



## SUBMISSION

To the Senate Enquiry into the

*Provision of general practitioner and  
related primary health services to outer  
metropolitan, rural, and regional  
Australians*

September 2021

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**Context:**

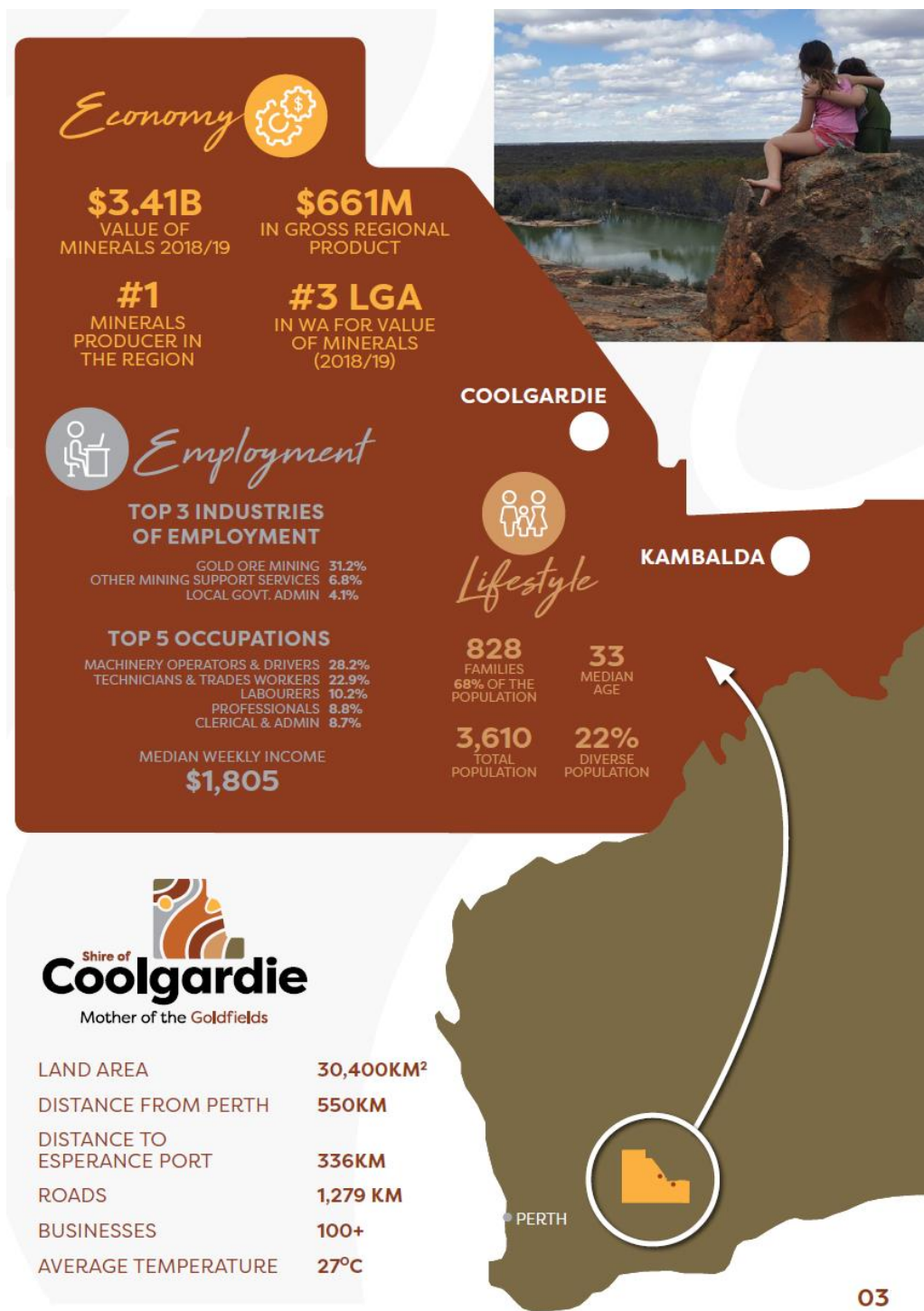
On 4 August 2021, the Senate referred an inquiry into the provision of general practitioner and related primary health services to outer metropolitan, rural, and regional Australians to the Senate Community Affairs References Committee for inquiry and report by the last sitting day in March 2022.

**SUBMISSIONS CLOSE - 30 September 2021**

**Shire of Coolgardie:**

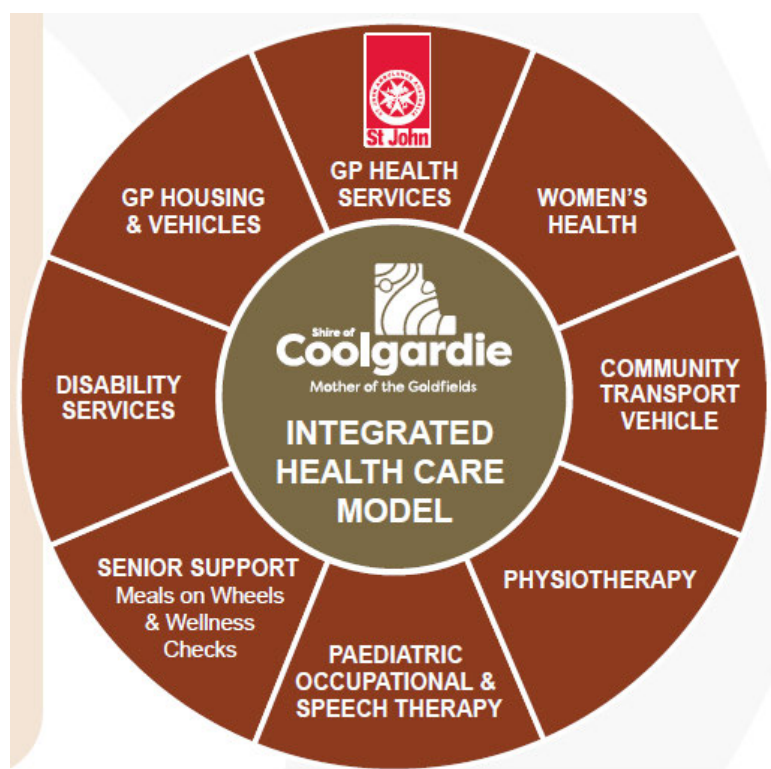
The Shire of Coolgardie is located 550 kms east of Perth in the Goldfields-Esperance region of Western Australia and covers an area of 30,400km<sup>2</sup>.

Mining is the predominant industry sector. Indeed, the Shire’s total value of all minerals produced is the highest in the Goldfields-Esperance region of WA and has increased from \$3.41 billion in 2019/20 to \$3.81 billion in 2020/21, i.e. the #1 mineral producing local government area, by value.



The Shire comprises of 3,600 residents across the towns of Coolgardie, Kambalda East, Kambalda West, Widgiemooltha and the Aboriginal community of Kurrawang. The Aboriginal population is 11.2% of the total population.

To address the significant identified health service gaps, in 2018 the Shire signed a Memorandum of Understanding (MOU) with St John WA to develop the St John Country Primary Health Care Model. Out of necessity and obvious market failure, the Shire, local mining companies, and St John WA all invested into this innovative health model (see below). The model not only addresses day-to-day health issues but coordinates care for Aboriginal Australians and people with chronic diseases. Services also include weekly GP tele-health sessions, a Community Transport Service, and an ambulance service.



To build on the St John Country Primary Health Care Model, the Shire has also entered MOUs with a range of allied-health service providers including:

- physiotherapists,
- paediatric occupational therapists,
- counselling services and
- disability services.

## Integrated Health Care Model Outcomes



### **SUPPORTING THE COMMUNITY**

- Paediatric occupational and speech therapy – 2 days per week
- Meals on Wheels program – 125 meals per week
- Wellness telephone calls to seniors – 80 per week



### **VOLUNTEER RECRUITMENT AND TRAINING**

- 20 Community Transport and Meals on Wheels Volunteers



### **CREATING LOCAL EMPLOYMENT**

- 1 General Practitioner retained
- Part-time Chronic Disease Nurse
- Full-time Medical Receptionist and Practice Manager



### **COMMUNITY TRANSPORT**

- Purchase and fit-out of a wheel-chair accessible vehicle
- Serviced 100 residents with transport by St John volunteers



### **SUSTAINABLE GENERAL PRACTICE**

- 10,000 patients (12 months)
- Diagnostic Telehealth system installed - 100 consultations per week
- GP Housing for immersion experiences secured
- 8 metro-based GPs have travelled to service Kambalda (immersion experience)



## Addressing the Terms of Reference

### **a) The current state of outer metropolitan, rural, and regional GPs and related services;**

#### **RESPONSE:**

As a result of market failure in relation to the Commonwealth and State's responsibility to deliver adequate GP and related services within the Shire of Coolgardie, the Council took the decision to support, in-kind and with funding of \$300,000 per annum, the St John Country Primary Health Care Model.

Within the Shire there are aged care facilities, schools, sporting groups and a large residential and fly-in fly-out mining population that require GP and allied medical services.

Against this backdrop of our thriving small communities, currently the town of Kambalda has only one (1) doctor for a population of 2,500 and the town of Coolgardie has no doctor for 900 residents. This puts residents at significant risk, especially those with emergency and/or acute medical needs.

Indeed in-person access to specialist services is non-existent other than the use of tele-health facilities or having to wait long periods for visiting specialists in Kalgoorlie-Boulder or having to travel 1200kms return to Perth.

The closest major population centre is the City of Kalgoorlie-Boulder, located 60kms from Kambalda and 39 kms from Coolgardie. Accessing GPs and making appointments is challenging and many of those GPs are accepting no new patients. This has a direct negative impact on the Shire and its residents.

In an attempt to address the disparity in rural and remote WA, the WA Country Health Service has developed new models to deliver care to communities such as Coolgardie and Kambalda with the expansion of telehealth, significant investments in infrastructure and technology and the development of partnerships with other health services and providers.

Notwithstanding these attempts, rural communities have been facing ongoing GP workforce shortages, exacerbated by the COVID-19 pandemic and an ongoing reliance on international medical graduates. However, approximately 50% of the rural GP workforce is made up of overseas-trained GPs, and visa requirements, remuneration concerns, and the pandemic restricting travel, have seen their numbers decrease.

This leads to a greater reliance on locums who are expected to fill the gaps, further leading to concerns among residents and GPs this could impact quality of care and the doctor-patient relationship.

Moreover, it is worth noting that life expectancy for Western Australia's rural people is around two years lower than those who live in metropolitan Perth. Disturbingly, in remote and very remote communities the mortality rate is 30% higher than in Perth.

This ABS data paints a compelling picture for the Shire of Coolgardie:

*Figure 3: Socio-Economic Indexes for Areas (2016) Australian Bureau of Statistics*

Local Government Association	Decile (1 = most disadvantaged, 10 = least disadvantaged)	WACHS region
Coolgardie (S)	1	Goldfields

What is required is a genuine and more determined approach to collaborating and partnering with rural and remote communities to address the unique challenges facing them. **This must include financial support.**

**b) Current state and former Government reforms to outer metropolitan, rural and regional GP services and their impact on GPs, including policies such as:**

**i. the stronger Rural Health Strategy,**

**RESPONSE:**

More than twenty years ago the first Rural Health Strategy identified the need for “*innovative models of rural service delivery*” that would “*meet the diverse health care needs of rural communities*”. Much has changed since then with mounting evidence of what does and does not work against different backdrops.

There is a demonstrated need for a stronger Rural Health Strategy that considers “*innovative*” models such as that developed by the Shire of Coolgardie.

However, the ad hoc approach that relies on local government intervention, innovation and financial support needs a significant rethink. What’s required is a consistent, interconnected approach that would deliver greater equity of access to health care for all Australians, improved health outcomes and adequate Government funding for proactive and financially challenged local governments.

According to the Australian Institute of Health & Welfare “*Gaps exist in the availability and coverage of health data in rural and remote areas, and in information available at local level. For example, the Australian Bureau of Statistics’ National Health Survey, which provides information on the prevalence of long-term health conditions and health risk factors but, does not include Very remote areas of Australia*”.

**ii. Distribution Priority Area and the Modified Monash Model (MMM) geographical classification system,**

**RESPONSE:**

The Shire understands that the MMM is how the Australian Government’s Department of Health defines whether a location is a city, rural, remote or very remote by measuring remoteness and population size on a scale of Modified Monash (MM) category MM 1 to MM 7. The Shire also understandings the MMM classifications is an attempt to help the Department distribute the health workforce better in rural and remote areas.

However, given the proximity of this Shire’s largest population centres of the towns of Coolgardie and Kambalda to the City of Kalgoorlie-Boulder (MM3/Outer Regional) there is a clear disparity that exists:

- Coolgardie (900 pop.) 39kms from City of Kalgoorlie-Boulder is classified MM7 and Very Remote whereas,
- Kambalda (2500 pop.) 60kms from the City of Kalgoorlie-Boulder is classified MM5 and Outer Regional

The MMM clearly is unable to distinguish the unique circumstances that exist in this circumstance and thus creates a disadvantage for the Shire.

**iii. GP training reforms,**

**RESPONSE:**

The Shire supports the Rural Clinical School WA (RCSWA) model that *“helps rural communities sustain a locally trained and loyal medical workforce by placing medical students in country regions. Under the program, students gain valuable hands-on experience, enjoy close mentoring and are more likely to return to rural towns after they graduate”*. The Shire also supports the City of Kalgoorlie-Boulder as the main administrative hub for the RCSWA.

**iv. Medicare rebate freeze;**

**RESPONSE:**

NIL

**c) The impact of the COVID-19 pandemic on doctor shortages in outer metropolitan, rural, and regional Australia; and**

**RESPONSE:**

According to the OECD, the impact of the COVID-19 crisis on people and economies has highlighted widening regional disparities in access to healthcare. Hospital bed rate data in regions shows that *“at the onset of the pandemic, some regions were less well prepared to face the health emergency”* - this is true of the Shire of Coolgardie.

The Western Australia Government’s Covid 19 Impact Statement June 2020 states, in respect of health system readiness, that *“Ensuring capacity in the health system to respond to widespread community transmission led to the suspension of a number of clinical activities including elective surgery, BreastScreen services and dental activities. The health system reallocated resources to purchase medical supplies and equipment, and secure capacity and workforce in private hospitals”*.

The ongoing Covid-19 pandemic is continuing unabated and is having unforeseen impacts on the availability of GPs and medical staff in rural and remote locations such as the Shire of Coolgardie.



Recent industrial action by metropolitan Perth medical staff was a result of staff shortages, fatigue et al. This action is further evidence of the very real and immediate, as well as long term, flow on negative impacts on rural and remote WA.

One consequence is the proliferation of GPs and medical staff in the Perth metropolitan area that are needed to deal with the increased demand for services. This effectively leads to rural and remote locations being left behind.

An uncontained outbreak of Covid-19 within the Shire's communities could see the entire community(s) being shut down. If that were to occur it is highly likely that GPs and Health services would not be available to deal with an outbreak. Moreover, the Mining Industry, that engages most of the population, would potentially need to be shutdown leading to a potential catastrophe social and economic collapse.

**d) Any other related matters impacting outer metropolitan, rural, and regional access to quality health services.**

**RESPONSE:**

- The Regional Australia Institute's "The Regional Movers Index" provides insightful analysis of movements between Australia's regions and capital cities. It shows changes in population flows from capital cities to regional areas – has grown strongly over the past year. The number of people who made this move in the March 2021 quarter is 7 per cent more than in the March 2020 quarter. This latest level of movement is also the largest since early 2018 and reflect the increased demand for services in regional Australia and Shire's like Coolgardie.
- The financial impact on a small Band 3 Local Government like the Shire of Coolgardie is significant approximating \$425,000 per annum in total or 4.8% of rate revenue. The Shire has had to find internal financial resources to fund much needed GP and medical services. This effectively means that funding for other vital Shire community services suffers as funding is redirected to the provision of GP and other Health services.
- The Shire's residents have had access to the "Dial-a-Doc" 1800 number since 2016. The service allowed residents to book an appointment with an experienced, Australia-based doctor who could provide advice, diagnosis, treatment and prescriptions for a range of conditions including fever, vomiting, dehydration, cold and flu, pain and infections. Dial-a-Doc utilisation data indicates small uptake numbers in the 2020/21 financial year. Indeed the overall Goldfields region of WA had some of the lowest utilisation numbers in the State, with the Shire of Coolgardie postcodes ranging between 1 – 3%. This equates to approximately 10 maximum calls a month or an average call rate would be around 5 per month.

This data may indicate a reluctance by residents to use 1800 dial up numbers to engage with GPs and medical staff.

Effective 01 November 2021, this service will be supplanted by the online "Healthdirect. It is the Shire's hope that this new process will be more effective.

Thank you for the opportunity to make this submission.

Authorised by:  
James Trail  
Chief Executive Officer

Date Lodged: 17 September 2021

END