Specialist Services in Rural Western Australia Gap and Equity Analysis Update

March 2016
Rural Health West

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Suggested citation


Limitations

Rural Health West acknowledges there are limitations with data collection for various reasons. These include the modelling assumptions made around full time specialist work and limited capacity to reflect inequities within regions. The information in this report is a snapshot in time and was current at March 2016.

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Acknowledgements

Rural Health West thanks all rural and remote specialists, visiting specialists practice staff, WA Country Health Service, Aboriginal Medical Services and others for their support and contributions in providing and validating the data used in this report.

Rural Health West’s visiting outreach programs are funded by the Australian Government Department of Health through the Rural Health Outreach Fund (RHOF), the Medical Outreach Indigenous Chronic Disease Program (MOICDP), the Healthy Ears, Better Hearing, Better Listening Program (HEBHBL) and the Eye and Ear Surgical Services Program (EESS).

Abbreviations

FT full time
GOL Goldfields
GTS Great Southern
MID Midwest
OITO Outreach in the Outback
PIL Pilbara
1 Introduction

Rural Health West undertakes regular assessment of equity of access to, and gaps in, specialist services available to residents in each rural region of Western Australia. In March 2010, Rural Health West undertook the first gap and equity analysis to support priority setting for the then new Medical Specialist Outreach Assistance Program – Indigenous Chronic Disease stream. Subsequent updates of this analysis support the continuous planning of Rural Health West’s current outreach specialist service programs by providing vital information regarding service needs of each region. The data included in this report represents a snapshot of all resident and visiting specialists in each region as at 3 March 2016.

2 Purpose

To provide a tool to support funding and resource allocation decisions for the outreach specialist programs funded by the Australian Government and managed by Rural Health West.

3 Methodology – determining equity

The number of sessions\(^1\) provided on a per annum basis by all resident, private and visiting specialist services in each of the seven rural regions in Western Australia has been collated to determine regional access rates to individual specialties, with equity being defined as the comparative quantum of specialist sessions delivered to a region per annum per 1,000 population basis. The exercise is a snapshot in time at 3 March 2016 and no weighting has been given to burden of disease.

This information is summarised in charts on the following pages. Paediatric and adult specialist services have been summarised together where data was available, except for general paediatrics and psychiatry. Not every specialty is included in the report due to a lack of significant data available or because they are not specialties funded through Rural Health West’s outreach programs.

4 Modelling resident specialist activity

The modelling assumptions that have been made in determining the level of resident specialist activity are:

- A full time private or salaried resident specialist (or locum filling the position) works 44 weeks per year at 10 sessions per week = full time equivalent of 440 sessions per annum.
- Where full time resident specialists are separately funded to provide outreach or visiting services, the number of funded sessions is deducted from their full time equivalent sessions.

\(^1\) A session is defined as 3.5 to 4 hours of clinical time
5 Rural regions

This analysis continues its assessment of equity within the seven rural regions historically used by the WA Country Health Service, Government of Western Australia (WACHS). The 2014 population breakdown in each of the regions were as follows:

<table>
<thead>
<tr>
<th>Rural region</th>
<th>Adult population</th>
<th>0-14 years population</th>
<th>Females 15-54 years population</th>
<th>Total population 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goldfields</td>
<td>48,265</td>
<td>13,072</td>
<td>16,731</td>
<td>61,337</td>
</tr>
<tr>
<td>Great Southern</td>
<td>47,973</td>
<td>11,958</td>
<td>14,769</td>
<td>59,931</td>
</tr>
<tr>
<td>Kimberley</td>
<td>30,037</td>
<td>9,062</td>
<td>11,518</td>
<td>39,099</td>
</tr>
<tr>
<td>Midwest</td>
<td>54,208</td>
<td>13,934</td>
<td>17,457</td>
<td>68,142</td>
</tr>
<tr>
<td>Pilbara</td>
<td>55,771</td>
<td>11,732</td>
<td>16,867</td>
<td>67,503</td>
</tr>
<tr>
<td>South West</td>
<td>141,212</td>
<td>36,841</td>
<td>46,156</td>
<td>178,053</td>
</tr>
<tr>
<td>Wheatbelt</td>
<td>62,806</td>
<td>15,315</td>
<td>18,050</td>
<td>78,121</td>
</tr>
</tbody>
</table>

6 Information sources

This Gap and Equity Analysis Update identifies key specialist services provided across the seven rural regions. To achieve the best possible outcomes, the development of the dataset has relied on written, verbal and digital information. Written information was collected from the Medical & Surgical Specialist Referral Directory (Western Australia) 2016; and the Australian Bureau of Statistics’ estimated resident population data 2014 (document 3235.0 Population by Age and Sex, Regions of Australia, Table 6). Verbal information was obtained from WACHS regional specialist coordinators, specialist’s private rooms, other relevant WACHS staff and OITO Program staff.

Digital information has been collected from the Rural Health West specialist database and the new Outreach Management System (OMS). The OMS is an efficient online platform through which outreach health service providers contracted by Rural Health West can supply up to date visit schedules and submit service reports.

7 Definition of terms

**Resident specialists**

Resident specialists refer to those who live in the rural or remote location in which they work and usually reside in the town where the regional resource centre is located. Resident specialists provide outreach services to other towns and communities within their region.

**Visiting specialists**

Visiting specialists refer to those who travel from their base (usually Perth, but could be from another rural region or interstate) to deliver occasional planned specialist services in a rural or remote location.
8 Specialties identified

The following specialties are reported here:

**Children’s specialist services**
- Paediatrics – general
- Paediatrics – psychiatry (child and youth)

**Combined specialist services**
- Differentiation not possible for Endocrinology (adult and child) and Ear, Nose and Throat (adult and child).

**Adult specialist services**
- Cardiology (adult and echo)
- Dermatology
- Gastroenterology
- General medicine
- General surgery
- Genetics
- Immunology (includes sexual health)
- Nephrology
- Neurology
- Obstetrics and gynaecology
- Oncology
- Ophthalmology
- Orthopaedics
- Palliative care
- Plastic/Reconstructive surgery
- Psychiatry
- Respiratory medicine
- Rheumatology
- Urology
- Vascular surgery
9 Equity of access - paediatric services

Specialist Paediatrics (all)
Sessions / 1,000 population

Specialist Psychiatry (child & youth)
Sessions / 1,000 population

Notes: similar profile to 2014; paediatrician no longer FT in GTS
10 Equity of access – combined services
### 11 Equity of access – adult services

#### Specialist Cardiology (adult & echo)

**Sessions / 1,000 population**

- **Goldfields**
- **Great Southern**
- **Kimberley**
- **Midwest**
- **Pilbara**
- **South West**
- **Wheatbelt**

Notes: similar profile to 2014

#### Specialist Dermatology (adult)

**Sessions / 1,000 population**

- **Goldfields**
- **Great Southern**
- **Kimberley**
- **Midwest**
- **Pilbara**
- **South West**
- **Wheatbelt**

Notes: 1x dermatologist added in GtS since 2014 report

#### Specialist Gastroenterology (adult)

**Sessions / 1,000 population**

- **Goldfields**
- **Great Southern**
- **Kimberley**
- **Midwest**
- **Pilbara**
- **South West**
- **Wheatbelt**
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Specialist General surgery (adult)
Sessions / 1,000 population

Notes: large variances from 2014 figures

Specialist General medicine/physician (adult)
Sessions / 1,000 population

Specialist Genetics (adult)
Sessions / 1,000 population
Specialist Immunology including sexual health (adult)
Sessions / 1,000 population

Goldfields
Great Southern
Kimberley
Midwest
Pilbara
South West
Wheatbelt

Notes: similar profile to 2014; higher rates may reflect increased sessions as well as decreased populations

Specialist Nephrology/Renal medicine (adult)
Sessions / 1,000 population

Goldfields
Great Southern
Kimberley
Midwest
Pilbara
South West
Wheatbelt

Notes: increases in GTS and PIL mostly from OITO data

Specialist Neurology (adult)
Sessions / 1,000 population

Goldfields
Great Southern
Kimberley
Midwest
Pilbara
South West
Wheatbelt

Notes: increases in GTS and PIL mostly from OITO data
Specialist Obstetrics & Gynaecology (females 15-54)
Sessions / 1,000 population

Specialist Oncology (adult)
Sessions / 1,000 population

Specialist Ophthalmology (adult)
Sessions / 1,000 population

Notes: one less visiting specialist to both GOL and MID
Specialist Orthopaedics (adult)
Sessions / 1,000 population

Specialist Palliative medicine includes telehealth (adult)
Sessions / 1,000 population

Specialist Plastic/Reconstructive surgery (adult)
Sessions / 1,000 population

Notes: GTS increase due to new resident specialist
Specialist Psychiatry (adult)
Sessions / 1,000 population

Notes: FT specialist now in Bunbury

Specialist Respiratory including sleep medicine (adult)
Sessions / 1,000 population

Notes: FT specialist (Albany), specialist retired (Bunbury)

Specialist Rheumatology (Adult)
Sessions / 1,000 population including Telehealth
Specialist Urology (adult)
Sessions / 1,000 population

Specialist Vascular surgery (adult)
Sessions / 1,000 population