

Wheatbelt Regional Health Services Summary Report

October 2019

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1.0 Introduction

Throughout regional Australia there are commonly a number of issues and barriers in the provision of health care services in local communities. The shortage and/or lack of adequate staffing at nursing posts in regional areas has been an ongoing issue for many years. The Parliament of Australia Senate Standing Committee on Community Affairs launched an inquiry into the nurse shortages and the impact on health services in 2002. The report noted that workforce planning and education has been sporadic, poorly integrated and inadequate. Local regional communities also face issues with recruiting and retaining General Practitioners (GP's) which is particularly concerning in emergency situations. It is acknowledged that some WA Local Governments are contributing to the wages of the GP or nurse as a way of securing this service in their location. This includes either a partial or full responsibility for funding the service. Some Local Governments are also providing doctors and nurses with other incentives including accommodation, vehicles and in some cases the lease to the medical centre.

Within Western Australia, the Wheatbelt region typically comprises of 42 Local Governments¹ (or 43 Local Governments if including the Shire of Boddington), covers approximately 157,000 square km of the state and contains the majority of the State's grain growing areas. Over the years Wheatbelt Local Governments have been faced with GP shortages, raising concerns through the Zones and through the North East Wheatbelt Region Organisation of Councils (NEWROC).

The purpose of this report is to provide a background to WALGA's advocacy agenda on behalf of WA Local Governments and summarise the actions moving forward for Wheatbelt Local Governments which resulted from a regional forum in the Wheatbelt requested by the NEWROC.

2.0 Background

WALGA's advocacy for improvements to regional health services began as early as 2002, when a Health Summit was held to improve the delivery of primary health care services to Western Australia's outer metropolitan, rural and regional communities. This event featured presentations from the former Minister for Health, former Director General of the Department of Health, and the former Chairman of the Australia Medical Association Council of General Practice. Over 100 participants came together to discuss issues such as the retention of GP's in regional areas, attracting volunteers, and the unifying of health services.

In May 2005 WALGA provided a submission to the Commonwealth Government's House of Representatives Committee on Health and Ageing on the Inquiry into Health Funding². A public hearing on the Inquiry into Health Funding was held in August 2006 in Perth. The Shire of Bruce Rock and the Shire of Laverton together with WALGA attended this hearing. The Shire of Bruce Rock and Shire of Laverton provided details of costs they have covered to supplement health services in their local communities.

¹ Wheatbelt Development Commission. (2019) Wheatbelt Local Governments.

<https://www.wheatbelt.wa.gov.au/our-region/local-governments/>

² Parliament of Australia. (2006). Inquiry into Health Funding.

https://www.aph.gov.au/Parliamentary_Business/Committees/House_of_Representatives_Committees?url=haa/healthfunding/report.htm

At WALGA's 2005 Annual General Meeting, the Shire of Wongan-Ballidu brought to delegates' attention that rural and regional towns continue to face difficulty in attracting and retaining GP services. The Shire sought support from the Association to work in partnership with other agencies to develop funding and political solutions to support rural GP practices.

The Association's 2005 AGM resolved:

"That WALGA recognise the acute shortages that currently and for the foreseeable future will continue to exist with respect to GPs in regional WA and accordingly they be requested, in close consultation with the Country Medical Foundation, WA Centre for Remote and Rural Medicine, WA Country Health Service and others, to identify partners, funding and political support for strategies and solutions to overcome this problem."

In October 2005 WALGA State Council considered regional health services and the following resolutions were initially made:

1. *That the acute shortages that currently and for the foreseeable future will continue to exist with respect to GPs in regional WA be recognised and that the Association work, in close consultation with the Country Medical Foundation, WA Centre for Remote and Rural Medicine, WA Country Health Service, South West Area Health Service and others, to identify partners, funding and political support for strategies and solutions to overcome this problem.*
2. *That the WA Grants Commission be asked to clarify what disability factor is applicable for Councils paying for medical staff at more than one medical location.*

In August 2005 NEWROC became aware of an Agreement between WACHS Wheatbelt and the Wheatbelt Development Commission. This agreement did not involve Local Governments and at the time NEWROC considered that neither agency had been consistent with communicating information back to Local Governments across the region. This led to a Wheatbelt Health MOU Group being established in December 2006, to be an advocacy group and to provide an avenue for Local Governments and stakeholders to work together to improve the delivery and availability of health services in the Wheatbelt. It was a partnership between the Avon Midland Country Zone, Central Country Zone and Great Eastern Country Zone; Regional Development Australia Wheatbelt; WA Country Health Service (WACHS); Wheatbelt GP Network; and the Wheatbelt Development Commission. The Wheatbelt MOU Group included an Independent Chair and initially the Zones shared administrative responsibilities of the MOU and joint meeting of parties.

The Wheatbelt Health MOU Group progressed the MOU alongside a number of actions including submissions on a number of National and State Government reviews such as the Patient Assisted Travel Scheme and the Review of Medicare Locals³. The main action was the group's contribution to the 2009 report Wheatbelt Health Planning Initiative: Report of Consultations⁴ with the Wheatbelt Development Commission. The Report is a summary of consultations conducted by MMT Consultancy Services that were held with community

³ Australian Government Department of Health. (2015). Review of Medicare Locals.

<https://www1.health.gov.au/internet/main/publishing.nsf/Content/review-medicare-locals-final-report>

⁴ MMT Consultancy Services. (2009) Wheatbelt Health Planning Initiative: Report of Community Consultations in the Wheatbelt Region, Western Australia.

https://www.wheatbelt.wa.gov.au/files/8614/0600/8011/Wheatbelt_Health_Planning_Initiative_Report_of_Consultations_August_2009.pdf

members and other stakeholders across the Wheatbelt Region during June and early July 2009. The aim of the consultations was to gather information on the future health needs of the community and to provide the community with an opportunity to identify solutions that would contribute to the development of a sustainable health system for the Wheatbelt in the future. The consultant conducted 24 community consultation meetings in 12 locations in Northam, Merredin, Narrogin, Jurien Bay, Gingin, Koorda, Moora, Beverley, Corrigin, Lake Grace, Boddington and Southern Cross. A total of 502 community members attended the community consultations. In addition, 21 written submissions were received and consultation meetings were held with 149 other stakeholders including, groups of Local Governments, GPs, health advisory groups, health providers and people involved in professional education.

While the Wheatbelt Health MOU Group was working through issues in the Wheatbelt region, NEWROC and WEROC held a Health Forum on 26 February 2008 to discuss issues concerning Wheatbelt Local Governments and to develop solutions. WALGA also held a 'General Practitioner Services to Rural and Remote Local Governments Forum' alongside the 2010 Local Government Convention and Exhibition. The forum brought together key stakeholders to discuss the GP shortage in rural and remote Western Australia.

Between 2012 and 2015 the Wheatbelt Health MOU Group continued providing updates at the Avon-Midland Zone, Central Country Zone and the Great Eastern Country Zone meetings. In June 2015 the Zones initiated a review of the purpose and relevance of the Wheatbelt Health MOU Group. In August 2015 the group was suspended until a draft revised MOU was completed, which did not eventuate.

WALGA continued advocating to the State Government on behalf of Local Governments until in May 2017 the Murchison Zone requested assistance from WALGA on the matter of staffing arrangements for Regional Health Services. The Zone noted and carried that:

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

As a result of this request, WALGA staff met with WACHS and St John Ambulance late in 2017, to ascertain levels of assistance and future opportunities from these agencies. WALGA met with key stakeholders in December 2017 to determine opportunities to tailor existing and future resources to the needs of communities. The issue was brought to the WALGA State Council's Strategic Forum in March 2018 to determine the extent of the issue for Local Governments across Western Australia.

In May 2018 WALGA conducted the Regional Health Services in Western Australia Survey of Local Governments, receiving a total of 161 responses from 91 Local Governments, representing 66% of members. Of the total 91 participating Local Governments, 31 Wheatbelt Local Governments participated in the survey as per below:

- Shire of Beverley
- Shire of Brookton
- Shire of Bruce Rock
- Shire of Chittering
- Shire of Corrigin
- Shire of Goomalling
- Shire of Kondinin
- Shire of Koorda
- Shire of Kulin
- Shire of Merredin
- Shire of Nungarin
- Shire of Quairading
- Shire of Tammin
- Shire of Toodyay
- Shire of Trayning

- Shire of Cunderdin
- Shire of Dalwallinu
- Shire of Dandaragan
- Shire of Dumbleyung
- Shire of Gingin
- Shire of Moora
- Shire of Mt Marshall
- Shire of Narembeen
- Shire of Narrogin
- Shire of Northam
- Shire of Wagin
- Shire of Wandering
- Shire of West Arthur
- Shire of Wickepin
- Shire of Wyalkatchem
- Shire of Yilgarn

The most predominant themes from WALGA's survey were:

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

A [report](#)⁵ summarising the survey and recommendations was endorsed by WALGA State Council September 2018⁶. The following recommendations were endorsed:

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

Following on from this WALGA held a half day event on 19 February 2019 with 64 participants which featured presentations from the WACHS, WA Primary Health Alliance, Rural Health West, St John Ambulance, and the Aboriginal Health Council WA. A workshop with participants was held and feedback highlighted the challenges surrounding communication with service providers, primarily WACHS, diminishing funding, volunteer burnout and access to mental health treatment. Participants provided guidance to WALGA on what they would like actioned in the coming 12 months which included local regional forums for face to face engagement and greater engagement and collaboration with WACHS. There was also a

⁵ WALGA. (2018) Regional Health Services in Western Australia: Survey of Local Governments Report. <https://walga.asn.au/getattachment/Policy-Advice-and-Advocacy/People-and-Place/Health-and-Wellbeing/WALGA-Regional-Health-Services-in-Western-Australia-Survey-of-Local-Governments-FINAL.pdf?lang=en-AU>

⁶ WALGA. (2018) WALGA State Council Minutes September 2018. <https://walga.asn.au/getattachment/8d3e6e2d-0f14-4e2c-9830-9d372e6a9a90/Full-Minutes-State-Council-7-September-2018.pdf>

request for WALGA to work with WACHS to develop an updated contact list of who to contact and what services they provide.

In May 2019 the Shire of Cue requested some assistance from WALGA to highlight the limited assistance at the Cue Nursing Post with regards to an emergency involving a staff member from the Shire. WALGA wrote to the Chief Executive Officer of WACHS, Jeffrey Moffett, to highlight the unsatisfactory nature of this event as well as requesting the consideration of an organisational chart which provides service delineation and key contact information for Local Governments.

WALGA has since met with the Aboriginal Health Council of WA (AHCWA) who are working with a number of stakeholders, including WACHS and the Department of Health, to develop a comprehensive mapping tool known as 'Mappa'⁷ which will help to provide clarity on what services are available within a community or region, when these services are open, how to access these services by transport and other important information. The AHCWA has already integrated all regional health services provided by WACHS into Mappa and will be working with Local Governments to capture any environmental health services provided. Mappa is expected to be available for public use by the middle of 2020 and WALGA anticipates this will provide a convenient way for Local Governments and their communities to understand the services which are available within the regions.

3.0 Summary of the Wheatbelt Regional Health Services Forum

The NEWROC approached WALGA to deliver a regional health event in the Wheatbelt to assist with developing proactive solutions tailored to the region with key stakeholders. On 20 September 2019 a Wheatbelt Regional Health Services Forum was held in partnership with NEWROC in Trayning. The Forum was held with key service providers and stakeholders; WACHS, St John Ambulance, WA Primary Health Alliance (WAPHA), Royal Flying Doctor Service (RFDS), Regional Development Australia (RDA) and the Hon Mia Davies MLA. There were 52 participants in this Forum (see Appendix A for attendees) and a program outlined the event proceedings (see Appendix B for program).

After being welcomed by the Chair of NEWROC, Cr Quentin Davies, a presentation was provided by Sean Conlan, Wheatbelt Regional Director of WACHS. WACHS provides services that span more than 2.5 million square kilometres making it the largest or second largest country health service in the world. WACHS have adopted a [Strategic Plan 2019-2024](#)⁸ which will guide actions moving forwards “to deliver and advance high quality care for country WA communities” according to seven strategic priorities.

Sean noted the Wheatbelt has higher rates of presentations than the State for alcohol-related hospitalisations, high blood pressure and lung cancer with lower incidences of physical activity. There have been a number of improvements to services in the Wheatbelt over the years, including the previous investment, through the Southern Inland Health Initiative (SIHI)⁹

⁷ Aboriginal Health Council of WA. (2019) Mappa. <https://www.ahcwa.org.au/mappa>

⁸ WA Country Health Service. (2019) Strategic Plan 2019-24 WA Country Health Service. http://www.wacountry.health.wa.gov.au/fileadmin/sections/publications/Publications_by_topic_type/Corporate_documents/WACHS_Strategic_Plan_2019-24.PDF

⁹ Department of Health. (2019) Southern Inland Health Initiative: Half a billion dollar investment in WA health <https://ww2.health.wa.gov.au/Improving-WA-Health/Southern-Inland-Health-Initiative>

program. SIHI saw the investment of half a billion dollars over seven years from 2011 to 2018 with \$300 million for capital works upgrades, made possible through the Royalties for Region Program. During this time there was a 58% increase in the number of GP's across the Wheatbelt, Great Southern, South West and Midwest as well as investment to upgrade and expand services in Northam, Narrogin and Merredin hospitals. An [announcement by the State Government](#)¹⁰ on 24 September 2019 has confirmed a further investment of \$8.62 million to Wheatbelt health capital works.

Sean acknowledged the issues of GP coverage and retention, particularly at Merredin Hospital. There is on-site cover by nurse practitioners and this is backed up by the emergency telehealth service (ETS). Sean also acknowledged 142 vacancies across WA of which 21 are in the Wheatbelt (at the time of the presentation). Some other key challenges as identified by WACHS included:

- Commonwealth Government's visa policy for immigrants which is impacting the number of overseas GP's coming to Australia
- An increase in GP's preferring to practice in the Perth metropolitan region
- GP's are seeking family friendly hours or to work part-time
- Increasing specialisation through medical fields e.g. orthopaedic surgeons rather than GP's
- GP's are offered financial incentives to cover 12 hour shifts
- Merredin Hospital requires 16 GP's to cover 730 shifts per year, but there are currently only six (6) GP's
- With the completion of the capital investment, energy will shift to service enhancement – this will continue to be challenging.
- Doctor/patient relationships as a key to success is suffering impact as a result of above.

WACHS also provides a number of other services including:

- Primary Health Care Demonstration Sites – developed as part of SIHI and involved sites for innovative, fit for purpose health care facilities in the Shire of Pingelly and Shire of Cunderdin¹¹
- Health Navigator to assist people with chronic conditions (In partnership with Silver Chain Group and WA Primary Health Alliance)¹²
- Chronic Condition Care Coordination Service
- Telehealth Services
- Enhanced Palliative Care
- Community Hospitals
- Midwifery Group Practice
- Psychiatric Liaison Nurse
- Aboriginal Primary Health Liaison Officer
- Regional Renal Services
- Sub-acute Care

¹⁰ Government of Western Australia Media Statement. (2019) Priority hospital maintenance blitz to help stimulate local economy. <https://www.mediastatements.wa.gov.au/Pages/McGowan/2019/09/Priority-hospital-maintenance-blitz-to-help-stimulate-local-economy.aspx>

¹¹ Department of Health. (2018) Primary Health Care Demonstration Sites. <https://ww2.health.wa.gov.au/Improving-WA-Health/Southern-Inland-Health-Initiative/Primary-Health-Care-Demonstration-Sites>

¹² Department of Health. (2019) Health Navigator. https://healthywa.wa.gov.au/Articles/F_I/Health-Navigator

- Surgical Services
- Workforce development & clinical nurse educators
- Wheatbelt Graduate Nurse Program
- Wheatbelt Initiative for Novice Nurse Development (WINND)

The State Government has also [announced a WA Country Health Service Command Centre¹³](#) which will support country clinicians in 24/7 patient care and coordination using telehealth, videoconferencing and real-time data as well as the expansion of services in 2020 such as co-ordination of patient transport requests, availability of specialist advice such as obstetrics and paediatrics, and the use of innovative technology to support patient assessment and ongoing clinical monitoring.

There were a number of questions for Sean from attendees including the following:

	Question	Answer
1	There is a lack of transport to access health services. In particular North of Koorda is very isolated and it's difficult to access NDIS or telehealth in Wyalkatchem. What is WACHS doing to address this?	WACHS acknowledged that HACC services in this area are impacted. Moving forwards the Patient Assisted Travel Scheme (PATS) is the most likely service option.
2	Are WACHS accepting nurses who are graduating through TAFE?	The focus for WACHS has been on registered nurses who graduated from universities, however they are looking to accepting graduates from TAFE providers.
3	Most St John Ambulance volunteers are over the age of 60 years old and there is a risk to the volunteer workforce. What are the solutions to attract younger volunteers?	A draft Country Ambulance Strategy¹⁴ was released for comment at the end of 2018 to address this real presenting risk. Furthermore there are recommendations sitting with the State Government currently about policy change that is required in delivering Ambulance Services, specifically the contract between Department of Health and St John Ambulance. Currently it is underpinned by a 'best endeavours' approach for country WA which is in contrast to metro service delivery. Control over the contract and the metrics may need to be considered as well as resourcing implications for example dedicated transport crews.
4	What is WACHS doing to secure appropriate housing to attract and retain GP's, nurses and medical professionals in the Wheatbelt and is WACHS	WACHS is aware of the old housing stock available and the quality and quantity being an issue for staff. WACHS mentioned that leasing appropriate homes through GROH.

¹³ Government of Western Australia Media Statement. (2019) Latest innovation in country healthcare announced. <https://www.mediastatements.wa.gov.au/Pages/McGowan/2019/10/Latest-innovation-in-country-healthcare-announced.aspx>

¹⁴ WA Country Health Service. (2019) Country Ambulance Strategy. <http://www.wacountry.health.wa.gov.au/index.php?id=986#c2675>

partnering with the Department of Housing to address this?	
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Melissa Spark, Wheatbelt A/Regional Manager, WAPHA provided an overview of their role. General practice is the cornerstone of primary healthcare as general practice teams are uniquely placed to establish the patient care pathway, from building therapeutic relationships to coordinating care received within and beyond the practice. WAPHA seek to engage and collaborate with general practice to develop and implement quality plans, services and activities that are relevant and meaningful. They also seek to work collaboratively with Wheatbelt stakeholders to assist in building the capacity and capability of the workforce and assisting with commissioning a variety of Primary Health Care services.

They have been working with the Australian Medical Association to provide scholarships (20) for Certificate IV Mental Health to upskill individuals qualifying them to deliver culturally appropriate mental health support to their communities. WAPHA have also supported local General Practice staff to undertake the Certificate IV Medical Practice Assistant so that staff are able to better support GPs and practice nurses to deliver excellent patient care.

WAPHA have partnered with Rural Health West to provide Practice Assist which provides advice and support to general practices to help enhance their sustainability, viability and to improve patient outcomes by freeing up practice owners, principals and managers to care for their patients. This service is provided free-of-charge to all general practices across Western Australia¹⁵. WAPHA also commission a range of other primary care services in the region, including:

- Primary Mental Health through Amity Health in Merredin, Moora, Northam and Narrogin
- Integrated Chronic Conditions Care and Integrated Team Care (ATSI) through Amity Health and Wheatbelt Health Network
- Drug and alcohol counselling services delivered through Holyoake
- Partnering with WACHS and Silver Chain to deliver the Health Navigator service¹⁶ to the Wheatbelt, South West and Great Southern regions to assist people with chronic conditions.

WAPHA welcomes the opportunity to collaborate with local health service partners to trial different initiatives such as the successful collaboration with WACHS in the after-hours space. After hours Primary Mental Health Emergency Department Diversion was a trial program to provide an integrated and collaborative model of care which diverts suitable patients who present at hospital emergency departments with mental health or drug related issues to appropriate primary care services in the community.

¹⁵ WA Primary Health Alliance & Rural Health West. (2019) Practice Assist. <http://www.practiceassist.com.au/>

¹⁶ Department of Health. (2019) Health Navigator. https://healthywa.wa.gov.au/Articles/F_I/Health-Navigator

There were a number of questions from attendees including the following:

	Question	Answer
1	What can be done in chronic disease prevention?	The role of the Health Promotion is very important, in the country that is not the role of PHN's. Furthermore we suggest advocating to your community to visit the local GP more regularly before there is a chronic condition diagnosis.
2	Health plans for permanent GP's is the real question.	As well as a GP there is a team of people, the receptionist and a nurse for starters. If there is consistency and continuity of these staffing profiles then this will also provide a return to health benefits for community.

Matthew Guile, Assistant Regional Manager, Wheatbelt, St John Ambulance discussed the large volumes of call-outs within the 2018/19 financial year that they manage with limited volunteer numbers. For example at the Kununoppin Sub-Centre, comprised of six branches, there is a combined approximately 333 callouts with a combined 20-30 volunteers. There are eight community paramedics and their role is to providing training sessions for volunteers, coordinator recruitment activities and can be deployed if needed. Most of these paramedics are doing 44 hour weeks and live in the region. There are three levels of St John Ambulance volunteers – a) Emergency Medical Technician (EMT) highest volunteer level expected to have advanced skills b) Emergency Medical Assistant (EMA) and c) Emergency Medical Responder (EMR) which is a new entry level and requires four skills including driving training, CPR and patient and vital skills. The challenges identified included declining volunteers, ageing population, decreased services, distance travelled, concerns with night driving and fatigue and changing technology. The opportunities however were also identified as partnering with community businesses to attract volunteers and utilising tourism to promote volunteering.

The Hon. Mia Davies MLA, Leader of The Nationals WA, provided a Parliamentary update on the discussion regarding regional health services as well as the discussion with the Federal Minister for Regional Services, Decentralisation and Local Government, Hon. Mark Coulton MP regarding visa issues regarding bringing in Doctors from overseas. Mia has been working to collect feedback from the region on Wheatbelt regional health services through a survey and this will assist her in advocating these issues in Parliament with the State Government. She acknowledged the pressing issues of workforce attraction and retention and the aged care intersection between WACHS as providers of last resort.

The local Wyalkatchem GP provided a personal account about moving to a regional town with his family and children. He has been practicing in Wyalkatchem for one year. He acknowledged there is a real issue with staffing, especially on weekends. He wants to get involved with promoting preventive health such as encouraging people to quit smoking. He also acknowledged the transition from home to residential aged care as being a challenge. He moved to Wyalkatchem to enjoy the quiet lifestyle as well as the variety and challenges he faces on a daily basis.

James Sherriff, General Manager Health Service Delivery at the RFDS highlighted working in partnership with St John Ambulance to transfer patients to a health service as quickly as possible. For every trip that RFDS provides there is one plane, one doctor, one to two nurses

who are highly specialised. The service has invested in two jets in the last 12 months, which provides a quicker transfer service for patients in emergencies. The service has been advocating to the Federal Government for more funding for the service, so that they can support and keep people in their regional communities. Although they would like to adopt technology such as using cameras on board their aircraft to communicate with medical staff on ground, they acknowledge that there is only 80% coverage by satellite so the camera signal may not work in certain areas. Drone technology is something that the service is also watching very closely. The RFDS also provide primary health services in partnership with Rural Health West through the delivery of the Rural Women's GP Service Program which started in 2015 and they have since treated approximately 1,500 female patients in the Wheatbelt. James acknowledged the need to move forward through the fragmentation of the WA health services sector by forming partnerships, collaborating and supporting WACHS.

Mandy Walker, Director Regional Development Australia, RDA discussed that aged care services in the Wheatbelt are scattered over a large area with poor coordination and there is an urgent need for reform to occur. The question of how to make service delivery more viable in the Wheatbelt is something that the RDA are considering. The RDA has been working with the Wheatbelt Development Commission. They have been advocating to the Federal Government for reform and negotiation of a deal. Mandy acknowledged that 36 of 42 Wheatbelt Local Governments have aged care plans and this provides some opportunity and viability for service providers.

4.0 Discussion of Key Themes

After the presentations a workshop was held with participants requesting them to consider four questions regarding proactive solutions moving forwards and to assist WALGA with advocacy on behalf of Wheatbelt Local Governments.

The following key responses from the workshop were captured:

1. What are the key priorities concerning your local community?

The top issues identified included:

- Retention of health staff – particularly the retention of GP's in the Wheatbelt. GP's with families need to integrate their whole family into a community. There are therefore impacting factors of social isolation, education, housing impacting on the retention of staff.
- Transport – access to health services
- Rapid decline in volunteerism – as existing St John Ambulance volunteers retire due to age, there is a concern regarding the attraction of new St John Ambulance volunteers
- Housing – the current housing in the Wheatbelt was identified as not being appropriate for staff retention.

2. What are the solutions to the issues identified?

The top solutions included:

- Review policy for Government Regional Officer Housing (GROH)
- Promote rural lifestyle to health professionals

- Engage volunteers especially younger people
- Improve understanding of how to use My Aged Care and what's available

3. What is the specific information or advocacy you would like WALGA to provide within the next 12 months?

The key actions for WALGA included the following:

- Continuing advocacy to WACHS and the State Government to improve regional health services.
- Development of a Memorandum of Understanding or a Wheatbelt strategy between Wheatbelt Local Governments and WACHS to define communication and provide direction for service provision etc.
- Support for aged care services, particularly providing information and assistance.

4. Given what you have heard today, what is one action you would like to make to improve the health service of your community?

- Improving communication and collaboration between Local Governments on common issues including input across different levels e.g. local , Zones, region wide

5.0 Recommendations

In line with WALGA's September 2018 State Council position the following will continue to be pursued by WALGA:

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

In December 2019 WALGA State Council endorsed (RESOLUTION 154.7/2019) the following additional recommendations:

That WALGA:

- Re-establishes a working group to progress a Memorandum of Understanding with Local Governments in the Wheatbelt region and the WA Country Health Service, based on the previous work by the former Wheatbelt Health MOU Group, which

- outlines communication, responsibilities and strategic priorities unique to the region; and
- Work with key service providers and stakeholders to engage with Local Government to further discuss the issues and develop solutions in the aged care services sector.

6.0 Conclusion

The NEWROC and WALGA event recognised the increase in challenges and issues arising in the health sector across the region and provided an opportunity for Local Governments in the Wheatbelt to receive vital information about health services from key health service providers and stakeholders and to discuss solutions specifically targeted to the region. The Forum has further provided key actions to assist with WALGA's advocacy moving forwards to support members in the country as well as the overall health and wellbeing of communities that Local Government serve.

7.0 Appendix A: Attendees

Wheatbelt Regional Health Services Forum

Pref First Na Last Name - Suff Position - Registrant A Company - Registrant Acco					
Active - Count: 52					
Hon	Martin	Aldridge	MLC	Member for the Agricultural Region	Member of Parliament
Ms	Kaye	Bell		Family Counsellor	Wheatbelt Agcare
Mr	Peter	Bentley		Chief Executive Officer	Shire of Goomalling
Cr	Melanie	Brown		President	Shire of Trayning
Mr	Peter	Clarke		Chief Executive Officer	Shire of Yilgarn
Cr	Rhonda	Cole		President	Shire of Narembeen
	Sean	Conlan			WA Country Health Service
	Merle	Crute			Shire of Wyalkatchem
Cr	Bernard	Daly			Shire of Cunderdin
Cr	Quentin	Davies		President	Shire of Wyalkatchem
Hon	Mia	Davies	MLA	Leader of The Nationals WA	Member of Parliament
	Kirstie	Davis		Policy Manager Community	WALGA
Ms	Taryn	Dayman		Chief Executive Officer	Shire of Wyalkatchem
Ms	Mia	Dohnt		Chief Executive Officer	Shire of Kondinin
	Matthew	Guile			St John Ambulance
	Glen	Harrington		St John Ambulance Volunteer	Shire of Wyalkatchem
Cr	Alison	Harris		Deputy President	Shire of Cunderdin
	Duncan	Henderson			Silver Chain Organisation
Mr	Stuart	Hobley		Chief Executive Officer	Shire of Cunderdin
Mrs	Karen	Horsley		Operations Manager Eastern WB	WACHS
Cr	Dianne	Kelly			Shire of Cunderdin
Cr	Doug	Kelly			Shire of Cunderdin
	Marian	Kirby		Community Member	Shire of Mt Marshall
	Wally	Knott			
	Marissa	MacDonald		Senior Policy Advisor, Community	WALGA
	Adam	Majid		Chief Executive Officer	Shire of Nungarin
Mrs	Diane	Morgan		Rural Counsellor	Wheatbeltagcare Family Counselling Support Services
	Rachael	Nightingale			Shire of Wyalkatchem
Cr	Phil	Nolan			Shire of Yilgarn
	John	Nuttall		Chief Executive Officer	Shire of Mt Marshall
Cr	Eileen	O'Connell		President	Shire of Nungarin
Cr	Romolo	Patroni	JP	EMT officer St John Ambulance	Shire of Merredin
Mr	Greg	Powell		Chief Executive Officer	Shire of Merredin
Cr	Ramesh	Rajagopalan			Shire of Bruce Rock
	Caroline	Robinson		Executive Officer	NEWROC
	Vern	Ryan			Kununoppin Hospital Health Services Group
	Betty	Ryan			Kununoppin Hospital Health Services Group
	James	Sheriff			Royal Flying Doctor Service
Mr	Darren	Simmons	JP	Chief Executive Officer	Shire of Koorda
	June	Smith			Shire of Wyalkatchem

		Melissa Spark			WA Primary Health Alliance
Cr	Mischa	Stratford			Shire of Wyalkatchem
Ms	Sandra	Sutton		Remote Area Nurse	Silver Chain Organisation
Cr	Freda	Tarr	JP	President	Shire of Trayning
Mr	James	Taylor		Chairman	Local Health Advisory Group
Cr	Julie	Thomas			Shire of Moora
Cr	Onida	Truran		President	Shire of Yilgarn
Mr	Dale	Tyler			Wyalkatchem Senior Citizens Homes Trust
	Kiristen	Twine			Wheatbelt Development Commission
Cr	Sandra	Ventris			Shire of Mukinbudin
	Mandy	Walker		Director Regional	RDA Wheatbelt Inc
Cr	Dennis	Whisson		President	Shire of Cunderdin

8.0 Appendix B: Program

Wheatbelt Regional Health Services Forum



Date: Friday, 20 September 2019
Time: 9:30am – 2:30pm (registration from 9:00am)
Venue: Trayning Sports Club, Cnr Sutherland St & Bencubbin-Kellerberrin Rd

PROGRAM

9:00am	Registration
9:30am	Welcome from the NEWROC Chair <i>Cr Quentin Davies, President, Shire of Wyalkatchem</i>
9:40am	WA Country Health Service <i>Sean Conlan, Wheatbelt Regional Director</i>
10:10am	WA Primary Health Alliance <i>Melissa Spark, Wheatbelt Regional Manager</i>
10:30am	Morning Tea
10:50am	St John Ambulance WA – Wheatbelt <i>Matthew Guile, Assistant Regional Manager, Wheatbelt</i>
11:30am	Hon Mia Davies MLA <i>Leader of the Nationals WA; Member for Central Wheatbelt</i>
11:40am	Wyalkatchem GP Perspectives
11:50am	Royal Flying Doctor Service <i>James Sherriff, General Manager Health Service Delivery</i>
12:10pm	Aged Services <i>Mandy Walker, Director Regional Development, Regional Development Australia</i>
12:30pm	Lunch
1:10pm	Workshop Discussion <i>Facilitated by WALGA Policy Manager Community, Kirstie Davis</i>
2:30pm	Close of event