers).
- To fly between towns in the area, the only option is to fly to Perth and then out again. Flights to Perth are expensive with only one carrier available (Qantas). The only airport in the Tom Price/Paraburdoo area is 10km from Paraburdoo (70km from Tom Price).

4.3.5 Lifestyle behaviours

The WA Health and Wellbeing Surveillance System surveys around 6,000 West Australians regularly. The System examines health and wellbeing indicators including health risk behaviours, prevalence of chronic diseases, health service utilisation and the level of psychological distress. The results of the 2007 analysis for the West Pilbara Health District are attached at Appendix 8.2. These results demonstrate that residents of the West Pilbara were less likely to access primary health care services, dental services and were more likely to access hospital-based services when compared to WA.

4.3.6 Early Childhood Development

Australian Early Development Index

The Australian Early Development Index (AEDI) is a population measure of children's development as they enter school. Based on the scores from a teacher-completed checklist, the AEDI measures five areas, or domains, of early childhood development: physical health and wellbeing; social competence; emotional maturity; language and cognitive skills (school-based) and communication skills and general knowledge.

AEDI results are reported as average scores (zero is the lowest score; ten is the highest score) on each of the five domains. AEDI results are also reported as proportions of children on each domain who are considered to be:

- on track;
- developmentally at risk; or
- developmentally vulnerable.

Children developmentally 'on track': Children who score above the 25th percentile (in the top 75 percent) of the national AEDI population are classified as 'on track'.

Children 'developmentally at risk': Children who score between the 10th and 25th percentile of the national AEDI population are classified as 'developmentally at risk'.

Children 'developmentally vulnerable': Children who score below the 10th percentile (in the lowest ten per cent) of the national AEDI population are classified as 'developmentally vulnerable'. These children demonstrate a much lower than average ability in the developmental competencies measured in that domain.

Nationally, around ten per cent of children for the AEDI are classified as developmentally vulnerable on each domain. Therefore, an AEDI community that has fewer than ten per cent of children developmentally vulnerable on a domain is doing better than the national AEDI population, while an AEDI community that has more than ten per cent of children developmentally vulnerable is not doing as well.

For Tom Price 2.0 percent were assessed as being developmentally vulnerable for physical health and well being, 4.0 percent for language and cognitive skills and 2.0 percent for communication skills and general knowledge.

For Paraburdoo, 2.4 percent were assessed as being developmentally vulnerable for physical health and well being, 2.4 percent for emotional maturity and 7.3 percent for language and cognitive skills.

For all other domains, zero percent of children were assessed as being developmentally vulnerable.

It should be noted that in Tom Price there were 51 children assessed and in Paraburdoo there were 44 children assessed, accordingly caution should be exercised when reviewing percentage calculations.

For further information please refer to the AEDI Community Profile – March 2011 Ashburton, WA (www.aedi.org.au).

4.3.7 Lifestyle behaviors

The WA Health and Wellbeing Surveillance System surveys around 6,000 West Australians regularly. The System examines health and wellbeing indicators including health risk behaviours, prevalence of chronic diseases, health service utilisation and the level of psychological distress. The results of the 2007 analysis for the West Pilbara Health District are attached at Appendix 8.2. These results demonstrate that residents of the West Pilbara were less likely to access primary health care services, dental services and were more likely to access hospital-based services when compared to WA.

In addition, recent health surveys⁵ indicate that the Pilbara non-Aboriginal and Aboriginal populations experience:

- relatively higher levels of smoking;
- relatively higher levels of obesity; and
- poor dietary intake of fresh fruit and vegetables which is exacerbated in the remote Aboriginal populations.
- relatively higher levels of drinking at risk for harm

4.4. Health Status

Unless otherwise indicated, the following information is extracted from the Rural Health West paper Pilbara Region – The Population & Health Status (June 2009).

4.4.1 Mortality

For males living in the Pilbara region, the major cause of death is ischaemic heart disease. Compared to the State mortality rate, the number of male deaths due to transport related accidents and chronic obstructive pulmonary disease was greater than expected.

For females, other cancers were the leading cause of death. The number of deaths due to diabetes, transport related accidents and liver disease was greater than expected relative to the State mortality rate.

Over the period 1997 to 2006, the leading causes of mortality among Aboriginal people from the Pilbara region were cancer, ischaemic heart disease and diabetes.

From 1998 to 2007 the mortality rates for the Pilbara Aboriginal population were significantly higher for mental health conditions and alcohol-related conditions compared with the State Aboriginal population. Mortality rates for diabetes, cardiovascular disease, respiratory disease, injury and poisoning, mental health conditions, kidney disease, alcohol-related conditions and tobacco-related conditions were all higher within the Pilbara Aboriginal population compared with the non-Aboriginal population.

Between 1997 and 2007 around two-thirds of Pilbara resident deaths under the age of 75 were classified as avoidable. Ischaemic heart disease was the leading cause of avoidable death for both Aboriginal and non-Aboriginal people, accounting for one in five of all deaths.

⁵ Rural Health West, June 2009. *Pilbara Region – The Population & Health Status*

4.4.2 Hospitalisation Rates & Potentially Preventable Hospitalisations

While 5.8 percent of the Tom Price town populations and 5.0 percent of the Paraburdoo identify as being Aboriginal (ABS 2006 Census), in recent years Aboriginal people have accounted for approximately 50 percent of hospital separations at Tom Price and approximately 25 percent of hospital separations at Paraburdoo.

From 2004 to 2008 the hospitalisation rates for the Pilbara Aboriginal population were significantly higher than the State Aboriginal population for diabetes, cardiovascular disease, respiratory disease, injury and poisonings, kidney disease, alcohol-related conditions and tobacco-related conditions. Hospitalisation rates for diabetes, cardiovascular disease, respiratory disease, injury and poisonings, kidney disease, alcohol-related conditions, tobacco-related conditions and other drug-related conditions were significantly higher within the Pilbara Aboriginal population compared with the non-Aboriginal population⁶.

Many hospitalisations result from conditions where hospitalisations could potentially be avoided using preventive care and early disease management⁷. These hospitalisations are known as Potentially Preventable Hospitalisations (PPH) and are grouped into three major categories acute, chronic and vaccine preventable.

In the West Pilbara in 2008/09 there were 611 potentially preventable hospitalisations:

- 130 (21 percent) of these related to children.
- 253 (41 percent) were Aboriginal residents.
- 18 were vaccine preventable (3 percent), 321 (53 percent) were acute preventable and 277 (45 percent) were chronic preventable.

Among Pilbara residents, diabetes and its complications (including renal dialysis) was the most common potentially preventable condition (accounting for 43 percent), especially for Aboriginal residents. Dental conditions were the next most common (ten percent), followed by asthma eight percent) and ear, nose and throat

4.4.3 Chronic Disease

65percent of Aboriginal people report at least one long term health condition and approximately 27 percent of Aboriginal children have one or more long-term health conditions. The high burden of disease is also reflected in a comparison of Aboriginal admission rates compared to the non-Aboriginal population:

- 12 times greater for renal dialysis;
- 8 times greater for diabetes;
- 5.62 times greater for cellulitis; and

⁶ Carllose, N., Crouchley, K., Dawson, S., Draper, G., Hocking, S., Newton, B. and Somerford, P. 2009. *Pilbara Aboriginal Health Planning Forum*

⁷ Hocking, S., Draper, G., Somerford, P., Xiao, J. and Weeramanthri, T. 2010 *The Western Australian Chief Health Officer's Report 2010*. Perth: Department of Health WA. http://intranet.health.wa.gov.au/epidemiology/docs/Chief_Health_Officer's_Report.pdf

- 6.64 times greater due to respiratory infections/inflammations.

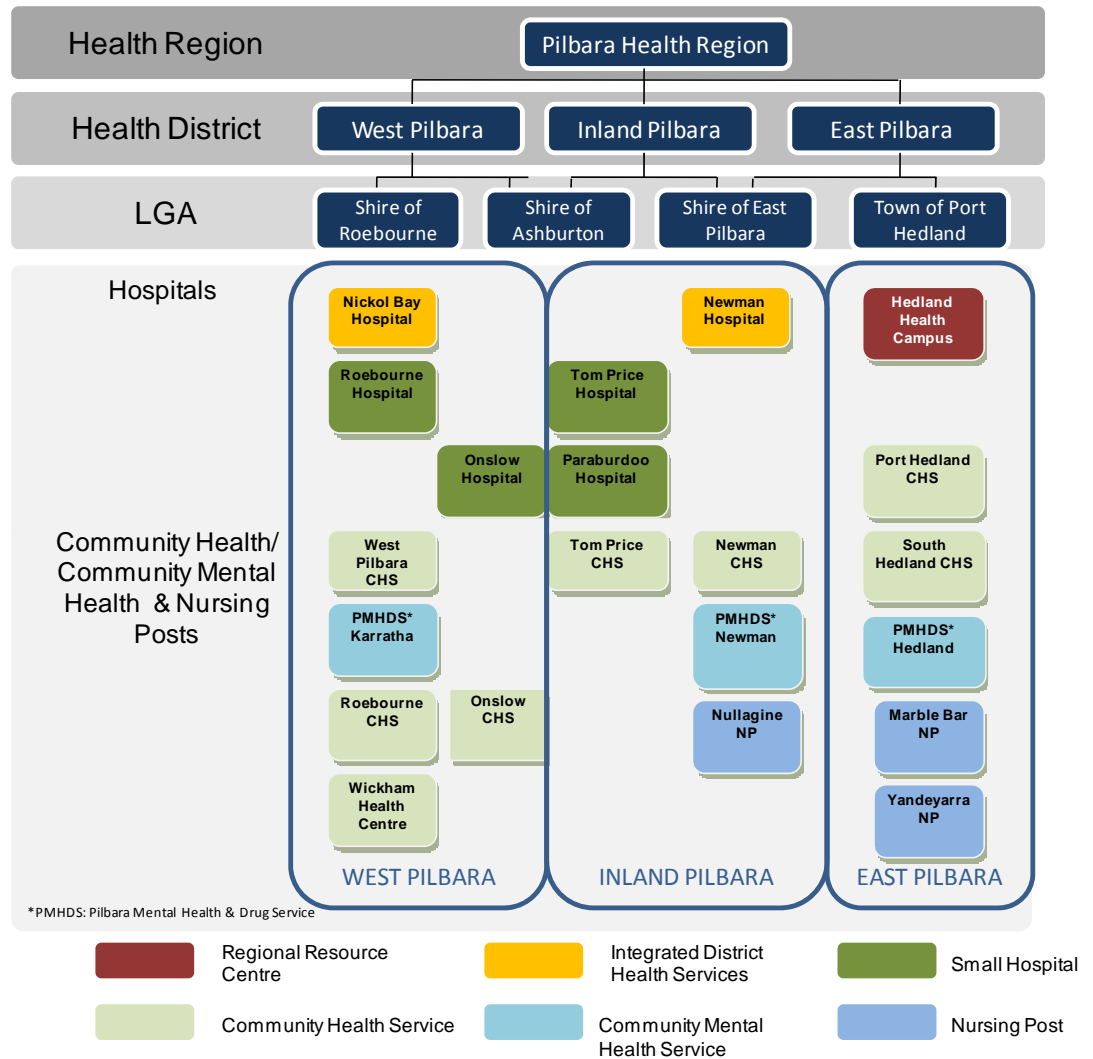
KEY ISSUES: DEMOGRAPHY and EPIDEMIOLOGY

- A significant expansion in population is forecast for Tom Price due to anticipated ongoing growth in the mining industry in the area. Population projections undertaken by Heuris Partners predict population growth in Tom Price from approximately 2,700 residents, at the time of the 2006 Census, to over 4,700 residents by 2015.
- The usual resident population of Paraburdoo at the time of the 2006 Census was approximately 1,600. Despite significant population growth being forecast across the Pilbara region, the population of Paraburdoo is anticipated to remain relatively static (Heuris Partners, March 2010).
- Approximately 50-60 percent of the working population of Tom Price and Paraburdoo are employed in the mining industry.
- Approximately 5-6 percent of the populations of Tom Price and Paraburdoo identify as being of Aboriginal or Torres Strait Islander descent. Although this is not a large proportion of the population it is noted that the town is located adjacent to Karijini National Park, the homeland of the Punjima, Kurrama and Innawonga Aboriginal people, many of whom now live in the nearby Wakathuni and Innawonga (Bellary Springs) Aboriginal Communities.
- Tom Price and Paraburdoo have a higher proportion of people aged 0-14 years and 25-54 years; and lower proportion of people aged 55 years and over when compared with WA. Based on the future industry plans for Tom Price it is anticipated that the number of working aged males and young families will continue to grow at a faster rate than the elderly age groups.
- Both towns have a significant seasonal influx of visitors between April and September.
- There are significant environmental health challenges as a result of the extreme geographical remoteness and climatic conditions.
- Despite the level of wealth in the community there are pockets of disadvantage whereby residents have difficulty accessing mainstream services, due to living in remote areas, lack of transport or financial difficulties.
- The level of remoteness and lack of transport reinforces the need for an efficient integrated Health Networks service delivery model. State of the art ICT and telehealth facilities will be major enablers, supporting improved access to a range of clinical services delivered remotely to the health campus.
- There are a small proportion of early school age children with some levels of developmental delay.

5. Current and Future Service Delivery Profile

Tom Price and Paraburdoo Health Services form part of the WACHS Pilbara Health Region’s integrated network of services.

Figure 2: WACHS Pilbara: Location of clinical services, by district and LGA



Nickol Nay Hospital (NBH) is the ‘network’ hospital for health services in the West and Inland Pilbara Health Districts and is recognised as an Integrated District Health Service under the *WA Clinical Services Framework, 2010*. A range of regional and district services are coordinated from NBH to support the smaller health services including Tom Price and Paraburdoo.

Tom Price Hospital and Community Health Service

Tom Price Hospital was built in 1962 by Hamersley Iron Pty Ltd. The original hospital was a 12 bed inpatient facility with an emergency department, an operating theatre, birthing suite and x-ray facilities. Significant modifications to the hospital occurred in 1999 which included upgrading the ED and resuscitation area. The kitchen was upgraded in 2003.

A service profile for Tom Price is provided below:

Table 5: Service Profile Tom Price 2009/10

Function	No of Beds / Bays	Comments
Inpatients	8	Operational
Accident and Emergency	2	Operational
Resuscitation	1	Operational
Operating Theatre		Nil
Obstetric delivery		Not operational - all planned deliveries referred to alternative destinations.
Pathology (PathWest)		Operational
Medical Imaging		Full time 24 hour coverage X-ray.
Medical Records		Operational
Administration		Operational
Laundry		Operational
Kitchen		Operational
Morgue		Operational x 2 occupancy

Community Health services have an office and clinic room within the hospital. The clinic room is used for the well women's and immunisation clinics.

Health services at Tom Price operate under a Visiting Medical Practitioner (VMP) based medical model. In 2009/10 the hospital managed 460 inpatient separations, 10 percent of the total separations managed within the West Pilbara region. 79 percent of the activity met by Tom Price Hospital related to West Pilbara residents.

Staff have reported that the design of the Tom Price hospital no longer meets the needs of the health service. This includes issues relating to security, facility wide access and egress, patient and visitor flow around the facility and the distance between the ED and inpatient area.

Paraburdoo Hospital

Paraburdoo was built in 1973 by Hamersley Iron Pty Ltd. The original hospital was an eight bed inpatient facility with ED, operating theatre, birthing suite and x-ray facilities. Modification to the hospital facility occurred in 1999.

A service profile for Paraburdoo is provided below:

Table 6: Service Profile Paraburdoo 2009/10

Function	No of Beds / Bays	Comments
In patients	2	Operational
Accident and Emergency	1	Operational
Resuscitation	1	Operational
Operating Theatre		Not operational
Obstetric delivery		Not operational - all planned deliveries referred to alternative destinations.
Pathology (PathWest)		Operational
Medical Imaging		Visits 2 mornings per week from Tom Price.
Medical Records		Operational
Administration		Operational
Morgue		Operational 2 occupancy

Health services at Paraburdoo operate under a Visiting Medical Practitioner (VMP) based medical model. The hospital managed 128 inpatient separations in 2009/10, three percent of the total separations managed within the West Pilbara region. 76 percent of the activity met by Paraburdoo Hospital related to West Pilbara residents.

Staff at Paraburdoo hospital also feel that the design of the facility no longer meets the needs of the health service. The hospital is too large for its current requirements, there are a number of empty, unsafe rooms that have poor security and the large distance between emergency and inpatient areas means that the registered nurse on duty is occasionally split between the two locations.

5.1. Community Based Services

Ambulatory Health Care

Ambulatory Health Care Services is a broad title that generally refers to the planned services provided to patients who are able to 'walk in and walk out' on the same day (e.g. procedural day surgery), community based clinic services (child health, school health, community health) and community based programmes such as community mental health services.

Ambulatory Care facilities are usually staffed by nurses and allied health with procedural or specialist medical input provided in a planned and structured way. Depending on resourcing and availability, community based mental health services will provide varying levels of crisis/emergency response.

Ambulatory health care services provided at Tom Price and Paraburdoo include VMPs providing outpatient care at various times through the year. These include a visiting paediatrician, gerontologist, obstetrics/gynaecology specialist and ENT specialist. The Regional Mental Health Service provides a regional visiting psychiatrist service.

A private medical centre is located within the town of Tom Price with three resident GPs. A chiropractor and optician are also available, along with a private dental clinic available on weekends (via a fly in dentist from Perth). There is also a private medical centre, with one resident GP, located on the Paraburdoo hospital site. A chiropractor and optician are also available, as well as an orthodontist visiting from Perth every six weeks. There are no other private allied health services in either town.

Patients are currently required to travel to Hedland or Perth for haemodialysis, which is frequently problematic due to the long travelling distances and climatic conditions, particularly during the cyclone season. This effectively means that the patients are made to relocate out of their community to receive ongoing dialysis.

Population Health

The demand for Population Health services is growing as the population grows. Population Health provides primary health programs and services with a focus on health promotion, protection and the prevention of disease and injury and early identification of disease. The increase in incidence across the catchment area of a range of chronic diseases such as diabetes, renal disease, sexual health and obesity due to lifestyle choices is impacting on the demand for Population Health services.

There are 7.84 FTE currently in the Population Health team based at Tom Price and Paraburdoo (see Table 7) which provide a range of services, including physiotherapy, child and maternal health, immunisation clinics and well women's clinics. An additional 3.4 FTE is proposed to be established by June 2011 with current funding.

Table 7: WACHS West Pilbara Population Health Workforce based in Tom Price/Paraburdoo 2009/10

Population Health Services (2009/10)	Total FTE	Comments
Current Population Health Staffing Profile:		
Physiotherapy	2.00	Visiting services to Paraburdoo, Youngaleena, Bellary Springs and Wakathunui
Community Nurse (community generalist, school and child health)	3.84	Based at Tom Price or Paraburdoo. Visiting services to Bellary Springs, Wakathunui and Youngaleena
Aboriginal Health Worker	1.00	Based at Tom Price, services Bellary Springs, Wakathunui and Youngaleena, Paraburdoo (fixed term to June 2014)
Allied Health Assistant	1.00	Based at Tom Price, services Bellary Springs, Wakathunui and Youngaleena, Paraburdoo

Population Health Services (2009/10)	Total FTE	Comments
Proposed Additional FTE:		
<i>Allied Health Assistant (proposed to be established)</i>	1.00	<i>Based at Tom Price, services Bellary Springs, Wakathunui and Youngaleena, Paraburdoo</i>
<i>Speech Pathologist (proposed to be established)</i>	0.80	<i>Based at Paraburdoo, services Bellary Springs, Wakathunui and Youngaleena, Tom Price (fixed term to June 2013)</i>
<i>Occupational Therapist (proposed to be established)</i>	0.80	<i>Based at Paraburdoo, services Bellary Springs, Wakathunui and Youngaleena, Tom Price (fixed term to June 2013)</i>
<i>Social Worker (proposed to be established)</i>	0.80	<i>Based at Tom Price, services Bellary Springs, Wakathunui and Youngaleena, Paraburdoo (fixed term to June 2013)</i>
TOTAL	11.24	3.4FTE proposed to be established by June 2011 with current funding.

There is currently one community health nurse based in Paraburdoo with all other population health services being provided via visiting services, including physiotherapists, allied health assistants and community nurses from Tom Price. Recent endorsement of Commonwealth Rural Primary Health Service (RPHS) funding has been received to increase speech pathology, occupational therapy and social work services based at Tom Price/Paraburdoo. Service models will remain flexible to attract suitable candidates including a fly-in/fly-out roster of two weeks on / one week off or residential based. These positions are proposed to be established by June 2011. Another recent addition has included the establishment of an Aboriginal Health Worker position based at Tom Price through COAG funding. Other services based at Karratha including sexual assault counselling and health promotion provide support as required.

As outlined below, WACHS Pilbara works collaboratively with the Pilbara Health Network to provide population health services. For the delivery of dietetics services, a Memorandum of Understanding (MOU) has been established between the two organisations whereby WACHS funds accommodation for the dietician and the Pilbara Health Network funds the salary and on-costs.

Mental Health and Drug Service

Mental Health services report a gradual increase in demand for their services as the population grows. In particular, the need relates to drug and alcohol abuse and psychiatric problems associated with illicit drug use, such as drug induced psychosis. There is also a need to provide improved mental health specialist care for the ATSI population. These service trends are in line with mental health service demands in other, similar jurisdictions.

Two mental health professionals (Adult and Child and Adolescent), one Aboriginal Mental Health worker and one counsellor/educator (Drug and Alcohol), all based in Newman, endeavour to provide regular visits to Tom Price and Paraburdoo. A visiting psychiatrist also visits every six weeks for two days. Emergency mental health services are not provided.

Tom Price and Paraburdoo referrals are triaged in Karratha and an Advocacy Consulting role via Telehealth (including for client reviews by a psychiatrist from Karratha) is also available.

Rurallink, a specialist after-hours mental health telephone service for rural communities, is utilised for after hours and weekend patient support. This service provides direct patient support and advises clinicians, general practitioners, clinicians and carers on mental health management strategies.

Pilbara Community and Aged Care Services

Aged Care Assessment Team provide ACAT assessments to determine the level of care for accessing Community Aged Care Packages, respite and permanent residential aged care for Aboriginal people 45 years and over and non-Aboriginal people 65 years of age and over.

The Home and Community Care Project Officer based in South Hedland monitors and gives support to the HACC funded programs that are provided in Tom Price and Paraburdoo.

Commonwealth Carers Respite Coordinator based in Karratha assesses residents of Tom Price and Paraburdoo for eligibility to access in home respite, residential care respite under the National Respite for Carers Program.

Southern Cross Care / Pilbara and Kimberley Care provides Home and Community Care and Community Aged Care Packages for the residents of Tom Price. Services include domestic assistance, meals, personal care, social support, transport and centre base day care.

5.2. Inpatient Services

5.2.1 Current Service Profile

Overview for Tom Price

Table 8 demonstrates the occupancy rate of Tom Price hospital is very low despite the number of separations at the eight-bed Tom Price Hospital increasing by 32 percent or 111 separations between 2007/08 and 2009/10. The occupancy rate of 25-35 percent reflects that, on average, two or three of the eight inpatient beds are being utilised at any one time.

The average length of stay for multiday admissions has increased over this time period, however the proportion of same-day admissions has increased significantly.

Table 8: Tom Price Hospital: Clinical activity (2007/08 – 2009/10)

Activity	2007/08	2008/09	2009/10
Multiday Separations	283	336	301
Same-day Separations	66	105	159
Total Separations	349	441	460
% Same-day	19%	24%	35%
No. of Bed-days (multiday only)	684	717	916
Total Beddays	750	822	1075
Average LOS (multiday)	2.4	2.1	3.0
Occupancy Rate	26%	28%	37%

Unqualified neonates and boarders excluded.

Source: ATS pivot sep detail 2006/07 to current as at extract 4-2-2011. Provided by WACHS Area Office.

Overview for Paraburdoo

Since 2003 there has been a limited inpatient service at Paraburdoo with admission restricted to patients requiring day only admission or overnight admission for observation. The recent occupancy rates at Paraburdoo Hospital have been very low. An occupancy rate of 15-25 percent reflects that for the majority of time both beds are vacant or only one bed is occupied.

Table 8 demonstrates that the number of separations at the two bed Paraburdoo Hospital increased by 33 percent (32 separations) between 2007/08 and 2009/10. The average length of stay has remained between one to two days for the last three years.

Table 9: Paraburdoo Hospital: Clinical activity (2007/08 – 2009/10)

Activity	2007/08	2008/09	2009/10
Multiday Separations	46	58	70
Same-day Separations	50	66	58
Total Separations	96	124	128
% Same-day	52%	53%	45%
No. of Bed-days (multiday only)	55	74	125
Total Beddays	105	140	183
Average LOS (multiday)	1.2	1.3	1.8
Occupancy Rate	14%	19%	25%

Unqualified neonates and boarders excluded.

Source: ATS pivot sep detail 2006/07 to current as at extract 4-2-2011. Provided by WACHS Area Office.

Inpatient activity by SRG

A breakdown of activity by SRG is provided in Appendix 8.3. Most of the activity at Tom Price is attributable to medical admissions, in particular 'non subspecialty medicine' and respiratory medicine (assumed to include a substantial number of patients with chronic disease). Inpatient activity at Paraburdoo hospital is very low and is spread across a range of conditions.

Surgery within the West Pilbara is undertaken at Nickol Bay Hospital in Karratha (or, if clinically indicated for more complex conditions, in Hedland or Perth) and therefore surgical related admissions to Tom Price and Paraburdoo are minimal. Tom Price and Paraburdoo Hospitals do not have planned deliveries. Obstetrics and gynaecology services, including emergency caesareans are provided at NBH. Planned high risk births are transferred to Hedland or Perth.

Drug and alcohol and mental health admissions are also very low. There are no authorised inpatient mental health beds on-site at Tom Price or Paraburdoo. People requiring authorised (involuntary) or unauthorised (or voluntary) admission for acute mental health and substance abuse issues may be admitted to the ward area for stabilisation or stabilised in ED. Patients are then transferred to Perth for admission.

Inpatient Activity by Age Group

The inpatient activity by age group is outlined below. The 15-44 year old age group has recorded the highest activity in recent years which is reflective of the fact that residents within this age range make up a high proportion of the local population (see Figure 1).

Table 10: Tom Price Hospital: Clinical activity By Age Group (2006/07 – 2008/09)

Age Group	Tom Price (seps)			Paraburdoo (seps)		
	2007/08	2008/09	2009/10	2007/08	2008/09	2009/10
0-14	50	41	47	11	11	22
15-44	170	216	241	63	74	58
45-64	102	149	142	20	33	42
65+	27	35	30	<5	6	6

Unqualified neonates and boarders excluded.

Source: ATS pivot sep detail 2006/07 to current as at extract 4-2-2011. Provided by WACHS Area Office.

Aboriginal Population Inpatient Activity

The breakdown of activity relating to Aboriginal and non-Aboriginal people is presented below. In recent years Aboriginal people accounted for approximately 30-35 percent of admissions at Tom Price Hospital and 20 percent of admissions at Paraburdoo Hospital even though they are only 5-6 percent of the local population.

Table 11: Tom Price Hospital: Clinical activity: ATSI population (2006/07 – 2008/09)

Activity	Tom Price (seps)			Paraburdoo (seps)		
	2007/08	2008/09	2009/10	2007/08	2008/09	2009/10
ATSI	119	163	143	20	25	27
Non ATSI	230	278	317	76	99	101

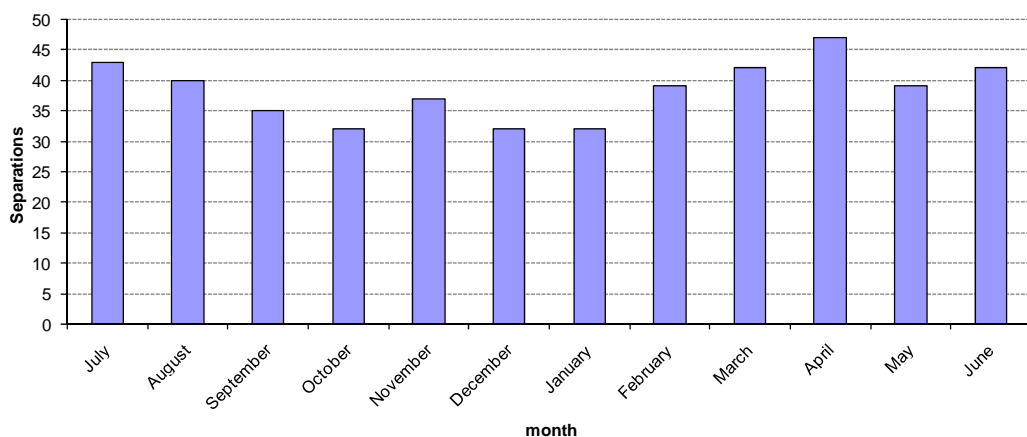
Unqualified neonates and boarders excluded.

Source: ATS pivot sep detail 2006/07 to current as at extract 4-2-2011. Provided by WACHS Area Office.

Seasonal Variations in Demand

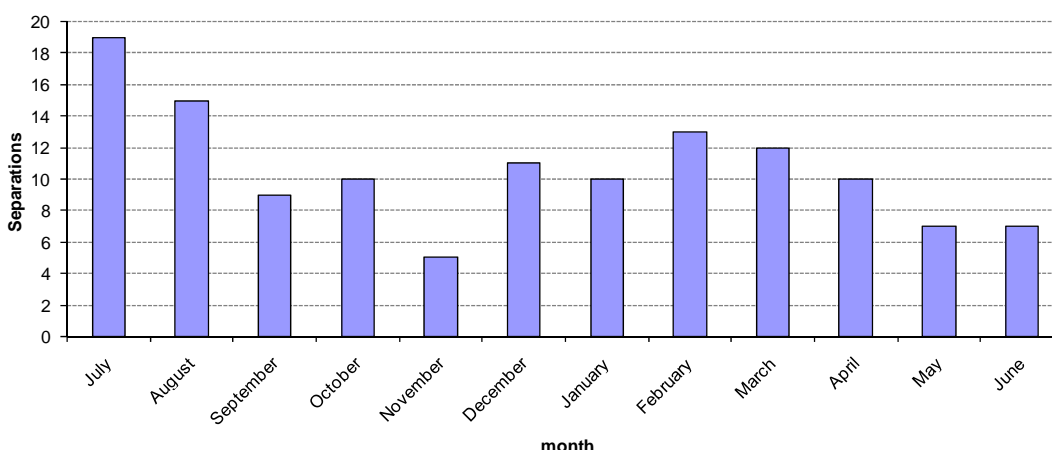
Inpatient activity at Tom Price and Paraburdoo, by month of the year, is presented in the figures below. Peaks in activity were seen in June/July and March/April for Tom Price and July/August for Paraburdoo.

Figure 3: Tom Price inpatient separations by month, 2009/10



Source: ATS online pivot

Figure 4: Paraburdoo inpatient separations by month, 2009/10



Source: ATS online pivot

5.2.2 Future Service Profile

Tom Price

Given the forecast population growth in Tom Price will be driven by mining workers and their families and the need to improve Aboriginal Health outcomes it is assumed that the resulting increase in healthcare demand will be focussed on primary healthcare and emergency services rather than significant increases in demand for inpatient care.

Detailed inpatient projections for the West Pilbara small hospitals, based on the Heuris Partners population forecasts, have not been undertaken by the WA Health Modelling Unit. However, an estimation of future activity can be sourced from the AIM (Hardes) 2007/08 modelling tool (which was based on the lower ABS Series C population projection). These projections represent a status quo model, i.e. they reflect forecast population growth and demographic trends in the absence of strategies to change the existing referral patterns and/or service mix. It should be noted that the 2011/12 projected activity has already been overtaken by current 2009/10 activity. Updated status quo activity projections will be available in late 2011.

Table 12: Projected demand for inpatient services at Tom Price (2011/12–2020/21)

Hospital	2011/12		2016/17		2020/21	
	Seps.	Beds	Seps.	Beds	Seps.	Beds
Tom Price	355	4	379	4	405	4

Source: AIM (Hardes) 2007/08 modeling tool – to be used as a guide only

Paraburdoo

As minimal population growth is projected for Paraburdoo and the bulk of the population is comprised of young-middle aged workers and their families it is unlikely that demand for inpatient services will increase significantly. Instead, based on the age structure of the population, it is evident that the future focus for healthcare delivery in Paraburdoo needs to be on emergency and primary health care and improving health outcomes for Aboriginal people as opposed to the historical provision of inpatient care.

Bed capacity at Tom Price and Paraburdoo

The recent Tom Price and Paraburdoo Hospital occupancy rates demonstrate that the current inpatient bed capacity will be more than sufficient to meet current and future demand. However, any future planning processes involving the redevelopment or relocation of inpatient facilities at these sites will need to investigate and confirm the appropriate number of beds required. This will be dependent on whether the various scenarios/strategies proposed in Section 7 of this document, will be implemented.

5.3. Emergency Services

5.3.1 Current Service Profile

There is a 24 hour nurse led emergency service at both hospitals with on call support from local GPs engaged as VMPs.

Tom Price

It is reported that the current relationship between the hospital and GPs at Tom Price is positive and collaborative.

There are currently two ED bays and one large, well equipped resuscitation bay located at the hospital. The ED area was upgraded in 1999.

In recent years, Tom Price has experienced the greatest growth in the number of Emergency Department presentations across all West Pilbara facilities. This is particularly evident during the tourist seasons and is linked to the increased promotion and popularity of the Karajini National Park as a tourist destination. The increased number of tourists visiting the Karajini and the Tom Price area seeking outdoor 'adventure' style activities has resulted in increased incidents/accidents involving tourists with a range of trauma requiring an ED presentation. The acuity of people presenting to Tom Price's Emergency Department is also increasing.

The total activity in 2009/10 reflects an average of ten patients presenting to Tom Price ED per day.

Table 13: Tom Price Hospital: Emergency Department activity, by triage category (2007/08 – 2009/10)

Facility	Number of presentations			% change
	2007/08	2008/09	2009/10	
Triage 1 and 2	141	243	194	38%
Triage 3	552	733	663	20%
Triage 4	1780	1955	1703	-4%
Triage 5	1103	952	959	-13%
Total	3576	3883	3519	-2%

Source: HCARE and TOPAS via Data Warehouse, WACHS online data pivot accessed 8 March 2011

Paraburdoo

The GP clinic at Paraburdoo is located on the hospital site.

There is currently one ED bay and one resuscitation bay.

Although there was an increase in the number of presentations to Paraburdoo Hospital's Emergency Department between 2007/08 and 2008/09, the total number of presentations declined in 2009/10.

The total activity in 2009/10 reflects an average of four to five patients presenting to Paraburdoo ED per day.

Table 14: Paraburdoo Hospital Emergency Department activity, by triage category (2006/07 – 2008/09)

Facility	Number of presentations			% change
	2007/08	2008/09	2009/10	
Triage 1 and 2	70	80	61	-13%
Triage 3	286	269	201	-30%
Triage 4	731	633	772	6%
Triage 5	787	1037	673	-14%
Total	1874	2019	1707	-9%

Source: HCARE and TOPAS via Data Warehouse, WACHS online data pivot accessed 8 March 2011

Aboriginal Population ED Activity

The breakdown of ED activity relating to Aboriginal and non-Aboriginal people is presented below. In recent years Aboriginal people accounted for approximately 20 and 13 percent of ED presentations at Tom Price and Paraburdoo Hospitals respectively.

Table 15: Tom Price & Paraburdoo ED OOS by Aboriginal Status (2009/10)

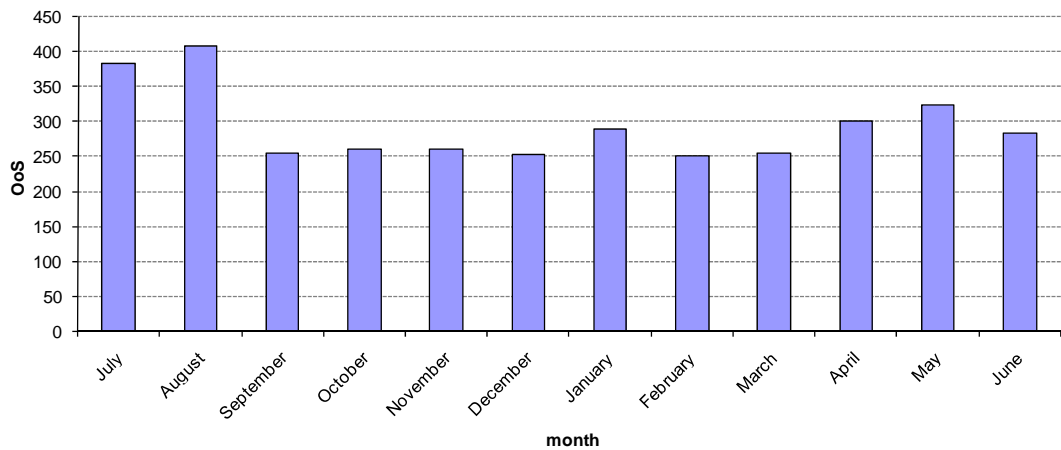
Activity	Tom Price		Paraburdoo	
	2009/10 OOS	Percentage of Total	2009/10 OOS	Percentage of Total
ATSI	700	20%	229	13%
Non ATSI	2,819	80%	1,478	87%
Total	3,519	100%	1,707	13%

Source: WACHS online ED pivot

Seasonal Variations in Demand

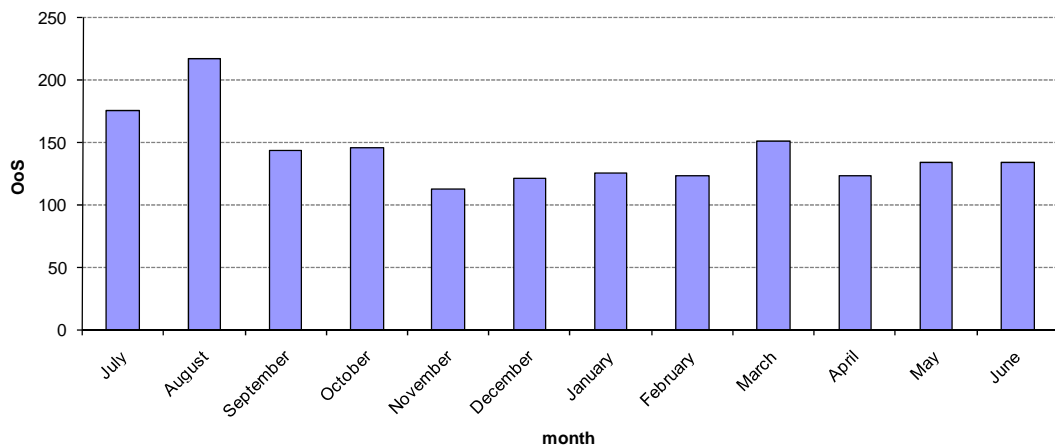
Tom Price and Paraburdoo ED activity, by month of the year, is presented in the figures below. The peak tourist season in July/August is reflected in the increase in activity over this period.

Figure 5: Tom Price ED OOS by month, 2009/10



Source: WACHS online ED pivot

Figure 6: Paraburdoo ED OOS by month, 2009/10



Source: WACHS online ED pivot

5.3.2 Future Service Profile

The WACHS Area Office modeling for projected ED activity at Tom Price and Paraburdoo is outlined in the following table:

Table 16: Projected demand for Emergency Department Services, Tom Price (2011/12 - 2021/22)

Hospital	2011/12	2016/17	2021/22
Tom Price	5852	6810	8120
Paraburdoo	1332	1010	3196

Source: WACHS Area Office. ED 2010 Demand Modelling, series B+ Heuris base

This data is based on historical activity, projected to reflect forecast population growth and demographic trends (as based on the updated projections developed by Heuris Partners in March 2010). It is acknowledged that these activity projections do not take into account future changes to the model of service delivery, including the potential to reduce demand on acute care services through community based programs.

5.4. Clinical Support Services

Clinical Support Services for Tom Price and Paraburdoo are outlined below.

Service	Current Service Model
Medical Imaging	X-ray, ultrasound and OPG (oral XRay) services are available at Tom Price. An X-ray service only is available at Paraburdoo. Patients are referred to NBH or Perth for CT; to Perth for MRI and PET scans and to the mobile BreastScreen WA service or Perth medical imaging services for mammography.
Pharmacy	Pharmacy Services are coordinated under a regional model with two regional pharmacists based at the Hedland Health Campus. Pharmacy supplies at Tom Price and Paraburdoo are managed by on-site nursing staff.
Pathology	Specimen collection at both sites is undertaken by nursing staff and sent to Perth laboratories under the coordination of PathWest in Hedland. This referral arrangement is due to the availability and efficiency of transportation (via air, daily), when compared to the transportation options between Tom Price/Paraburdoo and the PathWest laboratories in the West Pilbara Health District.

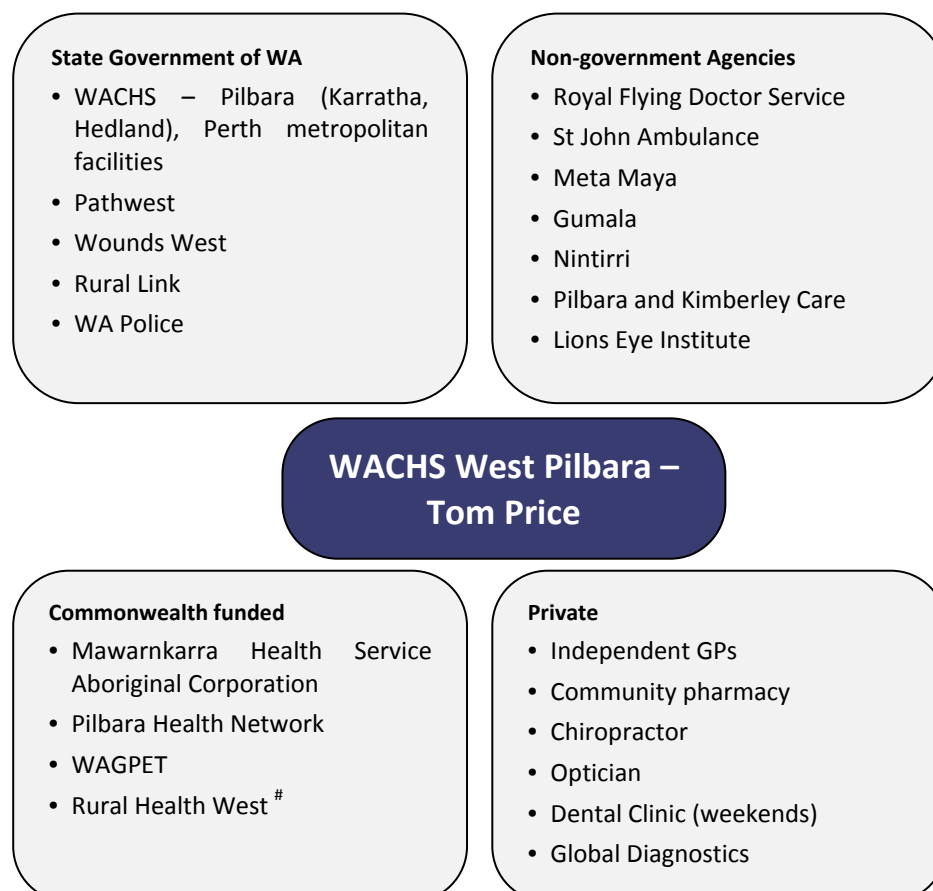
5.5. Non-Clinical Services

Corporate services including human resources, finance, ICT, supply, engineering and maintenance are coordinated within a regional model from Hedland.

Service	Current Service Model
Engineering and Maintenance	Facility Maintenance is undertaken ‘in-house’ through WACHS staff based in Karratha or through locally employed handypersons
Medical Records	Tom Price and Paraburdoo store and manage their medical records with archived medical records stored in Perth.
Catering	Tom Price has a fresh cook kitchen on site. Meals are usually cooked, frozen and reheated when required. Due to the occupancy rate at Paraburdoo Hospital, frozen meals are provided by Tom Price Hospital or purchased locally.
Linen	Tom Price operates an in-house laundry service which also supplies Paraburdoo Hospital.

5.6. Health Partners

Figure 7: WACHS West Pilbara – Tom Price health partners



Rural Health West is also part funded by the State Government of WA.

Ambulance Service

A volunteer St John ambulance service is in place in Tom Price however it is reported that there is a lack of volunteers.

In Paraburdoo ambulance services are provided by RioTinto emergency management.

Royal Flying Doctor Service

RFDS utilise the closest airport which is 10km from Paraburdoo (70km from Tom Price).

General Practitioners

Tom Price and Paraburdoo Hospitals are supported by 2.6 FTE and 1 FTE GPs respectively who are engaged by WACHS as VMOs.

Other private practitioners

- Chiropractor - Paraburdoo
- Optician – Tom Price
- Dental clinic – operates on weekends in Tom Price (via a fly in dentist from Perth). There is no public dental service in the area.
- Orthodontist – Newman
- Chemist – Tom Price
- Global Diagnostics – provides all remote radiology reporting

Services for Aboriginal People

- Mawarnkarra Health Service Aboriginal Corporation – Aboriginal Medical service based in Roebourne.
- Meta Maya – Aboriginal Corporation providing services to remote Aboriginal communities in areas of housing management, home living skills, environmental health and essential services.
- Gumala - Aboriginal Corporation providing development programs, such as education funding, health programs, lore and culture programs, housing projects and capital works projects. Planned health projects include a mobile health clinic and a renal mobile/satellite health clinic. In addition, planning is underway for the development of an 'Elderly Complex' to provide appropriate accommodation for the Elder Members of the Gumala family.

The Pilbara Health Network

The Pilbara Health Network (formerly the Pilbara Division of GP) works collaboratively with WACHS West Pilbara to complement the work of local GPs. The Pilbara Health Network provides access to allied health services, chronic disease management programs and community health initiatives. Services provided at Tom Price and Paraburdoo include audiology, podiatry, dietetics, psychology and StandBy (suicide bereavement) Response Service. Service provision is on an outreach basis, usually delivered by allied health professionals travelling from Perth or Karratha. These services are fully funded by the Pilbara Health Network with the exception of the dietetics service which is partly funded by WACHS under a MOU as described above.

Community Based Services

- Nintirri neighbourhood centre: Women's health centre located in Tom Price
- Lions Eye Institute – provides retinal screening

Other WA Health Services

- Pilbara Community and Aged Care Services (PCACS)
- Wounds West Advisory Service - partnership between WA Health, Silver Chain and Curtin University.

KEY ISSUES: SERVICE DELIVERY PROFILE

- Under the WA Clinical Services Framework 2010-2020, Tom Price and Paraburdoo are designated as 'small hospitals' and form part of the WACHS Pilbara integrated network of services. They are supported by the Nickol Bay Hospital, as the 'hub' for health services in the West Pilbara; and Hedland Health Campus, the regional resource centre for the Pilbara region.
- A range of population health services are provided through local staff, along with a number of visiting services (including community based mental health services provided from Newman) and services delivered via telehealth (including the Pilbara Mental Health and Drug Service).

Tom Price

- Tom Price provides a 24 hour nurse led emergency service, with on call support from local GPs and an eight bed inpatient service. Tom Price hospital has a very low occupancy with only two to three beds occupied at any one time.
- The number of presentations to the Tom Price ED is projected to increase from approximately 3,500 in 2009/10 to over 7,000 by 2016/17. This is reflective of the significant population growth anticipated for the area.
- The increased number of tourists visiting the Karajini and the Tom Price area seeking outdoor 'adventure' style activities has resulted in increased incidents/accidents involving tourists with a range of trauma requiring an ED presentation. The acuity of people presenting to Tom Price's Emergency Department is also increasing.
- Given the forecast population growth will be driven by mining workers and their families it is assumed that the resulting increase in healthcare demand will be focussed on primary healthcare, Aboriginal healthcare and emergency services rather than significant increases in demand for inpatient care.

Paraburdoo

- Paraburdoo Hospital provides a two bed limited inpatient service, along with a 24 hour nurse led emergency service, with on call support from the local GP. Since 2003 the inpatient service has been restricted to patients requiring day only admission or overnight admission for observation.
- Paraburdoo is dependent on other facilities within the Pilbara region for a range of services. Tom Price Hospital provides support for ultrasound services, laundry and catering as required.
- Given minimal population growth is projected for Paraburdoo and the bulk of the population is comprised of young-middle aged workers and their families it is unlikely that demand for inpatient services will significantly increase. Instead, based on the age structure of the population it is evident that the future focus for healthcare delivery in Paraburdoo needs to be on emergency, primary health care and chronic disease management as opposed to the historical provision of inpatient care.

6. Identified Key Issues / Shortcomings

Based on an analysis of the catchment population and activity data, along with consultation with local staff, the following key issues relating to the delivery of healthcare services in the Tom Price area have been identified:

6.1. Access to Mental Health and Drug and Alcohol services

It is reported that the mental health and drug and alcohol services available to the local communities of Tom Price and Paraburdoo are inadequate. With the one resident mental health professional for the district being based 275km away in Newman, there is a lack of targeted mental health services and resident staff for these clients, who are largely managed by the local GPs. GPs report that they have difficulty managing the complex needs of these patients who often have multiple co-morbidities (mental illness and drug and alcohol).

Whilst there is no benchmark policy for Full Time Equivalent (FTE) mental health staff in WA, the WACHS Mental Health Program is developing guidelines. Across Australia, approximately 6.6 mental health FTE per 10,000 population (with a weighting for remoteness) is considered an appropriate target.

Patients presenting to Tom Price or Paraburdoo Hospitals with some mental health issues are at times difficult to manage due to a lack of appropriate facilities (there are no secure or 'safe' areas) and available expertise (only one current RN based in Tom Price has mental health training). Without appropriate facilities, patients presenting with serious mental health illness, that is challenging for the available resources to manage, are usually sedated and transferred to Perth by RFDS for specialist mental health care.

An acute mental health unit is currently being developed in Broome for residents of the Kimberley and Pilbara health regions. The patient care pathway between the new Mental Health Unit and WACHS West Pilbara are yet to be determined, however there are concerns regarding the capacity and transport from Pilbara towns to the facility. A key challenge is the lack of domestic flights from Paraburdoo to other regional centres such as Broome. If a patient was not flying RFDS or on a charter, then they would have to fly to Perth and then back to Broome for care.

Despite inadequate facilities, some planned drug and alcohol de-toxification services are provided in Tom Price Hospital by the GPs. There are no alternative locations for drug and alcohol patients in the north of WA and it is reported by the GPs that it can be difficult to access beds in Perth

6.2. Aboriginal Health

There is local acknowledgement that the existing model of healthcare delivery in Tom Price and Paraburdoo is not adequately addressing Aboriginal health issues. This is despite the relatively high proportion of inpatient and emergency service utilisation by Aboriginal people.

It was reported during staff consultation workshops, undertaken as part of the service planning process, that there was a poor uptake of services when the local GP practice attempted to establish a presence in the Aboriginal communities. Uptake of services has been made more difficult by the inability to fill the COAG funded Aboriginal Health Worker role. Without this position filled, staff have found it difficult to engage with the local Aboriginal people, resulting in very little health promotion/illness prevention services being provided. Recruitment and retention of health staff is a major challenge for the health system. See section 6.7.

For Aboriginal people living in nearby communities, the lack of public transport is an additional barrier to accessing health services.

The Mawarnkarra Health Service Aboriginal Corporation is an Aboriginal Medical Service located in Roebourne. The service receives Primary Health Care Access Program (PHCAP) funding for the delivery of chronic disease services in Tom Price and Paraburdoo. A medical clinic is provided to Wakathuni, Bellary Springs and Youngaleena Aboriginal Communities once a week, nursing services for two days per week are purchased from Pilbara and Kimberley Care (PKC) and there is a vacant trainee health worker position. The service also provides two dialysis chairs in Roebourne for patients on the home dialysis scheme. Mawarnkarra have reported difficulties in attracting staff, largely due to the lack of staff housing provided.

The need for improved support of staff working in remote areas has been reported. Staff often work in isolation and would benefit from mentoring to ensure they have a full understanding of their role in delivering safe and culturally appropriate services for the local Aboriginal people.

6.3. Access to Allied Health Services and Dental Care

It is reported that allied health services are under resourced, particularly in relation to the following:

- Social work – currently one social worker covers the entire West Pilbara District and as such there is a significant wait list for social work services. Service delivery is due to increase by 0.8 FTE within the second quarter of 2011 (see proposed increases to the Population Health FTE establishment, Figure 7).
- Dietician – a visiting service is provided through the Pilbara Health Network, however it is reported that the frequency of visits are insufficient to meet the local need.
- Speech Pathology – currently a visiting service, reported to be under resourced across Tom Price and Paraburdoo. Service delivery is due to increase by 0.8 FTE within the second quarter of 2011 (see Figure 7).
- Occupational Therapy – currently a visiting service which, again is reported to be insufficient to meet the local need. Service delivery is due to increase by 0.8 FTE within the second quarter of 2011 (see Figure 7).

Commonwealth funding, through the Rural Primary Health Services Program (RPHS), has recently become available to increase speech pathology, occupational therapy and social work services based at Tom Price/Paraburdoo. The proposed service delivery plan has been endorsed and establishment of positions will occur in the first half of 2011. Service models

will remain flexible to attract suitable candidates including a fly-in/fly-out roster of two weeks on / two weeks off.

For dental care, patients who can, travel to Newman to access public dental services. A private dentist operates in Tom Price on weekends only.

Based on the forecast population growth for the Ashburton Shire and the likely impact that this will have on demand for primary healthcare services, it is anticipated that the requirements for allied health and dental services in the area will continue to increase.

6.4. Regional transport issues impacting on the accessibility of health services

Staff and patient road transport within the Pilbara region

The Karratha to Tom Price access road has large sections that are unsealed and not suitable for standard two wheel drive government vehicles. Staff and residents must travel between the two towns indirectly, taking the road toward Newman prior to turning back towards Karratha. This is a major issue that impacts directly on the accessibility of services for local residents and the ease of staff movement between facilities within the region.

It is estimated that once the road is sealed the travel time between towns will reduce from approximately three and a half hours or six hours (taking the unsealed road or indirect route respectively) to approximately two and a half hours.

Patients transferring to hub services (Karratha, Hedland) via RFDS

There are poor public transport options for patients and their partners/families returning home from Karratha and Hedland following evacuation by RFDS. As all commercial planes hub to Perth, flights are costly and involve lengthy travel times. This often makes it difficult for families to accompany patients.

As well as the cost associated with airfares, there are usually no affordable accommodation options for partners/families at the hub location.

The Patient Assisted Travel Scheme (PATS) provides subsidies for travel and accommodation costs associated with accessing medical specialist services. A number of issues relating to the scheme have been raised including complexities in completing the application process and frequent delays in patients receiving reimbursements, leading to patients being out of pocket for long periods, often for high cost flights.

Local resident transport

There is no public transport in the Tom Price and Paraburdoo area and therefore health consumers without access to vehicles, or HACC support for transport are often unable to attend local appointments. This is a pertinent issue for many Aboriginal people, young mothers, elderly and those living with a disability who are often isolated and unable to access transport readily.

It is reported that the fuel supply at the local private garage in Tom Price is regularly low, thus occasionally impacting on the planned or urgent travel of local residents and health service staff.

6.5. Emergency response and retrieval out of Tom Price

For patients requiring critical evacuation out of Tom Price patients must be flown out of the closest airport which is 70km toward Paraburdoo. There was previously a landing strip on the town border however it is no longer operational.

A shortage of St John ambulance volunteers in Tom Price is reported.

6.6. Increasing demand – forecast population for Tom Price and Ashburton Shire

Significant population expansion is forecast for Tom Price due to anticipated ongoing growth in the mining and resource industries. The Heuris Partners report (March 2010), commissioned by the Pilbara Industry's Community Council, projects the Tom Price resident population to grow from 2,700 residents at the time of the 2006 Census, to over 4,700 residents by 2015. In addition to this there is anticipated to be a significant number of FIFO and construction workers that will be drawing on different levels and types of services in the town. It is projected that by 2015 there will be over 8,800 FIFO workers and 2,500 construction workers employed within the Shire of Ashburton (excluding Onslow).

Given the forecast population growth in Tom Price will be driven by mining workers and their families as well as addressing poor Aboriginal health outcomes, it is assumed that the resulting increase in healthcare demand and need will be focussed on primary healthcare and emergency services rather than significant increases in demand for inpatient care.

In line with recent trends, it is also anticipated that significant growth in the FIFO workforce will result in increased demand for mental health and alcohol and drug services, particularly for counselling services. WACHS staff have reported the need for improved industry awareness of the impact of social isolation on both the FIFO workers and their families.

6.7. Workforce issues

There are a range of challenges facing staff, and those managing staff, working in a remote setting:

Maintaining clinical skills / training opportunities

Healthcare workers must be multi-skilled to respond to a range of patient presentations. Skills therefore need to be maintained, however it is difficult maintaining competencies when they are not used frequently.

Although regular training is often difficult due to inadequate staff cover and transport issues, staff at Tom Price and Paraburdoo have acknowledged that education programs are improving.

Staffing for low inpatient patient volumes

Staffing for the low levels of inpatient activity at Tom Price and Paraburdoo is inefficient, associated with potentially higher risk of a clinical incident (due to low volumes of activity), and may be detrimental to staff recruitment and retention due to a perception of a lack of professional support and inpatient activity/business.

Staffing afterhours, which includes one RN with PCA support, is reported to be problematic due to the layout of the hospital that effectively separates the emergency area from the inpatients area. As such, when the RN is required to manage patients in ED they are potentially unable to effectively respond to inpatient demand/ call bells.

Attracting and retaining staff to work in remote areas

Delivering a sustainable health service in Tom Price and Paraburdoo will be dependent on the ability to attract and retain the full range of health service staff and visiting specialists. As outlined above there are a number of key services areas, including mental health, Aboriginal health and allied health, which are identified as being under resourced. Staff and local health partners have identified the following factors relating to workforce sustainability in the area:

- remoteness of the West Pilbara towns;
- available health service housing for medical and nursing staff;
- quality of existing housing;
- shared accommodation arrangements;
- availability of private and public transport options;
- housing proximity to the workplace (in the absence of transport); and
- attractiveness of salaries offered in the health sector when compared to the local mining and energy sector.

6.8. Communication between agencies

Local staff have reported that communication between the range of agencies involved in the delivery of healthcare services in Tom Price and Paraburdoo could be improved. For example, retinal screening is undertaken through the Lions Eye Institute and also a service offered through BHP. However these local and state services do not communicate as to when and how the services are provided.

The lack of communication between agencies needs to be addressed to minimise service gaps and inefficiencies through duplication of services.

6.9. Facility shortcomings

A 2010 building condition audit of Tom Price and Paraburdoo Hospitals (undertaken by GHD consultants) identifies a number of site services that are not compliant with current standards or that are nearing the end of their economic life at both sites. A number of building fabric defects are also reported at both the Tom Price and Paraburdoo sites that require further investigation and potentially affect the building future use or suitability for refurbishment.

In addition to this, there are number of facility issues that are impacting directly on service delivery and the ability to implement contemporary models of care.

The following issues have been identified:

Tom Price

- Inadequate hospital security– staff are unable to lockdown the hospital due to the current hospital design. This is a potential risk for health workers and patients, particularly after hours when staffing numbers are reduced.
- Undesirable flow of people traffic through the hospital.
- Poor signage / way finding – visitors attend reception for queries regarding services and directions.
- The layout of ED bays can lead to problems maintaining patient confidentiality.
- Lack of a suitable ED waiting area.
- Distance between ED and inpatient area.
- Possible building subsidence

Paraburdoo

- Inadequate hospital security as outlined for Tom Price.
- Hospital is no longer appropriate for its needs – it is too large for its current requirements, there are a number of empty, unsafe rooms that have poor security and the distance between emergency and inpatient areas is excessive.
- There is limited capacity to safely manage entry and egress from the facility.
- Inadequate waiting areas and poor patient confidentiality in ED, no patient triage area.
- Ceiling in the disused theatre is in disrepair.
- Defects in the integrity of the slab floor and resulting subsidence require rectification.

6.10. Private General Practice Clinics

The Tom Price and Paraburdoo Private GP Clinic has recently been sold. Despite the sale, it is reported by health services that the stability of GP services, as with many rural communities, remains fragile.

The Rural Doctors Association of Australia (RDAA) has identified that rural and remote Australia is significantly underserved in relation to GPs. The following table provides a summary of the ratio of GPs to population across different geographic areas within Australia.

Table 17: National Figures for GPs (FTE) per 100,000 population

Geographic Area	Ratio of GPs per 100,000 population
Major cities	97.0 GPs per 100,000 population
Inner regional	83.1 GPs per 100,000 population
Outer regional	74.2 GPs per 100,000 population
Remote	68.2 GPs per 100,000 population
Very remote	47.1 GPs per 100,000 population

Source: Australian Government Department of Health and Ageing (DoHA), 2008. Report on the Audit of Health Workforce in Rural and Regional Australia, April 2008.

Based on the Heuris Partners estimated resident population for Tom Price and Paraburdoo of approximately 5,300 residents in 2010, the current number of GPs (2.6 FTE in Tom Price and 1FTE in Paraburdoo) provides an equivalent ratio of approximately 68 GPs per 100,000 residents. This is similar to the national figure for remote areas in Australia. It is however acknowledged, that the ratio will be lower should the FIFO and construction workforce, that also access GP services, was included in the total estimated population.

7. Proposed Service Reform Strategies

The issues outlined in Section 6 and the consultation processes that have occurred to date between WACHS Pilbara staff and the local community have informed the development of a number of key service delivery strategies for the Tom Price and Paraburdoo area.

These strategies acknowledge that the future focus of healthcare delivery at Tom Price and Paraburdoo will be on primary health care and emergency services. Services will need to expand and adapt to the anticipated growth and changing needs of the local community.

7.1. Provide a targeted local Aboriginal health service

The need to develop and support Aboriginal health workers is a key direction for the delivery of healthcare services in Tom Price and Paraburdoo. Given previous difficulties in recruiting and retaining Aboriginal Health Workers, it will be necessary to target and mentor individual local Aboriginal people so that they can work with their people, through a 'Grow Your Own' type of approach. Effectively this would mean that local Aboriginal people are recruited and supported by the local health service.

One of the overarching strategies for improving the health status of the Aboriginal community across the Pilbara region is to promote Aboriginal focused early intervention and preventative community and outreach services as culturally sensitive alternatives to hospital based care, however consideration should also be given to the management of sub-acute services such as chronic disease management, including renal disease.

WACHS will need to work closely with the Mawarnkarra Aboriginal Medical Service in delivering these services to ensure that roles and responsibilities are clearly defined and that services are delivered in a coordinated fashion and without duplication.

Along with support for Aboriginal health workers, key elements of the approach to managing Aboriginal peoples' needs include cultural respect, recognition of the need to value the local sense of place, appropriate staff cultural training (orientation and ongoing), appropriate range of health workers (male and female) creating a welcoming environment, and the provision of appropriate, cultural signage and way finding.

This approach must extend across the local area, including all resident WACHS services, visiting services, HACC agencies and other external health partners.

7.2. Deliver an appropriate and accessible mental health service

The need to provide an appropriate resident mental health service in Tom Price and Paraburdoo is critical. It is proposed that the Regional health service explore how best to create a position for a full time mental health clinician to be based in Tom Price/Paraburdoo as per the FTE benchmark guidelines. Working collaboratively with the Population Health team, a resident mental health service should focus on illness prevention and health promotion, and provide a counselling service.

7.3. Increase and enhance Primary Health services

One of the key service delivery directions for the Pilbara Region is to provide a seamless continuum of care to the local community. As outlined above there needs to be an emphasis on the provision of health promotion, chronic disease management and prevention, and population health services that target local health issues and are culturally appropriate.

It is proposed that the following range of primary, community and population health services will be provided at Tom Price and Paraburdoo either based in the respective towns or on a visiting basis. Access to consulting rooms for visiting services will be required.

Table 18: Primary Health Services

Primary Health, Community and Population Health Services	
<ul style="list-style-type: none"> • Specialist outpatient clinics 	<ul style="list-style-type: none"> • GP Service (GP clinic to remain onsite at Paraburdoo)
<ul style="list-style-type: none"> • Public allied health services 	<ul style="list-style-type: none"> • Public allied health services
<ul style="list-style-type: none"> • Community mental health and drug and alcohol services 	<ul style="list-style-type: none"> • Child and maternal health
<ul style="list-style-type: none"> • Public dental services 	<ul style="list-style-type: none"> • Health play group (child health screening by multidisciplinary team)
<ul style="list-style-type: none"> • Ambulatory health care services 	<ul style="list-style-type: none"> • Youth Health
<ul style="list-style-type: none"> • Chronic disease (including renal disease) management in partnership with the Aboriginal Medical Service Roebourne 	<ul style="list-style-type: none"> • Health play group (child health screening by multidisciplinary team) including health play group for Aboriginal families
<ul style="list-style-type: none"> • Illness prevention and health promotion programmes 	<ul style="list-style-type: none"> • School health
<ul style="list-style-type: none"> • Child and maternal health 	<ul style="list-style-type: none"> • Men's health
<ul style="list-style-type: none"> • Sexual health 	

It was reported during staff consultation workshops, as part of the development of the service plan, that clinical staff delivering primary health services are under resourced and not able to meet the current level of demand and health need. There is also a lack of Aboriginal Liaison Officers and Aboriginal Health Workers. Recent endorsement of Commonwealth Rural Primary Health Service (RPHS) funding has been received to increase speech pathology, occupational therapy and social work services based at Tom Price/Paraburdoo. Service models will remain flexible to attract suitable candidates including a fly-in/fly-out roster of two weeks on / one week off or residential based. These positions are proposed to be established by June 2011.

A review of both the current and projected future resource requirements for the services outlined above will be essential to ensure that the healthcare needs of the rapidly expanding population are met. Communication with health partners providing primary health services, including the Pilbara Health Network, will be essential to ensure an appropriate range of services are

available to the local community and to avoid any duplication of service provision.

7.4. Reorientate inpatient services across Tom Price and Paraburdoo Hospitals

It is proposed that inpatient services continue to be provided at Tom Price Hospital to enable care to be delivered closer to home, improved access for patients to family and social networks and to facilitate an appropriate discharge planning process with the aim of preventing readmission. Inpatient services identified as being appropriate for delivery at Tom Price include:

- step down beds (post acute recovery);
- post natal transfer from Hedland or Karratha; and
- general observation admissions as per the hospital role delineated status.

Given the proximity between the towns of Tom Price and Paraburdoo, it is suggested that inpatient resources in Paraburdoo are reviewed and consideration be given to how best to use these resources across the two sites. The aim will be to provide an enhanced, safe and more efficient primary care service for both sites, with improved professional support for local resident staff.

7.5. Develop partnerships with external stakeholders and health partners to address transport issues

Provision of an appropriate level of public transport

It is envisaged that the provision of a frequent and efficient patient transport system to and from Karratha will greatly enhance the West Pilbara Health Networks' model of service delivery. Improved transport will facilitate the efficient flow of patients through the West Pilbara region and ensure each patient is managed in an appropriate setting.

Improve road access between Tom Price and Karratha

Sealing of the road between Tom Price and Karratha is a high priority to minimise the travel time and increase the road safety between the two towns. Whilst this is not a WACHS responsibility it is acknowledged that this issue directly impacts on the accessibility of services and the efficiency of the Health Network model.

Minimise travel and accommodation costs for patients and families

An improved level of public transport within the local area will enable patients to more easily access health services.

To improve the efficiency of the Patient Assisted Transport Scheme (PATS) it is proposed that education of staff and the community is provided regarding the level of assistance provided and the required application process.

7.6. Improve emergency response and retrieval capabilities

If RFDS planes were able to land at Tom Price it would improve the speed and safety of patient transfers, improve access to RFDS doctors and nurses by health service staff and most likely improve the clinical outcomes for those patients requiring critical evacuation.

Although the operation of RFDS airstrips is not a WACHS responsibility, it is acknowledged that should the Tom Price airstrip be made operational again it would greatly improve the efficiency of patient transfers. This would be particularly advantageous given the industry growth forecast for Tom Price, as opposed to Paraburdoo which is anticipated to remain relatively stable.

7.7. Focus on ensuring workforce sustainability

Workforce planning for the area is part of the overall WACHS Pilbara workforce planning process. Some of the specific strategies identified for the region to address this critical issue include:

- Ensure a range of staff and visiting specialist accommodation is available for both permanent and temporary staff.
- Build the capacity of Aboriginal health initiatives in the Inland Pilbara Health District by attracting and retaining positions and leadership roles for Aboriginal people.
- Develop employment arrangements that support the introduction of flexible service models such as mobile clinical teams.
- Extend the use of Telehealth to increase remote access to specialist services for staff support and education.
- A commitment to redesign workflows and change skill mix as needed to better align available staff skills with patient needs.
- Develop a workforce culture and environment that supports innovation and continuous improvement.
- Ensure state of the art ICT facilities are developed to enhance staff training and staff retention and support improved access to a range of clinical services.
- Ensure efficient transport systems are developed for temporary staff to utilise – in and out of work hours.

7.8. Address facility issues

In addition to the structural improvements required, a number of facility enhancements are proposed for Tom Price hospital:

- Improve security of the facility for staff and patients.
- Enhance the design of the facility to control the entry and flow of people around the facilities.
- Improve the functionality of ED, in particular the ability to manage multiple trauma.
- Improve signage and way finding.

Improving the level of security for patients and staff at Paraburdoo Hospital is also a high priority

These issues will be considered as part of an overall review of capital redevelopment priorities across the Pilbara region.

7.9. Utilise ICT to link service providers working across large geographical distances

ICT initiatives to improve service delivery in remote areas

The use of ICT to improve the communication interface between healthcare services (including private and non-government sectors) is particularly relevant to the Pilbara region where large geographical distances exist between hospitals and service providers are often working remotely within the community. The provision for the development of electronic medical records advanced networking capabilities; wireless messaging; and system integration for rural areas will greatly assist in improving access to information and communication between providers.

The use of a shared medical record between all service providers is particularly relevant for managing patients with chronic disease who usually present to a number of clinicians and who are often unable to provide updates on their progress, including changes to medication and the outcome of recent medical tests.

In addition to the above, ICT enhancements are viewed as a method of attracting and retaining staff to a safe and appealing work environment.

Future directions for clinical Telehealth services

Tom Price and Paraburdoo Hospitals currently utilise Telehealth facilities for the delivery of Pilbara Mental Health and Drug Services, a number of outpatient services and for staff meeting and education purposes. It is anticipated that the use of Telehealth services across the State, including the Inland Pilbara District, will grow significantly in future years to provide improved access and efficiency of health services delivered within hospitals, the community and the home.

In October 2010 WA Health launched the 'Connecting Health' infrastructure, an internal video bridging service, which aims to improve videoconferencing technology, enable partnering with other health providers such as Aboriginal Medical Services, GPs and home based services, the ability to stream and record education events and facilitate a move toward desktop videoconferencing.

Along with greater use of videoconferencing, WA Health will be able to utilise a range of technologies (including mobile technologies such as phones and tablet computers, and home monitoring) to deliver high quality and safe clinical service models within and across Area Health Services. This will provide the following benefits:

- efficient and cost effective service delivery 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

- improved collaboration and communication between health care providers.

SUMMARY OF KEY SERVICE DELIVERY STRATEGIES

- Provide a targeted local Aboriginal health service
- Deliver an appropriate and accessible mental health service for local residents
- Increase and enhance primary health services
- Reorientate inpatient services across Tom Price and Paraburdoo Hospitals to improve safety, efficiency and quality of service
- Develop partnerships with external stakeholders and health partners to address local transport issues and improve access to health services
- Improve emergency response and retrieval capabilities, including the capacity of the ED to manage multiple trauma
- Focus on ensuring workforce sustainability
- Address facility issues
- Utilise state of the art ICT and telehealth facilities as major enablers, supporting improved access to a range of clinical services delivered remotely to the health campus.

8. Appendices

8.1. Staffing Profile for Tom Price and Paraburdoo

	Tom Price FTE	Paraburdoo FTE
Hospital Services		
Nursing	10.00	6.64
Admin	1.56	0.68
Medical Support	1.29	-
Support Services	7.70	5.78
SUB TOTAL	20.55	13.10
Population Health		
Community Health Generalist Nurse	1.00	-
Child Health Nurse	0.84	100
School Health Nurse	1.00	-
Physiotherapist	2.00	-
Allied Health Assistant	1.00	-
Aboriginal Health Worker	1.00	
<i>Allied Health Assistant (proposed)</i>	<i>1.00</i>	
<i>Speech Pathologist (proposed)</i>		<i>0.80</i>
<i>Occupational Therapist (proposed)</i>		<i>0.80</i>
<i>Social Worker (proposed)</i>	<i>0.80</i>	
SUB TOTAL (including proposed FTE)	8.64	2.60

8.2. Health and Wellbeing Surveillance System West Pilbara Health District (adults aged 16 years and over), Jan 2005 to Sept 2007

	West Pilbara				Western Australia			Significant differences from Western Australia		
	Prevalence Estimate (%)			Estimated Pop'n (no.)	Prevalence Estimate (%)			Female	Male	Persons
	Female	Male	Persons	Persons^	Female	Male	Persons			
Health Enhancing Behaviours - adults 16 years and over										
Currently smokes	23.3	27.1	25.5	4477	15.6	18.3	16.9	Higher	Higher	Higher
Does not eat two or more serves of fruit daily	51.1	57.3	54.6	9601	43.9	53.1	48.5	Higher	-	Higher
Does not eat five or more serves of vegetables daily	85.6	87.1	86.4	15201	81.0	84.5	82.8	-	-	Higher
Drinks at risky/high risk levels for long-term harm (a)	10.9	12.7	11.9	2101	5.8	7.6	6.8	Higher	Higher	Higher
Drinks at risky/high risk levels for short-term harm (b)	22.9	25.0	24.1	4247	13.4	14.2	13.8	Higher	Higher	Higher
Insufficient physical activity (c) (16 to 64 years)	48.4	56.9	53.1	9109	53.8	51.3	52.5	-	-	-
Risk Factors - adults 16 years and over										
Current high blood pressure (25 years and over)	9.8	17.4	14.2	2087	18.6	18.4	18.5	Lower	-	Lower
Current high cholesterol (25 years and over)	13.0	13.4	13.3	1955	18.0	20.2	19.1	-	Lower	Lower
Overweight	27.0	48.4	39.1	6881	26.1	43.1	34.7	-	-	-
Obese	15.7	24.1	20.5	3599	17.4	16.6	17.0	-	Higher	-
High or very high psychological distress	11.2	3.9	7.1	1253	9.7	6.7	8.2	-	-	-
Lack of control over life in general (d)	4.5	2.6	3.4	600	4.2	3.6	3.9	-	-	-
Prevalence of National Health Priority Area Health Conditions and Injury										
Diabetes (16 years and over)	3.5	3.4	3.4	603	5.7	5.6	5.7	-	-	Lower
Heart disease (25 years and over)	1.8	3.4	2.7	401	5.6	8.8	7.2	Lower	Lower	Lower
Cancer (25 years and over)	3.5	2.5	3.0	438	7.1	6.0	6.6	Lower	Lower	Lower
Current Asthma (16 years and over)	10.6	7.3	8.8	1540	12.1	8.0	10.1	-	-	-
Current respiratory problem (e) (16 years and over)	1.4	1.5	1.5	255	1.8	2.4	2.1	-	-	-
Stroke (25 years and over)	0.8	1.8	1.4	203	1.7	2.4	2.1	-	-	-
Arthritis (25 years and over)	16.1	14.3	15.1	2226	28.5	21.0	24.8	Lower	Lower	Lower
Osteoporosis (25 years and over)	6.1	1.4	3.4	496	8.5	2.7	5.6	-	-	Lower
Injury (f) (16 years and over)	22.7	33.4	28.7	5055	17.7	27.7	22.7	Higher	-	Higher
Current mental health problem (g) (16 years and over)	16.9	4.2	9.8	1717	14.8	8.0	11.4	-	Lower	-

	West Pilbara				Western Australia			Significant differences from Western Australia		
	Prevalence Estimate (%)			Estimated Pop'n (no.)	Prevalence Estimate (%)			Female	Male	Persons
	Female	Male	Persons	Persons^	Female	Male	Persons			
Health Service Utilisation in the last 12 months - adults 16 years and over										
Used a primary health care service (h)	88.7	81.2	84.5	14865	91.4	85.6	88.5	-	-	Lower
Used a dental health care service	46.5	39.4	42.5	7477	53.0	47.6	50.3	Lower	Lower	Lower
Used a mental health care service (i)	8.2	4.3	6.0	1054	6.6	3.9	5.2	-	-	-
Used an allied health care service (j)	49.9	47.9	48.8	8577	51.7	44.5	48.1	-	-	-
Used a hospital based health care service (k)	31.1	29.3	30.1	5292	26.1	24.4	25.2	-	-	Higher
Used an alternative health care service (l)	10.1	6.0	7.8	1375	12.3	6.5	9.4	-	-	-
Mean visits to primary health care service (h)	4.9	3.0	3.8	N/A	5.3	3.7	4.5	-	Lower	Lower
Mean visits to dental health care service	1.0	0.8	0.9	N/A	1.1	0.9	1.0	-	-	Lower
Mean visits to mental health care service (i)	0.5	0.3	0.4	N/A	0.4	0.2	0.3	-	-	-
Mean visits to allied health care service (j)	2.2	2.2	2.2	N/A	3.3	2.1	2.7	Lower	-	-
Mean visits to hospital based health care service (k)	0.7	0.7	0.7	N/A	0.5	0.5	0.5	-	-	-
Mean visits to alternative health care service (l)	0.5	0.2	0.4	N/A	0.7	0.4	0.5	-	-	-

^ Estimated population refers to the estimated number of people with the particular risk factor/condition. It is derived by multiplying the Estimated Resident Population by the persons prevalence estimate.

(a) As a proportion of respondents who reported drinking alcohol. Drinks more than 4 standard drinks per day for males (29 or more per week) and more than 2 standard drinks per day for females (15 or more per week).

(b) As a proportion of respondents who reported drinking alcohol. Drinks 7 or more standard drinks per day for males and 5 or more standard drinks per day for females.

(c) Did not do 150 minutes or more of moderate activity over five or more sessions.

(d) Often or always feels a lack of control over life in general.

(e) Respiratory problem other than asthma that has lasted 6 months or more.

(f) Injury in the last 12 months requiring treatment from a health professional.

(g) Diagnosed with depression, anxiety, stress-related or other mental health problem in the past 12 months.

(h) e.g. medical specialist, general practitioner, community health centre, community or district nurses.

(i) e.g. psychiatrist, psychologist or counsellor.

(j) e.g. optician, physiotherapist, chiropractor, podiatrist, dietitian, nutritionist, occupational therapist, diabetes/other health educator.

(k) e.g. overnight stay, accident and emergency department or outpatients.

(l) e.g. acupuncturist, naturopath, homeopath or any other alternative health service.

Source: *Epidemiology Branch and WACHS (2008, p. 7-8).*

8.3. Inpatient Activity by SRG – Tom Price and Paraburdoo Hospitals

Table: Tom Price and Paraburdoo Hospitals: Clinical activity By SRG (2007/08 – 2009/10)

(NOTE – data is combined to protect patient confidentiality as the numbers are very small)

SRG name	Tom Price			Paraburdoo		
	2007/08	2008/09	2009/10	2007/08	2008/09	2009/10
Non Subspecialty						
Medicine	20	40	68	9	8	12
Non Subspecialty						
Surgery	45	54	64	13	23	11
Respiratory						
Medicine	23	44	46	<5	6	13
Cardiology	34	54	41	16	7	17
Gastroenterology	21	21	37	<5	12	8
Orthopaedics	27	36	37	<5	12	10
Obstetrics	22	25	21	16	7	6
Neurology	12	18	20	<5	13	8
Drug and Alcohol	14	9	19	<5	<5	8
Psychiatry - Acute	17	18	17	5	<5	5
Immunology and						
Infections	33	30	13	<5	7	<5
Urology	5	9	10	<5	<5	<5
Other	81	92	77	17	23	26
Total	349	441	460	96	124	128

Source: ATS pivot sep detail 2006_07 to current as at extract 4-2-2011

Unqualified neonates and boarders excluded

8.4. Summary: Commonwealth and Western Australian State Government Policies for WA Country Health Service Planning



Summary of National and State Government Policies for WA Country Health Service Planning

Working together for a healthier country WA

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1 OVERVIEW

The purpose of this document is to summarise the key Commonwealth Government and Western Australian (WA) State Government policies that inform the way the *WA Country Health Service (WACHS)* delivers services to rural and remote areas of Western Australia.

These policies aim to reform health services to meet future demands and provide the strategic direction for service development at a local level. Overall, the policies acknowledge that meeting future demand is not purely about increasing staff numbers and bed capacity of health facilities. Meeting demand also requires reconfiguring service delivery across the continuum of care with consideration to population demographics, epidemiology, technology and medical advancements.

The policies highlighted in this document include:

- National Health Reform Agreement;
- National Indigenous Reform Agreement;
- National Strategic Framework for Aboriginal and Torres Strait Islander Health 2003-2013;
- National Primary Health Care Strategy;
- WA Local Health Networks
- WA Health Clinical Service Framework 2010 – 2020;
- WA Health Activity Purchasing Intentions 2010 - 2011;
- WA Health Strategic Intent 2010-2015;
- WA Health Network Policies and Models of Care (*various*);
- WA Health, Greening Health, Building and Renovations;
- WA Health Telehealth Strategic Direction (*yet to be published*);
- WA Primary Health Care Strategy (*under development*)
- Strategic Policy and Key Directions for Mental Health in Western Australia 2011-2020 (*under development*);
- WA Suicide Prevention Strategy 2009 – 2013;
- Putting the Public First: Partnering with the Community and Business to Deliver Outcomes;
- WACHS Strategic Plan, Revitalising Country Health Service 2009-2012;
- Operational Plan 2010/11 WA Country Health Service;
- Primary Health Reform in Country WA 2010 - 2012;
- Aboriginal Employment Strategy 2010 – 2014;
- WACHS Mental Health Strategic Directions (2010); and
- WACHS ICT Strategy

A description of each of these policies is provided in the following pages.

2 COMMONWEALTH GOVERNMENT POLICY

2.1 National Health Reform Agreement

In April 2010, the Council of Australian Governments (COAG), with the exception of Western Australia, agreed to a range of health reform initiatives to be implemented under the *National Health and Hospitals Network (NHHN)*. In February 2011, COAG agreed to a revised range of initiatives to be implemented under the National Health Reform Agreement.

The revised range of initiatives, as documented in the paper *Heads of Agreement – National Health Reform* were agreed to by all parties and formed the basis of negotiations leading to the development of a new National Health Reform Agreement.

On the 2nd August 2011 the National Health Reform Agreement was signed between the Commonwealth and *all* States and Territories.

The key aim of the National Health Reform Agreement is to deliver a nationally unified and locally controlled health system that will ensure future generations of Australians enjoy world class, universally accessible health care through:

- introducing new financial arrangements for the Commonwealth and States to share equally the costs of growth in the public health system;
- confirming the State's role as system managers for public hospital services including:
 - system-wide public hospital service planning and performance,
 - purchasing of public hospital services,
 - planning, funding and delivering capital, and
 - planning, funding (with the Commonwealth) and delivering teaching, research and training;
- confirming the State's lead role in public health;
- acknowledging the Commonwealth's lead role in delivering primary health care reform to enable patients to receive the care they need when and where they need it – and in doing so, take pressure off public hospitals; and
- affirming the Medicare principles, high level service delivery principles and objectives, outcomes, outputs and measures agreed by COAG in 2008.

The following key principles underpinning the implementation of the reform are supported in delivering WACHS services to rural and remote areas:

- an effective health system that meets the health needs of the community requires coordination between hospital care, GP and primary health care and aged care to minimise service duplication and fragmentation;
- Australians should be able to access transparent and nationally comparable performance data and information on hospitals, GPs and primary care, aged care services and other health services;
- governments should continue to support diversity and innovation in the health system, as a crucial mechanism to achieve better outcomes;
- these reforms should be delivered with no net increase in bureaucracy across Commonwealth and state and territory governments, as a proportion of the ongoing health workforce;
- all Australians should have equitable access to high quality health care, including those living in regional and remote areas; and
- Australia's health system should promote social inclusion and reduce disadvantage, especially for Aboriginal Australians.

The Heads of Agreement – National Health Reform can be viewed at: www.coag.gov.au/coag_meeting_outcomes/2011-02-13/index.cfm?CFID=1346501&CFTOKEN=10935147

2.2 COAG National Indigenous Reform Agreement

In 2008, COAG agreed to a *National Indigenous Reform Agreement* focussing on six key targets, as outlined in the figure 1 below. In support of this work, COAG has agreed to the \$1.6 billion *National Partnership Agreement (NPA)* on *Closing the Gap in Indigenous Health Outcomes*.

Figure 1: Council of Australian Governments National Indigenous Reform Agreement



Source: Department of Indigenous Affairs

The Agreement is centred on five priority areas: tackling smoking; providing a healthy transition to adulthood; making Indigenous health everyone's business; delivering effective primary health care services; and better coordinating the patient journey through the health system.

The Commonwealth's contribution is an \$805.5 million over 4 years (\$117.4M for WA) *Indigenous Chronic Disease Package*, which provides:

- significant new funding for preventative health;
- support and funding for more coordinated and patient-focused primary health care in both Aboriginal Community Controlled health services and mainstream general practice; and
- an expanded Indigenous health workforce.

Go to www.health.gov.au/tackling-chronic-disease for more detailed information about the package.

Western Australia is investing \$117.4M over 4 years (*tackling smoking \$6.9M; providing a healthy transition to adulthood \$44.78M; making Indigenous health everyone's business \$9.78M; delivering effective primary health care services \$35.35M; and better coordinating the patient journey through the health system \$20.58M*).

Healthy Transition to Adulthood funding has been divided between two initiatives:

- Initiative 1 is a \$22.3M investment in *Social and Emotional Well-being Services* and *Primary Care* for Aboriginal people to provide early intervention; youth engagement; sexual health; education; men's health; women's health; and drug and alcohol awareness. Mental health problems being addressed under this initiative will include - depression and anxiety, alcohol and substance abuse, and self-harming behaviour experienced at a personal and community level.
- Initiative 2 provides \$22.47M to the WA Mental Health Commission for the establishment of a *Statewide Specialist Aboriginal Mental Health Service* for Aboriginal people with serious mental illness or mental disorder such as, schizophrenia and bipolar disorders.

The National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes can be viewed at

www.federalfinancialrelations.gov.au/content/national_partnership_agreements/indigenous/closing_the_gap/Closing_the_Gap_indigenous_health_outcomes.pdf

2.3 National Strategic Framework for Aboriginal and Torres Strait Islander Health 2003-2013

In 2003 the Commonwealth Government released a strategic framework for Indigenous health to 2013 with the following three aims:

- increase life expectancy to a level comparable with non-Indigenous Australians;
- decrease mortality rates in the first year of life and decrease infant morbidity; and
- strengthen the service infrastructure essential to improving access by Aboriginal and Torres Strait Islander peoples to health services.

Following a 2006 progress report, the Commonwealth Department of Health and Ageing, developed the *Australian Government Implementation Plan (2007-2013)* which identified the following priority areas of focus:

- smoking, nutrition, alcohol, physical activity, overweight and obesity;
- chronic disease management (including uptake of Medicare health checks);
- access to primary health care (including mainstream GPs) and secondary/tertiary care;
- sexually transmissible infections (including HIV) and blood borne viruses;
- oral health;
- social and emotional well-being (including substance use and mental health);
- urban areas (accessibility, appropriateness and affordability of health services); and
- health determinants – education, employment, economic development, housing and environmental conditions.

2.4 Building a 21st Century Primary Health Care System – Australia's First National Primary Health Strategy

In 2010 the Commonwealth Government released the first National Primary Health Care Strategy, providing a national road map to guide future primary health care policy and planning in Australia. It sets out key priority areas and essential building blocks that need to be in place to provide the foundation for an integrated high performing primary health care system fit for the future.

The Strategy takes a broad view of comprehensive primary health care, extending beyond the 'general practice' focus of traditional Australian Government responsibility. It includes

consideration of services which until now have been predominantly the responsibility of the states and territories, and those services entirely delivered through private providers, including those supported by private health insurance.

The Strategy identifies the following **Five Key Building Blocks** that are considered essential system-wide underpinnings for a responsive and integrated primary health care system for the 21st century:

- Regional integration
- Information and technology, including eHealth
- Skilled workforce
- Infrastructure
- Financing and system performance

Drawing from these are the following **Four Priority Areas for Change**:

- Improving access and reducing inequity
- Better management of chronic conditions
- Increasing the focus on prevention
- Improving quality, safety, performance and accountability

These key priority areas have been identified through consultations as the areas where change is most needed to set up the system of the future.

Actions in all four key priority areas are underpinned by the five key building blocks and are linked to key reform initiatives being implemented under the Australian Government's health reform agenda.

Building a 21st Century Primary Health Care System – Australia's First National Primary Health Strategy can be viewed at:

www.health.gov.au/internet/yourhealth/publishing.nsf/Content/report-primaryhealth

3 WA HEALTH POLICIES

3.1 Roll out of 2011 National Health Reform in WA - Formation of WA Local Health Networks and Medicare Locals

Local Hospital Networks and Medicare Locals, are fundamental elements of the Commonwealth Government's National Health and Hospitals Network which will build on the strengths of the current health system, while encouraging more locally responsive and flexible services, better supporting health practitioners and patients, and improving integration and accountability across the system.

Local Health Networks

On the 2nd August 2011 the National Health Reform Agreement was signed between the Commonwealth and all States and Territories. In response to this new agreement the WA Minister for Health announced the formation of five new Local Health Networks (LHNs) which will replace the existing Area Health Services:

- North Metropolitan
- South Metropolitan
- Child and Adolescent (metropolitan)

- Northern (Country - Kimberley, Pilbara, Midwest and Goldfields) and
- Southern (Country - South West, Wheatbelt and the Great Southern)

Each LHN will have a Governing Council appointed by the Minister for Health and made up of community members and clinicians representing a broad range of interests, skills and experience. The Governing Councils support the Minister for Health by taking responsibility through the LHN Chief Executive Officer (CEO) for defined governance functions, including local service planning; performance monitoring and evaluation; and engagement with community and clinical stakeholders. Day to day management of each LHN will be carried out by the LHN CEO, who will work to Governing Councils and to the Director General of Health to deliver responsive, accountable, quality health services. A single CEO will administer both of the country LHNs.

The introduction of LHNs will not remove the regional structure for WACHS. There will still be seven regions, each with a Regional Director. District Health Advisory Councils will continue to function to ensure communities have a strong voice and engagement with local health service planning and delivery. Community input will be enhanced by direct linkages between the District Health Advisory Councils and LHN Governing Councils.

Medicare Locals

The Australian Government has committed to establishing, from 1 July 2011 Medicare Locals, a network of primary health care organisations funded by the Commonwealth to be the general practice and primary health care partners of the LHNs. Their role is broadly to commission (purchase) and plan for primary health care services and engage communities and stakeholders in these processes. They may provide services if there is no alternative. Medicare Locals will support health professionals to provide more co-ordinated care, while maintaining the important role of general practice in the primary health care sector. Medicare Locals are designed to facilitate improved service access and encourage greater integration between the primary health care, hospital and aged care sectors. Improvement in primary health care is critical to improving the overall health care system.

Western Australian Medicare Locals announced at July 2011 include:

- Perth North Metro (Joondalup, Wanneroo and most of Stirling LGA)
- Country South West (SW Health Alliance)

Proposed Medicare Locals include:

- Kimberley – Pilbara
- Goldfields – Midwest
- Fremantle
- East Metro
- Rockingham – Kwinana – Peel
- Bentley - Armadale

While many Medicare Locals are evolving from current high functioning Divisions of General Practice, a major point of difference is that Medicare Locals have a broadened primary health care focus beyond general practitioners.

3.2 Health Activity Purchasing Intentions 2010-2011

The terms *Activity Based Funding (ABF)* and *Activity Based Management (ABM)* relate to the way the health service is funded by Government.

ABF means that health service providers will be funded on the basis of expected activity. Previously, health services in WA have been funded largely on a historical basis. Activity is everything that we do for, with and to consumers, residents, clients and their families and carers.

ABM is the way WA Health will plan, budget, allocate and manage activity and financial resources to deliver safe high quality health services for the WA community. It will ensure that the community, clinicians, public servants and Government can access the information they need to make decisions about how and where we deliver healthcare across WA.

Western Australia's ABF system commenced operation on 1 July 2010, with the introduction of a basic system for inpatient and emergency department activity. Over time, Activity Based Funding will be extended to every aspect of the WA public health system.

For further information go to: www.health.wa.gov.au/activity/home/

The COAG recently agreed to commence ABF nationally in July 2012.

The National Agreement can be viewed at: www.coag.gov.au/coag_meeting_outcomes/2011-02-13/docs/communique_attachment_20110213.pdf

3.3 WA Health Clinical Services Framework 2010-2020

Service and facility planning should align with the new *WA Health Clinical Services Framework 2010-2020* and the latest demand modelling that underpins and informs the Framework which projects future demand based on ABS Series B+ population projections. The framework:

- describes the role delineation for metropolitan and WACHS hospitals (excluding WACHS small hospitals);
- defines the projected bed numbers for metropolitan and WACHS hospitals to 2021 (excluding WACHS small hospitals); and
- outlines additional National, State and bi-lateral policies pertinent to service and facility planning in WA.

The Framework clearly defines the role delineation of services to be delivered at WACHS regional resource centres and integrated district hospitals. The services to be delivered at small hospitals are not included in the Framework.

3.4 WA Health Networks

Health Networks in WA were established after a major review of health services in 2003 with the aim of enabling a new focus across all clinical disciplines towards prevention of illness and injury and maintenance of health.

The major functions of Health Networks are to plan and develop:

- Models of Care;
- evidence based policy and practice;
- statewide clinical governance;
- transformational leadership and engagement; and
- strategic partnerships.

The Models of Care provide the potential to bring about vast improvements in the support available to clinicians and specialists and in the coordination of patient treatment across the State and within regional areas.

Network membership is drawn from key stakeholders and clinical experts from within Western Australia. WACHS, including the representatives from the regional areas, is actively involved in the establishment of these clinical networks.

For further information and an outline of the key networks and models of care, go to www.healthnetworks.health.wa.gov.au/home/.

3.5 WA Health Strategic Intent 2010-2015

The WA Health Strategic Intent document outlines the vision, mission and values for WA Health and WACHS. The Strategic Intent aims to improve, promote and protect the health of Western Australians by:

- Caring for individuals and the community;
- Caring for those who need it most;
- Making best use of funds and resources; and
- Supporting our team.

Refer to www.health.wa.gov.au/about/strategicintent.cfm

3.6 WA Health, Greening Health, Building and Renovations, (2010)

WA Health is committed to developing health services and capital projects in the most environmentally safe and energy efficient way to assist to address climate change issues and support actions to reduce health's environmental footprint. This includes a focus on how hospital waste is managed, general recycling, strategies for sustainable procurement and using best practice research to develop 'healthy hospitals, health planet and healthy people'.

WA health employees can view additional information on the WA Health Intranet site, http://greeninghealth/1/31/2/building_and_renovations.pm

The World Health Organisation (WHO) website contains more information. Go to www.who.int/globalchange/publications/healthcare_settings/en/index.html

3.7 WA Health Telehealth Strategic Directions (under development)

WACHS is finalising the strategic directions for a Statewide Telehealth service. The aim is to provide patient care that links smaller hospitals, health services, Integrated District Health Campuses and Regional Health Campuses (or 'hub' hospitals) across the regions/districts and to other health services. This would include electronic linkages to tertiary hospital outpatient and emergency departments, pre-admission clinics and other service providers, such as the Royal Flying Doctor Service or the St John Ambulance service.

The fully operational Telehealth service will improve patient access to care, reduce patient waiting times for treatment, reduce the costs of providing treatment, dramatically reduce patient travel times for outpatient care, reduce rural and remote health service staff 'road' travelling time and optimally provide the enabling technology to ensure 24/7 critical medical/clinical advice and support is provided to small rural and remote settings when it is needed in real time.

A Telehealth service will also be used for staff training, professional supervision and to reduce staff road travel time to attend a range of corporate and administrative meetings.

A key component of a Telehealth service will include supporting health service staff through the workplace and workforce changes required to introduce the new technology/systems.

Any Telehealth service will include 'state of the art' Telehealth equipment and expertise including electronic booking systems and patient to clinician linkage/communication systems. Examples of equipment could include:

- mobile telehealth units designed and purpose built to be used at the patient bedside, known as practitioner carts. They can include a high definition telehealth video system, digital stethoscope, electronic sphygmomanometer and image sharing. A range of peripheral medical devices such as scopes can be added if/as required. This 'practitioner cart' technology will be used to conduct a 'ward round' moving from patient to patient. It can also provide long distance patient monitoring for critically ill patients, with a specialist providing support and guidance via telehealth technology to the clinician at the bedside.
- Videoconference technology for 1:1 clinical consultations between clinicians and patients in Ambulatory Health Care facilities. Specialists from tertiary facilities or in other parts of the region will be able to provide support and guidance via telehealth technology to the clinician with the patient.
- Videoconference machines, that are fixed units, will provide high definition two way audio and video transmission. This will mean that multiple sites can be connected together or multiple sites could present and transmit to up to 30 multiple venues at one time. Multidisciplinary clinical case reviews will be conducted using this videoconference technology allowing for professional groups across multiple sites to participate in clinical review.
- Education and training sessions will be delivered to rural sites using videoconference technology. These will be delivered from specialist or tertiary facilities to training rooms and lecture theatres in the remote rural settings. By use of data projection in these facilities, in the rural setting, interactive real time large screen presentations and education sessions will be conducted.
- Telehealth technology may be used to provide electronic patient monitoring direct from the patients home to the health service.

3.8 Western Australian Primary Health Care Strategy (*under development*)

In the context of primary health care, WA Health has three important roles: (1) providing primary health care services; (2) partnering with other primary health care providers to promote a seamless transition of care; and (3) facilitate quality health service delivery. WA Health also has key statutory responsibilities for health services delivery in the state.

WA Health does not currently have a policy framework or clear description of its role in primary health care in WA. In April 2011 WA Health released the *WA Primary Health Care Strategy: Consultation Document* (the '*Strategy*'). The purpose of the Strategy is to describe the role of WA Health within primary health care in WA and provide a policy framework for WA Health to undertake statewide reform initiatives, in partnership with all primary health care stakeholders.

The Strategy aligns with the five key reform areas of the Commonwealth Government's National Primary Health Care Strategy (1. regional integration; 2. information technology and eHealth; 3. skilled workforce; 4. Infrastructure; and 5. financing and system performance) and includes the following four additional reform areas for particular focus within primary health care in WA:

- Aboriginal health
- aged care
- mental health and drug and alcohol
- maternal and child health.

The Strategy proposes over 80 strategies to achieve results across the nine key reform areas.

For further information go to www.healthnetworks.health.wa.gov.au/network/future.cfm

4 OTHER WA GOVERNMENT POLICIES

4.1 Strategic Policy and Key Directions for Mental Health in Western Australia 2011-2020 (*under development*)

The WA Mental Health Commission was established in March 2010 as a separate department of State reporting to the Minister for Mental Health. This model, the first of its kind in Australia, enables the Commission to have both the mandate and the resources to lead reforms of the mental health system throughout the State.

In 2011, the Mental Health Commission will be launching its first strategic document, *Strategic Policy and Key Directions for Mental Health in Western Australia 2011-2020*. This document, which will outline the future intentions for mental health reform in WA, is based on a process of consultation with the community and key stakeholders, along with feedback received on the draft WA mental health policy *WA Mental Health Towards 2020* (distributed for feedback in July 2010).

For further information go to www.mentalhealth.wa.gov.au/Initiatives_and_Projects/towards_2020.aspx

4.2 Western Australian Suicide Prevention Strategy 2009 – 2013

The WA Government has developed a comprehensive suicide prevention strategy with a particular emphasis on: young people; young men; Aboriginal people and; people who live in rural and regional Western Australia.

The WA Suicide Prevention Strategy is aligned with the National Suicide Prevention Strategy: Living is for Everyone (LIFE). It provides a framework and governance structure to guide initiatives in WA for the future. Suicide prevention is everybody's business and demands a comprehensive approach from Governments and the community.

The WA Suicide Prevention Strategy can be downloaded at www.mentalhealth.wa.gov.au/Libraries/pdf_docs/WA_Suicide_Prevention_Strategy.sflb.ashx

The WA Government has committed \$13M over 4 years to implement the Strategy. Centrecare was appointed in 2010 to attract support across sectors and work with individual communities, government, non-government and corporate agencies across WA to facilitate a coordinated agency and local response to communities experiencing early signs of a suicide crisis. Centrecare will implement initiatives to increase awareness, coordinate training, research and evaluation of suicide prevention strategies.

More information about the Centrecare initiative, known as one-life, can be found at www.mcsp.org.au/one-life-strategy.html

4.3 Putting the Public First: Partnering with the Community and Business to Deliver Outcomes

The Economic Audit Committee was established in October 2008 in fulfilment of an election commitment of the Liberal-National Government. The purpose of the Economic Audit Committee was to conduct a wide-ranging review of the operational and financial performance of the WA public sector.

The Committee's final report – Putting the Public First: Partnering with the Community and Business to Deliver Outcomes – was released in October 2009. This report contains 43 recommendations directed toward achieving the vision of a more collaborative and innovative public sector. More specifically the Committee envisaged that in five to ten years:

- the Government will be supported by frank and well-informed advice;
- collaboration will be a standard approach;

- community and public sector organisations will be genuine partners in the delivery of human services;
- people will have greater opportunities to exercise choice and control over how services are designed and delivered; and
- above all, outcomes achieved for all Western Australians will be among the best in the nation and will continually improve.

The report calls for a consistent transformation where more and more community services delivered by government are provided through the non-government sector.

The full report and updates on the implementation can be found at www.dpc.wa.gov.au/Publications/EconomicAuditReport/Pages/Default.aspx

5 WA COUNTRY HEALTH SERVICE POLICIES

5.1 Revitalising WA Country Health Service (2009-2012)

The Strategic Plan outlines four revitalising directions that will underpin how WACHS will seek to improve the health of country Western Australians over the next three years. The revitalising directions include:

1. **A fair share for country health.** Securing a fair share of resources and being accountable for their use.
2. **Service delivery according to need.** Improving service access based on need and improving health outcomes.
3. **'Closing the Gap' to improve Aboriginal health.** Improving the health of Aboriginal people.
4. **Workforce Stability and Excellence.** Building a skilled workforce and a safe and supportive workplace.

The initiatives proposed in WACHS regional and district service plans align with these proposed four directions.

The strategic plan can be viewed at www.wacountry.health.wa.gov.au/uploaddocs/booklet%20final.pdf

5.2 Operational Plan 2010/11 WA Country Health Service

Building on the *Revitalising WA Country Health Service 2009-2012* and other WACHS strategic planning documents, this operational plan provides a summary of the 13 Revitalising prioritised actions/projects, plus five additional organisational priorities.

The Operational plan identifies the project sponsor and support for each action.

Operational Plan Revitalising Prioritised Actions
<ol style="list-style-type: none"> 1. Improve services to Aboriginal communities and boost Aboriginal employment opportunities. 2. Strengthen and improve access to ED services. 3. Revitalise community and stakeholder partnerships and communication. 4. Introduce new models of care that improve services and the health and well being of country people. 5. Link alcohol, drug and mental health services and strengthen prevention and mental health promotion. 6. Work with communities so that health and hospital services match health needs. 7. Improve access of communities in rural and remote WA to primary health care services. 8. Improve country aged care services. 9. Develop a financial resource model to improve funding of country health services. 10. Develop a secure electronic clinical information system, Telehealth and e-health. 11. Stabilise and skill the workforce, and provide a safe and supportive workplace. 12. Establish the WA Centre for Country Health Service Research and Education. 13. Develop the WACHS permanent employees housing accommodation strategy.
Additional Organisational Priorities
<ol style="list-style-type: none"> 1. Implement pharmacy reform. 2. Improve patient safety and quality. 3. Strengthen financial management, information and reporting. 4. Develop and implement a WACHS strategic information management plan. 5. Progress priority capital developments and the service plans that inform them, and capital transition plans.

5.3 Primary Health Reform in Country WA 2010-2012

The draft document, *Primary Health Reform in Country WA 2010-2012*, outlines a proposal to reform the way in which primary health care services are funded and delivered in rural and remote WA.

The paper reports that the current models of funding and delivering primary health care services are failing rural and remote communities, leading to poorer health outcomes, extensive service inefficiency and fragmentation, ineffective use of public hospitals and inadequate funding for primary health care. New approaches are therefore required that address the barriers of multiple funders and providers and increase primary health care resources in communities where they are most needed.

A six-point Country Primary Health Plan, consistent with the intentions outlined in the National Health and Hospital Reform Commission, has been developed. The Plan, outlined below, is based on joint funding, evidence based regional planning, multi-disciplinary teams providing coordinated services across the care continuum and improved community to hospital linkage and care.

Six Point Country Primary Health Plan:

- Two different regional funding models for the north and south of the State.
- A strong governance and engagement framework.
- Workforce development and reform.
- Integrated service models suited to regional needs.
- Better use of technology and E-health.
- Addressing six key health priorities through primary health care. The six health priorities are maternal and child health; chronic disease primary mental health; communicable disease; environmental health; dental health and aged care.

5.4 Aboriginal Employment Strategy 2010-2014

Developed to deliver the vision for Aboriginal health in the WACHS, the *Aboriginal Employment Strategy 2010 – 2014* works to 'improve health outcomes for Aboriginal people by providing culturally respectful and competent services throughout the WACHS'.

Employment of Aboriginal people in the health sector is seen as a key way to deliver this vision, providing not just work for Aboriginal people, but also other benefits that include improvements in individual's and the broader Aboriginal communities sense of self esteem and worth, plus improve Aboriginal peoples access to health services by assisting to bridge the cultural differences between Aboriginal people and the mainstream health service.

Five priority areas for action have been identified.

1. Increase employment opportunities to attract and retain Aboriginal staff, including the shaping of an Aboriginal health workforce profile across all professions, occupations and regions to one that better matches that of the Aboriginal client group.
2. Focus on workforce skill development to include a variety of skill level entry points for Aboriginal employees and opportunity for Aboriginal employees to develop new skills through professional training and leadership development.
3. Develop a workforce culture and environment that supports the employment and retention of Aboriginal people by developing a workplace culture that is culturally respectful and secure for Aboriginal employees.
4. Redesign the workforce to enable employment and new work roles by developing new roles and workplace design.
5. Plan for workforce needs and evaluation of initiatives by ensuring all workforce strategies are evidence based and best practice.

To measure the effectiveness of this strategy WACHS will:

- see an increase in the number of Aboriginal people employed by 2014;
- see an increase in the number of Aboriginal people employed across all occupational groups;
- see an increase in the tenure of employment of Aboriginal people within WACHS;
- have an Aboriginal employment and career development strategy in all regions; and
- implement a WA Health Aboriginal and Midwifery Strategy across WA.

5.5 WACHS Mental Health Strategic Directions (2010)

This paper is seen as an initial stage in the alignment of the State and National mental health services planning across the WACHS, projecting strategies to be developed out to 2020. The paper identifies the key priorities areas for service development, focussing on the continuum of care. Key priorities have been developed for immediate, short term and longer term actions and include:

Immediate (2010 - 2011)

- commence development of comprehensive mental health service regional planning that aligns with the 4th National Mental Health Plan;
- commence planning for Statewide Clinical Services Enhancement Programme (SCSEP) to support service development;
- establish an Aboriginal mental health service;
- develop a policy direction for dual diagnosis patients; and
- commence mental health workforce planning for the Infant, Child, Adolescent and Youth Mental Health Services (ICAYMHS).

Intermediate (2011- 2013)

- development of a comprehensive mental health workforce plan;
- evaluate older adult sub-acute programme to inform the development of older adult mental health programme to 2020;
- implement service models for emergency mental health services
- develop service models for rehabilitation and early intervention services
- improve the utilisation of mental health data in planning

Long Term (2013 onwards)

- implement previously developed MH Strategic plans for ICAYMHS, older adult mental health services, rehabilitation, early intervention and SCSE; and
- implement WACHS specific mental health research.

5.6 WACHS ICT Strategy

WACHS has developed its ICT strategy following extensive consultation with users of information and communications technology systems. Future service delivery models and facility design will need to take into account the emerging technologies and the strategic ICT directions as these are a key enabler of service delivery.

The key objectives of the ICT strategy are:

1. Align ICT systems and infrastructure with WACHS clinical and business needs.
2. To improve the ICT function with regional health care at their base.

In general WACHS is planning for wireless and Local Area Network (LAN) systems connected to new fibre optic communications systems. The ICT system across WACHS will be capable of transmitting CT scans and other test results to a tertiary ICU 'hub' facility and maintain the integrity of the high quality images.

Video conferencing facilities will be provided and require ISDN lines and connection to the LAN.

Dual flat screen computers will be provided in the acute clinical areas to enable efficient use of the Picture Archiving and Communication System (PACS) images.

Personal Computers (PCs) will continue to be provided in ergonomically designed office areas. Efforts will be made to maximise both flexible work options and maximum capacity for desk top cabling. Over time, all offices will have flat screens for computers.

Data Linkage

Outcome data and statistical data will need to be exported to tertiary 'hub' facilities and regional centres using the WA Health Morbidity System as well as other State registers and data collection systems.

Health Information Network

The WA Health Department's Health Information Network (HIN) must be involved in all ICT planning for any capital planning project across WACHS. This will include HIN preparing a project needs analysis that will be considered as part of the facility planning for any project.

6 SERVICE PLANNING IMPLICATIONS

All WACHS regional and district service plans will need to assess the implications of the above policies to local planning. Specifically, service planning should:

- Determine the overall service delivery models for clinical services at each site in line with their role delineation as described in the *WA Health Clinical Services Framework 2010 - 2020*.
- Consider the development of Activity Based Funding management strategies.
- Align service planning and facility planning with the four directions of the WACHS *Revitalising Country Health Service (2009 – 2012) Strategic Plan (2009)* and other strategic policies outlined in this document.
- Promote the development of culturally appropriate service delivery models.
- Promote coordination between hospital care, GP, primary health care, mental health care and aged care to facilitate the provision of a seamless continuum of care where service duplication and fragmentation are avoided.
- Develop and facilitate strategic and service delivery partnerships.
- Considers the development of ambulatory care services, illness prevention and health promotion strategies to address local health needs and issues.
- Focus on workforce development and reform, including strategies for increasing Aboriginal workforce participation.
- Focus on improving the health status and access to services for local Aboriginal people and disadvantaged groups.
- Consider the use of Telehealth and e-health technologies for service delivery, specialist consultation and advice, and education and peer support.
- Ensure planning considers the directions highlighted in the WACHS ICT Strategy.