WA Primary Health Alliance
Better health, together

phn
PERTH NORTH, PERTH SOUTH, COUNTRY WA
An Australian Government Initiative

South West

Needs Assessment 2025-2027

www.wapha.org.au

South West Priorities

Health need	Service need	Priority	Priority location	Priority area	Priority sub-category
Chronic disease accounts for a substantial proportion of the burden of disease, particularly musculoskeletal disease and cancer. Bunbury Statistical Area Level 3 (SA3) has one of the highest cancer rates in Country WA. Chronic diseases contribute significantly to the burden of disease in the South West region, particularly cancer and musculoskeletal disease. There are high rates of multimorbidity in Bunbury SA3, and high rates of avoidable deaths due to chronic conditions in Bunbury and Manjimup SA3s. Rates of clinician-diagnosed diabetes are above state levels in Bunbury and Manjimup SA3s. Bunbury and Manjimup SA3s have high rates of risk factors for chronic conditions, particularly obesity and smoking, and low levels of physical activity.	There are high rates of potentially preventable hospitalisations (PPHs) related to chronic conditions, particularly chronic obstructive pulmonary disease (COPD) and diabetes. The high prevalence of risk factors related to chronic disease make it a complex population from a clinical perspective.	**Support primary health care providers to manage chronic disease populations and build capacity for patient self-management.** **Support primary care to promote healthy weight and healthy lifestyle changes.**	South West	Population health	Chronic conditions

Health need	Service need	Priority	Priority location	Priority area	Priority sub-category
Mental health is the fourth leading cause of disease burden in the region. Rates of clinician-diagnosed depression are significantly higher than state rates in the Manjimup and Augusta – Margaret River – Busselton SA3s. Manjimup SA3 also has high rates of clinician-diagnosed depression. Suicide is a serious issue and exceeds the state rate in all three SA3s within the South West region, accounting for 2% of all deaths in Bunbury SA3, and 3% each in Manjimup and Augusta – Margaret River – Busselton SA3. Youth mental health is a critical issue, with high levels of self-harm and suicidal ideation amongst young people across the region.	Self-harm hospitalisations among residents under 25 years are above state levels in all three SA3s in the region. There is a low rate of psychologists per 10,000 people practicing in the Bunbury and Manjimup SA3s and only 1% of residents have accessed a clinical psychologist through Medicare Benefits Schedule (MBS) services in the Bunbury and Manjimup SA3s. Access to youth-focused mental health care is required to offset the concerning levels of need in this group, however Western Australia (WA) youth mental health providers face challenges meeting demand.	**Support General Practices in identifying people at risk of suicide and referring to appropriate services, including telehealth mental health providers.** **Enable access to culturally appropriate mental health care and early intervention suicide prevention services, including for young people.**	South West	Mental health	Access Early intervention and prevention
Childhood immunisation levels in the South West region are below the 95% target for Aboriginal and non-Aboriginal children. Minimise the risk of vaccine-preventable illnesses by ensuring children are up to date with their immunisation program.	Under-vaccination increases risk of vaccine-preventable illnesses and creates avoidable burden on primary health care and the Aboriginal health workforce.	**Support primary health care providers to increase childhood immunisation rates overall, and deliver culturally appropriate and accessible vaccination programs for Aboriginal children.**	South West	Population health	Immunisation Aboriginal health

Health need	Service need	Priority	Priority location	Priority area	Priority sub-category
Residents are at risk of harm from alcohol and illicit drug use. Rates of clinician-diagnosed chronic alcohol misuse and chronic drug misuse were significantly higher than the state rate in Augusta – Margaret River – Busselton and Manjimup SA3s.	Alcohol and other drugs (AOD)-related emergency department (ED) presentations are above state levels in the Augusta – Margaret River – Busselton SA3.	**Enable access to screening and alcohol and other drugs (AOD) treatment services.**	South West	Alcohol and other drugs	Access
Aboriginal people in the Bunbury SA3 experience significant levels of socioeconomic disadvantage compared to Aboriginal people in other parts of WA, and may be at risk of experiencing poor health outcomes related to social determinants of health.	Aboriginal people in the Bunbury SA3 have high rates of PPHs.	**Enable access to coordinated culturally appropriate primary care for Aboriginal people.**	South West	Aboriginal health	Appropriate care including cultural safety
The South West region has a large and growing proportion of older adults, particularly in Manjimup, where one third of the local population is projected to be over 65 years by 2030. Older people are more likely to be living with a chronic condition compared to the general population, and one in 10 have three or more long term conditions. In the Great Southern region, coronary heart disease, COPD and dementia are among the leading causes of disease burden for people aged 65 and over.	Despite having a high proportion of older people, there is a relatively low ratio of residential aged care beds to population compared to state levels, particularly in Manjimup and Bunbury SA3s. Older people need support from their primary health care providers to manage chronic conditions, including multimorbidity, and to live independently for as long as possible. The growing population of older people in the region will place increased pressure on aged care services.	**Support health and aged care providers to effectively manage chronic conditions for older people and help them live independently for as long as possible.** **Enable access to age-appropriate digital health services.**	South West	Aged care	Access Chronic conditions

Health need	Service need	Priority	Priority location	Priority area	Priority sub-category
Most Australians would prefer to die at home rather than in a hospital or aged care facility. For many Aboriginal people, this means dying at home connected to country.	There is limited home palliative care available in the region, with many older people dying in hospitals or aged care services.	**Enable access to local at-home palliative care services, and ensure they are culturally appropriate for Aboriginal people.**	South West	Aged care	Access Palliative care

South West

Overview

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.

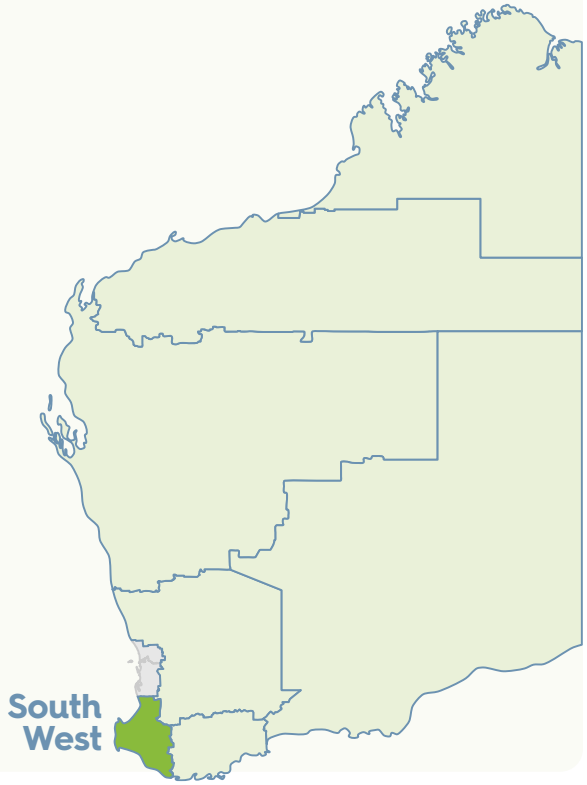
The populations of Bunbury and Manjimup SA3s have high prevalence of risk factors for chronic disease including obesity and smoking. Chronic disease accounts for a substantial proportion of the burden of disease and the region has the highest musculoskeletal burden in Western Australia (WA). The Manjimup SA3 has high rates of PPHs due to chronic conditions compared to other parts of WA.

Despite having the largest population in regional WA, service accessibility is an issue in some parts of the South West. GP catchments within the Bunbury and Manjimup SA3s (specifically, Bridgetown, Collie, Manjimup and Nannup GP catchments) are in need of additional GPs. The Bunbury SA3 has the highest level of unmet need for after-hours services, while there is moderate unmet need in the Manjimup and Augusta – Margaret River – Busselton SA3s. There is also a relatively high level of unmet need for services supporting people born in predominantly non-English speaking countries in the Bunbury SA3.

A growing ageing population in the South West will impact primary care services into the future. The region has a relatively low ratio of residential aged care beds to population compared to the state, particularly in the Manjimup SA3.

Mental health impacts youth in the South West, with anxiety the leading cause of burden of disease for youth in the region. The Manjimup SA3 has the highest rate of self-harm hospitalisations in the state for people aged under 25 years.

The median age of death in the Manjimup SA3 is 79 years, below the state median age of 81 years. The Augusta – Margaret River – Busselton and Bunbury SA3s are both above the state median age of death at 83 and 82 years respectively.



Population demographics

The South West region spans 24,000 square kilometres and is the most populous country region in WA. It consists of three Australian Bureau of Statistics (ABS) Statistical Area Level Three (SA3) sub-regions: the Augusta – Margaret River – Busselton SA3, Bunbury SA3 and Manjimup SA3. The Augusta – Margaret River – Busselton SA3 includes the towns of Busselton and Margaret River. The Bunbury SA3 includes the major regional centre, Bunbury and the town of Collie. The Manjimup SA3 includes the town of Manjimup.

The South West region's economy is based on agriculture and food with innovative and advanced manufacturing, and supports interstate and international tourism. The Augusta – Margaret River – Busselton SA3 is home to 57,332 residents, the Bunbury SA3 is home to 107,549 residents and the Manjimup SA3 is home to 23,863 residents. Together, the three SA3s of the South West region accounts for 7% of WA's population.

Social determinants of health

Social determinants of health are the conditions in which people are born, grow and live, including factors such as a person's socioeconomic position, education, neighbourhood and physical environment. These factors underpin a wide range of health and quality of life outcomes and can contribute to avoidable inequities in health care access.

The Socio-economic Index for Areas (SEIFA) provides a measure of the relative social and economic

disadvantage within a region based on a wide range of indicators reflecting disadvantage, including low income, low educational attainment, high unemployment, and reliance on welfare for income and housing support.

Compared to other parts of WA (Index of Relative Socioeconomic Disadvantage, IRSD = 1012), the South West region is an area of socioeconomic disadvantage. This is evident in the Bunbury SA3 (IRSD=976) and Manjimup SA3 (IRSD=980). In contrast, the Augusta – Margaret River – Busselton SA3 is socioeconomically advantaged relative to the state (IRSD=1022).

Across WA, 3% of residents live in social housing and 5% live in low income, welfare-dependent families with children. These levels are similar across the South West region, with 3% of residents in each SA3 living in social housing. In the Bunbury SA3, 6% of residents live in low income, welfare-dependent families with children, compared to 4% in the Augusta – Margaret River – Busselton SA3 and 3% in the Manjimup SA3.

Approximately 1 in 50 (2%) of residents in the Augusta – Margaret River – Busselton SA3 identify as Aboriginal and Torres Strait Islander (Aboriginal), compared to 1 in 25 (4%) residents in the Bunbury SA3 and 3 in 100 (3%) residents in the Manjimup SA3.

Under-served population groups

People at risk of avoidable, unjust health inequities are more likely than the general population to experience poor health outcomes due to physical, social, and economic factors, and include people who are multicultural; LGBTIQA+; experiencing homelessness; living with a severe disability or caring for someone with a disability; developmentally vulnerable; and victims of family, domestic or sexual violence.

The South West region has a number of under-served people who are at risk of poor health outcomes. Specifically:

- Approximately 3,800 Augusta – Margaret River – Busselton SA3 residents were born in a non-English speaking country, equating to about 7% of the local population. Around 8,000 Bunbury SA3 residents were born in a non-English speaking country, representing 7% of the local population. A further 1,465 Manjimup SA3 residents were born in a non-English speaking country, representing 6% of the local population. These compare to 18% across WA.
- 5% of residents in the Augusta – Margaret River – Busselton SA3 and 6% each in the Bunbury and Manjimup SA3s have a profound or severe disability compared to 5% across the state.
- 11% of residents in the Augusta – Margaret River – Busselton SA3 and 12% each in the Bunbury and Manjimup SA3s provide unpaid assistance to people with a disability, similar to the state rate of 11%.
- 17% of children in the Augusta – Margaret River – Busselton SA3, 23% in the Bunbury SA3, and 18% in the Manjimup SA3 were developmentally vulnerable on one or more domains compared to 20% across the state.
- An estimated 218 residents in the Augusta – Margaret River – Busselton SA3, 371 residents in the Bunbury SA3, and 90 residents in the Manjimup SA3 experienced homelessness. This equates to 42 residents per 10,000, 37 per 10,000 and 43 per 10,000 respectively, above the state rate of 36 per 10,000. This includes people living in overcrowded dwellings.

Multicultural populations

A bespoke review into the needs of multicultural people in WA identified that they face significant challenges accessing primary health care, including difficulties navigating the health care system, financial barriers and linguistic barriers when making appointments, articulating their health concerns and understanding medical terminology. Service providers require more training to effectively and appropriately support multicultural patients, including greater understanding of different cultures and the importance of using plain language or interpreters. Mental health, psychosocial support and vaccinations were identified as key needs for multicultural people.

For many multicultural communities, mental health is a significant issue, including comorbidity with alcohol and other drugs, and trauma. Some multicultural patients hesitate in seeking health care related to psychological concerns for fear of stigma, and difficulties in articulating their concerns.

Vaccinations can be difficult for migrants to plan for on arrival, as patient medical records are often inaccessible or need to be translated. This is significant for all migrants, particularly children, whose vaccinations must be aligned to the appropriate vaccine schedule.

Psychosocial strategies to provide a sense of connection and build independence are important for many people within multicultural communities, including support to set up a bank account, access Centrelink, improve English and obtain a driving license. These skills are critical in overcoming some of the barriers multicultural people face in accessing health care. There is a need to provide this connection and support in a safe and culturally appropriate setting and in a targeted manner to aid the transition to life in Australia.

There are two primary health care services specialising in care for the multicultural population in the Country WA region, located in the Goldfields SA3 and East Pilbara SA3. The Bunbury SA3 (CIS=0.24) has a moderately high level of unmet need for multicultural services in WA, being the fifth highest in the Country WA region. It has the highest number of residents (7,997) born in a predominantly non-English speaking country, and the highest number of residents (535) who are developing their English skills. However, the Bunbury SA3 is the only area

in the Country WA region with a rate below the state level for GP-type emergency department (ED) presentations among this population group, at 1,363 per 10,000 compared to 1,912 across WA.

In contrast, the Augusta – Margaret River – Busselton and Manjimup SA3s have some of the lowest levels of unmet demand for multicultural services in the Country WA region (CIS=-0.36 and -0.40 respectively).

LGBTIQA+ populations

LGBTIQA+ is an acronym commonly used to describe lesbian, gay, bisexual, trans/transgender, intersex, queer/questioning, asexual, and other sexuality, gender, and bodily diverse people and communities. Many LGBTIQA+ people face discrimination and disparities connected to their gender identification and/or sexuality that impact their physical and mental health and access to health care and other services. LGBTIQA+ people are known to have a higher risk of certain chronic diseases such as cancers, asthma and cardiovascular disease. Moreover, some members of LGBTIQA+ communities, particularly gay, lesbian and bisexual people, are 2.0 times as likely to smoke daily compared to heterosexual people which increases their risk of developing a chronic disease.

The Private Lives survey is Australia's largest national survey of the health and wellbeing of LGBTIQA+ people to date. In the latest results, LGBTIQA+ people reported lower self-rated health than the general Australian population, with fewer than 1 in 3 (31%) rating their health as very good or excellent compared to more than half (56%) of the general Australian population aged over 15 years. Two in five (40%) cisgender men rated their health as very good or excellent compared to only 29% of cisgender women, 26% of trans women, 20% of non-binary participants and 19% of trans men.

More than a third (39%) of participants reported a disability or long-term health condition, with 12% reporting a profound or severe disability, 20% a moderate disability and 6% a mild disability or long-term health condition. When accessing a health or support service, 30% of those with a severe disability or long-term health condition felt accepted compared to LGBTIQA+ people who did not report a disability or long-term health condition (51%). More than three quarters (78%) with a severe disability or long-term health condition reported being treated unfairly by others in the past 12 months because of their disability or long-term health condition. This was followed by 56% of residents with a moderate disability or long-term health condition and 43% with a mild disability or long-term health condition.

More than 4 in 10 (42%) of young Australian trans people have encountered medical services who did not respect, understand or have prior experience with gender diverse people. Please refer to the Mental Health section for further details about mental health and suicide prevention for LGBTIQA+ populations.

Local intelligence has highlighted supply-side challenges, including a lack of LGBTIQA+ friendly services in the region, and many individuals travelling to Perth for services. Furthermore, there is limited understanding and education within the health sector about trans and intersex people. Significant proportions of LGBTIQA+ people have not felt they can safely disclose their LGBTIQA+ identity to GPs or have been misgendered in practices. Improved training and promotion of LGBTIQA+-friendly practices would be welcomed by the LGBTIQA+ community to address these issues.

It is important to note that there is a critical lack of research into the area of health of LGBTIQA+ people at an Australian population level. Furthermore, each sub-group within the LGBTQIA+ population has its own unique health care needs, and it is inaccurate to treat these needs as homogenous across the LGBTIQA+ population. However, the lack of data, especially at a regional level, significantly limits the ability to identify and address the specific needs of each group – something WAPHA will continue to lobby to improve. Some needs relevant across the LGBTIQA+ population include:

Clinical

Access to appropriate:

- **Health and medical care** that is inclusive, delivered by health care providers trained to deliver LGBTIQA+ affirming care, such as using correct names and pronouns and understanding gender identity and sexual orientation.
- **Preventive care**, such as tailored cancer screenings (e.g., cervical cancer for transgender men, prostate exams for transgender women) and routine health checks that address unique risk factors for different sub-groups.
- **Mental health support** delivered by culturally competent mental health providers who understand the unique stressors LGBTQIA+ individuals can experience, including stigma, discrimination, and identity-related challenges.

Cultural

- **Respectful, non-judgemental treatment:** health care free from stigma and discrimination, ensuring all LGBTQIA+ patients feel safe and respected.
- **Relevant and affirming health information:** Resources that reflect and respect LGBTQIA+ identities, such as educational materials on sexual health, mental well-being, and healthy relationships.
- **Community support and peer networks:** Programs that connect LGBTQIA+ individuals to peer groups, mental health resources, and LGBTQIA+ community organisations that provide culturally relevant support.
- **Visibility of LGBTQIA+ friendly signage:** Clear signs, symbols, and inclusive language in health care facilities to signal a safe space for LGBTQIA+ patients.

Organisational

- **Inclusive policies and protocols** (e.g. anti-discrimination policies, use of inclusive terms on health care forms).
- **Ongoing cultural competency and LGBTQIA+ sensitivity training** for all health care workers.
- **Improved data collection** on LGBTQIA+ health needs (e.g., sexual orientation and gender identity data in patient records), helping to inform equitable policy and service delivery.
- **Collaboration across LGBTQIA+ organisations** to create referral networks, share resources, and ensure service delivery aligns with community needs.
- **Strict adherence to confidentiality policies**, especially regarding sensitive information related to gender identity and sexual orientation, to build trust with LGBTQIA+ patients.

Further information regarding health care standards in Australia that support the LGBTIQA+ community can be found at:

- *Australian Charter of Health Care Rights – LGBTQI+*
- *Rainbow Tick guide to LGBTI-inclusive practice*
- *Australian Medical Association (AMA) LGBTQIASB+ Position Statement*
- *Australian Health Practitioner Regulation Agency (AHPRA) LGBTIQA+ Communities guidance for health practitioners*
- *General Practice Supervision Australia (GPSA) LGBTQIA+ Health and Inclusive Health care.*

People experiencing homelessness

State-wide, health care barriers exist for people at-risk of or experiencing homelessness. A bespoke study into the needs of these people identified that many have had poor experiences with GP clinics and feel unheard when accessing primary health services. Experiences of fear, shame, and stigma were reported, often compounded by a clinical environment where some people feel out of place or unwelcome. Other barriers, including difficulty interacting with non-clinical staff (e.g., reception, security), fear of losing possessions to attend mainstream services, and financial barriers can also make it difficult for patients to make an appointment and see a clinician. Long wait times for appointments, transport availability and lack of fixed address mean keeping appointments is difficult.

Dual diagnoses and comorbidity can create complexities in accessing health care services, impacting eligibility for certain services and resulting in individuals feeling like they are being passed between different service providers in search of the right care. People experiencing homelessness indicated that it can be difficult to find the language to talk to clinicians about their concerns, and that clinicians may try to "fix everything all at once" as opposed to on one thing at a time.

In WA, 68% of the homeless population have at least one chronic health condition, 68% are living with mental health challenges, and 62% have a substance use disorder. More than one third (38%) have poor health from all three (physical, mental and substance issues).

The areas of greatest need for homelessness support are the Kimberley, East Pilbara, Gascoyne and Goldfields SA3s.

There is a moderate level of unmet need for homelessness services in the Bunbury and Manjimup SA3s (CIS=-0.36 and -0.41 respectively). An estimated 364 Bunbury and 100 Manjimup residents are at risk of or currently experiencing homelessness; equating to 32 people per 10,000 in each area; below the state rate of 48 per 10,000.

In contrast, the Augusta – Margaret River – Busselton SA3 (CIS=-0.93) has the lowest level of unmet need for homelessness services in WA. There are two services supporting people experiencing homelessness in the South West region, both located in the Bunbury SA3. These are the Health Hub at Eaton Fair and Salvation Army.

People experiencing family, domestic and sexual violence

The Australian National Plan to End Violence against Women and Children 2022 – 2032 aims to end gender-based violence through prevention, early intervention, response, and recovery and healing. Aligning with this, WA's Family and Domestic Violence Prevention Strategy details initiatives to prevent and respond to family, domestic and sexual violence, the key outcomes for which are prevention and early intervention; safety for victims through timely and accessible services; and accountability for perpetrators and support to cease violent behaviour.

One in six Australian women and one in eighteen men (since the age of fifteen) have been subjected to physical and/or sexual violence by a current or previous cohabiting partner. Moreover, one in six women and one in nine men were physically or sexually abused before the age of 15 years. The following groups have been identified as being more at risk to family, domestic and/or sexual violence.

- women
- children
- people living with a disability
- Aboriginal people
- people from multicultural backgrounds
- people in rural and remote Australia
- older people
- LGBTIQA+ people
- people experiencing socioeconomic disadvantage.

In 2018, partner violence was ranked as the fourth leading risk factor contributing to total disease burden for women aged 15-44, with child abuse and neglect during childhood being the leading risk factor. Family and domestic violence is also a leading cause of homelessness. In 2022-2023, approximately 104,000 (38%) of clients assisted by specialist homelessness services (SHS) had experienced family and domestic violence and of these, more than three in four (75%) were female.

WA Police statistics indicated that in the 12 months from July 2023 to June 2024, there were 1,545 reports of family related assault in the South West region, equating to an average of 129 reports per month.

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

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. In the 2021 Census, the age-standardised rate, ASR per 100 of Aboriginal people who reported they had one or more long-term health conditions was 25.7.

Prevalence of chronic disease

For the first time in 2021, the Census collected information on ten common long-term health conditions in Australia, which included, arthritis, asthma, cancer (including remission), dementia (including Alzheimer's disease), diabetes (excluding gestational diabetes), heart disease (including heart attack or angina), kidney disease, lung conditions (including emphysema or chronic obstructive pulmonary disease (COPD)), stroke, and mental health conditions (including depression or anxiety). In the 2021 Census, 19% of all West Australians (484,000) reported they had one of the above conditions and 5% reported they have two of the selected conditions.

The Augusta – Margaret River – Busselton SA3 has a moderate level of chronic disease among its residents with above state rates for three of the ten chronic conditions reported by the Census. Specifically, the third highest age-standardised rate (ASR) for cancer (including remission) in Country WA Primary Health Network (PHN) at 2.9 people per 100. Each of these exceeds the state rate:

	ASR per 100 people	
	Augusta–Margaret River–Busselton SA3	WA
Mental health condition (including depression or anxiety)*	10.1	8.3
Arthritis	8.0	7.9
Cancer (including remission)	2.9	2.9

**This the first time the chronic conditions have been collected in the Census, and there is some evidence that there may be biases in reporting mental health conditions. Therefore, these number should be interpreted with caution.*

Similarly, the Manjimup SA3 also has a moderate level of chronic disease among its residents with above state rates for three of the ten chronic conditions reported by the Census. In Country WA PHN, it has the third highest rate for mental health condition (including depression and anxiety) at 9.7 people per 100. Each exceeds the state rate:

	ASR per 100 people	
	Manjimup SA3	WA
Mental health condition (including depression or anxiety)	9.7	8.3
Arthritis	8.6	7.9
Asthma	7.5	2.9

In contrast, the Bunbury SA3 has a more concerning level of chronic disease among its residents, and the highest or second highest rate in the Country WA PHN for four of the ten chronic conditions reported by the Census. Specifically, it has the ASR for arthritis at 9.6 people per 100, for asthma at 8.6 people per 100, and for cancer (including remission) at 3.0 people per 100. It also has the second highest ASR in the Country WA PHN for mental health conditions (including depression or anxiety) at 10.0 people per 100.

Each of these exceeds the state rate:

	ASR per 100 people	
	Bunbury SA3	WA
Lung condition (including COPD or emphysema)	1.9	1.7
Mental health condition (including depression or anxiety)	10.1	8.3
Stroke	0.9	0.9
Arthritis	9.6	7.9
Asthma	8.6	7.4
Cancer (including remission)	3.0	2.9
Diabetes (excluding gestational diabetes)	4.9	4.5
Kidney disease	0.8	0.8

Using WAPHA's new method of estimating condition prevalence from general practice Data, rates of clinician-diagnosed diabetes were statistically significantly higher in the Manjimup SA3 (9.3%) and the Bunbury SA3 (8.7%) compared to the state rate of 7.9%.

This section focuses on chronic conditions other than mental and behavioural 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. Risk factors for chronic disease tend to be more prevalent in areas experiencing socioeconomic disadvantage and in regional and remote areas.

The South West region has significantly higher rates of risk factors compared to the state levels, particularly in the Bunbury SA3 and the Manjimup SA3. This includes high levels of residents experiencing obesity and not engaging in any physical activity for leisure purposes.

The estimated prevalence for people experiencing obesity is significantly higher in both the Bunbury and Manjimup SA3s compared to the WA rate of 36%. Concerningly, about 2 in 5 (42%) residents in the Bunbury SA3 are experiencing obesity. Similarly, about 2 in 5 (43%) residents in the Manjimup SA3 are living with obesity. In comparison, about 3 in 10 residents (30%) in the Augusta – Margaret River – Busselton SA3 are experiencing obesity, significantly lower than the state rate.

Both the Bunbury and Manjimup SA3s have significantly higher proportions of residents not engaging in any physical activity for leisure purposes at 20% and 23% respectively, compared to the state (17%). In contrast, the Augusta – Margaret River – Busselton SA3 has a significantly lower proportion of residents not engaging in any physical activity for leisure purposes at 12%.

All three SA3s in the South West region have prevalence levels above the state rate of 11% for smoking. Approximately 1 in 7 Manjimup and Augusta – Margaret River – Busselton SA3 residents currently smoke (15% and 13% respectively) and about 1 in 8 (12%) Bunbury SA3 residents currently smoke.

While high blood pressure is not a significant need in the South West region relative to other parts of WA, approximately 1 in 5 residents have high blood pressure in Manjimup, Bunbury and Augusta – Margaret River – Busselton SA3s (22%, 21% and 21% respectively, compared to 23% across WA).

Reported stress levels in the Bunbury and Manjimup SA3s are similar to the state with 12% of residents reporting stress in both areas.

Healthy Weight Action Plan

WA Primary Health Alliance (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 Clinical Referral 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.

Burden of disease

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 indicated that the South West region had a rate 1.1 times higher rate of fatal burden and 1.2 times higher rate for non-fatal burden compared to WA's metropolitan regions. The South West region experienced more non-fatal burden than fatal burden whereas other country regions (excluding the Pilbara) experienced more fatal burden than non-fatal burden. The South West has the highest musculoskeletal burden in the state, accounting for 17% of the total burden in the region.

Coronary heart disease, COPD and back pain were also among the five leading causes of disease burden, along with suicide/self-inflicted injuries and lung cancer for males:

Leading causes of total disease burden in the South West region		
Condition	%	ASR per 1,000
Cancer	19%	33.4
Musculoskeletal	17%	32.5
Cardiovascular	12%	22.7
Mental	12%	27.0
Injury	10%	23.0

Potentially preventable hospitalisations 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. However, only public hospitals data are reported in this document. Chronic conditions that are classified as potentially preventable through behaviour modification, lifestyle change and timely care: angina, asthma, COPD, congestive cardiac failure, diabetes complications, hypertension and iron deficiency anaemia.

Across the state as reported for 2020/21, the age-standardised rate of PPHs per 100,000 for total chronic conditions was (903) and the highest admission rates for WA were for chronic congestive cardiac failure (196), chronic obstructive pulmonary disease (184), and chronic diabetes (178). Relative to other parts of WA, the Manjimup SA3 has a higher rate of total chronic conditions (911 people per 100,000 compared to 903 per 100,000 across WA). This is driven by higher rates in the Manjimup SA3 compared to WA for chronic asthma (68 vs 57), congestive cardiac failure (207 vs 196), diabetes complications (192 vs 178), chronic hypertension (33 vs 28) and COPD (212 vs 184). In comparison, the Augusta – Margaret River – Busselton and Bunbury SA3s have lower rates of total chronic conditions relative to the state at 879 and 873 per 100,000, respectively. However, compared to WA, the Augusta – Margaret River – Busselton SA3 has higher rates for chronic asthma (67 vs 57), congestive cardiac failure (232 vs 196) and COPD (213 vs 184). Similarly, the Bunbury SA3 also has higher rates for chronic asthma (64 vs 57), chronic hypertension (31 vs 28), chronic iron deficiency anaemia (152 vs 140) and COPD (198 vs 184).

Management of chronic disease in primary care

Across WA, 14% of residents have utilised a GP chronic disease management plan (CDMPs). Residents of the Augusta – Margaret River – Busselton, Manjimup and Bunbury SA3s have comparatively higher utilisation, at 17%, 15% and 14% respectively.

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 Australian Immunisation Register (AIR) from 1January 2023 to 31 December 2023 indicated that in the Country WA PHN, childhood immunisation coverage was comparable to the state average for all ages (1, 2 and 5 years), but was still below the 95% target. Approximately 90% of children were fully immunised at 1 year and 92% at 5 years, compared to only 87% at 2 years.

The AIR reports that the childhood immunisation rates were below target for all SA3s and all three age groups, with the lowest rates for children aged 2 years. In the South West region, the Augusta – Margaret River – Busselton SA3 had the lowest rates for all age groups, being 84% for children aged 1 year, 83% for children aged 2 years and 88% for children aged 5 years. Although the Bunbury SA3 had the highest rates in the South West region, they were below target at 92% for children aged 1 year, 87% for children aged 2 years and 92% for children aged 5 years. Similarly, the Manjimup SA3 was below target for all age groups, being 88% for children aged 1 year, 87% for children aged 2 years and 91% for children aged 5 years. The lower rate at 2 years overall 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 2020-21, cancer screening participation rates in the Augusta – Margaret River – Busselton SA3 were above state levels except for cervical cancer screening.

About 1 in 2 (48%) eligible residents had participated in bowel cancer screening, above the state level of 42%. Approximately 1 in 2 (52%) had participated in breast cancer screening (compared to 51% across WA), and 2 in 3 (67%) had participated in cervical cancer screening, similar to the state level of 69%. The Bunbury SA3 fell below state levels for cervical cancer screening at 58%, but exceeded state levels for bowel and breast cancer screening at 43% and 52% of eligible residents respectively. Similarly, the Manjimup SA3 also fell below state levels for cervical cancer screening at 57%, but was above state levels for bowel and breast cancer screening at 47% and 55% of eligible residents respectively. These low levels are concerning given that cancer is more prevalent in the Augusta – Margaret River – Busselton and Bunbury SA3s compared to the state

and cancer is the leading cause of disease burden in the South West region. Please note, participation in the new five-year program for cervical cancer screening cannot be accurately reported until there are 5 years of data available.

Avoidable mortality

Avoidable mortality refers to deaths of people under 75 years from conditions that are potentially preventable or treatable through primary/hospital care. The rate of avoidable deaths in the Bunbury and Manjimup SA3s exceed the state rate of 117.6 per 100,000 at 135.6 and 129.3 per 100,000 respectively. In comparison, the Augusta – Margaret River – Busselton SA3 is below state rate at 107.8 per 100,000. The Bunbury SA3 has above state rates for avoidable deaths for all selected causes except cerebrovascular diseases. The Manjimup SA3 has the third highest rate of avoidable deaths from suicide and self-inflicted injuries for people aged 45 to 74 years at 24.9 per 100,000 compared to the state at 16.9 per 100,000.

The five leading causes of death and their percentage with respect to all death causes within the South West region are:

Rank	WA	Augusta – Margaret River – Busselton SA3	Bunbury SA3	Manjimup SA3
1	Coronary heart disease (11%)	Coronary heart disease (12%)	Coronary heart disease (10%)	Coronary heart disease (12%)
2	Dementia including Alzheimer's (9%)	Dementia including Alzheimer's (9%)	Dementia including Alzheimer's (8%)	Cerebro-vascular disease (5%)
3	Cerebro-vascular disease (5%)	Cerebro-vascular disease (7%)	Lung cancer (5%)	Dementia including Alzheimer's (5%)
4	Lung cancer (5%)	Lung cancer (4%)	Cerebro-vascular disease (5%)	Lung cancer (5%)
5	COPD (4%)	COPD (4%)	COPD (5%)	Land transport accidents (4%)

Women's health: hysterectomy and endometrial ablation

In Australia, heavy menstrual bleeding affects one in four women of reproductive age with many also experiencing pain, fatigue and anxiety. Of women experiencing heavy menstrual bleeding, less than half seek medical treatment and more than 60% are iron deficient. A range of treatment options are available, from oral medication (non-hormonal and hormonal) to the more invasive treatments of endometrial ablation and hysterectomy.

The Australian Commission on Safety and Quality in Health Care recently published a revised Heavy Menstrual Bleeding Clinical Care Standard (2024 June) with an emphasis on informing the patient about her treatment options and potential benefits and risks, and participation in shared decision making based on their preferences, priorities and clinical situation. It notes that hysterectomies for management of heavy menstrual bleeding should only be considered when alternative treatment options are ineffective or unsuitable, or at the patient's request. It also notes that the patient be fully informed of the potential risks and benefits before deciding. Separately, the Women's Health Focus Report maps geographic variation in hysterectomy and endometrial ablation hospitalisation rates, to investigate whether appropriate care is being delivered and improve the range of treatment options available to women experiencing heavy menstrual bleeding.

Hysterectomy is mostly performed for benign gynecological conditions of which heavy menstrual bleeding is one of the most common. Relative to other areas in WA, there are high rates of hysterectomies in the South West region. The Bunbury SA3 has one of the highest rate reported in WA at 358 per 100,000, compared to the state average of 239 per 100,000. The Manjimup SA3 also exceeded the state rate, at 242 per 100,000.

Whilst not usually as effective in managing heavy menstrual bleeding as a hysterectomy, endometrial ablation has a shorter recovery period and lower risk of short-term effects. Between 2013-16 to 2019-22, there was a 10% increase in endometrial ablation hospitalisation ASR (non-cancer diagnoses) per 100,000 women aged 15 years and older in WA (164 to 181). Relative to other parts of WA, the South West has a high rates of endometrial ablation rates per 100,000, with all three SA3s in the region above the state rate. The Bunbury SA3 reported the highest rate in the Country WA region at 393 per 100,000, and has been consistently high over the last ten years. The Manjimup and Augusta – Margaret River – Busselton and SA3s have recorded rates of 308 and 227 per 100,000 respectively.

Utilisation of primary care services

GP utilisation in the Augusta – Margaret River – Busselton, Bunbury and Manjimup SA3s are all above state levels, though declined between 2021-22 and 2022-2023. In 2022-23, nearly 9 in 10 residents in the Augusta – Margaret River – Busselton (86%), Bunbury (89%) and Manjimup (86%) SA3s visited a GP; compared to 84% across WA30. This was a reduction from 2021-22 levels, where 92% of Augusta – Margaret River – Busselton and Manjimup residents, and 93% of Bunbury residents had utilised a GP.

The PHN after-hours program aims to improve access to GP services in the after-hours period, being before 8am and after 6pm weekdays; before 8am and after 12pm Saturdays; and all-day Sundays and public holidays, particularly for people at risk of or experiencing homelessness.

A targeted analysis on need, unmet demand and supply indicators was undertaken to assess relative local demand for after-hours care. A Composite Index Score (CIS) was calculated based on the after-hours demand and supply indices, and each SA3 in WA ranked by relative demand from highest to lowest score.

In the Country WA region, there are 146 primary health services open after-hours, contributing 17% of all after-hours primary health services in WA. Primary health services collectively operate for 29 hours weekly per 10,000 population; below the state level of 45 hours. There are 11 Medicare Benefits Schedule (MBS) after-hours GP services (urgent and non-urgent) claimed per 100 people across WA. The Bunbury SA3 has the highest level of unmet need (CIS=1.36) for after-hours services in WA. It has the highest rate of PPHs for acute and chronic conditions, and the largest population in the Country WA region. In contrast, the Manjimup and Augusta – Margaret River – Busselton SA3s each have a moderate level of unmet need for after-hours services in WA (CIS=-0.01 and -0.23 respectively.

Stakeholder consultations further revealed two insights for after-hours primary health care across WA. First, operating after-hours services is not financially viable for most GP practices, with prevalent financial barriers including insufficient MBS incentivisation for after-hours services, financial risk due to unpredictable demand in after-hours patient volume and, workforce constraints due to inability to incentivise staff to work during the after-hours period. Second, the Royal Commission into Aged Care Quality and Safety recommendations have increased demand for after-hours GP care for residential aged care (RAC) providers. The stronger regulation of RACs to ensure older people receive appropriate care relative to their needs has increased the reliance of RACs on GPs, resulting in an increase in the number of calls made by RACs to GPs during the after-hours period due to fear of potential repercussions if the RACs fail to report or respond to medical incidents, irrespective of the severity of the health concern presented.

Residents of the Manjimup (7%), Bunbury (6%) and Augusta – Margaret River – Busselton SA3s (5%) have greater or similar utilisation of GP health assessments compared to the state (5%). Please note, these data only include Medicare-subsidised services, and it is not currently possible to obtain data by type of health assessment.

The majority of Medicare-subsidised allied health services are for optometry services, and Medicare-subsidised allied health services only account for a portion of allied health service use in Australia. This is because they are only available to patients with a GP or specialist referral, and exclude non-Medicare subsidised services, such as those provided by Aboriginal health services and other non-government organisations.

Medicare-subsidised nurse practitioner services are not heavily used in the region. The latest data reports that 1% of the Bunbury SA3 and Augusta – Margaret River – Busselton SA3 residents have used a nurse practitioner service, below the state rate (3%). In contrast, the Manjimup SA3 had a higher utilisation rate above the state level at 5%.

The nursing and Aboriginal health worker service group consists of Medicare-subsidised services delivered by a nurse practitioner, practice nurse, midwife or Aboriginal health worker. Approximately 1 in 10 (10%) residents in the Manjimup SA3 used a Medicare-subsidised practice nurse/Aboriginal health worker, above the state rate of 7%. There is lower utilisation in the Augusta – Margaret River – Busselton and Bunbury SA3s both at 7%, similar to the state.

Access Relative to Need 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.
- The demographic and socioeconomic characteristics of the population.
- In 2024, WAPHA updated the ARN index to identify areas with a low access to GPs relative to need.

Relative to other areas in WA, there is high access to GP services across the Great Southern region. Overall, 20% of SA3s across WA have higher access relative to need (ARN) compared to the Augusta – Margaret River – Busselton SA3, 40% of SA3s across WA have higher ARN compared to Bunbury SA3 and 70% of SA3s across WA have higher ARN compared to Manjimup SA3.

Consumer views of accessing GPs

To better understand the experiences of Western Australians experiencing socioeconomic disadvantage accessing primary health care, particularly GPs, when they need it, WAPHA commissioned consumer research in 2021.

Most people experiencing socioeconomic disadvantage were able to access a GP when

needed. Although 31% of respondents encountered barriers when visiting a GP, 92% had visited a GP in the last year. However, approximately 1 in 10 respondents (11%) had needed a GP on at least one occasion but had not visited one. This was higher among Aboriginal people (22%), people aged 18-39 (20%), those living with disability (16%) and females (15%). The main reasons these people needed a GP were illness, concerns about mental health, to get a prescription and to help with the management of a long-term health condition. Only 8% of these people sought help from an alternative healthcare professional, such as a pharmacist. A lack of available appointments was the main reason for not seeing a GP when needed, cited by nearly half (43%) of this group. A further 25% reported a lack of time and other commitments, while 16% felt afraid of being judged.

Among the full sample, the most common reason to visit a GP was to get a prescription (53%), followed by managing a chronic condition (28%) and general check-up (25%).

Accessibility factors such as appointment availability were the most cited barrier to accessing a GP, followed by transportation issues and conflicting commitments. Women, people with young children, young people, people from multicultural communities, people living with a disability and Aboriginal people were most likely to experience barriers.

Cost did not appear to play a large role in limiting access to a GP, with only 1 in 10 (10%) mentioning it as a barrier. This finding is attributed to over 80% of the survey cohort indicating that their GP service was bulk billed. If the availability of bulk billed appointments decreased this would seriously impact access to a GP for people experiencing social and economic disadvantage.

The benefit of having a regular GP to the quality of a patient's experience was clear. Respondents with a regular GP reported finding it significantly easier to visit their GP and were significantly more likely to have had a positive experience, even compared to those with a regular GP practice, but not a regular GP.

Nearly 9 in 10 (87%) prefer attending a GP appointment in person but 2 in 3 (67%) would be comfortable with a telehealth appointment under some circumstances, such as for follow-up appointments.

Workforce

General practitioners

Accurate, up-to-date general practitioner full-time equivalent (GP FTE) figures are unavailable, so the Department of Health and Aged Care comprised a proxy measure which calculates a GP's workload based on MBS services claimed, with one GP FTE representing a 40-hour week over 46 weeks of the year. For each Medicare provider, the new measure attributes an estimate of the amount of time they have spent on their claims in relation to what would be worked by a full-time GP (billable time, non-billable time, and non-clinical time). It is an estimation of GP workforce service utilisation and not an exact count of GP FTE available. For this report, we will refer to this measure as the GP Claimed Service Equivalent (GPCSE).

Based on the latest data, the Augusta – Margaret River – Busselton SA3 has 113 GPCSE per 100,000 residents, the Bunbury SA3 has 118 GPCSE per 100,000 and the Manjimup SA3 has 103 GPCSE per 100,000. Each of these are above the state rate of 102 per 100,000.

In addition to their normal remuneration, GPs can access additional financial incentives based on how remote the location in which they work is. Areas are classified from metropolitan through to rural, remote and very remote. Compared to other areas in WA, Collie (within the Bunbury SA3), Bridgetown and Manjimup catchments (both within the Manjimup SA3) are noted as having moderate need for GP workforce. The lack of housing availability in Bridgetown has been reported as a significant barrier to workforce recruitment.

Collie catchment has a relatively moderate need for GP workforce, with two local general practices and the ability to accept GP registrars immediately. Nearly 9 in 10 residents are experiencing socioeconomic disadvantage, with 87% in the most disadvantaged quintiles in WA.

Bridgetown catchment has a relatively moderate need for GP workforce, with three local general practices and the ability to accept GP registrars immediately. About 2 in 3 residents are experiencing socioeconomic disadvantage, with 64% in the most disadvantaged quintiles in WA.

Manjimup catchment has a relatively moderate need for GP workforce, with three local general practices and the ability to accept GP registrars immediately. Nearly 9 in 10 residents are experiencing socioeconomic disadvantage, with 87% in the most disadvantaged quintiles in WA.

Boyup Brook and Pemberton catchments have no viability to support an increase in workforce due to small population sizes.

Primary care nurses

The Manjimup and Augusta – Margaret River – Busselton SA3s both have a relatively low supply of primary care nurses at 129 and 181 full-time equivalent (FTE) per 100,000 residents respectively. Each of these are below the state rate of 251 FTE per 100,000. In comparison, the Bunbury SA3 has a higher supply at 262 FTE per 100,000.

Aged care

The South West region has a large and growing aged population, especially in the Manjimup SA3. In 2022, there were 13,191 people aged 65 years and over in the Augusta – Margaret River – Busselton SA3, 21,101 in the Bunbury SA3 and 6,209 in the Manjimup SA3, representing 22%, 19% and 25% of the population respectively. This is projected to increase to 23% in the Augusta – Margaret River – Busselton SA3, 22% in the Bunbury SA3 and 30% in

the 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.

The Western Australian Burden of Disease Study 2018 reported that the five leading causes of disease burden for older people aged 65 to 84 years were coronary heart disease, COPD, lung cancer, dementia and type 2 diabetes mellitus. For older people aged 85 years and over, dementia was reported as the leading cause of total burden of disease.

The 2021 Census reported that 10% of Western Australians aged 65 years and older have three or more long-term health conditions. This was similar in the Bunbury, Manjimup and Augusta – Margaret River – Busselton SA3s, with 11%, 9% and 8% of residents aged 65 years and older living with three or more long-term health conditions.

Approximately 3 in 5 (59%) general practice patients aged 65 years or older were diagnosed with three or more chronic conditions across WA. The Augusta – Margaret River – Busselton SA3 has the third highest proportion in the Country WA PHN with nearly 2 in 3 (63%) diagnosed with three or more chronic conditions. Similarly, about 3 in 5 patients aged 65 years or older are diagnosed with three or more chronic conditions in Manjimup (62%) and Bunbury (58%) SA3s. Please note that these data include private general practices only and do not include GP services provided by non-government organisations.

Utilisation of health services

Across WA, approximately 2 in 5 (39%) of people aged 80 years and over had a GP Health Assessment in 2022-2023.

In residential aged care homes (RACHs) there were 15.5 GP attendances per patient across WA. The rate in the Country WA PHN overall was similar at 15.0 attendances per patient.

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. General practice data indicate that approximately 1 in 4 (28%) of patients aged 75 years and over across WA have had a GP health assessment. The Augusta – Margaret River – Busselton, Bunbury and Manjimup SA3s each have above state rates at 32%, 36% and 32% respectively.

The Royal Commission into Aged Care Quality and Safety noted that people receiving aged care, particularly those in residential aged care, do not consistently receive the health care they need. This includes doctor visits, mental health services, oral and dental health care, and preventative and holistic care.

Palliative care

The goal of palliative care is to improve the quality of life of patients with an active, progressive disease that has little or no prospect of a cure.

Most Australians would prefer to die at home, rather than in hospital or residential aged care. However, many older people use both hospital and aged care services in their final years of life and often die in one of these settings.

The Royal Commission into Aged Care Quality and Safety made key recommendations for palliative care including:

- Compulsory palliative care training for aged care workers.
- Comprehensive sector funding specifically including palliative care and end-of-life care.
- A review of the Aged Care Quality Standards to regulate high quality palliative care in residential aged care.
- Access to multidisciplinary outreach services; and A new Aged Care Act that includes the right to access palliative care and end-of-life care.

From 1 October 2022, a new funding model, the Australian National Aged Care Classification (AN-ACC) has replaced the Aged Care Funding Instrument (ACFI). The AN-ACC provides equitable funding through three components, to approved residential aged care providers based on the service type delivered and each residents' care needs.

Primary Health Networks will receive funding from the Greater Choices for At Home Palliative Care program to improve palliative care coordination in their local communities.

In 2022, there were 27.7 total full-time equivalent (FTE) palliative medicine physicians and 333.2 FTE palliative care nurses employed in WA. Whilst it is recognised that the palliative care workforce is made up of a broad range of professional groups including other medical specialists and allied health professionals, the existing national data sources cannot accurately capture information on palliative care services provided by these health professionals, hence have not been reported.

Palliative care nurses across WA are working 65.0 total weekly hours per 1,000 patients aged 75 and over. The rate is similar in the Augusta – Margaret River – Busselton SA3, and below state levels in the Manjimup SA3 at 63.7 and 49.7 total weekly hours per 1,000 aged 75 and over respectively. In contrast, the Bunbury SA3 has above state rates at 113.7 weekly hours per 1,000. Palliative medicine physicians across WA are working 5.7 total weekly hours per 1,000 aged 75 and over. The Bunbury SA3 has above state levels at 9.3 total weekly hours per 1,000 aged 75 and over. Data was not provided

for the Augusta – Margaret River – Busselton and Manjimup SA3s because there were no palliative medicine physicians working in either region as a primary location.

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.

Commonwealth Home Support Programme

The Commonwealth Home Support Programme (CHSP) provides entry-level support for older people so that they can continue to live independently at home. For FY 2022-2023 in WA, domestic assistance had the highest number of clients serviced and had the highest expenditure; however, social support group had the highest amount of services provided by hours.

Home Care Packages program

The Home Care Packages (HCP) program provides structured 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.

There are currently five home care services in the Augusta – Margaret River – Busselton SA3 provided by Capecare, Life Without Barriers and Southern Cross Care (three services). In the Bunbury SA3, there are 18 home care services provided by Acacia Living Group, BaptistCare, Bethanie, Community Home Care, Country Mile Home Care, Life Without Barriers, Morrisey Homestead, Pam Corker House, Riverview Residence, Silver Chain, South West Community Care and SWAMS. In comparison, there are only two services in the Manjimup SA3 provided by Life Without Barriers and the Shire of Manjimup. As at December 2023, there were 1,321 people in an HCP in the South West Aged Care Planning Region (ACPR) and a further 303 people waiting for an HCP at their approved level.

WA has 249 residential aged care services with a total of 19,887 residential places. Despite there being a high proportion of elderly population, there is a low beds-to-population ratio in the South West region. The Augusta – Margaret River – Busselton SA3 has a low beds-to-population ratio with five residential aged care (RAC) services at 50 beds per 1,000 people aged 70 years and over; below the state rate of 64 per 1,000. Similarly, the Bunbury (10 RAC services) and Manjimup (four RAC services) SA3s also have below state rate at 56 and 33 beds per 1,000 people aged 70 years and over.

The Augusta – Margaret River – Busselton SA3 has a relatively low supply of nurses working in aged care at 11.9 FTE per 1,000 people aged 70 years and over, similarly Bunbury and Manjimup SA3s also have a relatively low supply at 10.6 FTE and 10.5 FTE per 1,000 people aged 70 years and over. This compares to 12.2 FTE per 1,000 across WA.

Alcohol and other drugs

Alcohol and drug use is a significant issue in the Augusta – Margaret River – Busselton and Bunbury SA3s. Nearly 1 in 3 residents (32% in both areas) are at risk of long-term harm from alcohol, significantly higher than the state rate of 26%. In the Bunbury SA3, levels of short-term alcohol harm (14%) and high risk alcohol consumption (47%) are also significantly higher than state rates (10% and 33% respectively). The proportion of smokers in the Augusta – Margaret River – Busselton (13%) and Bunbury (12%) SA3s are not significantly higher than the state (11%).

In comparison, risky drinking is less of an issue in the Manjimup SA3. It is below or similar to state levels for long-term (25%) and short-term (11%) alcohol harm and smoking (15%).

Using WAPHA's new method of estimating condition prevalence from general practice data, compared to state rates, patients in Augusta – Margaret River – Busselton and Manjimup SA3s have statistically significantly higher rates of clinician-diagnosed chronic alcohol misuse (2.1% and 2.5%). Clinician-diagnosed rates of chronic drug misuse is significantly higher in the Augusta – Margaret River – Busselton (1.6%), Bunbury (1.5%) and Manjimup (1.8%) SA3s.

AOD burden of disease

WA Burden of Disease Study 2015 has the latest regional recording for risks associated with burden of disease for the Southwest region.

Tobacco use contributed to 23% of cancer burden and 9% of cardiovascular disease with people aged 45-64 years having the highest risk of burden. Men (10%) in the South West region also had a high risk of disease due to tobacco use compared to women (9%).

Alcohol contributed to the burden of 15% of mental and substance use disorders, 4% of cancer and 3% of cardiovascular disease. The 15–24-year age group had the greatest risk of alcohol leading to disease.

Illicit drug use made the highest contribution to burden of disease for males and females aged 25-44 years. Illicit drugs contributed to 12% of mental and substance use disorders and 0.2% of cancer in the South West region.

Accidental overdose

Australia's Annual Overdose Report, produced by the Penington Institute, reported an increase in unintentional drug-induced (accidental poisoning) deaths in WA from 2004 (2.7 per 100,000) to 2021 (8 per 100,000) suggesting that drug use is a

growing health concern. Of this, males account for two thirds (70.5%) of unintentional drug-induced death compared to women. People aged 40-49 had 455 (27.2%) unintentional drug-induced deaths in 2021 and were found to be the most at-risk age bracket.

In 2021, opioids continued to be the largest overall drug group identified in unintentional drug-induced deaths in 2021 (45.7%), followed by benzodiazepines (32.5%) and anti-depressants (19.3%).

WA had the second highest rate of heroin death in 2021 with 1.5 deaths per 100,000. This corresponds with higher rates of death for other opioids such as fentanyl/pethidine/tramadol in 2021 (0.8 deaths per 100,000). There has also been an increase in deaths involving benzodiazepines in WA from 2013 to 2021 (1.1 to 3 deaths per 100,000), and stimulants such as methamphetamine and amphetamines (1.3 to 3 deaths per 100,000).

Between 2017 – 2021, there were 21 unintentional drug-induced deaths in the Augusta – Margaret River – Busselton SA3 and 54 in the Bunbury SA3, equating to rates of 7.4 and 10.0 per 100,000 people respectively; these compare to the state average of 8.0 per 100,000. In contrast, unintentional drug-induced deaths were less of an issue in the Manjimup SA3, which was below the state rate at 2.10 per 100,000; representing 2 deaths.

Hepatitis B and C

Hepatitis B and C are bloodborne viruses. Hepatitis B is spread between people by body fluids while hepatitis C is spread through blood-to-blood contact and is commonly spread through unsafe injecting practices. Untreated hepatitis B and C can lead to liver disease (including cirrhosis), liver cancer and death.

Since 1982, a vaccine has been developed for hepatitis B with the recommendation that babies and adolescents are vaccinated. Currently there is no vaccination available for hepatitis C, although antiviral treatment is available. Treatment is now more than 95% effective at curing hepatitis C and available to most people via prescription from their GP.

In WA, notifications of hepatitis B and C have been declining. Between 2017 and 2023, notification rates of hepatitis B have slightly reduced from 21 to 18 notifications per 100,000. Hepatitis C notification rates decreased (from 62 to 47 notifications) between 2004 and 2017 and has continued to decrease with 32 notifications per 100,000 people in WA in 2023.

The proportion of people with chronic hepatitis B (CHB) in the Augusta – Margaret River – Busselton, Bunbury and Manjimup SA3s is below the state rate of 0.8%, at 0.3%, 0.4% and 0.4% respectively. However, the treatment uptake in the Augusta – Margaret River – Busselton (5%) and Bunbury (5%) SA3s are below the state levels of 9%. Treatment uptake is suppressed for the Manjimup SA3 due to low numbers.

Chronic hepatitis C (CHC) levels in the South West region are similar to the state rate of 0.7%, with 0.8% in all three SA3s. The CHC treatment uptake was 39% in the Bunbury SA3, below that of the state level of 42%. In comparison, the treatment uptake was above state level at 46% in the Augusta – Margaret River – Busselton SA3 and 55% in the Manjimup SA3.

Alcohol and other drug services

Reported statistics on alcohol and other drugs (AOD) treatment show that across the Country WA PHN, 412.57 per 100,000 people understood treatment during the 2022-2023 period. Alcohol treatment represented more than half (53%) of the drug of concerns, followed by cannabis (23%) and amphetamines (18%). Men make up nearly two thirds of clients (64% vs. 36%), with 30–39-year-olds (28%) making up the largest age group of clients.

Drug and Alcohol services are provided by not-for-profit organisations including services funded by the Mental Health Commission in the South West region. The South West Community Alcohol and Drug Service in Bunbury (St John of God Health care) 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. Palmerston provides the Beela Valley Therapeutic Community which is a residential rehabilitation centre for AOD issues in Bunbury and Hope Community Services offers the Alcohol and other Drug Counselling in Dunsborough. WAPHA commissions the South West Aboriginal Medical Service Mental Health and AOD Service to address needs of Aboriginal people in the South West. It should be noted that there is a lack of services based in Augusta and the surrounding suburbs.

Mental health

Mental health was the fourth leading cause of disease burden in the South West region contributing 12% to the total disease burden for the region. Across the South West region, 51,578 community mental health occasions of service were recorded, with females accounting for 54% of the total figure. Women in the South West region were impacted by anxiety (5%) while suicide and self-inflicted injuries contributed to the disease burden for men (5%).

Approximately 1 in 9 residents in the Augusta – Margaret River – Busselton SA3 report that they have been diagnosed with anxiety (11%), depression (10%) and high or very high psychological distress (12%). The prevalence of anxiety, depression and proportion experiencing psychological distress is similar to state levels at 12%, 11% and 13% across

WA. In comparison, the prevalence of anxiety and depression is above state levels in Bunbury (14% and 12%) and Manjimup (12% and 11%) SA3s. The proportion of population experiencing psychological distress is above state levels in the Bunbury SA3 (14%); and below state level in the Manjimup SA3 (10%).

Using WAPHA's new method of estimating condition prevalence from General Practice Data, rates of clinician-diagnosed depression were statistically significantly higher in Augusta – Margaret River – Busselton (7.9%) and Manjimup (9.2%) SA3s, and Anxiety was statistically significantly higher in the Manjimup SA3 (5.6%). Diagnoses of mixed Depression and Anxiety are included in both disease estimates.

Suicide and self-harm

From 2018 to 2022, 1,919 people sadly died from suicide in WA; a rate of 14.1 people per 100,000 people and above the national rate of 12.3 per 100,000. In WA, suicide represents 3% of all deaths and is the ninth leading cause of death.

Suicide in all three SA3s in the South West region are above state levels at 17.2 people per 100,000 in Augusta – Margaret River – Busselton SA3, 16.1 per 100,000 in the Bunbury SA3 and 18.9 per 100,000 in the Manjimup SA3. In Augusta – Margaret River – Busselton SA3, suicide is the 8 leading cause of death, representing 3% of all deaths between 2017-2021. In the Bunbury SA3, suicide is the 10 leading cause of death, representing 2% of all deaths between 2017-2021. In the Manjimup SA3, suicide is the 13 leading cause of death, representing 3% of all deaths between 2017-2021.

The Health and Wellbeing Surveillance Survey collects data on suicidal ideation among adults aged 16 years and over. In the Augusta – Margaret River – Busselton SA3, 1 in 20 (5%) indicated that they had thought seriously about ending their own lives, below the state rate of 7%. Similarly, suicidal ideation in the Bunbury (7%) and Manjimup (6%) SA3s are also below or equal to the state rate.

Self-harm is a strong risk factor for suicide. At a rate of 134.8 per 100,000 residents, hospitalisations for self-harm in the Manjimup SA3 is above the state level (97.9 per 100,000) . Self-harm is less of a concern in Augusta – Margaret River – Busselton and Bunbury SA3s, both below state rates at 79.4 and 94.3 per 100,000 residents.

Youth mental health

Primary mental health care services play an important role in prevention and early intervention efforts reduce the prevalence and impact of mental health problems amongst young people. Approximately 1 in 7 young people aged 4-to-17-years experience mental illness in any given year, and 75% of severe mental health problems emerge before the age of 25. Early intervention in childhood and adolescent years can prevent or mitigate potentially lifelong mental illness.

A recent survey of WA school children found that mental health was a critical issue with a substantial number of Year 7 to 12 students reporting poor life satisfaction, low self-esteem, high levels of stress and the feeling they can't cope with life's challenges. Approximately 1 in 4 (26%) female year 7 to 12 students rate their life satisfaction as 0 to 4 with '0' being the worst possible life. This was double the proportion of males who felt the same (13%).

Self-harm is approximately twice as high in females compared with males, and in older adolescents compared with younger adolescents. Females aged 16-17 years have the highest rates of self-harm, with 17% having engaged in an act of self-harm.

In WA, mental health services for young people are provided through general practice, the public mental health system (such as the Child and Adolescent Mental Health Service), not-for-profit organisations (headspace) and private providers such as psychologists.

Hospital EDs also play a role in treating mental illness. People seek mental health-related services in EDs for a variety of reasons, often as an initial point of contact or for after-hours care. Between July 2022 and June 2024, 6,780 Western Australians aged 12-17 years presented to hospital EDs for mental-health related reasons; a rate of 370 per 10,000 people aged 12-17 years.

Compared to other areas in WA, youth mental health is a significant concern in the South West region. All three sub-regions, Augusta – Margaret River – Busselton, Bunbury and Manjimup SA3s have Mental Disorder-related ED presentations above state rates, at 517, 421 and 452 per 10,000 12-17 year-olds compared to 370 per 10,000 across WA.

headspace centres and services support young people across Australia to be mentally health and engaged in their communities. There are three headspace centres in the South West region, based in Bunbury, Busselton and Margaret River. The Augusta – Margaret River – Busselton SA3 has one of the highest utilisation levels at 6% of residents aged 12-25; above the state level of 2%. Similarly, utilisation in the Bunbury SA3 is above the state level at 5%. In comparison, Manjimup SA3 is similar to the state level at 2%. Each patient's episode of care comprised of an average of 4.2 occasions of service (i.e. interactions with the service or a mental health worker) in the Augusta – Margaret River – Busselton SA3, 3.7 in the Bunbury SA3 and 3.2 in the Manjimup SA3; comparable to the WA average of 4.2.

The Australian Youth Self-Harm Atlas reports that while the overall prevalence of suicidality (suicidal thoughts or behaviours, including ideation, plans, and attempts) in Augusta – Margaret River – Busselton (7%), Bunbury (7%) and Manjimup (6%) SA3s are below the state rate of 8%, the specific prevalence rates of self-harm (regardless of intent) for all three SA3s are above the state proportion of 10%. Furthermore, the prevalence of suicidal ideation in both Augusta – Margaret River – Busselton and Bunbury SA3s are 8% respectively, above the state proportion of 7%.

In the South West region, anxiety disorders are the 2 leading cause of disease burden for 15 to 24-year-olds, contributing to 7% of the disease burden for this age group. Major depression and anxiety disorders are risk factors associated with higher self-harm prevalence among 12 to 17-year-olds. The proportion of 12 to 17-year-olds experiencing major depression or anxiety disorders in Augusta – Margaret River – Busselton (8%), Bunbury (9%) and Manjimup (6%) SA3s are below or similar to the state proportion at 9% across WA.

Hospital admissions for self-harm can be an indication of unmet need for accessible mental health services It is concerning to note that self-harm hospitalisations among people aged 0-24 years in the Manjimup SA3 is the highest in the state at 253.0 per 100,000. The Augusta – Margaret River – Busselton and Bunbury SA3s are also above the state rates at 167.8 and 146.0 per 100,000 compared to 139.7 per 100,000 across WA.

Mental health services

Mental health services in the South West region are provided by organisations including the WA Country Health Service (WACHS) and not-for-profit organisations. There are approximately 32 mental health services in the region, 12 of which have dedicated youth services. The WACHS operates:

- The Child and Adolescent Mental Health Service (CAMHS) based in Bunbury and Busselton with outreach services provided at Bridgetown and Margaret River.
- The Youth Mental Health Service in Bunbury and Busselton with outreach services provided at Bridgetown, Harvey, Collie and Margaret River.
- The Adult Community Mental Health Services based in Bunbury and Busselton with outreach services provided at Bridgetown, Harvey and Collie.
- The Bunbury Step Up Step Down (SUSD) short-term residential mental health recovery support service (in partnership with Richmond Wellbeing).
- The Older Adult Mental Health Service based in Bunbury with outreach services provided at Bridgetown, Busselton, Collie and Margaret River.
- Specialised Aboriginal mental health services based in Bunbury, Busselton, Bridgetown, and Margaret River.

The South West Aboriginal Medical Service (SWAMS) also provides mental health programs for Aboriginal patients. There are currently three headspace centres located in Bunbury, Busselton and Margaret River.

A GP mental health treatment plan can be used to refer patients to psychiatrists, psychologists, counsellors, social workers and occupational therapists. In the Augusta – Margaret River – Busselton, Bunbury and Manjimup SA3s, 9%, 7% and 8% have accessed a GP mental health treatment plan in each area respectively; similar to the state level of 8%.

There are low numbers of mental health professionals such as psychiatrists, mental health nurses and psychologists in regional and remote areas. The rate of psychologists per 10,000 people in both the Bunbury and Manjimup SA3s, is below the state rate, at 6.2 and 3.8 respectively, compared to 13.2 per 10,000 across WA. In both areas, around 1% of residents accessed a clinical psychologist, compared to 2.2% across WA. In comparison, the Augusta – Margaret River – Busselton SA3 is similar to the state at 13.8 psychologists per 10,000 residents and 2.3% of the residents accessed a clinical psychologist.

Aboriginal health

An estimated 7,027 Aboriginal people reside in the South West region. The South West Aboriginal community is one of the largest Aboriginal cultural blocks in Australia with approximately 14 distinct language groups including the Wardandi and Bibulmun/Piblemen Noongar language or dialectical groups.

Aboriginal people are dispersed throughout the 12 Local Government Shires that comprise the South West region. The 2021 Census reports that Aboriginal people comprise 4% of the population in the City of Bunbury, 2% in the City of Busselton, 1% in the Shire of Augusta – Margaret River, 2% in the Shire of Boyup Brook, 2% in the Shire of Bridgetown-Greenbushes, 3% in the Shire of Capel, 4% in the Shire of Collie, 3% in the Shire of Dardanup, 3% in the Shire of Donnybrook-Balingup, 3% in the Shire of Harvey, 3% in the Shire of Manjimup and 3% in the Shire of Nannup.

The Aboriginal people in the South West region, spanning the Indigenous Regional Areas (IAREs) of Bunbury, Busselton, Harvey and Surrounds, Manjimup – Denmark – Plantagenet, Murray – Waroona – Boddington and South-West, experience moderate levels of socioeconomic disadvantage in WA and are impacted by poor health outcomes. The Indigenous Relative Socioeconomic Outcomes (IRSEO) index reflects the level of socioeconomic disadvantage experienced by Indigenous Australians living in each IARE in Australia. Aboriginal people in Bunbury IARE experience the highest level of disadvantage in the South West region with an Indigenous Relative Socio-economic Outcome Index (IRSEO) score of 72, compared to 51 for WA overall. A higher IRSEO score indicates a greater level of socioeconomic disadvantage for the region. In contrast, Aboriginal people in the Manjimup – Denmark – Plantagenet (45), South-West (35), Harvey and Surrounds (32), Murray – Waroona – Boddington (30) and Busselton (29) IAREs experience less disadvantage compared to other Aboriginal people in WA.

Unemployment is higher in Bunbury and Murray – Waroona – Boddington IAREs with an estimated 17% of Aboriginal residents without work in both areas respectively, this compares to 16% across WA. The other four IAREs have proportions below

the state level. Compared to other areas in WA, the IAREs in the South West region experience better housing sustainability, with a lower proportion of households requiring extra bedrooms to accommodate residents. However, there is a high proportion of low income households in the Manjimup – Denmark – Plantagenet (64%), Bunbury (60%) and Busselton (55%) compared to the state proportion of 54%.

There is an average participation rate in full time secondary education at age 16 of 65% across WA. Participation rates in the Harvey and Surrounds, South-West and Murray – Waroona – Boddington IAREs are below state levels at 63%, 56% and 53% of Aboriginal people aged 16 participating in full-time secondary school education.

Aboriginal children in the South West region are also impacted by disadvantage. About 68% of Aboriginal children in Bunbury and 61% in Harvey and Surrounds IAREs were developmentally vulnerable in one or more domains, this compares to 41% of Aboriginal children across WA. In Manjimup – Denmark – Plantagenet IARE, 43% of Aboriginal mothers smoked during pregnancy and 17% of Aboriginal babies were born with a low birthweight. These rates are higher than WA rates at 41% and 13% respectively.

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. The Bunbury IARE met immunisation rate targets for 1- and 2-year-olds at 97% and 98% respectively, but recorded rates below target for 5-year-olds (88%). The Busselton IARE recorded below target for 2-year-olds at 54% but met the target for 5-year-olds at 100%. Similarly, both the Harvey and Surrounds and Manjimup – Denmark – Plantagenet IAREs recorded 100% immunisation rate for 1-year-olds. The South-West IARE recorded rates below target for 1- and 2-year-olds at 83% for both but met target rates for 5-year-olds at 100%. Rates for Murray – Waroona – Boddington IARE and some age groups for other IAREs were suppressed due to low numbers.

Lower urgency emergency department presentations

High rates of lower urgency emergency department (ED) attendances can be indicative of a gap in primary healthcare services, however in the South West region this is not a significant area of need compared to other parts of WA. Lower urgency ED presentations by Aboriginal people in the Augusta – Margaret River – Busselton, Bunbury and Manjimup SA3s are all below state levels, at 4,032, 2,688 and 3,865 per 10,000 Aboriginal people respectively, compared to 6,167 per 10,000 across WA.

Avoidable deaths by selected causes

Avoidable deaths data is suppressed for a number of IAREs due to low numbers. Based on the available data, there were 292.3 avoidable deaths per 100,000 across WA among Aboriginal people aged 0 to 74 years in the 2017-2021 period. When looking at Aboriginal deaths from all avoidable causes in total, all IAREs in the South West region had rates below the state level. Data for avoidable deaths related to specific conditions is insufficient for all six IAREs.

Median age at death

Compared to other parts of WA, the median age of death for Aboriginal people in the South West region is young. The median age for WA overall is 58 years – significantly below that of non-Aboriginal people at 80 years – however across the South West region three of six IAREs are below or equal to the Aboriginal state median. Harvey and Surrounds has the lowest median age of death at only 56 years, followed by South-West and Murray – Waroona – Boddington (each at 57 years). Manjimup – Denmark – Plantagenet IARE was equal to the state median at 58 years and both Bunbury (62 years) and Busselton (71 years) IAREs exceed the state median.

Potentially preventable hospitalisations

The average annual rate of total PPHs per 100,000 for Aboriginal people are below state levels for all IAREs in the South West region. Across WA, there were 6,264 PPH admissions per 100,000 for Aboriginal people from 2017/18 to 2020/21. In the South West region, the rate ranged from 2,281 to 4,631 per 100,000. Bunbury (4,631) has the highest rate followed by Harvey and Surrounds (3,266), South-West (3,035), Manjimup – Denmark – Plantagenet (2,974), Busselton (2,375) and Murray – Waroona – Boddington (2,282). It is encouraging to note that none of the IAREs in the South West region had higher rates of PPHs due to total chronic conditions above the state.

Chronic conditions that are classified as potentially preventable through behaviour modification, lifestyle change and timely care: angina, asthma, COPD, congestive cardiac failure, diabetes complications, hypertension and iron deficiency anaemia.

The following rates for PPHs due to specific chronic conditions within South West region exceeded state rates:

- Chronic asthma: Bunbury (219 per 100,000) compared to 192 per 100,000 across WA.
- Chronic congestive cardiac failure: Bunbury (466 per 100,000) compared to 405 per 100,000 across WA.
- Chronic diabetes complications: Harvey and Surrounds (602 per 100,000) compared to 547 per 100,000 across WA.
- Chronic iron deficiency anaemia: South-West (419 per 100,000) compared to 208 per 100,000 across WA.
- Chronic COPD: Bunbury (703 per 100,000) compared to 608 per 100,000 across WA.

Acute PPHs relate to conditions that usually come on suddenly, and may not be preventable, but may not have resulted in hospitalisation if timely and adequate care was received in the community). PPHs for total acute conditions did not exceed state rate for any IAREs in the South West region except for the following specific acute conditions:

- Acute convulsions and epilepsy: Harvey and Surrounds (530 per 100,000) and Manjimup – Denmark – Plantagenet (469), compared to 460 per 100,000 across WA.
- Acute dental conditions: Bunbury (499 per 100,000) compared to 431 per 100,000 across WA.

Vaccine-preventable PPHs are hospitalisations due to conditions that can be prevented by vaccination. PPHs for total vaccine preventable conditions also did not exceed state rate for any IAREs in the South West region. Data was suppressed for Manjimup – Denmark – Plantagenet and Murray – Waroona – Boddington IAREs.

Primary Care Service Access

Aboriginal and Torres Strait Islander people can access specific services aimed at Closing the Gap in health outcomes. It is important that General Practices ask all patients if they identify as Aboriginal and/or Torres Strait Islander. This assists with ensuring patients are provided with the option of accessing information and services specifically designed to meet their needs.

Through Medicare, Aboriginal and Torres Strait Islander people can receive Aboriginal-specific health checks from their doctor, as well as referrals for Aboriginal-specific follow-up services. In March 2020, telehealth items for Aboriginal Health Checks were introduced in response to COVID-19 and associated restrictions.

In 2021-22, the proportion of the Aboriginal people that received an Aboriginal Health Check was 23% in Country WA PHN compared to 22% across WA. Nationally, face-to-face Aboriginal Health Checks was the preferred method compared to telehealth.

Aboriginal people living in the South West region can access primary care services through general practice, Aboriginal Community Controlled Health Services, integrated team care (ITC) programs and the hospital sector.

The Integrated Team Care (ITC) program supports Aboriginal people living with complex chronic conditions to access healthcare and funds teams of Aboriginal and Torres Strait Islander health project officers, outreach workers and care coordinators. In the South West region, the two ITC service providers are the South West Aboriginal Medical Service (SWAMS) and GP Down South by Down South Aboriginal Health (DSAH).

The SWAMS is an Aboriginal Community Controlled Health Organisation that provides community health services to Aboriginal people across the South West region. The SWAMS is based in Bunbury with outreach clinics providing services at Brunswick, Busselton, Collie, Eaton, Harvey and Manjimup.

GP Down South provides 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. Services include mobile health applications (Medicare Online, COVID check-in apps), electronic prescribing, electronic health records (My Health Record) and telehealth/telemedicine.

Australia-wide, the volume of My Health Record entries containing data had a growth of 520,000 from January 2023 to March 2024. The largest increase in use from 2023 to 2024 has been seen in specialist letters (78% increase), diagnostic imaging reports (34% increase), and pathology reports (25% increase). In March 2024, WA had 2.6 million My Health Records

There has been a decrease in the proportion of people who have had at least one telehealth consultation in the 12-months from 30.8% in 2021-2022 to 27.7% in 2022-2023. Those who had a long-term health condition (37.1%) are more likely to use telehealth compared to those without one (17.3%). In addition, those aged 65-74 years (31.6%) are more likely to use telehealth than people aged 15-24 (20.9%). Unfortunately, those living in outer regional, remote or very remote areas (23.4%) are less likely to use telehealth than those living in major cities (28.3%) – there could be several reasons for this including, internet availability/access, telehealth compliant devices such as phones and laptops. Of people who used telehealth services in the past 12 months, 87.7% reported that they would use it again if offered.

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. It appears that the focus on digital health including telehealth consultations during COVID-19 helped fast track the adoption of technology and more providers saw the My Health Record as a valuable repository of health data as it is accessible to all health care providers without the need for fax machines or postal services. As of February 2024, there are now more than 23.5 million My Health Record entries Australia-wide and more than 23 million or 98 % My Health Record entries containing data. It is important to note that the COVID pandemic drove telehealth, but unfortunately, these gains have not been sustained as patients are favouring face to face consultations once again.

WA Primary Health Alliance
Better health, together

phn
PERTH NORTH, PERTH SOUTH, COUNTRY WA
An Australian Government Initiative

South West Needs Assessment 2025-2027

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.

Disclaimer

Please be aware that this document does not contain references. For further details and source information, please refer to the full report: Country WA PHN Needs Assessment 2025-2027

info@wapha.org.au
1300 855 702
/company/wapha
/waphaphns
/WAPHA_PHNs