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SOUTHERN INLAND HEALTH INITIATIVE

AUGUST 2012

The Southern Inland Health Initiative celebrates its first year of operation

Having recently celebrated its first year of operation, the Southern Inland Health Initiative has achieved a number of milestones.

The Initiative – which is funded by Royalties for Regions, will see \$240million invested into the health workforce and the provision of health services; and a \$325million capital works program over the next five years.

Over the past twelve months extensive planning and consultation has been carried out with the health workforce, private and not for profit sectors and the community to identify the best possible health outcomes for those living in the southern inland catchment.

We share some of the highlights of 2011/2012 with you.

Increased doctor numbers the key to the new medical model

A priority of the Southern Inland Health Initiative is to encourage more doctors to live and work in the southern inland catchment area.

As at the end of June 2012, 89 General Practitioners had signed up to participate in the new medical model for emergency and primary health care services.

Of these, 13 doctors have joined general practice in the southern inland catchment, signing on to the available incentive package. This package supports doctors working in areas such as primary care, Aboriginal health and the new 24/7 Emergency Department rosters that provide communities with safe and reliable access to emergency care.

Esperance, Northam, Merredin and Narrogin Hospitals now have on the floor doctor coverage, 12 hours in the Emergency Department and a further 12 hours close on call cover. Manjimup/Bridgetown, Collie and Katanning Hospitals have a close on call doctor, around the clock, seven days a week.

Reform team working with hospitals

With a number of hospitals in the southern inland catchment now running 24/7 Emergency Department rosters, a clinical reform team has been working closely with hospital staff and local general practices to assess the integration of the new medical model.

The medical model is a first for hospitals in rural WA, allowing communities access to safe and sustainable emergency medical care, while providing an emphasis on the importance of primary health care.

The reform team has been able to directly observe, and consult with key Emergency Department nurses, general practitioners and administrative staff to look at the running of the Emergency Department rosters and service delivery.

Work will continue with eleven hospitals in the southern inland catchment, and will include the introduction of Telehealth technology, the development of network services between large towns and smaller surrounding communities and the introduction of Emergency Department Nurse Practitioners.



Planning for the future – the way forward

To make sure communities in the southern inland catchment receive improved, appropriate and contemporary health services, there is a significant emphasis on planning and consultation.

Extensive service planning has been carried out across the southern inland catchment. These workshops are necessary to make sure future health services are aligned with community health needs – both now and in the future.

These service plans – along with Building Condition Audits across 37 sites in the southern inland region – will help prioritise the capital works program.

Primary health care – why it is so important under the Initiative?

Primary health care plays an integral role in improving health and underpins many of the innovative changes planned under the Southern Inland Health Initiative.

Primary health care can be generally described as health services that are mostly provided outside of the hospital that are focused around person-centred care. It involves partnerships between the patient, the community and health providers.

New positions have recently been filled, with the contracting of Primary Health Care Integration Coordinators. These new coordinators will help roadmap health care pathways for patients with a range of health conditions such as mental illness, diabetes or renal disease.

The Coordinators will be responsible for supporting the development of partnerships and linkages between health providers in government, private, not for profit and volunteer sectors.

We welcome the following members to our team:

Karen Beardsmore, Coordinator, Primary Care Integration and Glenda Smith, Administrative Assistant for the Western Wheatbelt.

Brooke Gibbons, Coordinator, Primary Care Integration who has been contracted to the Eastern Wheatbelt and Vanessa Green, Administrative Assistant

Raquel Willis who has been appointed Coordinator, Primary Care Integration to the Central Great Southern health district; and Annabel Paulley, Administrative Assistant.

Dr Anita Peerson who has been appointed Coordinator, Primary Care Integration to the Southern Wheatbelt and Barbara Temperton, Administrative Assistant.

Each Coordinator is meeting with key service providers to look at service gaps and needs, in line with the current planning processes.

What's on for 2012/2013?

This next year will see some exciting advances for communities in the southern inland catchment area. This will include a schedule of works for the capital works program, some priority early works, the continued introduction of Telehealth technology into regional centres and smaller surrounding towns; and the implementation of more Primary Health Care services in these communities.

To keep up to date with the latest news, subscribe to the Southern Inland Health Initiative e-newsletter. Any comments or questions can also be sent to southerninland@health.wa.gov.au