



MURRAY REGION HEALTH AND SOCIAL NEEDS ANALYSIS

Report to the Murray Health Hub
Steering Committee

December 2023 (V1.0)

Contents

- List of Tables 3
- List of Figures 4
- Executive Summary 5
 - Recommendation..... 7
- 1. Shire of Murray 8
- 2. Population..... 9
 - 2.1 Aging population 10
 - 2.2 Population growth and projection 12
 - 2.3 Employment status and labour force 13
 - 2.4 Health sector workforce 14
- 3. Socio-economic Status..... 16
 - 3.1 Housing and welfare 19
 - 3.2 Employment, education and transport..... 20
- 4. Health Status..... 23
 - 4.1 Mental health..... 25
 - 4.2 Aboriginal health 26
 - 4.3 Older people..... 27
 - 4.4 Children and youth..... 28
 - 4.5 People living with disability..... 29
- 5. Sites and Services..... 31
 - 5.1 Fiona Stanley Hospital..... 31
 - 5.2 Fremantle Hospital..... 32
 - 5.3 Rockingham General Hospital..... 32
 - 5.4 Peel Health Campus 32
 - 5.5 Mandurah Community Health Centre 32
 - 5.6 Murray District Hospital..... 33
 - 5.7 Community Health Services 34
 - 5.8 Local Service Providers..... 34
- 6. Service utilisation and activity 36
 - 6.1 Emergency department activity..... 36
 - 6.2 Inpatient activity 38
 - 6.3 Outpatient activity 42
 - 6.4 Emergency services activity (ambulance) 45

7. Voice of the community.....	47
7.1 Shire of Murray community and industry survey	47
7.2 Long-term health conditions and help with self-care activities	47
7.3 Access to health care	48
7.4 Future health and social needs	50
8. Glossary.....	53
9. Appendices.....	54
Appendix A – 2021 ABS Census Population by Age Groups, Shire of Murray, Peel Region and WA	54
Appendix B – Murray Health Futures Community Survey Online Form.....	55
Appendix C – Murray Health Futures Community Survey Questions.....	56
Appendix D – Murray Health Futures Industry Survey Questions.....	59

List of Tables

Table 1: Shire of Murray Estimated Resident Population, 2016 to 2023	12
Table 2: Top occupations, employed people aged 15 years and over, 2021.....	13
Table 3: Health Workforce Distribution, AIHW 2020.....	14
Table 4: Health Practitioner Rate per Population, LGA Comparison, 2021	15
Table 5: Socio-economic Indexes for Australia (SEIFA), 2021.....	17
Table 6: Labour Force and Employment Status, 2021	20
Table 7: Level of Educational Attainment, 2021	20
Table 8: Summary of Social Health Atlas of Australia Data by LGA, 2021/22.....	21
Table 9: Incidence of Long-Term Health Conditions 2021, Shire of Murray, Peel, WA and Australia	24
Table 10: Prevalence of Lifestyle Risk Factors for Adults, 2016-2020, Murray, SMHS and WA.....	24
Table 11: SMHS Mental Health Programs, Shire of Murray Resident Referrals and Service Events, 2019/20 to 2022/23	25
Table 12: People Attending ED Identifying as ATSI with Place of Usual Residence in the Shire of Murray, 2018/19 to 2022/23.....	27
Table 13: Shire of Murray Local Health Care Providers and Social Services, 2023.....	35
Table 14: People Attending ED with Place of Usual Residence in the Shire of Murray, 2018/19 to 2022/23	36
Table 15: ED Attendances by People Living in the Shire of Murray that are Potentially Appropriate for GP Care.....	37
Table 16: Reasons for ED Presentations by Shire of Murray Residents Identified as Potentially Appropriate for GP Care	37
Table 17: Inpatient Separations for People with Place of Usual Residence in the Shire of Murray, 2018/19 to 2022/23	38
Table 18: Inpatient Separations by Stay Type and Care Type for Shire of Murray Residents in WA Public Hospitals, 2018/19 to 2022/23	39
Table 19: Care Types with Greatest Number of Bed Days for Shire of Murray Residents in WA Public Hospitals, 2022/23.....	39
Table 20: Multiday Inpatient Bed Days and Average Length of Stay for Shire of Murray Residents in WA Public Hospitals, 2018/19 to 2022/23	39
Table 21: Acute Care DRGs for Shire of Murray Residents, 2022/23	40
Table 22: Rehabilitation Care DRGs for Shire of Murray Residents, 2022/23	40
Table 23: Mental Health Care DRGs for Shire of Murray Residents, 2022/23.....	40
Table 24: Most Common Tier 2 Outpatient Clinics Attended by Shire of Murray Residents, WA Public Hospitals, 2022/23.....	42
Table 25: Most Common Tier 2 Outpatient Clinics Attended by Shire of Murray Residents by Site, WA Public Hospitals, 2022/23	43
Table 26: Responses to survey questions relating to the presence of long-term health conditions.....	47
Table 27: Responses to survey questions relating to needing help with self-care activities, body movement or communication, and the reason for requiring assistance.	48
Table 28: Shire of Murray Community Survey, Respondents with a long-term health condition: improving access to health care	50

List of Figures

Figure 1: Shire of Murray LGA boundary8

Figure 2: Shire of Murray Population Age Structure, 2021.....9

Figure 3: Shire of Murray / ATSI Age Population Structure10

Figure 4: 2021 ABS Census Age Group Structure, Shire of Murray, Peel Region and WA.....11

Figure 5: Shire of Murray Population Projection, WA Tomorrow 2016-2031 Band A-E
and ABS Census data 2016 to 202112

Figure 6: SEIFA Index of Relative Socio-economic Disadvantage, Local Government
Areas (LGA) WA, 202118

Figure 7: Index of Relative Socio-economic Advantage and Disadvantage National
Quintiles, 202119

Figure 8: 2021 ABS Census, One or More Long-Term Health Condition by Age and Sex.....23

Figure 9: ED Presentations and Episode Hours, Shire of Murray Residents, 2018/19 to
2022/2326

Figure 10: ED Attendances by Age Group and Gender, Shire of Murray Residents,
2022/2329

Figure 11: Prevalence of Disability by Age Group in Australia, 2018.....30

Figure 12: South Metropolitan Health Service, main health campus locations31

Figure 13: Triage Category for Shire of Murray Resident ED Presentations at WA Public
Hospitals, 2018/19 to 2022/2337

Figure 14: Specialties with Highest Number of Inpatient Separations for Shire of Murray
Residents, WA Public Hospitals, 2018/19 to 2022/2341

Figure 15: Inpatient Separations by Specialty for Shire of Murray Residents, WA Public
Hospitals, 2018/19 to 2022/2341

Figure 16: Outpatient Appointment Activity by Age Group and Gender, WA Public
Hospitals, Shire of Murray Residents, 2022/2344

Figure 17: St. John Ambulance WA, Number of Incidents and Cases by Priority in the
Pinjarra Region, July 2018 to June 202345

Figure 18: Percent of Incidents in the Pinjarra Area Attended by Pinjarra Crews; and
Percent of Incidents Attended by Pinjarra Crews Where the Nearest Sub-
Centre Was Not Pinjarra, July 2018 to June 2023.....46

Figure 19: St. John Ambulance WA Pinjarra Sub-Centre Average Incident Response
Times by Priority, July 2018 to June 2023.....46

Figure 20: Shire of Murray Community and Industry Survey Response to Improve
Access to Health Care.....49

Figure 21: Shire of Murray Community and Industry Survey Responses to the Most
Important Health Needs in the Future.51

Figure 22: Shire of Murray Community and Industry Survey Responses to the Most
Important Social Needs in the Future.....52

Executive Summary

The Shire of Murray is a Local Government Area (LGA) centred around the town of Pinjarra, in the Peel region to the south of the Perth metropolitan area. It is a growing district with the current population of 18,068 expected to increase by 9% every five years and projected to reach 21,610 people by 2031.

The Murray district has an ageing population with approximately half (50.4%) of its residents over the age of 45 years and almost one quarter (24.1%) over the age of 65 years. The Shire of Murray population consists of 497 people (2.8%) who identify as Aboriginal and/or Torres Strait Islander, of which one third (33.2%) are under the age of 15 years.

Of those aged 15 years and over living in the Shire of Murray, almost half (45.4%) have no qualification, 27.7% have attained a vocational education and training qualification and 8.1% have attained a bachelor's degree or higher. One third (32.4%) of employed people in the area aged 15 years and over work as technicians, machinery operators, labourers or in a trade.

The socio-economic status contributes to the morbidity and overall health outcomes of a population where lower socio-economic characteristics correlate to a higher incidence of some health conditions. The Shire of Murray represents an area with a relatively high socio-economic disadvantage compared with other LGAs within WA. It is the 42nd most disadvantaged area out of 139 LGAs in the state and ranked the third lowest out of all Peel region LGAs.

Adding to the burden of disease is a higher prevalence of a number of lifestyle risk factors amongst the Shire of Murray population, including consumption of alcohol (40.2% of adults in the Shire of Murray are reported to consume more than two standard drinks on any day compared with 25.9% in WA), eating fast food and undertaking insufficient physical activity.

The Shire of Murray LGA falls within the South Metropolitan Health Service (SMHS) catchment with the closest hospital sites being Murray District Hospital (MDH), Peel Health Campus (PHC) and Rockingham General Hospital (RGH). Fiona Stanley Hospital (FSH) is the main tertiary hospital in the SMHS catchment. Over the five years to 2022/23 for Shire of Murray residents, the number of emergency department presentations and inpatient separations have been relatively steady, with an increasing trend in the number of outpatient appointments.

In 2022/23 there were 8,077 presentations made to emergency departments by people living in the Shire of Murray. Within the SMHS catchment, the majority of presentations were to PHC (6,177 presentations or 76.5%), followed by FSH (440 presentations or 5.4%) and RGH (429 presentations or 5.3%). Most presentations (79.8%) were triaged as urgent or semi-urgent and 1,042 (13%) were identified as potentially suitable for treatment and management in general practice.

The highest number of inpatient separations in WA public hospitals for Shire of Murray residents can be attributed to renal dialysis, followed by chemotherapy / radiotherapy, diagnostic GI endoscopy and orthopaedics, which collectively accounted for 4,125 of 10,206 separations (or 40.4%) in 2022/23.

In 2022/23, there was a total of 15,099 outpatient appointments attended by 3,018 Shire of Murray residents in public health facilities (not including PHC). Of these, 75.1% (or 11,343) were follow-up appointments and 24.9% (or 3,756) were new appointments. The three disciplines most attended by Shire of Murray residents for outpatient services were orthopaedics, physiotherapy and occupational therapy, which accounted for 3,047 of 15,099 (20.2%) appointments in 2022/23. The majority of appointments were attended by those aged 60 years and over (50.4%) with those aged 50 years and over accounting for 62.8% of all outpatient appointments.

SMHS purchases specific and limited outpatient services at PHC related primarily to antenatal, oncology and post-acute care. PHC outpatient data is recorded slightly differently to other SMHS sites, where Tier 2 outpatient data is counted at clinic level only, not at appointment level. However, from the data available in 2022/23, it can be reported at least 240 people living in the areas of Murray or Pinjarra attended at least 898 outpatient events at PHC. Most of these were for antenatal care (48.3%), followed by allied health (18.9%, predominantly physiotherapy), wound dressings management (11%), oncology (9.7%), general medicine (7.9%) and gerontology (4.1%).

Aside from emergency department presentations and inpatient separations, the hospital activity analysis reveals a high dependency by Shire of Murray residents on SMHS hospitals for outpatient services, particularly at FSH and RGH. In 2022/23, 1,290 Shire of Murray residents attended 5,665 outpatient appointments at FSH and 985 people attended 3,202 outpatient appointments at RGH.

The combined 8,867 outpatient appointments across both sites involved 2,275 residents, representing 12.6% of the Shire of Murray population.

In line with the Sustainable Health Review recommendation 11a to “improve timely access to outpatient services through moving routine, non-urgent and less complex specialist outpatient services out of hospital setting in partnership with primary care”, consideration should be given for providing access to outpatient services for Shire of Murray residents outside of the hospital setting and closer to where they live.

Community consultation was facilitated through a survey available to local residents and health industry workers as a printed copy or on the Shire of Murray website. The survey gathered individual information such as age, gender, ATSI status and place of residence, the presence of health conditions and need for help with self-care activities, recent experience in accessing health care and improving access to services, and priorities for health and social needs into the future.

The resulting 227 survey responses were analysed with the following outcomes:

- 79.4% of respondents lived in the Shire of Murray; 13.2% lived in Mandurah
- 65.2% of respondents were female; 34.3% of respondents were male
- the majority (93.1%) of respondents were between the ages of 30-79 years
- 74.0% of respondents reported the presence of at least one long-term health condition
- 53.9% reported getting health care when needed sometimes; 2.0% reported never being able to get health care when needed.

In response to improving access to health care, the following were identified by the majority of community and industry survey respondents:

- identified more available appointments
- evening or weekend appointments
- lower out of pocket costs

These were closely followed by the following responses:

- services closer to where I live
- multiple services in the same location, which were the top five identified by both community and industry survey respondents.

Finally, the survey respondents identified the following health and social needs as the most important in the future for the Shire of Murray:

Future health needs

- urgent medical care
- general practitioner care
- mental health
- older people's health services

Future social needs

- family and children support
- public transport
- homelessness / supported accommodation
- youth services and support

Recommendation

It is recommended to commence more detailed planning to determine the best solution/s to meet the growing needs of the Shire of Murray community based on the findings of this health and social needs analysis. This should include but not be limited to:

- i. better integration of local primary health care services with SMHS hospital service delivery and pre/post hospital care needs for patients (eg. allied health services, perinatal care, wound management)
- ii. providing services closer to home and improve access to telehealth opportunities for local Shire of Murray residents
- iii. providing more urgent medical and GP care with more timely availability of appointments and lower out of pocket costs
- iv. improving access to mental health services, older people's health services, family and children support, youth services and support
- v. addressing the future for services provided at the Murray District Hospital
- vi. harnessing preventative health programs and initiatives to address key public health issues and lifestyle risk factors, including physical activity, nutrition and alcohol consumption
- vii. prepare a Business Case to be presented to Government that puts in place strategies and infrastructure recommendations to address the increasing health and wellbeing gap in Murray.

1. Shire of Murray

The Shire of Murray is a local government area (LGA) of Western Australia located in the Peel region, approximately 90 km south of Perth, 48 km from Rockingham and 20 km from Mandurah. Politically, the Murray district sits in the State electorate of Murray-Wellington and the Federal division of Canning.

Covering 1,703.5 square kilometres, the Shire is centred on the town of Pinjarra with a number of smaller towns and localities¹ including: Barragup, Coolup, Dwellingup, Furnissdale, Meelon, Nambeelup, North Dandalup, North and South Yunderup, Ravenswood, Stake Hill, North and West Pinjarra.

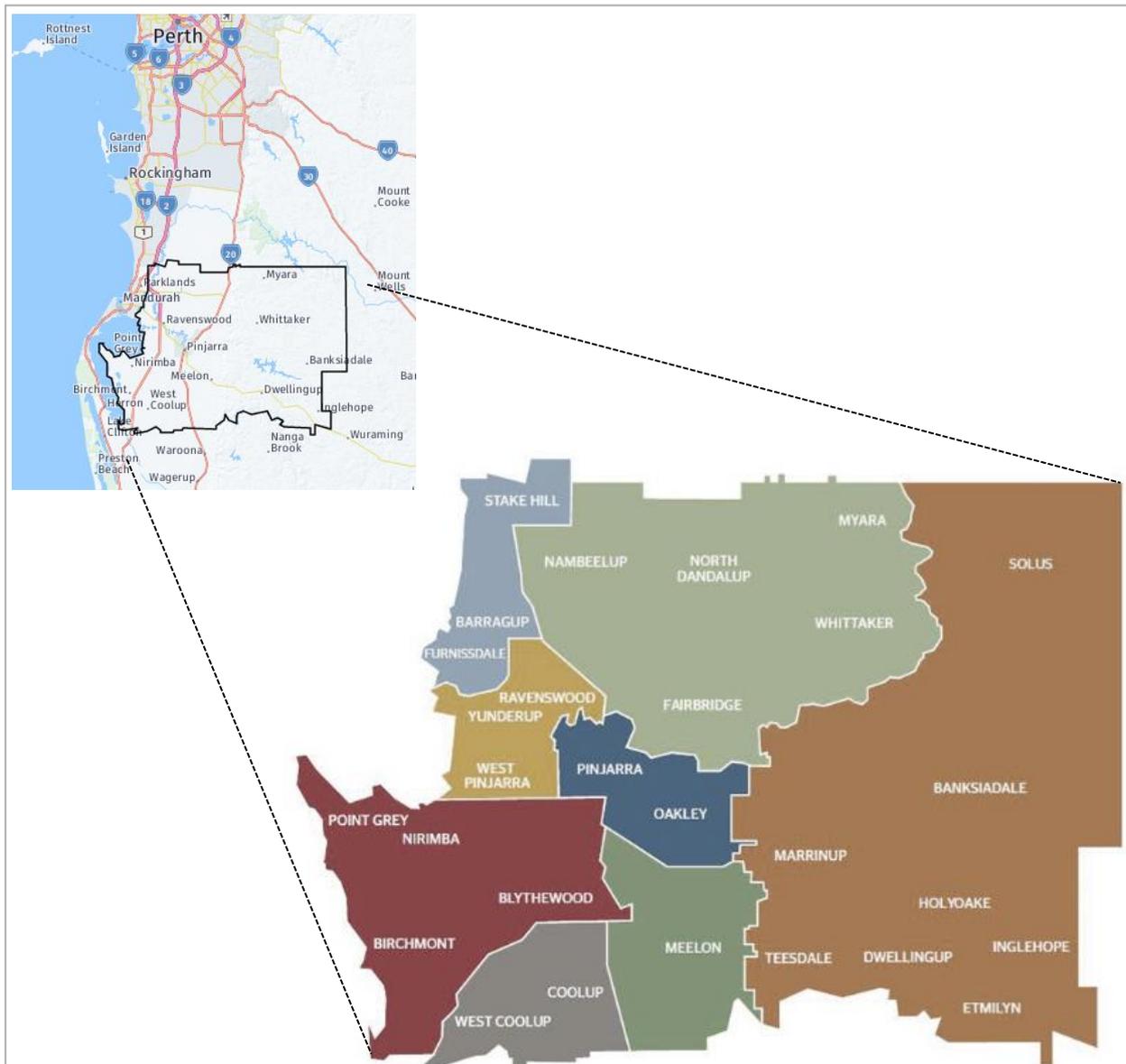


Figure 1: Shire of Murray LGA boundary

¹ Towns and localities with population >100 based on the Australian Bureau of Statistics 2021 Census.

2. Population

Murray is a rapidly evolving district that services the diverse social and economic needs of a growing community. The Perth metropolitan urban front continues to edge closer to the Murray region and with rail, road and other infrastructure improvement, the population is expected to grow substantially over the coming decades.

Based on the Australian Bureau of Statistics (ABS) 2021 Census², the Shire of Murray population of 18,068 comprised 49.7% male and 50.3% female with a median age of 45 years. Figure 2 shows the number of males and females in each predetermined age bracket. The 45-64 years age bracket represents the greatest number of people (4,787 or 26.5%) in the Murray population, with 50.4% over the age of 45 years.

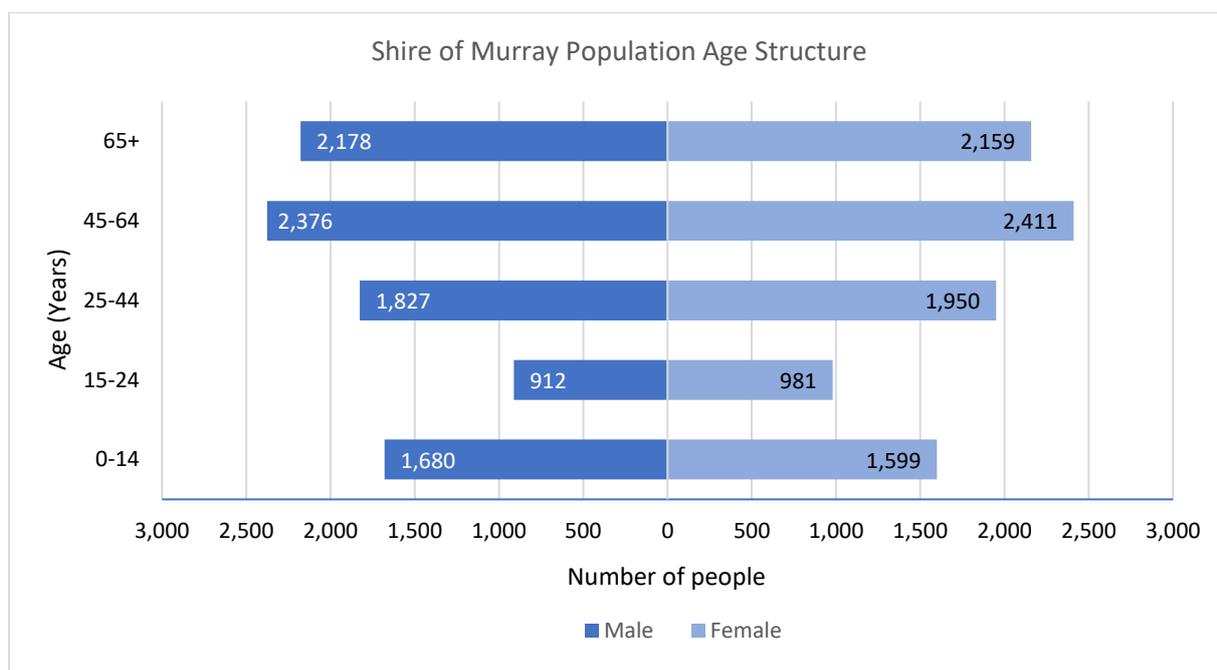


Figure 2: Shire of Murray Population Age Structure, 2021

In 2021, the proportion of people living in the Shire of Murray identifying as Aboriginal and/or Torres Strait Islander (ATSI) was 2.8% (497 persons), compared to 3.3% in WA, with 51.0% male, 49.0% female and a median age of 21 years. The proportion of indigenous people within the Shire of Murray population has increased from 2.4% (396 persons) in 2016.

As shown in Figure 3, the number of ATSI residents within each age bracket as a proportion of the total ATSI population decreases with age, with the greatest number represented in the 0-14 age bracket (165 people or 33.2%). This contrasts with the Shire of Murray population as a whole where the greatest number of residents are represented in the 45-64 years age bracket (4,696 people or 26.5%).

There are 4,696 people in the Shire of Murray over the age of 65 years, representing 24.1% of the population. Comparatively, this is the smallest group of those identifying as ATSI with 31 residents over the age of 65 years, or 6.2% of the Shire of Murray ATSI population.

² Australian Bureau of Statistics 2021 Census; available at: <https://www.abs.gov.au/census/find-census-data/quickstats/2021/LGA56230>

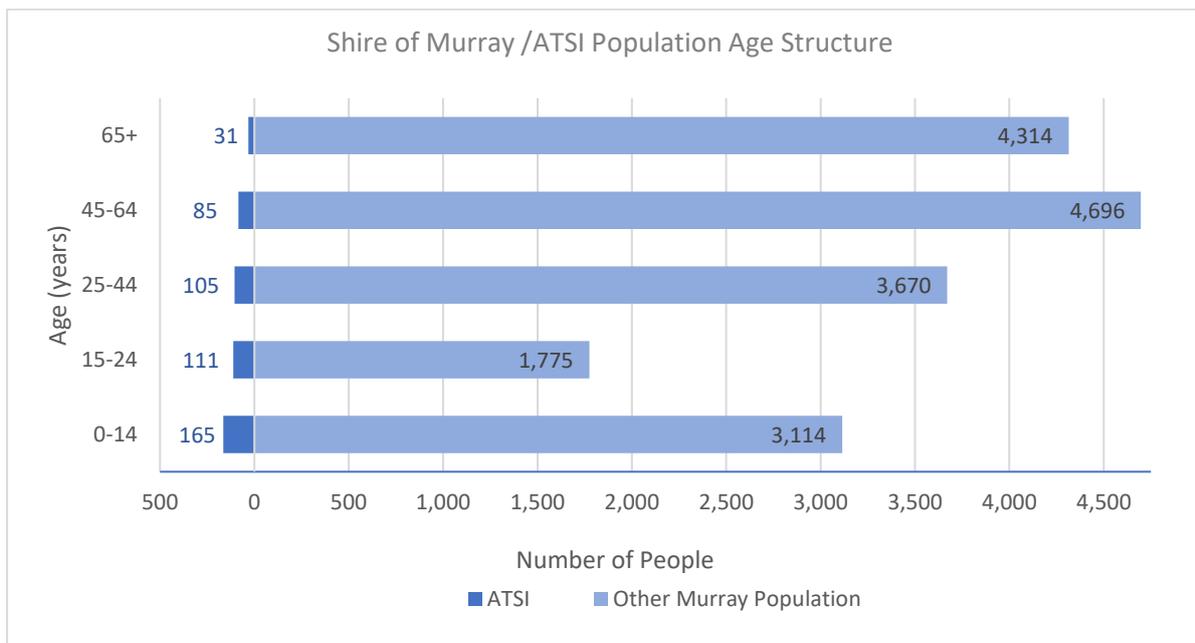


Figure 3: Shire of Murray / ATSI Age Population Structure

The most densely populated towns in the Shire of Murray based on the estimated resident population³ are Pinjarra, West Pinjarra, South Yunderup and Nirimba with 9,442 people residing in these towns, representing 50.6% of the total Shire of Murray population.

2.1 Aging population

As mentioned, the age structure of the Shire of Murray indicates a higher proportion of the population in the older age brackets compared to the WA population.

Figure 4 outlines the population age structure and proportion of the population across five-year age groups for the Shire of Murray, the Peel region and WA. The graph shows:

- a higher proportion of people (per cent of population) in the Shire of Murray between the ages of 5 to 19 years and 40 to 69 years compared to the Peel region
- a lower proportion of people (per cent of the population) in the Shire of Murray between the ages of 20 to 49 years compared to WA
- a higher proportion of people (per cent of population) in the Shire of Murray over the age of 54 years compared to WA.

For the number of people and percent of population in each of the five-year age groups in Shire of Murray, Peel region and WA, refer to Appendix A.

³ 'Estimated Resident Population' is the estimate of the population at June 30 of the 2021 Census year, derived from experimental estimates of SA1 level ERP provided by the Australian Bureau of Statistics; available at: <https://profile.id.com.au/murray-shire/population>

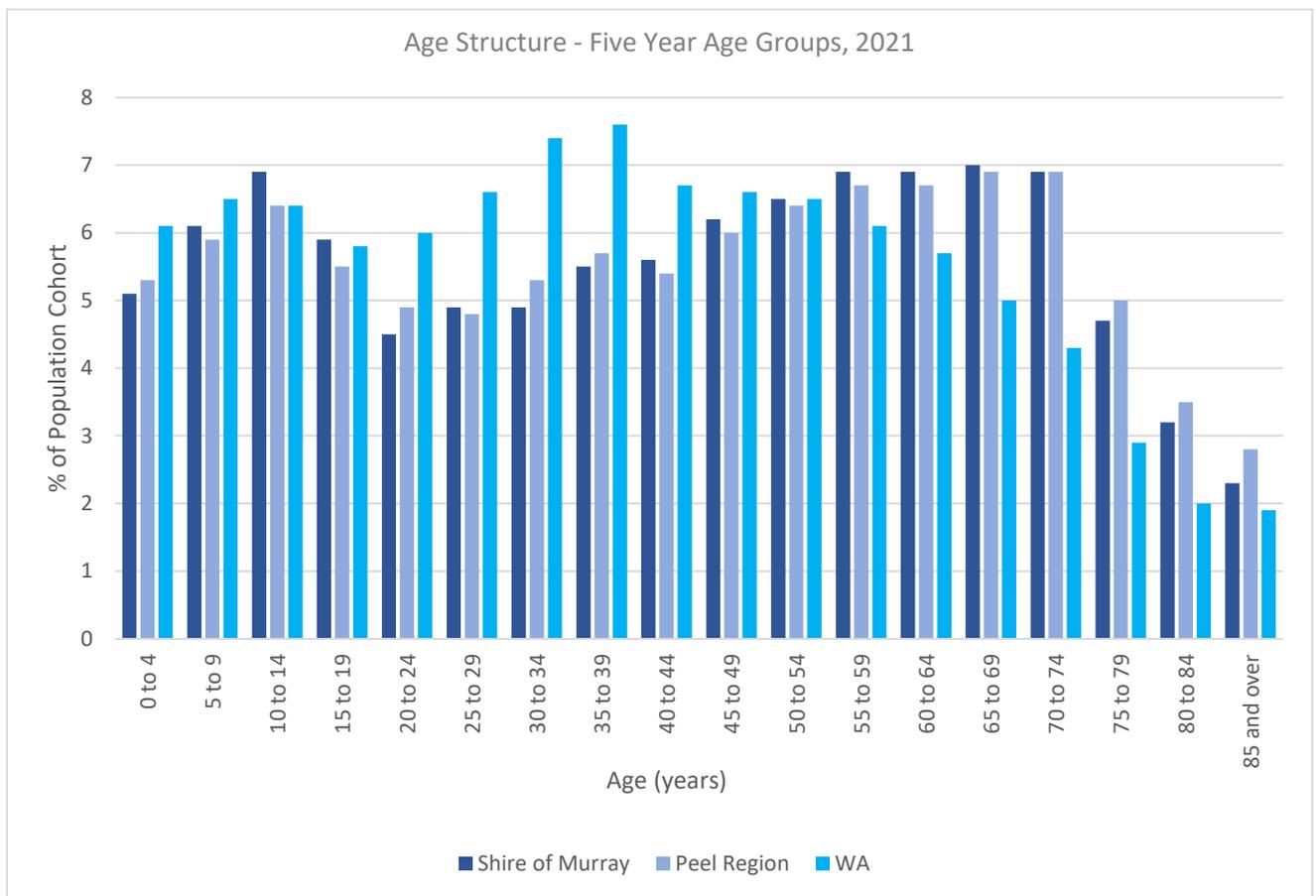


Figure 4: 2021 ABS Census Age Group Structure, Shire of Murray, Peel Region and WA⁴

In 2021, the proportion of people aged 65 years and over within the Perth South Primary Health Network (PHN), which covers the south metropolitan area of Perth and Peel region, down to Waroona in the south and Bedforddale to the east, ranged from 10% in the Kwinana and Serpentine-Jarrahdale LGAs to 25% in the City of Mandurah, with an average of 16% across the PHN⁵.

With 24.1% of its population over the age of 65 years, the Shire of Murray represents an LGA with one of the highest proportions of people in this age group. Compared to state and national population figures, the Shire of Murray is also representative of an area with a high proportion of older people, with approximately 16.1% of the population in WA and 17.2% of the Australian population aged 65 years and over⁶.

⁴ 2021 ABS Census Population Information on Sex and Age; available at: <https://www.abs.gov.au/statistics/people/population/population-census/latest-release>

⁵ Perth South PHN Needs Assessment 2022-2024; available at: https://www.wapha.org.au/wp-content/uploads/2023/08/12661_WAPHA_Needs-Assessment_Perth-South_FA.pdf

⁶ 2021 ABS Census Population Information on Population and People; available at: <https://www.abs.gov.au/statistics/people/population/population-census/latest-release>

2.2 Population growth and projection

The Shire of Murray population has increased in recent years and continues to grow. Table 1 displays the estimated resident population of Murray from 2016 to 2023, which has:

- increased by 3.49% from 2021 to 2023
- increased by an average of 1.84% annually from 2016 to 2022 (compared to 1.84% in WA and 1.22% in Australia)
- experienced its largest growth from 2021 to 2022 with an increase of 2.48%.

Year	Shire of Murray Estimated Resident Population*	% Change from		
		Previous Year	2016	2021
2016	16,698	-	-	-
2017	17,382	1.49%	1.49%	-
2018	17,669	1.65%	3.17%	-
2019	17,976	1.74%	4.96%	-
2020	18,309	1.85%	6.91%	-
2021	18,641	1.81%	8.85%	-
2022	19,104	2.48%	11.55%	2.48%
2023	19,292 [^]	0.98%	12.65%	3.49%

* The Estimated Resident Population is calculated by adjusting Census counts of Australian usual residents to account for residents temporarily overseas, people missed or counted more than once in the Census (based on the Post Enumeration Survey), and for the births, deaths and migration that happened between 30 June and Census night.
[^] 2023 population figures are derived from forecast modelling that has been based on assumptions (forecast.id.com.au).

Table 1: Shire of Murray Estimated Resident Population, 2016 to 2023

The WA Tomorrow population forecast, along with the 2016 and 2021 ABS Census population figures for the Shire of Murray is shown in Figure 5, below.

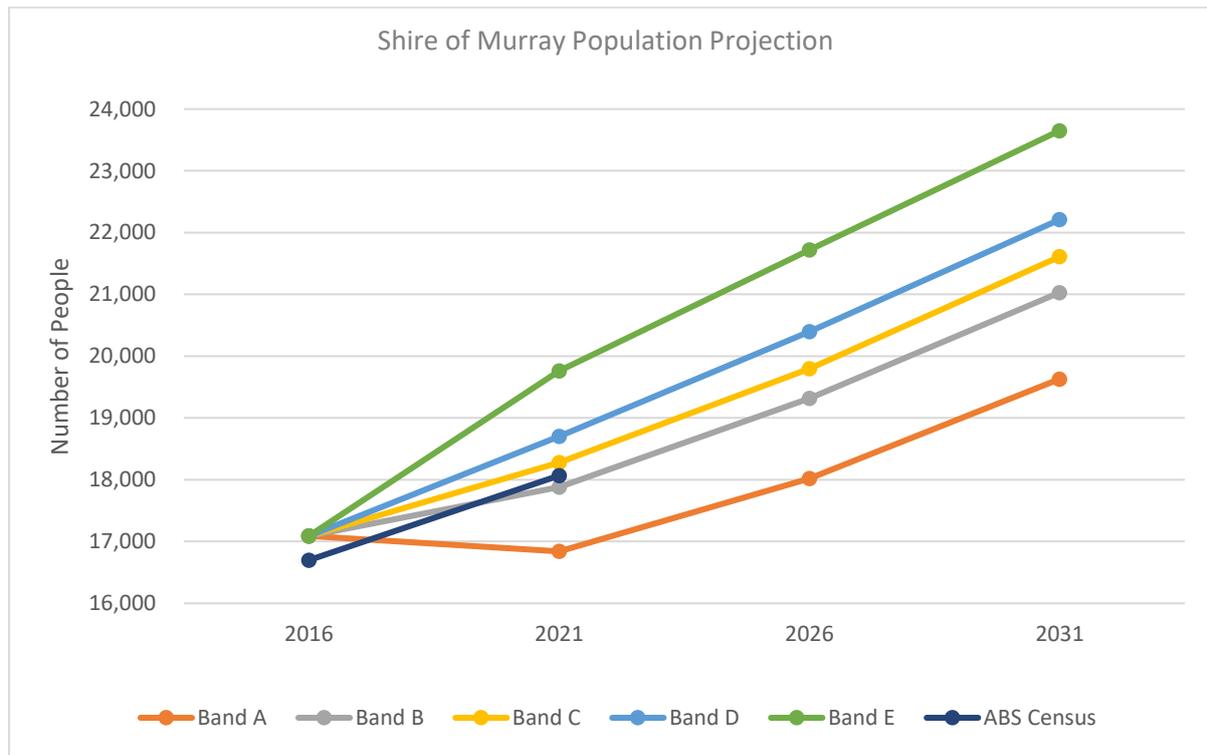


Figure 5: Shire of Murray Population Projection, WA Tomorrow 2016-2031 Band A-E and ABS Census data 2016 to 2021

The WA Tomorrow⁷ forecast shows the range (A to E), whereby Band A and B represent the lower forecasts, Band C represents the median forecast and Band D and E represent the higher forecast, which is overlaid by the 2016 and 2021 ABS Census data for the Murray population.

The ABS Census population figures of 16,698 and 18,068 from 2016 and 2021 respectively are most closely aligned to the WA Tomorrow Band C forecast. The population projection for the Shire of Murray according to the Band C forecast indicates the population will increase to 19,800 people by 2026 and 21,610 people by 2031, representing an increase of approximately 9% every five years.

Longer range population forecasts suggest the Shire of Murray population will grow to 71,820 by 2051⁸, representing an increase of 272.3% between 2023 and 2051.

2.3 Employment status and labour force

From the 2021 ABS Census data, 7,858 or 53.1% of people aged 15 years and over in the Shire of Murray were employed, compared to 63.9% in WA. Of these, 53.6% worked full-time and 32.4% worked part-time, which is similar to WA with 57.1% and 32.0% respectively. The census data also reveals 491 people in the Shire of Murray were unemployed, representing an unemployment rate of 6.2% compared to 5.1% in WA.

Table 2 below shows the top occupations held by employed people aged 15 years and over in the Shire of Murray compared to WA. Of those Shire of Murray residents in the labour work force, the largest number of residents work as technicians and trade workers, representing 21.1% (compared to 15.3% in WA), followed by 14.3% employed as machinery operators and drivers (compared to 7.7% in WA). Further, 787 (10.7%) Shire of Murray residents are employed as professionals, compared to 22.0% in WA.

Shire of Murray Top Occupations Compared to WA, 2021				
Occupation*	Shire of Murray		WA	
	People	%	People	%
Technicians and Trades Worker	1,553	21.1%	199,379	15.3%
Machinery Operators and Drivers	1,055	14.3%	100,392	7.7%
Labourers	879	11.9%	122,961	9.4%
Community and Personal Service Workers	874	11.9%	154,341	11.8%
Professionals	787	10.7%	287,009	22.0%
Managers	777	10.5%	160,687	12.3%
Clerical and Administrative Workers	698	9.5%	157,610	12.1%
Sales Workers	610	8.3%	101,670	7.8%

*Occupation classifications are based on the Australian New Zealand Standard Classification of Occupations (ANZSCO 2013, version 1.3).

Table 2: Top occupations, employed people aged 15 years and over, 2021⁹

⁷ WA Tomorrow Population Report No.11, Department of Planning, Lands and Heritage; available at: <https://www.wa.gov.au/government/document-collections/western-australia-tomorrow-population-forecasts#local-government-area>

⁸ Forecast id, Murray Shire Council population forecast; available at: <https://forecast.id.com.au/murray-shire>

⁹ Australian Bureau of Statistics 2021 Census; available at: <https://www.abs.gov.au/census/find-census-data/quickstats/2021/LGA56230>

2.4 Health sector workforce

The health workforce in Australia is large and diverse, covering many occupations including health practitioners, health professionals and support workers. It is well recognised that the number of employed clinicians working in their registered professions decreases with increasing remoteness.

The Australian Statistical Geography Standard Remoteness Structure is the standard used by the ABS to classify the geographic remoteness of areas based on relative access to services. The levels of remoteness are classified as:

- major city
- inner regional
- outer regional
- remote
- very remote.

The Shire of Murray is classified as inner regional.

The Australian Institute of Health and Welfare (AIHW) monitors trends in the number of working Full-Time Equivalent (FTE)¹⁰ personnel for each health profession group. Table 3 below outlines the number of clinical (working) FTE per 100,000 population in 2020 across each of the remoteness classifications listed above.

Health Workforce Distribution by Remoteness, 2020					
Profession	Remoteness Classification (per 100,000 population)				
	Major city	Inner Regional	Outer Regional	Remote	Very Remote
Allied Health Practitioner	531	469	414	426	382
Dental Practitioner	74	57	47	37	25
Medical Practitioner	403	303	273	309	223
Nurse and Midwife	1,069	1,061	1,028	1,187	1,202
All Professions	2,077	1,890	1,761	1,959	1,833

Table 3: Health Workforce Distribution, AIHW 2020

According to the Australian Institute of Health and Welfare (AIHW), an inner regional area of Australia should have had access to, on average, 303 medical practitioners, 1,061 nurses and midwives, 531 allied health practitioners, and 57 dental practitioners (FTE) per 100,000 of population. The definition of medical practitioner includes General Practitioners (GP's), specialists, specialists-in-training and hospital non-specialists that work in the medical profession.

Table 4 below explores the number and rate of general, specialist and other medical practitioners, nurses and dental practitioners by LGA. This information is produced by the Public Health Information Development Unit, Torrens University Australia, based on ABS 2021 Census data and the National Health Workforce Data Set¹¹, which consists of de-identified registration

¹⁰ Australian Institute of Health and Welfare, Health Workforce Report 2022; available at: <https://www.aihw.gov.au/reports/workforce/health-workforce#rural>

¹¹ National Health Workforce Data Set (NHWDS); available at: <https://hwd.health.gov.au/datatool>

and survey data for health practitioners from the fourteen health professions regulated by the Australia Health Practitioners Regulation Agency (AHPRA).

Within the health sector occupations listed, there are 19 medical practitioners, 58 nurses and midwives and 6 dental practitioners servicing the Shire of Murray population.

At a comparative rate per 100,000 people in the population, the health workforce numbers servicing the Shire of Murray are well short of the average Health Workforce Distribution that was reported and expected per population set by the AIHW.

Health Practitioner Rate per Population by LGA, 2021						
Occupation	Shire of Murray (population = 18,641)*		City of Mandurah (population = 93,414)*		Shire of Serpentine- Jarrahdale (population = 33,346)*	
	Professionals	Rate per 100,000	Professionals	Rate per 100,000	Professionals	Rate per 100,000
Medical Practitioner	19	102	227	243	25	75
Nurse and Midwife [^]	58	311	848	908	72	216
Dental Practitioner	6	32	68	73	8	24

* LGA populations used in this table are from the ABS Estimated Resident Population, June 2021.
[^] Total nurses includes Registered Nurses, Enrolled Nurses or Midwives, each person counted only once.

Table 4: Health Practitioner Rate per Population, LGA Comparison, 2021¹²

¹² Torrens University of Australia 'PHIDU Social Health Atlas'; available at: <https://phidu.torrens.edu.au/social-health-atlases/data#social-health-atlases-of-australia-local-government-areas>

3. Socio-economic Status

The World Health Organisation (WHO) defines the social determinants of health as the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life¹³. The social determinants of health are generally considered as those non-medical factors that have an influence on health outcomes.

The ABS Census of population and housing provides information on a range of social and economic characteristics of Australia's population. The Socio-Economic Indexes for Areas (SEIFA) combines data such as income, education, employment, occupation, housing and family structure to summarise the socio-economic characteristics of an area. Each area receives a SEIFA score, which can be used to measure the relative advantage and/or disadvantage of an area compared with other areas.

The four SEIFA indexes are determined using specific census datasets:

Index of Relative Socio-economic Disadvantage (IRSD) summarises a range of information about the economic and social conditions of people and households within an area with measures of relative disadvantage.

- A low score indicates relatively greater disadvantage in general:
 - many households with low income
 - many people with no qualifications
 - many people in low skill occupations.
- A high score indicates a relative lack of disadvantage in general:
 - few households with low income
 - few people with no qualifications
 - few people in low skill occupations.

Index of Relative Socio-economic Advantage and Disadvantage (IRSAD) examines variables relating to the relative advantage or disadvantage of an area.

- A low score indicates relatively greater disadvantage and a lack of advantage in general:
 - many households with low incomes, or many people in unskilled occupations, AND
 - few households with high incomes, or few people in skilled occupations.
- A high score indicates a relative lack of disadvantage and greater advantage in general:
 - many households with high incomes, or many people in skilled occupations, AND
 - few households with low incomes, or few people in unskilled occupations.

Index of Education and Occupation (IEO) examines variables relating to the relative educational and occupational aspects of relative socio-economic advantage and disadvantage.

- A low score indicates relatively lower education and occupation status of people in the area in general:
 - many people without qualifications, or many people in low skilled occupations or many people unemployed, AND
 - few people with a high level of qualifications or in highly skilled occupations.

¹³ World Health Organisation, Social Determinants of Health; available at: https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1

- A high score indicates relatively higher education and occupation status of people in the area in general:
 - many people with higher education qualifications or many people in highly skilled occupations, AND
 - few people without qualifications or few people in low skilled occupations.

Index of Economic Resources (IER) examines variables relating to the relative financial aspects of socio-economic advantage and disadvantage.

- A low score indicates relative lack of access to economic resources in general:
 - many households with low income, or many households paying low rent, AND
 - few households with high income, or few owned homes.
- A high score indicates relatively greater access to economic resources in general:
 - many households with high income, or many owned homes, AND
 - few low-income households, or few households paying low rent.

Table 5 below shows the four SEIFA index scores for each of the Peel LGAs. The Shire of Murray IRSD score of 962 is ranked the 3rd lowest, or disadvantaged, out of all Peel LGAs.

Socio-economic Indexes for Australia, Peel LGAs, 2021				
Local Government Area	Relative Socio-economic Disadvantage (IRSD)	Relative Socio-economic Advantage and Disadvantage (IRSAD)	Economic Resources (IER)	Education and Occupation (IEO)
	Score	Score	Score	Score
Boddington	976	944	1011	894
Mandurah	959	936	998	912
Murray	962	931	1026	884
Serpentine-Jarrahdale	1028	995	1090	935
Waroona	936	908	999	860

Table 5: Socio-economic Indexes for Australia (SEIFA), 2021

Ranking IRSD scores on a state level shows the Shire of Murray is the 42nd most disadvantaged area in WA (out of 139 LGAs). Figure 6 below shows the range of IRSD scores across Western Australian LGAs and the relative position of the Shire of Murray.

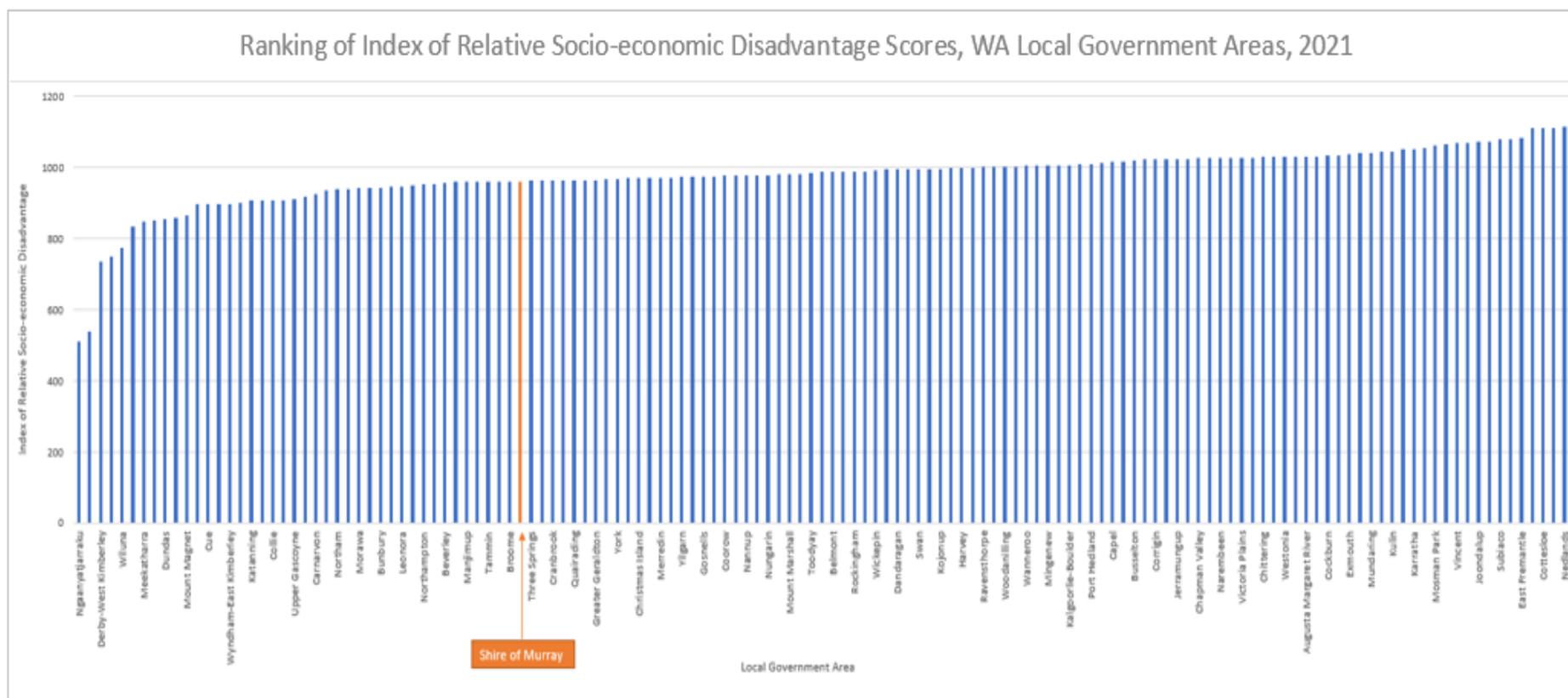


Figure 6: SEIFA Index of Relative Socio-economic Disadvantage, Local Government Areas (LGA) WA, 2021

Considering the relative advantage and disadvantage (IRSAD) scores, the Shire of Murray is the second lowest of the Peel LGAs (with a IRSAD score of 931), sitting above the Shire of Waroona (with a IRSAD score of 908) and just below the City of Mandurah (with a IRSAD score of 936).

On a national level, IRSAD scores are compared through a national quintile distribution (note: quintile measures are area-based, meaning each quintile contains an equal number of areas; they may not contain an equal number of people or dwellings). Figure 7 below shows the national quintile distribution in an area to the south of the Perth CBD, which includes the Shire of Murray and surrounding LGAs. The Shire of Murray is in the second lowest quintile, along with City of Mandurah. The only LGA in this region with a lower Index of Relative Socio-economic Advantage and Disadvantage (IRSAD) is the Shire of Waroona, which is in the lowest quintile and therefore the most disadvantaged LGA in this particular region.

3.2 Employment, education and transport

The levels of full or part-time employment, unemployment and labour force participation are important indicators of socio-economic status and provide an insight into the strength of the economy and social characteristics of a particular area.

From the 2021 ABS Census, 7,363 people living in the Shire of Murray were employed, of which 53.7% worked full-time and 32.5% worked part-time. Table 6 below provides an overview of other key labour force and employment statistics for the Shire of Murray population compared to the Peel region and regional WA.

Labour Force and Employment Status, 2021				
Persons aged 15+ years	Shire of Murray		Peel Region	Regional WA
Labour Force Status	Number	% Population	% Population	% Population
Total labour force (participation rate)	7,850	53.1%	52.4%	59.4%
Not in the labour force	5,761	39.0%	40.9%	30.2%
Labour force status not stated	1,175	7.9%	6.7%	10.4%
Employment Status				
Employed	7,363	93.8%	93.2%	95.8%
Full-time	4,212	53.7%	52.1%	58.7%
Part-time	2,548	32.5%	33.5%	29.7%
Employed (away from work)	603	7.7%	7.5%	7.4%
Unemployed (unemployment rate)	487	6.2%	6.8%	4.2%

Table 6: Labour Force and Employment Status, 2021¹⁵

Education is another important indicator for determining the socio-economic status of a population. According to the 2021 ABS Census, in the Shire of Murray 13.8% of people aged 15 years and over had achieved Year 12 as the highest level of education, compared to 15.5% in WA; and 8.1% have a bachelor's degree compared to 23.8% in WA.

Further analysis shows that 27.7% of residents in the Shire of Murray have attained a vocational education and training (VET) qualification, compared to 21.1% in WA, which points to a greater reliance on trade and industry employment in the Murray region.

Level of Educational Attainment, 2021			
Highest qualification achieved	% of Population Aged 15+ Years		
	Murray	Peel Region	WA
Bachelor Degree or higher	8.1%	11.3%	23.8%
Vocational Education and Training Qualification	27.7%	26.4%	21.1%
Completed Year 12 as highest level	13.8%	n/a	15.5%
Completed Year 10 as highest level	18.3%	n/a	11.3%
No qualification	45.4%	43.2%	36.5%

Table 7: Level of Educational Attainment, 2021¹⁶

¹⁵ Profile id, 2021 ABS Census data, Shire of Murray employment status; available at: <https://profile.id.com.au/murray-shire/employment-status>

¹⁶ Profile id, 2021 ABS Census data, Shire of Murray education; available at: <https://profile.id.com.au/murray-shire/qualifications>

In the Shire of Murray, there were 275 people who caught public transport to work, compared to 4,872 who used a private car, either as a driver or passenger. The major differences in the methods of transport used by the people in the Shire of Murray to get to work compared to the greater Perth area were:

- 16.7% of people in the Shire of Murray did not travel to work, compared to 11.7% in Perth
- 3.5% of people travelled by 'another method' (eg. walk, ride a bicycle) compared to 2.1% in Perth
- 1.6% travelled by train compared to 4.9% in Perth
- 60.2% travelled by car as the driver compared to 62.0% in Perth.

The 2021 ABS Census data also reveals there is an average of 2.2 motor vehicles per dwelling in the Shire of Murray and 2.5% (n=163) of dwellings that do not have access to a motor vehicle, which is a higher rate compared to both Mandurah (with 1.8 vehicles per dwelling and 5.1% of dwellings without motor vehicle access) and WA (with 1.9 vehicles per dwelling and 4.9% of dwellings without motor vehicle access). This suggests the Shire of Murray population has a greater reliance on motor vehicles as a mode of transport.

Table 8 below provides a summary of the Social Health Atlas of Australia produced by Torrens University for a range of socio-economic measures for the Shire of Murray and surrounding LGAs, with comparative figures for WA and Australia.

Summary of Social Health Atlas of Australia, 2021/22							
	Boddington	Mandurah	Murray	Serpentine-Jarrahdale	Waroona	WA	Australia
Low-income households	42.2%	53.6%	52.0%	34.7%	53.4%	39.9%	39.8%
Receive Federal Government rental assistance	14.2%	20.0%	16.8%	10.1%	15.6%	11.9%	14.5%
Living in crowded housing	2.4%	2.6%	3.3%	3.1%	4.0%	4.2%	6.6%
Living in social housing	2.7%	2.3%	1.35%	0.1%	1.3%	3.7%	3.8%
Receive unemployment benefits	7.4%	8.3%	7.8%	3.6%	8.9%	5.5%	5.6%
Unemployment rate (persons aged 16 to 64 years)	2.9%	5.3%	5.0%	2.9%	6.1%	3.7%	4.3%
Over 65 yrs receiving age pension	55.0%	65.0%	65.6%	58.4%	59.5%	55.9%	59.2%
Completed Year 12	13.8%	14.5%	13.8%	15.6%	11.8%	15.5%	14.9%
Dwellings without access to a motor vehicle	2.2%	5.1%	2.5%	1.2%	3.6%	4.9%	7.3%
SEIFA IRSD score	976	959	962	1028	936	-	-
SEIFA IRSAD score	944	936	931	995	908	-	-

Table 8: Summary of Social Health Atlas of Australia Data by LGA, 2021/22¹⁷

¹⁷ Public Health Information Development Unit (PHIDU), Torrens University Australia. Data by Local Government Area, July 2021-22; Available at: <https://phidu.torrens.edu.au/social-health-atlases/data#social-health-atlases-of-australia-local-government-areas>

Analysing various inputs of the WHO social determinants of health, the Shire of Murray sits in a less than desirable position when comparing the relative socio-economic disadvantage to the rest of WA.

Important features such as housing support and homelessness, levels of income support required, education and access to transport combine to formulate the overall assessment of relative socio-economic advantage or disadvantage of an area. The relatively low SEIFA scores attributed to the Shire of Murray LGA, along with the reported rate of other social factors contributing to the SEIFA scores are likely to have a negative impact on health outcomes for the Shire of Murray community.

4. Health Status

It is well recognised that socio-economic factors contribute to morbidity and overall health outcomes of a population, where lower socio-economic characteristics correlate to a higher incidence of some health conditions.

It is also recognised the age structure of a population will have a link to the incidence of long-term health conditions as the proportion of those with a long-term health condition increases with age. As identified previously, the Shire of Murray population has a greater proportion of residents over the age of 65 years (24.1%) compared to WA (9.8%).

The 2021 ABS Census reported the proportion of those with a long-term health condition as:

- 11.7% of people aged 0-14 years
- 29.1% of people aged 15-64 years
- 61.4% of people aged 65-84 years
- 73.1% of people aged 85 years and over.

The incidence of long-term health conditions within the Australian population by age and sex is shown in Figure 8. Given the greater proportion of older people in the Shire of Murray population, there is likely to be a greater incidence of long-term health conditions.

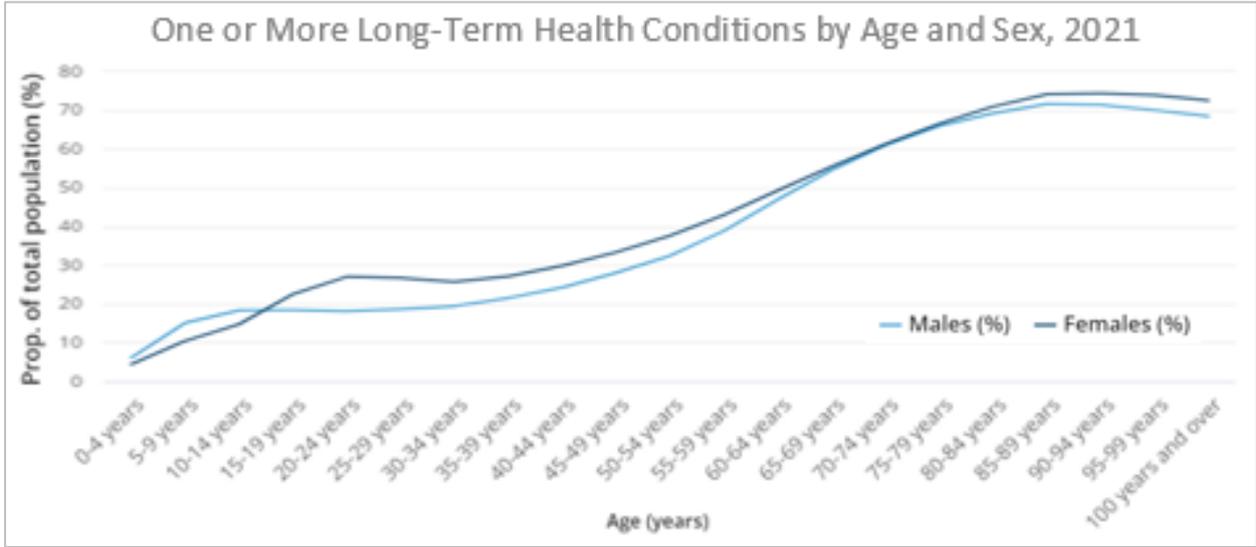


Figure 8: 2021 ABS Census, One or More Long-Term Health Condition by Age and Sex¹⁸

The 2021 ABS Census gathered information about the incidence of long-term health conditions in the community for the ten most common conditions that contribute to the burden of disease and approximately 60% of deaths in Australia.

The Census results show 36.7% of people in the Shire of Murray have at least one long-term health condition, compared to 29.9% in WA and 31.7% across Australia. Table 9 below provides a comparison of the incidence of the ten identified health conditions, as well as other long-term health conditions, in the Shire of Murray population compared to Perth, WA and Australia.

¹⁸ Australian Bureau of Statistics, 2021 Census, Long-term health conditions; available at: <https://www.abs.gov.au/articles/long-term-health-conditions>

Incidence of Long-Term Health Conditions, 2021				
Condition	% of Population			
	Murray	Perth	WA	Australia
Arthritis	11.6%	7.4%	7.6%	8.5%
Asthma	8.6%	7.3%	7.3%	8.1%
Cancer (including remission)	4.3%	2.7%	2.7%	2.9%
Dementia (including Alzheimer's)	0.5%	0.7%	0.7%	0.7%
Diabetes	5.7%	4.3%	4.4%	4.7%
Heart disease	4.9%	3.5%	3.6%	3.9%
Kidney disease	1.2%	0.7%	0.8%	0.9%
Lung condition	3.0%	1.5%	1.6%	1.7%
Mental health condition	10.0%	8.4%	8.3%	8.8%
Stroke	1.2%	0.8%	0.8%	0.9%
Other long-term health condition	8.2%	7.6%	7.4%	8.0%

Table 9: Incidence of Long-Term Health Conditions 2021, Shire of Murray, Peel, WA and Australia

The key differences in the long-term health conditions between people in the Shire of Murray and the greater Perth population are a greater percentage of people living with:

- arthritis (11.6% compared to 7.4%)
- a mental health condition (10.0% compared to 8.4%)
- cancer, including remission (4.3% compared to 2.7%)
- a lung condition (3.0% compared to 1.5%).

Adding to the burden of disease within a population is the prevalence of lifestyle risk factors, such as smoking, drinking alcohol, diet and exercise. The WA Health and Wellbeing Surveillance System (HWSS) is a collection of data gathered through computer assisted telephone interviews to monitor the health and wellbeing of Western Australians. Information collated from 2016-2020 comparing the Shire of Murray population to the South Metropolitan Health Service catchment and WA is outlined in Table 10 below.

Prevalence of Lifestyle Risk Factors for Adults, 2016-2020			
Risk Factor	% of Population (aged 16+ years)		
	Murray	SMHS	WA
Currently smokes	9.1%*	9.1%	10.5%
Eats less than two serves of fruit per day	47.0%	53.1%	53.1%
Eats less than five serves of vegetables per day	80.6%	90.7%	89.5%
Risky/high risk drinking for long term harm ⁽ⁱ⁾	40.2%	24.6%	25.9%
Risky/high risk drinking for short term harm ⁽ⁱⁱ⁾	23.4%*	10.3%	10.3%
Insufficient physical activity ⁽ⁱⁱⁱ⁾	43.1%	39.3%	39.7%
Spends 21+ hours per week in sedentary leisure time	38.1%	40.7%	39.1%
Eats fast food at least weekly	35.6%	36.1%	34.0%

(i) Drinks more than two standard drinks on any day.
(ii) Drinks more than four standard drinks on any day.
(iii) Completes less than 150 minutes of physical activity per week.
* Result has a relative standard error between 25-50% and should be considered with caution.

Table 10: Prevalence of Lifestyle Risk Factors for Adults, 2016-2020, Murray, SMHS and WA19

¹⁹ Epidemiology Directorate, 2022. Murray LGA HWSS Health Profile of Adults 16 years and over, 2016-2020; WA Department of Health, Perth.

The insufficient consumption of fruit and vegetables and lack of physical activity reported in the Shire of Murray population will only add to the burden of disease. The increased prevalence of drinking alcohol could also be linked to the higher incidence of long-term health conditions such as cancer, diabetes, kidney disease and heart disease.

4.1 Mental health

Mental health issues are becoming an increasing concern across Australia, and this is no different for the Shire of Murray community.

Whilst taking into account the impact of COVID-19 on referrals and hospital service delivery, across the range of SMHS mental health programs, since 2019/20 there has been a decrease in the number of mental health referrals and service events, and an increase for those aged 10 to 19 years, as shown in Table 11 below.

Over this time period for the 10- to 19-year-old cohort, there has been a 22.9% increase in referrals and a 25.2% increase in the number of service events.

SMHS Mental Health Programs, Shire of Murray Resident Referrals and Service Events, 2019/20 to 2022/23									
	SMHS Program / Clinic	All				10 to 19 Years			
		2019/20	2020/21	2021/22	2022/23	2019/20	2020/21	2021/22	2022/23
Referrals	Fremantle Adult	9	12	17	16	3	1	3	4
	Fremantle Community Residential	-	1	-	-	-	-	-	-
	Fremantle Elderly	5	3	3	4	-	-	-	-
	FSH Adult	50	33	44	58	9	12	8	21
	FSH Older Adult	6	2	5	4	-	-	-	-
	Peel Adult	362	344	246	249	35	41	21	27
	Peel Seniors	65	75	51	59	-	-	-	-
	Rockingham and Kwinana Adult	55	62	44	55	1	3	1	7
	Rockingham and Kwinana Seniors	9	3	3	10	-	-	-	-
	Total	561	535	413	455	48	57	33	59
Service Events	Fremantle Adult	1	4	14	43	2	2	3	68
	FSH Adult	12	-	-	13	33	12	3	47
	Peel Adult	1,244	1,444	1,010	797	144	371	104	137
	Peel Seniors	582	577	767	342	-	-	-	-
	Rockingham and Kwinana Adult	109	45	48	48	27	6	1	6
	Rockingham and Kwinana Seniors	30	2	-	4	-	-	-	-
	Total	1,978	2,072	1,839	1,247	206	391	111	258
Admissions	Fremantle Adult	2	3	3	1				
	Fremantle Elderly	2	-	-	5				
	FSH Adult	12	8	5	13				
	Rockingham and Kwinana Adult	23	15	11	16				
	Rockingham and Kwinana Seniors	4	1	4	5				
	Total	43	27	23	40	^	^	^	^

^ The number of inpatient admissions for the 10 to 19 years cohort are not available for publishing.

Table 11: SMHS Mental Health Programs, Shire of Murray Resident Referrals and Service Events, 2019/20 to 2022/23

In the five years to 2022/23, there has been an average of 211 ED presentations each year by Shire of Murray residents for mental health reasons with a peak of 218 presentations in 2020/21. Of the 208 presentations in 2022/23, 144 (69.2%) were recorded at PHC.

Figure 9 below shows the number of mental health related ED presentations each year by Shire of Murray residents and the total number of hours spent in the ED relating to these presentations.

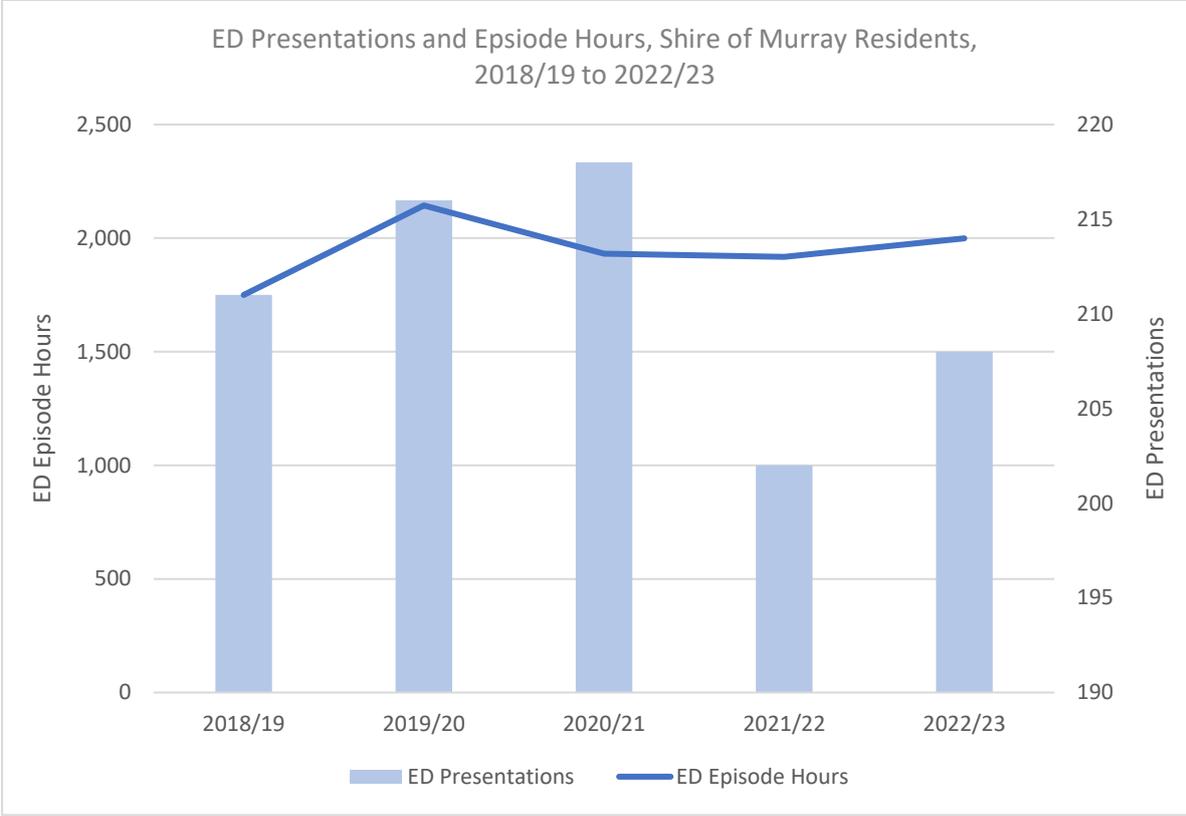


Figure 9: ED Presentations and Episode Hours, Shire of Murray Residents, 2018/19 to 2022/23

Although the number of presentations in 2021/22 and 2022/23 is lower than previous years, the number of episode hours spent in ED has not altered accordingly. This may indicate an increasing complexity in the triaging and management of mental health presentations in ED and/or insufficient beds or services available to transfer patients.

4.2 Aboriginal health

The 497 people identifying as Aboriginal and/or Torres Strait Islander (ATSI) living in the Shire of Murray as reported in the 2021 ABS Census represent 2.8% of the Shire of Murray population, which is similar to the rest of the Peel region (2.9%) and more than the Perth metropolitan area (2.0%), but slightly less than WA (3.3%) and Australia (3.2%).

The number of emergency department (ED) attendances by people who live in the Shire of Murray identifying as ATSI is a similar proportion of the representative Shire of Murray population, ranging from 2.2% in 2022/23 to 3.1% in 2020-21. However, among the Shire of Murray ATSI population, the greatest number of ED attendances are by those aged 0-4 years and 15-19 years, representing almost one-third of ED attendances in 2022-23, as outlined in Table 12.

People Attending ED Identifying as ATSI with Place of Usual Residence in the Shire of Murray											
Aboriginal and/or Torres Strait Islander*		2018/19		2019/20		2020/21		2021/22		2022/23	
		People	Attend								
Gender	Male	-	146	-	130	-	109	-	112	-	104
	Female	-	109	-	122	-	132	-	167	-	95
	Total	127	254	129	252	153	241	143	279	112	199
% of total ED Attendances by Shire of Murray Population		2.6%	3.2%	2.7%	3.3%	3.1%	3.0%	2.8%	3.4%	2.2%	2.5%
Age	0-4 yrs	-	28	-	20	-	26	-	41	-	35
	15-19 yrs	-	44	-	45	-	29	-	33	-	27
% of ED Attendances by Shire of Murray ATSI Population		-	28.3%	-	25.8%	-	22.8%	-	26.5%	-	31.2%

* Shire of Murray ATSI population = 497 people (2.8%)

Table 12: People Attending ED Identifying as ATSI with Place of Usual Residence in the Shire of Murray, 2018/19 to 2022/23

In 2022/23, there were 130 ATSI people from the Shire of Murray admitted to a SMHS or other WA public hospital, representing 26.2% of the Shire of Murray ATSI population, resulting in 255 separations. The majority of separations were for acute care and 91 (or 35.7%) were for ATSI males aged 65 to 69 years of age.

The Shire of Murray ATSI population represented 2.2% of all Shire of Murray residents admitted to hospital and 2.5% of separations in 2022/23, which is in line with the proportion of ATSI residents within the Shire of Murray population.

4.3 Older people

An aging population is a determinant of health and the health needs of a community as with older age comes increased risk of declining health as well as increased functional limitations. The proportion and number of people aged 65 years and over in Australia is expected to continue to grow, with the AIHW reporting older people aged 65 years and over will grow from 16% of the population (4.2 million people) in 2020 to make up between 21% and 23% of the population by 2066²⁰.

Servicing the needs of the older population today relies upon in-home support and assistance, home care packages and residential aged care, as well as access to medical practitioners and other health professionals. There are 70 residential aged care places in the Shire of Murray (in Pinjarra, as at June 2022²¹), representing 16 places per 1,000 people of the age of 65 years, compared with 44.7 residential care places per 1,000 people aged 65 years and over in WA.

The higher proportion of people aged 65 years and over living in the Shire of Murray, combined with fewer aged care places and limited availability of health sector workforce

²⁰ Australian Institute of Health and Welfare, Older Australians Demographic Profile; available at: <https://www.aihw.gov.au/reports/older-people/older-australians/contents/demographic-profile>

²¹ Public Health Information Development Unit (PHIDU), Torrens University Australia. Social Health Atlas of Australia: Population Health Areas, June 2022; available at: <https://phidu.torrens.edu.au/social-health-atlases/data#social-health-atlases-of-australia-local-government-areas>

highlights the challenges and potential barriers for residents to be able to access appropriate care and services close to home, which is likely to become more difficult as the number of people in this cohort increases into the future.

4.4 Children and youth

The children and youth cohorts (for the purpose of this report, 'children' is defined as 0-9 years of age and 'youth' is defined as 10-19 years of age) account for 11.2% and 12.8% of the Shire of Murray population respectively²².

In 2022/23, 680 children accounted for 1,052 ED presentations, which represented 13.1% of all ED presentations by the Shire of Murray population. The majority of these presentations (796 or 75.7%) were at Peel Health Campus. Children in the 0-4 years age group contributed the highest number of presentations out of any of the Shire of Murray resident five-year age groups, as shown in Figure 10 below.

Since 2018/19, ED presentations for the youth population have been trending gradually upwards. In 2022/23, 636 Shire of Murray youths accounted for 949 ED presentations, representing 11.8% of Shire of Murray resident ED presentations for the year at a ratio of 1.5 attendances for each youth presenting to an ED.

Most youth ED presentations (724 or 76.3%) were at Peel Health Campus, and 127 presentations (or 13.4%) were recorded at EDs outside of the SMHS catchment. To note, there were also a higher number of female presentations in the youth age group, which was most prominent in those aged 15 to 19 years.

²² Australian Bureau of Statistics 2021 Census; available at: <https://www.abs.gov.au/census/find-census-data/quickstats/2021/LGA56230>

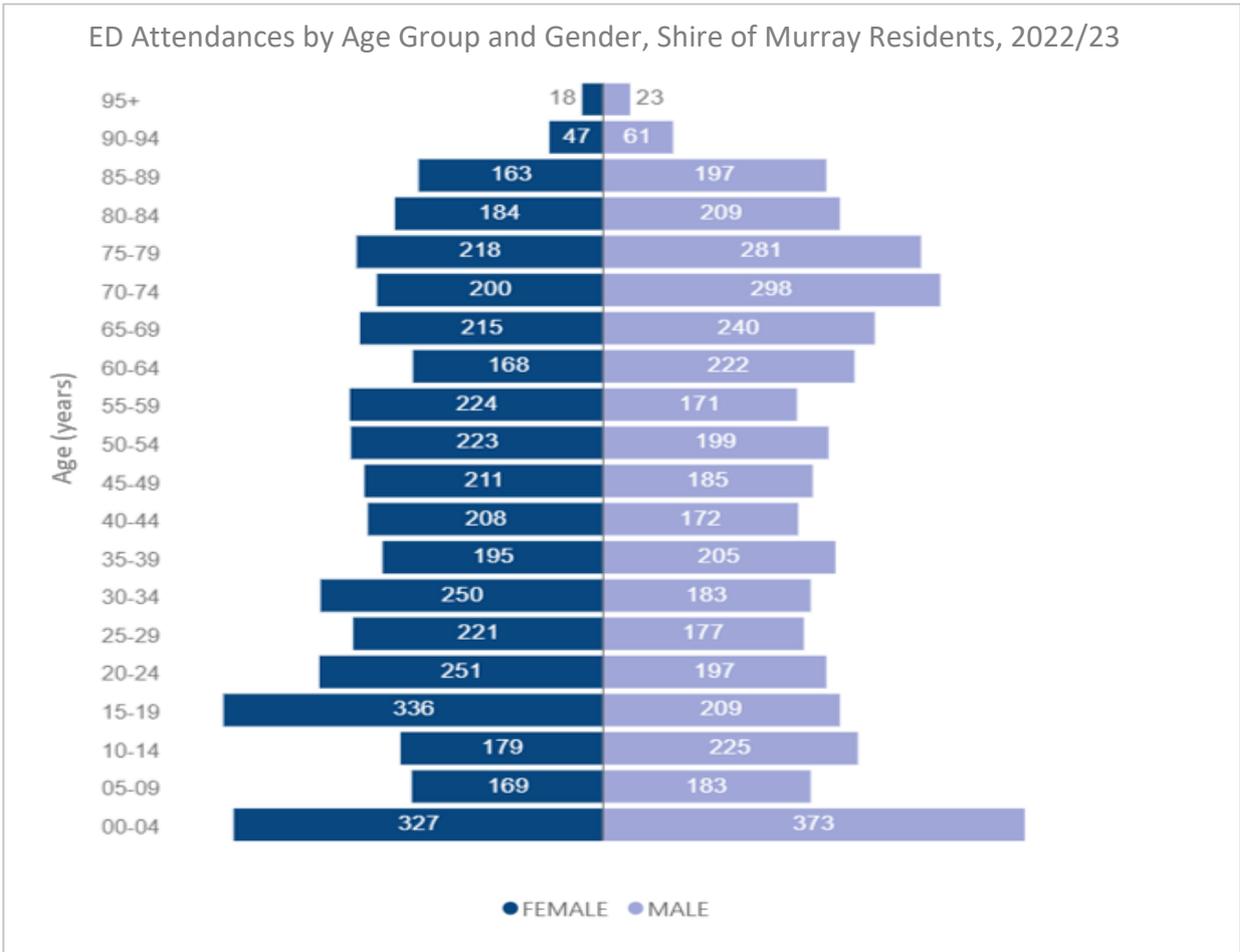


Figure 10: ED Attendances by Age Group and Gender, Shire of Murray Residents, 2022/23

4.5 People living with disability

The 2018 Survey of Disability, Ageing and Carers (SDAC) found that 4.4 million Australians were living with disability (18% of the population) and 187,800 people (4.3% of those living with disability) were residing in care accommodation, including hospitals, nursing homes, aged care hostels and other care accommodation.

People with disability are diverse, having different types of disability. The SDAC broadly groups disabilities into areas depending on whether they relate to the functioning of the mind or senses, anatomy or physiology:

- sensory and speech
- intellectual
- physical restriction
- psychosocial and health injury
- stroke or acquired brain injury (ABI).

The prevalence of disability increases with age, with 12% of people aged 64 years and under and 50% of people aged 65 years and over living with disability. Figure 11 below outlines the prevalence of each of the SDAC disability groups by age, showing the notable increases in sensory and speech, and physical restriction disability in the age groups over 45 years; and psychosocial and intellectual disability in the age groups over 75 years.



Figure 11: Prevalence of Disability by Age Group in Australia, 2018²³

There are also varying levels of disability and people with disability have varying needs for assistance. Of the 18% of Australians living with disability in Australia in 2018, 32% had severe or profound disability, 30% required assistance with health care, 27% required help with property maintenance and 23% required help with household chores.

According to the Torrens University Social Health Atlas of Australia (2021), 121,812 (or 4.8%) of Western Australians were living with a profound or severe disability, compared with 1,121 people (or 6.7%) in the Shire of Murray. Of those in the Shire of Murray living with profound or severe disability, 591 people (or 14.8%) were 65 years and over.

²³ Australian Institute of Health and Welfare, People With Disability In Australia Report 2019; available at: <https://www.aihw.gov.au/reports/disability/people-with-disability-in-australia/contents/people-with-disability/prevalence-of-disability>

5. Sites and Services

The South Metropolitan Health Service (SMHS) provides services to the residents and visitors in the south metropolitan area, including the Shire of Murray, as well as patients from the Great Southern, South West, Goldfields and Southern Wheatbelt regions of the WA Country Health Service, via its network of hospital and community services.

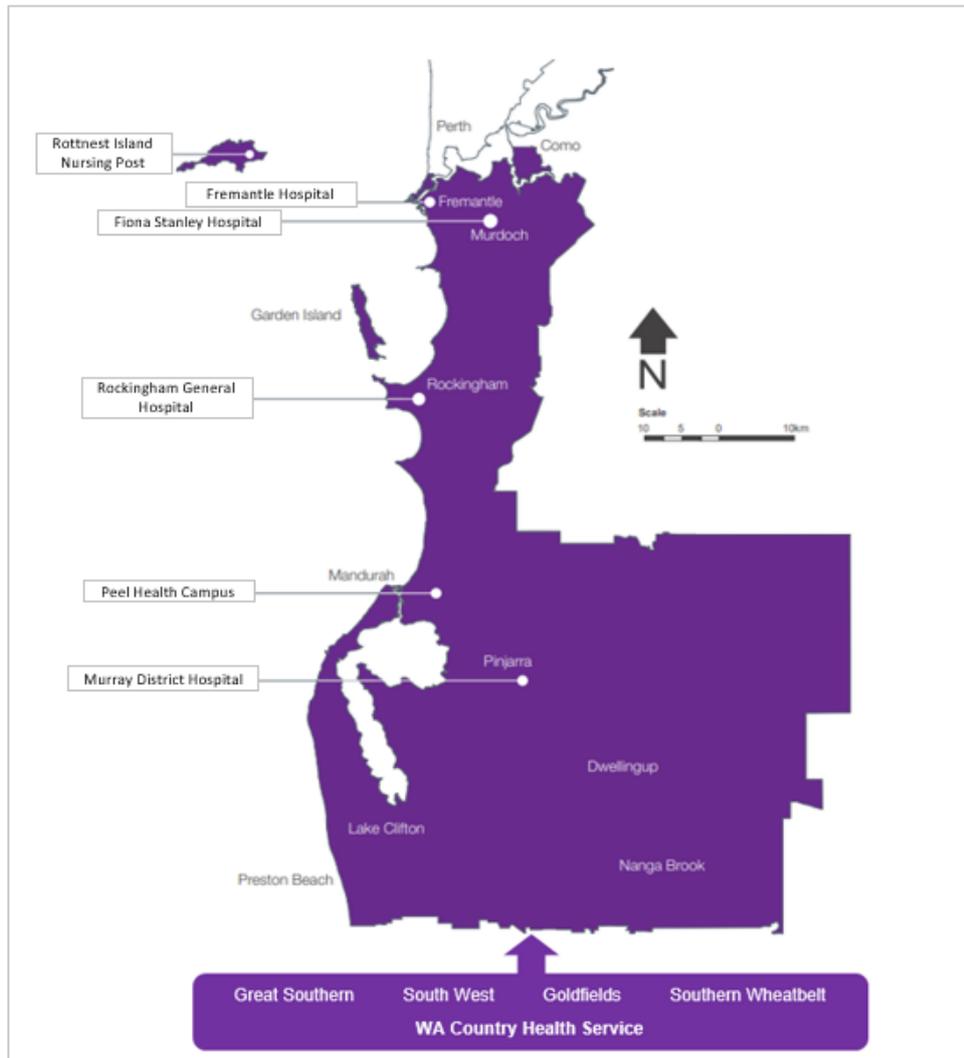


Figure 12: South Metropolitan Health Service, main health campus locations

5.1 Fiona Stanley Hospital

Fiona Stanley Hospital (FSH) is the major tertiary hospital in the south metropolitan area and offers comprehensive health care services to adults, youth and children, including:

- acute, general and specialist medical and surgical services
- subacute services including rehabilitation and aged care
- comprehensive cancer services
- State adult burns unit
- State rehabilitation service including ventilator dependent quadriplegic service and spinal outreach service
- State heart, lung and bone marrow transplant service
- emergency and intensive care
- mental health
- maternity, paediatric and neonatal services.

5.2 Fremantle Hospital

Providing specialist hospital services, Fremantle Hospital plays a vital role in supporting the tertiary services of Fiona Stanley Hospital and in the ongoing delivery of services to patients within the south metropolitan catchment.

It offers a range of services including mental health, aged care, and elective surgical services in the following specialties:

- general medicine
- geriatric medicine, including subacute services and rehabilitation
- general surgery
- orthopaedics
- plastic surgery
- specialised hand surgery
- ear, nose and throat (ENT)
- gynaecological
- dental and maxillo-facial
- endoscopy
- ophthalmology
- urology
- vascular.

5.3 Rockingham General Hospital

As a general hospital with an emergency department, it supports the following inpatient services:

- acute and general medicine
- geriatric medicine
- palliative care
- paediatrics
- obstetric and neonatal services
- surgical including ENT, gastroenterology, general, gynaecology, orthopaedic, plastics and paediatric (general)
- intensive care
- psychiatry (adult and older adult), including electroconvulsive therapy.

5.4 Peel Health Campus

Peel Health Campus (PHC) is a public and private hospital managed in partnership with private provider, Ramsay Health Care Australia Pty Ltd.

It provides a full suite of general hospital services, including a 24-hour emergency department, medical and surgical services, maternity, aged care, rehabilitation, and oncology services.

5.5 Mandurah Community Health Centre

The Mandurah Community Health Centre (MCHC) is positioned adjacent to the PHC site and delivers community programs and clinics for adults and children, with services provided for adults by the Rockingham Peel Group and children's services provided by the Child and Adolescent Health Service. A dedicated Aboriginal health and Wellbeing Centre, Nidjalla Waangan Mia, is co-located at the centre.

With a focus on health promotion and disease prevention and management, adult primary services include:

- community health nursing
- dietetics
- occupational therapy
- physiotherapy
- podiatry
- public health.

Children's services include a range of assessment, early intervention and treatment for children with developmental delays or difficulties that impact on function, participation or parent-child relationships. Specialty services include:

- audiology
- child nursing
- clinical psychology
- occupational therapy
- paediatrics
- physiotherapy
- social work
- speech pathology.

5.6 Murray District Hospital

Murray District Hospital (MDH) is situated in Pinjarra (88 km south of Perth, 48 km from Rockingham and 20 km from Mandurah). With a 15-bed ward, it provides inpatient medical services including aged care and slow stream rehabilitation to the people in the Shire of Murray and surrounding areas. Medical care is provided by medical staff from Rockingham General Hospital. Support services delivered at the hospital include medical imaging, pathology and allied health.

Co-located on the MDH site is the Murray Health Centre, which provides a range of medical and community services.

Medical services:

- medical imaging
- palliative clinic
- General Practitioner clinic.

Community services:

- early intervention and child health (including school health and speech therapy)
- physiotherapy
- speech pathology
- dietetics
- podiatry.

5.7 Community Health Services

The network of SMHS community-based health services compliments the range of specialist clinical and support services provided in hospitals to deliver comprehensive care. Working closely with our community partners including GPs, local government, population health services and community providers, community services enhance the recovery and rehabilitation outcomes of our patients and clients.

Community services include:

- subacute services
- rehabilitation
- health promotion
- public health services.

5.8 Local Service Providers

A range of local social services and primary health care providers are located within the Shire of Murray and surrounding areas to provide services to the local community. Table 13 outlines a range of general practitioners, pharmacies, allied health, women's health, diabetic health, dental and emergency services within the Shire of Murray and surrounding areas.

Local Health Care Providers and Social Services						
Service	Location		Availability			Bulk billing
	Suburb	Shire of Murray	Mon-Fri	Sat	Sun	
General Practitioner						
Pinjarra Doctors	Pinjarra	✓	✓			✓ ©
Forrest Medical Group	Pinjarra	✓	✓			✓ ©
Ravenswood Family Practice	Ravenswood	✓	✓			✓ ©
Murray Medical Centre	Greenfields		✓	✓ *	✓ *	
Nidjalla Waangan Mia Health Centre	Greenfields		✓			✓
Dynamic Doctors Group	Greenfields		✓	✓ *		
Mandurah Doctors	Greenfields		✓			✓ ©
Pharmacy						
Pinjarra Pharmacy	Pinjarra	✓	✓	✓		
Terry White Chemmart	Pinjarra	✓	✓	✓		
Ravenswood Guardian Pharmacy	Ravenswood	✓	✓	✓		
Terry White Chemmart	Austin Lakes	✓	✓	✓		
Terry White Chemmart	South Yunderup	✓	✓	✓ *		
Pharmacy Help Mandurah	Greenfields		✓	✓		
Pharmacy 777	Greenfields		✓	✓ *		
Allied Health						
Pinjarra Physiotherapy Clinic	Pinjarra	✓	✓			
4 Life Physiotherapy	Pinjarra	✓	✓			
Mandurah Community Health and Development Centre	Mandurah		✓			✓
Women's and Family Health						
Woodbridge Women's Clinic	Coolongup		✓			✓
Pregnancy Matters Rockingham	Rockingham		✓ ^			
South Coastal Health and Community Services	Rockingham		✓			
Children's and Youth Health						
Peel Child Development Service (CAHS)	Pinjarra	✓				✓
Child, Youth and Family Health (CAHS)	Mandurah	✓				
Diabetic Health						
Silver Chain Diabetic Care	Greenfields	✓				
360 Health	Mandurah	✓				
Waikiki Diabetes Nurse Practitioner	Waikiki	✓				
Dental Health						
Pinjarra Dental Surgery	Pinjarra	✓	✓			
Murray Dental Care	Pinjarra	✓	✓			
Emergency Care						
St John Ambulance Sub-centre	Pinjarra	✓	✓			✓
© Concession bulk billing						
* Part day						
^ Available Monday, Wednesday and Thursday						

Table 13: Shire of Murray Local Health Care Providers and Social Services, 2023

6. Service utilisation and activity

6.1 Emergency department activity

In 2022/23 there were 8,077 presentations made to emergency departments (ED) by people living in the Shire of Murray. Within the SMHS catchment, the majority of presentations were to the Peel Health Campus (6,177 presentations or 76.5%), followed by Fiona Stanley Hospital (440 presentations or 5.4%) and Rockingham Hospital (429 presentations or 5.3%). 961 presentations (or 11.9%) were made to hospital EDs outside of the SMHS catchment.

Table 14 shows the number of people and presentations at SMHS catchment hospital and other hospital EDs from 2018/19 to 2022/23. Whilst the number of presentations has remained relatively stable over the five-year period, the ratio of attendances to the number of people has reduced slightly each year. Each person attending ED in 2018/19 accounted for 1.65 presentations, compared with 1.59 presentations in 2022/23, suggesting that in 2022/23 there are more people attending ED but fewer people with multiple presentations.

People Attending ED with Place of Usual Residence in the Shire of Murray										
Site	2018/19		2019/20		2020/21		2021/22		2022/23	
	People	Attend								
Fiona Stanley Hospital	317	367	314	367	322	385	352	423	386	440
Peel Health Campus	4,048	6,107	3,969	6,048	4,205	6,354	4,354	6,537	4,192	6,177
Rockingham Hospital	227	267	222	265	258	302	292	352	377	429
Other [^]	842	1,283	734	1,026	802	1,071	758	1,008	739	961
Total*	4,872	8,024	4,703	7,706	5,004	8,112	5,145	8,320	5,022	8,007
Ratio attendances to people	1:1.65		1:1.64		1:1.62		1:1.61		1:1.59	

*The total number of people may not equal the sum of people for each hospital as a person may have attended ED at multiple sites but each person will only be counted once in the total figure for each year.
[^]Other includes public hospitals outside of the SMHS catchment.

Table 14: People Attending ED with Place of Usual Residence in the Shire of Murray, 2018/19 to 2022/23

Each ED presentation is triaged by the urgency of treatment required, according to the following categories:

- Triage category 1 (need for resuscitation): requires treatment immediately
- Triage category 2 (emergency): requires treatment within 10 minutes
- Triage category 3 (urgent): requires treatment within 30 minutes
- Triage category 4 (semi-urgent): requires treatment within 60 minutes
- Triage category 5 (non-urgent): requires treatment within 120 minutes.

Figure 13 below shows the number of ED presentations in each triage category for residents from the Shire of Murray from 2018/19 to 2022/23. The majority of presentations are in the urgent and semi-urgent categories, which account for 79.8% of presentations in 2022/23.

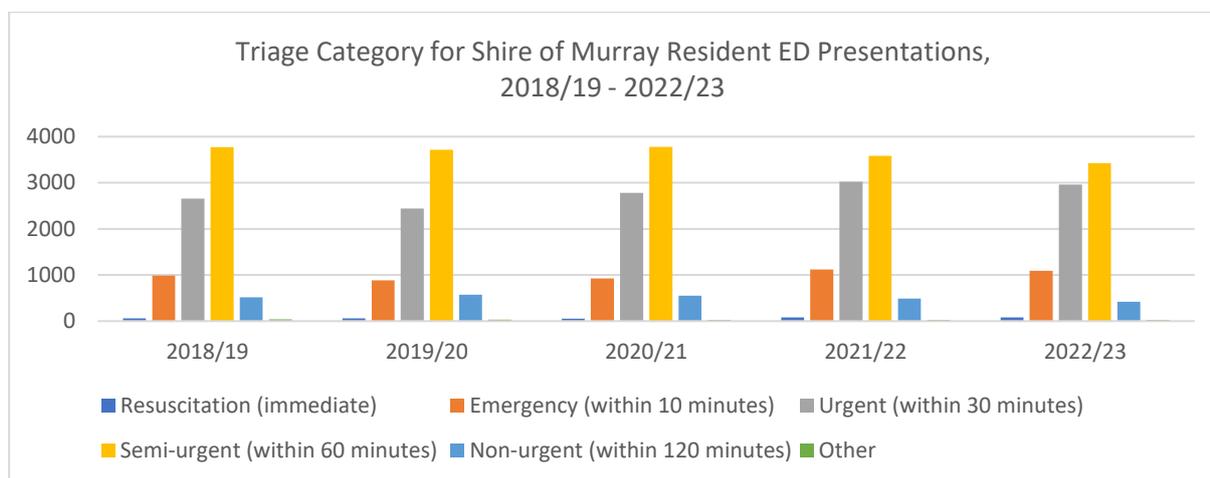


Figure 13: Triage Category for Shire of Murray Resident ED Presentations at WA Public Hospitals, 2018/19 to 2022/23

It is often the case that semi-urgent and non-urgent presentations may be suitable for treatment and management in general practice, and these are identified and categorised accordingly. Table 15 below shows the number of ED presentations by Shire of Murray residents that would potentially be appropriate for GP care, which since 2018/19 is an average of 1,175 presentations per year or 14.6% of all ED presentations.

ED Presentations by Shire of Murray Residents Potentially Appropriate for GP Care					
	2018/19	2019/20	2020/21	2021/22	2022/23
Semi-urgent (within 60 minutes)	987	931	1,023	915	877
Non-urgent (within 120 minutes)	230	284	263	203	165
Total	1,217	1,215	1,286	1,118	1,042
% of ED attendances	15.2%	15.8%	15.9%	13.4%	13.0%

Table 15: ED Attendances by People Living in the Shire of Murray that are Potentially Appropriate for GP Care

The most common reasons (primary diagnosis) that ED attendances could potentially be appropriate for a GP presentation are listed in Table 16.

Reasons for ED Presentations by Shire of Murray Residents Potentially Appropriate for GP Care						
Primary Diagnosis	2018/19	2019/20	2020/21	2021/22	2022/23	Total
Injury, poisoning and certain other consequences of external causes	506	567	620	508	460	2,661
Symptoms, signs and abnormal clinical and laboratory findings	160	150	83	66	58	517
Factors influencing health status and contact with health services	66	66	129	112	80	453
Certain infectious and parasitic diseases	70	76	62	57	56	321
Diseases of respiratory system	60	56	65	59	79	319
Diseases of musculoskeletal system and connective tissue	89	75	59	42	52	317
Diseases of skin and subcutaneous tissue	54	66	60	64	50	294
Disease of digestive system	55	37	49	42	46	229
Diseases of ear and mastoid process	27	26	31	35	35	154
Diseases of genitourinary system	38	28	34	34	37	171
Diseases of eye and adnexa	36	28	32	22	16	134
(Other)	56	40	62	77	73	308
Total	1,217	1,215	1,286	1,118	1,042	

Table 16: Reasons for ED Presentations by Shire of Murray Residents Identified as Potentially Appropriate for GP Care

6.2 Inpatient activity

As outlined previously, the Shire of Murray is within the South Metropolitan Health Service (SMHS) catchment, which includes five hospitals with a varying range and level of complexity of services. Other than the Murray District Hospital, the closest hospital to the Shire of Murray locality is the Peel Health Campus, with Fiona Stanley Hospital positioned as the main tertiary facility in the south metropolitan area.

Over the past five years, there has been an average 5,795 Shire of Murray residents admitted to a WA hospital each year, accounting for an average of 10,540 separations per year. Of these, an average of 3,771 residents were admitted to a SMHS catchment hospital (or 65.1% of admissions), representing an average of 7,291 or 69.2% of separations.

Table 17 outlines the breakdown of the number of Shire of Murray residents and associated separations at SMHS and other hospitals since 2018/19. The number of Shire of Murray residents admitted to hospital and number of separations has remained relatively constant over this time however, there has been a slight increase in the number of people attending Fiona Stanley and Fremantle Hospital and a decrease in people attending Peel Health Campus, with a similar trend in separations.

Within the SMHS catchment over the past 5 years, the majority of Shire of Murray residents (50.5%) attended Peel Health Campus, followed by Fiona Stanley Hospital (10.1%) and Rockingham General Hospital (4.2%), accounting for an average of 54.3%, 9.9% and 3.1% of separations respectively.

Inpatient Separations by Site for Shire of Murray Residents, 2018/19 to 2022/23										
	2018/19		2019/20		2020/21		2021/22		2022/23	
	People	Seps								
Peel Health Campus	2,898	6,234	2,675	5,875	2,925	5,887	2,727	5,489	2,642	5,133
Fiona Stanley Hospital	533	949	550	1,030	611	1,027	614	1,172	624	1,034
Rockingham Hospital	241	304	214	268	229	305	237	334	288	410
Fremantle Hospital	107	126	134	157	174	205	174	213	198	237
Murray District Hospital	21	25	13	14	11	12	6	7	9	10
Other [^]	2,078	3,151	1,945	2,985	2,271	3,318	2,278	3,409	2,337	3,382
Total*	5,733	10,789	5,386	10,329	6,057	10,754	5,877	10,624	5,922	10,206

[^] 'Other' includes WA public hospitals outside of the SMHS catchment.

Table 17: Inpatient Separations for People with Place of Usual Residence in the Shire of Murray, 2018/19 to 2022/23

In 2022/23, just over half (51.4%) of hospital separations for Shire of Murray residents were attributed to people aged 65 years and over; this cohort accounts for 24.1% of the Shire of Murray population.

Over the five years to 2022/23, the majority of inpatient stays for Shire of Murray residents were same day admissions, averaging 8,197 admissions (or 77.8%) with an average of 2,344 (or 22.2%) multi-day admissions. The main care type attributed to Shire of Murray resident inpatient separations over the five years to 2022/23 was acute care, averaging 9,996 (or 94.8%) over this period, of which 8,020 (or 80.2%) were same day admissions and 1,976 (or 19.8%) were multiday admissions.

Table 18 below shows the number of same day and multiday separations for each care type over the five years to 2022/23 for Shire of Murray residents admitted to a WA public hospital.

Inpatient Separations by Stay Type and Care Type for Shire of Murray Residents, 2018/19 to 2022/23										
Care Type	2018/19		2019/20		2020/21		2021/22		2022/23	
	Same	Multi								
Acute care	8,138	2,036	7,930	1,913	8,178	2,049	8,183	1,900	7,670	1,985
Newborn	56	171	52	121	57	140	78	129	63	136
Rehabilitation care	3	73	0	67	1	66	1	70	0	77
Mental health care	13	65	3	56	5	72	2	64	5	56
Boarder	129	63	96	50	91	56	104	55	111	53
Maintenance care	1	21	2	14	0	11	0	17	0	31
Palliative care	3	7	1	9	2	19	3	13	1	13
Other	1	9	0	15	0	7	0	5	0	5
Total*	8,344	2,445	8,084	2,245	8,334	2,420	8,371	2,253	7,850	2,356

Table 18: Inpatient Separations by Stay Type and Care Type for Shire of Murray Residents in WA Public Hospitals, 2018/19 to 2022/23

Given acute care was the predominant care type related to hospital admissions for Shire of Murray residents, it correlates that it is also the care type with the greatest number of bed days, which accounted for a total of 18,999 bed days and 73.5% of multiday bed days in 2022/23.

Care types with greatest number of bed days for Shire of Murray Residents, 2022/23				
Care Type	Separations	2022/23		
		Inpatient Bed Days		
		Same Day	Multiday	Total
Acute care	9,655	7,670	11,329	18,999
Rehabilitation care	77	-	1,312	1,312
Mental health care	61	5	866	871
Newborn	199	63	521	584
Maintenance care	31	-	770	770

Table 19: Care Types with Greatest Number of Bed Days for Shire of Murray Residents in WA Public Hospitals, 2022/23

However, the acute care type has one of the lower average length of stays (ALOS) for multiday admissions, whereas the ALOS was notably higher for maintenance, rehabilitation and mental health care types, as outlined in Table 20 below.

Multiday Inpatient Bed Days and Average Length of Stay for Shire of Murray Residents, 2018/19 to 2022/23										
Care Type	2018/19		2019/20		2020/21		2021/22		2022/23	
	Bed Days	Avg LOS								
Acute care	10,827	5.3	9,852	5.2	10,529	5.2	10,470	5.5	11,329	5.7
Newborn	699	4.1	477	3.9	626	4.5	650	5.0	521	3.8
Rehabilitation care	1,122	15.4	1,242	18.5	1,241	18.8	1,339	19.1	1,312	17.0
Mental health care	1,013	15.6	811	14.5	1,320	18.3	1,136	17.8	866	15.5
Boarder	220	3.5	194	3.9	568	4.5	216	5.0	189	3.8
Maintenance care	516	24.6	230	16.4	196	17.8	269	15.8	770	24.8
Palliative care	104	14.9	81	9.0	133	7.0	201	15.5	131	10.1
Other	14	n/a	175	n/a	54	n/a	8	n/a	7	n/a
Total*	14,608		13,376		14,820		14,496		15,409	

Table 20: Multiday Inpatient Bed Days and Average Length of Stay for Shire of Murray Residents in WA Public Hospitals, 2018/19 to 2022/23

To potentially reduce the number of bed days associated with Shire of Murray resident hospital admissions, efforts may be best focussed on those care types with a higher ALOS, such as rehabilitation care and mental health care. This would require further investigation however the availability of the appropriate care and services within the community to provide the right support for discharged patients with appropriate care plans may be worth exploring further.

The most common diagnosis related group (DRG) for each of the acute, rehabilitation and mental health care types for Shire of Murray residents presenting to a WA public hospital in 2022/23 are listed in the tables below.

Most Common Acute Care DRGs for Shire of Murray Residents, 2022/23		
Acute Care DRG	Separations	
	Number	% of DRG
Haemodialysis	1,173	12.1%
Chemotherapy	873	9.0%
Colonoscopy	425	4.4%
Lens interventions	333	3.4%
Gastroscopy, minor complexity	205	2.1%

Table 21: Acute Care DRGs for Shire of Murray Residents, 2022/23

Most Common Rehabilitation Care DRGs for Shire of Murray Residents, 2022/23		
Rehabilitation Care DRG	Separations	
	Number	% of DRG
Pathological fractures, major complexity	8	10.4%
Stroke and other cerebrovascular disorders, minor complexity	7	9.1%
Stroke and other cerebrovascular disorders, intermediate complexity	5	6.5%
Stroke and other cerebrovascular disorders	5	6.5%
Specific musculotendinous disorders, major complexity	5	6.5%

Table 22: Rehabilitation Care DRGs for Shire of Murray Residents, 2022/23

Mental Health Care DRGs for Shire of Murray Residents, 2022/23		
Mental Health Care DRG	Separations	
	Number	% of DRG
Major affective disorders, minor complexity	10	16.4%
Major affective disorders, major complexity	10	16.4%
Personality disorders and acute reactions, minor complexity	9	14.8%
Personality disorders and acute reactions, major complexity	9	14.8%

Table 23: Mental Health Care DRGs for Shire of Murray Residents, 2022/23

Across service-related groups (SRG) over the five years to 2022/23, the highest number of inpatient separations in WA public hospitals for Shire of Murray residents can be attributed to renal dialysis, followed by chemotherapy / radiotherapy, diagnostic GI endoscopy and orthopaedics.

Figure 14 below displays the trend over the five-year period for the number of separations in each of these specialty areas, which shows a small increase in the number of diagnostic endoscopy (1,050 in 2018/19 to 1,125 in 2022/23) and orthopaedic separations (853 in 2018/19 to 954 in 2022/23), and an overall decrease in renal dialysis (1,421 in 2018/19 to 1,173 in 2022/23) and chemotherapy / radiotherapy separations (1,283 in 2018/19 to 873 in 2022/23).

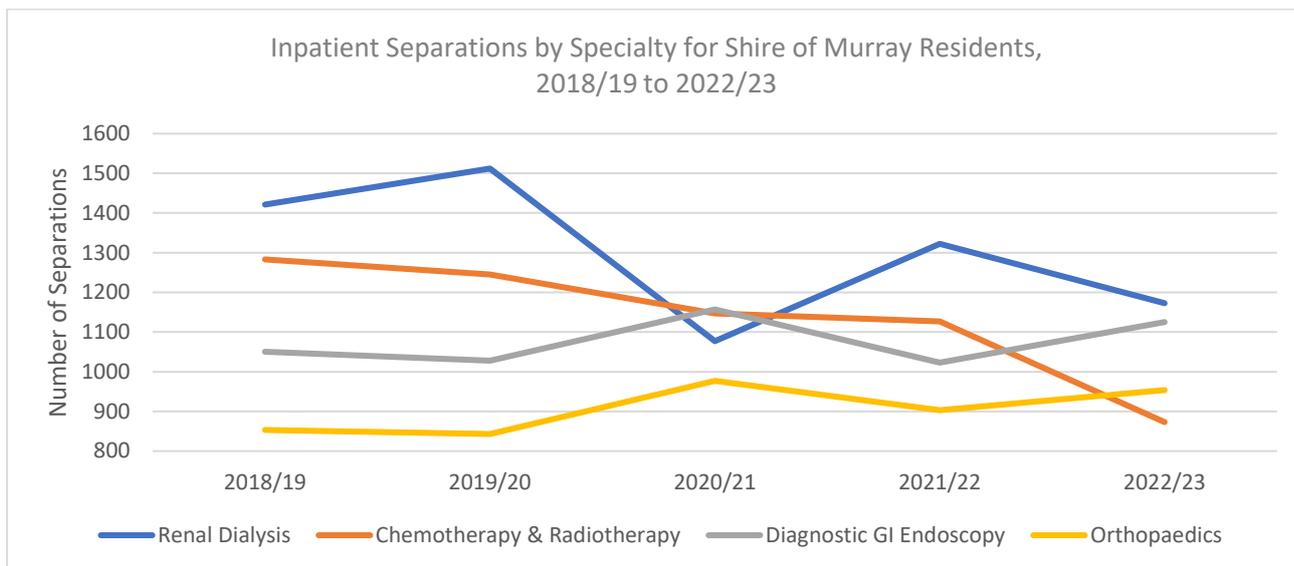


Figure 14: Specialties with Highest Number of Inpatient Separations for Shire of Murray Residents, WA Public Hospitals, 2018/19 to 2022/23

The specialties with the next highest number of separations include general surgery, ophthalmology, general medicine and urology²⁴. Figure 15 below shows the five-year trend of the number of separations for the twelve specialties with the next highest number of separations.

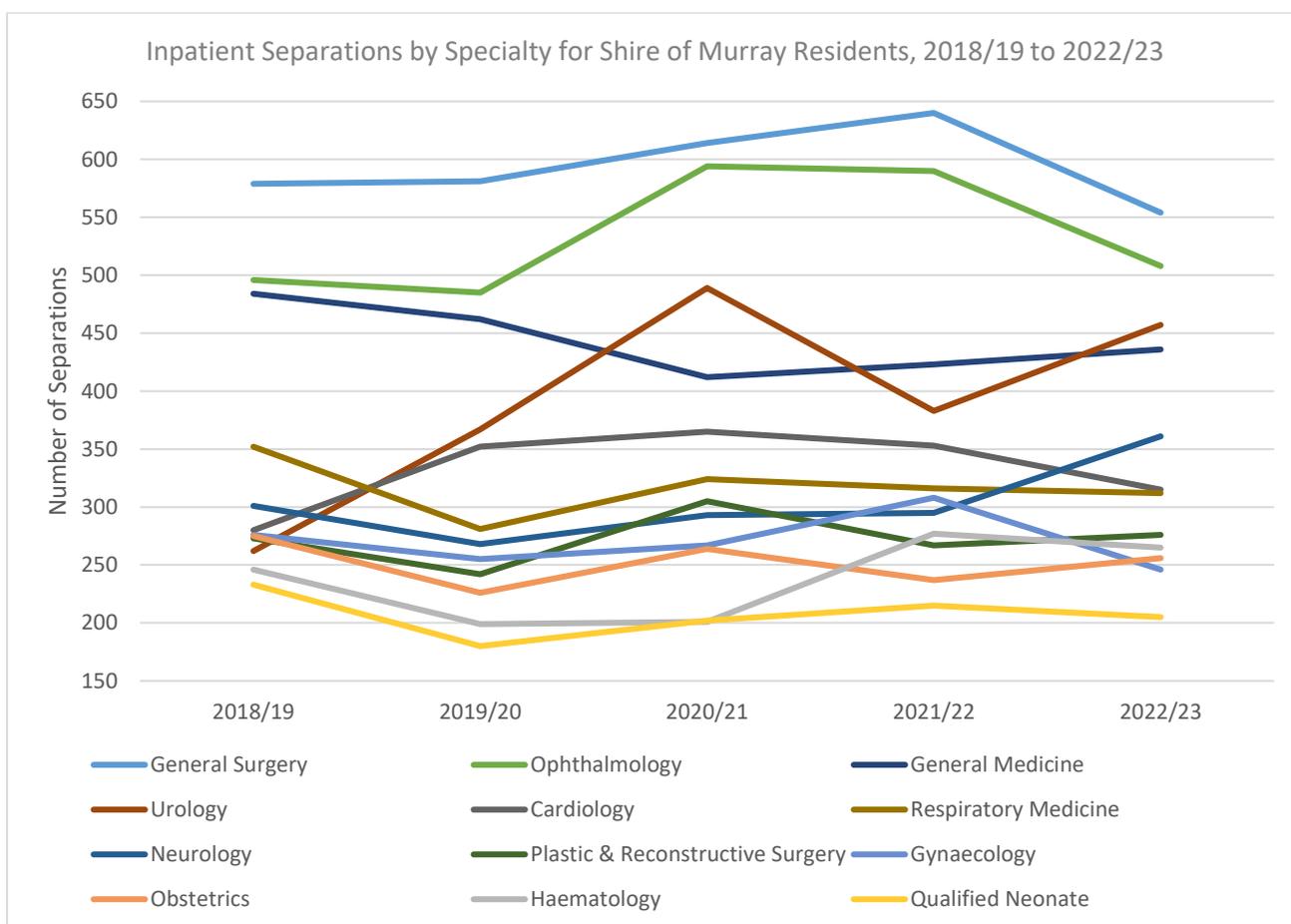


Figure 15: Inpatient Separations by Specialty for Shire of Murray Residents, WA Public Hospitals, 2018/19 to 2022/23

²⁴ The specialty of general surgery relates to the service related group description of 'non subspecialty surgery'; the specialty of general medicine refers to the service related group description of 'non subspecialty medicine'.

Most of these specialties show a relatively consistent number of separations over the period, with an increase evident in the number of urology separations from 2018/19 to 2020/21 and 2021/22 to 2022/23; and a decrease in general surgery and ophthalmology separations from 2021/22 to 2022/23.

To note, COVID-19 is likely to have had an impact on the separations across a number of specialties due to the various elective surgery restrictions imposed on public hospitals between March 2020 and April 2022.

6.3 Outpatient activity

As with inpatient admissions, residents in the Shire of Murray attend outpatient appointments at various SMHS sites, as well as locations outside of the SMHS catchment. This may be due to the availability of services or specialties at particular sites, patient referral history or a number of other reasons.

In 2022/23, there was a total of 15,099 outpatient appointments attended by 3,018 Shire of Murray residents. Of these, 75.1% (or 11,343) were follow-up appointments and 24.9% (or 3,756) were new appointments. The majority of appointments were attended at Fiona Stanley Hospital (5,665 or 37.6%), followed by Rockingham General Hospital (3,202 or 21.2%), and a total of 2,946 appointments (19.5%) were attended at non-SMHS sites.

The most common Tier 2 outpatient appointments were for the specialties of orthopaedics, physiotherapy and occupational therapy, which collectively accounted for just over 20% of all Tier 2 clinics attended by Shire of Murray residents. These appointments were attended by 1,124 people.

The most common Tier 2 outpatient clinics by the number of appointments attended by Shire of Murray residents in 2022/23 are listed in Table 24 below.

Most Common Tier 2 Clinics Attended by Shire of Murray Residents, 2022/23			
Specialty	People	Appts (n)	Appts (%)
Orthopaedics	572	1,393	9.23%
Physiotherapy	303	896	5.93%
Occupational Therapy	249	758	5.02%
Pre-Admission and Pre-Anaesthesia	406	540	3.58%
Endocrinology	114	486	3.22%
Podiatry	78	434	2.87%
Medical Oncology Consultation	69	418	2.77%
Geriatric Evaluation and Management	64	413	2.74%
Plastic And Reconstructive Surgery	225	397	2.63%
Neurology	128	390	2.58%
Haematology	82	327	2.17%
Urology	123	296	1.96%

Table 24: Most Common Tier 2 Outpatient Clinics Attended by Shire of Murray Residents, WA Public Hospitals, 2022/23

These appointments were attended at various SMHS locations, as well as at locations outside of the SMHS catchment. As mentioned, there are various reasons a patient will attend their outpatient appointment at a particular site.

For most common Tier 2 clinics identified in Table 22, 1,831 appointments were attended by 627 Shire of Murray residents at Fiona Stanley Hospital and 1,757 appointments were attended by 674 Shire of Murray residents at Rockingham General Hospital. Further, 860 outpatient appointments were attended by 352 Shire of Murray residents at non-SMHS sites.

The breakdown of the number of Shire of Murray residents attending appointments, and the number of appointments at each SMHS site and non-SMHS sites (collectively) in 2022/23, for each of the most common Tier 2 outpatient clinics identified above are outlined in Table 25 below.

Most Common Tier 2 Clinics Attended by Shire of Murray Residents by Site, 2022/23												
	FSH		FH		RGH		MDH		MCHC		Non-SMHS	
	Ppl	Appts	Ppl	Appts	Ppl	Appts	Ppl	Appts	Ppl	Appts	Ppl	Appts
Orthopaedics	127	377	71	118	317	707	0	0	0	0	91	191
Physiotherapy	31	61	0	0	0	0	149	449	76	288	19	38
Occupational Therapy	69	148	29	70	80	172	0	0	114	334	15	34
Pre-Admission / Pre-Anaesthesia*	0	0	48	54	141	196	0	0	0	0	77	85
Endocrinology	43	197	1	2	42	104	0	0	0	0	31	183
Podiatry	20	111	2	13	0	0	34	188	21	77	14	41
Medical Oncology	45	247	0	0	0	0	0	0	0	0	17	122
Geriatric Evaluation and Management	0	0	7	49	56	363	0	0	0	0	1	1
Plastic And Reconstructive Surgery	89	151	78	145	0	0	0	0	0	0	26	44
Neurology	61	107	1	3	38	215	0	0	0	0	35	65
Haematology	47	183	0	0	0	0	0	0	0	0	15	43
Urology	95	249	24	34	0	0	0	0	0	0	11	13

* pre-admission and pre-anaesthesia appointments are often conducted by a pre-admission nurse or clerk over the phone.

Table 25: Most Common Tier 2 Outpatient Clinics Attended by Shire of Murray Residents by Site, WA Public Hospitals, 2022/23

For all outpatient appointments attended by Shire of Murray residents in 2022/23, 51.4% were by females and 48.6% were males. The majority of appointments were attended by those aged 60 years and over (50.4%) with those aged 50 years and over accounting for 62.8% of all outpatient appointments.

Figure 15 below displays the number of all outpatient appointments attended by male and female Shire of Murray residents by age group in 2022/23. To note:

- in the 25 to 44 years age group, females have a higher representation over males for attending outpatient appointments by a factor of 2.4:1 (1,563 to 648 appointments)
- the higher proportion of outpatient appointments attended by females in the 25 to 44 years age group is attributed mostly to obstetrics and women’s health related specialties:
 - obstetrics (management of complex pregnancy) - 164 appointments (8.0%)
 - midwifery – 146 appointments (7.1%)
 - maternal foetal medicine – 50 appointments (2.4%)
 - gynaecology – 46 appointments (2.4%)
 - obstetrics – 29 appointments (1.4%)

- there are more female attended outpatient appointments in the 0-59 years age group (4,300 female to 3,201 male)
- there are more male attended outpatient appointments in the 65+ years age group (2,740 female to 3,431 male)
- the most common outpatient appointments in the 65+ years age group are attributed to the following specialties:
 - orthopaedics – 424 appointments (6.9%)
 - physiotherapy – 417 appointments (6.8%)
 - geriatric evaluation and management – 374 appointments (6.1%).

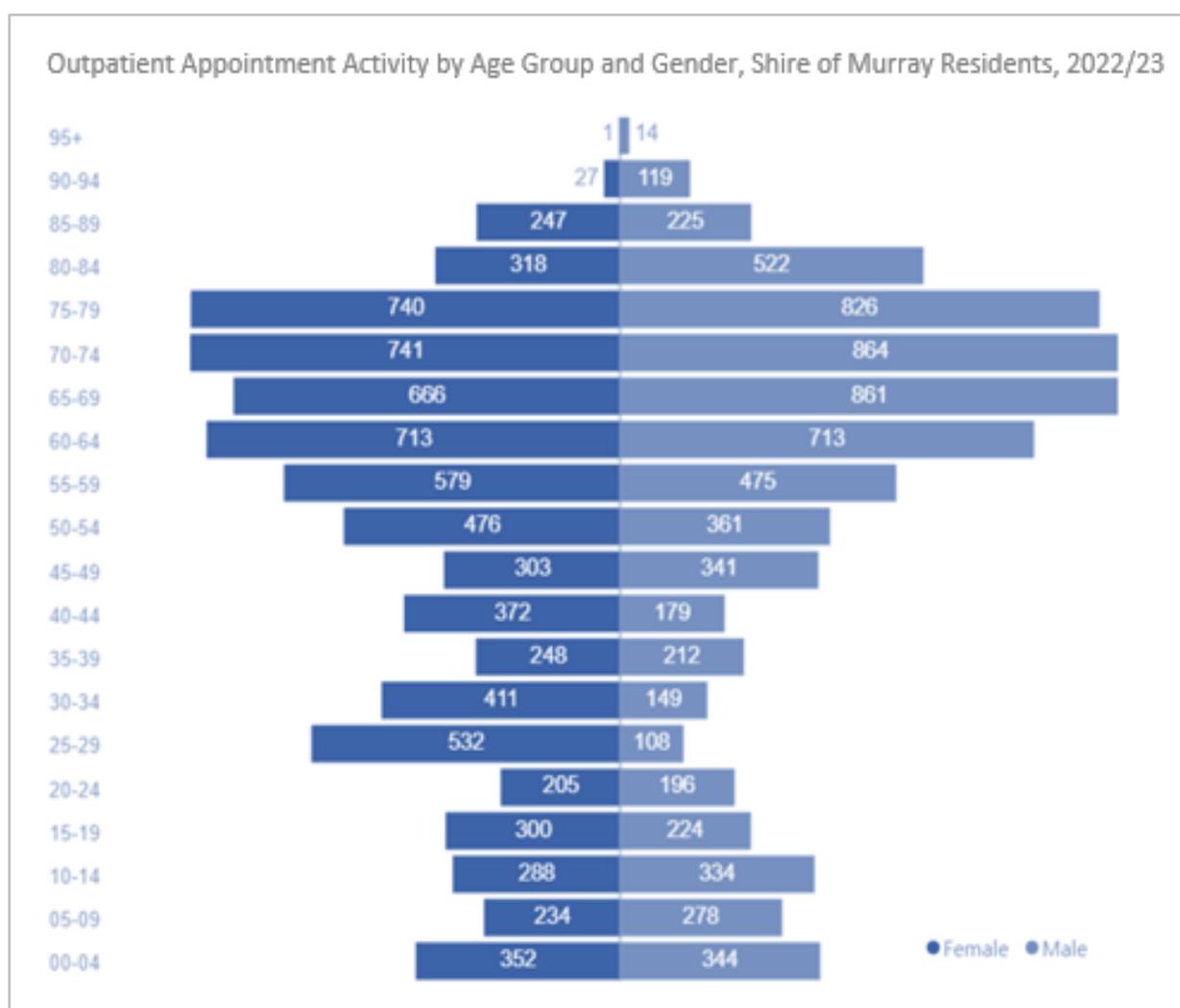


Figure 16: Outpatient Appointment Activity by Age Group and Gender, WA Public Hospitals, Shire of Murray Residents, 2022/23

This trend is also evident and even more pronounced in the Shire of Murray ATSI population, where figures for attended outpatient appointments in 2022/23 by this cohort show:

- in the 0 to 44 years age group, 99 appointments were attended by females (79.8%) and 25 by males (20.2%)
- in the 45+ years age group, 42 appointments were attended by females (21.9%) and 150 appointments by males (78.1%).

SMHS purchases specific and limited outpatient services at PHC primarily related to antenatal, oncology and post-acute care. As a privately managed public health facility, PHC outpatient

data is recorded slightly differently to other SMHS sites, where Tier 2 outpatient data is recorded at clinic level only, not at appointment level.

Whilst there are some differences in how outpatient activity is counted, from the data available in 2022/23, at least 240 people living in the statistical local areas of Murray or Pinjarra had at least 898 outpatient events at PHC. Most of these were for antenatal care (n=434, 48.3%), followed by allied health (n=170, 18.9%, predominantly physiotherapy n=107), wound dressings management (n=99, 11%), oncology (n=87, 9.7%), general medicine (n=71, 7.9%) and gerontology (n=37, 4.1%).

6.4 Emergency services activity (ambulance)

Emergency ambulance services provided in the Murray region are primarily based in the St. John Ambulance WA (SJAWA) sub-centre in Pinjarra. This service is provided by a mix of paid staff and volunteer officers. In 2022/23, there was an average of five paid staff and 67 volunteers working in the sub-centre each month.

In the five years to June 2023, there were 6,621 incidents in the Pinjarra region attended by SJAWA ambulances (not necessarily all from the Pinjarra sub-centre), of which:

- 45.3% were Priority 1 (emergency) with an average of 50 incidents per month
- 25.1% were Priority 2 (urgent) with an average of 28 incidents per month
- 16.8% were Priority 3 (non-urgent) with an average of 19 incidents per month
- 12.7% were Priority 4 (patient transfers) with an average of 14 cases per month.

Figure 17 below shows the number of incidents and cases by priority over the same period.

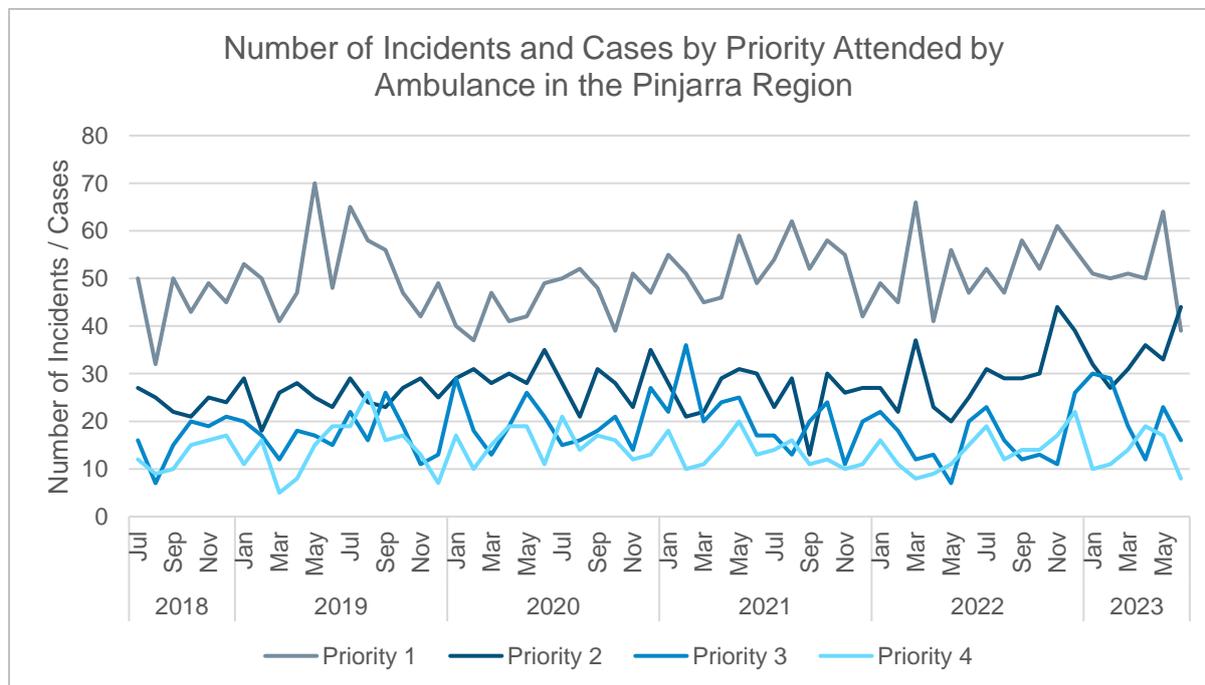


Figure 17: St. John Ambulance WA, Number of Incidents and Cases by Priority in the Pinjarra Region, July 2018 to June 2023

As noted, not all incidents in the Pinjarra region are necessarily attended to by services from the Pinjarra sub-centre. It should also be noted that Pinjarra crews attend incidents outside of the Pinjarra region. This may be due to the availability of crews at a particular time, crews tending to other incidents, or services from other centres being available and/or closer to a particular incident site.

On average, 55.2% of incidents where the nearest sub-centre was Pinjarra were attended by Pinjarra crews; and an average of 65.5% of incidents attended by Pinjarra crews were outside of the Pinjarra region, with the monthly figures since July 2018 shown in Figure 18 below.

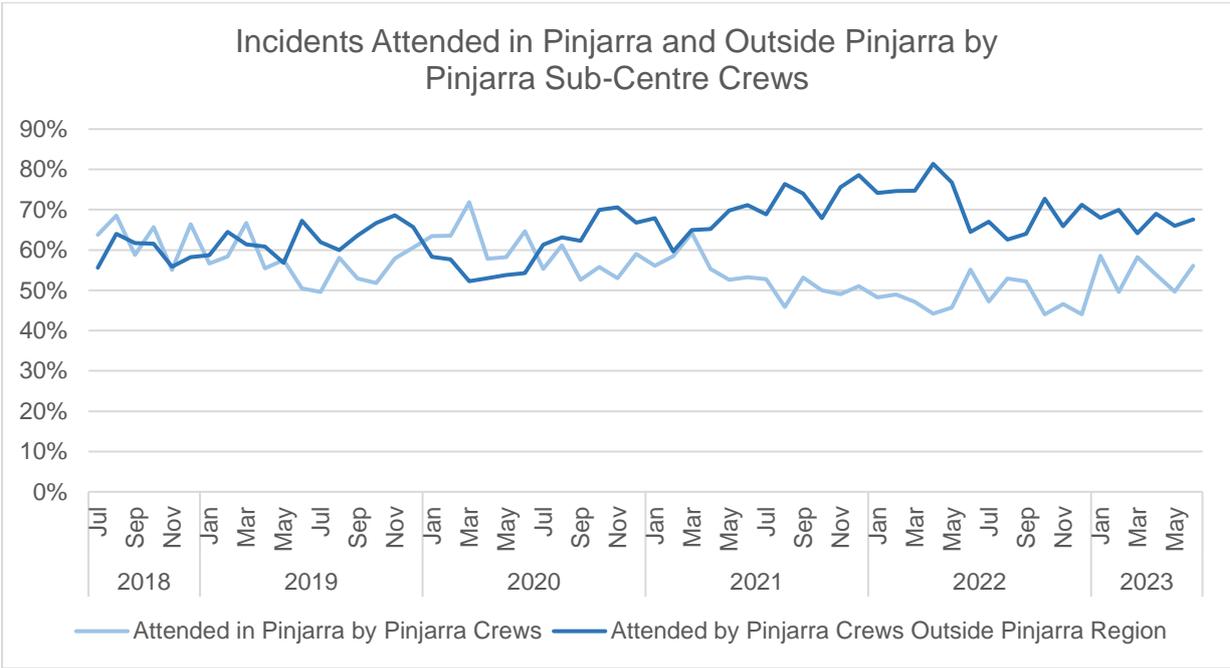


Figure 18: Percent of Incidents in the Pinjarra Area Attended by Pinjarra Crews; and Percent of Incidents Attended by Pinjarra Crews Where the Nearest Sub-Centre Was Not Pinjarra, July 2018 to June 2023

Whilst the Pinjarra sub-centre response times for Priority 1 and Priority 2 incidents have remained relatively steady since July 2018 with an average of 12.65 minutes and 19.21 minutes respectively, there has been an increase in the Priority 3 incident response times from an average of 27.7 minutes in 2018/19 to 57.1 minutes in 2022/23. The response times for Priority 1, 2 and 3 incidents since July 2018 are shown in Figure 19 below.

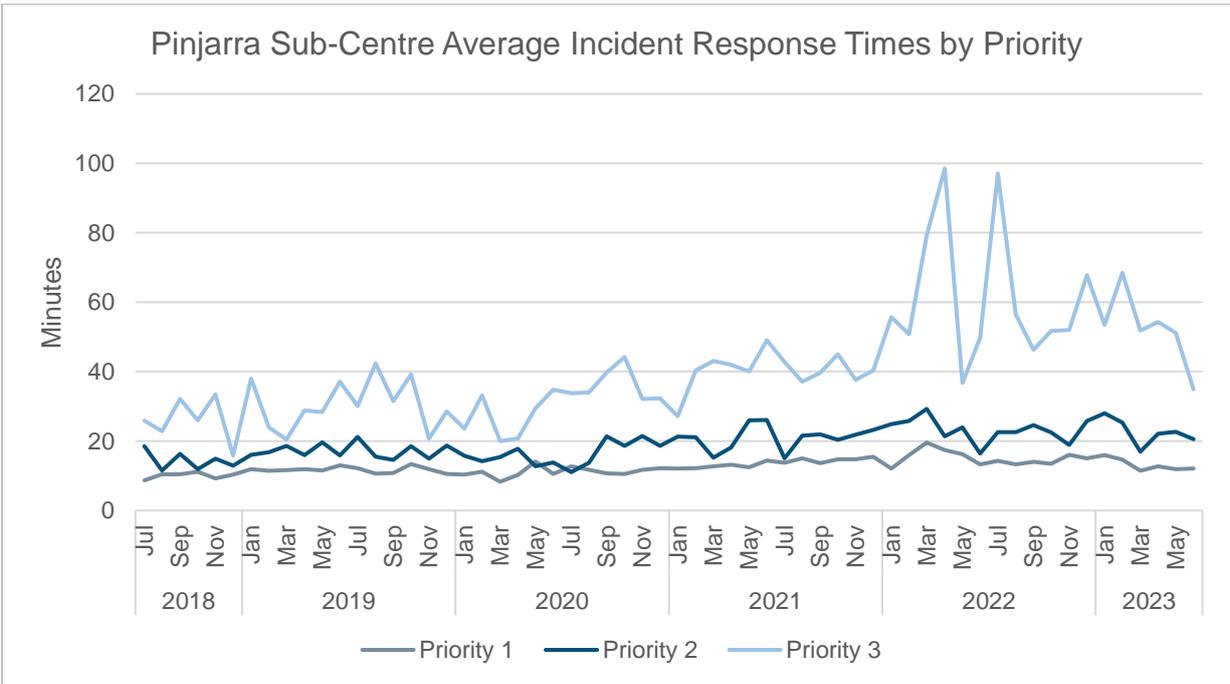


Figure 19: St. John Ambulance WA Pinjarra Sub-Centre Average Incident Response Times by Priority, July 2018 to June 2023

7. Voice of the community

7.1 Shire of Murray community and industry survey

Consultation through community and local industry surveys to gather local input into the health and social needs of the Murray community resulted in a total of 227 survey responses.

Of the community survey responses received:

- 79.4% of respondents lived in the Shire of Murray
- 13.2% lived in Mandurah
- approximately 3% lived in an area outside of Mandurah and the Murray region
- 65.2% of respondents were female; 34.3% of respondents were male
- the majority (93.1%) of respondents were between the ages of 30-79 years.

7.2 Long-term health conditions and help with self-care activities

Table 26 below outlines the response to Shire of Murray community survey questions about the presence of long-term health conditions. These results are compared to figures for WA and Australia based on the 2021 ABS Census data (note: caution is to be exercised when considering the Shire of Murray survey response figures due to the relatively low sample size compared to the 2021 ABS Census data).

Presence of long-term health conditions, Shire of Murray Survey and 2021 ABS Census					
Long-term health condition	Shire of Murray Survey Responses		2021 ABS Census ²⁵		
	Yes (n)	% of respondents	Murray LGA	WA [^] (%)	Australia [^] (%)
Arthritis	61	29.9%	11.6%	7.6%	8.5%
Asthma	35	17.2%	8.6%	7.3%	8.1%
Cancer (including remission)	19	9.3%	4.3%	2.7%	2.9%
Chronic pain	53	26.0%			n/a
Diabetes	20	9.8%	5.7%	5.7%	4.7%
Heart disease	12	5.9%	4.9%	3.6%	3.9%
High blood pressure	55	27.0%			n/a
Lung condition	16	7.8%	1.6%	1.6%	1.7%
Mental health condition	53	26.0%	10.0%	8.3%	8.8%
Sexual and reproductive health issues	14	6.9%			n/a
Stroke	4	2.0%	0.8%	0.8%	0.9%
Other long-term health condition*	40	19.6%	8.2%	7.4%	8.0%

[^] Note: caution is to be exercised when considering the Shire of Murray survey response figures due to the relatively low sample size compared to the 2021 ABS Census data.

* Other long-term health conditions included eczema, Hashimoto's auto immune disease, Parkinson's disease, sleep apnoea, neuropathy, migraine, among others.

Table 26: Responses to survey questions relating to the presence of long-term health conditions.

In summary, 74.0% (n=151) of the Shire of Murray survey respondents reported the presence of at least one long-term health condition. This figure is high compared to the 2021 ABS Census results where it was reported much lower incidence of those in the population with a long-

²⁵ Profile id Murray Shire Council Community Profile; available at: <https://profile.id.com.au/murray-shire/long-term-health?BMID=40>

term health condition as 36.7% in the Murray LGA, 29.9% in WA and 31.7% in Australia. This reinforces the need to take into account the relatively low sample size when analysing the information gathered from the survey responses.

Given the topic of the survey was linked to health (i.e. *Murray Health Futures*), may also suggest people with a health condition were more motivated to complete the Shire of Murray survey than those without a health condition.

Table 27 below outlines the response to community survey questions about the presence of long-term health conditions and the need for assistance with self-care activities, body movement or communication, with the Shire of Murray survey results compared to 2021 ABS Census data.

Requires help with self-care activities, body movement or communication, Shire of Murray Survey and 2021 ABS Census				
Response	Shire of Murray Survey Responses		2021 ABS Census	
	No. of responses	% of respondents	WA^ (%)	Australia^ (%)
Does not require help	188	92.2%	89.0%	88.4%
Requires help	16	7.8%	4.6%	5.8%
For those requiring help, the reason for needing assistance:				
- a long-term health condition	6	2.9%	n/a	n/a
- a disability	5	2.5%	n/a	n/a
- other reasons	5	2.5%	n/a	n/a

Table 27: Responses to survey questions relating to needing help with self-care activities, body movement or communication, and the reason for requiring assistance.

7.3 Access to health care

In response to the survey question of how often health care could be obtained when it was needed in the last 12 months, results showed:

- 35.3% could always get health care when needed
- 53.9% could sometimes get health care when needed
- 2.0% could never get health care when needed
- 8.8% reported not requiring health care in the last 12 months.

When asked to select from a list of options related to improving access to health care, the following five were identified by most community and industry survey respondents as those which would help the local Murray community to better access health care services:

- more available appointments
- evening or weekend appointments
- lower out of pocket costs
- services closer to where I live
- multiple services in the same location.

Further analysis shows more community survey respondents selected transport to appointments and access to relevant specialists, and more industry survey respondents selected access to dependent care and help to coordinate care, as shown in Figure 20 below.

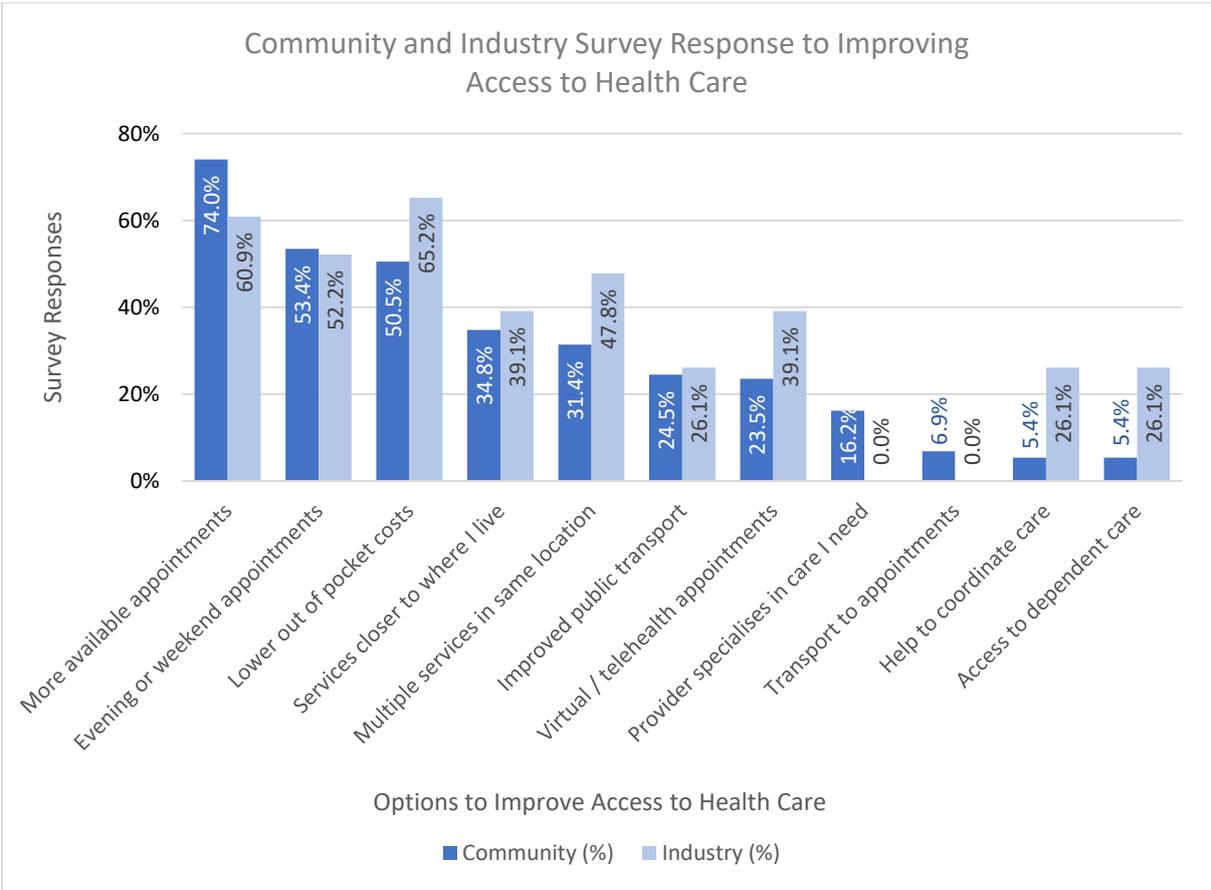


Figure 20: Shire of Murray Community and Industry Survey Response to Improve Access to Health Care

Community survey respondents were asked to list anything else not already identified that would improve their access to health care in the Murray region. Whilst 75.5% of respondents answered ‘no’, the following responses were identified:

- more doctors, specialists and/or services (11.8% of respondents)
- a hospital (8.3% of respondents)
- an emergency department (3.4% of respondents).

The AIHW report into primary health care, *General practice, allied health and other primary care services*²⁶, found that Australians may delay or not use a GP service due to cost, service availability and waiting times, and based on 2021/22 ABS data reported:

- 25% of people delayed seeing a GP for reasons such as service availability or waiting time. This was an increase from 2020/21 (21%).
- 23% of people felt they waited longer than acceptable for a GP appointment.
- 3.5% of people who needed to see a GP delayed or did not see a GP due to cost. This was an increase from 2020/21 (2.4%).

²⁶ Australian Institute of Health and Welfare, Reports and Data, Primary Health Care - General practice, allied health and other primary care services, 2023; available at: <https://www.aihw.gov.au/reports/primary-health-care/general-practice-allied-health-and-other-primary-care-services>

- 3.9% of people with a long-term health condition who needed to see a GP delayed or did not see a GP due to cost. This was higher than for those without a long-term health condition (3.0%) and higher in regional remote areas compared to those in major cities (5% and 3.1%, respectively).

Of the 151 survey respondents reporting the presence of at least one long-term health condition, the three most selected options for improving access to health care were more available appointments, lower out of pocket costs and evening or weekend appointments. Table 28 shows the full list of survey options for improving access to health care and the response rate from those respondents who identified as having at least one long-term health condition.

Respondents with a long-term health condition: improving access to health care, Shire of Murray Survey		
Option for improving access to health care	Shire of Murray Survey Respondents with a long-term health condition	
	Yes (n)	% of respondents
More available appointments	112	74.2%
Lower out of pocket costs	79	52.3%
Evening or weekend appointments	75	49.7%
Services closer to where I live	55	36.4%
Multiple services in same location	44	29.1%
Improved public transport	36	23.8%
Virtual / telehealth appointments	30	19.9%
Provider specialises in care I need	25	16.6%
Transport to appointments	11	7.3%
Help to coordinate care	10	6.6%
Access to dependent care	8	5.3%

Table 28: Shire of Murray Community Survey, Respondents with a long-term health condition: improving access to health care

7.4 Future health and social needs

When asked to consider the most important health needs into the future, the following four options rated highly for both community survey and industry survey respondents:

- urgent medical care
- general practitioner care
- mental health
- older people's health services.

Whilst a greater percentage of industry survey respondents rated management of diabetes, rehabilitation, newborn and parental and pregnancy care as important for the future, a greater percentage of community survey respondents identified reducing health risk factors as an important health need for the future (49.5% of community respondents compared with 21.7% of industry respondents). Figure 21 below shows the industry and community response to each of the options provided in the survey for the most important health needs in the future.

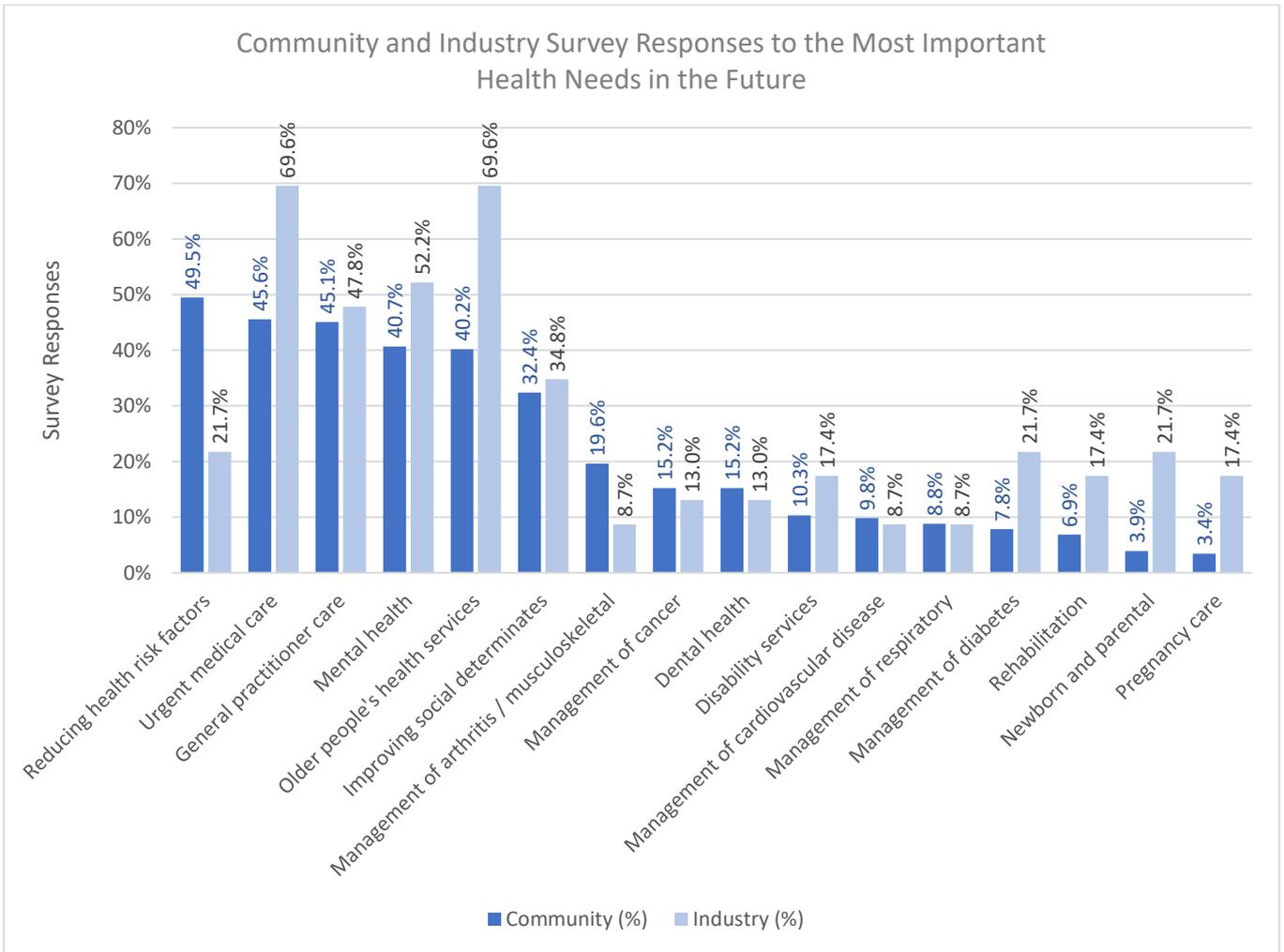


Figure 21: Shire of Murray Community and Industry Survey Responses to the Most Important Health Needs in the Future.

Similarly, survey respondents were asked to consider the most important social needs for the Murray community in the future, with community respondents identifying the following as the most important social needs:

- family and children support
- public transport
- homelessness/supported accommodation.

Whereas, industry survey respondents identified the following as the most important social needs in the future:

- family and children support
- youth services and support
- public housing.

Figure 22 below shows the industry and community response to each of the options provided in the survey for the most important social needs in the future.

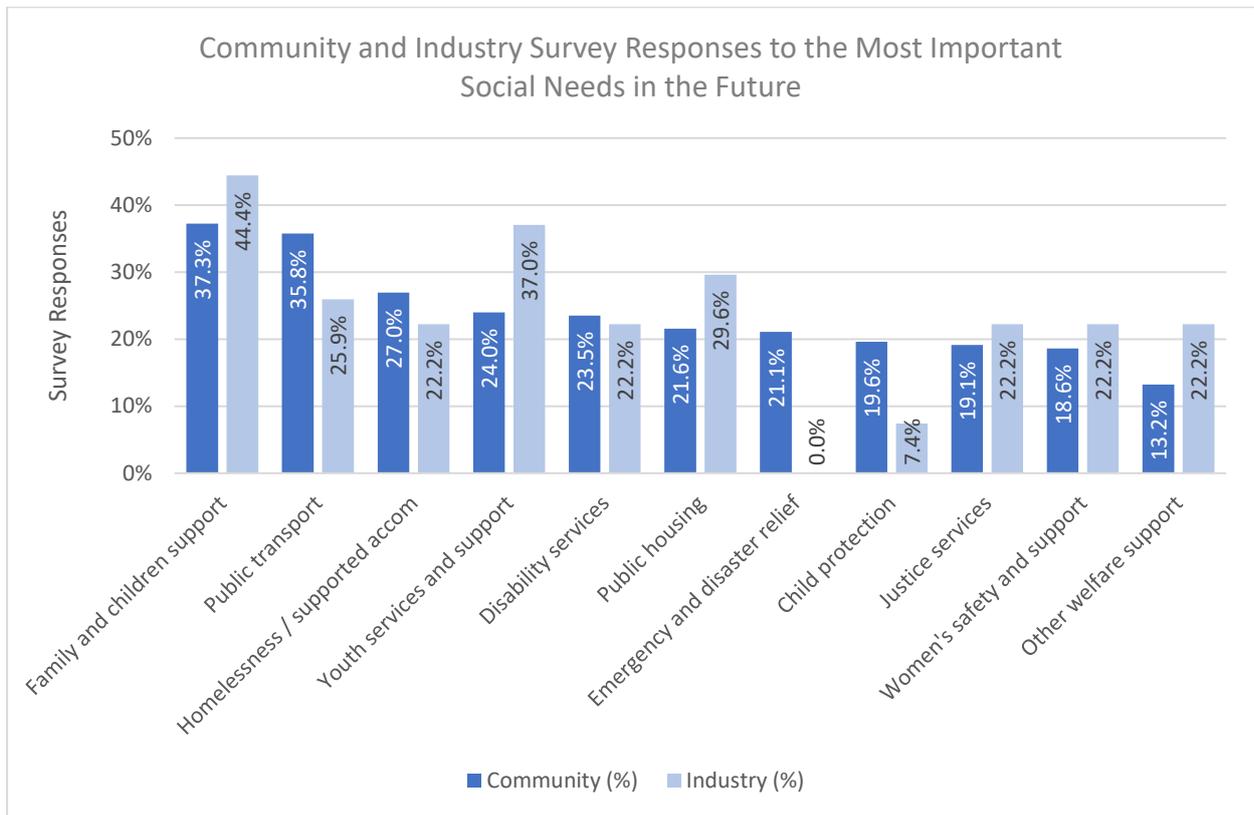


Figure 22: Shire of Murray Community and Industry Survey Responses to the Most Important Social Needs in the Future.

8. Glossary

Acute care [^]	Care in which the intent is to perform surgery, diagnostic or therapeutic procedures in the treatment of illness or injury. Management of childbirth is also considered acute care.
Admission [^]	The process whereby the hospital accepts responsibility for the patient's care and/or treatment. Admission follows a clinical decision based upon specified criteria that a patient requires same-day or overnight care or treatment.
Average Length of Stay (ALOS) [^]	Average length of stay: The average number of days spent in hospital for each stay (episode of care) for admitted patients who stayed at least one night.
Bed days [^]	The total number of days for patients who were admitted for an episode of care and who separated during a specified reference period. A patient who is admitted and separated on the same day is allocated one bed day.
Boarder [^]	Accommodation for persons accompanying patients (eg. a parent accompanying a sick child, a breast fed baby accompanying a sick mother, a person accompanying an elderly patient).
Care type [^]	The overall nature of care delivered, derived from other service characteristics. Can be assigned as <ul style="list-style-type: none"> • Acute care • Subacute and non-acute care (Rehabilitation, Palliative care, Geriatric evaluation and management, Psychogeriatric care, Maintenance care) • Mental health care • Newborn care • Other care
Children	For the purpose of this report 'children' is defined as 0 to 9 years.
Diagnosis Related Group (DRG) [^]	An Australian admitted patient classification system which provides a clinically meaningful way of relating the number and type of patients treated in hospital to the resources required; each DRG represents a class of patients with similar clinical conditions requiring similar hospital services.
Maintenance (care) [^]	Care in which the main intent is to prevent deterioration in the health of a patient with a disability or severe functional impairment.
Mental health (admission) [^]	Admission to hospital that includes psychiatric care days or that has a mental health care type.
Rehabilitation (care) [^]	Care in which the intent is to improve the functional status of a patient with an impairment, disability or handicap.
Separation [^]	An episode of care for an admitted patient, which can be a total hospital stay (from admission to discharge, transfer or death) or a portion of a hospital stay beginning or ending in a change of type of care (for example, from acute care to rehabilitation). Separation also means the process by which an admitted patient completes an episode of care either by being discharged, dying, transferring to another hospital or changing type of care.
Sub-acute and non-acute [^]	Care types other than 'acute care'. Includes rehabilitation care, palliative care, certain types of geriatric care, and maintenance care.
Youth	For the purpose of this report 'youth' is defined as 10 to 19 years.
[^] Definitions from the Australian Institute of Health and Welfare (AIHW); available at: https://www.aihw.gov.au/reports-data/myhospitals/content/glossary	

9. Appendices

Appendix A – 2021 ABS Census Population by Age Groups, Shire of Murray, Peel Region and WA

Age Group (years)	Shire of Murray		Peel Region		WA	
	(n)	(%)	(n)	(%)	(n)	(%)
0 to 4	926	5.1%	7,751	5.3%	161,753	6.1%
5 to 9	1,110	6.1%	8,628	5.9%	172,654	6.5%
10 to 14	1,243	6.9%	9,359	6.4%	171,377	6.4%
15 to 19	1,065	5.9%	8,043	5.5%	153,263	5.8%
20 to 24	821	4.5%	7,166	4.9%	158,817	6.0%
25 to 29	877	4.9%	7,019	4.8%	176,045	6.6%
30 to 34	888	4.9%	7,751	5.3%	196,312	7.4%
35 to 39	1,001	5.5%	8,336	5.7%	200,904	7.6%
40 to 44	1,009	5.6%	7,897	5.4%	178,589	6.7%
45 to 49	1,117	6.2%	8,774	6.0%	174,632	6.6%
50 to 54	1,168	6.5%	9,359	6.4%	173,622	6.5%
55 to 59	1,254	6.9%	9,798	6.7%	162,778	6.1%
60 to 64	1,242	6.9%	9,798	6.7%	150,667	5.7%
65 to 69	1,259	7.0%	10,090	6.9%	132,186	5.0%
70 to 74	1,247	6.9%	10,090	6.9%	115,196	4.3%
75 to 79	849	4.7%	7,312	5.0%	78,012	2.9%
80 to 84	583	3.2%	5,118	3.5%	53,115	2.0%
85 and over	409	2.3%	4,095	2.8%	50,106	1.9%
Total	18,068		146,239		2,660,028	

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Online Form - Murray Health Futures

1. Where do you usually live?

2. What gender do you identify with?

3. What is your age?

4. Do you identify as

5a. Have you been told by a doctor or nurse that you have any of the following long-term health conditions?

5b. Have you been told by a doctor or nurse that you have any other long-term health condition (e.g. eczema, epilepsy, migraine)?
 Yes No

6a. Do you ever need help with self-care activities, body movement or communication? (eg. help with eating, showering, moving around or being understood)

6b. If you need help with self-care activities, what is the reason for needing assistance?

6c. Do you need help with self-care activities, for any other reason?
 Yes No

7. In the past 12 months, how often were you able to get health care when you needed it?

8a. In your opinion, which of the following will be the most important health needs in the future for your local community? (Select up to 3)

8b. In your opinion, are there any other important health needs in the future for your local community?
 Yes No

9a. Which of the following would improve your access to health care? (Select 1 or more)

9b. Is there anything else that would improve your access to health care?
 Yes No

10. Is there anything else you would like to tell us about the health needs of your local community and/or suggestions for improvement?

Type the code from the image:
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[Submit Form](#) [Reset Fields](#)

Appendix C – Murray Health Futures Community Survey Questions

Survey questions		
1.	Where do you usually live?	<input type="checkbox"/> Shire of Murray - 6181 (Stake Hill) <input type="checkbox"/> Shire of Murray - 6182 (Kerralup) <input type="checkbox"/> Shire of Murray - 6207 (Myara, Nambeelup, North Dandelup, Solus, Whittaker) <input type="checkbox"/> Shire of Murray - 6208 (Blythewood, Fairbridge, Meelon, Nirimba, North Yunderup, Oakley, Pinjarra, Point Grey, Ravenswood, South Yunderup, West Pinjarra) <input type="checkbox"/> Shire of Murray - 6209 (Barragup, Furnissdale) <input type="checkbox"/> Shire of Murray - 6213 (Banksiadale, Dwellingup, Etmilyn, Holyoake, Inglehope, Marrinup, Teesdale) <input type="checkbox"/> Shire of Murray - 6214 (Birchmont, Coolup, West Coolup) <input type="checkbox"/> City of Mandurah <input type="checkbox"/> Shire of Boddington <input type="checkbox"/> Shire of Waroona <input type="checkbox"/> Shire of Serpentine-Jarrahdale <input type="checkbox"/> Perth Metro <input type="checkbox"/> Other
2.	What gender do you identify with?	<input type="checkbox"/> Man or male <input type="checkbox"/> Woman or female <input type="checkbox"/> Non-binary <input type="checkbox"/> Different term <input type="checkbox"/> Prefer not to say
3.	What is your age?	<input type="checkbox"/> 0-19 years <input type="checkbox"/> 20-29 years <input type="checkbox"/> 30-39 years <input type="checkbox"/> 40-49 years <input type="checkbox"/> 50-59 years <input type="checkbox"/> 60-69 years <input type="checkbox"/> 70-79 years <input type="checkbox"/> 80+ years
4.	Do you identify as:	<input type="checkbox"/> Non-indigenous <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both Aboriginal and Torres Strait Islander <input type="checkbox"/> Prefer not to say
5a.	Have you been told by a doctor or nurse that you have any of the following long-term health conditions?	Select the applicable health condition/s: <input type="checkbox"/> Arthritis <input type="checkbox"/> Asthma <input type="checkbox"/> Cancer (including remission) <input type="checkbox"/> Dementia (including Alzheimer's Disease) <input type="checkbox"/> Diabetes (excluding gestational diabetes) <input type="checkbox"/> Heart disease (including heart attack, angina) <input type="checkbox"/> High blood pressure <input type="checkbox"/> Kidney disease <input type="checkbox"/> Lung condition (including COPD - chronic obstructive pulmonary disorder, emphysema) <input type="checkbox"/> Mental health condition (including depression, anxiety) <input type="checkbox"/> Stroke <input type="checkbox"/> Chronic pain (including back pain, joint pain, fibromyalgia) <input type="checkbox"/> Sexual and reproductive health issues <input type="checkbox"/> No, none of the above

5b.	Have you been told by a doctor or nurse that you have any other long-term health condition (e.g. eczema, epilepsy, migraine)	<input type="checkbox"/> Yes – please specify (<i>free text</i>) <input type="checkbox"/> No
6a.	Do you ever need help with self-care activities, body movement or communication? (eg. help with eating, showering, moving around or being understood)	<input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No
6b.	If you need help with self-care activities, what is the reason for needing assistance?	<input type="checkbox"/> Short-term health condition (lasting less than 6 months) <input type="checkbox"/> Long-term health condition (lasting 6 months or more) <input type="checkbox"/> Disability (lasting 6 months or more) <input type="checkbox"/> Old age <input type="checkbox"/> Other <input type="checkbox"/> Not applicable, I do not need help with self-care activities
7.	In the past 12 months, how often were you able to get health care when you needed it?	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never <input type="checkbox"/> Not applicable, I did not need health care in the past 12 months
8a.	Which of the following would improve your access to health care? (Select 1 or more)	<input type="checkbox"/> More available appointments <input type="checkbox"/> Evening or weekend appointments <input type="checkbox"/> Virtual / telehealth appointments <input type="checkbox"/> Access to multiple services in the same location <input type="checkbox"/> Services closer to where I live <input type="checkbox"/> Transport to appointments <input type="checkbox"/> A health care provider who specialises in the care I need <input type="checkbox"/> Access to interpreters <input type="checkbox"/> Help to understand and coordinate my care (eg. finding services, making appointments, filling out forms) <input type="checkbox"/> Lower out of pocket costs <input type="checkbox"/> Access to dependent care (eg. childcare or respite services) <input type="checkbox"/> None of the above
8b	Is there anything else that would improve your access to health care?	<input type="checkbox"/> Yes - please specify (<i>free text</i>) <input type="checkbox"/> No

9.	In your opinion, which of the following will be the most important health needs for your local community in the future? (Select up to 3)	<input type="checkbox"/> Reducing health risk factors (eg. smoking, drinking, obesity, high blood pressure) <input type="checkbox"/> Improving social determinants of health (eg. affordable housing, education, employment) <input type="checkbox"/> Management of diabetes <input type="checkbox"/> Management of cancer <input type="checkbox"/> Management of cardiovascular disease <input type="checkbox"/> Management of arthritis / musculoskeletal conditions <input type="checkbox"/> Management of respiratory disease <input type="checkbox"/> Pregnancy care <input type="checkbox"/> Newborn babies and parental support services <input type="checkbox"/> Rehabilitation services <input type="checkbox"/> Youth health services <input type="checkbox"/> Mental health services <input type="checkbox"/> Disability services <input type="checkbox"/> Older people’s health services <input type="checkbox"/> Dental health services <input type="checkbox"/> General Practitioner care <input type="checkbox"/> Urgent medical care
10.	In your opinion, which of the following will be the most important social needs for your local community in the future? (Select up to 3)	<input type="checkbox"/> Child protection <input type="checkbox"/> Disability services (including NDIS) <input type="checkbox"/> Emergency and disaster relief (eg. bushfires, floods) <input type="checkbox"/> Family and children support (including family and domestic violence) <input type="checkbox"/> Homelessness / supported accommodation <input type="checkbox"/> Justice services (eg. police, corrective services, legal aid) <input type="checkbox"/> Public housing <input type="checkbox"/> Public transport <input type="checkbox"/> Seniors and ageing support (eg. pension, concession cards, aged care facilities) <input type="checkbox"/> Women’s safety and support <input type="checkbox"/> Youth services and support <input type="checkbox"/> Other welfare support (eg. unemployment benefits, tax concessions, food banks)
11.	Is there anything else you would like to tell us about the health and social needs of your local community and/or suggestions for improvement?	(Free text)

Appendix D – Murray Health Futures Industry Survey Questions

Survey questions		
1.	Where do you usually work?	<input type="checkbox"/> Shire of Murray <input type="checkbox"/> City of Mandurah <input type="checkbox"/> Shire of Boddington <input type="checkbox"/> Shire of Waroona <input type="checkbox"/> Shire of Serpentine-Jarrahdale <input type="checkbox"/> Perth Metro <input type="checkbox"/> Other
2a.	What type of service do you provide in the Shire of Murray? (Select all that apply)	<input type="checkbox"/> Administration <input type="checkbox"/> Aged care <input type="checkbox"/> Allied health <input type="checkbox"/> Community-based services (eg. providing care to people in their homes) <input type="checkbox"/> Dentistry / dental health <input type="checkbox"/> Disability services <input type="checkbox"/> General Practitioner <input type="checkbox"/> Mental health <input type="checkbox"/> Nursing / midwifery <input type="checkbox"/> Pharmacy <input type="checkbox"/> Women and newborn services <input type="checkbox"/> Youth services <input type="checkbox"/> Other
2b.	Please provide further detail if the type of service you provide is not listed or to expand on your selection in question 2a.	(free text)
3.	What type of organisation do you primarily work for?	<input type="checkbox"/> Commonwealth / Federal Government <input type="checkbox"/> WA Government <input type="checkbox"/> Local Government <input type="checkbox"/> Private <input type="checkbox"/> Non-government, not for profit <input type="checkbox"/> Self-employed
4.	What type of facility do you mostly work in?	<input type="checkbox"/> Hospital <input type="checkbox"/> Community-based health centre or clinic <input type="checkbox"/> General Practice <input type="checkbox"/> Home-based care <input type="checkbox"/> Other
5a.	Do you work or provide services outside of the Shire of Murray?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5b.	If you work outside of the Shire of Murray, where do you work?	(Free text)

6.	In your opinion, which of the following will be the most important health needs for the Shire of Murray local community in the future? (Select up to 3)	<input type="checkbox"/> Reducing health risk factors (eg. smoking, drinking, obesity, high blood pressure) <input type="checkbox"/> Improving social determinants of health (eg. affordable housing, education, employment) <input type="checkbox"/> Management of diabetes <input type="checkbox"/> Management of cancer <input type="checkbox"/> Management of cardiovascular disease <input type="checkbox"/> Management of arthritis / musculoskeletal conditions <input type="checkbox"/> Management of respiratory disease <input type="checkbox"/> Pregnancy care <input type="checkbox"/> Newborn babies and parental support services <input type="checkbox"/> Rehabilitation services <input type="checkbox"/> Youth health services <input type="checkbox"/> Mental health services <input type="checkbox"/> Disability services <input type="checkbox"/> Older people's health services <input type="checkbox"/> Dental health services <input type="checkbox"/> General Practitioner care <input type="checkbox"/> Urgent medical care
7.	In your opinion, what would help the local Murray community to better access health care services? (Select 1 or more)	<input type="checkbox"/> More available appointments <input type="checkbox"/> Evening or weekend appointments <input type="checkbox"/> Virtual / telehealth appointments <input type="checkbox"/> Access to multiple services in the same location <input type="checkbox"/> Services closer to home <input type="checkbox"/> Transport / assistance to attend appointments <input type="checkbox"/> Access to specialist health care <input type="checkbox"/> Access to interpreters <input type="checkbox"/> Help for patients to understand and/or coordinate their care needs (eg. finding services, making appointments, filling out forms, interpreters) <input type="checkbox"/> Lower out of pocket costs <input type="checkbox"/> Patient access to dependent care (eg. childcare or respite services)
8.	In your opinion, which of the following will be the most important social needs for the Shire of Murray local community in the future? (Select up to 3)	<input type="checkbox"/> Child protection <input type="checkbox"/> Disability services (including NDIS) <input type="checkbox"/> Emergency and disaster relief (eg. bushfires, floods) <input type="checkbox"/> Family and children support (including family and domestic violence) <input type="checkbox"/> Homelessness / supported accommodation <input type="checkbox"/> Justice services (eg. police, corrective services, legal aid) <input type="checkbox"/> Public housing <input type="checkbox"/> Public transport <input type="checkbox"/> Seniors and ageing support (eg. pension, concession cards, aged care facilities) <input type="checkbox"/> Women's safety and support <input type="checkbox"/> Youth services and support <input type="checkbox"/> Other welfare support (eg. unemployment benefits, food banks, tax concessions)
9.	Is there anything else you would like to tell us about the health and social needs of the Murray community and/or suggestions for improvement?	(Free text)

