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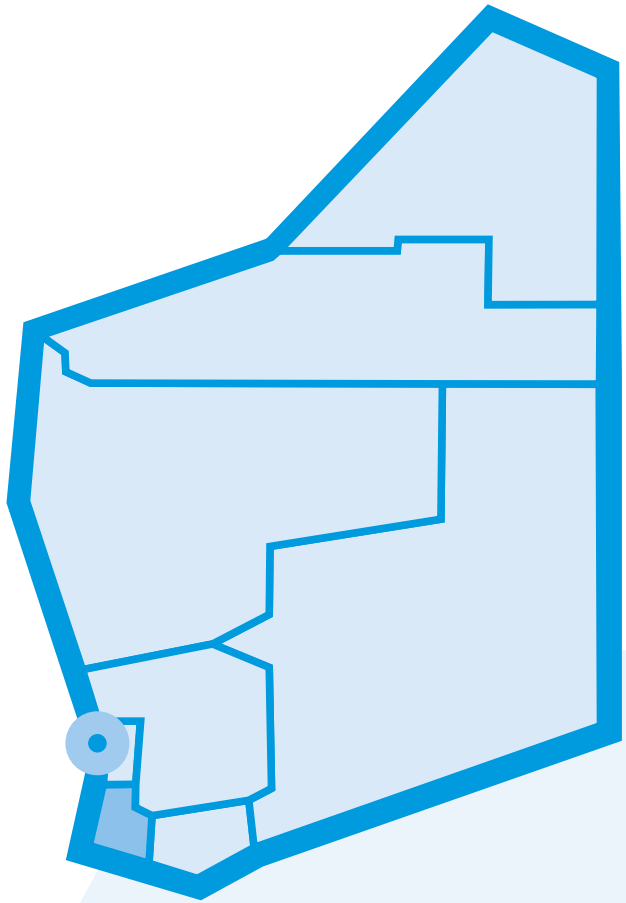
An Australian Government Initiative

South West

Needs Assessment 2022-2024



South West

Population Demographics

The South West region covers nearly 24,000 square kilometres and is the most populous country region in Western Australia.

The population of Country WA PHN is 530,725 people compared to the state's population of 2,621,509 people (ERP 2019). Within the South West, there were 55,761 people living in Augusta – Margaret River – Busselton SA3, 105,118 in Bunbury SA3 and 23,124 in Manjimup SA3, giving a total of over 180,000 residents in the region. This represents about 7% of the total population of Western Australia.

Figure 1 - Population (ERP 2019) in Country WA PHN by SA3 (Public Health Information Development Unit, 2021)

Highest musculoskeletal burden in the state

38% of adults aged 16+ years in Bunbury SA3 are **obese**

21% of adults aged 16+ years in Manjimup SA3 have **high blood pressure**

Mental ill-health was the **fourth** leading cause of disease burden

7% of the population accessed a GP **mental health treatment plan**

19% of people in Augusta – Margaret River – Busselton SA3, **17%** in Bunbury SA3, and 23% in Manjimup SA3 are **aged 65 years and over**

Coronary heart disease, COPD and dementia are among the leading causes of disease burden for people aged 65 and over

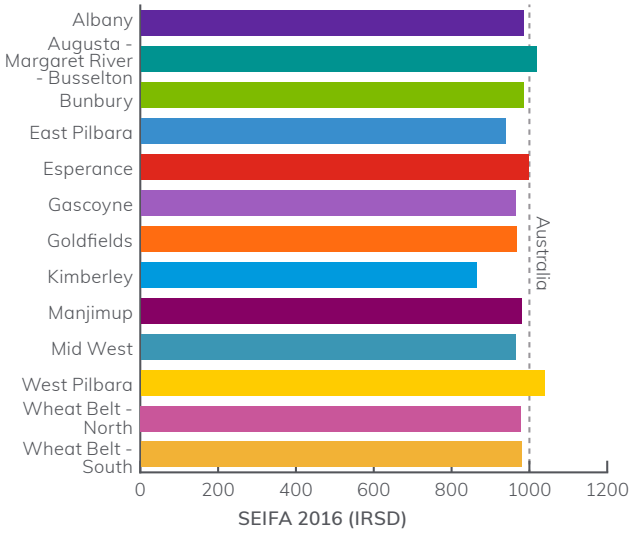
There is a **growing ageing population** and a relatively **low ratio of residential aged care beds** to population compared to the state

There are an estimated **5,464 Aboriginal people** residing in the region

38% of Aboriginal people in Bunbury SA3 received an **Indigenous-specific health check** through Medicare in 2019-20 compared to 15% in Manjimup SA3 and 11% in Augusta – Margaret River – Busselton SA3

Of the three sub-regions, Manjimup SA3 had the highest level of socioeconomic disadvantage (IRSD=977) and Bunbury SA3 had the highest proportion of Aboriginal people (3.6%) (ERP 2016). Feedback from local stakeholders indicated that across the region, inland areas such as Manjimup and Collie were considerably more disadvantaged, with limited public transport and restricted access to services compared to coastal areas.

Figure 2 - SEIFA 2016 Index of Relative Socioeconomic Disadvantage (IRSD) score in Country WA PHN by SA3 (Public Health Information Development Unit, 2021)



Vulnerable Population Groups

People in vulnerable groups are more likely than the general population to experience poor health outcomes due to physical, social, and economic factors. Vulnerable groups include people who are: culturally and linguistically diverse (CALD); lesbian, gay, bisexual, transgender, intersex, or queer (LGBTIQ+); homeless; living with a severe disability or caring for someone with a disability; developmentally vulnerable; and victims of family, domestic or sexual violence.

- About 5.8% of people in Augusta – Margaret River – Busselton SA3, 6.8% of people in Bunbury SA3, and 5.4% of people in Manjimup SA3 were born in a non-English speaking country compared to 17% across the state (Public Health Information Development Unit, 2021b).
- Around 4.0% of people in Augusta – Margaret River – Busselton SA3, 4.9% of people in Bunbury SA3, and 5.1% of people in Manjimup SA3 have a profound or severe disability compared to 4.1% across the state (Public Health Information Development Unit, 2021b).
- About 9.6% of people in Augusta – Margaret River – Busselton SA3 and 11% of people in Bunbury SA3 and Manjimup SA3 provide unpaid assistance to people with a disability compared to 9.8% across the state (Public Health Information Development Unit, 2021b).
- About 16% of children in Augusta – Margaret River – Busselton SA3, 22% in Bunbury SA3, and 18% in Manjimup SA3 were developmentally vulnerable on one or more domains compared to 19% across the state (Public Health Information Development Unit, 2021b).
- In 2016, it was estimated that 160 people in Augusta – Margaret River - Busselton SA3, 230 people in Bunbury SA3, and 58 people in Manjimup SA3 experienced homelessness (Australian Bureau of Statistics, 2018a). The percentage of homeless people living in severely crowded dwellings (requiring at least four extra bedrooms to accommodate the people usually living there) was 23% in Augusta – Margaret River - Busselton SA3, 26% in Bunbury SA3, and 31% in Manjimup SA3.

LGBTIQ+ populations

LGBTIQ+ is an acronym commonly used to describe lesbian, gay, bisexual, trans/transgender, intersex, queer and other sexuality, gender, and bodily diverse people and communities. Many LGBTIQ+ people face discrimination and disparities connected to their gender identification and/or sexuality that impact their physical and mental health and access to healthcare and other services (Equality Australia, 2020). LGBTIQ+ people are known to have a higher risk of certain chronic diseases such as cancers, asthma, obesity, and cardiovascular disease (Conron et al., 2010; McKay, 2011; Simoni et al., 2017). Moreover, some members of LGBTIQ+ communities, particularly lesbian and bisexual women, have higher rates of smoking compared to the general population (Praeger et al., 2019), which increases their risk of developing a chronic disease.

Family violence is a significant concern and is compounded by isolation and reduced access to services (Rainbow Health Victoria, 2020). Studies indicate that the LGBTIQ+ people experience intimate partner violence at similar or higher rates compared to heterosexual people (Rollè et al., 2018). There is evidence that LGBTIQ+ people are more likely to experience homelessness (McNair et al., 2017) and that discrimination can lead to adverse outcomes in terms of employment and income, particularly for trans and gender diverse people (Mizock & Mueser, 2014).

Chronic Disease

Chronic diseases are long-term, non-communicable conditions and play a significant part in mental and physical ill health, disability, and premature death. Moreover, people with chronic disease often have two or more conditions (multi-morbidity) such as a mental health condition as well as a physical condition, creating complex health

needs and presenting challenges for treatment. In Australia, national surveillance focuses on 10 types of chronic conditions: arthritis, asthma, back problems, cancer, cardiovascular diseases, chronic obstructive pulmonary disease (COPD), diabetes, chronic kidney disease, mental and behavioural conditions, and osteoporosis (Australian Institute of Health and Welfare, 2020b). In 2017-18, almost half of all Australians (47%) were estimated to have at least one of the above conditions and 20% were estimated to have at least two conditions (Australian Bureau of Statistics, 2018b). Age is an important determinant of health and people aged 65 years and over are more likely to be diagnosed with a chronic condition.

This section focuses on chronic conditions other than mental and behavioral conditions, which are discussed in the Mental Health section.

Risk factors

Established risk factors for chronic disease include having high blood pressure, being overweight or obese, smoking, doing little or no exercise and having high levels of stress. Psychosocial factors such as social isolation and loneliness also contribute to chronic ill health (Royal Australian College of General Practitioners, 2020). Risk factors tend to be more prevalent in the lowest socioeconomic areas and in regional and remote areas (Australian Institute of Health and Welfare, 2020b). The South West region had prevalence rates of risk factors that were significantly higher than state rates, especially in Bunbury and Manjimup SA3s. In 2017-18, children aged 2-17 years in Bunbury SA3 and Manjimup SA3 were significantly more likely to be obese (ASR=11%) compared to the state (ASR=7.9%) (Public Health Information Development Unit, 2021b). Moreover, data from the Health and Wellbeing Surveillance System (HWSS) survey 2015-19 indicated that the estimated prevalence rate of obesity among adults aged 16 years and over was significantly higher at 38% in Bunbury SA3 compared to 30% across the state and that Manjimup SA3 had significantly higher rates of high blood pressure (21% compared to 17%) (Epidemiology Branch, 2021a). Augusta – Margaret River – Busselton SA3 had a significantly high prevalence of former smokers (35%); however, 69% of adults did 150 mins or more of moderate physical activity – the highest rate in Country WA PHN.

WAPHA is a steward of the WA Healthy Weight Action Plan 2019-24, which focuses on early intervention of people identified as at-risk of becoming overweight and management of people who currently live with obesity. This involves multi-component, multi-levelled strategies delivered as part of an integrated shared care model. Through the Healthy Weight GP project, WAPHA has committed to supporting GPs to provide options for patients who want to improve their health. Key deliverables include the development of a weight management 'hub' (website) with links to Health Pathways and local services for weight management, training for general practice staff, and tools to assist general practices in implementing weight management services as a quality improvement activity. The website is due for launch in the third quarter of 2021.

General Practice Incentives Program Quality Improvement Incentive (PIP QI)

The Practice Incentives Program Quality Improvement incentive (PIP QI) is a payment to encourage practices to participate in quality improvement activities, aimed at improving patient outcomes through the delivery of quality care. Improvement measures include the proportion of patients with their weight classification recorded within the last 12 months, the proportion of patients with information available to calculate risk of cardiovascular disease (CVD), and the proportion of patients with diabetes that have a HbA1c measurement recorded. PIP QI data indicated the following for Augusta – Margaret River – Busselton SA3 (13 practices), Bunbury SA3 (20 practices), and Manjimup SA3 (10 practices) compared to the state (497 practices).

- The percentage of general practice records for clients aged 15 years and over that did not have a weight classification recorded within the last 12 months was 80% in Augusta – Margaret River – Busselton, 76% in Bunbury, and 75% in Manjimup compared to 76% across the state.
- The percentage of general practice records for clients aged between 45-74 years that did not have information available to calculate their absolute risk of cardiovascular disease (CVD) was 47% in Augusta – Margaret River – Busselton, 42% in Bunbury, and 41% in Manjimup compared to 43% across the state.
- The percentage of general practice records for clients with a diagnosis of diabetes that did not have a HbA1c measurement result recorded within the last 12 months was 24% in Augusta – Margaret River – Busselton, 25% in Bunbury, and 23% in Manjimup compared to 28% across the state.

We note that PIP QI data include private general practices only and do not include GP services provided by non-government organisations.

Burden of disease and modelled estimates

Burden of disease measures the impact of different diseases or injuries on a population. It combines the years of healthy life lost due to living with ill-health (non-fatal burden) with the years of life lost due to dying prematurely (fatal burden) to give a total burden reported using the disability-adjusted life years (DALYs) measure. The Western Australian Burden of Disease Study 2015 (Department of Health Western Australia, 2021) indicated that the South West region had a 1.1 times higher rate of fatal burden and a 1.2 times higher rate of non-fatal burden compared to the metropolitan regions. Chronic disease accounted for a substantial proportion of the burden of disease. The region had the highest musculoskeletal burden in the state, accounting for 17% of total burden. Back pain/ problems, COPD and coronary heart disease were among the leading five causes of burden for both

males and females, osteoarthritis was the leading cause for females, while lung cancer was the fifth leading cause for males.

In 2017-18, people aged 15 years and over were significantly more likely to self-assess their health as fair or poor in Bunbury SA3 (ASR=15%) and Manjimup SA3 (ASR=17%) compared to the state (ASR=12%) (Public Health Information Development Unit, 2021b). Estimated rates of asthma were significantly higher in Bunbury and Manjimup SA3s (ASR=13%) and Bunbury SA3 also had a significantly high rate of arthritis (ASR=17%).

Potentially preventable hospitalisations (PPHs) for chronic conditions

Potentially preventable hospitalisations (PPHs) are certain hospital admissions (both public and private) that potentially could have been prevented by timely and adequate health care in the community. There are 10 chronic conditions that are classified as potentially preventable through behaviour modification, lifestyle change and timely care: angina, asthma, bronchiectasis, COPD, congestive cardiac failure, diabetes complications, hypertension, iron deficiency anaemia, nutritional deficiencies, and rheumatic heart diseases.

Across the state in 2017-18, the age-standardised rate of PPHs per 100,000 for total chronic conditions was 1109 and the highest rates were for COPD (232), congestive cardiac failure (220), and iron deficiency anaemia (188) (Australian Institute of Health and Welfare, 2019). Compared to the state, Bunbury SA3 had a higher rate for total chronic conditions (1269) as well as for the above three conditions. On the other hand, PPHs for total chronic conditions were lower than the state rate in Manjimup SA3 (1012) and Augusta – Margaret River – Busselton SA3 (799).

In this report, we regard a PPH 'hotspot' as an area with a hospitalisation rate that is more than 50% above the Australian rate for at least four out of five consecutive years (Public Health Information Development Unit, 2020). In the five years from 2012-13 to 2016-17, there were three population health areas (PHAs) in the region that were hotspots for chronic conditions. Bunbury/Koombana PHA was a hotspot for angina, bronchiectasis, and congestive cardiac failure. Collie PHA was a hotspot for angina and hypertension, while Harvey/Waroona PHA was a hotspot for COPD.

Management of chronic disease in primary care

From 2013-14 to 2018-19, percentage of population utilisation of GP chronic disease management plans (CDMPs) increased substantially in the region from 8.1% to 15% in Bunbury SA3 and from 8.8% to 16% in Augusta – Margaret River – Busselton SA3, slightly below the rate for SA3s in inner regional areas (17%) (Australian Institute of Health and Welfare, 2020c). Similarly, utilisation in Manjimup SA3 increased from 8.5% to 13% to be just below the rate for SA3s in outer regional areas (14%).

Childhood immunisation rates

The National Immunisation Program (NIP) aims to increase national immunisation coverage to reduce the number of vaccine-preventable diseases in Australia. A key priority of the program is to work towards achieving immunisation coverage rates of at least 95% for children aged 1, 2 and 5 years. Data from the Australia Immunisation Register from 1st April 2020 to 31st March 2021 indicated that in Country WA PHN, immunisation coverage was relatively low for children aged 2 years (Department of Health, 2021b). About 94.1% of children were fully immunised at 1 year and 94.5% at 5 years compared to only 90.3% at 2 years.

In the South West region, childhood immunisation rates were below target for all SA3s and all three age groups, with the lowest rates for children aged 2 years. Manjimup SA3 had the lowest rates in the region, with about 90.4% of children were fully immunised at 1 year, 84.3% at 2 years, and 88.1% at 5 years. The lower rate at 2 years suggests that interventions should be targeted to increase immunisation coverage for this age group.

Cancer screening

There are three national cancer screening programs in Australia: BreastScreen Australia, National Cervical Cancer Screening Program (NCSP), and National Bowel Cancer Screening Program (NBCSP). In 2018-19, cancer screening participation rates across WA were 46% for bowel cancer (people aged 50-74 years), 55% for breast cancer (women aged 25-74 years) and 48% for cervical cancer (women aged 25-74 years) (Australian Institute of Health and Welfare, 2021a). The data indicate that cancer screening participation rates were generally at or above state rates except for cervical cancer screening in Bunbury and Manjimup SA3s. Augusta – Margaret River – Busselton SA3 had the highest screening rates at 54% for bowel cancer, 59% for breast cancer and 51% for cervical cancer. Participation rates respectively were 48%, 55% and 44% in Bunbury SA3 and 53%, 57% and 43% in Manjimup SA3. We note that participation in the new five-year program for cervical cancer screening cannot be accurately reported until there are 5 years of data available (2018-22).

Avoidable mortality

In 2013-17, the median age of death was 79 years in Bunbury and Manjimup SA3s (50% of people who died were younger than 79 years) and 83 years in Augusta – Margaret River – Busselton SA3 compared to 80 years across the state (Public Health Information Development Unit, 2021b).

Avoidable mortality refers to deaths of people under 75 years that are potentially avoidable under the current health care system (primary or hospital care). In 2013-17, the age-standardised death rate per 100,000 from avoidable causes in Bunbury SA3 (137) was significantly higher than the state rate (122), while Augusta – Margaret River – Busselton SA3 had a significantly lower rate (98) especially for diabetes (2.6), circulatory system diseases (20)

and ischaemic heart disease (15) (Public Health Information Development Unit, 2021b).

Emergency department presentations

Country regions had a higher rate of lower urgency emergency department (ED) presentations compared to the state as well as a higher percentage of total presentations that were classified as lower urgency. Between 2018 and 2020, about 52% of ED presentations across Country WA PHN were lower urgency compared to 40% across the state (Department of Health Western Australia, 2021a). Country WA PHN also had a lower percentage of presentations occurring after hours, at 36% compared to 42% across the state. This may indicate difficulties accessing primary care services in Country areas.

Between 2018 and 2020, Manjimup SA3 had the highest percentage of lower urgency presentations in the South West region, at 51% compared to 46% in Augusta – Margaret River – Busselton SA3 and 38% in Bunbury SA3 (Department of Health Western Australia, 2021a). The rate of lower urgency presentations per 1000 population per year in Manjimup SA3 (334) was similar to Country WA PHN (379) but above the rates for Augusta – Margaret River - Busselton SA3 (255) and Bunbury SA3 (173). Only 32% of lower urgency presentations in Manjimup SA3 occurred after hours, in contrast to Augusta – Margaret River – Busselton SA3 (38%) and Bunbury SA3 (47%).

Utilisation of primary care services

Bunbury SA3 had the highest percentage of population utilisation of Medicare-subsidised primary care services in the South West region. Between 2013-14 and 2018-19, visits to GPs increased from 83% to 87% of residents in Augusta – Margaret River – Busselton SA3, from 88% to 94% in Bunbury SA3, and from 80% to 87% in Manjimup SA3 (Australian Institute of Health and Welfare, 2020c). In comparison, the national rate of utilisation of GPs was 90% in inner regional areas and 88% in outer regional areas.

The percentage utilising after-hours GP services was 7.4% in Augusta – Margaret River – Busselton SA3 and 17% in Bunbury SA3 (compared to 13% nationally in inner regional areas), while Manjimup SA3 had a rate of only 4.8% (compared to 15% nationally in outer regional areas) (Australian Institute of Health and Welfare, 2020c). Utilisation of GP health assessments was relatively low at 3.2% in Augusta – Margaret River – Busselton SA3, 4.5% in Bunbury SA3 (5.2% nationally in inner regional areas) and 4.1% in Manjimup SA3 (6.2% nationally in outer regional areas). We note that these data include Medicare-subsidised services only and may represent an under-estimate because ACCHOs and WACHS provide primary care services in this region.

In 2018-19, a lower percentage of the population utilised Medicare-subsidised allied health services in Augusta – Margaret River – Busselton SA3 (35%) and Bunbury SA3 (38%) compared to inner regional areas nationally (40%), while Manjimup SA3 had the same rate as outer regional areas nationally (35%) (Australian Institute of Health and Welfare, 2020c). The percentage of the population that utilised optometry was 27% in Augusta – Margaret River – Busselton SA3, 31% in Bunbury SA3 (32% nationally in inner regional areas), and 28% in Manjimup SA3 (30% nationally in outer regional areas). We note that optometry services are more likely to be subsidised by Medicare compared to other types of allied health services. These figures do not include allied health care provided by Aboriginal health services and other non-government organisations. Feedback from local stakeholders indicated that, historically, there has been limited access to private allied health clinicians such as diabetes educators, dieticians, and podiatrists in inland towns such as Manjimup and Collie and this has affected the provision of holistic care.

Manjimup SA3 had a higher utilisation rate of practice nurses/Aboriginal Health Workers (9.1%) but a lower rate for nurse practitioners (0.4%) compared to outer regional areas nationally (8.3% and 1.5% respectively) (Australian Institute of Health and Welfare, 2020c). Augusta – Margaret River – Busselton SA3 and Bunbury SA3 had similar utilisation rates of practice nurses/Aboriginal health workers at 7.1% and 7.6% respectively compared to 8.3% nationally in inner regional areas. However, only 0.6% of the population in Bunbury SA3 utilised nurse practitioners compared to 1.2% of the population in inner regional areas nationally (no data was available for Augusta – Margaret River – Busselton SA3).

Feedback from local stakeholders indicated that GPs provide medical services at Warren (Manjimup), Bridgetown, Boyup Brook, Margaret River, and Collie Hospitals. The Council of Australian Governments (COAG) Section 19(2) Exemptions allow exempted eligible sites to claim against Medicare for non-admitted, non-referred professional services provided in emergency departments and outpatient clinic settings. In the South West region, these services are provided at Warren Health Service and Bridgetown Hospital.

Access Relative to Need (ARN) Index

The Access Relative to Need (ARN) Index measures access to primary health care relative to predicted need and is based on methodology developed by the Australian Institute of Health and Welfare in 2014. The ARN index is based on the following information:

- The location of health services and the populations they serve
- The number of GP (FTE) working at each location (estimated using data at SA2 level – demand weighted distribution)
- The demographic and socioeconomic characteristics of the population.

In early 2021, WAPHA updated the ARN Index for SA2s in Western Australia to identify areas with a low access to GPs relative to need. Waroona SA2 in Bunbury SA3 was in the first decile (access relative to need was lower than 90% of SA2s in the state) for access to any GP and in the second decile for access to bulk billing GPs. Pemberton SA2 (Manjimup SA3)

and Collie SA2 (Bunbury SA3) were in the second decile for access to any GP as well as bulk billing GPs.

Workforce

General practitioners (GPs)

In 2020, Manjimup SA3 had the lowest supply of GPs in the South West region. GP full-time equivalent (FTE) per 1000 residents was 1.1 in Augusta – Margaret River – Busselton SA3 (63 FTE), 1.3 in Bunbury SA3 (137 FTE), and 0.9 in Manjimup SA3 (20 FTE) compared to 1.1 across the state[2]. The ratio of vocationally registered (VR) to non-VR GPs was highest in Augusta – Margaret River – Busselton SA3 (20) and relatively low in Bunbury SA3 (4.7) and Manjimup SA3 (4.3) compared to 12 across the state.

Primary care nurses

Manjimup SA3 had a relatively low supply of nurses working in primary care compared to the state. In 2019, primary care nurse full-time equivalent (FTE) per 1000 residents was 1.6 in Augusta – Margaret River – Busselton SA3 (87 FTE), 1.6 in Bunbury SA3 (170 FTE), and 1.0 in Manjimup SA3 (22 FTE) compared to 1.7 across the state[2]. Primary care nurses in Manjimup SA3 had the shortest average weekly working hours in WA, averaging 24 hours per week compared to 30 hours per week across the state.

Feedback from local stakeholders indicated that, historically, access to private allied health clinicians has been limited in inland towns such as Manjimup and Collie and this has affected the provision of holistic care. The COVID-19 pandemic has compounded workforce supply issues across the region due to travel restrictions and a shortage of rental housing. At the same time, the number of intrastate visitors to the South West has increased along with the demand for short term accommodation (an increase of 26% in visitor nights for the year ending March 2021 compared to the previous year (Tourism WA, 2021). This has exacerbated the shortage of rental housing and led to increased pressure on health services during peak holiday periods.

Aged Care

The South West region has a high proportion of people aged 65 years and over, especially in Manjimup SA3. In 2019, about 19% of people in Augusta – Margaret River – Busselton SA3 (10,582 people), 17% of people in Bunbury SA3 (17,653 people) and 23% of people in Manjimup SA3 (5392 people) were aged 65 years and over compared to 16% in Country WA PHN (Public Health Information Development Unit, 2021b). This is projected to increase to 23% in Augusta – Margaret River – Busselton SA3, 22% in Bunbury SA3 and 30% in Manjimup SA3 by 2030 compared to 18% across the state and 20% across Country WA PHN.

Age is an important determinant of health and people aged 65 years and over are more likely to have complex and/or chronic conditions as well as comorbidities. Moreover, geriatric syndromes later in life (usually after the age of 85 years) including pressure ulcers, incontinence, falls, and delirium have substantial implications for quality of life as well as health care utilisation (Brown-O'Hara, 2013). The Western Australian Burden of Disease Study 2015 (Department of Health Western Australia, 2021) indicated that in the South West health region, coronary heart disease, COPD and dementia were among the leading causes of disease burden for people aged 65 and over.

General practice data indicated that the percentage of clients aged 65 years and over diagnosed with a chronic condition that had two or more conditions was 50% in Augusta – Margaret River – Busselton SA3 (13 practices), 60% in Bunbury SA3 (19 practices), and 56% in Manjimup SA3 (9 practices) compared to 54% across the state (481 practices). We note that these data include private general practices only and do not include GP services provided by non-government organisations.

Utilisation of health services

In Country WA PHN, 41% of people aged 80 years and over had a GP Health Assessment in 2018-19, similar to the rate for regional PHNs (40%) and the national rate (37%) (Australian Institute of Health and Welfare, 2020c). The number of GP attendances in residential aged care facilities (RACFs) was 15.7 per patient compared to 15.8 for regional PHNs and 17.8 nationally. Data were not available at the SA3 or regional level.

Medicare items are available for in-depth assessment of a patient 75 years and over. This provides a structured way of identifying health issues and conditions that are potentially preventable or amenable to interventions to improve health and quality of life. Data for participating general practices indicate uniform levels of people over 75 access health assessments at 22% for August – Margaret River- Busselton, and Bunbury and 20% for Manjimup, compared to 21% for Country WA PHN. However, the proportionally higher older adult population in the Southwest highlights this as a potential area for improvement in care.

Aged care services

The aged care system in Australia offers three main types of service: the Commonwealth Home Support Program, Home Care Packages, and residential care. Across Australia, more than two-thirds of people using aged care services access support from home (Royal Commission into Aged Care Quality and Safety, 2021).

The Home Care Packages (HCP) program provides support to older people with complex needs to help them live independently in their own home. Support provided includes help with household tasks, equipment, minor home modifications, personal care, and clinical care such as nursing and allied health services. There are four levels of HCPs from level 1 (basic care needs) to level 4 (high care needs). Across Australia, wait times for approved HCPs range from 3-6 months for level 1 to at least 12 months for level

2 and above (Department of Health, 2021a).

In the South West home care is provided through charitable, community based and religious organisations. According to the Gen Aged Care Data 28 home care providers were available in the region. As at December 2020, there were 890 people in a HCP in the South West Aged Care Planning Region (ACPR) (Department of Health, 2021a). An additional 349 people were waiting for a HCP with 98 people (28%) requiring the highest level of care (level 4).

There were five residential aged care facilities in the Augusta - Margaret River - Busselton SA3, nine in Bunbury and seven in the Manjimup SA3. The number of residential aged care (RACF) beds to 1000 people aged 70 years and over was 62 in Augusta – Margaret River – Busselton SA3, 58 in Bunbury SA3, and only 43 in Manjimup SA3 compared to 63 in Country WA PHN and 72 across the state (Australian Institute of Health and Welfare, 2021b).

In 2019, aged care nurse full-time equivalent (FTE) per 1000 residents aged 70 years and over was 12 in Augusta – Margaret River – Busselton SA3 (87 FTE), 11 in Bunbury SA3 (132 FTE), and 9.6 in Manjimup SA3 (34 FTE) compared to 12 across the state[2].

Feedback from local stakeholders indicated that the region was experiencing difficulty recruiting staff across the sector. This has led to some Health Care Plan providers not taking any new clients due to a shortage of staff. Lack of availability of RACF beds has led to increasing numbers of people in hospital beds while waiting for placement.

Alcohol and Other Drugs

Residents in August – Margaret River - Busselton (29.2%), Bunbury (29.5%), and Manjimup (27.0%) SA3s were at long-term risk from alcohol consumption (Epidemiology Branch, 2021b). Although these rates exceeded the state rate (26.5%), they were not statistically significantly higher than WA rate (Epidemiology Branch, 2021b). The population being current smokers in Augusta - Margaret River - Busselton, Bunbury and Manjimup SA3s were 12.3%, 12.6% and 10.7% respectively (Epidemiology Branch, 2021b).

The Practice Incentives Program Quality Improvement incentive (PIP QI) is a payment to encourage practices to participate in quality improvement activities, aimed at improving patient outcomes through the delivery of quality care. Improvement measures include the proportion of patients with a smoking status and proportion of patients with an alcohol consumption status. In the South West region, the percentage of GP patient records that did not have a smoking status recorded was highest in Augusta-Margaret River-Busselton SA3 (40% across 13 practices), followed by Bunbury SA3 (35% across 20 practices) and Manjimup SA3 (28% across 10 practices) compared to 37% across the state. Bunbury SA3 (45%) had the greatest percentage of GP patient records without an alcohol consumption status recorded, followed by Manjimup SA3 (44%) and Augusta-Margaret River-Busselton SA3 (39%) compared to 46% across the state. We note that these data include only private general practices and do not include health services provided by non-government organisations.

Accidental overdose

Australia's Annual Overdose Report, produced by the Penington Institute, reported 2,070 drug-related deaths in Australia in 2018 of which 1,556 were unintentional (Penington Institute, 2020). Of this, males were more than three times as likely than females to suffer an unintentional drug-induced death (71.5% of deaths) (Penington Institute, 2020). Middle-aged people were found to be most at-risk of overdose (Penington Institute, 2020).

Opioids continued to be the largest overall drug group identified in drug-induced deaths (Penington Institute, 2020). In recent years, the greatest increase of unintentional drug-induced deaths has occurred in WA, increasing from 6.4 per 100,000 in 2012 to become the highest rate Australia-wide in 2018 at 8.8 per 100,000 (Penington Institute, 2020).

From 2014-2018, the rate of unintentional drug-induced deaths in Country WA was 8.3 per 100,000. In 2014-2018 Bunbury, Manjimup and Augusta - Margaret River - Busselton SA3s had the second highest rate range of 7.5 to 9.9 deaths per 100,000 for unintentional drug-induced deaths In WA (Penington Institute, 2020).

Emergency department presentations

Between 2018 and 2020, around 0.7% of emergency department (ED) presentations across the region were AOD-related (Department of Health Western Australia, 2021a). About 60% of AOD presentations were made after hours. Presentation rates per 100k population per year in Augusta – Margaret River – Busselton SA3 (339), Bunbury SA3 (382) and Manjimup SA3 (325) were similar to the state rate (369). We note that some ED presentations may be related to alcohol and other drugs but primarily diagnosed as an injury (or other condition), so the data are likely to underestimate the rate of AOD-related ED presentations in the region.

Services

Within the South West region, local governments have developed Alcohol and Other Drug Management Plans (AODMPs) in Bunbury, Manjimup and Collie. The consultation process in Bunbury identified a lack of awareness in the community regarding: (1) the availability of AOD services and how to access them; (2) the impact and harms caused by alcohol within the Bunbury community; and (3) the harms caused by methamphetamines, cannabis and other drug use within the Bunbury community. In Manjimup and Collie, key priorities were underage drinking and secondary supply, alcohol in sport and licensed settings, and use of illicit drugs (with a focus on cannabis and methamphetamines in Manjimup).

There are a range of not-for-profit organisations providing alcohol and other drug services in the

South West. The South West Community Alcohol and Drug Service in Bunbury (St John of God Healthcare) provides outreach services to Manjimup, Bridgetown, Collie, Busselton and Margaret River. The South West Substance Service delivers services to marginalised young people in Bunbury. Peer Based Harm Reduction WA, based in Bunbury, provides the Needle and Syringe Exchange Program (NSEP) and operates a mobile exchange van in Margaret River, Busselton, and Manjimup. Doors Wide Open, also based in Bunbury, provides access to resources and services to help people recover from addiction. Cyrenian House operates the Nannup Therapeutic Community, a residential program with an emphasis on social learning and mutual self-help to address addiction issues in a holistic way.

In 2021, all service providers noted an increase in demand for alcohol and other drug services and increasing waitlists across the region. The reason for the growing demand is still unknown, workforce issues exacerbated by the COVID-19 pandemic could be a contributing factor.

Mental Health

Mental health was the fourth leading cause of disease burden in the South West region contributing 11% to the total disease burden for the region (Department of Health Western Australia, 2021).

Prevalence rates in the South West were similar to state rates (anxiety 9.3%, depression 8.5%, psychological distress 8.8%). About 10% of Bunbury residents were diagnosed with anxiety and 8% in Manjimup and Augusta - Margaret River - Busselton. Similarly, depression was diagnosed in 9% of Bunbury residents, 8% of Manjimup, and 7% of residents in Augusta - Margaret River - Busselton. Populations had similarly uniform rates of psychological distress, with 8% in Manjimup and Augusta - Margaret River - Busselton and 7% in Bunbury (Epidemiology Branch, 2021b).

Suicide and self-harm

Between 2014 and 2018, ninety-one people died from suicide in Bunbury, 50 in Augusta - Margaret River - Busselton and 20 in Manjimup. Deaths from suicide were higher than state rates (15 per 100,000) in Bunbury and Augusta - Margaret River - Busselton (18 per 100,000) (Australian Institute of Health and Welfare, 2020d).

The Health and Wellbeing Surveillance Survey collects data on suicidal ideation among adults aged 16 years and over. Survey participants are asked if they thought seriously about ending their own lives. Manjimup (7%) had the highest proportion of people experiencing suicidal thoughts in the South West. The proportion of people experiencing suicidal ideation in Bunbury (4%) and Augusta - Margaret River - Busselton (4%). Across the State 5% of people experience suicidal ideation (Epidemiology Branch, 2021b).

Self-harm is a strong risk factor for suicide. Both Bunbury (249 per 100,000) and Manjimup (259 per 100,000) had self-harm hospitalisation rates above state rates (224 per 100,000). Self-harm hospitalisations were higher for females in the South West compared to males (Australian Institute of Health and Welfare, 2020d).

Youth mental health

Anxiety disorders were the leading cause of disease burden for 15 to 24-year-olds in the South West contributing to 8% of the disease burden for this age group (Department of Health Western Australia, 2021).

Between 2018–19, Manjimup (263 per 100,000) had the highest rate of self-harm hospitalisations in the state (126 per 100,000) for people aged 0-24 years. People aged 0-24 years in Augusta - Margaret River - Busselton were hospitalized for self-harm at rates above that of the State (Australian Institute of Health and Welfare, 2020d).

Emergency department presentations

Country regions had higher rates of mental health-related emergency department (ED) presentations compared to the state. Between 2018 and 2020, around 2.7% of ED presentations across the region were primarily mental health-related, excluding those related to alcohol and other drugs (Department of Health Western Australia, 2021a). Almost half of mental health ED presentations (45%) were made after hours. Presentation rates per 100k population per year were similar for Augusta – Margaret River – Busselton SA3 (1371), Bunbury SA3 (1383) and Manjimup SA3 (1357) and were above the state rate (1083). We note that some ED presentations may be related to mental health but primarily diagnosed as an injury (or other condition), so the data are likely to underestimate the rate of mental health ED presentations in the region.

Services

Mental health services in the South West region are provided by organisations including the WA Country Health Service (WACHS) and various not-for-profit organisations. WACHS operates the Child and Adolescent Mental Health Service (CAMHS), Adult Community Mental Health Services, Older Adult Mental Health Service, and Aboriginal Mental Health Services based in Bunbury, Busselton, Bridgetown, and Margaret River. The South West Aboriginal Medical Service also provides mental health programs for Aboriginal patients. There is currently a headspace centre located in Bunbury and a satellite service in Busselton and Margaret River.

Medicare data indicated that in all three sub-regions, over 7% of the population utilised GP Mental Health Treatment Plans compared to only 5.8% of the population across Country WA PHN. Augusta – Margaret River – Busselton had the highest utilisation of GP Mental Health Treatment Plans (8%) and clinical psychologists (2.9%), while Bunbury had the highest utilisation of psychiatrists (1%) and other types of psychologists (2.6%) in Country WA PHN (Australian Institute of Health and Welfare, 2020c).

In 2021, all service providers noted an increase in demand for mental health services and increasing waitlists across the region. Service providers also noted that clients were presenting to mental health services with greater complexity. The reason for the growing demand is still unknown, but workforce issues exacerbated by the COVID-19 pandemic could be a contributing factor.

Aboriginal Health

Noongar people are the original inhabitants of the south-west of Western Australia and are one of the largest Aboriginal cultural blocks in Australia. Noongar are made up of fourteen different language groups, each of which correspond to different geographical areas that are ecologically distinct.

In 2016, it was estimated that there were 5464 Aboriginal people residing in the South West region (ERP 2016). Data collected on Aboriginal socio-economic indicators by Indigenous area (IARE) showed that Harvey and Surrounds IARE had a high percentage of Aboriginal unemployment (25%) and that Bunbury IARE had a high percentage of Aboriginal jobless families with children aged under 15 years (51%). Moreover, about 30% of Aboriginal dwellings in Bunbury IARE had no internet connection (Public Health Information Development Unit, 2021a).

Indicators of maternal and early childhood health outcomes showed that in Harvey and Surrounds IARE, about 48% of Aboriginal mothers smoked during pregnancy and 21% of Aboriginal babies had a low birth weight. About half of Aboriginal children in Bunbury IARE were developmentally vulnerable on one or more domains (Public Health Information Development Unit, 2021a).

The Practice Incentives Program Quality Improvement incentive (PIP QI) is a payment to encourage practices to participate in quality improvement activities, aimed at improving patient outcomes through the delivery of quality care. PIP QI data indicated that the proportion of general practice records for Indigenous clients aged between 35-44 years that did not have information available to calculate their absolute risk of cardiovascular disease (CVD) was 70% in Augusta – Margaret River – Busselton SA3 (13 practices), 62% in Bunbury SA3 (20 practices) and 67% in Manjimup SA3 (10 practices) compared to 62% across the state (497 practices). We note that these data include only private general practices and do not include health services provided by non-government organisations. The percentage of GP patient records with Aboriginal status not recorded was 45% in Augusta – Margaret River – Busselton, 22% in Bunbury, and 20% in Manjimup compared to 33% across the state.

Housing

Regions with the highest proportion of Aboriginal persons living in crowded dwellings were within the IAREs of Manjimup-Denmark-Plantagenet (14%), Bunbury (13%) and Harvey and Surrounds (13%) (Public Health Information Development Unit, 2021a).

Child immunisation

A key priority of the National Immunisation Program Schedule is to work towards achieving immunisation coverage rates of at least 95% for children aged 1, 2 and 5 years. In the South West region, childhood immunisation rates below target for children aged 2 years were 69% in Bunbury, 83% in South-West and 86% in Busselton IAREs. This suggests that interventions should be targeted to increase immunisation coverage for this age group (Public Health Information Development Unit, 2021a).

Lower urgency emergency department presentations

High rates of non-urgent ED attendances indicate there may be a gap in primary care services. Country WA PHN had a greater rate of total non-urgent ED presentations (10,742 ASR per 100,000 people per year) in Aboriginal and Torres Strait Islander people compared to WA (7,742). In Country WA, top major diagnosis chapters included factors influencing health status (3,626 ASR per 100,000) and injury and poisoning (2,763 ASR per 100,000) (Public Health Information Development Unit, 2021a).

Busselton had a statistically significantly higher rate of non-urgent ED presentations in 2017/18 for injury, poisoning and certain other consequences of external causes.

Avoidable deaths by selected causes

Avoidable deaths by selected conditions for Aboriginal persons aged 0 to 74 years were statistically significantly higher in Bunbury for respiratory system disease (64 per 100,000) (Public Health Information Development Unit, 2021a).

Potentially preventable hospitalisations (PPHs)

Between 2015-16 and 2017-18 the following PPHs were statistically significantly higher in the IAREs of the Southwest region (Public Health Information Development Unit, 2020).

PPHs for chronic conditions:

- Chronic congestive cardiac failure (CCF): Harvey and Surrounds (493 per 100,000) and Bunbury (440)
- Diabetes: Harvey and Surrounds (955 per 100,000)

There were no IAREs with the South West region who experienced a statistically significant PPHs for acute or vaccine-preventable conditions.

General Practice

Chronic disease contributes significantly to the differences in life expectancy between Aboriginal and non-Aboriginal people. Aboriginal people experience 2.3 times the rate of disease burden, with an age standardised death rate for chronic disease 3.8 times the rate among non-Aboriginal people (Australian Institute of Health and Welfare, 2017). In WA, 60% of Aboriginal people have been diagnosed with at least one chronic condition (Australian Institute of Health and Welfare, 2017).

Through Medicare, Aboriginal and Torres Strait Islander people can receive Indigenous-specific health checks from their doctor, as well as referrals for Indigenous-specific follow-up services. In March 2020, telehealth items for Indigenous health checks were introduced in response to COVID-19 and associated restrictions. In 2019-20, the proportion of the Aboriginal population that received an Indigenous Health Check was 14.9% in Manjimup SA3, 10.9% in Augusta - Margaret River - Busselton SA3 (the lowest in Country WA PHN), and 38% in Bunbury SA3, which was higher than Country WA PHN (25.1%). Face-to-face was the preferred method compared to telehealth, which had a low uptake of only 0.7% in Bunbury and 0.6% across the state. These rates are not publishable for Manjimup and Augusta - Margaret River - Busselton SA3s because of small numbers, confidentiality, or other concerns about the quality of the data. Augusta - Margaret River - Busselton (32.5%) and Manjimup (34.9%) had a lower proportion of patients that received follow-up services compared to the state (46.8%), while Bunbury SA3 (56.8%) had a higher proportion (Australian Institute of Health and Welfare, 2021c). We note that differences in follow-up rates may partly reflect differences in health status and need for follow-up care.

Services

Aboriginal people living in the South West region can access primary care services through general practice, Aboriginal Community Controlled Health Services, mainstream primary care services and the hospital sector. The South West Aboriginal Medical Service (SWAMS) is an Aboriginal Community Controlled Health Organisation that provides community health services to Aboriginal people across the South West region. GP Down South delivers the Down South Aboriginal Health (DSAH) service, which provides Integrated Team Care (ITC) services in Manjimup and Collie.

Digital Health

Digital health includes a broad range of innovative technologies for the purposes of providing care and sharing information to enhance patient outcomes. Telehealth can deliver health services and facilitate communication between specialists and patients, whilst electronic medical records such as the national My Health Record can facilitate communication and coordinated care across multiple practitioners. In 2018, every Australian established a 'My Health Record' unless they choose to opt out. Information available through My Health Record can include a patient's health summary, medication prescribing and dispensing history, pathology reports, diagnostic imaging reports and discharge summaries.

Given the large geographical size of WA, COVID-19 saw a very rapid adoption of virtual methods of consultation of WA's hospital-based outpatient clinics. Rates that were previously in low 10 to 15% rapidly moved to the 60 to 80% across a range of clinics and hospitals (Koh, 2020). It appears that the focus on digital health including telehealth consultations during COVID-19 is helping fast track the adoption of technology and more providers are seeing the My Health Record as a valuable repository of health data as it is accessible to all healthcare providers without the need for fax machines or postal services. As of March 2021, there are now 22.93 million My Health Records Australia-wide and more than 20.4 million or 89 per cent of them contain health data (My Health Record, 2021).

A survey by The Royal Australian College of General Practitioners (RACGP) revealed more than 99% of surveyed GPs were offering patients consultation via telehealth, including phone and video options (The Royal Australian College of General Practitioners, 2020). More than 4.3 million health and medical services have been delivered to a total of more than three million patients through the telehealth items introduced by the Australian Government for the COVID-19 pandemic (Department of Health Western Australia, 2020).

According to a Household Impacts of COVID-19 Survey results conducted from 16-25 April 2021, 14% of Australians used a Telehealth service in the previous four weeks, with the most common reasons being for convenience (68%), saving time (42%) and not needing to travel (38%) (Australian Bureau of Statistics, 2021). The April 2021 Telehealth usage (14%) was a decrease from November 2020 (18%), June 2020 (20%) and May 2020 (17%) (Australian Bureau of Statistics, 2021). The survey also revealed that 30% of Australians now preferred to access telehealth services more compared to before COVID-19, particularly family households with children (39%), people aged 18 to 34 years (38%), women (34%) and men (26%) (Australian Bureau of Statistics, 2021).

The pre-COVID-19 MBS utilisation for telehealth services in Manjimup (0.76 per 100 people) was the third highest rate in WA. Bunbury recorded 0.36 and Augusta - Margaret River - Busselton recorded 0.26. All three SA3 areas exceeded Perth North PHN (0.01), Perth South PHN (0.03) and the national rate (0.21), however only Manjimup was higher than Country WA (0.42).

Temporary COVID-19 MBS telehealth items have been made available to GPs and other health professionals since March 2020 to help reduce the risk of community transmission of COVID-19. Although the COVID-19 MBS utilisation data is currently unavailable, we expect to see a significant increase in telehealth utilisation nationwide as a result of the pandemic.

Summary

The South West is the most populous region outside of the metropolitan area. The dominant health concerns in the region are chronic disease, an increasing ageing population, mental health, and access to services.

The populations of Bunbury and Manjimup SA3s had significantly high prevalence rates of risk factors for chronic disease including obesity and high blood pressure. Chronic disease accounted for a substantial proportion of the burden of disease and the region had the highest musculoskeletal burden in the state. Bunbury had significantly high rates of PPH due to chronic conditions and PPH hot spots were identified in Collie, Harvey, and Waroona.

Despite having a larger population compared to other Country WA regions, the South West also experiences service access issues. The region had lower utilisation of allied health services and limited access to bulk billing GPs. This particularly impacts the inland towns, with residents often needing to travel to coastal towns to access services.

A growing ageing population in the South West will impact primary care services into the future. The region had a relatively low ratio of residential aged care beds to population compared to the state.

Mental health impacts youth in the South West, with anxiety the leading cause of burden of disease for youth in the region. Manjimup SA3 had the highest rate of self-harm hospitalisations in the state for people aged under 25 years. In 2021, service providers, particularly headspace, noted an increase in demand for mental health services and increasing waitlists across the region.

Priorities

Health Need	Service Need	Priority	Priority Area	Priority sub-category
Chronic disease accounted for a substantial proportion of the burden of disease. The region had the highest musculoskeletal burden in the state.	Bunbury had significantly high rates of PPH due to chronic conditions and PPH hot spots were identified in Collie, Harvey, and Waroona.	Support primary health care providers to manage chronic disease populations and build capacity for patient self-management.	Population health	Chronic conditions
The population in South West had significantly high-risk factors for chronic disease particularly high blood pressure and obesity.	Screening rates for risk factors are low. Supply of General Practice to population need was in the lower deciles. (Access Relative to Need.)	Support primary care to promote healthy weight and healthy lifestyle changes.	Population health	Practice support
Mental health impacts youth in the South West with anxiety the leading cause of burden of disease for youth in South West.	Manjimup had the highest self-harm hospitalisations in the state for people aged 0- 24 years.	Improve access to mental health services for youth.	Mental health	Early intervention and prevention
A growing ageing population in the South West will impact primary care services into the future.	The region had relatively low ratio of residential aged care beds to population compared the State.	Improve the management of chronic conditions for ageing populations and promote healthy ageing at home.	Aged care	Chronic conditions
Aboriginal people in the South West have poor health outcomes.	Uptake of Aboriginal health assessments are low in some regions in the South West.	Improve access to culturally appropriate services for Aboriginal people in the South West.	Aboriginal and Torres Strait Islander	Appropriate Care (including cultural safety)

Opportunities and Options

Priority	Expected Outcome	Potential lead agency and/or opportunities for collaboration and partnership
Support primary health care providers to manage chronic disease populations and build capacity for patient self-management.	P9 Increase in the rate of people diagnosed with chronic conditions who receive GP team care arrangement and case conferences. P4 PHN delivers a range of support activities to general practices and other health care providers.	General Practice Allied Health Providers
Support primary care to promote healthy weight and healthy lifestyle changes.	P4 Support provided to general practices and other health care providers.	General Practice Allied Health Service Providers
Improve access to mental health services for youth.	MH1 Rate of regional population receiving PHN commissioned low intensity psychological interventions. MH2 Rate of regional population receiving PHN commissioned psychological therapies delivered by mental health professionals. MH3 Rate of regional population receiving PHN commissioned clinical care coordination services for people with severe and complex mental health conditions.	General Practice Non-Government Organisations Community Mental Health Services
Improve the management of chronic conditions for ageing populations and promote healthy ageing at home.	AC2 Increase in the rate of people aged 75 years and over with a GP health assessment. P12 Decrease in PPH rates. Where the rate has been stable for at least three years, the performance criteria is to maintain the existing rate of PPH.	General Practice Aged Care Organizations Local Hospital Networks Local Governments
Improve access to culturally appropriate services for Aboriginal people in the South West.	IH8 Increase in rate of population receiving specific health assessment / Where the rate has been stable for at least 3 years, the performance criteria is to maintain the existing rate of receiving specific health assessments. IH5 ITC improves the cultural competency of mainstream primary health care services.	General Practice Aboriginal Community Controlled Health Services

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Acknowledgement

WA Primary Health Alliance acknowledges and pays respect to the Traditional Owners and Elders of this country and recognises the significant importance of their cultural heritage, values and beliefs and how these contribute to the positive health and wellbeing of the whole community.

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