



**WA Primary
Health Alliance**
Better health, together

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

Perth South PHN

Needs Assessment 2025-2027



Perth South PHN: Overview

The Perth South PHN:



is home to **1.08 million** Western Australians



spans **5,000** square kilometers



encompasses **18** local government areas across **12** SA3s



comprises of inner-city high density living and outer metropolitan suburban and agricultural areas



230,000 residents born overseas



150,000 residents experiencing socioeconomic disadvantage



32,000 Aboriginal and Torres Strait Islander residents



171,000 residents aged 65+ years



About **1 in 2** (50%) residents in the Perth South PHN live in either Rockingham, Gosnells, Mandurah, Armadale or Kwinana SA3s.

Determining Needs Assessment priorities for the Perth South PHN

The Perth South PHN Needs Assessment triangulates health and wellbeing-related information, service-related information, and local intelligence from consultations across Western Australia (WA) to identify unmet health needs, with an emphasis on under-served populations at heightened risk of poor health outcomes.

Priority Setting

WAPHA identifies primary care priorities by triangulating information and data on community need, healthcare supply information and local intelligence. Priorities are set for the PHN as a whole or by specific geographic locations based on relative unmet need high in comparison to state levels.

Key inputs for evaluating community need include population health data, such as potentially preventable hospitalisations, GP-type ED presentations, chronic conditions prevalence, burden of disease, avoidable deaths, social determinants of health, and measures of socioeconomic disadvantage. Community consultation was undertaken on the experience of accessing healthcare (including barriers) among socioeconomically disadvantaged households, multicultural communities and people experiencing homelessness.

Priority locations for people experiencing socioeconomic disadvantage

To inform health planning and commissioning decisions, WAPHA has developed a new methodology for identifying key locations in WA for people at risk of avoidable health inequities. Deeply

understanding and improving healthcare access for the people is critical to optimising their health outcomes.

The method triangulates socioeconomic disadvantage and location disadvantage, and has identified thirteen priority SA3s across WA, five of which are within the Perth South PHN: Armadale, Gosnells, Kwinana, Mandurah and Rockingham SA3s. Further work is planned to expand the methodology to specific priority population groups for whom there is reliable, robust and geographically granular data available, including Aboriginal people, people born in predominantly non-English speaking countries and older Australians.

Prevalence estimates utilising rich general practice data

WAPHA developed a new methodology for estimating condition prevalence across WA using data extracted from General Practices. It represents clinician diagnoses recorded in approximately 70% of General Practices across WA, giving these estimates improved validity and statistical power to detect differences in rates, compared to survey methods. One limitation to bear in mind is that patients are assumed to live in the same SA3 as the General Practice they attend. A review of patient numbers suggests some patients attending General Practices in the Perth City SA3 may live elsewhere, meaning results for Perth City should be interpreted with caution.

Healthcare supply

Local healthcare supply has been assessed across the pillars of general practice, mental health, alcohol and other drug (also known as AOD) services, Aboriginal health, aged care, homelessness support and services for multicultural communities, using workforce data, the National Health Services Directory, WAPHA's Commissioned Services network, widespread consultation with health workforce representatives across WA, and local intelligence.

Aboriginal Health is a crucial pillar in the health of the community. Detailed analyses of numerous data sources, including bespoke Aboriginal and Torres Strait Islander surveys and community consultations, have been undertaken. The data are interpreted within the cultural, social, and historical context of Aboriginal communities to ensure that findings respect and reflect Aboriginal perspectives and experiences.

Additional Data Needs and Gaps

Reliable data on LGBTIQ+ people is limited, particularly at a geographically granular level. WAPHA is committed to ensuring health services are safe and inclusive for LGBTIQ+ people. Efforts are being made to improve data collection and analysis to better understand and meet the needs of these communities.

Key findings

The health of residents in the Perth South PHN

In the state of Western Australia, the Perth South PHN is more advantaged than some parts of the state. There is variation within the PHN, with some areas experiencing disadvantage, where residents are impacted by avoidable inequalities related to social determinants of health.



Approximately 150,000 residents are within the most disadvantaged quintile



Over 270,000 residents are living with one or more long term chronic health condition



7% have been diagnosed with depression, and 5% with anxiety



Nearly 3 in 4 residents (74%) are living with obesity or are overweight



1 in 10 (10%) residents currently smoke



1 in 11 (9%) have been diagnosed with diabetes



17% of residents do not undertake any physical activity for leisure purposes



93% of 5-year-old children are fully immunised. Although above state rates, this falls below the 95% target

- Cancer is the leading cause of disease burden and accounts for one third of fatal disease burden.
 - Though cancer screening rates in the Perth South PHN are similar or below the state, they remain concerning low:
 - ▶ 41% of eligible residents engaged in bowel cancer screening.
 - ▶ 51% of eligible residents engaged in breast cancer screening.
 - ▶ 62% of eligible residents engaged in cervical cancer screening.
 - Some areas have high rates of avoidable deaths from cancer, alongside low levels of participation in cancer screening, including Kwinana, Mandurah, Armadale and Rockingham.
- Mental health, including youth mental health, is a significant concern:
 - Mental and substance use disorders are the second leading cause of disease burden.
 - In 2023, there were over 1,000 mental-health related GP type ED presentations in Perth South PHN, equating to 10.1 presentations in every 10,000.
 - Although below other parts of the state, the rate of self-harm hospitalisations in Perth South PHN is at 80.5 per 100,000 residents, compared to 97.9 per 100,000 across WA.
 - Some areas have high levels of clinician-diagnosed anxiety, depression, chronic alcohol misuse and chronic drug misuse, but low utilisation of available mental health services and low supply of psychologists, particularly Armadale, Gosnells and Kwinana.



With the rising cost of living, health equity continues to pose a challenge, with some residents - many of whom have complex health care needs and chronic health conditions - deferring or foregoing care if they can't afford or easily access it. While not every person in every group has the same experience, some groups are more likely to experience inequities in health and wellbeing due to social determinants including place-based disadvantage, stigma, discrimination and the unequal distribution of resources.

- Key groups at greater risk include Aboriginal people, multicultural communities, lesbian, gay, bisexual, transgender, intersex, queer, asexual and other sexually or gender diverse (LGBTQIA+) communities, people experiencing socioeconomic disadvantage, people living with disability, older Australians and those with limited access to health care.
- Evidence shows these under-served population groups tend to:
 - Seek treatment later in the course of an illness.
 - Present to hospital emergency departments more frequently.
 - Face challenges in accessing preventative health care.
 - Have poorer health literacy.
- In the Perth South PHN, the Armadale, Gosnells, Kwinana, Mandurah and Rockingham SA3s have the greatest number of residents within these population groups. Approximately:
 - 142,000 residents are living within the most disadvantaged quintile.
 - 91,000 residents were born in a predominantly non-English speaking country, of whom nearly 8,400 have poor English proficiency.
 - 84,000 residents are aged 65 years and over.
 - 26,000 residents are living with a profound or severe disability.
 - 20,000 residents are Aboriginal.
- Aboriginal people are disproportionately affected by chronic disease, which contributes significantly to the differences in life expectancy between Aboriginal and non-Aboriginal people. Latest data shows:
 - Aboriginal people experienced 2.3 times the rate of disease burden, with an age standardised death rate for chronic disease 3.8 times the rate of non-Aboriginal people.
 - The age standardised rate (ASR) of Aboriginal people who reported they had one or more long-term health conditions in the Perth South PHN was 30.5 per 100, compared to 27.1 for the whole Perth South PHN population.
 - There are high rates of potentially preventable hospitalisations (PPHs) related to chronic disease, particularly chronic Angina and chronic iron deficiency Anaemia.
- More than half (56%) of aged care residents in the Perth South PHN have a diagnosis of dementia. People with dementia living in residential aged care require specific assistance and are more likely to have depression and arthritis than people without dementia, resulting in higher care need including 24-hour care by registered nurses, support services, personal care services and allied health services.

The most concerning health challenges in the region are:

- General physical health.
- Chronic health conditions, including cancer, chronic obstructive pulmonary disease (COPD) and diabetes.
- Mental health, including youth mental health and mental health of older people living in aged care.
- Increasing rates of homelessness
- Chronic alcohol/drug misuse and high rates of smoking.

Barriers to accessing healthcare include:

- Lack of available GP appointments.
- Lack of time and other commitments.
- Fear of being judged.
- Language difficulties.
- Cost.

Supply and service utilisation

Supply-side considerations are crucial in identifying areas of unmet community need in the Perth South PHN. Detailed analyses of the availability, distribution, and capacity of health services relative to the population's needs was undertaken, triangulating indicators such as the number of healthcare providers, service utilisation rates, geographic accessibility of services and factors effecting health workforce attrition and retention to determine the adequacy of current service provision.

Key insights:

- 85% of the population visited a GP.
 - Accurate, up-to-date GP FTE figures are unavailable, so a proxy measure that calculates a GP's workload based on MBS services claimed is used. This measure is known as the GP Claimed Service Equivalent (GPCSE), and counts one 'GP FTE' as the estimated amount of time a GP has spent on their claims in relation to what would be worked by a fulltime GP (billable time, non-billable time, and non-clinical time) over a 40-hour week for 46 weeks of the year.
 - The Perth South PHN has an estimated GP workforce of 107 GPCSE per 100,000 residents (comparable to the state rate). GP workforce is lowest in Kwinana, South Perth, Serpentine – Jarrahdale, Armadale and Rockingham.
 - ▶ Despite a high local supply of general practitioners, detailed workforce analyses also identified Mandurah as an area of workforce need, driven by high projected population growth, closure of multiple local practices, recruitment and retention challenges due to MMM1 classification, considerable distance from the Perth CBD and lack of financial incentives.
- In 2023, there were 110,496 GP-type Emergency Department presentations across the Perth South PHN (1,025 per 10,000). Nearly half (47%) were after hours.
 - Mandurah has high rates of after-hours GP-type ED presentations, adding to ED burden and indicating unmet community need for after-hour services.
 - There are high rates of GP-type ED presentations by people born in predominantly non-English speaking countries.
 - ▶ There are only two primary health care services in the Perth South PHN specialising in care for multicultural people, both located in the Fremantle SA3.
 - ▶ Service providers require more training to effectively and appropriately communicate with, and support, multicultural patients.
- 3 residents in every 10,000 utilised an after-hours primary care service; same as the state level.
 - 315 primary health services are open after-hours.
 - Services collectively operate for 50 hours weekly per 10,000 population; above the state level of 45 hours.
 - 27 MBS after-hours GP services (urgent and non-urgent) claimed per 100 population.
 - ▶ 16% of residents used a non-urgent after-hours GP service.
 - ▶ 2% used an urgent after-hours GP service.



There are 204.1 primary care nurse FTE per 100,000 residents, below the state rate at 251.2 FTE per 100,000. Serpentine – Jarrahdale, Gosnells and Cockburn have the lowest levels in the Perth South PHN



8% of residents accessed a GP mental health plan, equal to the state rate



7% of residents utilised an MBS-subsidised Nurse/Aboriginal Health Worker service (consisting of Medicare-subsidised services delivered by a nurse practitioner, practice nurse, midwife or Aboriginal health worker); similar to the WA state level

- 4,005 residents received care by a PHN-funded mental health care service from July 2022 - June 2023.
 - Kwinana and Gosnells have the lowest number of locally based mental health service providers. This is particularly concerning in Kwinana, which has high levels of anxiety, depression, psychological distress, suicide ideation, self-harm hospitalisations, and a high proportion of residents experiencing socioeconomic disadvantage.



The number of people experiencing homelessness is increasing, and existing homeless healthcare services are under strain



Publicly-funded alcohol and other drug treatment services were provided to 323.8 per 100,000 people in the Perth South PHN during 2022-23. The main treatment type was counselling (66%) with the highest treatment delivery setting being non-residential treatment facilities



Australians aged 65 years and over may have limited access to health services depending on their social and cultural background, where they live, access to transport and overall health status. In the Perth South PHN:

- There are 99 Residential Aged Care services (of 249 across WA).
- There are 8,434 residential aged care places across all facilities, equating to a rate of 70 places per 1,000 per population aged 70+ years (slightly above the state rate of 64 places per 1000). Serpentine - Jarrahdale has the lowest rate at 30 places per 1000.
- There are 62.4 permanent residential aged care residents per 1,000 target population (vs. 55.8 across WA).
- More than half (56%) of aged care residents in the Perth South PHN have a diagnosis of dementia.
- There were 16.2 GP attendances in residential aged care homes (RACHs) per patient (above the state level of 15.5).
- 3 in 5 (41%) of residents aged 80+ years had a GP Health Assessment in 2022-2023 (slightly above the state level of 39%).
- There are 12.1 aged care nurse FTE per 1,000 people aged 70+ years (similar to the state rate of 12.2 FTE per 1,000).



2025-2027 Triennial Needs Assessment | Priorities

Priority	Pillar	Perth South PHN
Enable access to culturally appropriate early intervention suicide prevention services and support primary health care providers in identifying Aboriginal people at risk.	Mental Health; Aboriginal Health; Workforce	✓
Enable access to culturally appropriate mental health care for people from multicultural communities experiencing mental health challenges.	Mental Health	✓
Enable access to culturally appropriate screening and treatment services for alcohol and other drugs.	Aboriginal Health	✓
Enable access to culturally appropriate suicide aftercare services for those recovering from a suicide attempt.	Mental Health	✓
Improve the rates of cancer screening to reduce avoidable deaths from cancer, particularly in locations with increased risk of poor health outcomes related to social determinants of health.	Population Health	✓
Support primary health care providers in managing drug and alcohol-related issues for Aboriginal people in a culturally safe way.	Alcohol and Other Drug; Aboriginal Health; Workforce	✓
Support primary health care providers to deliver culturally appropriate and accessible vaccination programs for Aboriginal people, including children.	Aboriginal Health; Workforce	✓
Support the mental health of older people and assist primary care providers to identify older people who may need additional support or referrals to services.	Aged Care	✓
Enable access to age-appropriate digital health services.	Aged Care; Digital Health	✓
Enable access to aged care services that support independent living and healthy ageing at home.	Aged Care	✓
Enable access to culturally appropriate alternative options to Emergency Departments for Aboriginal people.	Aboriginal Health	✓
Enable access to culturally appropriate at-home palliative care services.	Aboriginal Health	✓
Enable access to early screening and treatment for harmful alcohol use.	Alcohol and Other Drug	✓
Enable access to integrated and coordinated care for clients with a mental health condition and harmful alcohol and other drug use.	Alcohol and Other Drug	✓

2025-2027 Triennial Needs Assessment | Priorities

Priority	Pillar	Perth South PHN
Enable access to integrated care pathways that address both mental and physical health concurrently.	Population Health; Mental Health	✓
Enable early intervention and monitoring activities to reduce early entry into residential care and support older people in living independently for as long as possible.	Aged Care	✓
Enable timely access to community-based support services and primary mental health care for people experiencing anxiety, depression, psychological distress or engaging in self-harm.	Mental Health	✓
Enable timely access to specialist alcohol and other drug treatment and support, particularly for people in under-served population groups.	Alcohol and Other Drug	✓
Improve access to primary care services, early intervention, cultural safety and health literacy for multicultural communities through a care navigation service.	Population Health	✓
Increase childhood immunisation rates for regions not meeting national immunisation targets, particularly in locations increased risk of poor health outcomes related to SDOH.	Population Health	✓
Increase the capacity of homeless healthcare services to respond appropriately to the primary care needs of people experiencing or at risk of experiencing homelessness.	Population Health	✓
Support health care and aged care providers in delivering patient-centred culturally appropriate care.	Aged Care; Workforce	✓
Support people living with dementia and their carers to navigate the aged care system and access appropriate services.	Aged Care	✓
Support primary health care providers (incl. general practices, allied health and aged care services) to effectively manage chronic conditions for older people and promote health ageing at home (Metro).	Aged Care; Workforce	✓
Support primary health care providers in identifying Aboriginal people at risk of suicide and providing culturally appropriate support.	Aboriginal Health; Mental Health; Workforce	✓
Support primary health care providers in managing complex care cases for patients with mental and physical comorbidities.	Population Health; Workforce	✓
Support primary health care providers to provide culturally appropriate chronic disease management for Aboriginal people living with chronic disease and build capacity for patient self-management.	Aboriginal Health; Workforce	✓

2025-2027 Triennial Needs Assessment | Priorities

Priority	Pillar	Perth South PHN
Support primary health care providers to refer to appropriate mental health services, including telehealth-enabled services.	Mental Health; Workforce	✓
Enable access to alternative services, including after-hours primary health care.	Population Health	✓
Enable access to care finder services for older people.	Aged Care	✓
Enable access to safe, quality and culturally appropriate primary mental health care for young people experiencing mental health issues.	Mental Health	✓
Enable capability of non-specialist workforce to deliver community-based palliative care and supplement medical and aged care specialists in supporting people to live at home.	Aged Care	✓
Support primary health care providers deliver best-practice management to people with diabetes and build capacity for patient self-management, by enabling access to multidisciplinary, integrated, allied care.	Population Health; Workforce	✓
Continuously improve the safety and quality of alcohol and other drug treatment and support services.	Alcohol and Other Drug	✓
Contribute to the elimination of Hepatitis C and reduction of other blood borne viruses through increased screening and treatment in primary care settings.	Alcohol and Other Drug	✓
Enable access to best-practice management for people living with COPD or congestive cardiac failure.	Population Health	✓
Enable access to smoking and vape intervention support.	Population Health	✓
Increase the skills and capacity of primary health care and specialist alcohol and other drug workforce to respond effectively to current and emerging alcohol related harms.	Alcohol and Other Drug	✓
Support primary health care providers in identifying and supporting smokers to cease or reduce their tobacco consumption.	Population Health; Workforce	✓
Support primary health care providers to implement effective health interventions for those living with overweight and obesity.	Population Health	✓



Perth South PHN 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

While the Australian Government Department of Health has contributed to the funding of this material, the information contained in it does not necessarily reflect the views of the Australian Government and is not advice that is provided, or information that is endorsed, by the Australian Government. The Australian Government is not responsible in negligence or otherwise for any injury, loss or damage however arising from the use or reliance on the information provided herein.

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