

# PROVISION OF MEDICAL SERVICES IN RURAL AND REGIONAL WA

*Summary of Inception Meeting*



## BACKGROUND

At the ALGA national meeting in September 2024, the Shire of Dundas put forward the following motion (113), which was carried:

*This National General Assembly calls upon the Australian Government and the Federal Minister for Health and Aged Care, Hon Mark Butler MP, to plan and fund the provision of medical services (in consultation with relevant local governments) to regional, rural and remote communities*

In addition, on Friday November 11, 2024 WALGA convened a meeting of band 4 local governments. The purpose of the meeting was to identify the strategic priorities of the members, to help inform WALGA advocacy and support on a variety of issues. It was agreed at the meeting that “Local Governments allocating ratepayer funds towards delivering medical services or contracting medical service providers to have a presence in their community” was the second highest priority to all band 4 local governments.

In response to both the ALGA and WALGA meetings, the Shire of Lake Grace called a meeting of six local governments (band 3 and band 4) and key stakeholders to meet at the Lake Grace Sportsmans Club on Friday 29 November 2024. The purpose of the meeting was to discuss the financial and in-kind contributions made by local governments to secure medical service providers in their communities. Those in **attendance** included:

Cr Len Armstrong	President, Shire of Lake Grace
Alan George	CEO, Shire of Lake Grace
Rebecca McCall	CEO, Shire of Narembeen
Ben Forbes	Executive Manager of Corporate Services, Shire of Narembeen
Noel Myers	Manager of Development, Shire of Jerramungup
David Nicholson	CEO, Shire of Gnowangerup
Cr Peter Callaghan	Councillor, Shire of Gnowangerup
Cr Roger Bilney	President, Shire of Kojonup
Cr Tom Major	President, Shire of Ravensthorpe
Matthew Bird	CEO, Shire of Ravensthorpe
Dr Kenneth Parker	CEO, Shire of Wagin (10am - 12.30pm) attending for Cr Phil Blight
Hannah Godsave	Policy Manager Community, WALGA
Dr Michael Livingston	Livingston Medical (10am - 12.30pm)
Racheal Livingston	CEO, Livingston Medical (10am - 12.30pm)
Thomas Brough	Liberal Candidate for Albany
Marie O’Dea	Liberal Candidate for Roe
Caroline Robinson	150Square

**Apologies** were received from:

Cr Laurene Bonza      President, Shire of Dundas / State Councillor, Goldfields Esperance Zone  
Cr Stephen Strange    President, Shire of Bruce Rock, / State Councillor, Great Eastern Zone  
Cr Phil Blight         President, Shire of Wagin / State Councillor, Central Country Zone  
Cr Scott Crosby        Councillor, Shire of Kent / State Councillor Great Southern Zone  
Peter Rundle MLA  
Steve Martin MLC  
Cr Scott Stirrat        President, Shire of Narembeen

The agenda for the meeting was as follows:

1. Welcome and introductions, by Cr Len Armstrong.
2. Local government roundtable on contributions made towards medical services chaired by Caroline Robinson.
3. Presentation on the Local Government Primary Healthcare Services Survey by Hannah Godsave, WALGA.
4. Presentation on Rural Generalism in WA by Livingston Medical, followed by a Q and A.
5. Working session with the Shire of Narembeen, Shire of Jerramungup, Shire of Gnowangerup, Shire of Kojonup, Shire of Lake Grace, Shire of Ravensthorpe, WALGA and the Liberal candidates for Albany and Roe, facilitated by Caroline Robinson.

## MORNING SESSION

During the morning session, the following information was supplied by local governments. It should be noted that all local governments were satisfied with the services of Livingston Medical and noted significant improvements in service delivery and positive community feedback.

### SHIRE OF GNOWANGERUP

Provider	Timeframe	Surgery	Shire contribution	Rate base
Livingston Medical	6 months	Gnowangerup	✓ Surgery ✓ Executive House ✓ Vehicle ✓ Cash contribution \$250K  Total: circa \$360K	\$4.9m (medical services cost 7% of rate base)

**Additional comments:**

- Shire has been paying this financial contribution for many years and balance sheet is clearly not what it should be.
- There is a significant opportunity cost to the Shire and ratepayers.

## SHIRE OF JERRAMUNGUP

Provider	Timeframe	Surgeries	Shire contribution	Rate base
Livingston Medical		Bremer Bay Jerramungup	<ul style="list-style-type: none"> <li>✓ Executive House in Bremer Bay</li> <li>✓ Vehicle and servicing costs</li> <li>✓ Contribution to vehicle running costs</li> <li>✓ Depreciation on house</li> <li>✓ Cash contribution \$200K (CPI adjusted)</li> <li>Total \$250k budget</li> </ul>	\$4m
<p>Additional comments:</p> <ul style="list-style-type: none"> <li>• Doctors' surgeries are collocated in aged WACHS Nursing Posts in both towns which creates spatial and operational constraints for doctors and patient.</li> </ul> <p>Comments attributed to Dr Livingston:            At the Bremer Bay and Jerramungup hospitals WACHS do not use their GP - "which is through the door and within arms length"            For something simple like sutures, there model includes the patient presenting at Jerramungup Hospital, calling the Albany Hospital Emergency Department, transferring the patient from Jerramungup to Albany (St Johns Ambulance), re-triaging at Albany and doing the sutures at Albany Hospital.            We have worked with the WACHS staff and it depends which Nurse is on the day as to whether they utilise the local Doctor.</p>				

## SHIRE OF NAREMBEEN

Provider	Timeframe	Surgery	Shire contribution	Rate base
Livingston Medical	12 months	Narembreen	<ul style="list-style-type: none"> <li>✓ Provision of surgery (note: Livingston's pay for all equipment)</li> <li>✓ Provision of vehicle</li> <li>✓ New Executive House</li> <li>✓ Cash contribution \$285k</li> <li>✓ Incidental cash outlay \$15-20k</li> <li>✓ Estimated depreciation at \$10-15k</li> </ul>	\$2.6M 16%
<p>Additional comments:</p> <ul style="list-style-type: none"> <li>• Managing community expectations is a challenge</li> <li>• Livingston Medical provide support to the Narembreen Hospital, but WACHS do not remunerate for it.</li> <li>• The current primary health care service model relies upon St Johns Ambulance, which has an impact on volunteers</li> </ul>				

## SHIRE OF LAKE GRACE

Provider	Timeframe	Surgeries	Shire contribution	Rate base
Livingston Medical	12 months	Lake Grace Newdegate	<ul style="list-style-type: none"> <li>✓ Surgeries</li> <li>✓ Executive House</li> <li>✓ Vehicle and fuel</li> <li>✓ Cash contribution \$250K</li> </ul>	\$5.1m
<p>Additional comments:</p> <ul style="list-style-type: none"> <li>• WACHS does not understand our community needs</li> <li>• The first model the Shire contributed to was a pool of doctors based in the community, locums came from the pool. The Shire contributed towards this structure however it did not work.</li> <li>• Federal Government convinced us to operate a FIFO doctor from Albany (this came at a significant financial cost and the Federal Government did not fund it at all)</li> <li>• The Shire then tried to contract their own doctor, however the model effected the viability of the hospital too</li> <li>• Newdegate surgery services the eastern communities of Lake King as well</li> </ul>				

## SHIRE OF KOJONUP

Provider	Timeframe	Surgery	Shire contribution	Rate base
George Church Medical Group engages Livingston Medical	6 months	Kojonup	<ul style="list-style-type: none"> <li>✓ House</li> <li>✓ Vehicle</li> <li>✓ \$250K paid to the George Church Medical Group</li> </ul>	\$5.4m
<p>Additional comments:</p> <ul style="list-style-type: none"> <li>• We don't want to compete against other Shires but we were building the base of a business that couldn't build without the regional effort of working together (LM). We know what we are getting for this service.</li> <li>• Since new GP arrangements the Kojonup Hospital has reopened, and we believe there has been improved services as we have a GP physically present for presentations</li> <li>• The Kojonup Hospital services travellers along the Albany Highway</li> <li>• The medical practice services surrounding towns</li> </ul>				

## SHIRE OF RAVENSTHORPE

Provider	Timeframe	Surgeries	Shire contribution	Rate base
Livingston Medical	Since 2016	Ravensthorpe Hopetoun	<ul style="list-style-type: none"> <li>✓ FQM provides the House</li> <li>✓ \$200K</li> <li>✓ Surgeries</li> </ul>	\$5.7m (5% of rate base)
<p>Additional comments:</p> <ul style="list-style-type: none"> <li>• Mining downturns impact service provision in the region.</li> <li>• Community is interested in investigating allied health services through the practice.</li> </ul>				

The Shire of Wagin also provided information on their local medical service. The Shire of Wagin does not have a contract with the Livingston Medical group.

Local governments provided a history of their contributions to secure local medical services:

- Shire of Gnowangerup since 1912 when they built a house for the doctor,
- Shire of Jerramungup has supported medical services financially for approximately 10yrs prior to the engagement of Livingstone Medical in Sept 2021. The current contract runs to Aug 2029 with a further 5-year option to commence September 2029,
- Shire of Narembeen for the past 16yrs,
- Shire of Lake Grace for the past 30 to 40yrs with housing, two surgeries (both re-built) and,
- Shire of Ravensthorpe since 2016.

Presentation by Hannah Godsave, WALGA, on the *Local Government Primary Healthcare Services Survey* results:

- Survey was in partnership with Rural Health West. Conducted in August 2023. Included responses from metropolitan and rural local governments.
- WALGA was seeking information on the 2020/21 financial year contributions (financial and in kind) towards medical services
- 103 responses, 74% of all local governments in the State. 77% responses rate in the Wheatbelt region.
- In 2020/21 local governments contributed \$6.8m (net) to primary health services (69 local governments). Of the \$6.8m, \$5.2m was directed to GP services (additional funds were spent on aged care, aboriginal health and allied health services). In the Wheatbelt, \$3.6m was spent on GP services.
- The survey included aged care contributions, however at the aggregate level, funding outweighed costs to Local Government.
- In the report WALGA made recommendations to establish a Primary Healthcare Funding Model for local government \$5m; Support local governments through a variety of mechanisms and models to secure services to communities; and review the medical facilities cost adjuster within the Financial Assistance Grants.

Presentation on *Rural Generalism in WA* by Livingston Medical:

- Key challenges: outdated notion of general practice, inconsistent service models between local GPs and WACHS, financial strains on local government, insufficient Government funding and structural reform needed.
- Viable option for all levels of Government is Rural Generalism: A medical practitioner who is trained to meet the specific current and future healthcare needs of Australian rural and remote communities, in cost-effective way, by providing both comprehensive general practice and emergency care and required components of other medical specialty care in a hospital and community settings as part of a rural healthcare team.
- Presentation of various financial cost savings of different models.
- Three potential solutions:
  - 1 Current model being utilised in all 6 Shires - RG model that encompasses multiple Doctors across multiple towns plus live-in or DIDO service available 4-5 days per week
  - 2 Rural Generalism Telehealth service to ease the strain on ETS and have local workforce deal with the patients (Doctors who understand the rural landscape and have patient histories)
  - 3 Mobile Medical Clinic.

## AFTERNOON SESSION

In the afternoon, local governments workshopped the problem and potential solutions to the issue at hand. A summary of their responses is below.

### Issue:

- Federal government is responsible for primary health.
- Inequity of access to primary healthcare services and infrastructure (metropolitan v rural areas).
- Failure of the current Medicare funding model to provide adequate service provision to smaller populations.
- Small rural WA local governments ‘stepping into’ the funding of medical services in their towns.
- Local governments inadvertently ‘bidding’ against each other for doctors.

### Challenges:

- Terminology used by Federal, State and Local Government is consistent.
- WACHS Health regions vs. State Government regions do not align.
- Local governments have ‘skin in the game’ due to community expectation. It is difficult to retract without significantly impacting or closing the provision of medical services in their communities.

### Solutions:

- 2025 WA State Budget submission by the group.
- Agreed policy position / statement by the group.
- Work towards a 2025 State and Federal Government election commitment for the group.
- Investigate the Tasmanian State Government [General Practice Sustainability and Viability Initiative](#).

The six local governments agreed to contribute \$5,000 each towards future work on the provision of medical services in their communities.

Attendees agreed the two public spokespersons would be Cr Len Armstrong (Shire of Lake Grace) and Cr Peter Callaghan (Shire of Gnowangerup).

### Agreed next actions:

<b>ACTION</b>	<b>Lead</b>	<b>Due Date</b>
Meeting summary to be distributed. Local governments include in their December Agenda’s.	Caroline Robinson	10 December
Meeting summary to be provided to WALGA Zones.	Caroline Robinson	10 December
Six local governments receive the WALGA Local Government Primary Healthcare Services Survey for the 2022/23 financial year. Six local governments were happy to share their data with one another.	Hannah Godsava	6 <sup>th</sup> December
Request a meeting with the Western Australian Minister for Health and Shadow Health Minister.	Shire of Lake Grace	December
Seek a quote from 150Square to develop:	Shire of Lake Grace	10 December

<ul style="list-style-type: none"> <li>• Investigation into the Tasmanian State Government General Practice Sustainability and Viability Initiative.</li> <li>• Councillor communique.</li> <li>• Advocacy Position / Position Statement including requests for funding.</li> <li>• Key messages (public and private).</li> </ul>		
Convene the representative body again	Shire of Lake Grace	Early 2025

Additional comments to be considered throughout the work:

- Include the Shire of Ravensthorpe health metrics since 2016.
- Consider the impact on St Johns volunteers.
- Validate the Livingston Medical figures provided in the presentation.





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Developing the people of rural WA so *they* can create change in their communities.