Local Government Primary Healthcare Services Survey

REPORT

AUGUST 2024

Contents

List of tables

1 Executive Summary

In 2023, the Western Australian Local Government Association (WALGA) commissioned Rural Health West to undertake a survey of WA Local Governments to better understand the extent to which Local Governments were providing financial or in-kind support to secure primary healthcare services in their communities.

The provision of healthcare services in Australia is both a Commonwealth and State responsibility. The Commonwealth Government is largely responsible for the provision of primary healthcare services, principally through the Medicare system with State and Territory Governments responsible for managing the public hospital system. In some rural areas, the current health system is not meeting the needs of these communities. The relatively smaller populations, high demand for health professionals, complex health needs, and higher cost of delivering services in the regions means that many communities don't have access to adequate primary healthcare services.

The Stronger Rural Health Strategy and the Strengthening Medicare Taskforce are significant Commonwealth initiatives aimed at addressing the challenges of healthcare access in rural Australia and ensuring the viability of general practice. A number of programs, such as the Rural Generalist Pathway and the John Flynn Pre-Vocational Placement Program are also underway to build medical workforce in the longer term, which are national initiatives being implemented by State Government through the WA Country Health Service (WACHS). These reforms target issues such as workforce shortages, access to healthcare services, and the financial sustainability of rural practices.

Within this national context, reports of WA Local Governments providing support through financial and in-kind support to primary healthcare services have increased. The Local Government Primary Healthcare Services Survey (the Survey) was commissioned to ascertain the extent of the support being provided to secure primary healthcare services. The Survey gathered information on Local Government investment on a range of primary healthcare services, including general practice, allied health (which includes, but is not limited to, health services such as physiotherapy, speech pathology, occupational therapy, dietetics, dental, podiatry), mental health (which includes psychology, counselling, drug and alcohol services), Aboriginal health and aged care.

While Local Governments supporting primary healthcare services are rightly proud of securing and/or retaining these essential services for their communities, this should not distract from the fact that such support is a financial impost and takes away from other Local Government services and functions.

The primary objective of the survey was to determine the value, nature and range of supports Local Government are providing to support primary healthcare services in their communities.

Of the 139 Local Governments in Western Australia, 103 (74 per cent) participated in the Survey.

Key findings include:

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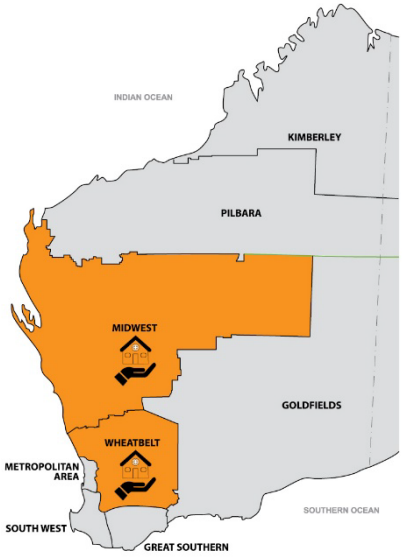
$6.8M

was contributed by **69** Local Governments towards primary healthcare services.

- **$6.8 million (net) was contributed by 69 Local Governments (67 per cent of respondents) through financial and/or in-kind support towards primary healthcare services.**
- **Of that expenditure, $5.2 million (net) was focused on supporting resident or visiting general practice services by 48 Local Governments (47 per cent of respondents).**
- **92 per cent of the total respondent expenditure on general practice services was committed by Local Governments with populations under 5,000 residents.**



The highest concentration of **Local Governments** supporting general practice was in the **Wheatbelt** and **Midwest health regions** of the State.

77% of respondents **anticipated increasing Local Government funding** towards GP services **in future years**

- 51 Local Governments reported providing in-kind or financial support to other health and related services including allied health, mental health, and Aboriginal health care services at a combined net cost of $1.5 million.
- Grants from the Commonwealth and State Government are not providing adequate compensation for the support Local Governments are providing and are overwhelmingly focused on aged care services or nominal amounts for specific public health programs.

Local Government support for primary healthcare services is grounded in their pursuit of creating thriving communities. Local Governments are stepping in to provide support for these services due to Commonwealth and State Governments failing in their responsibilities to ensure the adequate provision of essential services.

The Survey reveals the extent and diverse nature of arrangements that Local Governments utilise to secure primary healthcare services. It is also clear that Local Governments are entering into these support arrangements without access to established best practice and with minimal guidance or support.

Recommendations

Primary healthcare provision is a Commonwealth and State Government responsibility.

The Survey recommendations build on existing calls for Australian healthcare system reform to address issues including:

- Inequitable access to primary healthcare
- Adequate and appropriate funding models
- Workforce recruitment and retention challenges

While broader health sector reforms hold promise for improving healthcare access in rural areas, their full implementation may take time. In the interim, it's crucial to pursue actions that transfer the financial burden of primary healthcare provision from Local Governments back to Commonwealth and State Government. This will help alleviate the immediate pressures faced by rural communities and ensure continued access to essential healthcare services.

This report makes **three key recommendations**:

- **State Government to establish a Local Government Primary Healthcare funding program. Based on the Survey findings an initial annual fund of $5 million per annum is recommended.**
- **State Government to facilitate increased sector awareness of advice and support available to Local Governments seeking to support primary healthcare services for their communities.**
- **WA Local Government Grants Commission to review the appropriateness and effectiveness of the Medical Facilities Cost Adjuster within the Financial Assistance Grants.**

By addressing both the long-term structural reforms and short-term interventions, policymakers can ensure equitable access to primary healthcare for all Western Australians. Collaboration between all levels of Government, healthcare providers, and community stakeholders will be essential to effectively implement these recommendations and achieve meaningful change in rural healthcare.

2 Context

Australia's universal healthcare system provides all Australians with access to a wide range of health and hospital services at low or no cost. Healthcare responsibilities are divided between the Commonwealth Government and the State and Territory Governments.

Primary healthcare in Australia refers to health services that can be accessed directly by patients without referral from other sources. The most commonly-accessed type of primary healthcare is general practice.

Primary healthcare is predominantly the responsibility of the Commonwealth Government, through the funding and regulation of services through the Medicare system. State and Territory Governments are responsible for managing the public hospital system and often oversee the delivery of primary healthcare services through Population Health Units. These units are responsible for the delivery of preventive public health programs, such as vaccination and health activities promotion.

A lack of access to primary healthcare services in rural and remote areas of Australia is a pressing issue. Around 7 million people – or 28 per cent of the Australian population – live in rural and remote areas. These Australians face unique challenges due to their geographic location and often have poorer health outcomes than people living in metropolitan areas. Data shows that people living in rural and remote areas have higher rates of hospitalisations, deaths and injury and also have poorer access to, and use of, primary health care services, than people living in major cities (Australian Institute of Health and Welfare, 2024).

People living in remote and very remote areas can face barriers to accessing and using health care, due to various challenges: geographic spread, low population density, limited infrastructure, and the higher costs of delivering rural and remote health care can limit the availability of services. The additional time and transportation costs to access healthcare services means people in remote and very remote areas may delay accessing preventive and primary health care and rely on hospital care to have their needs met (National Rural Health Alliance (NRHA) 2023).

The June 2023 NRHA report *Evidence base for additional investment in rural health in Australia*, found that each person in rural Australia misses out on nearly $850 per year in healthcare access due to their inability to access the care they require as a result of the absence of primary healthcare services. This equates to a total annual rural health spending deficit of $6.5 billion nationally.

In releasing the 2023 report, NRHA Chief Executive Officer Susi Tegen stated that "Rural communities need government to be more flexible and introduce block or genuine support funding to provide multidisciplinary care for patients. But costs of access and delivery are higher, so the delivery of healthcare will be different and broader. It does not fit into the model available to urban people."

Workforce shortages

The end of the COVID-19 pandemic has seen some improvement in the number of doctors recruited to rural and remote areas, but supply and demand for medical professionals still remains highly competitive leading to a continuing upward pressure on wages and costs.

According to the Australian Government Productivity Commission Report on Government Services 2024 WA has just 77.1 full time equivalent (FTE) GPs per 100,000 head of population in outer regional, remote and very remote areas, despite recent growth in rural general practice headcount and FTE. This is compared to the national average of 88.9 FTE GPs per 100,000 people in outer regional, remote and very remote areas. This reflects WA's overall GP per capita, which stands at 101.8 FTE GPs, compared to the overall national GP per capita of 115.2 FTE GPs per 100,000 people.

General Practice

General practice plays a central role in the primary healthcare system, with GPs typically the first point of contact for most non-emergency medical issues. General practice is a cost-effective means of delivering preventive healthcare to communities, with GPs also providing a gateway for patients to access allied and specialist healthcare.

General practices in Australia are private businesses, operated through various models including corporate, partnership and solo enterprises. The majority of general practice services in Australia are funded through a combination of the Medicare system, direct patient billing and delivery of occupational medicine and other forms of non-Medicare medical service provision.

Many general practices throughout rural Western Australia, particularly smaller, rural practices are only marginally viable under the existing funding models, such as the Medicare Benefits Scheme and Practice Incentive Payments. This is exacerbated by:

- **Small local populations**. General practices in certain communities can sustain only one or two GPs. Practices of this size are not able to leverage the economies of scale to cover overhead expenses such as practice management, rent, administration staff, IT infrastructure, insurances etc.
- **Limited access to highly skilled practice management staff**. A lack of experienced practice management staff with in-depth knowledge of the Medicare Benefits Schedule and how to maximise practice billings.
- **Limited patient base capacity to pay for services**. Many rural communities are socio-economically disadvantaged compared to their metropolitan counterparts and have less capacity to pay for general practice services. This has led to the expectation in many rural communities that all patients will be bulk-billed for general practice services. Fully bulk-billing practices are less viable than private billing or mixed billing practices.

Market Failure

Where general practice services are not supplied by the private sector in an area that has demand for these services, it is considered a market failure. This may be due to geographic, economic or social factors. Market failures often stem from systemic issues within the health system. In addition, thin markets exist when general practice services are marginally viable however they are highly vulnerable to changes that can result in the business becoming commercially unviable.

There are numerous areas of market failure throughout rural Western Australia. When these market failures happen, generally one of three things occur:

- The general practice/GP withdraws or reduces services and the community is left without access to primary healthcare.
- The general practice/GP requests financial and/or in-kind support from Local Government to bolster the viability of the practice.
- The general practice/GP withdraws services and WA Country Health Service intervenes to deliver primary healthcare via the local health service or hospital.

In situations where the continuation of general practice services is essential, Local Governments may intervene through a range of financial and in-kind supports including competing in the open market for doctors, nurses, and allied health professionals.

This has led some Local Governments to offer significant financial and in-kind incentives to attract health professionals to live and work in their communities. This investment not only results in the reallocation of resources from critical areas such as infrastructure, recreation or community services, but can also inadvertently inflate the expected packages other GPs request from Local Governments seeking to secure healthcare services.

These issues were highlighted in the *Senate inquiry into the Provision of General Practitioner and Related Primary Health Services to Outer Metropolitan, Rural and Regional Australians – Interim Report 2022*, which concluded that:

> 2.95 It is unacceptable that Australians living in outer-metropolitan, regional, and rural locations do not receive the same quality of care and experience worse health outcomes than their metropolitan counterparts.
>
> 2.96 The committee recognises that the responsibility for health care is multi-jurisdictional. However, it is clear to the committee that the current division between federal, state and territory governments is failing to recognise and meet the needs of communities. Inquiry participants noted that neither the federal or the state governments have taken proper responsibility for the provision of GPs and other primary health professionals.
>
> 2.97 The committee is gravely concerned that Local Governments have been left to fill the gaps caused by a lack of Federal and State responsibility to provide primary health services. Local Governments should not have to fundraise or impose rate increases on their communities to support these services.

The Senate Inquiry heard evidence that for decades it has become commonplace for rural and remote Local Governments to enter commercial agreements to ensure access to sustainable primary health care services, which is outside their legislative and financial authority and responsibility.

Senior executive health professionals point to the ‘unnatural divide’ in responsibility for health care between the States and the Commonwealth, and the fee-for-service model for general practice as ‘often not fit for purpose’, as reasons why some Local Governments have become so invested in medical services.

3 Survey Method

Objectives and Scope

Rural Health West conducted the Local Government Primary Healthcare Services Survey between July and September 2023. The survey targeted all 139 Local Governments in WA.

The Survey consisted of 18 multipart questions and took approximately 10-20 minutes to complete. The objective of the Survey was to quantify and provide an evidence base of the value and type of financial and in-kind support provided by Local Government to support primary healthcare services.

Rural Health West worked with WALGA to design the Survey, which was conducted using the online survey platform Qualtrics. Multiple users in each Local Government were able to access and provide input to the survey. The survey was undertaken on a strictly confidential basis.

Statistical Significance of Response Rates

To facilitate direct comparisons with existing health workforce and service data, the Survey utilised regional boundaries established by the WA Country Health Service (WACHS). It should be noted that despite the high correlation between WACHS and WALGA regions, there are some variations between the classification of a few Local Governments in the Peel, Wheatbelt, South West, and Midwest regions.

The Survey achieved a high response rate of 74 per cent, with 103 Local Governments responding, 84 from regional areas and 19 from the metropolitan area. A response rate of 50 percent or higher was achieved across all WACHS regions, which provided a statistically reliable dataset.

Following the Survey further actions were undertaken to qualify the information provided:

- In-depth interviews with representatives from several Local Governments and GPs working in Local Government areas who reported high provision of financial or in-kind support.
- Investigation into the mechanics of the Federal Assistance Grants Medical Facilities Cost Adjustor to determine the net contribution to healthcare services by Local Governments.

The high Survey response rate, representative composition of respondents and the subsequent investigations provides a high level of confidence in the reliability of the data.

Limitations

Potential response biases were minimised via multiple iterations of the Survey design, ensuring questions were clearly articulated and providing clear expectations around the nature of responses sought. Inviting all Local Governments to participate ensured a greater degree of survey integrity. The different approaches to supporting primary healthcare services by respondents creates a complex variety of Survey responses.

Although the survey sought information on aggregate costs, it did not include corresponding data on revenue from medical services, such as patient billing. It is worth noting that while a minority of Local Governments directly operate a local general practice, Medicare revenue is unlikely to fully cover the overhead costs of service provision. This is because if such services were commercially viable, they would likely attract a private service provider.

While the Western Australian Local Government Grants Commission provides some revenue and expenditure data in assessing annual Financial Assistance Grants, comprehensive information on net costs for each respondent council was not collected in the survey.

4 Statewide Survey Responses and Analysis

The Survey sought to gain insight into the extent to which Local Governments are providing support to primary healthcare services. An example of the Survey questionnaire is provided at Attachment 2.

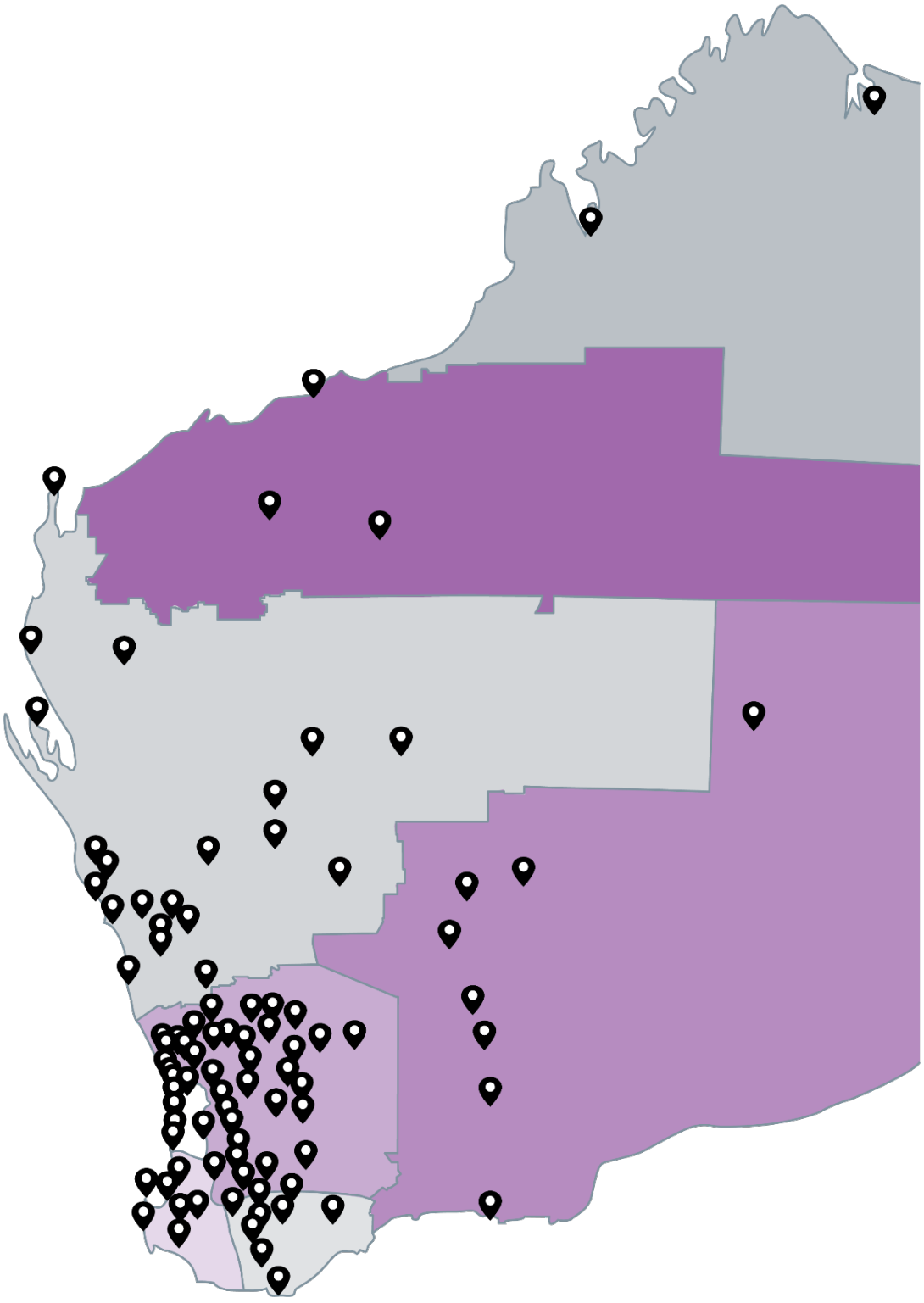
103 Local Governments participated in the Local Government Primary Healthcare Services Survey.

Region	Responses	Regional response rate
All Local Governments	103	74%
All regional, rural, and remote Local Governments	84	81%
Goldfields	8	100%
Great Southern	11	92%
Indian Ocean Territories	0	0%
Kimberley	2	50%
Metropolitan	19	54%
Midwest	20	95%
Pilbara	3	75%
South West	7	58%
Wheatbelt	33	77%

Respondents were asked a range of questions specifically relating to:

- Availability of primary healthcare services within their Local Government areas – both permanent (resident) and visiting (itinerant providers who deliver services to a community on a regular schedule) services
- Gaps in primary healthcare services availability for their communities
- The value and nature of any financial or in-kind support provided to primary healthcare services
- The value and nature of any financial or in-kind support provided to general practice services
- The value, nature and source of any grant funding for primary healthcare services
- Anticipated increases or decreases in level of Local Government financial and in-kind support to primary healthcare services

Figure 1 Location of Mainland Local Governments that responded to the Survey.



4.1 Availability of Primary Healthcare Services

Statewide, the five most commonly cited available primary healthcare services were:

- General practice – resident
- Aged care including: Home and Community Care (HACC), Continuity of Support (CoS), Community Home Support Program (CHSP)
- Residential aged care
- Allied health – visiting
- Hospital

The availability of primary healthcare services differs significantly throughout the WACHS regions as indicated in the heatmap at Table 1. The heatmap illustrates the availability of primary healthcare services across different regions as identified by Survey respondents. Higher percentages and the deeper colours indicate good service coverage within those regions.

Local Governments within the Kimberley, Pilbara and South West regions report better access to primary healthcare services than other regions. In the North West of WA, WACHS Population Health Units and Aboriginal Community Controlled Health Services deliver a range of primary healthcare services, which is potentially responsible for the relative availability of services in these areas. It should be noted that Survey respondents were not asked to distinguish between health services delivered by WACHS, Aboriginal Community Controlled Health Services and private providers.

By contrast, communities in the Midwest, Goldfields and Wheatbelt regions report limited access across most categories of primary healthcare service than other regions.

Table 1: Heatmap of primary healthcare services available in each region

	Goldfields N=8	Great Southern N=11	Kimberley N=2	Metropolitan N=19	Midwest N=20	Pilbara N=3	South West N=7	Wheatbelt N=33
	%	%	%	%	%	%	%	%
General practice – Resident	62	46	100	63	40	67	100	64
General practice – Visiting	38	36	50	47	45	100	29	42
Allied health – Resident	25	18	100	53	25	67	86	21
Allied health – Visiting	38	27	100	37	40	100	71	52
Specialist medical – Resident	0	0	0	31	5	0	29	6
Specialist medical – Visiting	38	9	100	15	25	100	29	15
Aged care eg HACC/COS/HSP	50	46	50	58	35	67	86	64
Residential aged care	38	36	100	63	30	67	100	46
Hospital	62	36	100	16	40	100	100	52
Urgent care	12	9	0	32	25	0	57	12
Home visiting	12	46	0	48	15	0	43	36
NDIS	38	18	100	48	15	100	71	21
Mental health	12	27	100	42	35	67	43	24
Aboriginal health	38	18	100	32	25	100	43	6

4.2 Gaps in primary healthcare services

Respondents were asked to nominate gaps in healthcare service provision within their communities. The 10 most commonly cited healthcare gaps (listed from most commonly to least commonly mentioned) were:

1 General practitioner services
2 Mental health
3 Specialist services
4 Hospital services
5 Residential aged care
6 Allied health services
7 Nursing services
8 Dental services
9 Physiotherapy services
10 Emergency transport services

4.3 Local Government support provided to primary healthcare services

69 Local Governments (67 per cent of respondents) reported providing some level of either financial or in-kind support towards primary health service provision – with general practice and aged care the services most commonly receiving Local Government support.

The Survey data indicates that Local Government expenditure on aged care service provisions is adequately funded through Commonwealth Government grants. As such, the remainder of this report excludes aged care data.

All data in this section is presented as gross expenditure. This approach ensures that any grant funding is not misallocated, as the survey did not request respondents to allocate grant funding against each type of expenditure.

Table 2: Total quantum of expenditure and proportion of Local Governments providing support by type of health service

	Total gross expenditure	Proportion of respondents providing financial or in-kind support of this nature
General practice services	$7,841,749	47%
Allied health services	$1,135,243	18%
Mental health services	$279,692	11%
Aboriginal health services	$119,442	3%
Other – includes specialist medical practitioners, hospital, urgent care, home visiting, NDIS *(NB: respondents were not asked to provide values for these services)*	N/A	10%
TOTAL	**$9,376,126**	**N/A**

** Gross expenditure, excluding any grants received to fund the provision of these services*

The proportion of Local Governments providing support to primary healthcare services in their communities reflects the pattern of overall expenditure. General practice services receive the vast majority of Local Government support followed by allied health services and to a much lesser extent mental health and Aboriginal health services.

The nature of support provided by Local Governments towards the primary healthcare services varies significantly. Expenditure towards general practice services was predominantly reported in the form of incentive payments and benefits/income guarantees, provision of practice management, administrative services and facilities. Expenditure on allied health services was primarily reported in the direct employment of allied health staff by the Local Government and the provision of facilities.

The 10 largest types of expenditure are captured in the table below:

Table 3: Breakdown of statewide gross expenditure on primary healthcare services

Breakdown of expenditure on primary healthcare services	
General practice services: Incentive payment/income guarantee	$2,353,413
General practice services: Practice management/administrative services	$1,327,727
General practice services: Facilities	$1,118,328
General practice services: Local Government employment of GP directly	$871,061
General practice services: Accommodation or rental assistance	$614,975
General practice services: Other (includes payments towards GPs in neighbouring Local Government, IT services, software licenses, donation of land, maintenance of airstrip, equipment)	$436,318
General practice services: Vehicle and fuel	$392,381
General practice services: In-kind support	$323,609
Allied health services: Local Government employment of allied health staff directly	$320,000
Allied health services: Provision of facilities	$276,417

** Gross expenditure, excluding any grants received to fund the provision of these services*

Patterns of regional expenditure into primary healthcare services

Local Government expenditure on primary healthcare services ranged from no cited expenditure by Pilbara region respondents, to Wheatbelt region respondents collectively investing $4.4 million net into primary healthcare services in their communities.

The Survey responses also demonstrate the different priorities for healthcare support across metropolitan and rural regions of Western Australia.

In the Goldfields, Great Southern, Midwest, South West and Wheatbelt regions, GP services attracted the majority of Local Government support. Closer to Perth, mental health services received the largest proportion of Local Government funding, totalling $117,250.

The Survey and subsequent research found a variety of arrangements through which Local Governments have secured primary healthcare services for their communities. These ranged from supports that underpin place-making efforts such as discounted rents for facilities and the provision of accommodation and vehicles, to Local Governments having entered into arrangements where they own and operate a general practice and/or directly employ GPs, or contract general practice services, shifting the financial accountability and risk from the general practice business to the Local Government.

4.4 Local Government support provided to general practice services

48 Local Governments (47 per cent of respondents) reported providing some level of either financial or in-kind support towards general practice service provision at a combined net cost of $5.2 million. The type of support varied significantly across the state, with many respondents providing more than one type of financial or in-kind support.

Table 4: Breakdown of statewide gross expenditure on general practice services

Breakdown of expenditure on general practice services	
Incentive payment/income guarantee	$2,353,413
Practice management/administrative services	$1,327,727
Facilities	$1,118,328
Local Government employment of GPs directly	$871,061
Accommodation or rental assistance	$614,975
Other - detail	$436,318
Vehicle and fuel	$392,381
In-kind support	$323,609
Contracted GP	$305,040
Locum subsidy/incentive	$45,000
Subsidised power	$41,193
Travel vouchers/support	$12,704
TOTAL	**$7,841,749**

* *Gross expenditure, excluding any grants received to fund the provision of these services*

Table 5: Local Government expenditure on general practice services by region

Region	Number of respondents	Proportion of respondents providing in-kind or financial support to general practice services	Gross Expenditure*
Goldfields	8 of 8	38%	$659,678
Great Southern	11 of 12	36%	$370,000
Indian Ocean Territories	0 of 2	NA	NA
Kimberley	2 of 4	0%	$0
Metropolitan	19 of 35	5%	$0**
Midwest	20 of 21	55%	$889,644
Pilbara	3 of 4	33%	$0**
South West	7 of 12	29%	$883,920
Wheatbelt	33 of 43	79%	$5,038,507

** Gross expenditure, excluding any grants received to fund the provision of these services*

*** Respondents indicated they provided in-kind support for resident general practice within the Local Government, however did not provide a value for this support.*

The Survey results capture vastly differing levels of Local Government expenditure on general practice across the regions of Western Australia, indicating the fragility of primary healthcare markets in certain locations throughout rural WA.

In the Goldfields, Great Southern, Midwest, South West and Wheatbelt regions, general practice services attracted the majority of Local Government support. In contrast, Local Governments in the Kimberley, Pilbara and Metropolitan regions provided no funding towards general practice services. This is reflective of the region's smaller communities being serviced by Aboriginal Community Controlled Health Services or through primary care clinics operated by WACHS.

Local Governments in the Wheatbelt region spent $3.6 million net on general practice service provision in the 2021-2022 year; an unparalleled commitment in comparison to other regions, none of which surpassed the million-dollar mark in supporting general practice services.

The Survey findings demonstrate a strong correlation between population size and occurrence of Local Government expenditure towards general practice services. Local Governments with populations of fewer than 5,000 residents were responsible for 96 per cent of all expenditure on general practice services. Smaller populations make the commercial viability of general practice under the current health system models unstable. Further, the smaller ratepayer base of these communities translates to a high per capita cost to retain general practice services for the community, exacerbating the inequity of healthcare access throughout rural Western Australia.

In the Wheatbelt region 93 per cent of Local Governments have populations fewer than 5,000 residents. This is further exacerbated by ageing populations, which have lower capacity to pay for healthcare and limited ability to travel to access healthcare. These factors impact the community ambition to retain services locally and inclination to redirect Local Government expenditure.

The prevalence and quantum of expenditure into general practice services by these small to mid-sized Local Governments highlights the systemic market failure of healthcare delivery in many rural communities throughout Western Australia.

The table below outlines the aggregated expenditure on general practice services by Local Governments with populations of 0-1,000 and 1,000-5,000. The table also outlines the variety of financial and in-kind incentives through which Local Governments support local general practice.

Table 6: Financial and in-kind gross expenditure by Local Government population

Genal practice Services Expenditure	1,000-5,000	0-1,000
Contracted by Local Government	$87,000	$218,040
Incentive payment/guarantee	$1,761,000	$512,413
General practice facilities	$767,256	$346,072
Accommodation/rental assist	$352,533	$230,942
Vehicle and fuel	$188,104	$197,277
Practice management/admin	$856,204	$513,341
Other	$183,500	$60,000
Subsidised power	$16,160	$22,033
Travel vouchers/support	$10,000	$2,704
Locum subsidy/incentive	$40,000	$5,000
Direct Local Government employment	$871,061	Nil
In kind support	$107,000	$37,609
Cost-sharing with neighbouring Local Government	Nil	$136,000
TOTAL	**$5,239,818**	**$2,281,431**

4.5 Grant funding for primary healthcare services

Respondents were asked to provide information on any funding received from non rate-payer sources specifically to fund the delivery of healthcare services in the 2021-2022 financial year.

The type of Commonwealth and State Government grants nominated by respondents is captured in the table below.

Table 7: Grant funding received by Local Government

Grant specified in survey	Value of total grant funding
Financial Assistance Grant Medical Facilities Cost Adjustor	$2,617,706*
Local Drug Action Team	$8,500
Australian Childhood Immunisation (ACIR)	$3,948
School Based Immunisation Program	$26,290
Fight the Bite	$3,000

** The above figure was sourced from Department of Local Government, Sport and Cultural Industries WA Local Government Grants Commission Balance Budget 2021-2022*

With the exception of the Financial Assistance Grant Medical Facilities Cost Adjustor, these grants target specific public health initiatives and are not aimed at primary healthcare service delivery.

Medical Facilities Cost Adjustor

The Western Australian Local Government Grants Commission (Commission) uses the Medical Facilities Cost Adjustor (Cost Adjustor) to provide an allowance to Local Governments towards the cost to employ doctors and nurse practitioners. Costs incurred employing general nurses and other medical professionals are not eligible. The Cost Adjustor calculation uses data provided by Local Governments in the annual Information Return to the Commission including expenditure relating to salary/retainer, car, housing, surgery rent and communication expenses. The Cost Adjustor provides a percentage of costs, with the maximum allowance capped at $85,000 per Local Government recipient.

5 Survey Findings and Recommendations

5.1 Findings

The Survey yielded a range of findings that highlight the extent to which Local Governments are intervening to support primary healthcare services.

The key findings arising from the Survey are:

- Gaps in primary healthcare services varied across the state but respondents predominately identified general practice services, mental health services and specialist health services.
- $6.8million (net) was contributed by 69 Local Governments (67 per cent of respondents) through financial and/or in-kind support towards primary healthcare services.
- Of that expenditure, $5.2 million (net) was focused on supporting resident or visiting general practice services by 48 Local Governments (47 per cent of respondents).
- Expenditure on allied health services was primarily reported in the direct employment of allied health staff by the Local Government and the provision of facilities.
- Local Governments in the Wheatbelt region were providing the highest level of support, spending a combined $3.6 million net on general practice services for their communities.
- Expenditure towards general practice services was predominantly reported in the form of incentive payments and benefits/income guarantees, provision of practice management, administrative services and facilities.
- 92 per cent of respondent financial or in-kind support for general practice services was undertaken by Local Governments with populations of 1,000 to 5,000.
- 77 per cent of Local Governments indicated they are likely to increase support for primary healthcare services in coming years.
- The Financial Assistance Grants Medical Facilitators Cost Adjustor does not adequately offset the costs incurred by Local Governments supporting primary healthcare services.

5.2 Recommendations

The findings of the Survey reinforce existing calls for reform to the Australian healthcare system. Of particular relevance are calls that address the need to ensure access to primary healthcare for regional and remote communities including adequate and appropriate funding models, attracting and retaining healthcare professionals, leveraging of technology enabled care and increased collaboration between the Commonwealth and State Governments.

Local Governments provide critical infrastructure and services that are essential to the wellbeing, productivity and liveability of local communities. Alongside changing and increasing community expectations, this community focused driver is resulting in an increased level of support for primary healthcare services outside of Local Government responsibilities.

Primary healthcare provision is a Commonwealth and State Government responsibility.

The recommendations seek to address the significant cost impost on Local Governments sustaining essential primary healthcare services.

- **State Government to establish a Local Government Primary Healthcare funding program. Based on the Survey findings an initial annual fund of $5 million per annum is recommended.**
- **State Government to facilitate increased sector awareness of advice and support available to Local Governments seeking to support primary healthcare services for their communities.**
- **WA Local Government Grants Commission to review the appropriateness and effectiveness of the Medical Facilities Cost Adjuster within the Financial Assistance Grants.**

6 Conclusion

The complexity and fragmentation of the Australian health system has led to systemic inequities in the cost and accessibility of healthcare services between rural and metropolitan communities, as well as within different regions across WA. The Survey demonstrates the impact this is having on Local Government in WA.

Key findings from the Survey illustrate that Western Australia Local Governments are facing a significant cost impost in providing in-kind and financial support for vital primary healthcare services for their communities, particularly in rural and remote regions. The Survey also illustrates the inequity of the cost, which is largely being shouldered by Local Governments with populations under 5,000. These finding illustrate the fact that the current healthcare system funding models do not adequately support commercial viability in smaller populations.

The Survey also reveals the diverse nature of arrangements through which Local Governments secure primary healthcare services, ranging from providing facilities and accommodation to directly employing or contracting services. In the absence of established best practice, guidance and support on determining the most appropriate means of support, Local Governments are entering into a wide range of support mechanisms, all of which are outside of the financial remit of the sector and some are exposing Local Governments to commercial and contractual risk.

The intent of Local Government support for primary healthcare services is grounded in their pursuit of creating thriving communities and builds on their understanding of their communities' needs and their place-making expertise. It is widely understood that Local Governments are undertaking these actions as a last resort in response to failing markets and inadequate funding models from the Commonwealth and State Governments.

In response to the Survey findings, this report provides recommendations that seek to alleviate the financial burden on Local Governments to secure essential healthcare services and promote greater awareness of available support for Local Governments supporting healthcare services for their rural and remote communities.

The impact of broader healthcare sector reforms, such as the Stronger Rural Health Strategy and the Strengthening Medicare Taskforce, on Local Government funding and provision of primary healthcare services should be carefully monitored. While these reforms hold promise for improving healthcare access in rural areas, their full implementation may take time, necessitating interim measures to address immediate challenges. Establishing a Local Government Primary Healthcare funding program would go some way towards remediating current and past expenditure.

The findings of the Survey underscore the need for collaborative efforts between Governments, health agencies, and service providers to ensure equitable access to quality healthcare for all Australians.

By implementing the recommendations outlined in this report and monitoring the impact of ongoing reforms, policymakers can work towards a more sustainable and inclusive healthcare system that meets the needs of rural and remote communities.

7 Attachment 1 – Regional Health Profiles and Survey Analysis

7.1 Goldfields

General Practice in the Goldfields

As at November 2022, there were 103 GPs working in the Goldfields region and 18 general practices. The majority of GPs are based in group practices in larger regional centres of Kalgoorlie-Boulder and Esperance, with seven GPs working as solo operators in smaller towns. Solo practices are more likely to receive Local Government financial support than group practices.

Summary of Survey Results

There are eight Local Governments in the Goldfields WACHS region. There were eight Goldfields respondents representing eight per cent of the total number of Local Government Survey respondents.

63 per cent of Goldfield respondents said they provide either in-kind or financial support to health services within their communities. The most well-supported health service was general practice, with 38 per cent of respondents providing support to either resident (25 per cent) or visiting (13 per cent) general practice services. The next most commonly supported health service was aged care, with 25 per cent of respondents providing support to resident or visiting services.

Local Governments across the Goldfields collectively allocated $559,518 net towards supporting health services within their communities. General practice services were the most well-supported service with Goldfields with support reported at $390,518 net.

The breakdown of the total expenditure on primary health care by Goldfields Local Governments was as follows:

Total expenditure on primary health care by Goldfields Local Governments		
	Gross	**Net**
General practice services	$659,678	$390,518
Allied health services	$99,000	$99,000
Mental health services	$70,000	$70,000
Aboriginal health Services	$0	$0
TOTAL	**$828,678**	**$559,518**

7.2 Great Southern Regional Health Profile

NUMBER OF GREAT SOUTHERN RESPONSES 11

REGIONAL RESPONSE RATE 92%

General Practice in the Great Southern

As at November 2022, there were 104 GPs working in the Great Southern region and 20 general practices. The vast majority of GPs are based in group practices in the larger regional centres of Albany and Mount Barker, with eight GPs working as solo operators in smaller towns.

Summary of Survey Results

There are 12 Local Governments in the WACHS Great Southern region. There were 11 Survey respondents from the Great Southern representing 11 per cent of the total number of Local Government Survey respondents.

Of the Great Southern respondents, 36 per cent indicated they provide either in-kind or financial support to health services within their communities. The most commonly supported health service is general practice, with 36 per cent of respondents providing support to either resident (18 per cent) or visiting (18 per cent) general practice services.

Nine per cent of Local Governments indicated providing support to allied health services.

The breakdown of the total expenditure on primary health care by Great Southern Local Governments was as follows:

Total expenditure on primary health care by Great Southern Local Governments		
	Gross	**Net**
General practice services	$370,000	$43,197
Allied health services	$35,000	$35,000
Mental health services	$10,000	$10,000
Aboriginal health Services	$0	$0
TOTAL	**$415,000**	**$88,197**

7.3 Kimberley

General Practice in the Kimberley

As at November 2022, there were 116 GPs working in the Kimberley region and 13 general practices. The majority of GPs are based in group practices in Broome or within Aboriginal Community Controlled Health Services (ACCHS) based in Broome, Derby and Kununurra. A small number of GPs work in ACCHS in smaller communities in Fitzroy Crossing and Halls Creek. There are no private general practices located outside of Broome and Kununurra.

Summary of Survey Results

There are four Local Governments in the WACHS Kimberley region. There were two respondents from the Kimberley region, representing two per cent of the total number of Local Government Survey respondents.

The breakdown of the total expenditure on primary health care by Kimberley Local Governments was as follows:

Total expenditure on primary health care by Kimberley Local Governments		
	Gross	**Net**
General practice services	$0	$0
Allied health services	$5,000	$5,000
Mental health services	$0	$0
Aboriginal health Services	$25,000	$25,000
TOTAL	**$30,000**	**$30,000**

7.4 Metropolitan

NUMBER OF METROPOLITAN RESPONSES 19

REGIONAL RESPONSE RATE 54%

There are 35 metropolitan, outer metropolitan or inner regional Local Governments outside of WACHS coverage. There were 19 Survey respondents from the metropolitan area, representing 18 per cent of the total number of Local Government Survey respondents.

Of these Metropolitan respondents, 21 per cent indicated they provided either in-kind or financial support to health services. Five per cent of metropolitan Local Governments provided support to general practices in their communities.

Just over 10 per cent of respondent metropolitan Local Governments reported providing support to Aboriginal health and mental health services in their communities.

One Metropolitan Local Government receives a small amount of funding towards the delivery of general practice services through the Medical Facilities Cost Equalisation mechanism.

The breakdown of the total expenditure on primary health care by Metropolitan Local Governments was as follows:

Total expenditure on primary health care by Metropolitan Local Governments		
	Gross	**Net**
General practice services	$0	-$3,808*
Allied health services	$80,000	$80,000
Mental health services	$106,250	$106,250
Aboriginal health Services	$63,000	$63,000
TOTAL	**$249,250**	**$245,442**

** One Local Government in the Outer Metropolitan region is the beneficiary of the Federal Assistance Grants Medical Facilities Cost Adjuster.*

7.5 Midwest

General Practice in the Midwest

As at November 2022, there were 94 GPs working in the Midwest region and 26 general practices. The vast majority of GPs are based in group practices in Geraldton. There are seven GPs working as solo operators in smaller towns.

Summary of Survey Results

There are 21 Local Governments in the Midwest WACHS region. There were 20 survey respondents from the Midwest, representing 14 per cent of the total number of Local Governments who participated in the survey.

Of the Midwest Local Governments, 55 per cent of respondents said they were providing either in-kind or financial support to health services. General practice was the most commonly supported service, with 20 per cent of Midwest respondents providing support to resident general practice services and 40 per cent of respondents supporting visiting general practice services.

There were smaller numbers of Local Governments providing support to other health services, with 15 per cent supporting either resident or visiting allied health services, and mental health. An additional 20 per cent of Local Governments indicated supporting 'other' services.

The breakdown of the total expenditure on primary health care by Midwest Local Governments, was as follows:

Total expenditure on primary health care by Midwest Local Governments		
	Gross	**Net**
General practice services	$889,644	$582,020
Allied health services	$47,001	$47,001
Mental health services	$24,000	$24,000
Aboriginal health Services	$16,000	$16,000
TOTAL	**$976,645**	**$669,021**

7.6 Pilbara

General Practice in the Pilbara

As at November 2022, there were 67 GPs working in the Pilbara region and 12 general practices. The majority of GPs are based in group practices in Port Hedland and Karratha or within Aboriginal Community Controlled Health Services (ACCHS) based in South Hedland, Roebourne and Newman.

Summary of Survey Results

There are four Local Governments within the Pilbara WACHS region. There were three responses to the survey from Local Governments in the region. None of the Local Governments reported providing any in-kind or financial support towards health services in their communities. Two Local Governments received the Medical Facilities Cost Adjustor which is reflected in the net figures below.

The breakdown of the total expenditure on primary health care by Pilbara Local Governments was as follows:

Total expenditure on primary health care by Pilbara Local Governments		
	Gross	**Net**
General practice services	$0	-$65,135*
Allied health services	$0	$0
Mental health services	$0	$0
Aboriginal health Services	$0	$0
TOTAL	**$0**	**-$65,135**

** It should be noted that one Local Government in the Pilbara indicated they were providing in-kind support through subsidised housing to general practitioners in the region, however the value of this support was not quantified in the survey. Two Local Governments in the region are beneficiaries of the Federal Assistance Grants Medical Facilities Cost Adjuster.*

7.7 South West

NUMBER OF SOUTH WEST RESPONSES 7

REGIONAL RESPONSE RATE 58%

General Practice in the South West

As at November 2022, there were 300 GPs working in the Great Southern region and 57 general practices. The vast majority of GPs are based in group practices in the larger regional centres of Bunbury, Busselton, Dunsborough, Manjimup and Bridgetown, with six GPs working as solo operators in smaller towns.

Summary of Survey Results

There are 12 Local Governments in the South West WACHS region. There were seven respondents from the South West to the survey, representing seven per cent of the total number of Local Government Survey respondents.

In the South West, 85 per cent of respondents indicated they provided either in-kind or financial support to health services within their communities

The survey revealed that both resident and visiting general practice, along with visiting allied health services, are the most commonly supported health services in the South West, with 29 per cent of Local Governments providing support. Nine per cent of Local Governments provide support to allied health services.

The breakdown of the total expenditure on primary health care by South West Local Governments, was as follows:

Total expenditure on primary health care by South West Local Governments		
	Gross	**Net**
General practice services	$883,920	$708,595
Allied health services	$99,700	$99,700
Mental health services	$21,500	$21,500
Aboriginal health Services	$0	$0
TOTAL	**$1,005,120**	**$829,795**

7.8 Wheatbelt

General Practice in the Wheatbelt

As at November 2022, there were 79 GPs working in the Wheatbelt region and 35 general practices. 51 per cent of general practices in the Wheatbelt are operated by a solo GP, due to the demography of the region. Solo general practices lack the economies of scale to operate as financially viable enterprises and are much more likely to require external funding support to be sustainable.

Summary of Survey Results

There are 43 Local Government in the WACHS Wheatbelt region. There were 33 respondents from the Wheatbelt region, representing 32 per cent of the total number of Local Government Survey respondents.

Of the Wheatbelt respondents, 79 per cent said they provide in-kind and financial support to health services within their communities. The most commonly supported health service is general practice, with 79 per cent of respondents providing support to either resident (54 per cent) or visiting (30 per cent) general practice services. The next most commonly supported health service is allied health, with 24 per cent of respondents providing support to resident or visiting services.

Local Governments across the Wheatbelt collectively spend a net $4.4 million towards sustaining health services within their communities, making it the region with the highest primary health expenditure. Notably, a substantial portion ($3.6 million net) was dedicated to securing and retaining general practice services — an unparalleled commitment in comparison to other regions, none of which surpassed the $1million mark in supporting general practice GP services.

The breakdown of the total expenditure on primary health care by Wheatbelt Local Governments was as follows:

Total expenditure on primary health care by Wheatbelt Local Governments		
	Gross	**Net**
General practice services	$5,038,507	$3,569,016
Allied health services	$740,242	$740,242
Mental health services	$31,942	$31,942
Aboriginal health Services	$14,442	$14,442
TOTAL	**$5,747,513**	**$4,355,644**

8 Attachment 2 - Survey

Dear CEO,

2023 Local Government Healthcare Services Survey

WALGA and Rural Health West are working together to advocate for enhanced access to primary healthcare services in Western Australia.

To support this advocacy, we are asking you to complete the 2023 Local Government Healthcare Services survey (the survey) which is designed to gather information on the extent of funding and support provided by Local Governments to primary healthcare services in their communities. This information will provide an evidence base for our ongoing advocacy efforts.

For the purpose of this survey and to ensure a comprehensive picture of Local Government support, primary healthcare services are defined as any frontline healthcare services. This may include, but is not limited to: General practitioner services, front-line allied or specialist health services (such as physiotherapy, dentistry, and psychologists), aged care service, mental health services, and Aboriginal health services.

Objectives:

The Survey seeks to achieve the following objectives:

- Determine how many Local Governments are supporting primary healthcare services and to what extent and cost.
- Identify the specific areas of healthcare services being supported and any funding received by Local Governments for this purpose.
- Support the development of a position on which WALGA and Rural Health West can advocate effectively**.**

Important Information about the Survey

Survey responses will remain strictly confidential and will be used solely for research purposes. Individual identities will be kept anonymous throughout the analysis and reporting phases. The survey design allows for multiple users to open and provide input to the survey. Participating Local Governments will be provided with an individualised survey summary setting out your responses.

The survey is seeking information about your 2021/22 Financial year budget. It may be helpful to have to hand information on: total revenue; total expenditure; and any expenditure, grants or in-kind estimates for costs associated with supporting primary healthcare services.

The survey closes on 25 August 2023.

Your Participation:

All Local Governments are encouraged to participate. By sharing your valuable insights, WALGA and Rural Health West can advocate to State and Federal Governments with current and powerful evidence that has the potential to influence decision makers and positively benefit your community.

Next Steps:

Rural Health West will analyse the data and prepare a findings and recommendations report for WALGA that will be used to inform and guide future advocacy activities. Updates will be provided through the Zone and State Council process in coming months.

Thank you for your participation.

If you require further information about the survey database@ruralhealthwest.com.au.

Q1.0 Local Government

Q2.0 Chief Executive Officer name

Q3.0 Total revenue for the 2021-2022 financial year

Q4.0 Total expenditure for the 2021-2022 financial year

Q5.0 Which of the following health services are currently available in the Local Government? **Note**: Allied health refers to health professionals who provide specialised support in a direct patient care role. *(Please select all options that apply)*

- ☐ General practice – Resident
- ☐ General practice – Visiting
- ☐ Allied health – Resident
- ☐ Allied health – Visiting
- ☐ Specialist medical services – Resident
- ☐ Specialist medical services – Visiting
- ☐ Aged care eg HACC/COS/CHSP
- ☐ Other *(Please specify)*
- ☐ Residential aged care
- ☐ Hospital
- ☐ Urgent care (after hours GP services)
- ☐ Home visiting services
- ☐ National Disability Insurance Scheme
- ☐ Mental health services
- ☐ Aboriginal health services

Q5.1 Did the Local Government provide any **financial support** towards the delivery of these services in the 2021-2022 financial year?

	Yes	No	Unsure
General practice – Resident	☐	☐	☐
General practice – Visiting	☐	☐	☐
Allied health – Resident	☐	☐	☐
Allied health – Visiting	☐	☐	☐
Specialist medical services – Resident	☐	☐	☐
Specialist medical services – Visiting	☐	☐	☐
Aged care eg HACC/COS/CHSP	☐	☐	☐
Residential aged care	☐	☐	☐
Hospital	☐	☐	☐
Urgent care (after hours GP services)	☐	☐	☐
Home visiting services	☐	☐	☐
National Disability Insurance Scheme	☐	☐	☐
Mental Health services	☐	☐	☐
Aboriginal health services	☐	☐	☐
Other (please specify) _____	☐	☐	☐

Q5.2 Did the Local Government provide any **in-kind support** towards the delivery of these services in 2021-2022 financial year?

	Yes	No	Unsure
General practice – Resident	☐	☐	☐
General practice – Visiting	☐	☐	☐
Allied health – Resident	☐	☐	☐
Allied health – Visiting	☐	☐	☐
Specialist medical services – Resident	☐	☐	☐
Specialist medical services – Visiting	☐	☐	☐
Aged care eg HACC/COS/CHSP	☐	☐	☐
Residential aged care	☐	☐	☐
Hospital	☐	☐	☐
Urgent care (after hours GP services)	☐	☐	☐
Home visiting services	☐	☐	☐
National Disability Insurance Scheme	☐	☐	☐
Mental Health services	☐	☐	☐
Aboriginal health services	☐	☐	☐
Other (please specify) _____	☐	☐	☐

Q6.0 Did the organisation receive any funding from **non-ratepayer** sources specifically to fund the delivery of health services in the 2021-2022 financial year?

	Yes	No	Number of grants received
Federal Government	☐	☐	
State Government	☐	☐	
NFP (eg LotteryWest)	☐	☐	
Private organisations (eg mining companies)	☐	☐	
Other (please specify) _____	☐	☐	

Q6.1 Please supply detailed information about funding sources from **non-ratepayer** sources in the 2021-2022 financial year.

Federal Government	
Grant name	**Amount received ($)**

State Government	
Grant name	**Amount received ($)**

NFP (eg LotteryWest)	
Grant name	**Amount received ($)**

Private organisations (eg mining companies)	
Grant name	**Amount received ($)**

Other	
Grant name	**Amount received ($)**

Q7.0 Are there any current or anticipated **primary healthcare** service shortages/gaps within the Local Government area?

☐ Yes ☐ No

Q7.1 Please provide details on these **primary healthcare** service shortages/gaps

Q8.0 Which of the following best represents your current arrangement with **general practices** in the organisation? *(Please select all that apply)*

☐ All privately run with no local support

☐ Local Government provides an incentive package for general practitioners

☐ Local Government provides an incentive package for the practice

☐ Local Government contracts a general practice provider

☐ Local Government directly employs general practitioners

☐ Other *(Please specify)*

Q9.0 Please provide information about the **nature** of support provided by the Local Government towards **GP services** in the 2021-2022 financial year.
(Please select all options that apply)

- ☐ No support provided
- ☐ Incentive payment/income guarantee
- ☐ Provision of GP facilities
- ☐ Provision of accommodation or rental assistance
- ☐ Provision of vehicle and fuel
- ☐ Provision of practice management/ administrative services
- ☐ Other *(Please specify)*
- ☐ Subsidised power
- ☐ Travel vouchers/support
- ☐ Locum subsidy/incentive
- ☐ Shire employment of GP directly
- ☐ GP contracted by shire
- ☐ In-kind support

Q9.1 Please provide information about the value of support provided by the Local Government towards **GP services** in the 2021-2022 financial.

- ☐ No support provided
- ☐ Incentive payment/income guarantee
- ☐ Provision of GP facilities
- ☐ Provision of accommodation or rental assistance
- ☐ Provision of vehicle and fuel
- ☐ Provision of practice management/ administrative services
- ☐ Other *(Please specify)*
- ☐ Subsidised power
- ☐ Travel vouchers/support
- ☐ Locum subsidy/incentive
- ☐ Shire employment of GP directly
- ☐ GP contracted by shire
- ☐ In-kind support

Q9.2 How do you anticipate the levels of spending by the Local Government on **GP services** to change over the next two years?

	Decrease	Remain roughly the same	Increase
No support provided	☐	☐	☐
Incentive payment/income guarantee	☐	☐	☐
Provision of GP facilities	☐	☐	☐
Provision of accommodation or rental assistance	☐	☐	☐
Provision of vehicle and fuel	☐	☐	☐
Provision of practice management/ administrative services	☐	☐	☐
Subsidised power	☐	☐	☐
Travel vouchers/support	☐	☐	☐
Locum subsidy/incentive	☐	☐	☐
Shire employment of GP directly	☐	☐	☐
GP contracted by shire	☐	☐	☐
In-kind support	☐	☐	☐
Other _____	☐	☐	☐

Q10.0 Please information about the **nature** of support provided by Local Government towards **allied health services** in the 2021-2022 financial year.
Note: Allied health refers to health professionals who provide specialised support in a direct patient care role. *(Please select all options that apply)*

- [ ] No support provided
- [ ] Incentive payment/income guarantee
- [ ] Provision of facilities
- [ ] Provision of accommodation or rental assistance
- [ ] Provision of vehicle and fuel
- [ ] Provision of practice management/ administrative services
- [ ] Other *(Please specify)*
- [ ] Subsidised power
- [ ] Travel vouchers/support
- [ ] Locum subsidy/incentive
- [ ] Shire employment of allied health staff directly
- [ ] Allied health staff contracted by shire
- [ ] In-kind support

Q10.1 Please provide information about the **value** of support provided by Local Government towards **allied health services** in the 2021-2022 financial year.
(Please select all options that apply)

- [ ] No support provided
- [ ] Incentive payment/income guarantee
- [ ] Provision of facilities
- [ ] Provision of accommodation or rental assistance
- [ ] Provision of vehicle and fuel
- [ ] Provision of practice management/ administrative services
- [ ] Other *(Please specify)*
- [ ] Subsidised power
- [ ] Travel vouchers/support
- [ ] Locum subsidy/incentive
- [ ] Shire employment of allied health staff directly
- [ ] Allied health staff contracted by shire
- [ ] In-kind support

Q10.2 How do you anticipate the levels of spending by the Local Government on **allied health services** to change over the next two years.

	Decrease	Remain roughly the same	Increase
No support provided	☐	☐	☐
Incentive payment/income guarantee	☐	☐	☐
Provision of facilities	☐	☐	☐
Provision of accommodation or rental assistance	☐	☐	☐
Provision of vehicle and fuel	☐	☐	☐
Provision of practice management/ administrative services	☐	☐	☐
Subsidised power	☐	☐	☐
Travel vouchers/support	☐	☐	☐
Locum subsidy/incentive	☐	☐	☐
Shire employment of allied health staff directly	☐	☐	☐
Allied health staff contracted by shire	☐	☐	☐
In-kind support	☐	☐	☐
Other _____	☐	☐	☐

Q11.0 Please provide information about the **nature** of support provided by the Local Government towards **aged care services** in the 2021-2022 financial year?
(Please select all options that apply)

- ☐ No support provided
- ☐ Incentive payment/income guarantee
- ☐ Provision of facilities
- ☐ Provision of accommodation or rental assistance
- ☐ Provision of vehicle and fuel
- ☐ Provision of practice management/ administrative services
- ☐ Other *(Please specify)*
- ☐ Subsidised power
- ☐ Travel vouchers/support
- ☐ Locum subsidy/incentive
- ☐ Shire employment of aged care staff directly
- ☐ Aged care staff contracted by shire
- ☐ In-kind support

Q11.1 Please provide information about the **value** of support provided by Local Government towards **aged care services** in the 2021-2022 financial year.
(Please select all options that apply)

- ☐ No support provided
- ☐ Incentive payment/income guarantee
- ☐ Provision of facilities
- ☐ Provision of accommodation or Rental assistance
- ☐ Provision of vehicle and fuel
- ☐ Provision of practice management/ administrative services
- ☐ Other *(Please specify)*
- ☐ Subsidised power
- ☐ Travel vouchers/support
- ☐ Locum subsidy/incentive
- ☐ Shire employment of aged care staff directly
- ☐ Aged care staff contracted by shire
- ☐ In-kind support

Q11.2 How do you anticipate the levels of spending by the Local Government on **aged care services** to change over the next two years?

	Decrease	Remain roughly the same	Increase
No support provided	☐	☐	☐
Incentive payment/income guarantee	☐	☐	☐
Provision of facilities	☐	☐	☐
Provision of accommodation or rental assistance	☐	☐	☐
Provision of vehicle and fuel	☐	☐	☐
Provision of practice management/ administrative services	☐	☐	☐
Subsidised power	☐	☐	☐
Travel vouchers/support	☐	☐	☐
Locum subsidy/incentive	☐	☐	☐
Shire employment of aged care staff directly	☐	☐	☐
Aged care staff contracted by shire	☐	☐	☐
In-kind support	☐	☐	☐
Other _____	☐	☐	☐

Q12.0 Please provide information about the **nature** of support provided by the Local Government towards **mental health services** in the 2021-2022 financial.
(Please select all options that apply)

- ☐ No support provided
- ☐ Incentive payment/income guarantee
- ☐ Provision of facilities
- ☐ Provision of accommodation or rental assistance
- ☐ Provision of vehicle and fuel
- ☐ Provision of practice management/ administrative services
- ☐ Other *(Please specify)*
- ☐ Subsidised power
- ☐ Travel vouchers/support
- ☐ Locum subsidy/incentive
- ☐ Shire employment of mental health professionals directly
- ☐ Mental health professionals contracted by shire
- ☐ In-kind support

Q12.1 Please provide information about the **value** of support provided by the Local Government towards **mental health services** in the 2021-2022 financial year.
(Please select all options that apply)

- ☐ No support provided
- ☐ Incentive payment/income guarantee
- ☐ Provision of facilities
- ☐ Provision of accommodation or Rental assistance
- ☐ Provision of vehicle and fuel
- ☐ Provision of practice management/ administrative services
- ☐ Other *(Please specify)*
- ☐ Subsidised power
- ☐ Travel vouchers/support
- ☐ Locum subsidy/incentive
- ☐ Shire employment of mental health professionals directly
- ☐ Mental health professionals contracted by shire
- ☐ In-kind support

Q12.2 How do you anticipate the levels of spending by the Local Government on **mental health services** to change over the next two years?

	Decrease	Remain roughly the same	Increase
No support provided	☐	☐	☐
Incentive payment/income guarantee	☐	☐	☐
Provision of facilities	☐	☐	☐
Provision of accommodation or rental assistance	☐	☐	☐
Provision of vehicle and fuel	☐	☐	☐
Provision of practice management/ administrative services	☐	☐	☐
Subsidised power	☐	☐	☐
Travel vouchers/support	☐	☐	☐
Locum subsidy/incentive	☐	☐	☐
Shire employment of mental health professionals directly	☐	☐	☐
Mental health professionals contracted by shire	☐	☐	☐
In-kind support	☐	☐	☐
Other _____	☐	☐	☐

Q13.0 Please provide information about the **nature** of support provided by the Local Government towards **Aboriginal health services** in the 2021-2022 financial year. *(Please select all options that apply)*

- ☐ No support provided
- ☐ Incentive payment/income guarantee
- ☐ Provision of facilities
- ☐ Provision of accommodation or rental assistance
- ☐ Provision of vehicle and fuel
- ☐ Provision of practice management/ administrative services
- ☐ Other *(Please specify)*
- ☐ Subsidised power
- ☐ Travel vouchers/support
- ☐ Locum subsidy/incentive
- ☐ Shire employment of Aboriginal health professionals directly
- ☐ Aboriginal health professionals contracted by shire
- ☐ In-kind support

Q13.1 Please provide information about the **value** of support provided by the Local Government towards **Aboriginal health services** in the 2021-2022 financial year. *(Please select all options that apply)*

- ☐ No support provided
- ☐ Incentive payment/income guarantee
- ☐ Provision of facilities
- ☐ Provision of accommodation or rental assistance
- ☐ Provision of vehicle and fuel
- ☐ Provision of practice management/ administrative services
- ☐ Other *(Please specify)*
- ☐ Subsidised power
- ☐ Travel vouchers/support
- ☐ Locum subsidy/incentive
- ☐ Shire employment of Aboriginal health professionals directly
- ☐ Aboriginal health professionals contracted by shire
- ☐ In-kind support

Q13.2 How do you anticipate the levels of spending by Local Government on **Aboriginal health services** to change over the next two years?

	Decrease	Remain roughly the same	Increase
No support provided	☐	☐	☐
Incentive payment/income guarantee	☐	☐	☐
Provision of facilities	☐	☐	☐
Provision of accommodation or rental assistance	☐	☐	☐
Provision of vehicle and fuel	☐	☐	☐
Provision of practice management/ administrative services	☐	☐	☐
Subsidised power	☐	☐	☐
Travel vouchers/support	☐	☐	☐
Locum subsidy/incentive	☐	☐	☐
Shire employment of Aboriginal health professionals directly	☐	☐	☐
Aboriginal health professionals contracted by shire	☐	☐	☐
In-kind support	☐	☐	☐
Other _____	☐	☐	☐

Q14.0 In the past five years, have you engaged the services of Rural Health West for the recruitment or retention of healthcare professionals?

☐ Yes ☐ No ☐ Unsure

Q14.1 Did this result in a successful outcome?

☐ Yes ☐ No ☐ Unsure

Q15.0 In the past five years, have you engaged the services of a commercial recruitment organisation for the recruitment or retention of healthcare professionals?

☐ Yes ☐ No ☐ Unsure

Q15.1 Did this result in a successful outcome?

☐ Yes ☐ No ☐ Unsure

Q15.2 How much has the Local Government spent engaging with commercial recruitment organisations for procuring healthcare services in 2021-2022?

Q16.0 Is the Local Government doing anything else to support primary healthcare services? *(Please provide details)*

Q17.0 What outcomes would you like WALGA and Rural Health West to advocate for with State and Commonwealth Governments? This may include, but not limited to: Increased State or Commonwealth Government funding; assistance from WALGA to secure grants; increased support from State Government for housing to accommodate healthcare staff.

Q18.0 Would you like to be involved in further work with WALGA and Rural Health West on this topic?

☐ Yes ☐ No

Q18.1 Please provide the best contact name and email for further liaison:

Contact name	
Email address	

We highly appreciate your time in filling out this survey.

Thank you

This is the final page of the survey. Once results have been collected, an individual report will be sent to you.