



# Wollondilly Health Needs Assessment

## Final Report

**Client:**  
Wollondilly Health Alliance

**Date:**  
7 October 2014

**Contact:**

Chris Manning  
chris@elton.com.au  
9387-2600

**Sydney**  
**02 9387-2600**

Level 6  
332-342 Oxford Street  
Bondi Junction NSW 2022

**www.elton.com.au**  
consulting@elton.com.au  
Sydney | Canberra | Darwin  
ABN 56 003 853 101

---

Prepared by	Chris Manning and Lucy Greig
Reviewed by	Gary Cox
Date	7 October 2014
Document name	14/3859 Wollondilly Health Needs Assessment Final Report
Version	Final

---

# Contents

<b>EXECUTIVE SUMMARY</b>	<b>3</b>
<b>1 INTRODUCTION</b>	<b>6</b>
1.1 Background	6
1.2 Objectives of the needs assessment	6
1.3 Study process	7
<b>2 PROFILE OF WOLLONDILLY POPULATION</b>	<b>9</b>
2.1 About Wollondilly Shire	9
2.2 Demographic profile	10
2.3 Socio-economic profile	12
2.4 Dwelling and travel profile	13
2.5 Levels of disadvantage	15
2.6 Social capital	16
2.7 Growth projections for Wollondilly	17
2.8 Implications of the community profile	20
<b>3 HEALTH STATUS</b>	<b>21</b>
3.1 What the data tells us	21
3.2 Community perceptions of health issues	32
<b>4 PROVISION AND UTILISATION OF HEALTH SERVICES</b>	<b>36</b>
4.1 Primary care	36
4.2 Community Health	40
4.3 Medical specialists	40
4.4 Aboriginal health services	41
4.5 Hospitals	41
4.6 Mental health services	44
4.7 Aged Care	45
4.8 Non-government organisations providing health-related care	46
4.9 Summing up	46
<b>5 ISSUES AND CONCERNS WITH THE SERVICE SYSTEM</b>	<b>48</b>
5.1 Strengths of the service system	48
5.2 Levels of satisfaction with the service system	49
5.3 Availability of primary care services within Wollondilly	50
5.4 Access to specialist and community health services	57
5.5 Access to hospital services	60
5.6 Service gaps and priorities	63

5.7	Barriers to access	66
5.8	Issues for target groups	71
5.9	Summing up	74
<b>6</b>	<b>PLANNING CONSIDERATIONS</b>	<b>75</b>
6.1	NSW State Health Plan: Towards 2021	75
6.2	SWSLHD Strategic and Healthcare Services Plan	76
6.3	Integrated Primary and Community Care Development Plan	76
6.4	Wollondilly Community Strategic Plan 2033	78
6.5	Outline of previous workforce and service enhancement strategies	79
<b>7</b>	<b>PRIORITIES AND STRATEGIES</b>	<b>81</b>
7.1	Proposed strategies and actions	81
7.2	Prioritising the issues	90
7.3	Next steps	90
<b>8</b>	<b>REFERENCES</b>	<b>91</b>

# Executive Summary

This report presents findings and outcomes of the Wollondilly Health Needs Assessment, undertaken to consider the health needs of the Wollondilly Shire in order to identify health service priorities.

The Health Needs Assessment has comprised three components:

- » A review of statistical data relating to the health characteristics of Wollondilly residents and their utilisation of health services
- » An extensive consultation process with Wollondilly residents and service providers to examine their experience and perceptions of health issues and services in the Shire
- » A workshop with members of the Wollondilly Health Alliance and other key stakeholders, where strategies and actions to address identified priorities were identified.

Wollondilly has a relatively small and scattered population that until recently has not been large enough or sufficiently concentrated to support a range of health services. It has been further disadvantaged by being on the fringe of a large and relatively disadvantaged area (Campbelltown) where health resources have been concentrated. The consultation sessions and community survey presented strong and consistent concerns about the very limited availability of and poor access to health services in Wollondilly. With population growth in Wollondilly now accelerating, this pattern of service provision will need to change if the needs of the Wollondilly population are to be addressed.

Key issues include:

## **1. The relative shortage of GPs across the Shire**, with implications including:

- » Reported long wait times and travel times to see a GP
- » Tendency for residents to put off seeing a GP until really necessary
- » Particular shortage of female GPs, disadvantaging women and girls
- » Limited choice of GPs and lack of continuity of care
- » Lack of local after hours services, with consequent impacts on hospital emergency departments
- » Lack of GPs providing home visits, with implications especially for housebound people
- » Challenges in recruiting GPs to work in Wollondilly.

**2. In addition to the shortage of GPs, the most commonly identified gaps in the service system include medical specialists, allied health practitioners, mental health services, services for children and young people, diagnostic services and preventative health services.** The limited range of services available in Wollondilly creates a reliance on health services in adjoining local government areas, especially Campbelltown.

**3. The population is not large enough nor sufficiently concentrated to support much in the way of private / commercial services (medical specialists, allied health, diagnostic services).** There is a tendency for such services to cluster around hospitals, presenting challenges for Wollondilly even as its population grows. A high need has been expressed for better access to these types of services within the Shire, and ways of supporting their viability until population thresholds are reached will need to be considered.

**4. As in most parts of NSW, resources for community health, home care and social support programs are limited and so are focused on areas of greatest need.** In the competition for limited resources, Wollondilly has not been a high needs area, in terms of both population numbers and indicators of disadvantage. Wollondilly also suffers by being "the poor cousin" in the Macarthur sub-region - program resources allocated to Macarthur are often based in Campbelltown and do not make it "over the hill" to Wollondilly, or are under threat of withdrawal to sustain the parent service. As Wollondilly (and also Camden) grow to a similar size as Campbelltown, consideration will need to be given to their standing alone as units for resource allocation in their own right. The transition to this stage will need to be managed equitably.

**5. Long travel distances within Wollondilly and from Wollondilly to health services in Campbelltown, Camden, Bowral and further afield have implications both for residents and service providers.** For residents, the key issues are the time and cost required to access distant services, and associated disincentive to use services. For service providers, the need to travel over large distances is a disincentive for servicing the area and means that fewer patients can be seen. Travel time and costs cut heavily into patient packages of care and can mean that an insufficient level of service is provided, or the packages are simply not made available to Wollondilly residents. Consumers are seeking different models of care, where the service comes to them rather than having to travel to the service, but this presents resourcing challenges for service providers.

**6. Travel distances are exacerbated by the poor public transport available in the Shire.** Groups particularly disadvantaged by this include older people, young people, those on low incomes and those who are ill or disabled without a carer to drive them. There is a very high demand for community transport for medical-related trips.

**7. Wollondilly residents use a wide range of hospitals, with greatest use of Campbelltown and Bowral Hospitals and a variety of private hospitals.** Plans have been prepared for the further development of Campbelltown, Liverpool and Bowral and District hospitals in response to the Department of Planning and Environment's (DPE) growth projections for Macarthur, the South West Growth Centre and the Southern Highlands. However, it is not considered that these population projections take full account of the population growth that would ensue from implementation of Wollondilly Shire Council's recently prepared Growth Management Strategy.

**8. A need has been identified for health prevention and promotion programs in Wollondilly to tackle issues such as high levels of overweight and obesity, smoking and drug use, particularly among young people.**

**9. Aspects of the built environment that can facilitate better health outcomes in Wollondilly include:**

- » Improved facilities to encourage higher levels of physical activity, such as footpaths, walking trails and cycleways
- » Sport, recreation, social and cultural programs and facilities for young people, to address issues of boredom and link young people with support services and programs
- » Community facilities to address issues of social isolation and the need for social support.

The extent of population growth likely to occur within Wollondilly presents opportunities to ensure that such needs are addressed through development contributions in areas of new residential development.

The key challenge is how to 'grow' the health service system across a spectrum of services to better meet the needs and expectations of an expanding population. A set of actions for members of the Wollondilly Health Alliance to pursue have been outlined in Chapter 7 of this report in

relation to the top 17 issues identified in this assessment. These provide the Alliance with firm directions for moving forward in addressing the health needs of the Shire, based upon a solid foundation of evidence and a clear indication of community priorities.

# 1 Introduction

## 1.1 Background

The South Western Sydney Medicare Local (SWSML) and the South Western Sydney Local Health District (SWSLHD) have responsibility for identifying the population health needs of the communities within South Western Sydney and developing plans and managing health services to meet those needs.

As part of this role, in 2013 the SWSML developed a Population Health Needs Assessment of South Western Sydney. This needs assessment provides an overview of the demographic and health characteristics of the communities which reside in South Western Sydney, the health services available and their capacity to meet the health care needs of communities. It identifies priorities for locally-focused service development and actions that will be taken to improve the health of local communities.

Wollondilly is one of seven local government areas that comprise the South Western Sydney Local Health District. Through the regional needs assessment process, the access of residents living in the Wollondilly Shire to health services has been identified as an issue requiring further investigation. Among the most important health issues in Wollondilly is the relative undersupply of healthcare providers and related support services, with poor access to scarce providers exacerbated for small, scattered and isolated rural communities.

In March 2014, the Wollondilly Shire Council, SWSML and SWSLHD agreed to establish the Wollondilly Health Alliance to further investigate the health needs of the Wollondilly community and improve access to health care in Wollondilly. The Alliance also includes representatives of local consumers, carers, GPs, allied health providers and non-government organisations.

A first task of the Alliance was to undertake a comprehensive health needs assessment of the Wollondilly Shire. In April 2014, the Alliance engaged Elton Consulting to conduct this assessment. This report presents the outcomes of that assessment.

## 1.2 Objectives of the needs assessment

The objective of this study has been to provide a more detailed assessment of population health needs in Wollondilly LGA in order to identify health service priorities. Those priorities will then become a focus for resource allocation and the progressive development of appropriately targeted health services. Key issues to be addressed in this study have included the identification of:

- » Wollondilly residents' main health issues, both now and taking account of population growth forecasts
- » The availability and utilisation of health services in Wollondilly Shire
- » Major gaps in health and related services
- » Major barriers to accessing health care services
- » Specific sub-groups of the Wollondilly population and geographic communities who are experiencing greater barriers (and identification of what those specific barriers are)

- » Priorities for service development and delivery.

The study has taken as a starting point the data collected about Wollondilly for the SWS Health Needs Assessment in 2013. The main focus of the study, however, has been to undertake a process of consultation with residents and service providers, to explore the “felt” dimensions of need – that is, community perceptions and experiences of the health care system in Wollondilly. This has enabled a deeper understanding of health needs and issues and allowed the data results to be tested against the issues identified by consumers and service providers.

## 1.3 Study process

The needs assessment has involved three main elements.

### 1. Review of statistical data relating to:

- » The characteristics of the Wollondilly population (including 2011 ABS Census of Population and Housing data) and growth projections prepared by Wollondilly Council
- » The health status of the Wollondilly population, drawn from a range of publications provided by the SWSLHD and other members of the Wollondilly Health Alliance
- » Health services and service utilisation by Wollondilly residents, again drawn from a range of publications and data sources provided by the SWSLHD and other members of the Wollondilly Health Alliance.

While most of this data had been included in the Population Health Needs Assessment of South Western Sydney and its associated Technical Supplement (2013), this study has focused on information specific to Wollondilly, allowing normative, comparative and expressed dimensions of need to be drawn together to provide a more comprehensive picture of health needs and service utilisation within Wollondilly. The study has relied upon the service data provided by the Alliance members and has not undertaken further research and data collection, other than through the consultation activities outlined below.

2. Community and stakeholder consultations. The purpose of the consultations was to identify and understand community views on major health issues, residents’ experiences of gaps and barriers in access to health services and ideas and opportunities for improvement. The engagement process included:

- » A survey of residents of Wollondilly, comprising both web-based and paper-based survey formats. The survey was completed by 511 respondents. While not statistically sampled, the survey is considered to have provided a solid response and to be reasonably representative in terms of the age, cultural background and geographical spread of respondents.
- » Face-to-face consultation sessions held with the following groups:
  - > GPs, pharmacists and allied health practitioners, held on 28 May and attended by 19 practitioners
  - > Staff of Wollondilly Council (11 participants) held on 4 June 2014
  - > Representatives of non-government service providers and community organisations, held on 4 June 2014, with 27 participants
  - > Representatives of SWSLHD hospital clinical streams, (5 June 2014)
  - > Representatives of SWSLHD community health services (5 June 2014)

- » Follow-up telephone interviews with stakeholders unable to attend the face-to-face sessions. Three such interviews were held (Palliative Care program, Partners in Recovery program and Ambulance Service).
  - » A summary of the survey results is provided at Appendix 1. A list of those who participated in the consultations is provided at Appendix 2. The outcomes of the consultation sessions are woven into the needs assessment report (particularly Chapter 5) and have not been documented separately. The survey tool is included in Appendix 3.
3. A half-day workshop involving members of the Wollondilly Health Alliance and other key stakeholders to determine the priority health needs and issues and the potential strategies to address them. The workshop was held on 15 August 2014, with 19 participants. The outcomes of the first two stages of the Health Needs Assessment were distributed to participants prior to the workshop, along with a background paper summarising the issues. A list of those who attended the Priority Setting Workshop is provided in Appendix 2.

## 2 Profile of Wollondilly population

### At a glance

This chapter presents a profile of the Wollondilly population to identify characteristics that may influence demand for health services. It considers demographic and socio-economic characteristics, housing and transport, and levels of social disadvantage. It also outlines population growth forecasts for the Shire.

### 2.1 About Wollondilly Shire

The Wollondilly Shire is located on the south western fringes of the Sydney metropolitan area, approximately 75 kilometres from the Sydney CBD. It is bounded by the local government areas of Camden, Liverpool and Campbelltown to the north east, Wollongong to the east, Blue Mountains and Penrith the north, and Wingecarribee in the south. The Wollondilly Shire encompasses a land area of 2,561 square kilometres, of which approximately 90% is national park, bushland, water catchment or rural land. Much of the western half of the Shire is inaccessible and all settled areas are located to the east of the Lake Burrangong water catchment.

The Wollondilly Shire is one of seven LGAs covered by SWSLHD (see Map 1 on following page). Two thirds of the population live in urban centres and one third live in rural areas and small settlements. Amongst the local government areas within the SWSLHD, Wollondilly has the lowest population density, at just 17.2 people per sqm km.

The largest towns are Picton (population 4,600) and Tahmoor (4,500). The rest of the population is dispersed among a large number of small townships and rural localities, including Appin, Bargo, Belimbla Park, Brownlow Hill, Buxton, Camden Park, Cataract, Cawdor, Couridjah, Darkes Forest, Douglas Park, Glenmore, Maldon, Menangle, Mount Hunter, Mowbray Park, Nattai, Oakdale, Orangeville, Pheasants Nest, Razorback, Silverdale, The Oaks, Theresa Park, Thirlmere, Wallacia, Warragamba, Werombi, Wilton and Yanderra. The rural area is used primarily for agricultural purposes including market gardens, dairy farms and grazing. There is also a local coal mining industry.

Major communication links include the Hume Highway and the Main Southern Railway, which pass through the area along what is known as the 'Sydney-Canberra Corridor'. Given its small and scattered population and semi-rural characteristics, public transport services in Wollondilly are limited. Train services are available at Bargo, Douglas Park, Menangle, Picton and Tahmoor, linking with Campbelltown and the city network and with the Southern Highlands and Goulburn, while bus services link the larger towns with each other and with Camden.

## 2.2 Demographic profile

At the 2011 Census of Population and Housing (ABS 2011), Wollondilly had a resident population of around 44,400. This represented a growth of over 7,000 people over the previous decade.

In population terms, Wollondilly is the smallest LGA within the SWSLHD. It contains just 5.1% of the Health District's population.



**Map 1: South West Sydney Local Health District**

Wollondilly's population is continuing to grow at high rates, with the population in 2013 estimated at 46,295 (Forecast.id on Council's website).

The key demographic characteristics of the Wollondilly population, as identified in the 2011 ABS Census of Population and Housing, are outlined in the table below. Characteristics for South West Sydney and NSW as a whole are provided as benchmarks for comparison. Characteristics that indicate significant differences to the state average have been highlighted.

**Table 1: Population characteristics of the Wollondilly LGA**

Population characteristics	Wollondilly	South West Sydney	NSW
Total persons	44,403	875,384	7,211,468
Same address 5 years ago	59.3%	N.A	52.8%
<b>Age profile</b>			
0-4 years	7.3%	7.2%	6.6%
5-14	15.4%	14.2%	12.3%
15-44	40.4%	42.5%	41.4%
45-69	30.3%	28.2%	29.6%
70-84	5.5%	6.5%	8.1%
85+	1.1%	1.4%	2.0%
Median age	36 years	N.A	38 years
<b>Family characteristics</b>			
Couple families with children	52.6%	52.0%	45.5%
Couple families without children	32.9%	27.0%	36.6%
One parent families	13.6%	19.4%	16.3%
<b>Household Composition</b>			
Family household	82.2%	80.2%	71.9%
Lone person household	16.1%	17.8%	24.2%
Persons per household	3.0		2.6
<b>Cultural diversity</b>			
Indigenous persons (Aboriginal and Torres Strait Islander)	2.4%	1.6%	2.5%
Persons born overseas	12.4%	35.8	25.7%
Language spoken at home – English only	91.2%	51.4%	72.5%
Speaks English not well or not at all	0.4%	7.7%	3.2%
Most common languages other than English spoken at home			
	Arabic 0.4%		
	Italian 0.5%		
	Maltese 0.4%		
<b>Disability</b>			
Need for assistance with core activity	3.8%	5.7%	4.9%
Unpaid assistance to a person with a disability	9.3%	9.2%	9.2%

Source: Australian Bureau of Statistics (2011) Census Population and Housing, sourced from SWSML 2013 (b)

When compared with the South West Sydney Health District and NSW as a whole, Wollondilly stands out in terms of:

**Age:** it has a younger population, with a higher proportion of children and young people, lower proportion of older people, and lower median age. However it is the older age cohorts that are growing most rapidly as the population ages (for instance people aged 65+ have increased from 7.9% of the population in 2001 to 10.8% in 2011).

**Household composition:** it has a higher proportion of family households and households comprising couples with children, consistent with the relatively young age structure. Conversely it has a lower proportion of single parent and lone person households.

**Proportion of residents of Aboriginal or Torres Strait islander background:** While Wollondilly’s proportion of Indigenous people is similar to the NSW average, it is considerably higher than that of the SWSLHD.

**Cultural diversity:** Proportions of people born overseas and speaking a language other than English at home are significantly lower than the regional and NSW averages.

**Levels of disability:** The proportion of residents needing assistance with core activities is lower than the regional and NSW averages. However, the proportion of people providing assistance to a person with a disability is similar. This proportion translates to just over 4,000 people who are providing care within the Shire.

## 2.3 Socio-economic profile

The education, employment and income characteristics of the Wollondilly population are summarised in the table below.

**Table 2: Socio-economic characteristics of Wollondilly LGA**

Population characteristics	Wollondilly	South West Sydney	NSW
<b>Education</b>			
Highest Year of School Completed – Year 12 or equivalent	36.3%	45.6	49.2%
Highest Year of School Completed – Year 10 or equivalent	37.5%	23.8	23.9%
Highest Year of School Completed – Year 10 or below	51.1%	40.8%	37.1%
University qualification aged 15+	20.5%	N.A	34.7
<b>Labour Force Status</b>			
Labour force participation	67%	N.A	59.8%
Employed full time	62.5%	61.1%	60.2%
Unemployed	4.2%	7.2%	5.9%
<b>Occupation</b>			
Professional /manager	27.5		36.0
Clerical, administration, sales	23.7		24.4
Technician / trade worker	18.3		13.2
Machinery operator / labourer	19.4		15.1
<b>Income</b>			
Median individual income (\$/weekly)	617	N.A	561
Median household income (\$/weekly)	1,478	N.A	1,237
% family households with	9.0	13.6	12.3

Population characteristics	Wollondilly	South West Sydney	NSW
income less than \$600 gross weekly			
% family households with income more than \$2,500 gross weekly	24.1	17.7	23.3

Source: Australian Bureau of Statistics (2011) Census Population and Housing, sourced from SWSML 2013 (b)

When compared with the South West Sydney Health District and NSW as a whole, Wollondilly stands out in terms of:

**Lower levels of educational attainment:** Wollondilly has much lower proportions of residents who have completed high school to Year 12 or attained a university degree.

**Workforce participation:** Levels of workforce participation are relatively high in Wollondilly, and levels of unemployment relatively low.

**Occupational status:** A lower proportion of residents are employed in professional or managerial roles and higher proportion in trades and manual positions.

**Income:** median individual and household incomes are higher in Wollondilly than the rest of the region and NSW as a whole. However, incomes are highly divergent, with the area containing a mix of wealthy and less well-off people.

## 2.4 Dwelling and travel profile

Characteristics of Wollondilly relating to dwellings and travel are outlined in the table below.

**Table 3: Dwelling characteristics of Wollondilly LGA**

Population characteristics	Wollondilly	South West Sydney	NSW
<b>Dwelling characteristics</b>			
Median rent (\$/weekly) (occupied private)	270	N.A	300
Median housing loan repayment (\$/monthly) (occupied private)	2,167	N.A	1,993
Occupied private dwellings – fully owned	28.6%	28.0	33.2%
Owned with a mortgage	49.6%		33.4%
Rented	15.1%	26.5%	27.2%
Proportion public housing dwellings	1.0%	7.5%	4.4%
<b>Internet Connection at Home</b>			
Proportion of private dwellings with no internet connection	16.5%	20.9%	20.1%
<b>Travel</b>			
Proportion travelled to work by car only	72.7%	68.9%	62.1%
Proportion households with 3+ motor vehicles	29.7%		13.9%
Dwellings with no motor vehicle	3.3%	9.6%	10.8%

Source: Australian Bureau of Statistics (2011) Census Population and Housing, sourced from SWSML 2013 (b)

When compared with the South West Sydney Health District and NSW as a whole, Wollondilly stands out in terms of:

**Tenure:** Wollondilly has higher levels of homes being purchased and lower proportions of rental housing. It also has a very low proportion of public housing.

**Internet connection:** Wollondilly has a relatively higher proportion of households with internet connection.

**Travel:** Wollondilly has significantly higher levels of motor vehicle ownership and reliance on private cars as the means of travel to work.

Further analysis of **journey to work data** indicates that:

- » Only 26.9% of the workforce lives and works in Wollondilly Shire.
- » Over 58% of Wollondilly's working residents travel outside of the area to work, with 32% working in adjoining local government areas. Most of the balance of those working outside the Shire work in other parts of Western Sydney (eg Parramatta, Blacktown).
- » Around 1.8% travel to Central Sydney for work.
- » The balance (around 10%) have no fixed place of work (ie tradesmen who travel around for work).

Levels of transport disadvantage experienced by the Wollondilly population are further evidenced by data concerning the time and distance spent in travel to work by Wollondilly residents.

The data in the table below provides a comparison of key travel indicators, for residents in Wollondilly Shire Council compared to the worst case council in each of the identified outer SD areas, as well as the Sydney average.

This data shows that Wollondilly residents travel the furthest and expend the greatest amount of time travelling than any residents in the Greater Metropolitan Sydney Region, and that they have a significant reliance on private vehicles.

**Table 4: Key Comparative Transport Data**

	<b>Wollondilly Council</b>	Gosford Wyong	Blue M'tns Hawkesb'ry Penrith	Woll'gong Kiama Shellh'br	Wingecarribee Shoalhaven	Sydney Avg.
Daily Travel Time per capita (mins)	<b>103</b>	85	91	81	77	79
VKT / person (km)	<b>47.3</b>	30.3	37.7	35.3	37.3	18.2
Average work trip (mins)	<b>45</b>	37	36	36	24	35
Av. vehicles / household	<b>2.3</b>	1.7	2.1	1.9	2.0	1.54

Source: Bureau of Transport Statistics 2011 Journey to Work data at [www.bts.nsw.gov.au](http://www.bts.nsw.gov.au)

Time spent travelling represents a significant time and cost penalty for Wollondilly residents, impacting on family budgets and adding to ongoing family stress. It is also a factor that is reflected in the high road toll experienced in Wollondilly.

## 2.5 Levels of disadvantage

### 2.5.1 SEIFA index

The *Australian Bureau of Statistics Socio-economic Indexes for Areas* (SEIFA) (2011) are used to rank geographic areas across Australia according to their socio-economic characteristics. The Index of Relative Socioeconomic Disadvantage (IRSD) contains indicators of disadvantage such as low income, high unemployment and low levels of education. The average across Australia is set at 1,000, and a score below 1,000 indicates relatively lower socioeconomic status, and relatively greater social disadvantage.

The SEIFA index for Wollondilly LGA in 2011 was 1033, indicating that Wollondilly is a relatively advantaged area. This is particularly so when viewed against the levels of relative socio-economic disadvantage of some of the other LGA's within South West Sydney, such as Campbelltown (943), Liverpool (968), Bankstown (946) and Fairfield (886). Only Camden (1056) exceeds Wollondilly's SEIFA score within the SWSLHD.

However, within the Wollondilly LGA there are areas with varying levels of disadvantage. Townships falling below the 1,000 reference point include:

- » Warragamba 941
- » Tahmoor 958
- » Yanderra 969
- » Oakdale 990
- » Couridjah 991.

### 2.5.2 Humanitarian arrivals

There were no humanitarian settlers in Wollondilly in the period 2008 – 2012.

### 2.5.3 Children's development

The Australian Early Development Index (AEDI) is a population measure of children's development in communities across Australia. AEDI information is gathered by a teacher-completed checklist for all children in their first year of full-time school. The AEDI measures five areas ('domains') of early child development: physical health and wellbeing, social competence, emotional maturity, language and cognitive skills, and communication and general knowledge. In addition to measuring how young children are developing, these indicators are also good predictors of adult health, education and social outcomes.

At the local community level it is possible to compare the proportion of developmentally vulnerable children across the five domains. As can be seen in the table below, in 2012 across each of the five domains, Wollondilly had a lower proportion of children rated as developmentally vulnerable than NSW and Australia as a whole.

**Table 5: Proportion of children rated as developmentally vulnerable**

Domains of child development	Wollondilly %	NSW %	Australia %
Physical health and well-being	7.1	8.3	9.3
Social competence	5.1	8.5	9.3
Emotional maturity	4.5	6.2	7.6
Language and cognitive skills	2.5	4.8	6.8
Communication skills	4.6	8.5	9.0
Vulnerable on one or more domains	15.2	19.9	22.0
Vulnerable on two or more domains	5.3	9.2	10.8

Source: <http://reports.aedi.org.au/community-results/nsw/2012>

At the same time, however, there were significant differences within the Shire, and several local communities emerged with relatively high proportions of developmentally vulnerable children. Warragamba was the community with the highest proportion of developmentally vulnerable children, with around 20%, or more than double the state and national averages, of children vulnerable on two or more domains. Wilton also emerges as a local community with a significantly high proportion of children rated as vulnerable on the physical health and well-being domain. Bargo is the third most developmentally vulnerable community within Wollondilly.

## 2.6 Social capital

Social capital is a term used to describe social relationships within a group or community, for example the extent of trust between people; whether they have a shared understanding of how they should behave toward, and care for one another; and the extent of participation in civic organisations, such as sporting clubs and school councils. Higher levels of social capital and social trust contribute to positive social outcomes. Social capital provides a measure of the community's health, well-being and productivity. The presence of social capital is identified through social networks and communities, with those fully engaged in social networks less likely to participate in risky behaviours.

Measures of social capital for Wollondilly are outlined in the following table.

**Table 6: Social capital persons aged 16 and over, NSW 2007-2009**

Social capital indicator	Wollondilly %	NSW %
Most people can be trusted	67.4	71.3
Feels safe walking down their street after dark	74.0	72.4
Area has a reputation for being a safe place	86.6	75.7
Visited neighbours in the last week	51.1	61.8
Ran into friends and acquaintances when shopping in local area	87.0	82.0
Would feel sad to leave their neighbourhood	72.7	73.4

Source: Wollondilly LGA Health Profile 2013

This table shows that Wollondilly rates close to or better than the NSW average on most indicators of social capital; however a lower than average proportion of residents are in touch with their neighbours (perhaps reflecting the rural setting of many) and feel others in the community can be trusted.

## 2.7 Growth projections for Wollondilly

Planning for health services across South Western Sydney has been based upon population projections prepared by the Department of Planning and Environment (DPE) which have been adopted by the NSW Ministry of Health. The 2014 release of these projections forecast that the population of Wollondilly would increase to 54,206 by 2026, and to 57,716 by 2031. Unlike previous projections, the 2014 release does not provide a projection for 2036.

Wollondilly Shire Council is currently revising growth projections for the Shire and preparing a new Growth Management Strategy. This reflects a view that population forecasts previously issued for the Shire are outdated, given the very substantial rates of urban development now proposed to occur in the Shire over the next two decades and beyond. The new Growth Management Strategy reflects pressures to develop more housing to meet the needs of a growing city, and decisions by the NSW Government to consider development proposals within Wollondilly Shire that would extend the metropolitan urban area through to the southern parts of the Shire.

Population forecasts derived from the development proposals identified within the new Growth Management Strategy are outlined in Map 2 on the following page.

Of particular note:

- » Wollondilly is expected to grow from a current estimate of 46,300 people to about 80,400 by 2026, and to about 130,400 by 2036. This is considerably more than existing forecasts upon which health service planning has been based to date (54,206 by 2026, and 67,879 by 2036 using the previous DPE projections)
- » In the decade beyond 2036, further substantial population growth is forecast, taking the population of the Shire close to 160,000 people
- » The two biggest areas of growth are expected to be Wilton (around 34,500 people by 2036) and Appin (34,000 by 2036, growing to 51,000 in the following decade). The populations of these two areas combined will comprise more than half of the Wollondilly population by 2036.
- » However, there will also be smaller, but still significant, levels of growth spread across the Shire, with all precincts forecast to experience some growth.

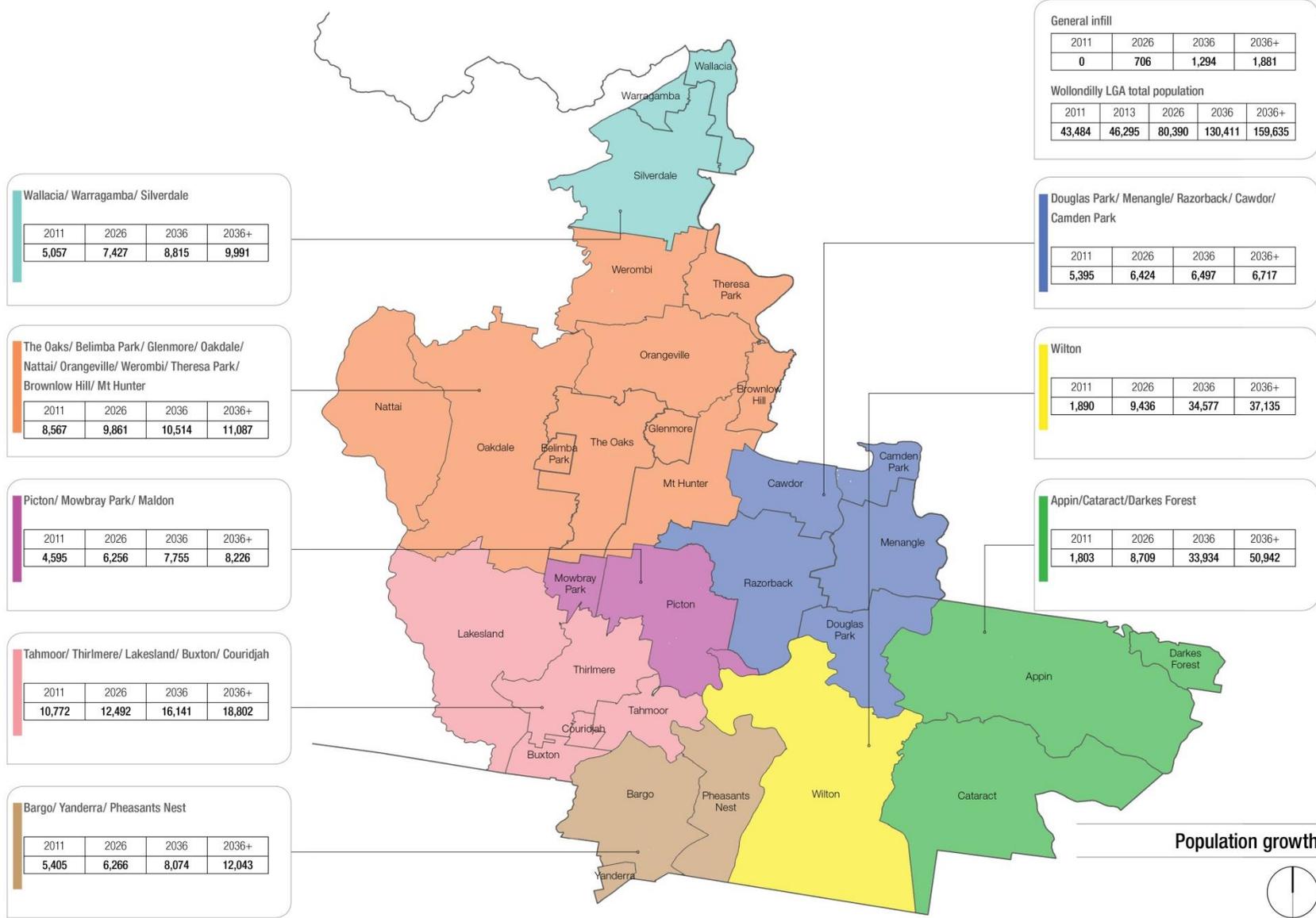
New age and household growth projections matched with forecast population growth are expected to be prepared for Council in the second half of 2014. However in the interim, it is expected that the incoming population will have age and household characteristics similar to other recent new developments in Wollondilly and to release areas within the South West Growth Centre, such as Oran Park. This means that the bulk of new households are likely to comprise families with children, already the predominant household type in Wollondilly. This will include young couples yet to start a family and those with young children as first home buyers, and more mature families with older children and adolescents trading up as second and subsequent home buyers.

Consistent with government objectives for housing diversity, the new developments are also likely to contain a proportion of medium density, smaller dwellings, suitable for those without children. This includes older people wishing to downsize, or move from a rural area to one with better access to services. The new areas will also attract some older people wishing to live close to families and grandchildren. On the whole though, older people tend not to be pioneers in new housing estates, especially in the early days until services are established.

At the same time however, the existing population of Wollondilly will continue to age, and it is the older age cohorts that are now growing most rapidly.

The projected population increases would have significant implications for the range and quantity of health services and facilities that will be required over the next 20 or so years. As mentioned above, the Growth Management Strategy projections for Wollondilly are considerably higher than the DPE projections mandated for use by Government agencies which have been factored into the planning strategies for the SWSLHD. If the Growth Management Strategy is fully achieved Wollondilly in future will have growth of a scale and speed similar to parts of the South West

Growth Centre. How the health service system will grow and evolve to keep pace with this population growth is the major challenge facing Wollondilly. In this context, it needs to be recognised that detailed health services planning is undertaken to a ten year planning horizon, with a broader outlook to longer term trends.



**Population growth**



## 2.8 Implications of the community profile

The key findings of this chapter with implications for the delivery of health services include:

- » In the context of the SWS Local Health District, Wollondilly's population is relatively small, and does not contain concentrations of population groups with high levels of social disadvantage linked to poorer health outcomes, such as people from non-English speaking backgrounds, humanitarian immigrants and people living in public housing. This makes it difficult for Wollondilly to compete with larger and more disadvantaged parts of the LDH in attracting limited health resources.
- » The population is dispersed among a large number of small settlements, with no major concentration of people, high levels of car dependence and geographic isolation associated with village and rural living. This creates challenges for models of service delivery.
- » Families with children and teenagers are the predominant household form. The proportion of older people, though currently below the NSW and Health District averages, is rapidly growing. Both children and older people make large demands on the health care system.
- » While levels of educational attainment are not high, levels of workforce participation and average household incomes are above the NSW average. On the whole, the population is not socio-economically disadvantaged, although there are some concentrations of relative disadvantage, such as Warragamba, and a diverse income profile with significant numbers at both ends of the income spectrum.
- » While consistent with the NSW average, the Aboriginal population of Wollondilly comprises a higher proportion of the population than SWS as a whole. Aboriginal people are an at risk group, having overall lower health status and shorter life expectancy than the rest of the population. The Aboriginal community represents the most disadvantaged sector of the Wollondilly population.
- » The population of Wollondilly has grown steadily over the past two decades. Rates of growth are likely to accelerate as urban development extends the fringe of the metropolitan area towards the southern parts of the Shire. The Wollondilly Growth Management Strategy forecasts the population will grow to around 80,400 by 2026, and to about 130,400 by 2036. This is considerably more than the existing DPE projections upon which State Government planning has been based to date. The rapid and very considerable growth identified in the Growth Management Strategy would create major challenges for the health care system.

# 3 Health status

## At a glance

This chapter examines the health characteristics of Wollondilly residents to identify population health issues. Part 1 reviews a range of statistical data, while Part 2 considers community perceptions of health issues, derived from the consultation activities.

## 3.1 What the data tells us

The study has reviewed a range of statistical information to identify the key health issues within Wollondilly and particular needs and challenges within the Shire which the health care system needs to address. The following types of data have been examined to identify how Wollondilly residents compare with regional and state averages:

- » Self-reported health
- » Health risk behaviours
- » Maternal indicators
- » Chronic and preventable disease
- » Infectious diseases
- » Cancer
- » Reasons for hospital admission
- » Cause of death
- » Rates of mortality.

This section highlights the key findings with regard to each of the data types.

### 3.1.1 Self-reported health

The table below reflects how residents of Wollondilly have rated their health against indicators from the NSW Adult Population Health Survey.

**Table 7: Self-reported health status Wollondilly LGA and NSW 2010 persons aged 16 years and over**

Indicator	Wollondilly %	NSW %
Self-rated health - Excellent, very good, or good self-rated health status by year	81.3	80.2
Asthma - Current asthma by year	12.7	10.8
Diabetes or high blood glucose - Diabetes or high blood glucose by year	10.1	7.7
Mental health - High and very high psychological distress by year	8.3	11.1
Visited a dental professional in the last 12 months	64.1	58.9
Overweight	40.9	33.4
Obese	26.0	19.6
Private Health Insurance	50.1	48.2

Source: NSW Adult Population Health Survey Centre for Epidemiology and Evidence, NSW Ministry of Health, 2010, sourced from Wollondilly LGA Health Profile 2013

This table shows that, compared with NSW as a whole, a greater proportion of residents of Wollondilly:

- » Self-rated their health as being excellent, very good or good
- » Self-rated themselves as being overweight or obese
- » Self-rated themselves as suffering from asthma
- » Self-rated themselves as having diabetes or high blood glucose
- » Self-rated themselves as having lower rates of high and very high psychological distress
- » Have higher rates of private health insurance and have visited a dentist in the last year.

### 3.1.2 Health risk behaviours

The table below provides detail regarding health risk behaviours of Wollondilly and NSW residents.

**Table 8: Health behaviours of residents of Wollondilly LGA and NSW aged 16 years and over 2008-2010**

Indicator	Wollondilly %	NSW %
Consumes 2 + standard drinks a day when drinking alcohol	33.0	30.4
High risk alcohol drinking	8.1	9.5
Vaccinated against influenza in the last 12 months by year	73.4	72.4
Vaccinated against pneumococcal disease in the last 5 years by year, aged 65 years and over	53.3	56.3
Homes with a smoke alarm or detector by year (2005 – 2007)	82.8	84.5
Recommended fruit consumption by year	49.7	56.6
Recommended vegetable consumption (at least 5 serves per day)	10.6	10.0
Adequate physical activity by year	52.9	55.2
Current smoking	17.3	17.1
Screening mammogram in the last 2 years, females aged 50-69, 2008-10	84.3	76.3
Cervical Screening Biennial screening rate, women aged 20 to 69 years, 2008-2009	54.8	57.2

Source: NSW Adult Population Health Survey Centre for Epidemiology and Evidence, NSW Ministry of Health, 2010 , sourced from Wollondilly LGA Health Profile 2013

From this table, when compared with NSW as a whole, significant indicators for Wollondilly include:

- » Wollondilly has a higher proportion of residents who drink more than two standard drinks a day, but a lower proportion who participate in high risk alcohol drinking
- » The proportion of Wollondilly residents who currently smoke is slightly above the state average
- » Wollondilly has a lower proportion of residents who undertake adequate levels of physical activity
- » The proportion of residents who consume the recommended quantities of fruit is below the state average, although on par with the state average for vegetable consumption.

### 3.1.3 Maternal indicators

Maternal indicators are presented in the table below.

**Table 9: Maternal indicators, Wollondilly and NSW**

Maternal indicator	Wollondilly	NSW
Total fertility rate 2011	2.08	1.91
Smoking at all during pregnancy, 2008 to 2010 combined, number of mothers who smoked per year, smoothed estimate of standardised prevalence ratio	110 (115.6)	11,235 (100)
First antenatal visit before 14 weeks of gestation, 2008 to 2010 combined, smoothed percent of pregnancies, smoothed standardised prevalence ratio	72% (90.3)	79.3% (100) (2010 data)

Source: NSW Adult Population Health Survey (SaPHaRI) and Australian Bureau of Statistics 2011, sourced from Wollondilly LGA Health Profile 2013.

Key findings from this table are that Wollondilly has:

- » A higher fertility rate than NSW
- » A higher than (NSW) average rate of smoking during pregnancy.

### 3.1.4 Chronic and preventable disease

The following table provides information about the incidence of a range of chronic and preventable diseases within the Wollondilly population.

**Table 10: Chronic diseases – number and age standardised rate per 100,000 population, 2007-8**

Chronic diseases	Wollondilly	NSW
People with Type 2 diabetes	1212 (97)	101
People with high cholesterol	1972 (94)	98
Men with mental and behavioural problems	2006 (95)	99
Men with mood (affective) problems	1113 (91)	101
Women with mental and behavioural problems	2311 (95)	100
Women with mood (affective) problems	1736 (101)	101
People with circulatory system diseases	4936 (84)	92
People with hypertensive disease	2948 (88)	91
People with respiratory system diseases	10,588 (96)	95
People with asthma	4056	637,178
People with Chronic Obstructive Pulmonary Disease	915 (104)	161,507

Chronic diseases	Wollondilly	NSW
People with musculoskeletal system diseases	12,134 (104)	99
People with arthritis	5511 (100)	100
People with rheumatoid arthritis	713 (93)	95
People with osteoarthritis	2835 (102)	96
Women with osteoporosis	912 (104)	106

Source: Public Health Information Development Unit 2013 , sourced from Population Health Needs Assessment for the communities of SWS – Data Supplement 2013

This table shows that:

- » Wollondilly residents have lower rates of most chronic diseases, when compared with the NSW average.
- » However, chronic diseases of which Wollondilly residents have a higher rate of prevalence than the NSW average include:
  - > Respiratory system diseases
  - > Musculoskeletal system diseases
  - > Osteoarthritis.

Note: The standardised rate for asthma is not available.

### 3.1.5 Infectious diseases

Infectious disease notifications are cases of communicable diseases reported by general practitioners, hospitals and pathology laboratories to the Director General of the NSW Ministry of Health. The incidence of infectious diseases within Wollondilly is shown in the table below.

**Table 11: Infectious Diseases Notifications 2004-2011**

Indicator	Wollondilly	NSW
Infectious Diseases Notifications 2004 – 2011 crude rate per 100,000 of population#		
Hepatitis B	30 (8.9)	20,867 (37.6)
Hepatitis C	86 (25.5)	31,775 (57.2)
Chlamydia	347 (102.9)	113,312 (203.9)
Gonorrhoea	25 (7.4)	14,272 (25.7)
Infectious Syphilis	<5 (0.6)	2,999 (5.4)

Source: SWSLHD, Public Health Unit 2013, sourced from Population Health Needs Assessment for the communities of SWS – Data Supplement 2013

This table shows that rates of notifiable infectious diseases are much lower in Wollondilly than the state averages.

### 3.1.6 Diabetes

In 2011, Wollondilly had 2,050 residents with diabetes, representing 4.7% of the Wollondilly population. This was below the proportion for SWS (6.3%) and for NSW as a whole (5.3%) (SWSML 2013 (b) p 19).

### 3.1.7 Cancer

Mortality and incidence rates for selected cancers in the Wollondilly LGA are presented in the table below.

**Table 12: Count and age standardised rates (per 100,000 people) average per year for cancers, 2004 - 2008, Wollondilly LGA and NSW**

Cancer Type	Wollondilly	NSW	Wollondilly	NSW
	Mortality (Rates per 100,000 population)		Incidence (Rates per 100,000 population)	
All cancers	288 (177.1)	66,228 (176.9)	862 (478.6)	169,396 (470.5)
Prostate	11 (8.1)	4,904 (12.8)	155 (91.4)	31,321 (84.4)
Breast	16 (8.7)	4,693 (12.6)	104 (54.6)	21,102 (58.2)
Lung	62 (40)	12,781 (34.4)	87 (54.6)	15,905 (43)
Melanoma	12 (6.9)	2,314 (6.2)	98 (53.3)	17,716 (48.8)
Colon	18 (11)	5,511 (14.6)	62 (38.3)	17,072 (40.6)
Rectal	16 (9.4)	3,018 (8.1)	41 (23.2)	8,338 (22.6)
Kidney	8 (5.2)	1,605 (4.3)	23 (13.9)	4,857 (13.2)
Bladder	6 (4.3)	1,644 (4.3)	20 (13.4)	3,631 (9.7)
Head and Neck	0	1,762 (4.7)	21 (11.4)	4,686 (12.8)
Thyroid	0	168 (0.4)	21 (10.5)	3,301 (9.4)
Pancreas	15 (8.5)	3,611 (9.6)	16 (9.1)	4,062 (10.9)
Uterus	0	614 (1.6)	19 (10.1)	3,043 (8.3)
Stomach	14 (9.4)	2,232 (6)	9 (5.6)	3,275 (8.8)
Liver	6 (3.4)	1,527 (4.1)	5 (2.7)	2,088 (5.7)

Source: NSW Cancer Registry, sourced from Wollondilly LGA Health Profile 2013

This table shows that compared to NSW as a whole, Wollondilly has:

- » Slightly higher incidence and mortality rates for all cancers
- » In particular, higher incidence rates for prostate, lung, melanoma, rectal, kidney, bladder, thyroid and uterus cancers

As for NSW as a whole, lung cancer is the top cancer causing death.

### 3.1.8 Reasons for hospital admission

Reasons for hospitalisation amongst Wollondilly residents are shown in the table below.

**Table 13: Reasons for hospitalisation**

Hospitalisations	Wollondilly	NSW
Alcohol attributable hospitalisations, 2010-11 to 2011-12, smoothed number of hospitalisations per year, (seSSR)	231 (82.4)	49,410 (100)
Smoking attributable hospitalisations, 2010-11 to 2011-12, smoothed number of hospitalisations per year (seSSR)	228 (95.3)	46,120 (100)
High body mass index attributable hospitalisations, smoothed number of separations per year 2010-11 to 2011-12 (seSSR)	205 (105.3)	35,952 (100)
Coronary heart disease hospitalisations 2009-10 to 2010-11 smoothed number of hospitalisations per year (seSSR)	263 (106.6)	49,935 (100)
COPD Hospitalisations, persons aged over 65, 2009-10 to 2010-11, smoothed number of separations per year (seSSR)	65 (104.4)	15,037 (100)
Diabetes hospitalisations, 2009-10 to 2010-11, smoothed number of separations per year (seSSR)	89 (89.4)	19,193 (100)
Fall-related injury overnight hospitalisations, persons aged 65 years and over, 2010-2011 to 2011-2012 combined, smoothed number of hospitalisations per year (seSSR)	125 (95.5)	34,766 (100)
Stroke hospitalisations 2010-11 to 2011-12, smoothed number of hospitalisations per year (seSSR)	51 (93.9)	11,853 (100)

Source: Centre for Epidemiology and Evidence, NSW Ministry of Health, sourced from Wollondilly LGA Health Profile 2013

This table shows that, compared to NSW (100), Wollondilly has lower rates of hospitalisations that are:

- » Diabetes related
- » From falls-related injury
- » Alcohol attributable
- » Smoking attributable.

Compared to NSW (100), Wollondilly has higher rates of hospitalisations that are:

- » Coronary heart disease attributable. Wollondilly has the second highest rate of coronary heart disease in SWS, following Campbelltown
- » Chronic obstructive pulmonary disease (COPD) related
- » High body mass index attributable. Wollondilly has the second highest rate of obesity in SWS, following Campbelltown.

Further information about reasons for hospitalisation amongst Wollondilly residents is provided in the table below.

**Table 14: Ten most common reasons for hospital admissions in 2011**

Group	Wollondilly (separations/%)	NSW (separations%)
Dialysis	1,308 (10.6)	336,970 (14.2)
Digestive system diseases	1,697 (13.7)	275,265 (11.6)
Ill-defined and unknown causes	1,073 (8.7)	188,466 (7.9)
Injury and poisoning (including external causes)	1,067 (8.6)	182,136 (7.7)
Nervous and sense disorders	994 (8.0)	184,228 (7.8)
Maternal, neonatal and congenital causes	910 (7.3)	194,462 (8.2)
Musculoskeletal diseases	855 (6.7)	139,342 (5.9)
Genitourinary diseases	814 (6.6)	133,963 (5.7)
Cardiovascular diseases	735 (6.0)	160,892 (6.8)
Respiratory diseases	697 (5.6)	131,586 (5.6)

Source: Admitted Patient Data Collection, Centre for Epidemiology and Evidence, NSW Ministry of Health, sourced from Wollondilly LGA Health Profile 2013

This table shows that compared to NSW, Wollondilly residents have relatively higher rates of hospitalisation associated with:

- » Digestive system diseases
- » Ill-defined and unknown causes
- » Injury and poisoning
- » Musculoskeletal diseases
- » Genitourinary diseases.

### 3.1.9 Cause of death

Data on cause of death amongst Wollondilly residents is outlined in the following tables.

**Table 15: Cause of death**

Deaths	Wollondilly	NSW
Deaths from all causes 2005-7, Standardised Mortality Ratio	88.3	100
Potentially avoidable deaths, persons aged under 75 years, 2006 to 2007 combined, smoothed number of deaths per year, smoothed Standardised Mortality Ratio (sSMR) 9	50 (90.4)	100
Potentially avoidable deaths from preventable causes, persons aged under 75 years, 2006 to 2007 combined (sSMR)	33 (98.6)	100
Potentially avoidable deaths from causes amenable to health care, persons aged under 75 years, 2006	19 (85.2)	100

Deaths	Wollondilly	NSW
to 2007 combined, smoothed number of deaths per year (sSMR)		
High body mass index attributable deaths by LGA 2006-2007, (sSMR)	15 (113.0)	100
Alcohol attributable deaths, smoothed estimate of standardised mortality ratios per year, 2006 – 2007 (sSMR)	6 (100.5)	100
Smoking attributable deaths, smoothed estimate of standardised mortality ratios per year, 2006 – 2007 (sSMR)	24 (106.4)	100

Source: Centre for Epidemiology and Evidence, NSW Ministry of Health, sourced from Wollondilly LGA Health Profile 2013

This table shows that compared to NSW (100), Wollondilly has lower rates of death that are:

- » From all causes
- » Potentially avoidable
- » From preventable causes
- » Amenable to health care

Compared to NSW (100), Wollondilly has higher rates of death that are:

- » Alcohol attributable
- » Smoking attributable
- » High body mass index attributable.

**Table 16: Avoidable, preventable and treatable deaths for residents aged 15-64, 2003-2007**, number and indirectly age standardised rate per 100,000 population average per year

Cause	Wollondilly (count/rate)	NSW (rate/100,000)
Cancer	114 (69.5)	61.8
Lung cancer	48 (30.2)	21.3
Cardiovascular disease	57 (35.8)	46.9
Respiratory system diseases	13 (8.5)	9.8
Chronic obstructive pulmonary disease	11 (22.2)	24.6
Road traffic injuries	28 (14.9)	5.2
Suicide and self-inflicted injuries	14 (7.5)	9.3
Preventable deaths	172 (102.8)	97.8
Treatable deaths	97 (58.1)	68.7

Source: Public Health information Development Unit, sourced from Population Health Needs Assessment for the communities of SWS – Data Supplement 2013

Of note from this table is:

- » The higher than NSW average rate of death from cancer generally, and lung cancer in particular. Across SWS, death from lung cancer is considerably higher than any other cancer.
- » The significantly higher than NSW average rate of death from road traffic injuries, linked to the higher rates of injury and poisoning
- » The higher than NSW rate of death from preventable causes
- » Rates of preventable / treatable death caused by cardiovascular disease and respiratory diseases are less than the NSW rates.

Further data on cause of death is provided in the table below. This table lists the top 10 causes of death for the period 2005 – 2007.

**Table 17: Top 10 causes of death 2005 – 2007**

Causes (by group)	Wollondilly (count/%)	NSW (count/%)
Cardiovascular diseases	278 (32.3)	83,137 (36.5)
Neoplasms - malignant	270 (31.3)	64,841 (28.5)
Respiratory diseases	82 (9.5)	19,940 (8.8)
Injury and poisoning (including external causes)	72 (8.3)	12,020 (5.3)
Endocrine diseases	31 (3.6)	7,191 (3.2)
Genitourinary diseases	28 (3.3)	5,425 (2.4)
Nervous and sense disorders	27 (3.1)	7,845 (3.4)
Digestive system diseases	21 (2.4)	7,624 (3.4)
Mental disorders	15 (1.7)	7,316 (3.2)
Infectious diseases	13 (1.5)	3,834 (1.7)

Source: SWSLHD Centre for Research, Evidence Management and Surveillance, Centre for Epidemiology and Evidence, NSW Ministry of Health, sourced from Wollondilly LGA Health Profile 2013

This table shows that:

- » Cardiovascular disease is the most common cause of death in Wollondilly, as it is in the rest of South Western Sydney and NSW. However, the proportion of deaths caused by cardiovascular disease is less than the NSW average.
- » Compared to NSW, Wollondilly has a significantly higher proportion of deaths from:
  - > Neoplasms
  - > Respiratory diseases
  - > Injury and poisoning
  - > Genitourinary diseases.

### 3.1.10 Rates of mortality

Data on life expectancy and deaths from all causes for residents of Wollondilly LGA and NSW is provided in the table below.

**Table 18: Life expectancy and deaths from all causes for residents of the Wollondilly LGA and NSW**

Indicator	Wollondilly		NSW	
	Males	Females	Males	Females
Deaths from all causes 2005-2007 Standardised Mortality Ratio (SMR) <sup>11</sup>	88.3		100.00	
Life expectancy at birth and by gender 2002-2006	80.6	85.1	79.6 <sup>^</sup>	84.4 <sup>^</sup>

Source: SWSLHD Centre for Research, Evidence Management and Surveillance, sourced from Wollondilly LGA Health Profile 2013

This table shows that mortality rates in Wollondilly are lower than the NSW average, and life expectancy for both men and women living in Wollondilly is slightly higher than the NSW averages.

### 3.1.11 Summing up the data

National and state surveys indicate that on a range of measures, the health of residents in Wollondilly is **equal to or slightly better** than the NSW average.

However, Wollondilly has **poorer outcomes** in terms of:

- » Significantly higher rates of overweight and obesity, and higher rates of hospitalisation and deaths attributable to high body mass index
- » Lower levels of adequate physical activity and recommended fruit consumption
- » Higher levels of alcohol consumption and deaths attributable to alcohol
- » Higher rates of smoking, especially during pregnancy, and deaths attributable to smoking
- » Higher rates of lung cancer, respiratory system diseases and rates of hospitalisation due to Chronic Obstructive Pulmonary Disease

*Slightly higher* rates of:

- » Musculoskeletal system diseases and osteoarthritis
- » Hospitalisations due to coronary heart disease
- » Higher incidence of cancer overall, and of deaths caused by cancer, (higher rates of cancers of prostate, lung, melanoma, bladder and uterus)
- » Hospital admissions and death caused by injury and poisoning, and in particular deaths from road traffic injuries.

Cardiovascular disease is the most common cause of death in Wollondilly, as it is in the rest of South Western Sydney and NSW. However, the incidence of and proportion of deaths caused by cardiovascular disease is less than the NSW average.

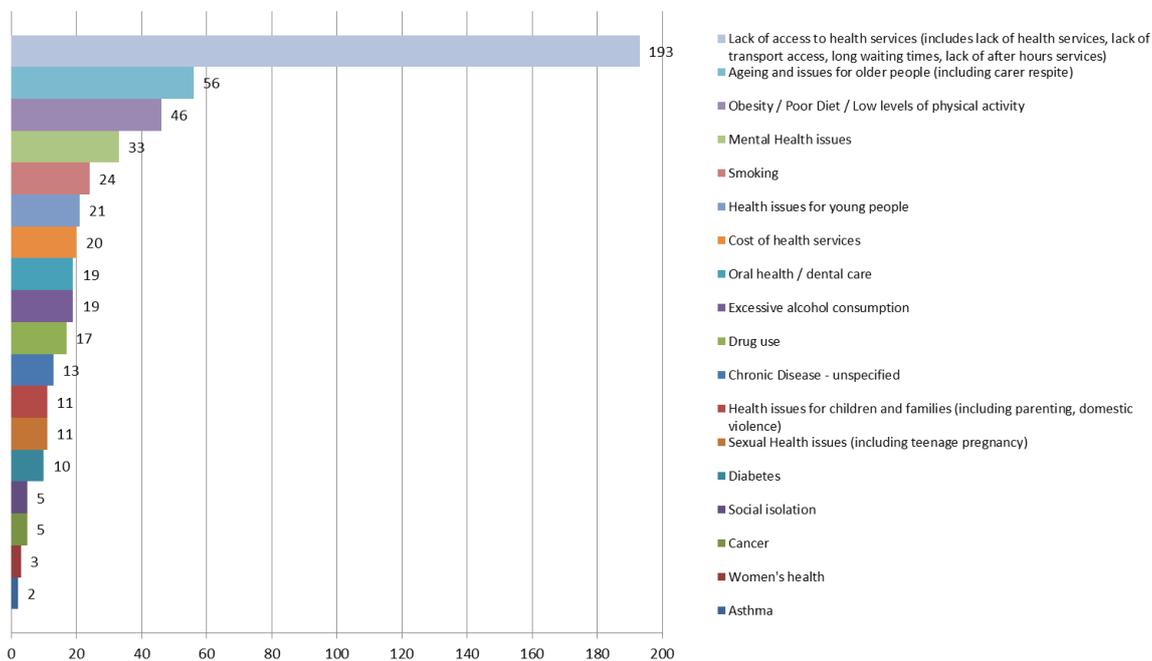
## 3.2 Community perceptions of health issues

In both the community survey and consultation sessions, participants were asked to identify the key health issues experienced by residents in Wollondilly. Perceptions are summarised below.

### 3.2.1 Community survey outcomes

Question 20 of the community survey asked respondents to identify the main health issues prevalent in their community, and Question 21 asked respondents for suggestions for how these issues could be addressed. Question 26 asked for final suggestions for anything else that would help respondents and their families live a healthier lifestyle in Wollondilly. The results are presented in the graphs below.

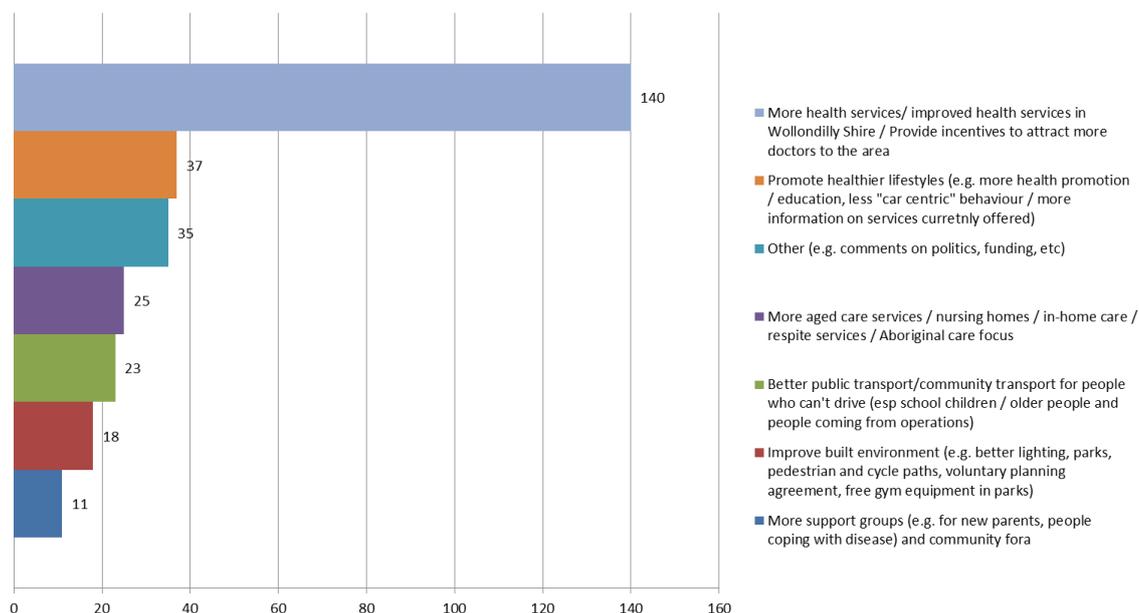
**20. What do you see as some of the main health issues in your community?  
(Summary) (Answered=289)**



The great majority of answers to this question concerned the limited availability of, and poor access to, health services for Wollondilly residents. These issues are considered in detail in Chapter 5 of this report.

Other responses spanned a wide range of health issues and were generally reflective of the issues identified by the statistical data. Ageing, obesity, mental health issues and smoking were identified as the top four issues.

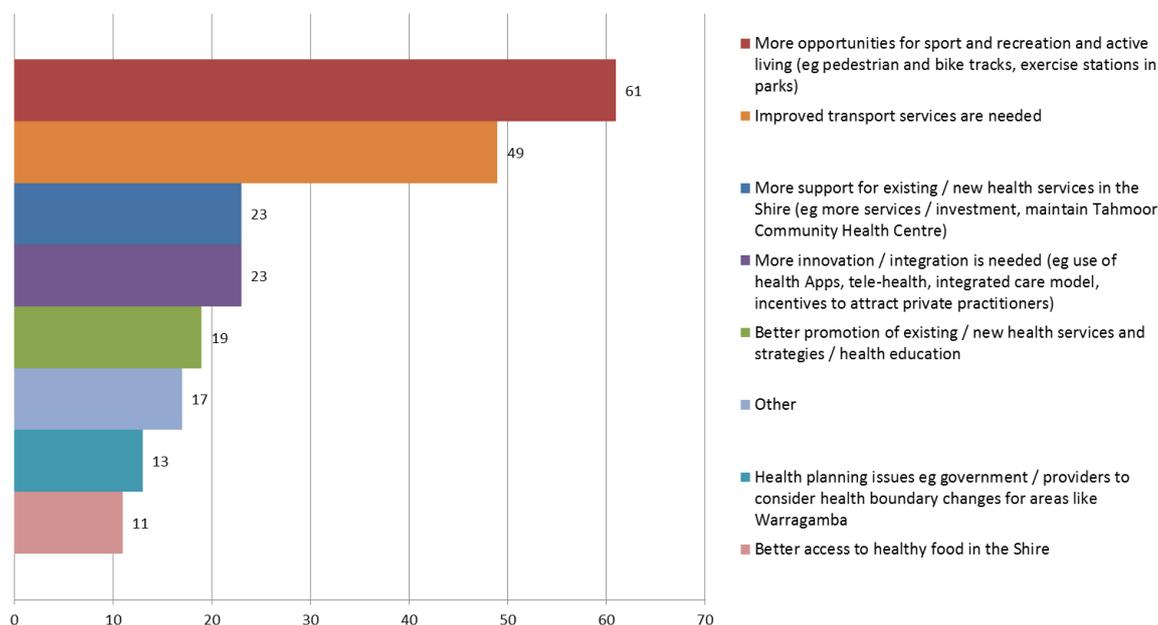
**21. Do you have any ideas or suggestions for how these issues could be addressed?  
(Answered = 230)**



Consistent with Question 20, the majority (60%) of respondents to Question 21 identified a need for better access to health services (eg recruit more GPs, make better use of Tahmoor Community Health Centre). In addition to the broad range of issues identified in the above graph, some of the other suggestions included:

- » More walking and cycling paths through suburbs and more parks
- » Inclusion of fitness equipment in major parks and along walking tracks
- » Better lighting of pathways to facilitate activities after working hours
- » Walking and cycling groups and encouragement for children to walk or cycle to school
- » Cheaper public transport services
- » Facilities for advanced driver education, especially for young people, to address issues of road safety
- » More affordable access to the Wollondilly Leisure Centre
- » Healthier eating out options and more restricted access to alcohol outlets
- » Adopt a zero tolerance approach to smoking in any public area.

**26. Can you suggest anything else that would help your family and other members of the community to live a healthy lifestyle in Wollondilly Shire?  
(Answered = 154)**



Consistent with the responses to Question 21, respondents identified a need for improvements to the built environment and especially to the range of recreation and active living opportunities available in the Shire as a key priority.

### 3.2.2 Consultation session outcomes

At the consultations sessions, health issues associated with the lifestyles of Wollondilly residents included the following:

- » **High levels of obesity and overweight, and lower levels of physical activity.** It was suggested that this was linked to the following factors:
  - > High levels of car dependence – the low density, dispersed nature of settlement and lack of public transport mean that residents drive, rather than walk, for most trips
  - > Lengthy time spent commuting both to work and to schools outside the Shire, which leaves reduced time and energy for participation in sport or other types of physical activity, (including being driven to sport by tired parents)
  - > A high proportion of students attend schools, particularly high schools, in adjoining local government areas and this fragments and discourages local participation in sports
  - > The sporting activities on offer in the Shire are restricted to mainstream sports. There is a need for a more diverse range of sport and recreation opportunities to suit the varied interests and financial circumstances of young people
  - > Lack of footpaths in many residential areas, discouraging incidental physical activity
  - > Lack of bike paths, walking trails and other recreation facilities that would encourage physical activity.

- » **Respiratory diseases.** In addition to higher levels of smoking, it was suggested that the higher incidence of respiratory diseases may be linked to:
    - > Air quality issues in this part of South Western Sydney
    - > The high proportion of people who work / have worked in local coal mines.
  - » **Mental health issues** were perceived as a greater issue than indicated by the data. Particular issues included:
    - > Mental health issues for young people, with underpinning factors of drug and alcohol use
    - > Social isolation for frail aged and people with a disability, given lack of public transport, shortage of community transport, travel distances and limited local social opportunities
    - > Social isolation for single people and those living in remote rural areas, and particularly for those at risk of suicide or domestic violence.
  - » **Health issues for young people,** with issues of drug and alcohol abuse, high levels of smoking, boredom and lack of local opportunities for recreation, training and employment, and poor access to public transport to access services.
- Sexual health issues** were also perceived as a greater issue than indicated by the data, with particular issues including:
- > Rates of and access to treatment for Chlamydia
  - > Poor access to female GPs / non-family GPs for contraception and sexual health advice
  - > Rates of teenage pregnancy.
- » **The ageing of the population.** Although the proportion of older people in Wollondilly is below the NSW average, there are nevertheless still significant numbers of older residents. Key issues for this group include poor access to health services, limited availability of both residential and community aged care services, limited social activities at the local level and lack of public transport, a particular challenge once older residents are no longer able to drive.
  - » **Mortgage stress and commuter stress.** The cost of housing and younger family age profile mean that many households have two parents working to meet mortgage costs. Stresses on families are exacerbated by long commute times and poor access to local services. The extent of commuting to work out of the area means there is often no one at home or within easy reach of home to transport people with health needs or provide extra care.

It is notable that a similar range of issues was identified at the Strategic Forum on Health Services in Wollondilly held in June 2011.

# 4 Provision and utilisation of health services

## At a glance

This chapter presents data on the provision of health services available to Wollondilly residents and their utilisation. It considers general practice, allied health, community health, medical specialists, after hours services, hospitals, mental health services, residential aged care and non-government organisations providing health-related care. Issues raised during the consultations about access to and utilisation of health services are considered in the following chapter.

## 4.1 Primary care

Health services based in Wollondilly Shire are shown in Map 3 on the following page. It can be seen that services are scattered across the Shire, with a particular focus in the main population centres of Picton and Tahmoor.

### 4.1.1 General practice

The Health Needs Assessment for South West Sydney (SWSML 2013a) reported that, with 15 full-time equivalent GP's, Wollondilly had a ratio of 1GP: 2,960 people. This compared with a ratio of 1 GP per 953 people across SWS, and a national rate of 1 GP:1,101 people. Wollondilly had the lowest ratio of GPs to population amongst the local government areas in SWS.

Since that study, the number of GPs working in Wollondilly has increased, with the opening of a new practice in Appin in February 2014 and additional doctors at Picton and Tahmoor practices. There are currently 22 GPs working in the Shire; however, many are part-time and one is understood to be close to retirement.

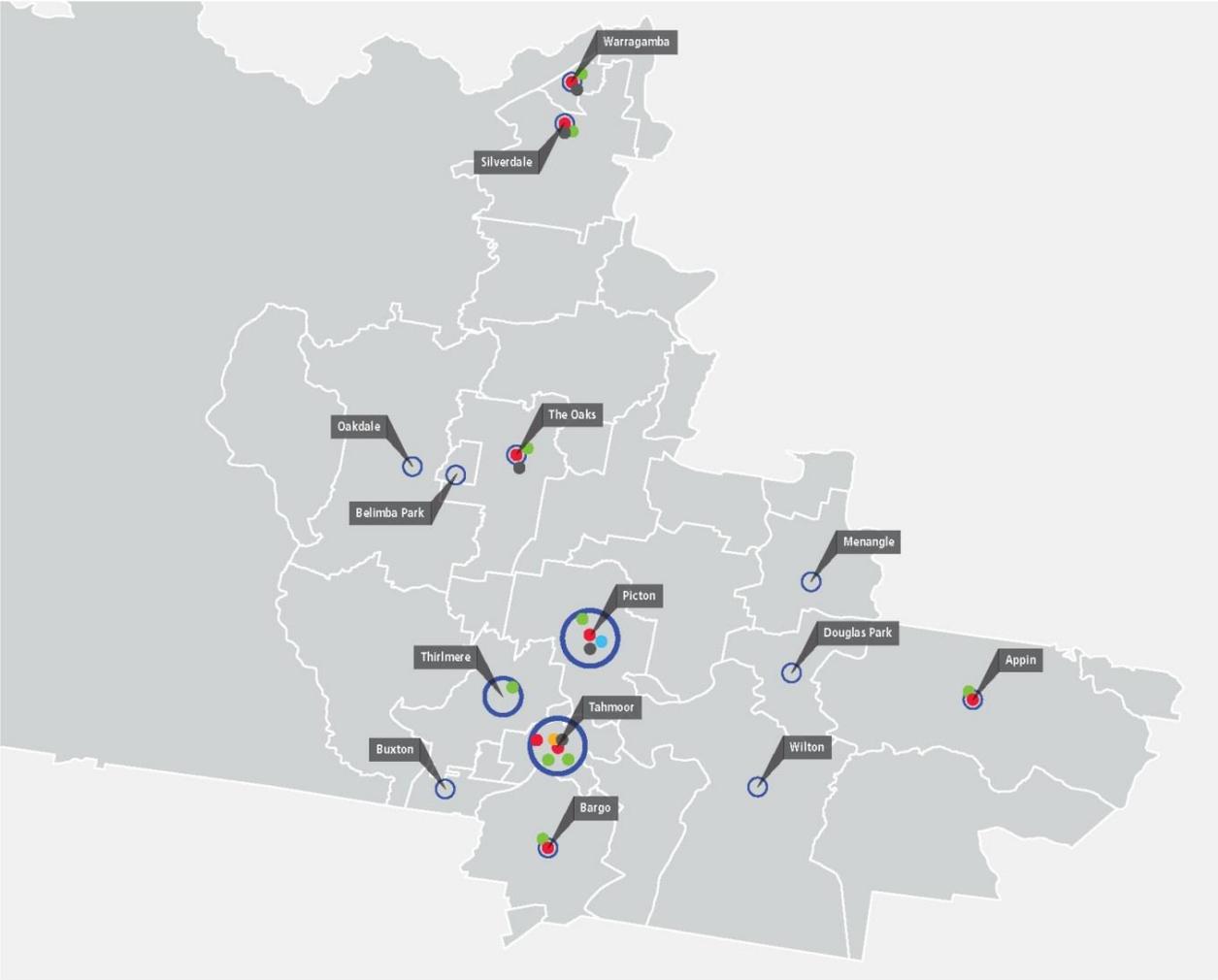
Based upon 17 FTE GPs and an estimated population in 2014 of 46,295 (*Forecast.id* on Council's website), the ratio is now estimated at 1 GP: 2,723 residents. Despite the small improvement, Wollondilly still has the lowest provision of GPs within the SWS Health District, and a level that is considerably below the national benchmark.

By contrast, Wollondilly has the highest rate of provision of practice nurses within the SWS Health District, with practice nurses in 60% of practices. Currently, Wollondilly has 11 practice nurses spread across 5 practices.

In addition to the very low rates of provision of GPs, key features of general practice in Wollondilly include:

- » Of the 22 GPs, 18 are male and only 4 are female
- » Languages other than English spoken by GPs include Vietnamese (3), Arabic (3), French (2), Spanish (1), Greek (1) and Cambodian (1).

# Health Services in the Wollondilly LGA



- General Practitioners
- Community Health Centre
- Pharmacies
- Allied Health (to be added)
- Practice Nurses

- » Four practices comprise sole practitioners, 3 are small practices with 2-5 GPs and 1 is a large practice with 6+ GPs
- » All the practices close by 6.30 on weekdays (most by 5.30 - 6pm). Four of the practices open for at least part of Saturdays, and two open for part of Sundays
- » Three practices are listed as providing some home visits and a further one provides home visits to elderly patients only
- » Only one practice provides any allied health services – a dietician, exercise physiologist and psychologist.

The table below shows rates of utilisation for GPs and Practice Nurses in Wollondilly, relative to the benchmark for NSW, based upon Medical Benefits Scheme payments.

**Table 19: Medical Benefits Scheme (MBS) services 2009/10 (indirectly age standardised ratio)**

MBS Service	Wollondilly	NSW
Total GP services (MBS and DVA)	110	100
45 Year Old Health Checks by GPs, persons aged 45 to 49 years	107	100
Annual health assessments by GPs, persons aged 75 years and over	127	100
Total services by GPs for Enhanced Primary Care items	114	100
Practice Nurse services under the MBS	118	100

Source: Medicare Benefits Schedule data sourced from the public Health Information Development Unit, sourced from Wollondilly LGA Health Profile 2013

This table shows that:

- » Despite the apparent shortage of GP's in Wollondilly, GP services are used at a higher rate than the NSW average - ie residents visit a GP more than the average rate in NSW. This is a common trend across SWS
- » Practice nurse services are also used at a higher rate than the NSW average
- » The higher rate for health checks for people aged 45+ and health assessments for people aged 75+ indicates that GPs in Wollondilly are doing more work with the management of chronic diseases than the average across NSW.

#### 4.1.2 After hours services

As noted above, most GP practices do not provide after hours services (although it is recognised individual GPs do retain lists of high priority patients for some after hours visitations when required eg, cancer patients), and the limited weekend services that are available tend to cater for registered patients of that practice, rather than the general community.

Eight of the practices within Wollondilly are registered with the Sydney Medical Service Co-operative Ltd as having access to its Medical Deputising Service to provide after hours services. Between January and May 2014 there were 40 occasions of service in Wollondilly through this service.

With no specific after hours services based in the LGA and limited apparent awareness of the SMS Deputising Service, residents requiring after hours services travel to:

- » The Macarthur GP Afterhours Service Clinic, located adjacent to Campbelltown Hospital
- » The Southern Highlands GP Afterhours Service Clinic, located adjacent to the Southern Highlands Private Hospital
- » The emergency departments of Campbelltown Hospital, Bowral and District Hospital, Camden Hospital.

Residents may also telephone the Commonwealth Government's after hours GP Helpline, but those participating in the consultations who had used this service had generally been advised to go to their local hospital emergency department anyway, and so saw little value in phoning this service first.

Amongst the seven LGAs within the SWS Health District, Wollondilly has the second highest rate of use of after-hours services, (136.3), preceded only by Campbelltown (163.3). The average rate of use of after hours services across the SWSLHD was 114.7.( SWSML – After hours primary medical care needs analysis report – Centre for Primary Health Care and Equity, UNSW February 2013).

### Emergency departments

Emergency departments account for most of the after hours service use by Wollondilly residents.

The table below indicates the emergency department presentations for residents of Wollondilly LGA in 2012 using an age and sex adjusted standardised incidence ratio (SIR), compared to the metropolitan Sydney rate (1.00). The figures are by triage category, with Category 1 being the most serious and Category 5 the least serious conditions.

**Table 20: ED Presentations standardised incidence ratio 2012**

Triage Category	Description	Wollondilly		Sydney metro
		Presentations	SIR	
1	Resuscitation - Treatment Acuity within seconds	49	0.64	7,973
2	Emergency - Treatment Acuity within 10 minutes	1,305	1.04	126,690
3	Urgent - Treatment acuity within 30 minutes	4,453	1.20	370,760
4	Semi Urgent - Treatment Acuity within 60 minutes	5,622	1.20	452,082
5	Non Urgent - Treatment Acuity within 120 minutes	2,007	1.55	125,442
	Total	13,4361	1.22	1,082,947

Source: South Western Sydney Local Health District Centre for Research, Evidence Management and Surveillance (HOIST), sourced from Wollondilly LGA Health Profile 2013

This table shows that utilisation of emergency departments amongst Wollondilly residents is higher than the NSW average for all triage categories other than Category 1 – Resuscitation. Of particular note is that utilisation of emergency departments is 50% higher than the state average for Triage Category 5 – non-urgent issues, issues that would characteristically be seen by a GP.

### 4.1.3 Pharmacies

Wollondilly contains 6 pharmacies, with locations indicated in Map 1. The SWS Health Needs Assessment (SWSML 2013a) notes that Wollondilly has the worst rate of provision of pharmacies within SWS.

### 4.1.4 Allied health professionals

The SWS Health Needs Assessment also notes that Wollondilly has significantly fewer allied health providers than any other LGA in SWS, with just 19 providers. These include:

- > Chiropractors (2)
- > Dentists (4)
- > Dieticians (1)
- > Optometrists (2)
- > Occupational therapist (1)
- > Physiotherapist (5)
- > Psychologist (3)
- > Speech pathologist (1).

### 4.1.5 Diagnostic services

The only diagnostic services located within Wollondilly are pathology and X-ray services in Tahmoor.

## 4.2 Community Health

Wollondilly is serviced by the Wollondilly Community Health Centre located at Tahmoor. This centre provides a variety of community health services including child and family services (including speech pathology, audiometry), some specialist services (women's health, drug and alcohol counselling) and community nursing.

An examination of community health service registrations for the 2012/13 financial year shows that the Wollondilly community health centre had the second lowest number of registrations in the region -706, or just 1% of all registrations (SWSLHD 2014a).

However, this is likely to be a reflection of the restricted scope of services offered at the Tahmoor centre and its levels of staffing, rather than demand for its services. Services and programs offered at the centre are well utilised and there are reported to be long waiting lists for most services (eg 12 months for speech pathology).

Moreover many of the community health services available to the Wollondilly community are provided for the whole Macarthur sub-district, which includes Campbelltown and Camden as well as Wollondilly. These services are provided from either Narellan Community Health Centre or Rosemeadow Community Health Centre.

## 4.3 Medical specialists

No data has been available regarding medical specialists providing services in Wollondilly. Through the consultations, mention was made of a sessional psychiatrist and a sessional paediatrician (community health) working in the Shire. No other specialist services appear to be locally available.

## 4.4 Aboriginal health services

The Tharawal Aboriginal Medical Service operates from Airds in Campbelltown and covers Wollondilly Shire. It provides general medical care as well as counselling, social support and well-being programs.

In addition, SWSLHD employs a small group of Aboriginal health staff to work across the region in early childhood, drug health, mental health, sexual health, chronic disease and inpatient services.

Aboriginal mental health services are provided from Campbelltown for Wollondilly. Wollondilly residents also sometimes use Aboriginal mental health services in Bowral for the Wingecarribee community.

## 4.5 Hospitals

There are no public or private hospitals in Wollondilly and residents rely on those in adjoining local government areas – particularly Bowral and District Hospital, Camden Hospital and Campbelltown Hospital - as well as the specialist services provided at Liverpool Hospital and other metropolitan hospitals. There are also private hospitals in Campbelltown and Bowral.

The table below shows that Wollondilly residents are admitted to hospitals at a lower rate than the NSW average, consistent with their better than average health profile.

**Table 21: Rate of hospitalisation for Wollondilly and NSW**

Hospitalisations	Wollondilly	NSW
Hospitalisations 2009-10 to 2010-11, smoothed number of separations per year (smoothed estimate of Standardised Separation Ratio)	13,943 (96.5)	2,645,561 (100)
Potentially preventable hospitalisations 2010-11 2011-12 smoothed number of hospitalisations per year (	955 (95.4)	183,951 (100)

Source: Centre for Epidemiology and Evidence. Health Statistics New South Wales. NSW Ministry of Health sourced from Wollondilly LGA Health Profile 2013

However, as noted above, Wollondilly residents use hospital emergency departments at a much higher rate than the NSW average.

Data on the patterns of usage of hospitals by Wollondilly residents is provided in the table on the following page. This table shows that of the Wollondilly residents admitted to a hospital in 2011-12:

- » Around one third went to public hospitals in Bowral, Camden and Campbelltown
- » Over one third went to private hospitals
- » The remainder went to a wide range of geographically disparate hospitals.

### Hospital outpatient clinics

A recent study undertaken by SWSLHD (2014b) has concluded that proximity to and size of hospital appear to be major contributing factors to ease of access to and quantum of use of hospital out-patient services. It found that people living in rural areas of SWS have the lowest use of hospital outpatient services in the Health District.

In particular, residents of Wollondilly receive the lowest number of non-admitted patient occasions of service (NAPOOS) in the region, with just 10 NAPOOS per 100 population – that is, one third of those received by the residents in Liverpool LGA, the highest in the Health District. Of note also is

that although Wollondilly LGA is closer to Sydney and has a similar population size and density, its residents have 50% fewer NAPOOS than Wingecarribee residents, who have ready access to Bowral Hospital. It is noted, however, that the quantum of activity for Wollondilly residents may be affected by their proximity to Penrith and use of Nepean Hospital services.

**Table 22: Hospitalisation by Wollondilly Residents by Hospital 2011-12**

Wollondilly Residents Flow for Hospital Care - Separations 2011-12																
Postcode	Suburb	Bowral	Camden	Campbell town	Children's Westmead	Concord	Liverpool	Nepean	Prince of Wales	Private Day Proc.	Private Hospital	Royal Prince Alfred	Sydney Childrens	Westmead	Other Hospitals	Grand Total
2560	Appin	1	17	369	2	3	69		1	29	233	4	7	1	37	773
2568	Menangle	6	25	136	3	2	27			39	250	3	4	2	25	522
2569	Douglas Park	7	36	158	1	2	24	1	1	19	189	3	2	7	15	465
2570	Glenmore et al <sup>1</sup>	29	133	1,009	33	20	370	25	1	146	1,377	22	30	11	108	3,314
2571	Wilton, Picton et al <sup>2</sup>	344	60	888	25	34	373	6	142	140	1,215	21	39	19	116	3,422
2572	Thirlmere/Lakesland	188	50	357	12	5	103	4	5	29	420	3	8	12	84	1,280
2573	Tahmoor, Bargo River	265	36	529	15	22	181	1	5	92	498	23	7	17	85	1,776
2574	Pheasants Nest et al <sup>3</sup>	472	17	269	11	9	121		7	70	493	8	16	5	110	1,608
2745	Wallacia				2			18		6	15	2		1		44
2752	Silverdale		4	35	116	5	25	613		44	586	13	2	100	91	1,634
2787	The Peaks, Yerranderie					2									1	3
	Percentages	9	3	25	1	1	9	5	1	4	36	1	1	1	5	100
Total All postcodes		<b>1,312</b>	<b>378</b>	<b>3,750</b>	<b>220</b>	<b>104</b>	<b>1,293</b>	<b>668</b>	<b>162</b>	<b>614</b>	<b>5,276</b>	<b>102</b>	<b>115</b>	<b>175</b>	<b>672</b>	<b>14,841</b>
1 Also includes Belimba Park, Brownlow Hill, Camden Park, Cawdor, Linns Hill, Mount Hunter, Nattai, Oakdale, Orangeville, Scotts Hill, The Oaks, Theresa Park, Werombi.																
2 Also includes Buxton, Couridjah, Maldon, Mowbray Park, Picton, Razorback.																
3 Also includes Bargo and Yanderra.																

Source: SWSLHD

## Ambulance services

Within Wollondilly, an ambulance station is located in Picton. This forms part of a network of services that cover the Macarthur, Wingecarribee and Liverpool areas, with additional ambulance stations at Camden, Campbelltown, Liverpool and Bowral

## 4.6 Mental health services

The SWS Local Health District has mental health in-patient units at Bankstown, Liverpool and Campbelltown Hospitals and community mental health teams across the region. Both in-patient services and community mental health services for adults, children and young people across the SWSLHD are reported to be resourced at well below the NSW averages (SWSML 2013d).

In terms of inpatient services, Campbelltown has 66 beds for acute inpatient services, including facilities for young people and adolescents. . Bowral and District Hospital has 2 beds available for non-acute patients.

In terms of community mental health, Wollondilly is part of the Macarthur sub-district. The Macarthur mental health team is based in Campbelltown, but has two mental health workers working from the community health centre in Tahmoor. Services for adults and young people are based in Campbelltown and include community emergency care, case management, rehabilitation / recovery, Aboriginal mental health, early intervention and health promotion. Only adult support services are provided from Tahmoor.

The service mapping and gap analysis study undertaken by Partners In Recovery (SWSML 2013d) has found that the Macarthur area has the greatest access to mental health services in the SWS region. However service location appears to be concentrated within the Campbelltown city area, and services are very sparse in Wollondilly.

The PIR service mapping and gap analysis report (SWSML 2013d and e) has also examined the utilisation rate of in-patient psychiatric facilities across SWS. It has found that the utilisation rate is not uniform amongst the LGAs of SWS. Utilisation was significantly lower than the regional average for Wollondilly, and was the lowest amongst all the LGAs within the Health District. The report has concluded that there are likely to be issues around access to services in Wollondilly, rather than lower rates of mental illness.

The Partners in Recovery Program is currently recruiting staff for the rollout of its program in Wollondilly Shire and hopes to have five staff in place by August 2014. A key aim of this program is to link people living with a mental illness to appropriate housing, employment, education, training and social support services and programs. A key challenge will be the lack of such services and programs within Wollondilly Shire.

The table below shows use of the Medicare Benefits Schedule for mental health services.

**Table 23: Medicare Benefits Schedule items 2009-10, indirectly age standardised ratio**

MBS Service	Wollondilly	NSW
Better Access Program: Preparation of Mental Health Care Plan by GPs	90	100
Better Access Program: Psychiatrists	86	100
Better Access Program: Psychologists	84	100
Better Access Program: General Psychologists	99	100
Better Access Program: Clinical Psychologists	58	100

Source: Public Health Information Development Unit 2012, sourced from Population Health Needs Assessment for the Communities of South Western Sydney – data Supplement July 2013

This table shows:

- » Preparation of Mental Health Care Plans by GPs for Wollondilly residents is occurring at a lesser rate than the NSW average
- » Utilisation of psychiatrists and psychologists under the Better Access Program is occurring at a lower rate for Wollondilly residents when compared with the NSW average.

## 4.7 Aged Care

Wollondilly has three residential aged care facilities:

- » Durham Green Manor at Menangle (26 high care and 26 low care places)
- » Tara Gardens in Thirlmere (39 low care)
- » RSL Lifecare Queen Victoria Gardens (70 high care and 30 low care places)
- » A total of 96 high care and 95 low care places across the Shire.

Both respite and secure dementia places are very limited.

While funding arrangements for residential aged care have recently changed, the targets that have been in place for the last few years provide a benchmark for assessing relative need amongst local government areas. Until July 2014, the Australian Government target for residential aged care facilities has been 113 places per 1,000 people aged 70 years, comprising 88 residential places (44 high care and 44 low care) and 25 community places (4 high care and 21 low care). Although the SWS Region has a similar rate (87.1) of residential aged care places to the target of 88, distribution is uneven, with higher rates of places in Camden and Campbelltown LGAs and much lower rates of both residential and community places in Wollondilly. This is evidenced in the following table.

**Table 24: Ratio of aged care places per residents aged 70+ June 2012**

	Wollondilly	C'wealth target
High level	36.1	44
Low level	27.6	44
Sub-total	63.7	88
Community care	15.3	25

Source: DPS Guide to Aged Care NSW and Act 2012, sourced from Population Health Needs Assessment for the Communities of South Western Sydney – Data Supplement July 2013

In 2012, Wollondilly had just 6.4% of its residents aged 70+ living in residential aged care facilities, compared with 8.7% for SWS and 8.8% for NSW as a whole.

**Table 25: Proportion of residents aged 70+ living in residential care**

	High level	Low level	Total
Wollondilly	3.6%	2.8	6.4
SWS	4.5%	4.2	8.7
NSW	4.5%	4.3	8.8

Source: Public Health Information Development Unit 2011, sourced from Population Health Needs Assessment for the Communities of South Western Sydney – data Supplement July 2013

However, within SWS, Camden LGA has the highest proportion of people aged 70+ living in residential aged care, at 14.6%. This would suggest that, given the shortage of facilities within Wollondilly, older residents needing residential care are moving to Camden, where residential aged care places are more plentiful. This apparent trend was corroborated during the consultation sessions, and mention made of an arrangement where the Carrington facility in Camden had specifically been allocated places for Wollondilly residents.

Wollondilly also contains four retirement villages that contain self-care units for older people who are able to live independently. Some of the retirement villages are co-located with the residential aged care facilities note above. Two of the retirement villages (Durham Green at Menangle and Waratah Highlands Village at Bargo) have plans to substantially increase their numbers of self-care units. However this will not expand the supply of residential care places in the Shire.

## 4.8 Non-government organisations providing health-related care

Non-government and community based organisations providing care and support services in Wollondilly are very limited.

- » Both UnitingCare Burnside family support services and Community Links Wollondilly (information and referral services) are located in the Tahmoor Community Centre
- » The Warragamba Silverdale Neighbourhood Centre accommodates a family support service, outreach baby health clinic and women's health clinic
- » Wollondilly Support and Community Care provides some services and activities for older people from the Picton School of Arts

There are no health funded non-government organisations operating in Wollondilly. A variety of non-government services are provided from Campbelltown to cover the Wollondilly area, in the fields of mental health, women's health, youth, drug and alcohol, community aged care and disability support services.

## 4.9 Summing up

Consistent with its relatively small population up until recently, Wollondilly contains a limited range of health services, and, with the exception of GPs, largely relies on services in adjoining LGAs. Chief amongst these is Campbelltown, which contains the largest hospital and the bases for a range of community health and non-government services which serve the Macarthur sub-district. Key issues arising from the data reviewed in this chapter include:

- » Rates of provision of General Practitioners in Wollondilly, at 1 GP: 2,723 residents, are considerably below the national average of 1:1,101. Of the 22 GPs working in Wollondilly, only four are female. There is heavy reliance on Practice Nurses to contribute to primary care services.
- » There are no (or very few) specialist medical practitioners working in Wollondilly. Numbers of allied health practitioners are very small.
- » Within the SWSLHD, Wollondilly has the second highest rate of use of after hours services. Emergency departments account for most of the after hours service use by Wollondilly residents. Utilisation of emergency departments amongst Wollondilly residents is considerably higher than the NSW average, particularly for non-urgent issues. This is linked to the limited access to GPs in Wollondilly

- » The Wollondilly Community Health Centre at Tahmoor is well utilised and has waiting lists for many of its services. However, its staff resources are limited and many community health services are delivered from the main bases in Campbelltown.
- » Wollondilly has no inpatient services and residents rely primarily on Campbelltown Hospital, Camden Hospital and Bowral and District Hospital, as well as private hospitals across Sydney. Rates of hospital admission for Wollondilly residents are lower than the NSW average.
- » Wollondilly residents have the lowest rate of use of hospital out-patient services in SWS.
- » Rates of utilisation of inpatient mental health facilities by Wollondilly residents are also the lowest in SWS. Apart from two mental health workers at the Tahmoor Community Health Centre, there are no mental health or related support services locally available.
- » Levels of provision of residential aged care in Wollondilly are also well below Commonwealth Government targets and levels of provision across the balance of SWS.

A picture emerges of significant disadvantage for Wollondilly residents in their access to and utilisation of a range of health services.

# 5 Issues and concerns with the service system

## At a glance

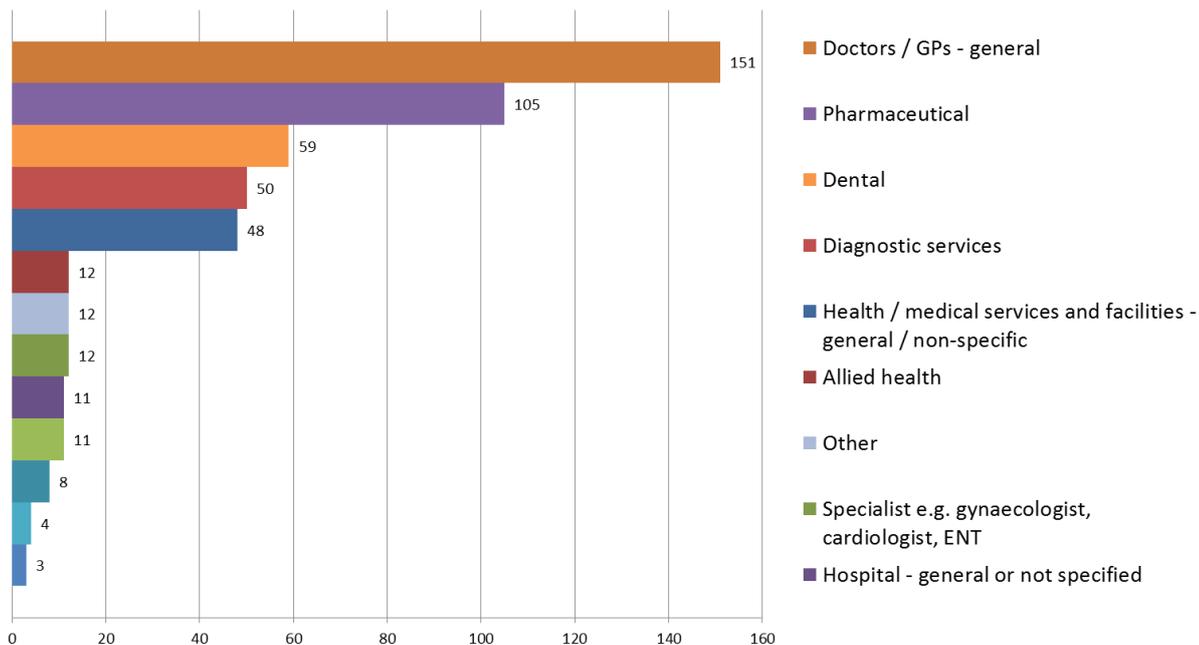
This chapter outlines the findings of consultation activities and highlights the issues, needs and barriers to access perceived by residents and service providers within Wollondilly. The key issue is the very limited availability of and poor access to health services in Wollondilly. The key challenge is how to 'grow' the health service system to better meet the needs and expectations of an expanding population.

## 5.1 Strengths of the service system

In all the consultation processes, residents and service providers were asked to identify aspects of the health care system in Wollondilly that are currently working well. The aim was to recognise strengths of the system upon which to build, as well as focusing on the deficits.

The outcomes of Question 11 of the Community Survey, asking residents to identify which aspects of health services in Wollondilly are working well, are outlined in the following graph.

**11. Which aspects of health services in Wollondilly Shire are currently working well from your perspective?**  
(Answered = 267)



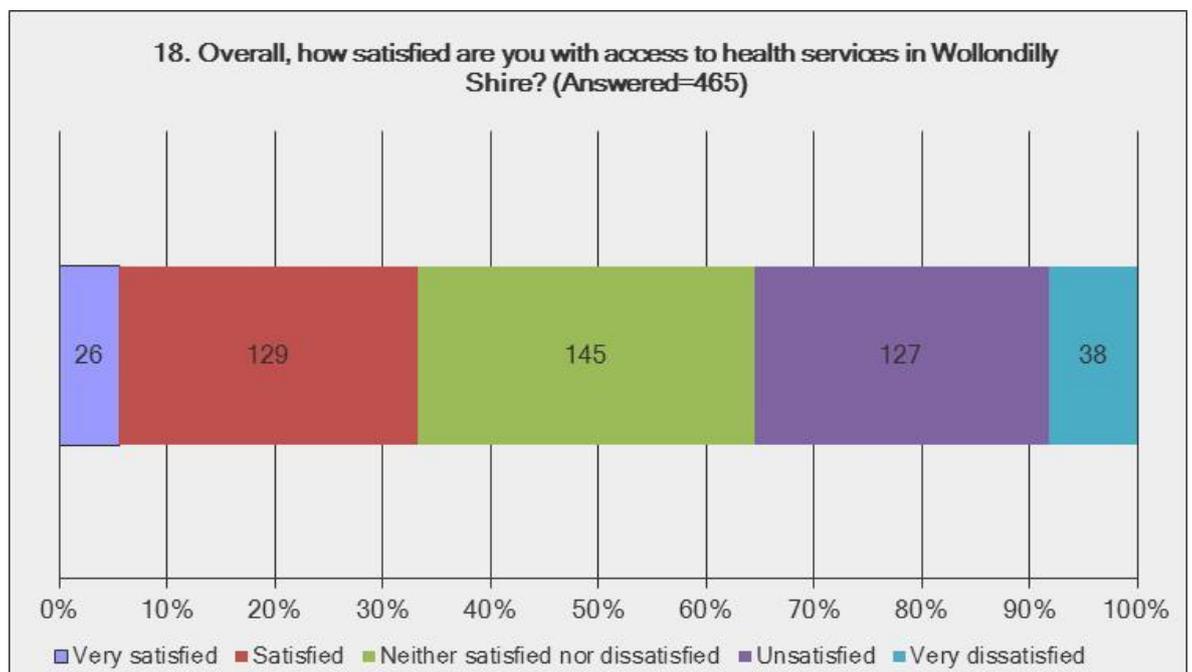
While the availability of health services in Wollondilly is very limited, respondents identified that those that do exist are generally highly regarded, particularly the GPs. Other aspects of the service system considered as strengths included pharmacies, dental services and diagnostic services.

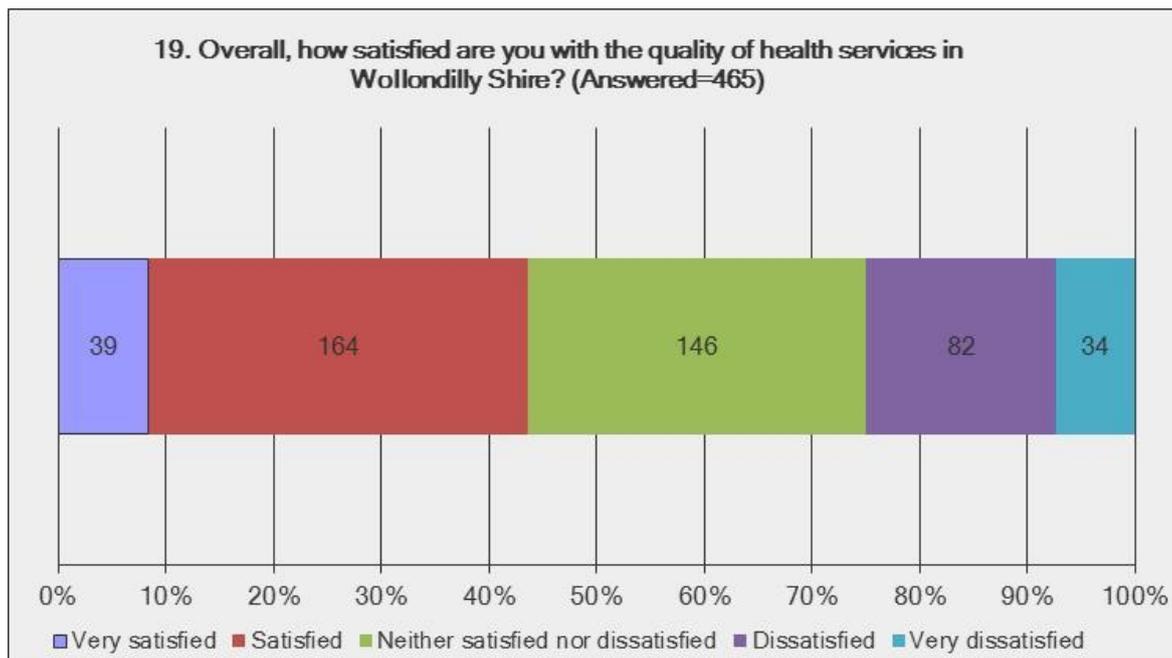
From the consultation sessions, further strengths included:

- » The group of health service providers within Wollondilly is small and fairly tight knit. GPs, allied health providers and pharmacists work well together. Services based in Campbelltown reported good relationships with the GPs in Wollondilly
- » Pharmacists are flexible and provide excellent support to patients and GPs. Some health checks are available at pharmacies (eg blood pressure), removing the need to see a GP
- » A good working relationship also exists between health providers and both police and ambulance services based at Picton
- » The presence of the community health centre at Tahmoor is a strength
- » The use of outreach models of service delivery to provide a level of service to areas that could not sustain a full-time service is also a strength.

## 5.2 Levels of satisfaction with the service system

Questions 18 and 19 of the Community Survey asked respondents to rate their level of satisfaction with both access to and quality of health services in Wollondilly. The results are provided below.





These graphs show that:

- » Levels of dissatisfaction with access to health services are high. More people are dissatisfied (35%) than satisfied (33%) with their access to health services in Wollondilly.
- » Levels of satisfaction with the quality of health services in Wollondilly are somewhat higher, with nearly 44% of respondents expressing satisfaction and 25% expressing dissatisfaction.

## 5.3 Availability of primary care services within Wollondilly

The limited availability of and poor access to health services within Wollondilly was the key issue of concern expressed by both residents and service providers throughout the consultation process.

- » When asked to nominate the main health issues in the Wollondilly community (Question 20), 67% of survey responses listed lack of availability / poor access to health services as a key issue.
- » 61% of respondents listed better access to health services as the best way to improve the health of the Wollondilly community (Question 21)
- » Lack of availability of health service was identified by nearly 70% of survey respondents as a key challenge they had experienced in accessing health services (Question 13)
- » Over 54% of respondents reported that they had put off dealing with a health issue or concern due to lack of available health services in Wollondilly (Question 16).

Within the overall limited availability of health services, the relative shortage of GPs across the Shire was the issue of greatest concern and priority, with implications including:

- » High use of GPs in adjoining areas
- » Long wait times to see a local GP
- » Tendency to delay seeing a GP

- » Particular shortage of female GPs
- » Limited choice of GPs
- » Lack of local after hours services, with consequent impacts on hospital emergency departments
- » Lack of GPs providing home visits
- » Workload and workforce issues for GPs.

These issues are considered further below.

### 5.3.1 Use of GPs outside Wollondilly

Question 2 of the Community Survey asked respondents to identify the local government areas where health services were located that they and their family had used in the previous 12 months. The outcome of this question is presented in the table below (excluding hospitals – discussed in Section 5.5 below).

**Table 26: Locations of the services that survey respondents and their families have used in the last 12 months**

Answer Options	Wollondilly LGA	Camden LGA	Campbelltown LGA	Penrith LGA	Wingecarribee LGA (includes Bowral)	Other	Response Count
General Practitioner (GP)	302	58	54	25	25	35	499
Dentist	147	89	45	25	16	53	375
X-ray	67	78	71	33	27	43	319
Pathology	172	56	40	29	19	30	346
Therapists (eg physiotherapist, psychologist)	69	42	34	15	13	24	197
Pharmacy	317	36	35	20	6	36	450
Medical specialists	13	33	104	25	46	77	298
Community health services	53	10	15	2	7	14	101
Optometrists / opticians	63	54	77	21	10	36	261
<b><i>answered question</i></b>							<b>507</b>
<b><i>skipped question</i></b>							<b>4</b>

Findings of note include:

- » Over 60% of respondents see a GP within Wollondilly. Another 33% see a GP in an adjoining LGA, with the largest numbers in Camden and Campbelltown, followed by Wingecarribee and Penrith. The largest numbers in the "Other" category are for GPs in Liverpool and Wollongong, although a number of respondents see GPs further afield, linked to either their place or work or a long-standing relationship with the GP.
- » Less than 40% of residents see a dentist within the Shire. There is significant reliance on dentists in Camden, followed by Campbelltown, Wingecarribee and Penrith. Over 14% of residents see a dentist in a more distant area.
- » There is heavy reliance on X-ray facilities outside the Shire, with only 21% of respondents who used X-ray services doing so within Wollondilly. However there is greater use of pathology services within the Shire, with nearly 50% of those who used pathology services doing so within Wollondilly.

- » There is also a heavy reliance on allied health services and optometrists outside the Shire and particularly heavy reliance on seeing medical specialists outside the Shire. Only 4% of visits to a specialist occurred within the Shire. While most of the specialists visited were located in Campbelltown, Liverpool or Bowral, over 25% of the specialists visited were located further afield in non-adjointing LGAs, with responses to Question 3 indicating that specialists may be seen across the metropolitan area.
- » Even for pharmacies, a service that could be expected to be accessed at the local community level, 30% of respondents used a service outside the Shire.
- » Analysis of Question 3, asking respondents to provide more detail on their pattern of use, conveys the large extent to which residents shop around for different types of services in different local government areas. For instance, they might see a GP in Wollondilly but other members of their family might prefer a GP in Bowral, then use a dentist in Wollongong, a chiropractor in Camden, an optometrist in Campbelltown and a specialist in Liverpool. The complexity of respondents' patterns of use of health services indicates both the extent of travel required and the challenges (and resourcefulness required) in finding appropriate health services to meet their needs.
- » The high incidence of people travelling outside the area to see a GP was highlighted again in relation to Question 15 of the survey, which asked residents how the challenges of the health care system impacted on their health. Having to travel further afield, particularly into adjacent LGAs, was identified as an issue by 52% of respondents.

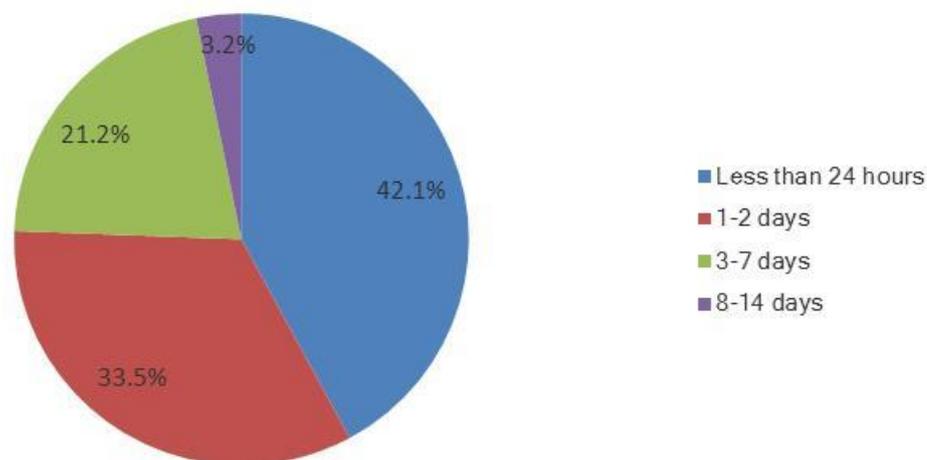
From the consultation sessions, it was reported that, given the high proportion of residents who work outside the area, coupled with difficulties seeing a GP locally, many people use GP and allied health services close to where they work. This was confirmed in the responses to Question 3 of the survey.

### 5.3.2 Wait times

Long wait times to see a GP was identified as an issue of concern by many participants in the survey and at consultation sessions, and was regarded as a consequence of the shortage of GPs in Wollondilly. Long wait times was identified by nearly 60% of survey respondents as a challenge they have experienced in accessing health services (Question 13), while 49% reported that they have put off dealing with a health issue or concern due to lengthy wait times for health services (Question 17).

However, when asked in the survey to nominate how long respondents had waited to get an appointment with their GP, the results are somewhat contradictory, as shown in the following graph.

4. Thinking about the last time you visited a GP, approximately how long did it take for you to get an appointment / to see a GP? (Answered=504)



This graph shows that:

- » Over 42% of respondents were able to see their GP within 24 hours
- » A further 57% were able to see a GP within a week
- » Only 3% of respondents had to wait more than a week to see a GP.

This result suggests that while there is a perception that wait times to see a GP are lengthy, in practice this is not always the case. However, further survey responses and workshop participants indicated that wait times can be much longer to see a GP of choice, especially a female GP, the regular family GP, or GPs who work only on certain days.

Associated with long wait times, a theme in many of the survey responses was a feeling that some GPs spent insufficient time with patients, and that they were treated as part of a rapid through-put 'production line', given pressures on GPs to see as many patients as possible in order to manage wait times. This was linked with the relatively high levels of dissatisfaction with the quality of health services expressed in Question 19 of the survey.

Long wait times are also reported to see practitioners other than GPs, including allied health, community health and medical specialists.

### 5.3.3 Limited choice of health service

Even where a GP was available in the local area, the limited choice available was an issue of concern to many residents. Particular issues identified in the survey included:

- » Very limited availability of female GPs, with only four women GPs in the Shire. This is seen to disadvantage women and girls, particularly in relation to sexual health and gynaecological issues
- » The 'best' GPs are heavily booked and patients needing to see a GP quickly are left with appointments for less popular GPs, with a perception that they may provide a lower quality service
- » Respondents experienced difficulty finding an alternative service if the local GP was not liked or well regarded, or had displayed negative or stereotypical attitudes to patient issues in the past

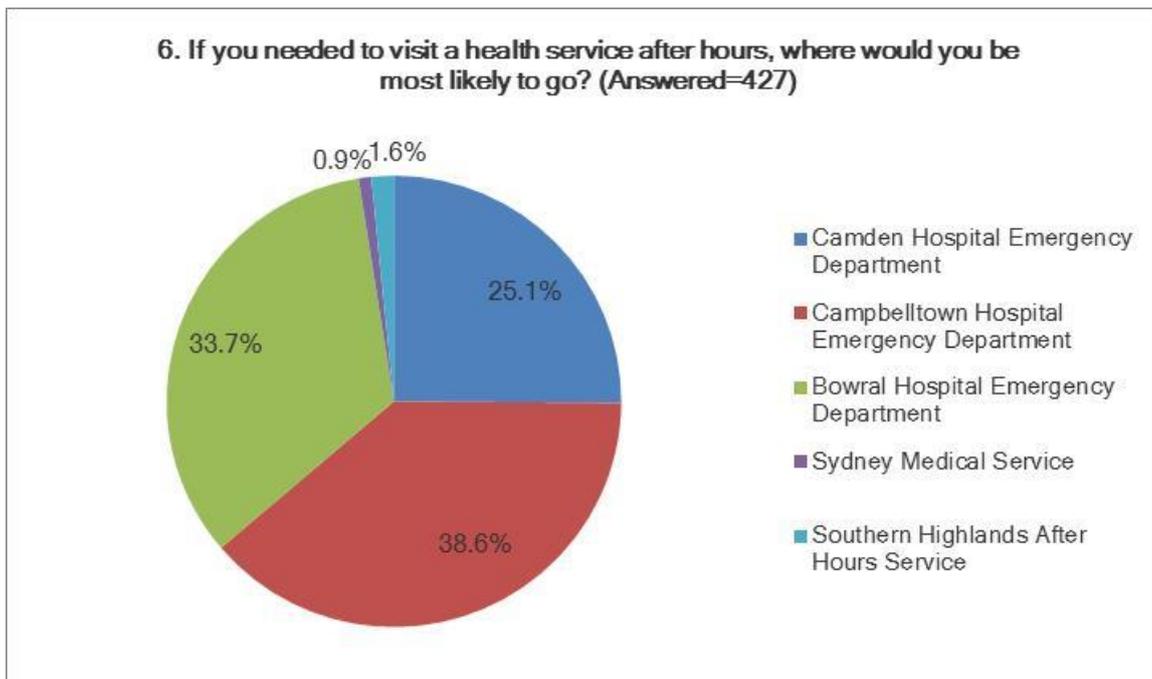
- » For many residents on lower incomes, a need or preference to use a GP who bulk bills limits choice
- » Lack of choice for young people who may not wish to use their family GP in order to maintain confidentiality is a disincentive to see a doctor
- » Difficulty for people who speak a language other than English, although numbers are not great in Wollondilly
- » Lack of continuity of care associated with a high proportion of part-time doctors, and in some practices use of trainee doctors or those on short-term contracts
- » Some GPs are reported in the survey to have 'closed their books' to new patients, further limiting the choice available.

### 5.3.4 Use of after hours services

As noted in the previous chapter, through the week nearly all GP practices close by 6 pm and only two, in Picton and Tahmoor, open on Saturday afternoons or Sundays.

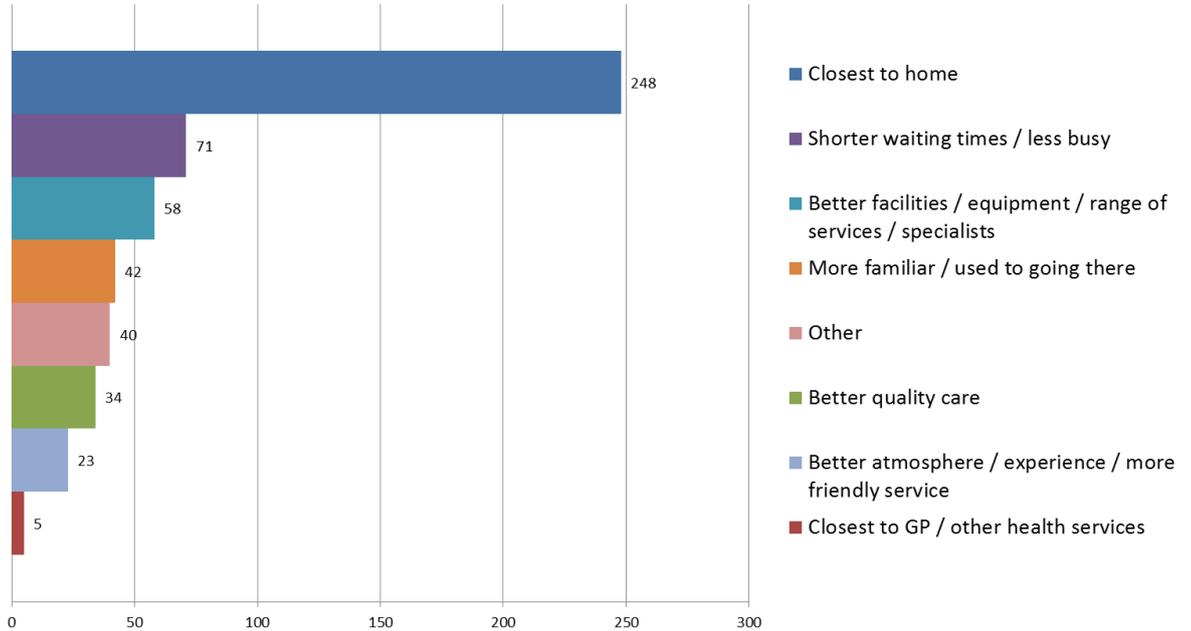
The limited availability of after hours services within Wollondilly was a concern for a high proportion of respondents. For many residents, the extended time spent commuting to work outside the Shire means that they are not home in time to see a local doctor. The workforce also contains a significant proportion of shift workers. This helps to account for both the high use of GPs in adjoining local government areas, likely to be linked to their place of work, and high use of emergency departments. Demand for after hours services is also linked to the overall shortage of GPs, as many residents report experiencing difficulty seeing a GP when they need to, with consequent demand for after hours services.

Question 6 of the Community Survey asked respondents where they would be most likely to go for after hours services (see graph below). Over 38% nominated the Emergency Department of Campbelltown Hospital, with a further third choosing Bowral and District Hospital, and then a quarter choosing Camden Hospital.



Question 7 asked respondents why they would choose that after hours service.

**7. If you needed to visit a health service after hours, where would you be most likely to go? Please tell us why that facility  
(Answered = 415)**



Proximity to home was the main reason for choosing their option, but other considerations included:

- » Both Camden and Bowral and District hospitals were considered to have a “nicer atmosphere”, be more friendly, less busy and likely to have shorter wait times than Campbelltown Hospital.
- » On the other hand, Campbelltown Hospital was seen as the best resourced and equipped of the three hospitals, and most likely to be able to deal with the emergency without referral on to another hospital. For example, it was mentioned that both Bowral and District and Camden hospitals don’t have access to X-ray facilities after hours.
- » It was noted that ambulances bypass Camden Hospital and take patients straight to Campbelltown Hospital, which is resourced to deal with more complex cases.

Of note in the survey is the very limited use of after hours services other than the hospital emergency departments, confirming the statistical data outlined in the previous chapter. In particular, awareness / use of the SMS Medical Deputising Service was particularly low.

Question 10 of the community survey asked respondents where they would go to access an after hours pharmacy. About 47% of respondents nominated pharmacies in Tahmoor and a further 20% nominated a pharmacy in Picton. Many of the comments in relation to this question noted the lack of after hours pharmacies in the area, or stated they did not know where they might go to find one.

It is understood that the ambulance service is soon to trial an initiative that would take patients to a GP when appropriate, rather than a hospital. However this program is dependent upon the availability of GPs, a challenge in Wollondilly.

### 5.3.5 Limited home visiting

As noted in the previous chapter, only three or four of the General Practices are listed as providing home visits. This has implications for housebound people, those who do not have their own transport, those living in more remote areas who can't easily get to a GP, those recently discharged from hospital who are still unable to drive and those requiring palliative care who wish to die at home. This was raised in particular by the Palliative Care Service, as people receiving palliative care at home need the active involvement of their GP.

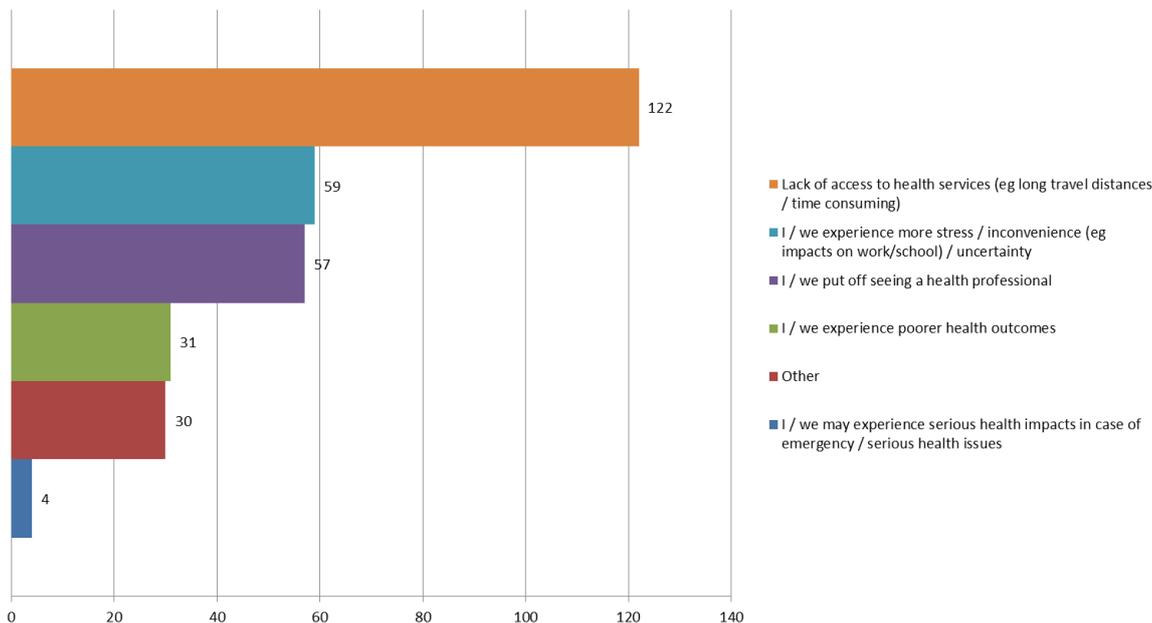
### 5.3.6 Consequences of limited availability

Questions 16 and 17 of the Community Survey asked respondents if they had ever put off dealing with a health issue due to lack of available services in the Shire or lengthy waiting times. Over 54% of respondents reported that they had put off dealing with a health issue due to lack of availability, while 49% reported that they had due to lengthy waiting times. This relates to the full range of health services, not only to GPs.

Further consequences of the limited availability of health services were identified in Question 15, asking respondents how the challenges and barriers they experience in accessing health services have impacted on their family's health.

#### 15. How do you think these challenges impact on your health / your family's health?

(Answered = 233)



Common themes included:

- » The impacts of time spent travelling and the need to travel out of area to access services elsewhere (identified by 52% of respondents)
- » It contributes to levels of stress and inconvenience, particularly for working parents with sick children or aged relatives, requiring more juggling, planning, and co-ordination of family members (experienced by 25% of respondents)

- » Residents put off or avoid making an appointment until the problem becomes urgent, and only see a doctor when absolutely necessary ((experienced by 24% of respondents). This helps account also for the high use of emergency departments
- » The poor access to health services is felt to contribute, or be likely to contribute, to poorer health outcomes, especially in emergency situations (15% of respondents).
- » The “other” category included:
  - > Implications for the quality of care received, as outlined above
  - > While patients may have a preference for a regular family doctor, instead they see whoever they can, when they can. Lack of consistency and continuity of care is a disincentive in seeing a GP
  - > Some residents use pharmacies for basic health advice when they cannot see a GP.

### 5.3.7 Workforce issues for GPs

The shortage of health services in Wollondilly has implications for GPs:

- » GPs are often unable to provide enough appointments to meet patient demand and work long days
- » The lack of ready access to allied health, some community health and medical specialists means that GPs feel they have to fulfil a much broader range of roles and “be all things to all people”. This can include providing social support and counselling, as well as their obvious role in health care. It was noted by community mental health workers that GPs in Wollondilly are perceived to play more of a role in mental health than in other areas
- » Challenges of succession planning for solo practitioners, given difficulties of attracting GPs to Wollondilly.

Attracting more GPs to work in Wollondilly was identified as a top priority strategy in all the consultation activities. However this has proved to be a difficult challenge, with recruitment, training and incentive initiatives in recent years yielding only limited results.

Strategies to build the workforce to meet the needs of a growing population will be discussed in the final chapter of this report.

## 5.4 Access to specialist and community health services

As noted previously, services provided by medical specialists, allied health practitioners, community health workers and non-government service providers are extremely limited within Wollondilly and most such services have to be accessed in other local government areas, of which Campbelltown is the most common. Key issues in both the community survey and consultation sessions were how to 'grow' the service system to provide better access for Wollondilly residents. Issues are considered in terms of developing the private sector, and resourcing arrangements for government and non-government services in the Macarthur sub-district.

### 5.4.1 Access to private sector services

Participants in both the survey and consultation sessions expressed a desire for better local access to a range of private practitioners, including specialists, allied health workers and diagnostic services in addition to GPs.

Across the SWSLHD there is an undersupply of specialists and it has proven difficult to attract and retain a specialist workforce to the area, as it has for GPs. These challenges are exacerbated in Wollondilly by:

- » The distance from metropolitan areas where such practitioners tend to live and the disincentives of commuting
- » The fact that Wollondilly does not have a hospital, around which specialists and diagnostic services tend to cluster
- » The fact that Wollondilly's population has not been large enough, nor sufficiently concentrated, to sustain much in the way of private sector / commercial services.

The population growth forecast for Wollondilly will, in the longer term, provide a population of sufficient size to support a range of private sector services. However in the short term, ways of developing the service system and supporting the financial viability of services until population thresholds are reached will need to be considered.

It was felt that an outreach model of service delivery would not be financially viable for most types of specialists. Suggestions included:

- » Greater use of telemedicine (skyping with a psychiatrist is already being used by one GP)
- » Providing subsidised accommodation to support the establishment of practices until numbers build up
- » A need for better promotion to generate awareness of new services, as instances were mentioned where new services had folded quickly for lack of patronage, yet many local practitioners had not been aware of them
- » Establishment of an Integrated Primary and Community Care Centre in Wollondilly which would cluster services to help provide a critical mass attractive to private sector providers.

## 5.4.2 Access to public sector services

At the consultation sessions, service providers were less confident that public sector community health and care services (including those provided by non-government organisations but funded through government programs) would be adequately resourced and delivered to meet the needs of a growing population in Wollondilly.

As noted in the previous chapter, a limited range of services is offered from the Tahmoor Community Health Centre and its resources are seen as limited and stretched. Of note in the community survey from Question 2 is that only 52% of utilisation of community health services occurred within Wollondilly, with respondents also needing to use community health services located in Campbelltown, Camden and Wingecarribee.

In particular, Wollondilly residents need to travel to Campbelltown for many community health and support services delivered from a main base there which serves the whole Macarthur sub-district. Examples include the full range of community mental health services (as only 2.5 full-time (EFT) positions operate from Tahmoor Community Health Centre), palliative care, Home and Community Care services and disability services. In addition, outreach services to Wollondilly may be provided from the main service base in Campbelltown, rather than from bases located in Wollondilly.

The challenges this pattern presents to Wollondilly residents are discussed in Section 5.7 below in relation to barriers to access. Issues raised by service providers included the following:

- » Staff delivering services to patients at home have to cover a huge area extending from Ingleburn to Bargo. As staff with heavy workloads can see more patients in higher density areas, there is a tendency to not go to Wollondilly, especially the more remote rural parts of it,

as often. There is a feeling that people in Wollondilly get "left out". It is expected that this situation will improve with the introduction of electronic case files, removing the need for staff to collect paper files from their office in Campbelltown before travelling out to see clients in Wollondilly.

- » Associated with travel distances and the cost of petrol, Wollondilly residents may be more reluctant to commit to treatment or participation in programs that involve regular trips to Campbelltown.
- » The lack of a presence in the area means that Wollondilly residents don't come forward to identify themselves as readily as if there is a hospital or major community health centre nearby, as in other parts of SWS.
- » The capacity to deliver outreach services to Wollondilly is dependent on staffing – when staff resources are short, these activities in Wollondilly are curtailed.
- » The range of activities and programs available to residents of Campbelltown is simply not available for residents of Wollondilly. For instance there are no health promotion or preventative programs in Wollondilly regarding nutrition and weight gain. Only priority cases of childhood obesity from Wollondilly are seen, despite overweight and obesity being key health issues in that community.
- » With regard to mental health services, there are gaps in the range of services available to Wollondilly residents, particularly a lack of follow-up and intensive support services. Mental health staff reported that they are just not seeing people with mental health problems from Wollondilly, because they are unable to see people there to assess problems. By way of comparison, it was noted that Wingecarribee Community Health Centre has a mental health team of 18- 20 positions, yet Tahmoor Community Health Centre has only 2.5 to serve a population of a similar size. They feel there is likely to be significant potential undiagnosed and untreated need amongst Wollondilly residents with mental health problems who don't know they have a problem. There is also concern that problems not identified and treated early may become more severe.

From the perspective of Wollondilly residents and locally based service providers, the model of service centralisation in Campbelltown with outposts and outreach provided in Wollondilly is unsatisfactory for a number of reasons. Chief amongst these is that Wollondilly residents carry the extra costs and inconvenience associated with travel, discussed in Section 5.7 below. However, there is also a widespread perception that current arrangements are inequitable, and that Wollondilly residents are being "short changed".

For many types of health services and non-government services, Wollondilly is regarded as part of the Macarthur region, which is made up of Campbelltown (pop. 146,000), Camden (pop. 57,000) and Wollondilly (pop 46,000). . Health services planning by SWSLHD has traditionally focussed on the Macarthur region cluster of LGAs, reflected in the preparation of a Clinical Services Plan for Macarthur to 2021 and more recent update of that Plan to 2026. This clustering arrangement also applies across a number of government funding programs. Within the Macarthur region, Wollondilly has not been seen as a high needs area, in terms of both population numbers and indicators of disadvantage.

For many service types, the Macarthur region appears to be relatively well resourced – for example the Macarthur area has the greatest access to mental health services in the SWSLHD, (PIR Service Mapping and Gap Analysis). A relative advantage in resourcing to Macarthur may forestall the allocation of further funding to the region.

However, there is a perception amongst stakeholders that resources allocated to service the whole Macarthur region tend to be based in Campbelltown, with very limited resourcing of programs making it "over the hill" into Wollondilly. There is a feeling that Wollondilly is not getting a fair

share of the resources allocated to service the Macarthur area and that it is the “poor cousin” in the Macarthur arrangement, with particular issues including:

- » Funding grants may be won on the basis that the organisation will serve the whole of the Macarthur area, but Wollondilly is neglected once the program is established and residents don't see any benefit from the funding.
- » Lack of continuity and permanence of the limited services and programs that are established in Wollondilly, when resources are withdrawn at short notice to fill "higher priority" vacancies or enhance services in the main service base in Campbelltown. As local services are withdrawn there is a resumption of their delivery from Campbelltown, and it is very hard to ever attract the resources back to Wollondilly.
- » A perception that the Tahmoor Community Health Centre has been left to "run down" as its resources are re-allocated to Campbelltown and positions have been left vacant for extended periods.
- » Comparisons are made with the significantly higher levels of resourcing for Wingecaribee Shire, of a similar size to Wollondilly, yet allocated its own services.

Population growth in the area will, over time, necessitate a reappraisal of the notion of the Macarthur region, as Wollondilly's population grows to equal that of Campbelltown and Camden. When growth forecasts for Wollondilly and Camden are added to those for Campbelltown, the Macarthur region could have a population of around 450,000 people in 20 years or so, making it significantly bigger than, for instance, Canberra is now. In these circumstances, Wollondilly will need to become a unit for resource allocation in its own right.

However, the transition to this stage will need to be managed carefully, recognising that in the short term Wollondilly will still not have the population to sustain a range of full-time positions. There is also recognition of the value in having larger centralised services where expertise and support amongst staff can be enhanced, rather than small numbers of isolated workers operating alone. At the same time, there is recognition that the Tahmoor Community Health Service provides a strong foundation for further service development in Wollondilly.

## 5.5 Access to hospital services

Just over 40% of the survey respondents (or their families) had used a hospital in the previous 12 months, and 32% had used a hospital emergency department. Around 15% had used a hospital out-patients service (Question 1).

Patterns of use of hospital services amongst survey respondents who had used a hospital in the previous 12 months are outlined in the following table (Question2).

**Table 27: Use of hospital services by survey respondents**

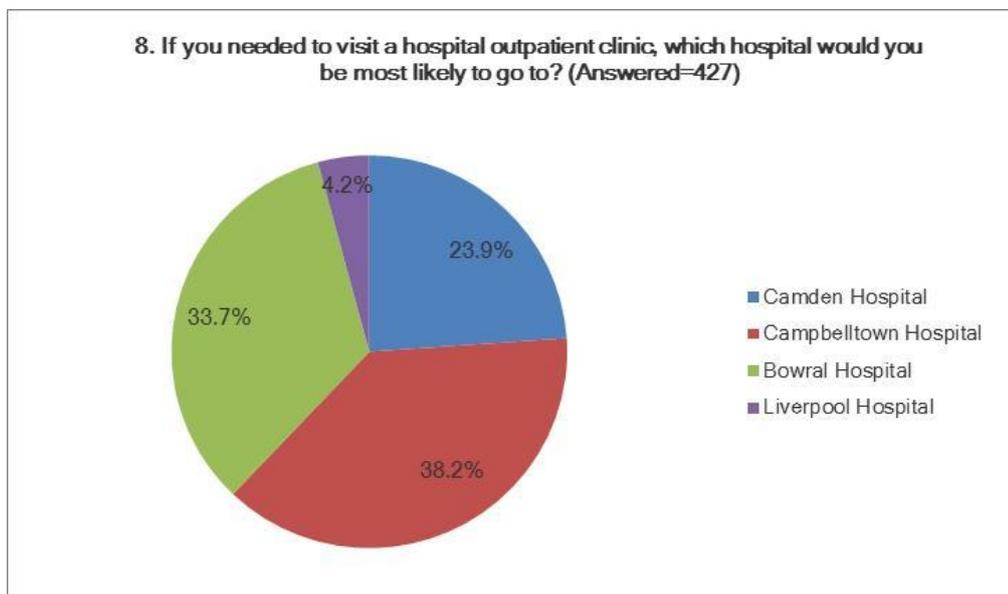
	Wollondilly	Camden	C'town	Penrith	Bowral	Other	Total
Hospital (general)	0	4.1%	43%	7.1%	22.6%	22.6%	239
Hospital outpatients	8.6%	8.6%	42%	8.6%	9.9%	22.2%	81
Hospital emergency	0	13.8%	45.2%	8.0%	20.2%	12.8%	188

This table shows that:

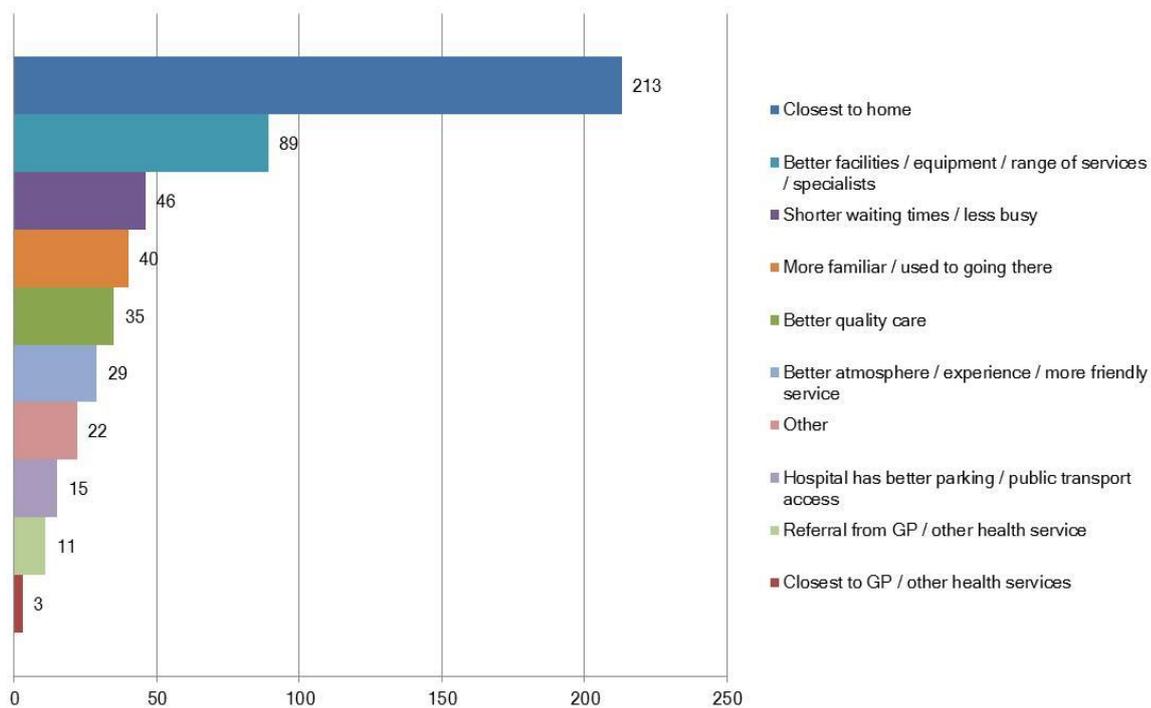
- » Hospitals in Campbelltown are most frequently used by the Wollondilly residents who completed the survey, followed by those in Bowral (Note: these figures include both public and private hospitals). Camden Hospital is only used by a small proportion of those needing to use hospital services. This applies for general in-patient services, emergency departments and out-patient services.

Patterns of use of hospital emergency departments and reasons for these choices have been outlined in Section 5.3.4 above.

Questions 8 and 9 of the survey asked respondents about their use of hospital outpatient clinics. The results for Question 8 (which hospital clinic would you be most likely to go to?) differ to those in Table 27 above (which hospital clinic did you go to?), but the order of hospitals remains the same – Campbelltown, Bowral and district and Camden hospitals.



9. If you needed to visit a hospital outpatient clinic after hours, where would you be most likely to go? Please tell us why that facility (Answered = 400)



Reasons for the choice are similar to those for choice of Emergency Department, with the exception that the availability of parking at the hospital and public transport links are also important considerations for some people.

In several of the survey questions (eg Question 22) and the NGO consultation session, a desire was expressed for a hospital to be established in Wollondilly. There was also a widespread view that even if Wollondilly does not get inpatient services locally, residents do, however, still want local access to the services that typically cluster around a hospital – after hours care, specialists, diagnostic services, out-patient clinics. In this context, the establishment of an Integrated Primary and Community Care Centre in Wollondilly was strongly supported.

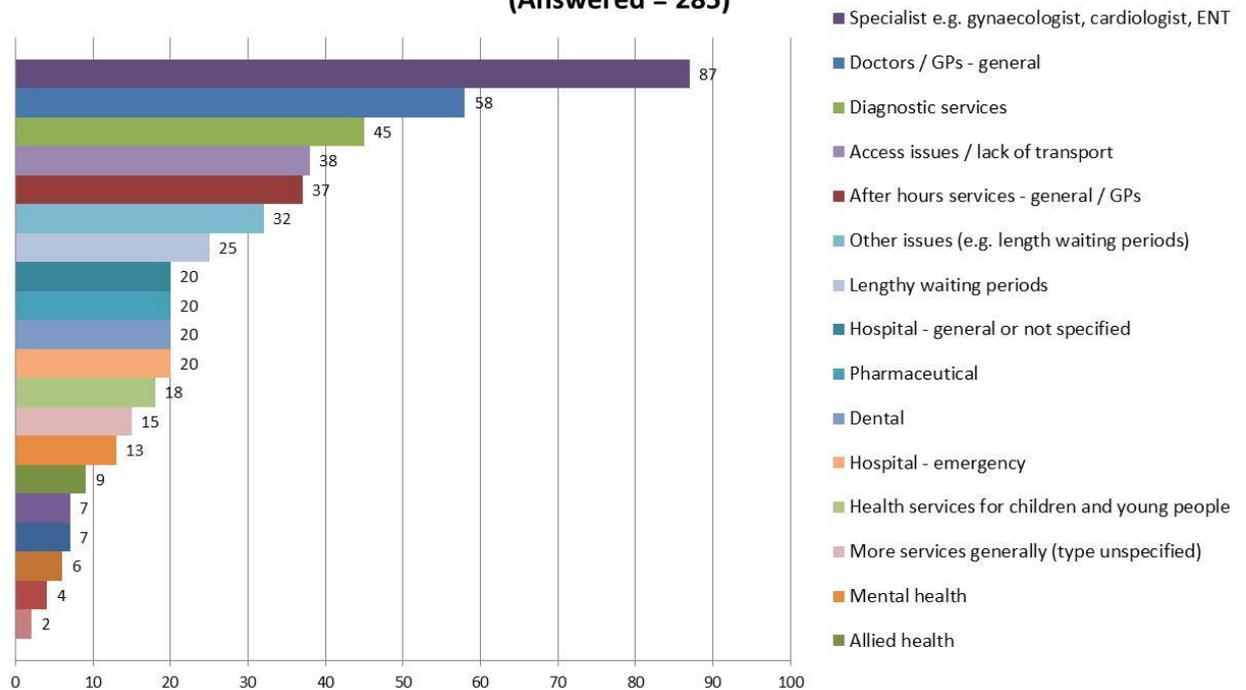
Plans have been prepared for the further development of Campbelltown, Liverpool and Bowral and District hospitals in response to the Department of Planning and Environment’s growth projections for Macarthur, the South West Growth Centre and the Southern Highlands. However, these population projections do not take full account of the population growth that will ensue if the Wollondilly Shire Council’s Growth Management Strategy is achieved. This issue is considered further in the next chapter.

## 5.6 Service gaps and priorities

Question 12 of the Community Survey asked respondents to identify gaps in the range of health services available in Wollondilly. The results are outlined in the figure below.

### 12. Are there any gaps in the range of health services available in Wollondilly, to meet your needs and the needs of your family?

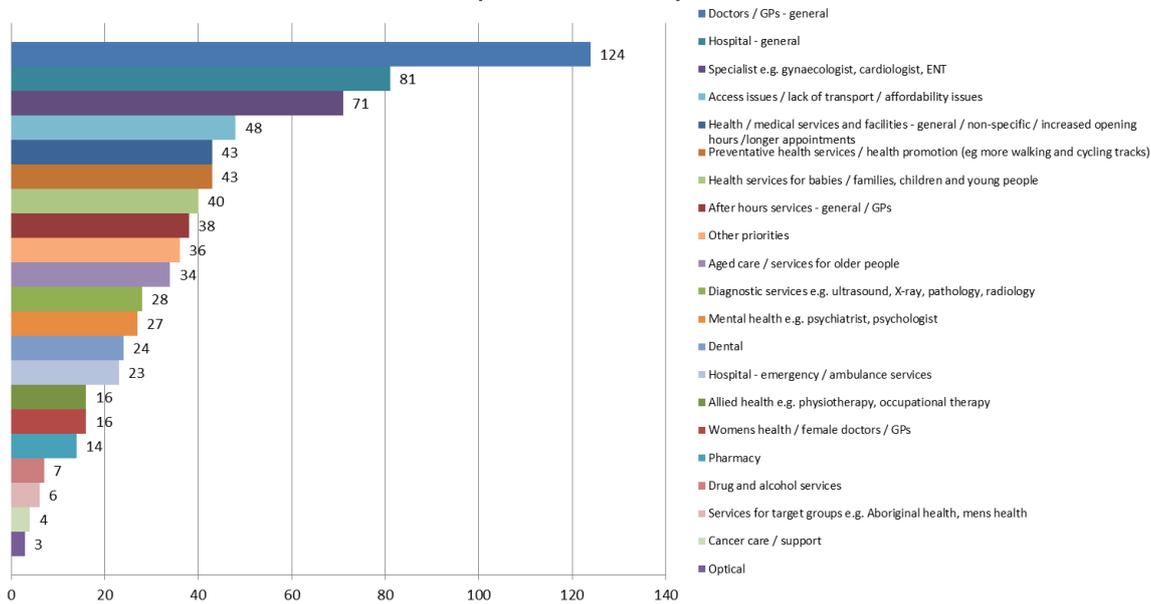
(Answered = 285)



Better access to medical specialists is the top service gap, with particular mention of paediatricians, gynaecologists, ENT specialists and psychiatrists. This was followed by better access to GPs, to diagnostic services, to hospitals and to after hours services. Improved access to health services generally and reduced waiting times to see a practitioner were also identified as priorities.

Respondents were also asked to identify priorities for new health services (Question 22), with responses outlined in the following figure.

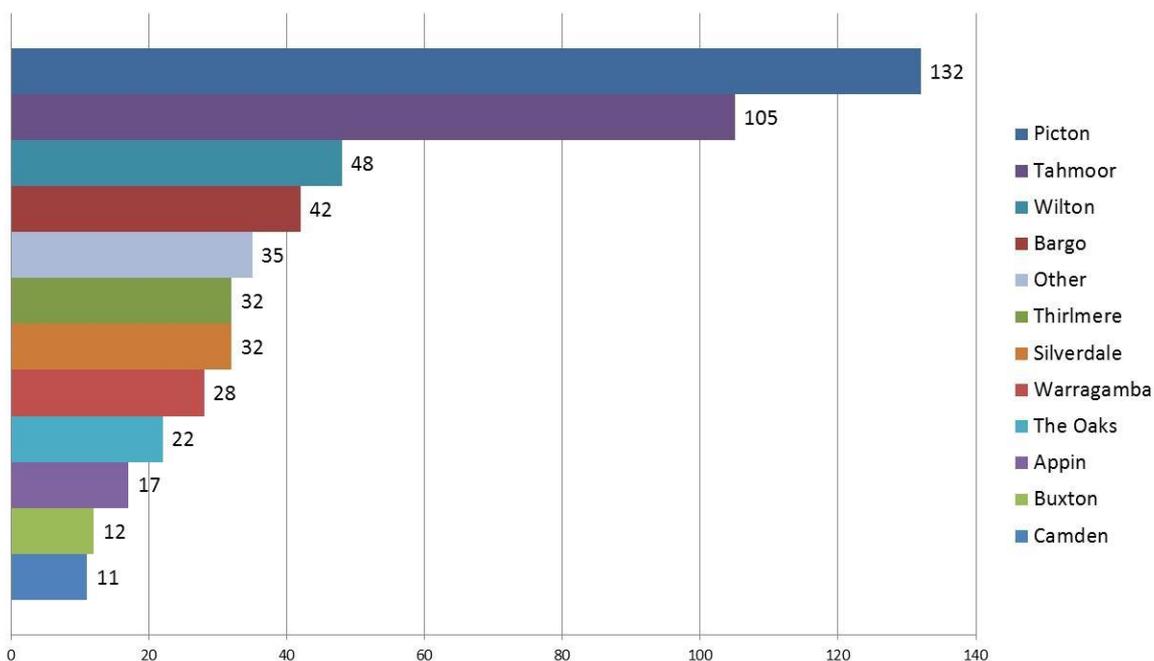
**22. The population of Wollondilly Shire is expected to grow considerably over the next few years. What do you see as the priorities for new health services or programs in Wollondilly Shire? (Answered = 304)**



Again, better access to GPs was the top priority, identified in over 40% of responses. Development of a hospital within the Shire was identified in 27% of responses, while better access to specialists was the third priority, identified in 23% of responses.

Survey respondents were also asked to identify where within Wollondilly they would like to see new health services located. Responses reflected the current pattern of settlement within Wollondilly, with Picton as the administrative centre nominated in 40% of responses, followed by Tahmoor (32%).

**23. Where in Wollondilly Shire would you like to see new health services and programs located? (Answered = 327)**



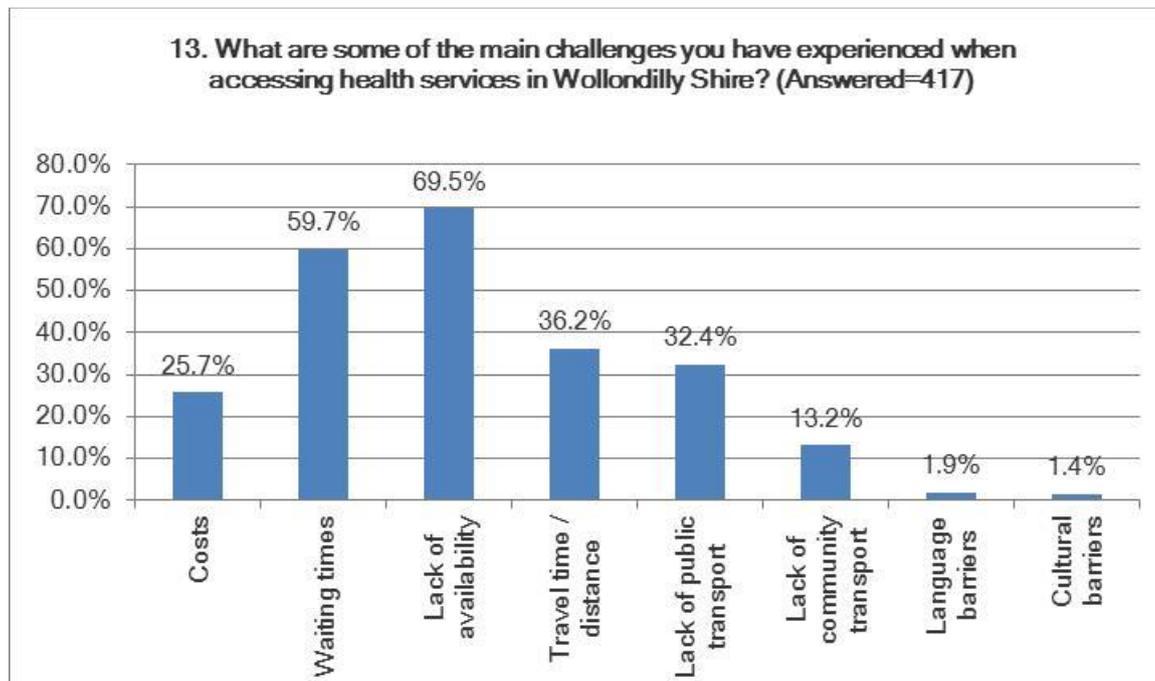
In the consultation sessions, priorities for service development also included a long 'wish list':

- » Better access to GPs.
- » Better access to specialists, especially for older people to save them having to travel to Campbelltown and Liverpool. Paediatricians were also mentioned frequently.
- » Allied health services, both to take pressure off GPs and to provide local access to services which otherwise residents would have to access in Campbelltown or Liverpool. Speech pathology was the most commonly mentioned allied health priority.
- » Mental health services, especially for young people.
- » Early intervention services for children with developmental delays or special needs.
- » Facilities for preventative health eg more opportunities for physical activity.
- » Residential aged care facilities.
- » Services to help with pain management.
- » Better public transport and access to community transport.
- » A bigger community health base in Wollondilly with more staff and services.
- » Health promotion and prevention programs for chronic diseases – heart disease, diabetes.
- » Drug and alcohol programs.
- » Improved respite services for carers.
- » Rehabilitation services for older people.
- » Diagnostics and imaging services.

In the consultation sessions, while not a key focus of discussions, support was expressed for the concept of an Integrated Primary and Community Care Centre to be established in Wollondilly, where a variety of services could be provided. In particular, it was felt that such a facility could provide generic clinic space for start-up and sessional services that could develop as the population grows. More use of tele-health technologies was also suggested as a means of improving access to health services, particularly specialists.

## 5.7 Barriers to access

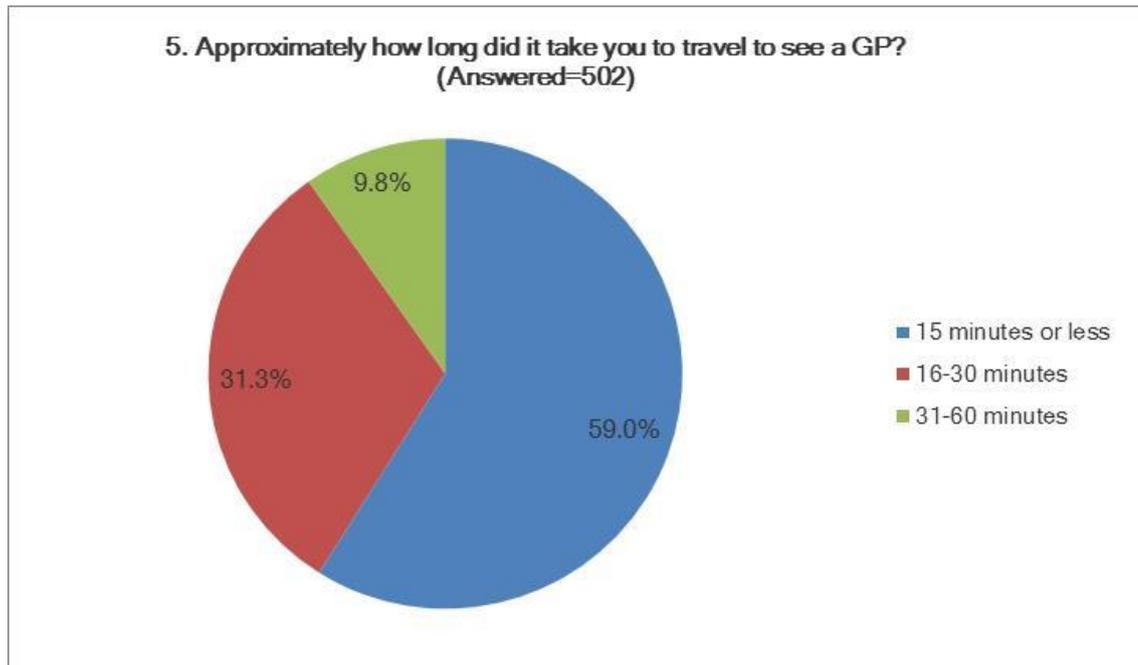
As shown in the figure below, when asked in the community survey (Question 13) to identify the main challenges respondents experienced when accessing health services, the key issues were lack of availability and long wait times, as discussed above. Other significant challenges, which act as barriers to access, included the cost of health care, distance to travel, lack of public and community transport, language and cultural barriers and lack of information about health services. These issues are discussed further below.



### 5.7.1 Distance and travel

The key consequence of the limited availability of health services within Wollondilly is that residents have to travel significant distances both within the Shire and to access health services in adjacent local government areas and the wider district.

From the survey (Question 5), about 59% of respondents were able to see a GP within 15 minutes of travel time. A further 31% took up to half an hour to travel to their GP, while nearly 10% travelled for up to an hour to see their GP. Over 36 % of survey respondents nominated travel time and distance as a challenge they had experienced when accessing health services (Question 13).



Issues associated with travel distance identified in Question 14 of the survey included:

- » The inconvenience associated with lengthy travel times
- » Health problems associated with lengthy travel, dependent upon the health issue and its urgency (eg patient discomfort)
- » The additional costs of travelling long distances.

Travel distance to access health services in the surrounding area was the key issue raised at the consultation with NGOs and community organisations. Particular issues included:

- » The cost to residents of transport to health services, given rising petrol costs and large distances to cover
- » The time taken to travel to more distant health services, particularly for those juggling family responsibilities
- » The disincentive associated with long travel distances This contributes to residents not bothering or delaying using health services, with consequences for need for after hours and emergency services or poorer health outcomes
- » Difficulties for those who are ill or experience chronic pain who cannot comfortably travel that far.

Travel distance also has significant implications for the delivery of services. For service providers, the need to travel over large distances, particularly to reach the more remote parts of the Shire, is

a disincentive for servicing the area and also means that fewer patients can be seen. Travel time and costs cut heavily into packages of care provided under different funding programs, resulting in a disproportionate amount of the funding package being spent on transport rather than to care. This can mean that an insufficient level of service is gained from the package, or the packages are simply not made available to Wollondilly residents on the basis that not enough benefit will be realised (as is the case in a recently established palliative care initiative).

In research supplied by Wollondilly Shire Council, the costs of delivering a simple package of home support services was compared for an elderly client living in Bargo and another, receiving the same services, living in Punchbowl. The total costs for delivering the package of care to the Bargo resident was \$293, compared to \$173 for the Punchbowl client. Costs were 70% higher for delivering services to the Bargo resident, with all of this attributed to the extra staff time involved in travel and the costs of reimbursement for travel. This means that for services receiving equivalent levels of funding, the funding does not stretch as far in Wollondilly. This is a factor for some funded services in centralising their limited funding resources in Campbelltown.

Ideas suggested to overcome transport barriers to health services suggested during the consultations focussed on changing the model of service provision to enable "services to come to the people" (ie be delivered within Wollondilly) rather than "people going to the services", but it is recognised that this presents resourcing challenges for service providers.

## 5.7.2 Public and community transport

Travel distances are exacerbated by the very limited public transport services available in the Shire. Over 32% of survey respondents listed lack of public transport as a challenge they had experienced in accessing health services, and a further 13% nominated lack of community transport as a challenge (Question 13).

Those without access to a private vehicle are likely to include:

- » Older people, including those who have never learnt to drive, those who have lost their licence and those who are not confident to drive in the dark or to unfamiliar or congested places. Older people are the greatest users of health services and so their convenient access is particularly important.
- » Young people who do not yet have a licence or access to a car. Reliance on parents may not be appropriate for young people who want to access health services confidentially.
- » Those who are ill, immobile or disabled and do not have a carer to drive them.
- » Families with only one car, used by the main breadwinner to get to work.
- » Those on low incomes who can't afford a car, with vulnerable groups including single parents and Aboriginal residents.

Problems associated with a reliance on public transport include:

- » Inability to get to early morning or late afternoon appointments in Campbelltown, given the length of public transport journeys and timetable and connection challenges.
- » Lack of public transport services at night or weekends and infrequent bus services out of peak hours.
- » The cost of public transport for those on low incomes.
- » Challenges of relying on infrequent public transport services when feeling unwell or having mobility problems, or following chemotherapy or dialysis and wanting to get back home quickly.
- » Being stranded in unexpected or untimely situations (eg death of spouse at 3 am in Bowral and District Hospital).

- » Public transport challenges are a further disincentive for those who may be reluctant to use services anyway, such as people with mental health issues.

Alternatives to public transport in Wollondilly are limited:

- » The cost of taxis from Campbelltown to Wollondilly, for instance, is prohibitive, given the large distances to be travelled.
- » Community transport services are heavily utilised and demand outstrips supply. There are also eligibility restrictions as this primarily is a Home and Community Care funded program for older people and people with a disability.
- » Hospital patient transport, provided in association with the ambulance service, is available for those requiring transport to hospital and home again, but demand outstrips supply for this service also.

Age standardised rates for community transport usage in 2010/11 indicate variable access to community transport across the SWSLHD, with highest rates in geographically isolated areas such as Wollondilly. Community transport services have consistently identified growth in health related transport as a major priority.

### 5.7.3 Cost of health care

The cost of health care was identified by nearly 26% of survey respondents as a challenge that they had experienced in accessing health services (Question 13). While overall the Shire has an above average level of household income, the income profile is divergent, with a small but significant proportion of residents in the lower income ranges. Access to GPs that bulk bill is an important consideration when choosing a GP. Cost of services was also identified as a challenge in relation to seeing dentists and medical specialists.

As mentioned above, the high cost of transport to access health services for Wollondilly residents, whether this be in terms of petrol or public transport costs, was a commonly mentioned issue. It was also identified as a reason why residents with chronic conditions discontinued treatment or participation in health education or support programs.

### 5.7.4 Language and cultural barriers

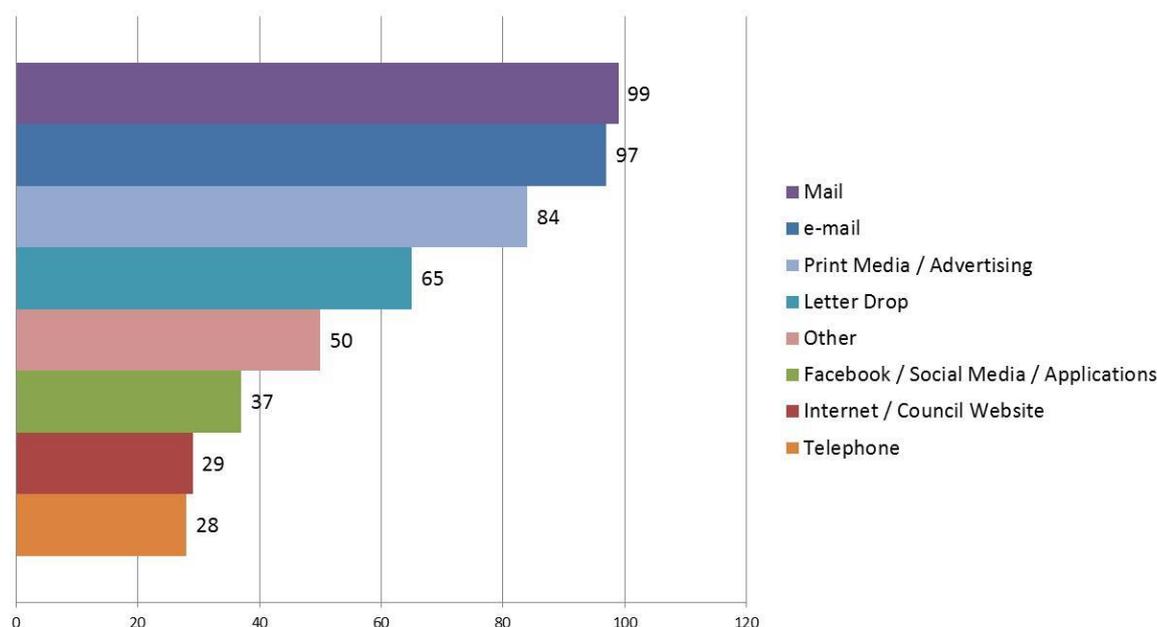
Language and cultural barriers were identified by 1.9% and 1.4% respectively of survey respondents as challenges that they had experienced when accessing health services. As noted previously the proportion of the population of Wollondilly that speaks a language other than English is very small, and the number of GPs who speak a second language is reasonably high. Nevertheless, language and cultural differences still provide barriers to access for a small number of residents.

### 5.7.5 Access to information about services

Lack of a particular and well known focus for the delivery of health services and the fragmented pattern of health services in Wollondilly can present challenges for residents in finding out where to go for various services and learning about new services. At consultation sessions with both GPs / allied health practitioners and NGOs / community organisations, mention was made of various health or related services in the district of which other participants were not aware. If practitioners experience difficulties in keeping up with service changes, then the challenges are that much greater for the general resident population.

In the community survey, respondents were asked what the best ways were to communicate about health services in Wollondilly (Question 24), as outlined below.

**24. What are some of the best ways to communicate with you and your household about existing and new health services in Wollondilly Shire?  
(Answered = 313)**



This graph indicates a diversity of views and preferences on methods of communicating new information about health services. This is likely to reflect the diversity of age groups and localities of respondents.

Issues raised during the consultation sessions included:

- » Word of mouth is considered to be the best way of disseminating information in Wollondilly. But this means it can take a number of months for information about health services to spread.
- » Local papers don't reach many of the rural areas and Council's community directory is out of date.
- » Many people, especially older people, don't have a computer so web-based information dissemination is not appropriate for them.
- » Internet and mobile connections are poor in some parts of the Shire.
- » Young people especially often don't know where they can go to get help.
- » Practitioners often don't know how to promote themselves effectively. The Tahmoor Community Health Service is very poorly promoted.
- » Wollondilly residents are slow to find out about new services. This has resulted in a low take-up of new services and their consequent withdrawal, but people only hear of the service after it has been withdrawn.
- » Any new services need to be trialled for an extended period and properly promoted so that people get to know of and use them. There is a need to consider ways of more effectively distributing information to promote awareness of health services.

## 5.8 Issues for target groups

### 5.8.1 Young people

Issues for young people, identified by service providers and through the community surveys, are summarised below.

- » Reliance on public transport to access health services independently. Transport barriers act as a disincentive to seeing a GP or community health practitioner
- » Lack of specialist youth services and programs within Wollondilly means young people have to travel and many can't get to where services are offered
- » Poor access to sexual health and mental health services
- » Reportedly high levels of smoking and drug and alcohol use
- » Boredom and limited opportunities for leisure and recreation involving physical activity
- » Knowing where to go for help, especially given the shortage of services within Wollondilly
- » Shortage of youth friendly GPs.

### 5.8.2 Older people

Issues for older residents include:

- » The distance and public transport challenges outlined above. These are experienced by both patients and their carers and family members. Older participants expressed a desire to see more home-based care services available in Wollondilly, including palliative care.
- » A shortage of home care services relative to demand. While limited access to Home and Community Care services is a common experience across the state, the situation is made worse in Wollondilly by the distance service providers must travel to care for people in their homes, costing more for the service provider and reducing the amount of care able to be delivered within care packages.
- » The lack of health services in the Warragamba area was identified as a particular issue for older people, given that they make up a higher proportion of the population there.
- » Service needs identified by the Macarthur HACC Forum as funding priorities for the Wollondilly LGA include:
  - > Social support for people with CALD backgrounds
  - > Centre based day care for people with dementia
  - > Transport for dementia clients to social support
  - > Community transport to health appointments
  - > Case management for older Aboriginal and Torres Strait Islander residents
- » Access to residential care within Wollondilly is very limited, as outlined in the previous chapter. Difficulties in accessing residential care within Wollondilly mean that older people may have lengthy waits in hospital until a place becomes available. The shortage of places also means that many residents have to move to facilities in adjoining local government areas, particularly Camden. This creates difficulties for residents in maintaining links with family and friends and with familiar places, and extra stresses for carers in travelling to visit and support family members.

### 5.8.3 Aboriginal people

Compared to all residents in SWS, Aboriginal people in SWS have been shown to have significantly higher rates of:

- » Potentially preventable hospitalisations (50% greater for Aboriginal residents than for the general population of SWS)
- » Smoking, smoking in pregnancy and lung cancer attributed to smoking
- » Hospitalisations attributable to high body mass and alcohol
- » Hospitalisations attributable to for diabetes, respiratory diseases mental and behavioural disorders
- » Overall rates of morbidity and mortality
- » Levels of injury and poisoning
- » Pre-term births (SWSML 2013b).

While data is not available to profile the particular health status of the Aboriginal community in Wollondilly, consultation with service providers suggests that the profile outlined above is equally applicable in Wollondilly, and that Aboriginal residents in Wollondilly have poorer health status than the community at large.

Particular issues for Aboriginal residents of Wollondilly in accessing health services include:

- » The costs and other disincentives associated with travel, given that a high proportion of Aboriginal residents have low incomes, may not have a care and the closest Aboriginal health services are located at Airds in Campbelltown LGA
- » Given these barriers, the Tharawal Local Aboriginal Land Council has been encouraging Aboriginal residents of Wollondilly to access mainstream health and care services in their local area, and has been working with local services to help ensure they can provide culturally sensitive health care
- » Promoting access to local mainstream services will continue to be the key direction of the Land Council in improving access to health services. The establishment of an Aboriginal Medical Service in Wollondilly is seen as an unrealistic goal, given difficulties in recruiting appropriately trained Aboriginal staff to the area.

The community survey included 21 responses from people who identified as being of Aboriginal or Torres Strait Islander background, representing 4.8% of survey respondents. Two of these respondents perceived a need for Aboriginal specific health services in Wollondilly. When asked about some of the main challenges they had experienced when accessing health services in Wollondilly Shire, only three respondents identified cultural barriers as an issue.

The main health issues in the Wollondilly Shire community identified by Aboriginal respondents included: mental health issues, children's behavioural issues, obesity, women's health, smoking and alcohol use. These issues are consistent with those of the non-Aboriginal community.

Suggestions made by Aboriginal respondents to help improve the health of the Wollondilly community included: better utilisation and more affordable health services at Tahmoor Community Centre (which was identified by several respondents as working well); better addressing the health needs of the Warragamba / Silverdale community (including enabling this community to access health services located in Penrith LGA); providing open space and recreational facilities in Wollondilly Shire – such as a dog park, skate park, play park for children, gym or pool; and promoting community health through local initiatives such as Council-run Healthy Community events. Again, these suggestions are consistent with those of the non-Aboriginal community.

#### 5.8.4 Carers

Specific issues for carers living in Wollondilly include:

- » The limited availability of respite services, including at home respite, centre-based respite and residential respite
- » Travel and transport challenges. In particular, carers reported that transport challenges often mean that a disproportionate amount of their limited allocation of respite hours is spent on travel, and there can be limited respite benefit for those reliant on public transport who need to get out and back home again within a few hours.

#### 5.8.5 People with a disability

The challenges outlined above for Wollondilly residents in accessing health services are compounded for people with a disability, for whom everyday tasks can be that much more difficult. People with a disability are heavy users of health services, and so the access barriers outlined above are likely to be frequent and regular experiences for them.

This is compounded by the lack of care and support services at the local level.

#### 5.8.6 People with a mental illness

People living with a mental illness have been found to have poorer health outcomes generally, and are more likely to engage in risky health behaviours such as smoking, excessive alcohol use and other substance abuse. In addition to access to mental health services, these people need access to supportive general health services and to social support programs.

Issues for people living with a mental illness in Wollondilly include:

- » The very limited availability of mental health services in the Shire
- » Poor access to GPs, including lack of continuity of care and difficulties finding a GP who has a good understanding of mental health
- » The disincentives associated with transport challenges, especially for those who lack private transport or who live in isolated parts of the Shire with limited public transport, and associated frequency of patients unable (or unmotivated) to keep appointments in Campbelltown because of transport difficulties.

#### 5.8.7 People from culturally and linguistically diverse backgrounds

As mentioned previously, language and cultural barriers can be issues for the small number of Wollondilly residents with culturally and linguistically diverse backgrounds who do not speak English well.

## 5.9 Summing up

The consultation sessions and community survey presented strong and consistent messages about the very limited availability of and poor access to health services in Wollondilly. Key issues include:

- » The shortage of GPs, particularly female GPs, with implications for wait times, delays in seeing a doctor and high use of hospital emergency departments
- » A reliance on health services in adjoining local government areas, especially Campbelltown, with associated travel imposts on residents and disincentive to use health services. Travel distances are exacerbated by the poor public transport available in the Shire.
- » The population is not large enough nor sufficiently concentrated to support much in the way of private / commercial services (medical specialists, allied health, diagnostic services as well as GPs). A high need has been expressed for better access to these types of services within the Shire, and ways of supporting their viability until population thresholds are reached will need to be considered.
- » There is a widespread feeling that Wollondilly is disadvantaged by being the "the poor cousin" in the Macarthur region, with program resources allocated to Macarthur being concentrated in Campbelltown and not extending "over the hill" to Wollondilly, or being subsequently withdrawn to sustain the parent service.

The key challenge is how to 'grow' the health service system across a spectrum of services to better meet the needs and expectations of an expanding population. This issue will be discussed in the following chapters.

# 6 Planning considerations

## At a glance

This chapter outlines key Health and Council planning frameworks to guide actions for the Wollondilly Health Alliance and some of the initiatives previously undertaken to address health issues in Wollondilly.

The development of strategies and actions to address the issues identified in the previous chapters needs to have regard to the directions set by current relevant planning frameworks and the efforts that have been made in recent years to address health issues. The key planning frameworks to guide actions for the Wollondilly Health Alliance and some of the initiatives previously undertaken to address key issues are outlined below.

## 6.1 NSW State Health Plan: Towards 2021

The NSW State Health Plan provides a strategic framework which brings together NSW Health's existing plans, programs and policies and sets priorities across the system for the delivery of 'the right care, in the right place, at the right time'. It highlights strategies to deliver on health priorities and improved health outcomes, and details the next steps needed to keep delivering world-class care in NSW.

In particular, the NSW State Health Plan is based around three key directions, as outlined below:

### **DIRECTION ONE: Keeping People Healthy**

- » Reduce smoking rates and the adverse effects of tobacco
- » Address drug misuse
- » Tackle overweight and obesity rates
- » Promote responsible alcohol consumption
- » Help people manage their own health

### **DIRECTION TWO: Providing World-Class Clinical Care**

- » Move beyond the Emergency Department to create a better connected health system
- » Develop and implement new models of care to meet changing needs and address unwarranted clinical variation
- » Drive better performance via partnerships with clinicians and managers
- » Maintain a continued focus on quality and safety
- » Listen to our patients

### **DIRECTION THREE: Delivering Truly Integrated Care**

- » Empower patients to be partners in their care
- » Support strategic, targeted investments in new models of integrated care
- » Invest in enablers to inform and support delivery of the integrated care strategy

- » Strengthen partnerships with the primary and community care sectors for a seamless care experience
- » Align financial incentives and performance
- » Monitor, evaluate and seek feedback to guide improvement
- » Scale up, roll out and embed successful programs across NSW.

## 6.2 SWSLHD Strategic and Healthcare Services Plan

The Strategic and Healthcare Services Plan of the SWSLHD sets out how health services can best meet the needs of a rapidly growing and ageing community across South Western Sydney. Recommendations for action to address health service needs in Wollondilly will need to be considered within the framework provided by this Plan. The Plan identifies eight priority strategic directions that will underpin service development:

- » Build capacity to effectively service growing demands for health care
- » Redesign services to bring them closer to people and their communities
- » Integrate action with the South Western Sydney Medicare Local
- » Partner with external providers to deliver public health care
- » Enhance service networks and grow centres of excellence
- » Shared access to unified information for all the health care team
- » An integrated focus on primary prevention for patients and communities
- » Embedding education and research within service delivery.

The Plan identifies people living in rural communities with poor access to health care as one of 13 priority population groups experiencing disadvantage. Directions to address this specific disadvantage include:

- » Enhancing and developing local services in the southern parts of the Health District, including expanding services at Bowral and District, Campbelltown and Camden Hospitals to provide services closer to the homes of residents
- » Exploring use of new technology eg tele-health to bring health services to rural communities
- » Updating Transport Access Guides for health facilities to improve accessibility of services
- » Increasing the level and range of primary health services in the Wollondilly LGA
- » Providing outreach services to improve access to geographically isolated communities.

## 6.3 Integrated Primary and Community Care Development Plan

The SWSLHD has developed a model of Integrated Primary and Community Care (IPCC) for the South West Growth Centre (SWGCC), and it is thought that this model may also be applicable within the Wollondilly Shire, given its population growth forecasts. While there are multiple definitions of the concepts this term embodies, the definition of 'Integrated Primary Care' that was adopted by the Sydney South West Integration Program in 2008 was:

*'Integrated Primary Health Care is a bringing together in a direct and close working collaboration of GPs, community health workers, allied health workers, primary care chronic disease workers and other primary health care workers to deliver efficient and effective primary health care on a team-centred multi-disciplinary basis in the community, with emphasis on prevention and early detection of chronic illness, better chronic disease management, reduced dependence on hospitalisation and an enhanced working environment for the professionals concerned.'* (SWSLHD 2012 p.68).

More recently, the NSW State Health Plan: Towards 2021 has identified "Delivering Truly Integrated Care" as one of three key strategic directions for the NSW health system (see above). The SWSLHD/SWSML Integrated Health Committee has in its draft Strategic Plan provided definitions relating to integrated care:

- » Integrated Care involves the provision of seamless, effective and efficient care that responds to all of a persons health needs, across physical and mental health, in partnership with the individual, their carers and family
- » The right place for care means effective services are safely delivered in an environment which meets the needs of the individual, carer and family, balanced with service provider capacity to deliver optimal care".

These definitions are consistent with those adopted across NSW in the Ministry of Health's Integrated Care Strategy 2014-2017. Important characteristics of an integrated care model include having the patient at the centre of care, continuity of care through connected health professionals in primary and specialist care, sharing of health information across all the health care team which includes the patient and the use of standardised care pathways facilitated by IT connectivity.

A three tiered hierarchical model has been identified for the SWGC to deliver truly integrated care, as outlined in the following table:

**Table 28: Hierarchical model of IPCC for SWGC**

Facility	Catchment population	Role
Regional Integrated Primary and Community Care Centre (public and private sectors)	1 per 75,000-100,000 people	Hub for multidisciplinary primary care and specialist hospital outreach / medical ambulatory care and potentially day surgery. Co-located community health, general practice and specialist ambulatory care
Primary care clinics (private sector)	15,000-18,000 people	Private general practice with 6-8 GPs, Practice Nurses, on-site allied health and other services on a visiting basis. Could also include private diagnostic imaging, pharmacy
Team general practice (private sector)	4,000-5,000 people	Private General Practice, typically less than 5 GPs, supported by Practice Nurses.

Source: SWSLHD - Integrated Primary and Community Care Development Plans for the SWGC 2012

The SWSLHD has committed to the first RIPCC Centre in South Western Sydney being established at Oran Park, and a second centre is proposed for the Major Centre at Leppington. The two lower tiered facility types – primary care clinics and team general practices – are private sector facilities that are market driven and the SWSLHD has a more limited role in encouraging their provision in response to population growth.

In discussions regarding the planning for Wilton Junction, the SWSLHD has indicated that a RIPCC facility will be warranted in Wollondilly. Such a facility would be established in stages as the population grows, with the first stage required when the population of Wilton Junction reaches around 10,000 people. The local area population projections provided at section 2.7 indicate that this is likely to happen by around 2026. . A full centre would be required by the time the population of Wollondilly reaches 75,000+ people. Under existing DPE projections this would be sometime after 2031. Under the revised Growth Management Strategy, this is projected to occur around 2026, just over a decade away.

To date, discussions between SWSLHD, Wollondilly Shire Council and DPE around the establishment of a RIPCC centre have focused only on Wilton Junction. The master plan for Wilton Junction has identified a site for a RIPCC within the proposed town centre and it is proposed that this land would be made available to the SWSLHD as a State Infrastructure Contribution. However, under proposed arrangements, the development would not contribute towards the capital cost of building the centre.

If the revised Wollondilly Growth Management Strategy is achieved, Wollondilly will reach the population catchment to warrant development of a RIPCC centre sooner than previously anticipated, and population growth will occur incrementally across the whole Shire, not just in Wilton Junction. This may require further consideration of the most appropriate location for the RIPCC, which would need to have regard to:

- » Accessibility for residents from across the Wollondilly Shire, indicating a fairly central location
- » Existing and proposed public transport services
- » The distribution and density of future population centres
- » Potential for integration with other human services and community facilities
- » The availability of land for the facility through developer contributions.

## 6.4 Wollondilly Community Strategic Plan 2033

The Wollondilly Community Strategic Plan identifies key issues facing the Shire and establishes strategies to provide Council and the community with a focus and direction for addressing them over the next twenty years. It identifies issues, desired outcomes and strategies across five themes at a broad strategic planning level, with detailed actions contained within the four-year Delivery Plan and annual Operational Plan.

The Plan identifies issues that fall not only within the scope of local government, but also issues that are the responsibility of other agencies which can be addressed through partnerships with Council or Council's role as an advocate for Wollondilly.

Of the five themes identified in the Community Strategic Plan, two have desired outcomes and strategies related to health services:

### 1. 'Looking after the Community'

- » Strategy C01 Community building, well-being and identity – deliver a range of community programs, services, facilities and events which strengthen the capacity, well-being and cultural identity of the community
- » Strategy C02 Working with others – work with other agencies and service providers to deliver community programs, services and facilities which complement and enhance Council's service provision
- » Strategy C03 Social planning – undertake strategic social planning and research regarding community needs and issues.

## 5. 'Management and provision of infrastructure'

- » Strategy IN3 Provision of facilities – provide a range of recreation and community facilities to meet the needs of the community.

## 6.5 Outline of previous workforce and service enhancement strategies

The WSC, SWSLHD, SWSML, and indeed local private health providers, have all undertaken various initiatives in recent years to support the enhancement of the local workforce and services alike. Over the years these have been undertaken through various groups and strategy documents developed by the three key partners. These have included:

1. Macarthur Health Strategy 1997 (SWSLHD)
2. Wollondilly Healthy Initiatives Working Group (WSC, local GPs and SWSML)
3. SWSML expansion of services 2012 (SWSML) and
4. More recently the development of Campbelltown Hospital

A brief summary of outcomes of such initiatives is provided below and indicates progress in all areas.

### 1. Macarthur Health Strategy (1997)

- » Establishment of Wollondilly Community Health Centre (WCHC) in Tahmoor to reflect population density and need for holistic primary and community care services
- » Purchase of mobile health 'vans' to deliver primary care services throughout Wollondilly
- » Expansion of Oral Health and Mental Health Services available from WCHC
- » Introduction of UWS Specialist Clinics at Camden Hospital to increase local access to specialist services

### 2. Wollondilly Healthy Initiatives Group

- » Recruitment of an additional GP in Appin in collaboration with local developers
- » UWS student placements in WSC
- » Expansion of mobile services for obesity and mental health patients advocated by WSC from SWSML

### 3. South Western Sydney Medicare Local

- » Mental Health Practice nurse co-located in one practice
- » Practice Support model to support GPs manage Commonwealth and State workforce initiatives
- » Purchasing of local psychologists to mental health programs
- » After Hours Medical Deputising purchased

### 4. Redevelopment of Campbelltown Hospital

The development is now underway, with the \$134 million Stage 1 works scheduled for completion in 2015, expanding bed capacity at the hospital by 28%. At the completion of Stage 1 Campbelltown Hospital will include:

- » 90 additional inpatient beds with a capacity for a further 30
- » an expanded emergency department
- » Two state-of-the-art cardiac catheterisation laboratory/interventional suites

- » Four new birthing suites
- » An expanded paediatric outpatients unit
- » A co-located and expanded floor comprising of ambulatory care, outpatients, antenatal and allied health consulting rooms and treatment spaces
- » An expanded pathology and clinical information space
- » An expanded loading dock
- » Additional 248 car parking spaces, bringing the total number of on -site car spaces at the hospital to 1,225.

Planning has already commenced on the Stage 2 redevelopment which will aim to provide capacity to meet the projected demand for acute hospital care from Macarthur residents up to 2026. The NSW Government is yet to consider funding of the Stage 2 works.

The above summary is not intended to capture all of the plans and preceding initiatives that are relevant to the work of the Wollondilly Health Alliance. They do, however, provide a framework for considering and linking proposed actions, and for recognising that initiatives to improve health services in Wollondilly are part of an on-going program of service development and advocacy that extends back for many years.

# 7 Priorities and strategies

## At a glance

This chapter presents the strategies, actions and priority issues identified by stakeholders at a Priority Setting Workshop to address the key issues identified in this Health Needs Assessment.

## 7.1 Proposed strategies and actions

In advance of the Priority Setting Workshop, a list of the top issues identified from the research and consultation elements of the Health Needs Assessment was prepared. This list was then considered and revised by the Wollondilly Health Alliance. This process produced a list of 17 issues, which formed the focus of consideration at the Priority Setting Workshop. This list was not organised in any priority order.

At the Priority Setting Workshop, strategies and actions to address these 17 issues were considered in terms of three broad themes:

1. Access issues and population growth forecasts
2. Models of service delivery
3. Workforce attraction and retention

The table below lists the 17 issues and summarises the actions proposed by workshop participants in relation to each.

**Table 29: Proposed actions for top 17 issues**

	Need / issue	Strategies	Proposed Actions
1	Shortage of GPs, especially female GPs	1.1 Support retention of existing GP workforce	<p>1.1.1 Better understand challenges and issues for GPs in succession planning and in recruiting new GPs</p> <p>1.1.2 Explore how existing practice positions are marketed and identify opportunities for improvement</p> <p>1.1.3 Ensure there are opportunities for professional support, training and links to leading practice research and mentoring so that GPs do not feel isolated or marginalised in coming to Wollondilly</p> <p>1.1.4 Evaluate student placements and undertake exit interviews with trainees to identify issues and initiatives to attract trainees back to Wollondilly once their training is complete</p>
		1.2 Grow the GP workforce and number of practices in line with population growth	<p>1.2.1 Undertake detailed planning for establishment of RIPCC centre in Wollondilly</p> <p>1.2.2 Develop RIPCC as centre of excellence with reputation for quality that will attract good staff</p> <p>1.2.3 Explore the economic barriers, other obstacles and lifestyle issues impeding attraction of more GPs to Wollondilly</p> <p>1.2.4 Provide subsidised accommodation for medical centres in areas of new development through VPAs, such as in Appin</p> <p>1.2.5 Consider ways of helping GPs with business establishment and support, for instance shared support staff, back of office resources</p> <p>1.2.6 Develop links to attract students from Wollongong University as well as UWS</p> <p>1.2.7 Recognise and promote attractions associated not only with day to day work but also with Wollondilly lifestyle, both for practitioners and their families</p> <p>1.2.8 Market locational advantages of Wollondilly, including proximity to beaches of Wollongong</p> <p>1.2.9 Identify what incentives are available through government</p>

	Need / issue	Strategies	Proposed Actions
			<p>programs to attract GPs to peri-urban areas</p> <p>1.2.10 Explore opportunities for incentives with subsidised housing and assistance with HECs debts for doctors</p>
2	Lack of local after hours services and high use of hospital emergency departments	2.1. Improve access to afterhours medical services within Wollondilly Shire	<p>2..1.1 Improve awareness and utilisation of the SMS Medical Deputising Service within Wollondilly through marketing initiatives</p> <p>2.1.2 Consider ways to encourage pharmacies to open later hours – till 10pm</p> <p>2.1.3 Increase awareness of what services are available for after hours assistance, for instance using social media (Facebook)</p> <p>2.1.4 Consider in establishment of a RIPCC centre in Wollondilly the provision of an extended hours urgent care centre to provide care for injuries and medical conditions manageable in primary care and other types of ambulatory services which residents currently might seek from a hospital emergency department</p>
3	Lack of local access to medical specialists and diagnostic services. Private sector services not viable for small populations	3.1 Improve access to medical specialists and diagnostic services within Wollondilly in line with population growth	<p>3.1.1 Improve use of Telemedicine to access specialists in cases where appropriate</p> <p>3.1.2 Promote understanding and use of technologies for self monitoring and management of patient's own condition e.g. blood sugar, blood pressure.</p> <p>3.1.3. Implement care pathways specifically tailored to improve access to medical specialists for Wollondilly residents</p> <p>3.1.3 Test current referral pathways to see if GPs are referring to the most accessible specialists</p> <p>3.1.4 Work to change regulatory guidelines / barriers re proximity for funding for diagnostic equipment</p> <p>3.1.5 Encourage specialists to share office space in multi-disciplinary clinics</p> <p>3.1.6 Encourage GPs and specialists to share information about training and accreditation opportunities</p>

	Need / issue	Strategies	Proposed Actions
			3.1.7 Pursue establishment of RIPCC centre in Wollondilly to provide critical mass for specialists and diagnostic services
4	Limited local access to allied health practitioners	4.1 Improve availability of and access to allied health practitioners within Wollondilly	<p>4.1.1 Encourage allied health workers to provide mobile sessional services in different locations around the Shire, using the Council's community development bus, the Dilly Wanderer</p> <p>4.1.2 Better market the availability of local allied health services, for instance by using the Dilly Wanderer as a means of community information</p> <p>4.1.3 Improve communication, awareness of services and sharing of information among allied health practitioners and with GPs, through regular networking events and online and social media opportunities</p> <p>4.1.4 Reduce costs of practice establishment, for instance through access to subsidised or shared office accommodation. This might include seeking accommodation in GP practices and in community health centre</p> <p>As for GPs:</p> <p>4.1.5 Evaluate student placements and undertake exit interviews with trainees to identify issues and initiatives to attract trainees back to Wollondilly once their training is complete</p> <p>4.1.6 Develop links to attract students from Wollongong University as well as UWS</p> <p>4.1.7 Recognise and promote attractions associated not only with day to day work but also with Wollondilly lifestyle, both for practitioners and their families</p> <p>4.1.8 Market locational advantages of Wollondilly, including proximity to beaches of Wollongong, and ensure there is a supply of attractive and affordable housing available for key workers</p>
5	A need for better access to a range of community health programs. This includes different models of care, where	5.1 Increase staffing and resources for community health services to be delivered within Wollondilly, in line with population	<p>5.1.1 Advocate for Wollondilly to have staffing levels and resources for community health commensurate with its population size and what has been achieved for other local government areas within the SWSLHD</p> <p>5.1.2 Pursue establishment of a RIPCC centre in Wollondilly to meet</p>

	Need / issue	Strategies	Proposed Actions
	services are delivered locally	needs and growth	growing needs for community health services in line with population growth
		5.2 Explore ways of delivering community health services in Wollondilly through outreach models that take services to people, rather than people having to travel to a central base outside the Shire	<p>5.2.1 Provide more community health services for Wollondilly residents from Tahmoor Community Health Centre, rather than servicing Wollondilly from Rosemeadow or Narellan</p> <p>5.2.2 Consider outreach models to provide community health services to local communities within Wollondilly, for instance as per 4.1.1 above</p> <p>5.2.3 Promote awareness of local community health services through marketing strategies</p> <p>5.2.4 Implement a hand held electronic medical record filing system for community health workers to extend the hours they can operate away from an office base in Campbelltown</p>
6.	A need for better access to the broad spectrum of mental health services	6.1 Improve access to mental health services for Wollondilly residents	<p>6.1.1 Advocate for more resources for community mental health staff across the SWSLHD in order to increase staffing in Wollondilly</p> <p>6.1.2 Pursue establishment of a RIPCC centre in Wollondilly to meet growing needs for community mental health services in line with population growth</p> <p>6.1.3 Encourage development of local support groups for residents with mental health issues</p>
7.	A need for better public transport services, linking within the Shire and to Campbelltown and Bowral, and more resources for community transport	7.1 Continue to advocate for better public and community transport services for Wollondilly residents	<p>7.1.1 Integrate the findings of previous studies and undertake further research as necessary to develop a better understanding of the public and community transport services currently available in Wollondilly, eligibility for different services, gaps, barriers and issues for people with health problems, opportunities for better utilisation of community buses and funding opportunities</p> <p>7.1.2 Advocate for more resources to improve the availability of community transport in Wollondilly</p> <p>7.1.3 Encourage development / extension of public transport services to and within areas of new residential development</p>

	Need / issue	Strategies	Proposed Actions
8.	<p>Concentration of resources in Campbelltown and a more equitable share of Macarthur health resources for Wollondilly</p> <p>Increasingly meet residents needs within Wollondilly, rather than expecting people to travel out of the Shire</p>	<p>8.1 Advocate for Wollondilly to be recognised as a service planning and funding unit in its own right, rather than being part of the Macarthur sub-district</p>	<p>8.1.1 Identify this as an issue to be addressed through the Wollondilly Community Strategic Plan</p> <p>8.1.2 In funding agreements for Macarthur wide funded services, advocate for contract specifications regarding the allocation of resources to Wollondilly and the establishment of services within Wollondilly, rather than residents having to travel out of the Shire</p> <p>8.1.3 Include Key Performance Indicators for outcomes and deliverables in these funding agreements to ensure service specifications are implemented</p> <p>8.1.4 Test reality against perceptions regarding the inequitable distribution of resources within Macarthur, and undertake further research to better understand who is missing out and what demand for these services is</p> <p>8.1.5 Consider the implications of and point at which the Macarthur region should be broken into smaller LGA catchments for the purposes of health service planning and provision.</p> <p>8.1.6 Improve awareness of services/staff who work in Wollondilly on an outreach basis from Campbelltown, through Council and community health information strategies</p>
9.	<p>More residential aged care facilities</p>	<p>9.1 Advocate for more residential aged care places to be provided in Wollondilly</p>	<p>9.1.1 Council to support potential RAC providers to find suitable sites and gain development approval</p> <p>9.1.2 As funding for new places is made available for the Macarthur region, advocate for a fair share of resources for Wollondilly, in line with 8.1.2 and 8.1.3 above</p>
10	<p>Improved health literacy</p>	<p>10.1 Improve knowledge and understanding of health issues and good health among residents of Wollondilly</p>	<p>10.1.1 Develop a Vision for health and health services in Wollondilly that sets targets regarding community aspirations for good health</p> <p>10.1.2 Ensure Wollondilly gets an equitable share of resources to implement existing health education and health promotion programs, including programs in schools</p> <p>10.1.3 Utilise the Dilly Wanderer to reach young children and parents</p>

	Need / issue	Strategies	Proposed Actions
			<p>with messages about health promotion</p> <p>10.1.4 Increase the skills and knowledge required to self-manage health issues and encourage people to develop self-managed health plans to promote their health</p> <p>10.1.5 Promote a Whole of Government approach to the creation of healthy communities</p> <p>10.1.6 Explore development of an interactive social media and web facilitated Healthy Wollondilly Community to enhance preventative health, health promotion and healthy lifestyles</p>
11.	Improved information and awareness about available health services	11.1 Improve information and awareness about available health services	<p>11.1.1 Work to develop a central one stop shop as a single port of call for information about health services in Wollondilly, based on the Services NSW model</p> <p>11.1.2 Use Council's <i>New Resident Information Pack</i> as a vehicle for distributing information about health services in Wollondilly</p> <p>11.1.3 Update the mental health services website</p> <p>11.1.4 Implement web based care pathways and health information tools that enable providers, patients and the community to access the right service at the right time in the right place.</p>
12.	Health service planning aligned to Wollondilly Growth Management Strategy projections	12.1 Both grow new staff and health services and sustain existing staff and health services through the coming period of rapid population growth	<p>12.1.1 Pursue funding for establishment of a RIPCC centre in Wollondilly to meet growing needs for a range of primary health and ambulatory specialist services in line with population growth</p> <p>12.1.2 Determine location of a RIPCC centre, having regard to accessibility and population density as well as growth projections and VPA opportunities</p> <p>12.1.3 Consider the population catchments required to ensure service and economic viability of the first stage of a RIPCC centre and the timeframe/ staging for full development</p> <p>12.1.4 Consider how private sector service development should be encouraged to integrate with public sector services, and the types of intervention in the market that might be required in order to ensure to a</p>

	Need / issue	Strategies	Proposed Actions
			<p>RIPCC attracts “the right people at the right time”</p> <p>12.1.5 Consider how to support GPs and other health service providers to cope with growth in the interim until new practices and the RIPCC are established</p> <p>12.1.6 Through Council’s Community Strategic Plan, integrate planning for health, education, transport, housing with Council’s strategic planning process</p> <p>12.1.7 Consider how the development industry can help develop health infrastructure through VPAs</p>
13.	High levels of obesity and overweight	13.1 Develop and promote programs to address high levels of obesity and overweight	<p>13.1.1 Ensure Wollondilly receives an equitable share of resources for programs at the local level for obesity and overweight</p> <p>13.1.2 Continue to deliver health education initiatives in schools to address these issues, including self-esteem and healthy lifestyle programs</p> <p>13.1.3 Do more to tackle these issues with parents, not just school programs</p> <p>13.1.4 Integrate strategies related to obesity and overweight with other types of health issues</p> <p>13.1.5 Encourage developers to plan neighbourhoods and provide facilities, particularly in new release areas, that encourage physical activity, in line with the principles of the <i>Healthy Urban Development Checklist</i> (NSW Health 2009). Include infrastructure for physical activity within VPA requirements</p>
14.	Lack of local recreational, employment and training opportunities for young people	14.1 Develop and promote programs to address recreational, employment and training needs of young people	<p>14.1.1 Advocate for Wollondilly to receive an equitable share of resources for programs and services for young people</p> <p>14.1.2 Advocate for improvements to public transport services within Wollondilly and to the surrounding area</p> <p>14.1.3 Enhance sport, leisure and recreation opportunities for young people at the local level, including opportunities linked to the natural</p>

	Need / issue	Strategies	Proposed Actions
			environment and rural lifestyle of Wollondilly
15.	High levels of drug use and smoking	15.1 Develop and promote programs to address drug health and smoking	<p>15.1.1 Ensure Wollondilly receives an equitable share of resources for programs at the local level for drug health and smoking</p> <p>15.1.2 Continue to deliver health education initiatives in schools to address these issues, including self-esteem and healthy lifestyle programs</p> <p>15.1.3 Do more to tackle these issues with parents, not just school programs</p>
16.	Incorporation of Healthy Urban Development features in residential areas	16.1 In areas of new development in Wollondilly, promote built environments that support health outcomes	<p>16.1.1 Ensure Healthy Urban Development principles are adopted and implemented in new development, through VPA and development approval requirements of Council</p> <p>16.1.2 Ensure early introduction of Healthy Urban Development initiatives to activate and establish health behaviours early</p>
17.	Connectedness between providers related to point of care and sharing of clinical information to improve efficiencies and integration among current services	17.1 Promote the introduction of electronic patient records across public and community sectors that integrate with GP patient record systems	<p>17.1.1 Advocate to ensure that Wollondilly is on the development schedule and is represented in the early roll out of tools and technologies being implemented now</p> <p>17.1.2 Undertake a 'readiness assessment' to ensure Wollondilly services can grab opportunities associated with new Commonwealth / State initiatives as they become available.</p>

## 7.2 Prioritising the issues

As each theme was discussed in the Priority Setting Workshop, participants were asked to vote on the issues which they considered to have greatest priority. At the end of the workshop, six issues were identified as having received the highest number of votes. Participants were then given two votes each to allocate amongst the six priority issues, in order to rank them in order of importance. The results are outlined in the table below.

**Table 30: Prioritisation of top six issues**

No.	Issue	No. of votes
12	Health service planning aligned to Wollondilly Growth Management Strategy and also integrated with Wollondilly Community Strategic Plan	9
17	Connectedness between providers related to point of care and sharing of clinical information and need for electronic patient records across public and community sectors that integrate with GP patient record systems	9
5	A need for better access to a range of community health programs, including community mental health. This includes different models of care, where services are delivered locally	8
11	Improved information and awareness about available health services	8
1	Shortage of GPs, especially female GPs	6
3	Lack of local access to medical specialists and diagnostic services. Private sector services not viable for small populations	6

## 7.3 Next steps

This Health Needs Assessment and the priorities and actions it has proposed provide a solid foundation for the development and implementation of a detailed strategy to address health service needs in Wollondilly. In particular, the Health Needs Assessment has:

- » Drawn together and presented available data about health issues and health services in Wollondilly to enable a clear picture to emerge of health needs in the Shire
- » Undertaken extensive community and stakeholder consultation to identify community perceptions and experiences of the health service system and stakeholder views on what needs to happen to improve the current situation
- » Captured and brought together the perspectives of the major players involved with the health of the Wollondilly Community, through the Wollondilly Health Alliance.

It is recognised that further work will need to be done by Wollondilly Health Alliance members to attribute responsibilities and resources to the proposed actions, to ensure that they can be followed through and implemented. The Needs Assessment provides a solid basis for more detailed planning to occur, and identifies the priority issues where effort should be focussed. It also provides an evidence base for Alliance members to take advantage of funding opportunities as they arise in order to grow the health service system in Wollondilly. Importantly also, the Assessment can be used to raise awareness amongst health service providers of perceived and real needs in Wollondilly, so that resources may be allocated accordingly.

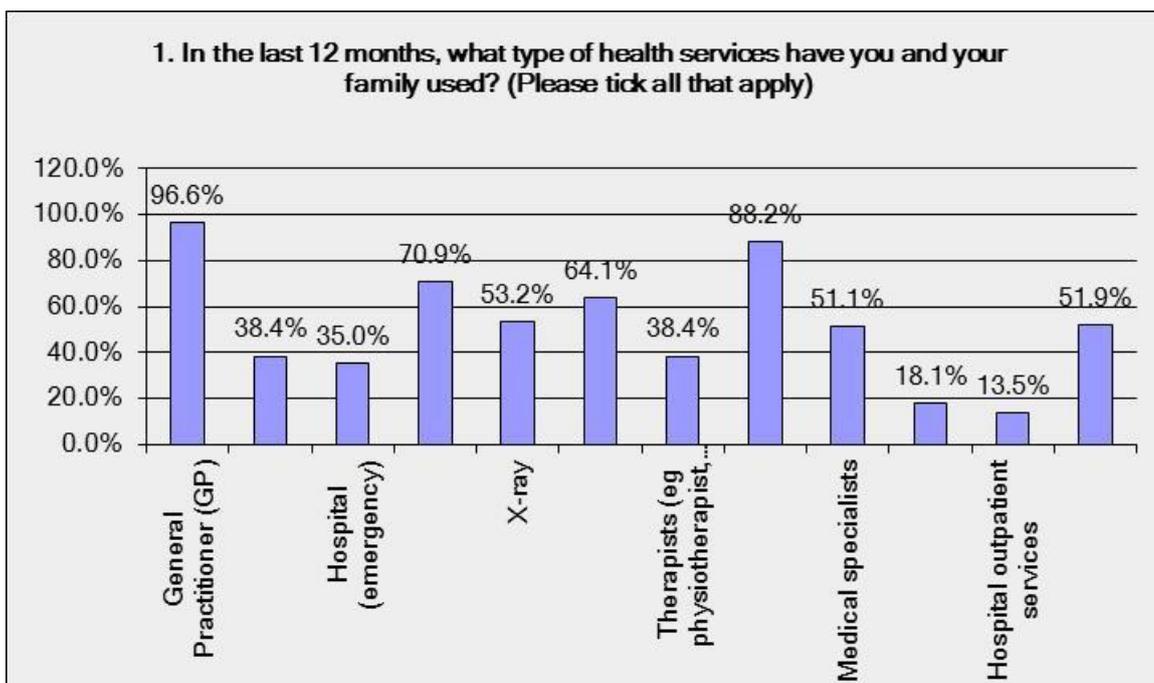
## 8 References

- Australian Bureau of Statistics 2011 *Census of Population and Housing*
- South Western Sydney Local Health District 2012 *Integrated Primary and Community Care (IPCC) Development Plans for the South West Growth Centre*
- NSW Department of Health 2009 *Healthy Urban Development Checklist*
- South Western Sydney Local Health District 2013a *Strategic and Healthcare Services Plan*
- South Western Sydney Local Health District 2013b *Wollondilly Local Government Area Health Profile*
- South Western Sydney Local Health District 2014a *A profile of patients registrations for SWSLHD Community Health Services in 2012/3 financial year (Preliminary Data)*
- South Western Sydney Local Health District 2014b *Preliminary Report on Access to SWSLHD Outpatient Services*
- South Western Sydney Medicare Local 2013a *Population Health Needs Assessment for the communities of South Western Sydney – Initial Report*
- South Western Sydney Medicare Local 2013b *Population Health Needs Assessment for the communities of South Western Sydney – Data Supplement*
- South Western Sydney Medicare Local 2013c *After hours primary medical care needs analysis report – Centre for Primary Health Care and Equity, UNSW*
- South Western Sydney Medicare Local 2013d *Partners in Recovery Service Mapping and Gap Analysis Initial Report*
- South Western Sydney Medicare Local 2013e *Partners in Recovery Service Mapping and Gap Analysis Summary Report*
- Wollondilly Shire Council 2010a *Wollondilly Community Strategic Plan 2033*
- Wollondilly Shire Council 2010b *Wollondilly Assets to Opportunities Asset Mapping Needs Summary*
- Wollondilly Shire Council 2011 *Wollondilly Ageing Strategy*

# Appendix 1 – Summary of Survey Results

# 1 Survey results

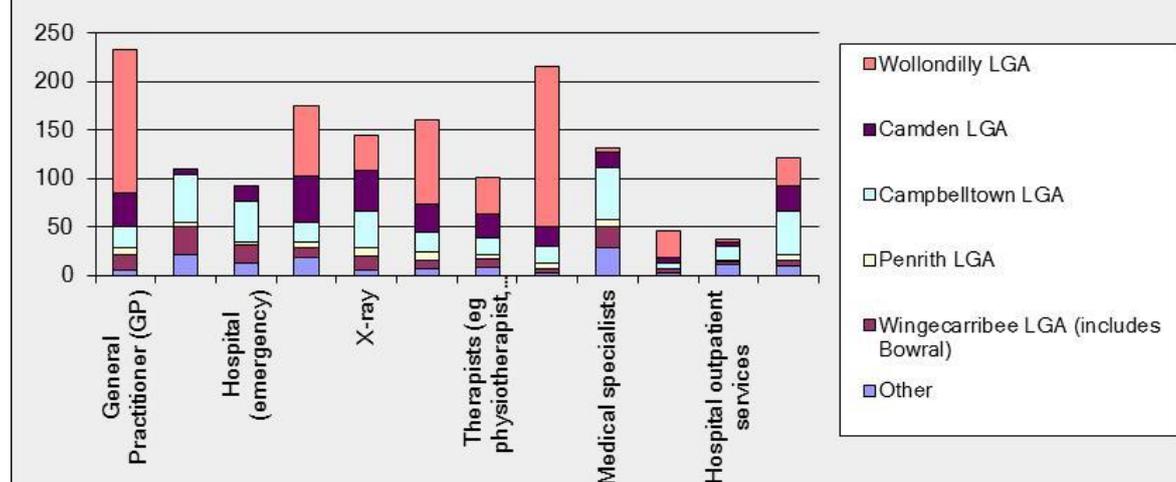
This document contains the results of the Community Survey conducted as part of the Wollondilly Health Needs Assessment. Survey data is provided in graphs, tables and participant comments.



**1. In the last 12 months, what type of health services have you and your family used? (Please tick all that apply)**

Answer Options	Response Percent	Response Count
General Practitioner (GP)	96.6%	229
Hospital (general)	38.4%	91
Hospital (emergency)	35.0%	83
Dentist	70.9%	168
X-ray	53.2%	126
Pathology	64.1%	152
Therapists (eg physiotherapist, psychologist)	38.4%	91
Pharmacy	88.2%	209
Medical specialists	51.1%	121
Community health services	18.1%	43
Hospital outpatient services	13.5%	32
Optometrists / opticians	51.9%	123
Other (please describe)		13
<i>answered question</i>		<b>237</b>
<i>skipped question</i>		<b>2</b>

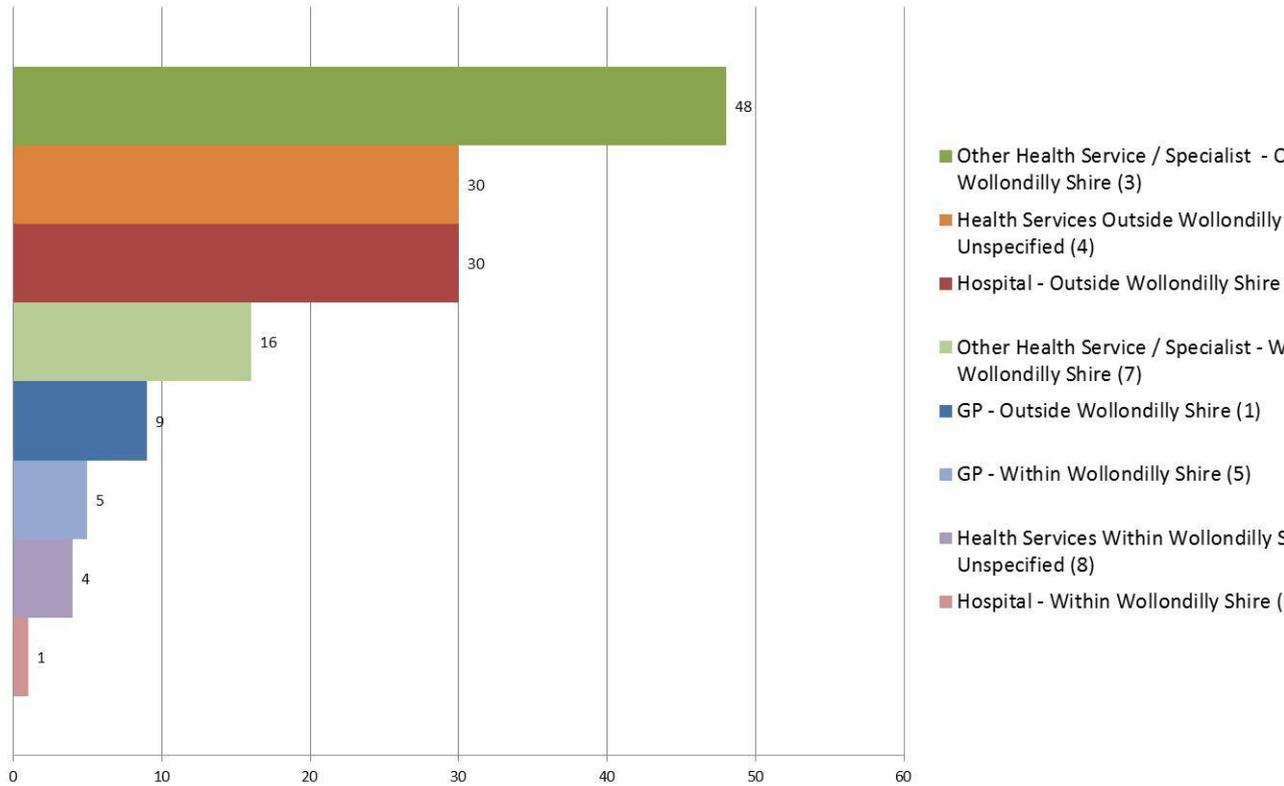
2. Please specify where each of the services that you and your family have used in the last 12 months is located. (LGA=local government area)



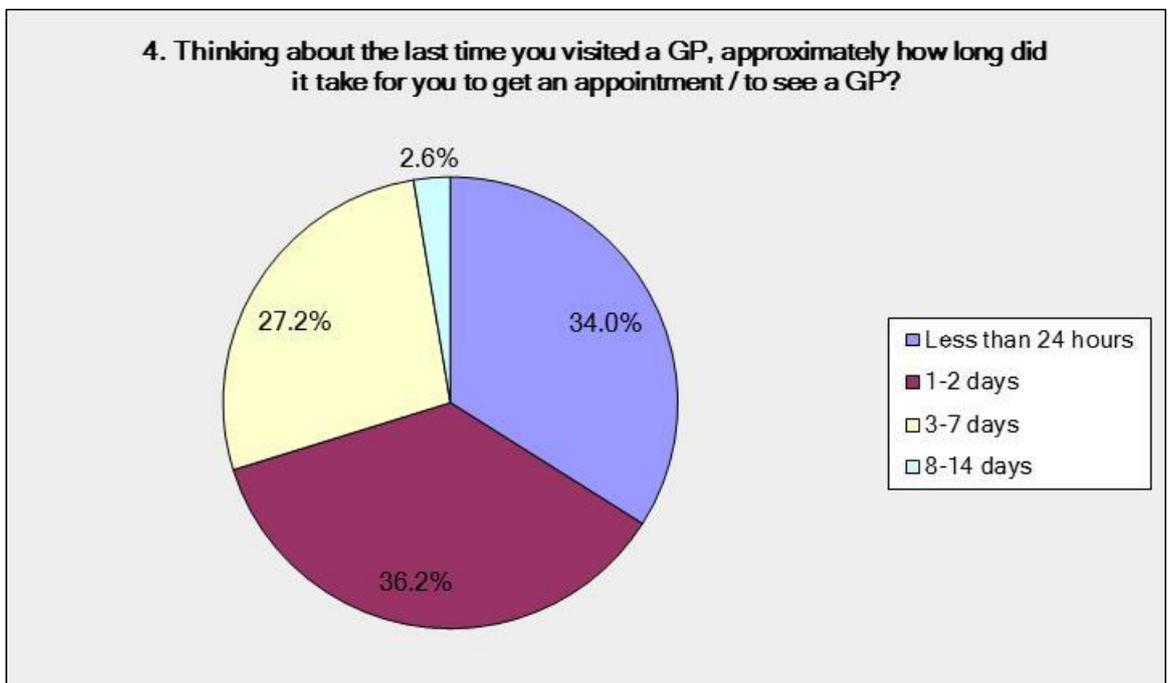
2. Please specify where each of the services that you and your family have used in the last 12 months is located. (LGA=local government area)

Answer Options	Wollondilly LGA	Camden LGA	Campbelltown LGA	Penrith LGA	Wingecarribee LGA (includes Bowral)	Other	Response Count
General Practitioner (GP)	148	34	22	8	15	6	233
Hospital (general)	0	6	49	5	29	21	110
Hospital (emergency)	0	16	41	3	20	12	92
Dentist	72	49	19	7	10	18	175
X-ray	37	42	37	9	14	6	145
Pathology	87	29	21	8	9	7	161
Therapists (eg physiotherapist, psychologist)	38	24	17	5	9	8	101
Pharmacy	165	20	18	5	5	2	215
Medical specialists	4	16	54	6	23	28	131
Community health services	27	7	5	0	4	3	46
Hospital outpatient services	2	5	15	1	3	11	37
Optometrists / opticians	30	25	45	6	6	10	122
					<i>answered question</i>		<b>237</b>
					<i>skipped question</i>		<b>2</b>

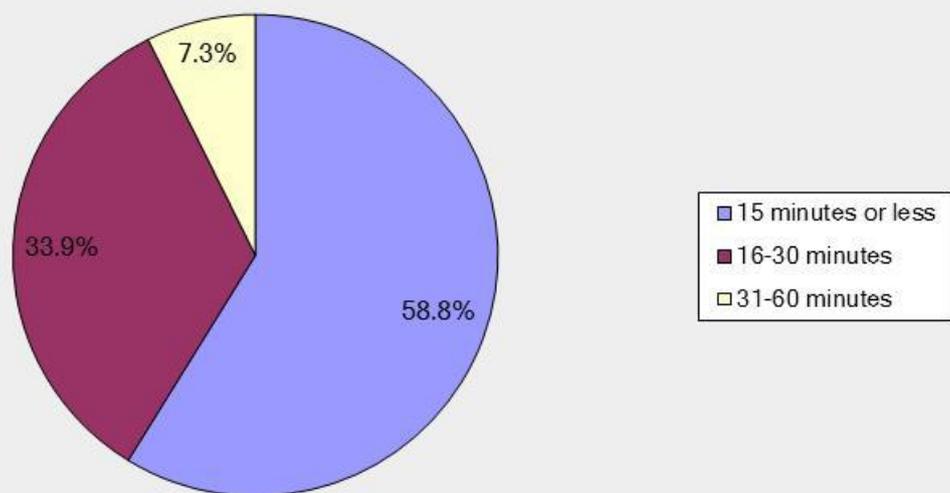
### 3. Location of health service uses (Answered=109)



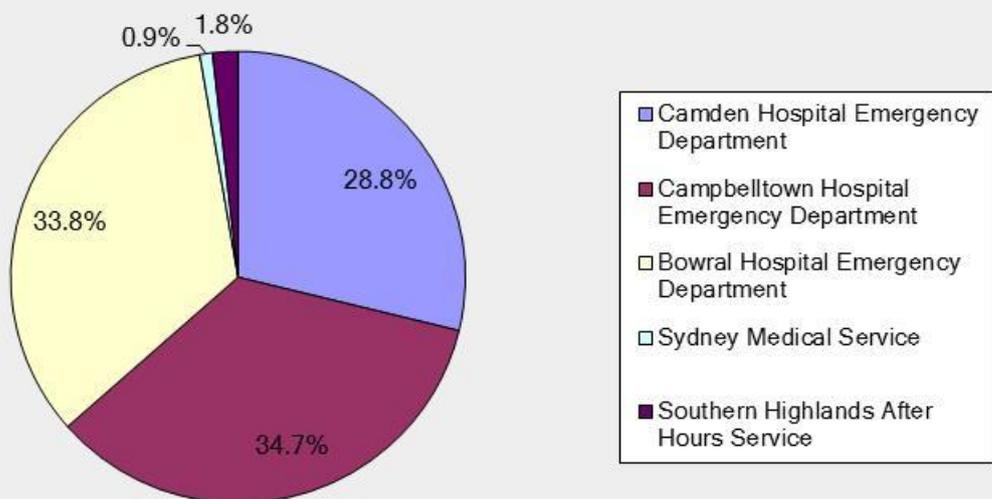
### 4. Thinking about the last time you visited a GP, approximately how long did it take for you to get an appointment / to see a GP?



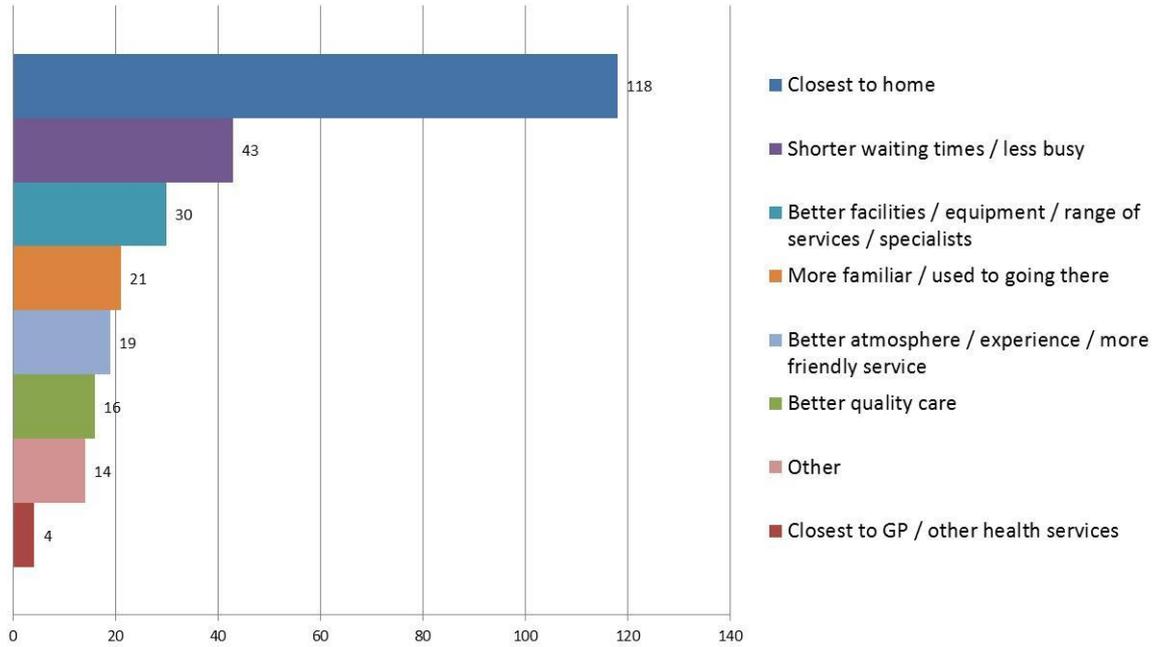
5. Approximately how long did it take you to travel to see a GP?



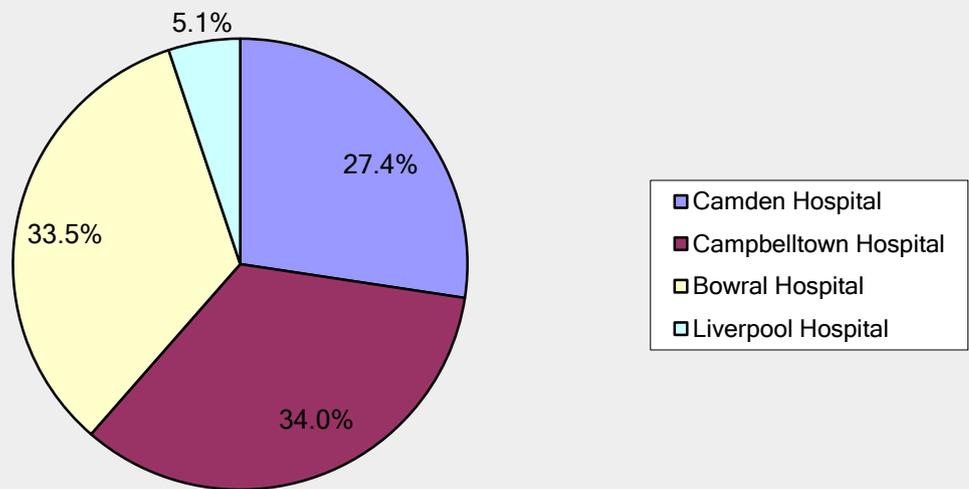
6. If you needed to visit a health service after hours, where would you be most likely to go?



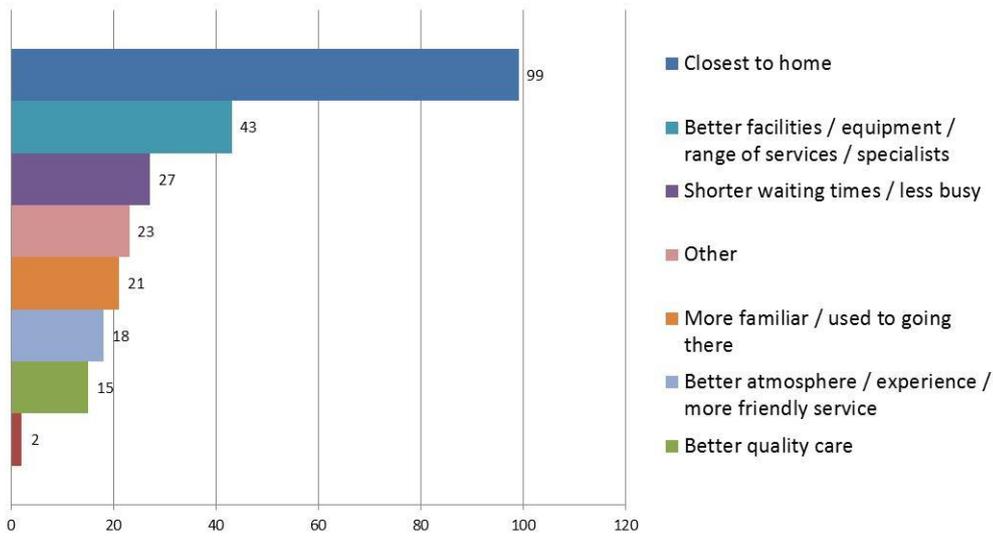
**7. If you needed to visit a health service after hours, where would you be most likely to go? Please tell us why that facility (Answered=212)**



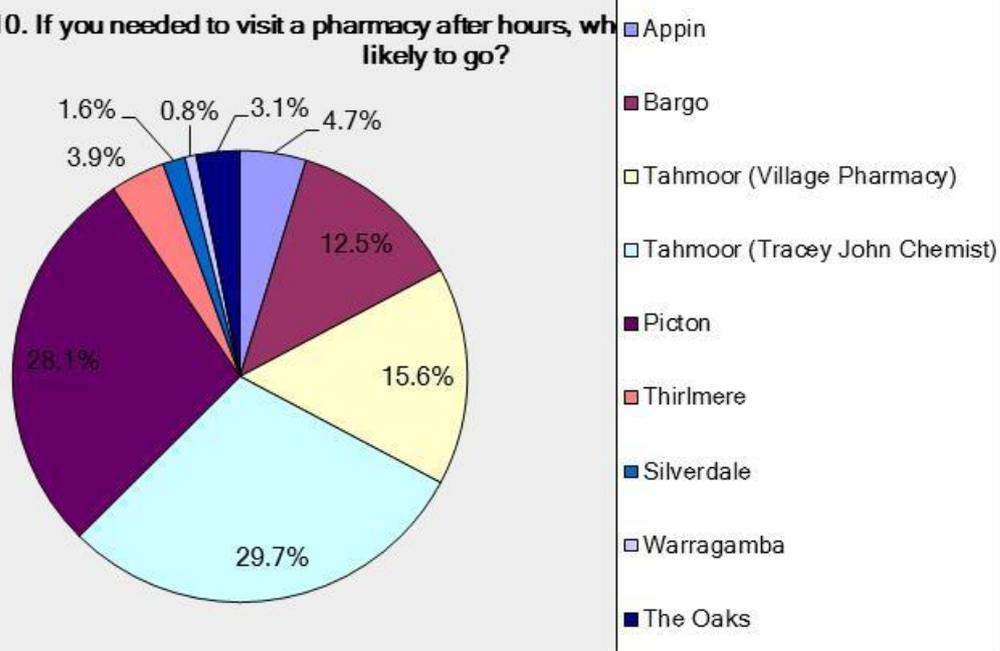
**8. If you needed to visit a hospital outpatient clinic, which hospital would you be most likely to go to?**



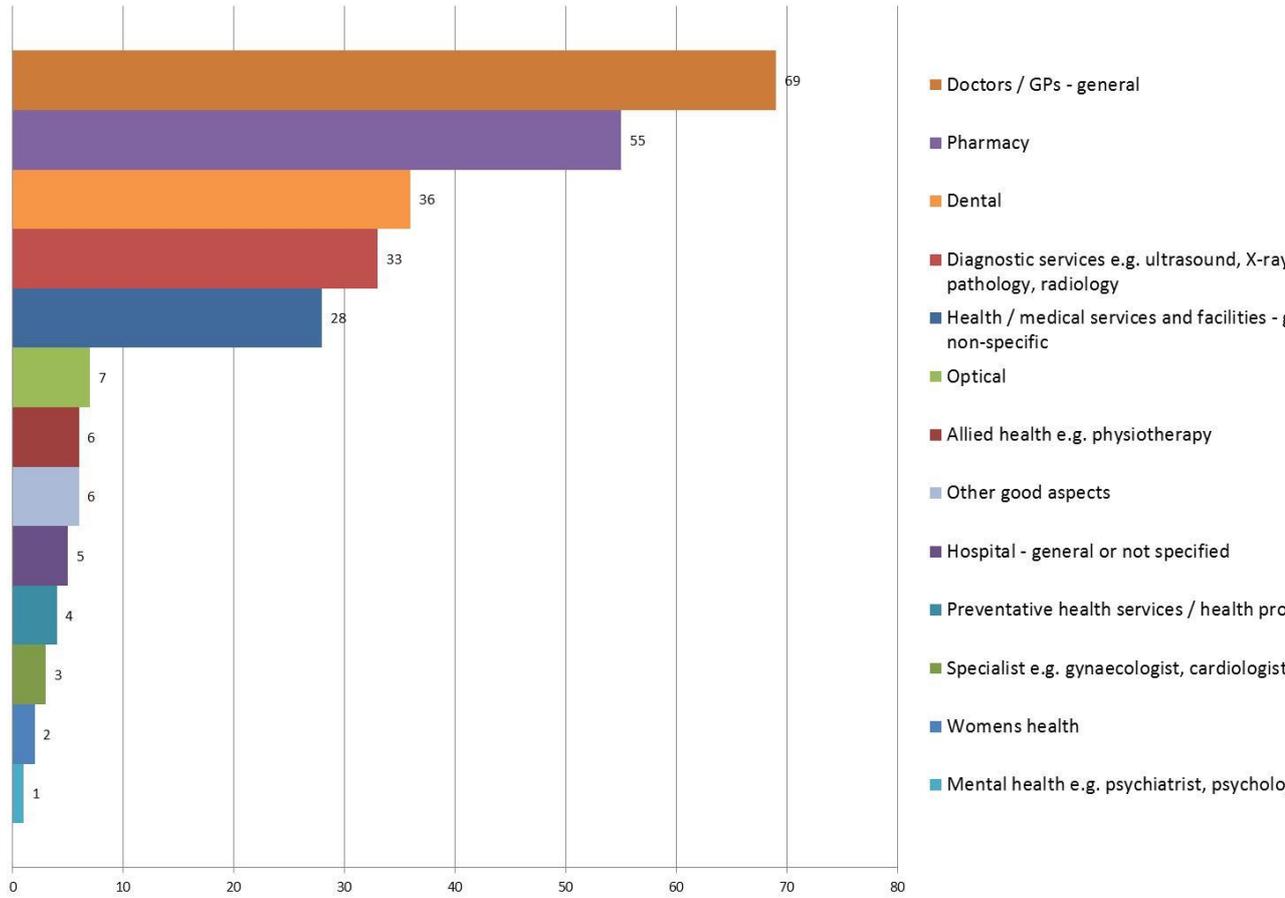
**9. If you needed to visit a hospital outpatient clinic after hours, where would you be most likely to go? Please tell us why that facility (Answered=206)**



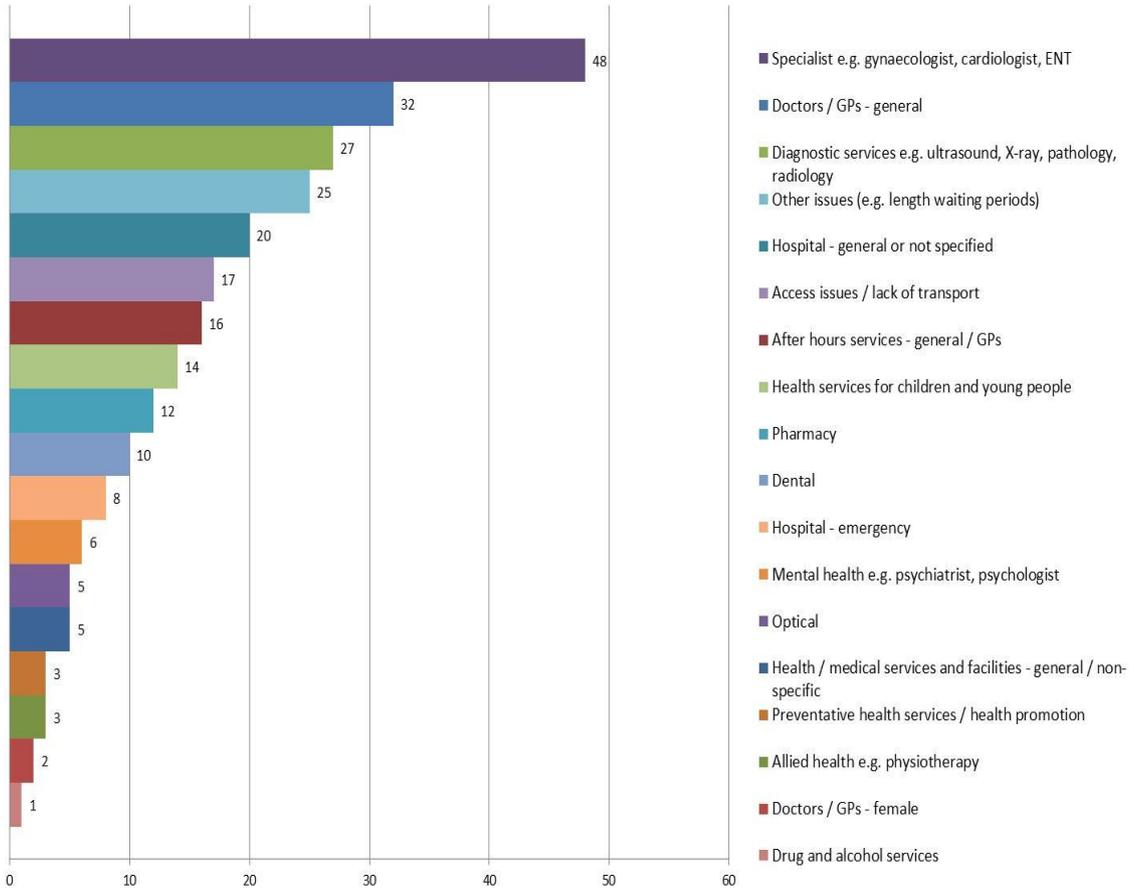
**10. If you needed to visit a pharmacy after hours, where would you be most likely to go?**



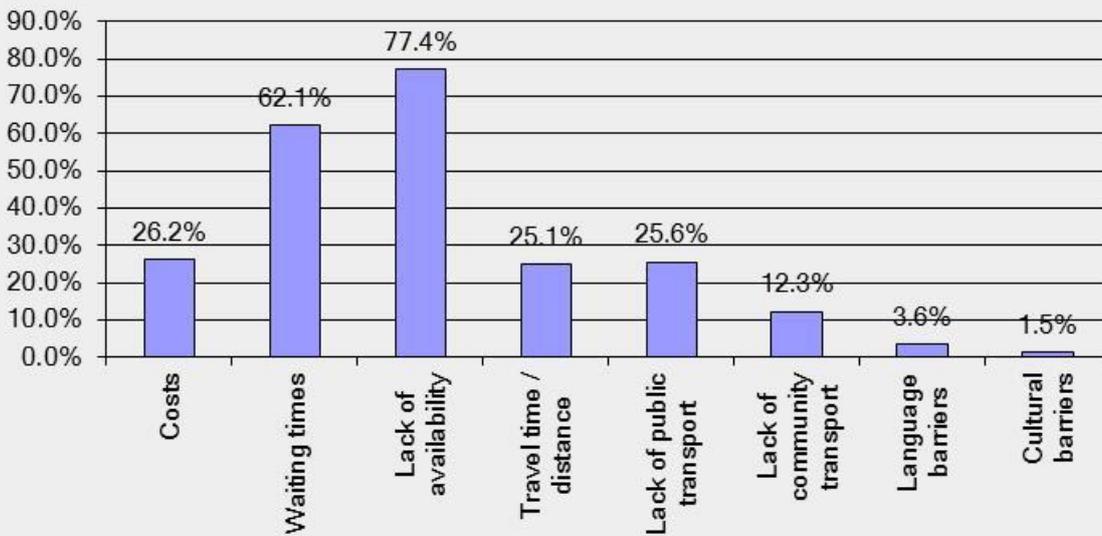
**11. Which aspects of health services in Wollondilly Shire are currently working well from your perspective? (Answered=141)**



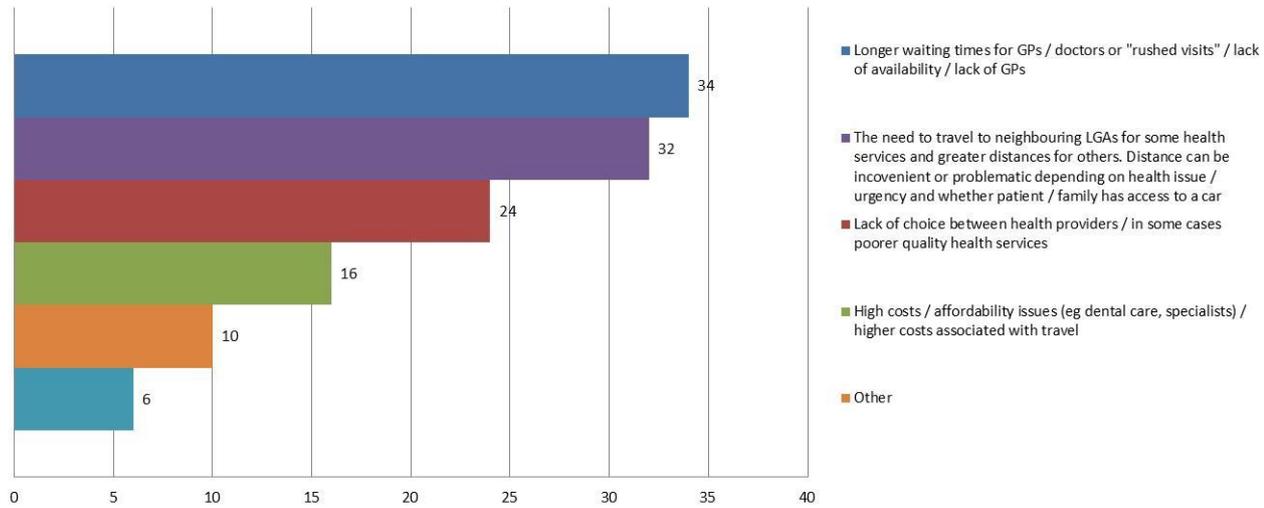
**12. Are there any gaps in the range of health services available in Wollondilly, to meet your needs and the needs of your family? (Answered=149)**



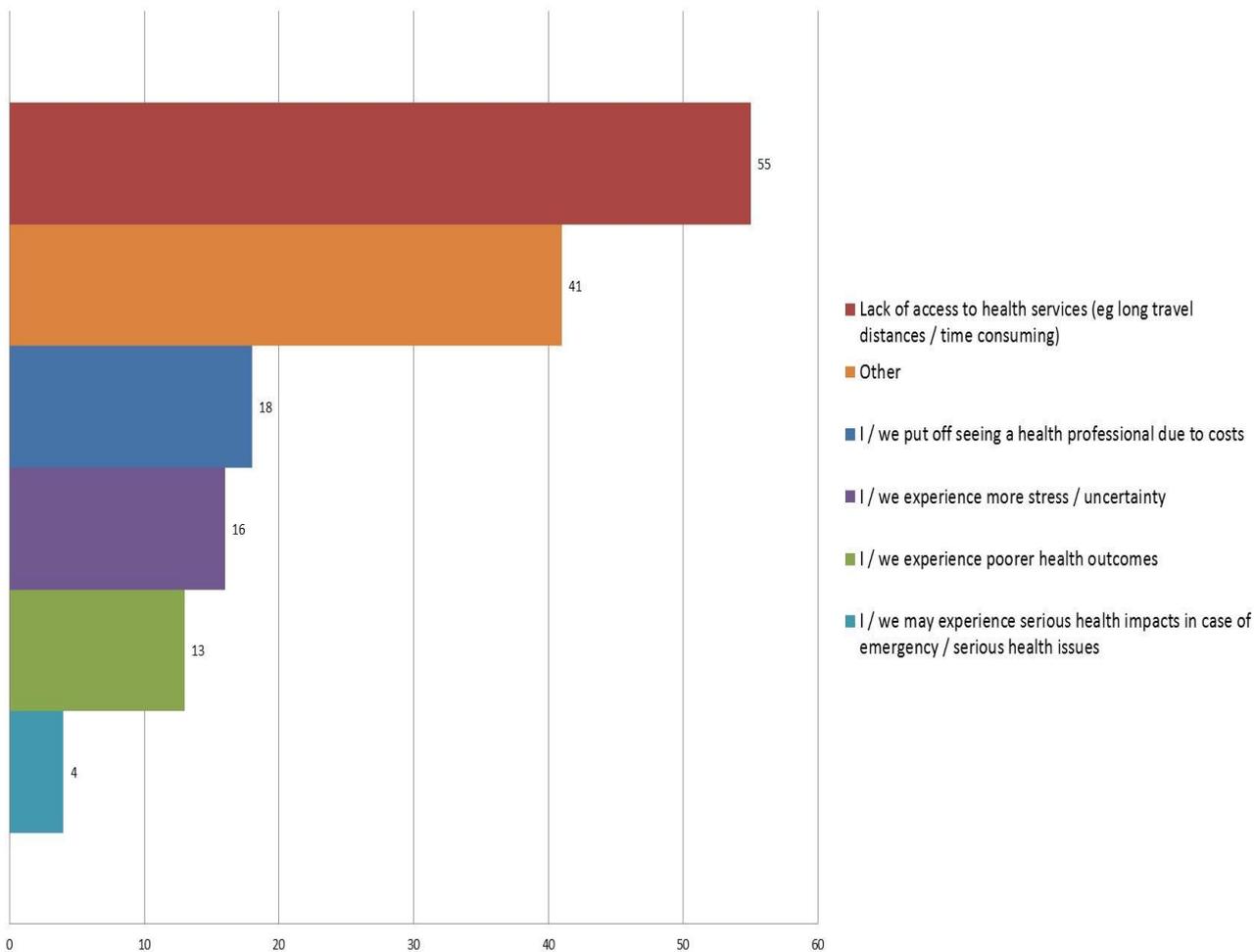
**13. What are some of the main challenges you have experienced when accessing health services in Wollondilly Shire?**



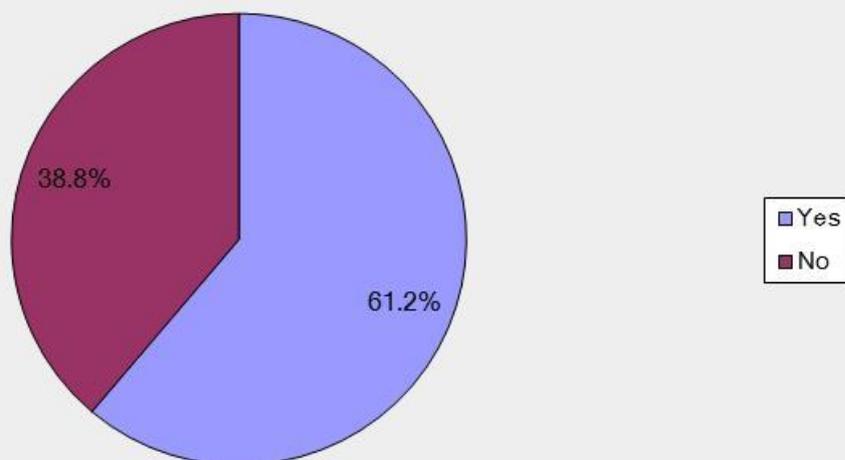
**14. Further comments about the main challenges experienced when accessing health services in Wollondilly Shire (Answered=95)**



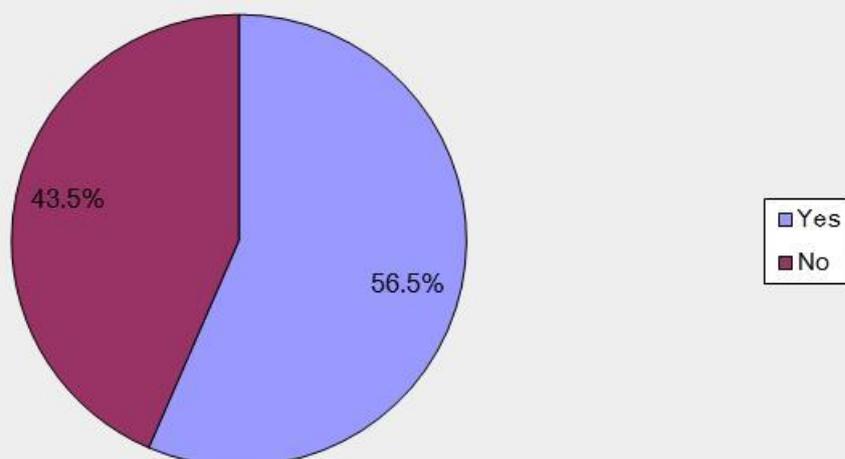
**15. How do you think these challenges impact on your health / your family's health? (Answered=126)**

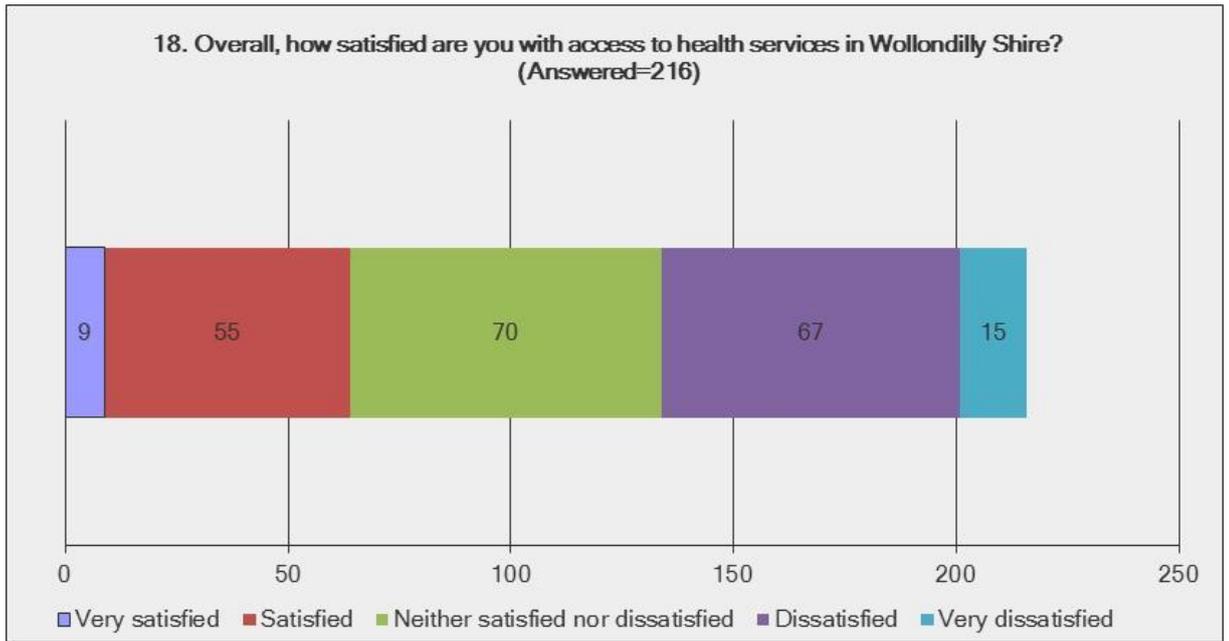


16. Have you ever put off dealing with a health issue or concern due to lack of available health services in Wollondilly Shire?

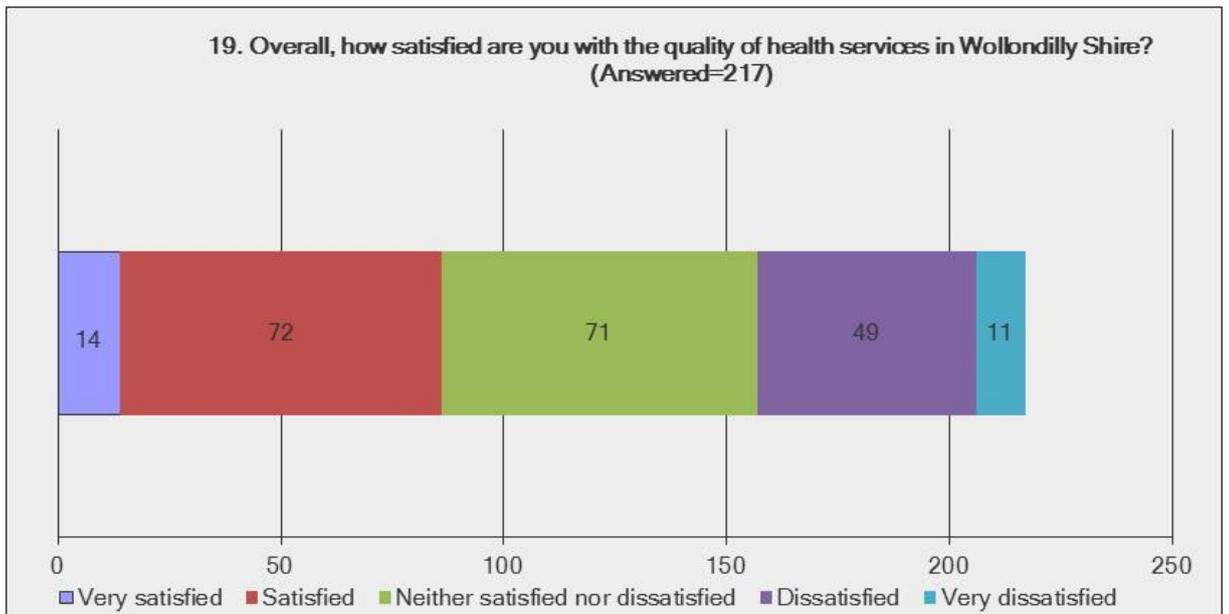


17. Have you ever put off dealing with a health issue or concern due to lengthy waiting times for health services in Wollondilly Shire?



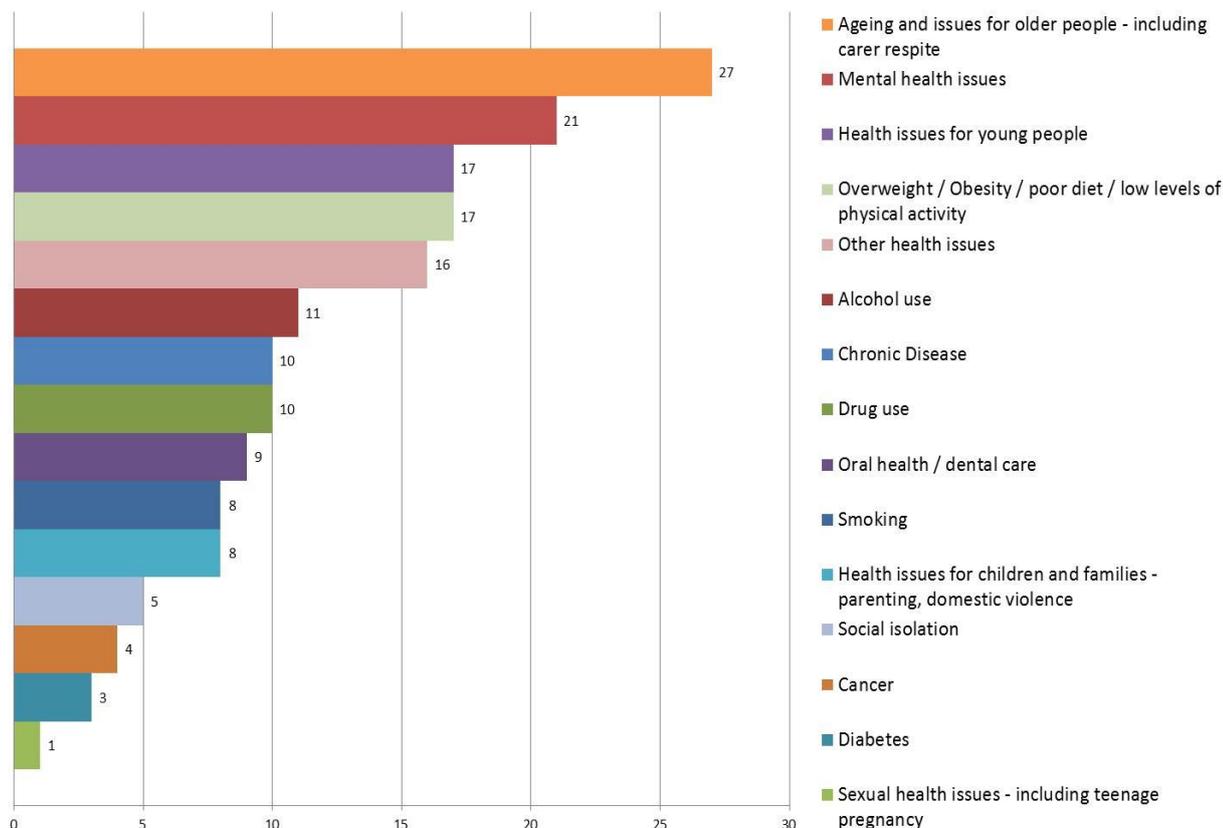


NB Rating average 3.11 (where 1=very satisfied and 5=very dissatisfied)



NB Rating average 2.87 (where 1=very satisfied and 5=very dissatisfied)

**20. What do you see as some of the main health issues in your community?  
(Answered=144)**



**21. Do you have any other comments or suggestions to help improve the health of the Wollondilly community, for the Alliance to consider in planning for local health services? (Answered=118)**

Encourage more doctors to reside in or close to the area.
More services
more community or subsidised services better facilities at Bowral Hospital
Bringing more services into the area, that are affordable
More doctors
Opening a doctors in the Wilton area as I can never get into Picton
I think we're already making a healthy lifestyle easier to access and more affordable it's now down to the individual to make the choice to undertake it.
More community services available to help the elderly including community transport to get them to their appointments.
Having more mental health services working out of Wollondilly, especially ICAMHS specialists. More transport to medical centres etc
Get cracking - don't waste time in improving our services.
More doctors with longer hours
No.

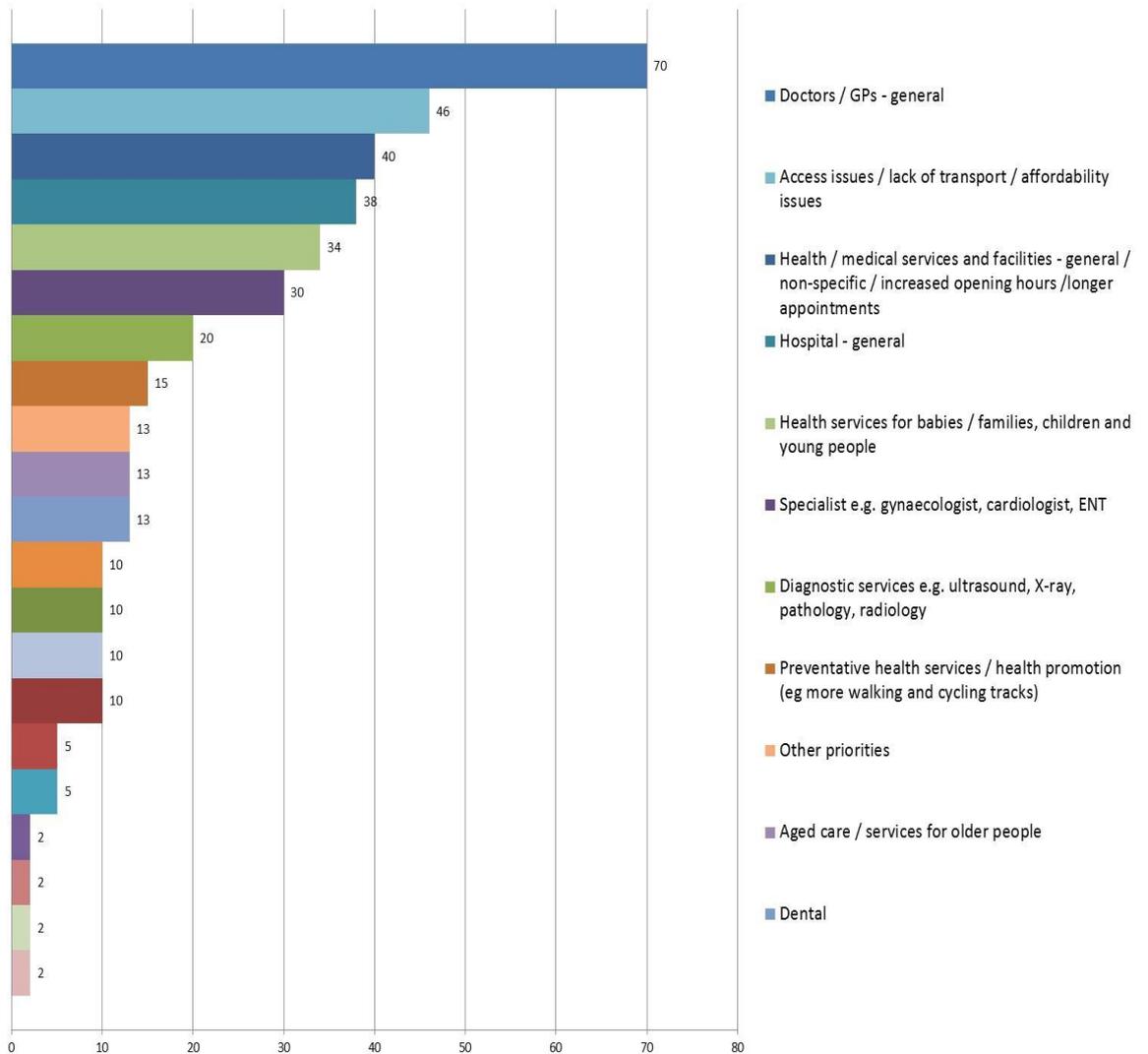
No, but we need to attract medical professionals to the area.
Participation in the NDIS
Make Camden hospital fully functional
Dental Clinic
There is a very good Community Health Centre at Tahmoor that should be utilised better with affordable services
More funded nursing home beds (not bonded beds, they cost too much for the family to cover)
Another Hospital for Camden/Wollondilly Improvements to Bowral Hospital Vast improvement to ambulance coverage
Gym equipment implemented along Botanical Gardens track, cheaper gym fares, local government interaction with families and local high school
IMPLEMENT VALID CONCLUSIONS FROM THIS SURVEY.
Preventative health programs Walking groups Cycling groups Healthy eating programs Access to dieticians and exercise physiologists Motivational programs
More baby nurses, clinics or parenting groups
Incentives to get good doctor out here. Training for pathology collectors. Mine didn't wear gloves!!!
Better GP
More doctors
More of council involvement.
More GPs and dental programmes for children
More access to physical activity services, better pathways through suburbs, parks. Better lighting of pathways for activities after working hours. Promotion of health businesses in newspaper
It's really good that Campbelltown is expanding but sometimes it is good to have local access to services like the ED department at Camden. I think Camden should be utilised more. Addressing the short falls like lack of mental health beds within the area
BETTER INFRASTRUCTURE
A big medical centre/day surgery.
More services
It's about time. Something was done for the people of Warragamba
Wollondilly needs a new public hospital with the proposed population growth that has been forecast
Increase resources to hospitals so that beds can be opened up
providing incentives to professionals to come to these areas and government and council assistance to these people to set up here
Keeping services local
Our local GPs are aging and not being replaced by younger doctors. I, for one, like to see the same doctor on my visit - for continuity.
After hours doctor and to encourage new businesses into the area
More community based supports eg doctors visiting the homes of the elderly to make it easier for them to access these services
Reduce isolation by cheaper buses

Recruit more GP's to this area.
HEALTH PROMOTION - USE OF THE COMMUNITY NURSES TO PROMOTE GOOD HEALTH AND EDUCATION. COMMUNITY NURSES ARE UNDER UTILISED. USE OF COMMUNITY NURSES TO PROMOTE SMOKING CESSATION.
Domestic violence funding increased
Better services and transport to them
more doctors; longer opening times - if you work during the week out of LGA then hard to attend local doctor because of early closing times and not open Sundays
More services and outpatient
Community forums
Cut wait times and provide aboriginal services
Don't have any issues
Better community walking tracks
No
More health promotion programs in the local area
More preventative services more after hours services affordable services
A positive change re all of the above
More services
Get rid of the Abbott government
More and regular services to be held locally to avoid travel out of the Shire. More affordable aged care places so the elderly can remain in their local area near family and friends.
Engage health professionals needed, not reduce their hours or refuse to replace them when someone resigns
Put money where its needed - not in repeated studies or politics
I have no suggestions because I am slightly aware of the costs involved to fix health issues.
Larger population will help bring these to the area.
More education and programs designed to support wellness, after hours health clinics, financial incentives for wellness, bike-track/walking track in The Oaks
A healthier lifestyle.
Wollondilly is too car centric. Kids are driven to school not walking or riding like we used to do in the 60's & 70's. A push for A2 milk development to reduce diabetes
<ol style="list-style-type: none"> <li>1. Do not allow waste into our area from other areas full-stop especially no toxic or hazardous waste.</li> <li>2. Maybe go back a few proposals and turn down any DA on development and keep our paddocks for our beef or lamb industries.</li> <li>3. Maybe instead of having a heap of people sitting behind desks waiting for complaints or accidents employ them to get out and do some preventative maintenance or use common sense on looking how to make improvements before there are accidents and don't invest money in trying to gain on overnight shares. I think that with all the crown land or leased crown land the council could look at driver education and maybe have areas that could be used for youngsters to let of steam at their own risk. And maybe even a large area that developers could fund or donate as part of their DA approval where drivers could be trained on wet or slippery surfaces and have the training structured so there was little or no cost or have it subsidised by the developers.</li> </ol>

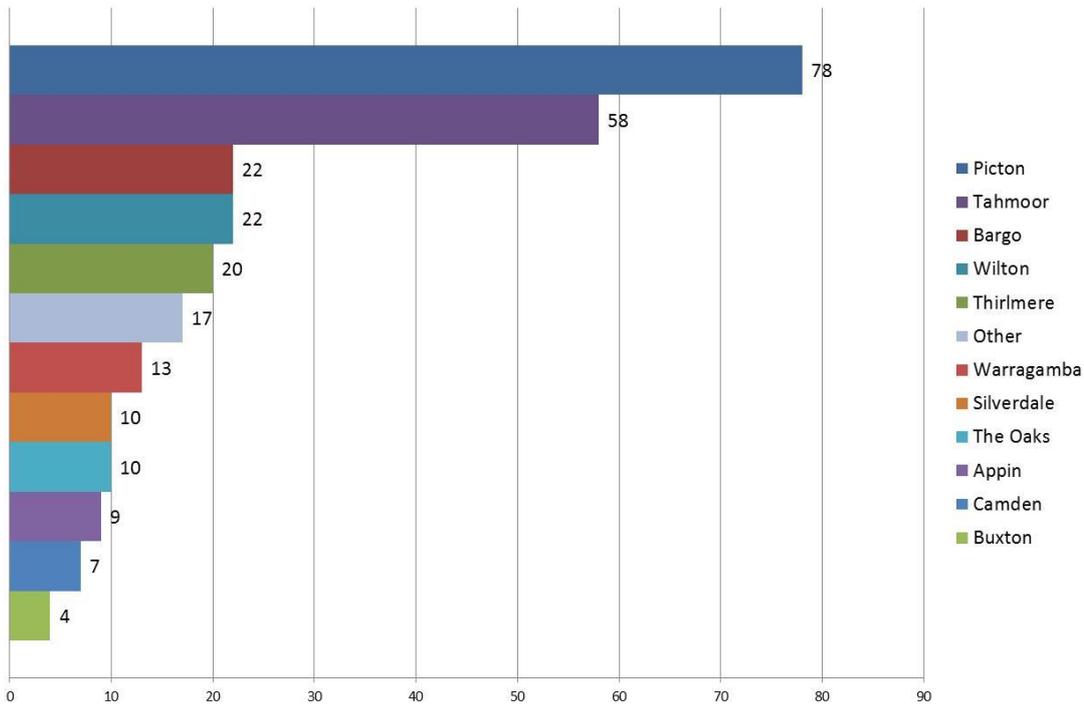
Allow people to use facilities at the nearest public hospital rather than insist that we travel to more distant facilities.
Councillors elected get off their butt get out health forum outcomes priorities set and lobbied funded and actioned for once and clear focus on women's and children related health issues resulting from advise and neglect
The prices could be reduced at the Swimming centre to help Pensioners needing therapy servicers
Many elderly people wish to remain in their own homes even if they are debilitated with medical and social problems. Services need to be available to meet these needs.
Lobby for Government Hospital
More doctors, maybe more centres, specialist services, specialist x-ray centre, after hours chemist, doctors open on Sundays
Holistic health education
May rely on growth of towns/villages to provide the critical mass for these services. a new medical facility could encourage specialists 1-2 days per week?
Provide incentives to developers to build a hospital or more medical centres, apply to state government to put in the facility. Provide a mobile service to residents.
More proactive and early intervention services particularly in schools
Incentives for doctors to work in the area
More staff and beds in emergency to deal with the growing population in our area. As I mentioned our General Practice of 12 Doctors are worked off their feet most days as patients refuse to go to the hospital due to the waiting times. Maybe General Practices need to stay open longer with extra staff also to help our growing population ???
1. Large co-payment. If you are in extremis, \$50 is nothing. 2. More insurance, less 'entitled' mentality - a cultural problem. 3. More emphasis on aged health services
Our own hospital
additional advertising or some sort of promotion to know what is where and how to access it etc
Attracting Medical Specialists to practice in the area.
Providing funding, education, resources to service providers to enable them to make services available
More respite for families
Healthier eating out options, salad bars etc...
Increased health services
Easy access to local GP, Access to public transport and services within the shire.
Promoting Wollondilly in Universities that provide Medical based degrees. Encouraging partnerships with same Universities.
Start by ensuring GPs have necessary people skills. Encourage more services to be delivered from this alga instead of fobbing us off with Campbelltown. Camden etc. They are not local.
review and increase these areas that need help
GP's should be referring to specialists, not medicating or treating mental health concerns
Day surgery

More doctors, better after hours services for chemists. Remove time restrictions for chemists opening and closing hours.
Funding
As population grows, hopefully specialist services will expand in the Shire
Provide a specific Closing the Gap team in Wollondilly shire whose focus is chronic care and preventative programs.
Encourage more doctors. Developers need to be conditioned to putting in infrastructure when planning developments - should be part of the consent process. Medical facilities should have more prominence in planning process including specialist, outpatient and mental health facilities.
Invite opportunities for a quality medical clinic (similar to this: <a href="http://www.woononamedical.com.au/">http://www.woononamedical.com.au/</a> Paid appointments, range of services, choice of doctors, nurse services for early childhood, quality doctors to use shared care for pregnancy.
Cheaper dental for families
More support in home
Put more specialist doctors. There should be public transportation available if it is needed
Education, government lobbying (dental care plans), attracting graduates to specialise in gerontology.
Build it, and they will come.
I do not believe that specialist should be able to charge such an outrageous price. I have spoken to doctors who have agreed to charge the going rate and not over charge. I have changed doctors if they wish to charge over and above the cost of the service.
Employ doctors at medical centres that are going to be long term and who give patients the time when consulting them.
Suggest improvements need to be in place prior to increased population arriving especially Wilton.
Greater access to relevant services. More awareness campaigns.
More services
Enhanced funding to public health. Enhancements to therapy services. Campbelltown hospital has less paediatric therapy staffing than 10 years ago
Don't need some many bottle shops and pubs so close together
Increase Drs on call in flu seasons.
More community health programs, advertise locally, using local networks, with session held in time frames when people can attend Another big issue is access to appropriate health services for young people, they can get there without public transport, they don't always want their parents to know where they are going
Have zero tolerance to these things, eg don't let smokers smoke outside anywhere, outside restaurants/office buildings, etc.

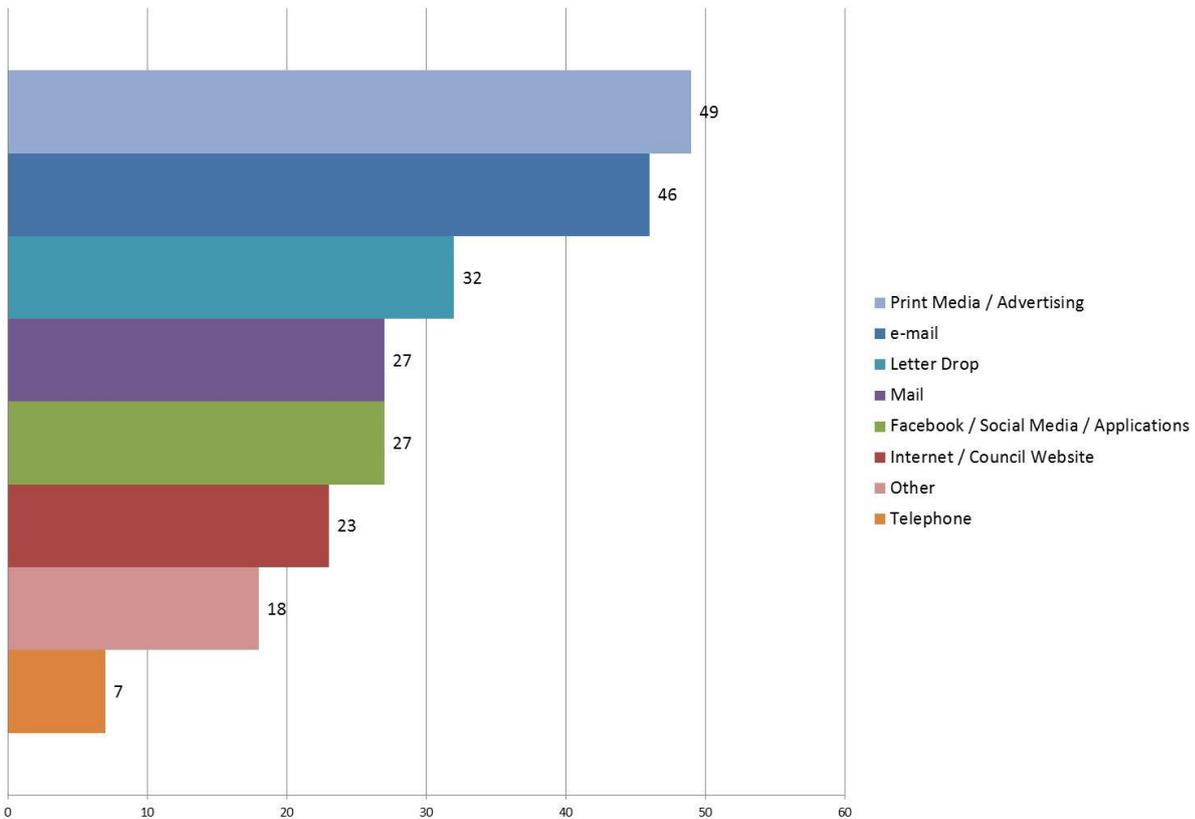
**22. The population of Wollondilly Shire is expected to grow considerably over the next few years.  
 What do you see as the priorities for new health services or programs in Wollondilly Shire?  
 (Answered=157)**



**23. Where in Wollondilly Shire would you like to see new health services and programs located? (Answered=160)**



**24. What are some of the best ways to communicate with you and your household about existing and new health services in Wollondilly Shire? (Answered=144)**

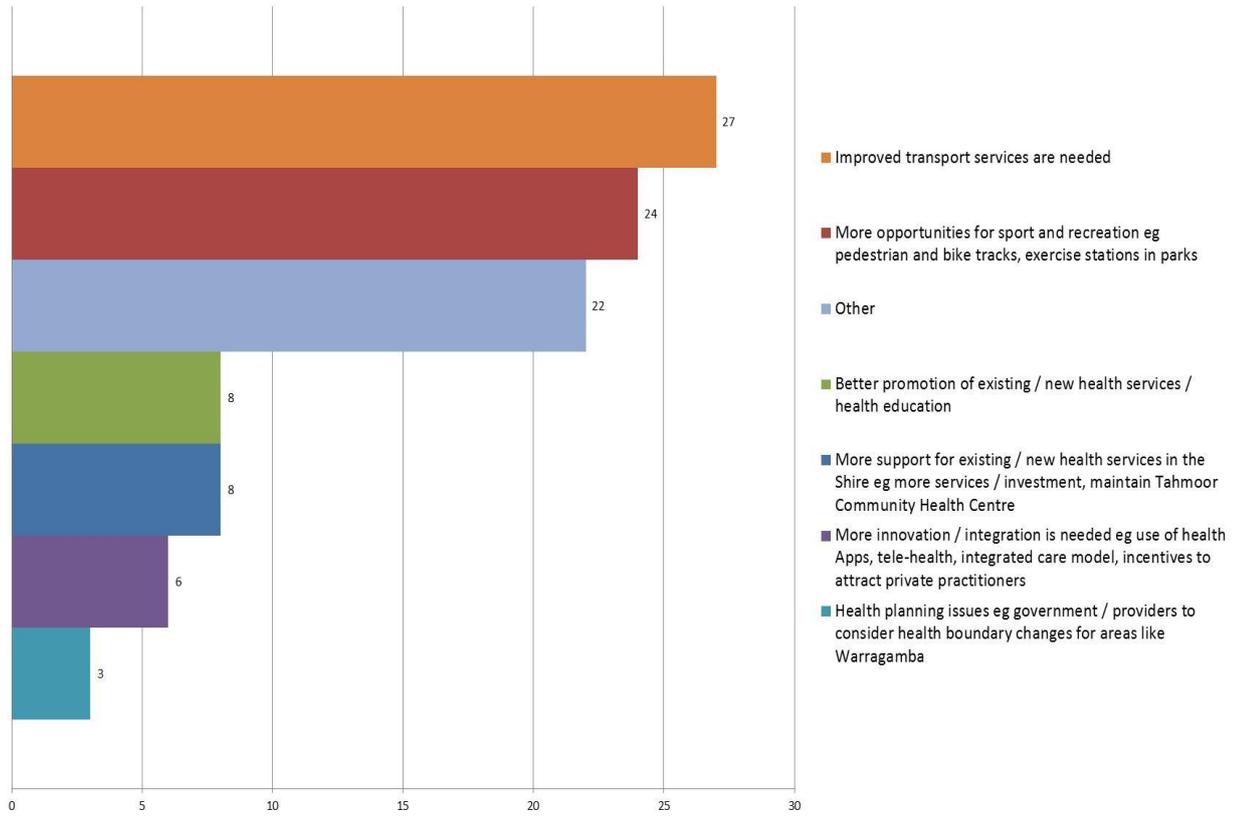


**25. Do you have any other comments or suggestions to help improve the health of the Wollondilly community, for the Alliance to consider in planning for local health services?** (Answered=73)

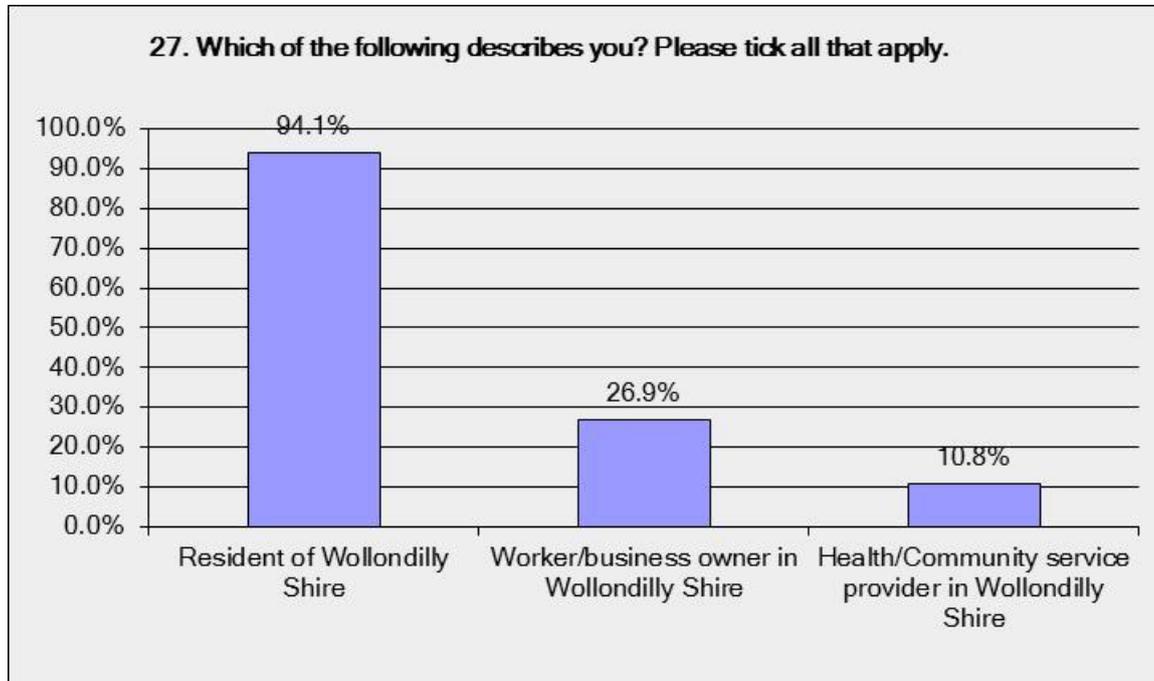
Increase community health and home services.
I am a health professional so i am more likely to push to get the services i want and m prepared to travel or pay, not everyone is able to do that
Outpatient specialist centre
There are a lot of older people in the area. Distances that services have to travel to service these people cuts into the time they could have assistance.
Need more mental health services
Promote the free dental services. Not enough people know about it.
GP that bulk bills in Picton with longer hours
Affordable Dental Services
Yes. Please advise amount of funding available.
More physical activities for teenagers, they're just causing riots
More promotion
Wollondilly extends all the way to Warragamba make it more accessible for all suburbs and communities. And no rehab in the oaks!
I gave you all my comments
More exercise places
Most people have in Wollondilly need to go to Southern Highlands or Camden LGA to get specialised medical treatment. We need more incentive for private practitioners to come and establish businesses here.
Generally we need to encourage investment in health facilities, governments and councils need to offer financial assistance to investors, eg no council rates, other reduced overhead cost
Warragamba Silverdale need more facilities available to them especially a doctor available more than one day a week at Warragamba due to the number of elderly people living in the area who don't drive.
More services
More bulk billing practices
Bring back what we had, been downgraded for 30 yrs.
Integrate with other service providers
Hospital
Maintain the excellent Community Health Organisation which has and continues to provide excellent free services to the community.
Existing services are doing well but are under resourced
NSW state government extreme push for more housing in the south west, not meeting present needs ,,let along the future needs
Free dietician visits for the overweight - both adults and children and free or inexpensive diet clinics.
Keep our Community Centre going
Look at the demographics for long term and terminal illnesses and disabilities in the region and try to address the needs of these people. Encourage volunteer support groups and transport networks. Push for better after hours care in the region.
More people more problems more money required
Workshops on healthy eating?
I think the future of health is to keep people fit and well, educated with proactive health, and providing good after-hours services.
As was stated, the population is growing, so all facilities need attention.
The Nepean river has methane bubbles approximately half a kilometre down from where the Cataract river junction is. I think this is going to create long term health problems along with the 7m vent shaft that is currently underway just a stone throw from Douglas Park primary school.
Warragamba and Silverdale should be considered part of Penrith's health area, not Wollondilly's.
Stronger drive for dealing with isolation and its subsequent abuse and neglect issues particularly for women and children. Safer cycleways and walking to community areas and services and linking public transport. Healthy safer environments designed by the people that reflect children living safer healthy

lives.
Identify growth area and incorporate into developer's plan just like schools; place of worship; etc.
HURRY UP put into place before growth expected from new area subdivisions
More Dr's, more budget friendly health options for dental and Dr services. Promotion of the services already available.
development of apps for people to connect specially with services and gain information
Paediatric physio in the area. I had to travel every two weeks to Campbelltown
Stress issues seem to be on the increase also So help needs to be there for patients to access more easily. Maybe stress management consults. As a hypnotherapist as well as a nurse I believe to help our patients to deal with their coping mechanisms obviously helps their overall health greatly. Get patients to regain control over their lives to live a very happy positive life style.
Ways to make appointments more available so residents do not have to travel out of area to seek health assistance when.
Not sure what you do today, so unsure how to advise you. I am old-fashioned, and believe that individuals are responsible for their own health services. You either remain healthy, or you change your circumstances to maximise access to support.
Just consider the very old and the very young
Don't forget about accessibility for existing areas and for aging populations
Better access to assessment services and early intervention for families. More 'clinics" where families can get advice/guidance
Whole of community health initiatives - safe bike tracks to schools and connecting towns. Walking buses for local schools, supporting community gardens and school gardens working with local Community Services on reaching set population outcomes
Money is required to start building up health services - is the Government committed to do this?
Exercise stations in public parks
Local training for medical professionals would also help
Plan for better car parking areas when adding home estates & shopping areas.
More frequent government transport.
Have a representative from the Aboriginal community on the planning councils/committees.
Wollondilly Support & Community Care transport many elderly people in Wollondilly Shire to specialists in Camden, Campbelltown, Bowral and Liverpool. Whilst the transport costs are kept as low as possible I believe some elderly people don't attend their necessary appointment because of the cost of the service and the cost to get there.
A well staffed hospital
Public Transport should be available especially to the elderly.
Entice specialist services to the Shire ie; cheaper rent etc
More GP doctors.
Easier access to relevant facilities
Provide more services and stop building up an area that isn't capable of servicing more people
Survey form for parents at schools
Do not develop Menangle
Reduce pollution in Picton township by creating a road from Maldonado to Tahmoor
Access to information is so important for preventative health measures, Internet based are fine for many people but don't forget the people who don't use it. Use the local networks including churches and schools
Open a CF Clinic at Camden Hospital

**26. Can you suggest anything else that would help your family and other members of the community to live a healthy lifestyle in Wollondilly Shire? (Answered = 71)**

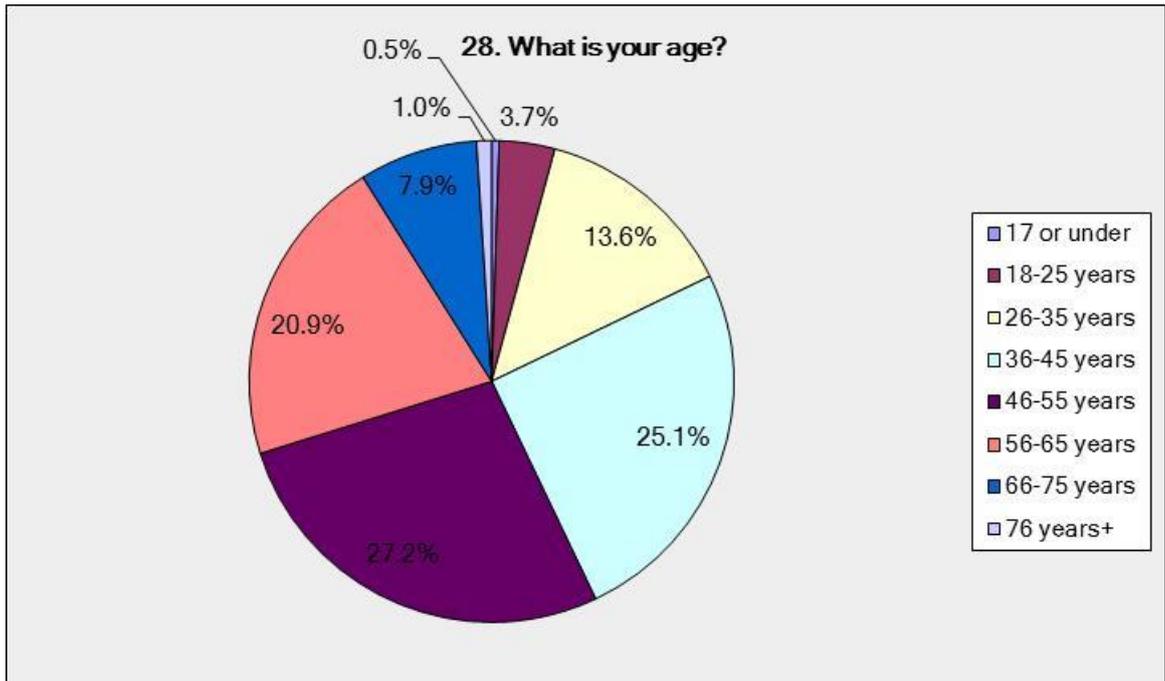


## 2 Participant profile

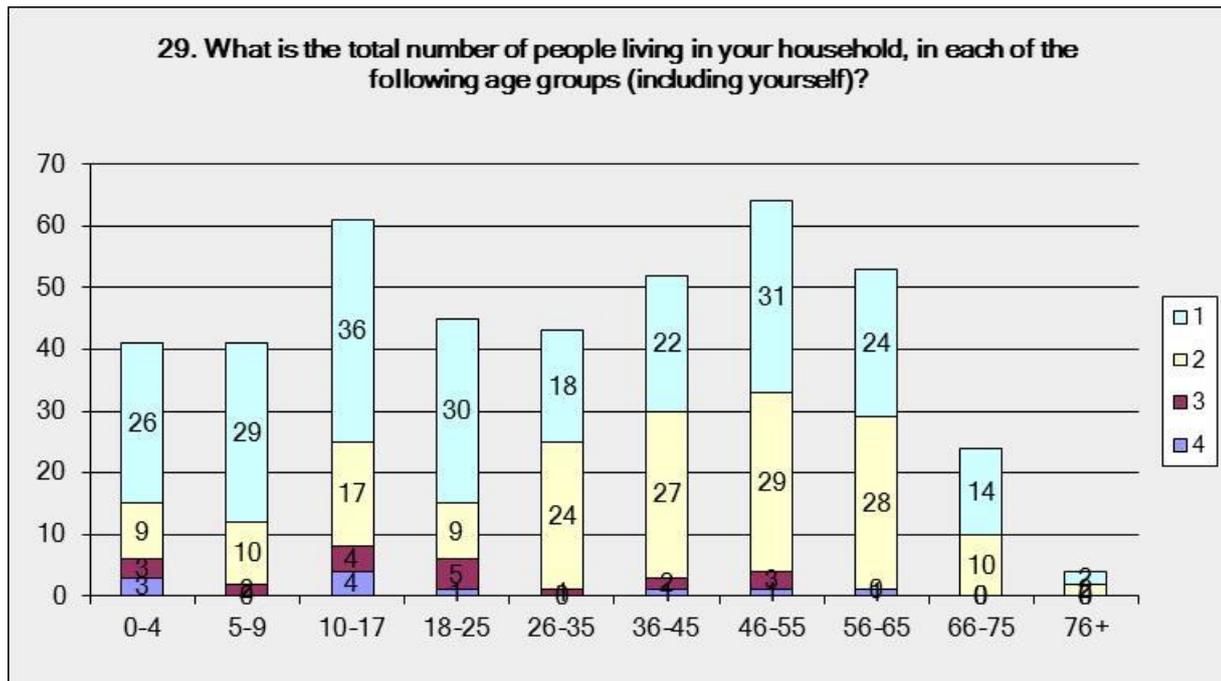


**27. Which of the following describes you? Please tick all that apply.**

Answer Options	Response Percent	Response Count
Resident of Wollondilly Shire	94.1%	175
Worker/business owner in Wollondilly Shire	26.9%	50
Health/Community service provider in Wollondilly Shire	10.8%	20
Other (please specify)		5
	<b><i>answered question</i></b>	<b>186</b>
	<b><i>skipped question</i></b>	<b>53</b>

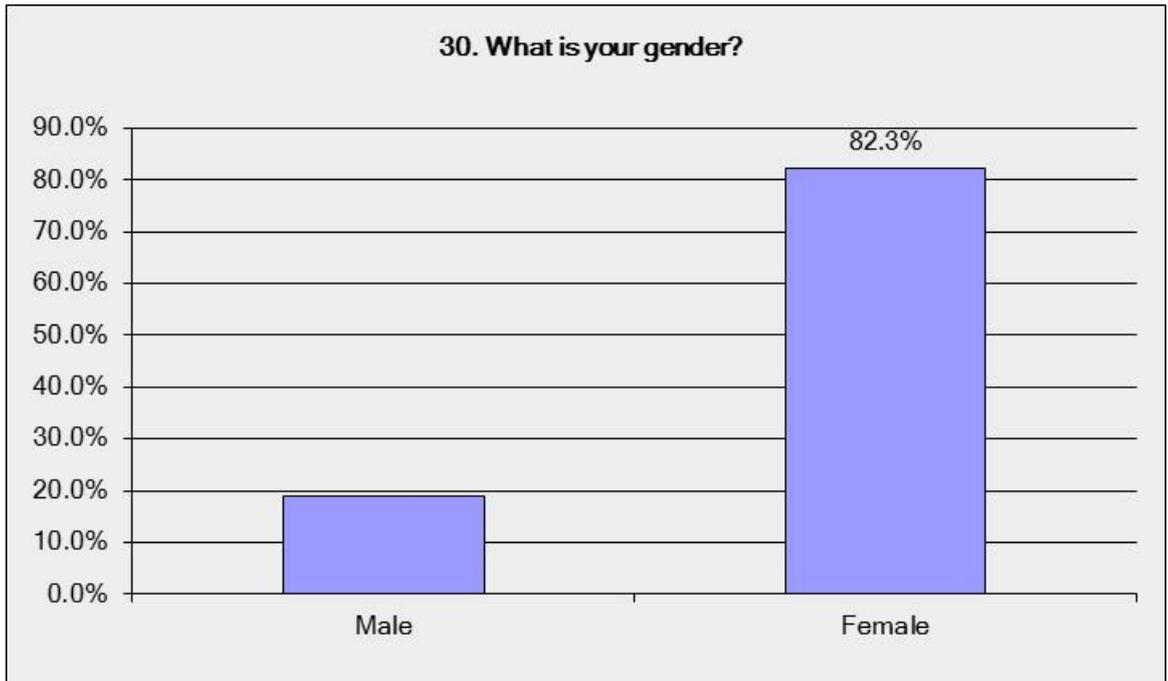


28. What is your age?		
Answer Options	Response Percent	Response Count
17 or under	0.5%	1
18-25 years	3.7%	7
26-35 years	13.6%	26
36-45 years	25.1%	48
46-55 years	27.2%	52
56-65 years	20.9%	40
66-75 years	7.9%	15
76 years+	1.0%	2
<i>answered question</i>		<b>191</b>
<i>skipped question</i>		<b>48</b>

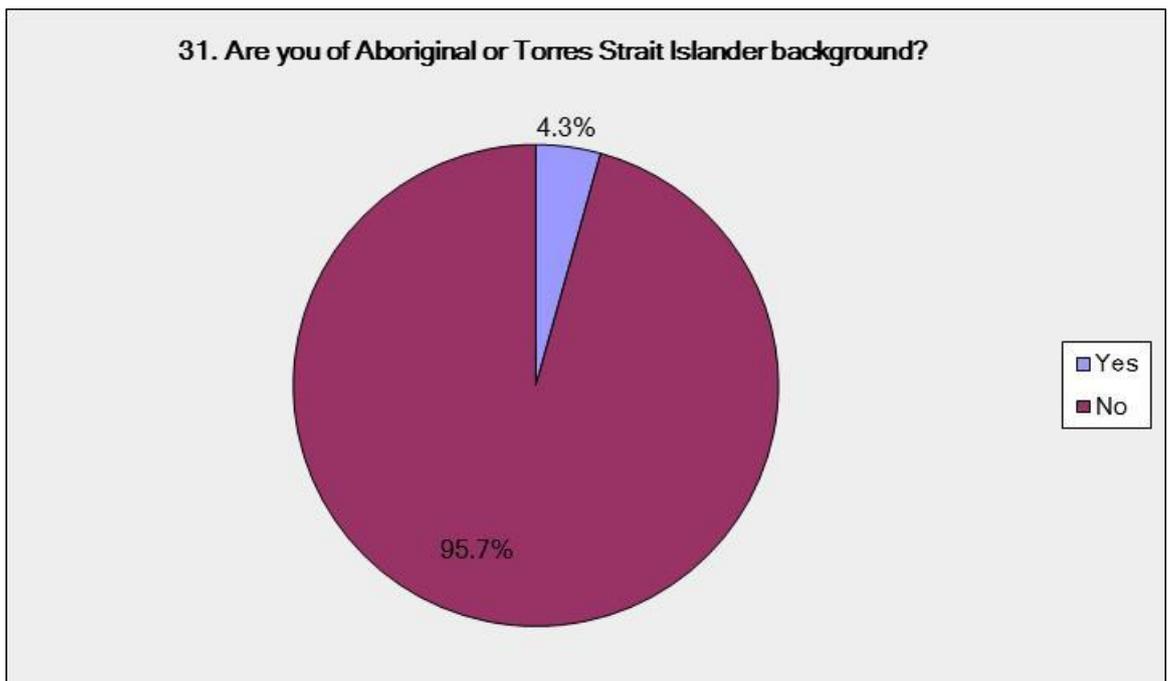


**29. What is the total number of people living in your household, in each of the following age groups (including yourself)?**

Age group	1 person	2 people	3 people	4 people	Response Count
0-4	26	9	3	3	41
5-9	29	10	2	0	41
10-17	36	17	4	4	61
18-25	30	9	5	1	45
26-35	18	24	1	0	43
36-45	22	27	2	1	52
46-55	31	29	3	1	64
56-65	24	28	0	1	53
66-75	14	10	0	0	24
76+	2	2	0	0	4
<i>answered question</i>					<b>191</b>
<i>skipped question</i>					<b>48</b>

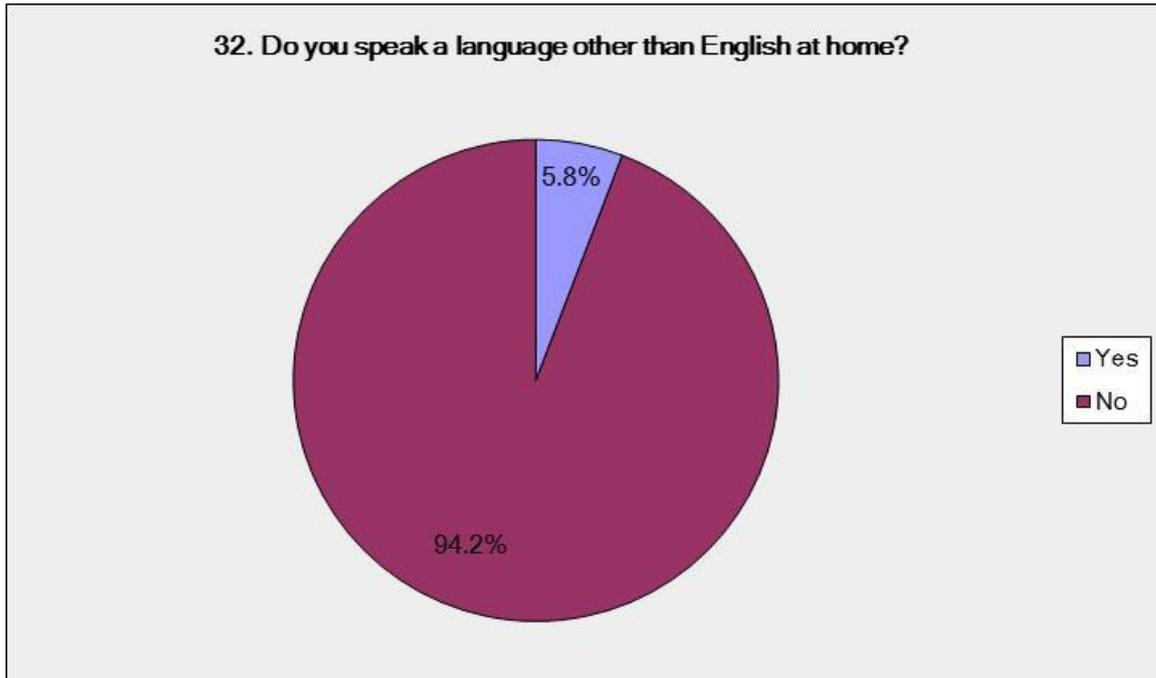


30. What is your gender?		
Answer Options	Response Percent	Response Count
Male	18.8%	36
Female	82.3%	158
<i>answered question</i>		<b>192</b>
<i>skipped question</i>		<b>47</b>



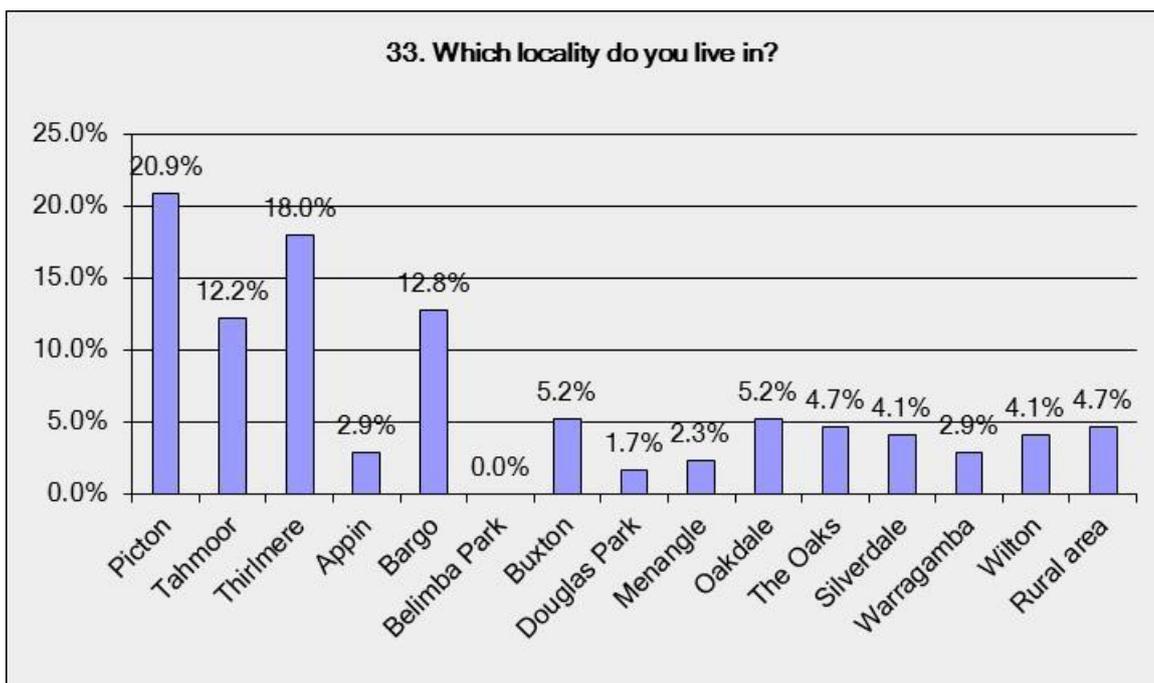
31. Are you of Aboriginal or Torres Strait Islander background?

Answer Options	Response Percent	Response Count
Yes	4.3%	8
No	95.7%	180
<i>answered question</i>		<b>188</b>
<i>skipped question</i>		<b>51</b>

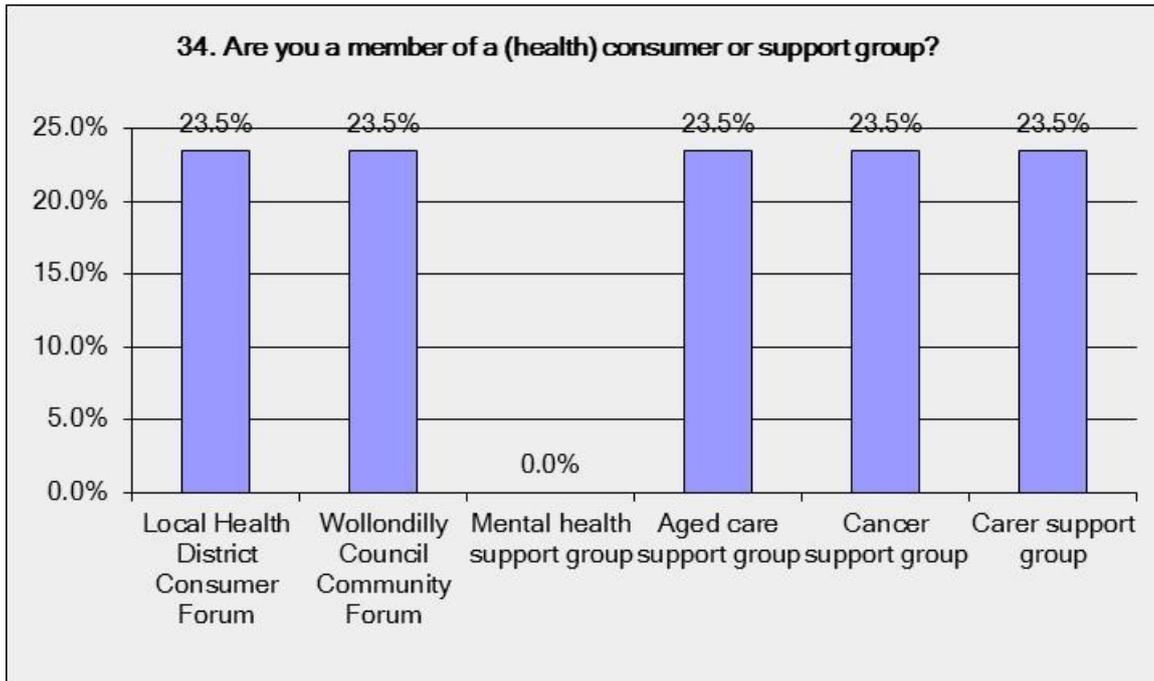


32. Do you speak a language other than English at home?

Answer Options	Response Percent	Response Count
Yes	5.8%	11
No	94.2%	178
<i>answered question</i>		<b>189</b>
<i>skipped question</i>		<b>50</b>



33. Which locality do you live in?		
Answer Options	Response Percent	Response Count
Picton	20.9%	36
Tahmoor	12.2%	21
Thirlmere	18.0%	31
Appin	2.9%	5
Bargo	12.8%	22
Belimba Park	0.0%	0
Buxton	5.2%	9
Douglas Park	1.7%	3
Menangle	2.3%	4
Oakdale	5.2%	9
The Oaks	4.7%	8
Silverdale	4.1%	7
Warragamba	2.9%	5
Wilton	4.1%	7
Rural area	4.7%	8
Outside Wollondilly Shire (please specify)		21
<b>answered question</b>		<b>172</b>
<b>skipped question</b>		<b>67</b>



34. Are you a member of a (health) consumer or support group?		
Answer Options	Response Percent	Response Count
Local Health District Consumer Forum	23.5%	4
Wollondilly Council Community Forum	23.5%	4
Mental health support group	0.0%	0
Aged care support group	23.5%	4
Cancer support group	23.5%	4
Carer support group	23.5%	4
Other (please specify)		13
<b><i>answered question</i></b>		<b>17</b>
<b><i>skipped question</i></b>		<b>222</b>

# Appendix 2 – Stakeholder Consultation Process – List of Participants

## Wollondilly Health Needs Assessment – Stakeholder Consultation Participants

**Table 1 Meeting with General Practitioners, Practice Nurses, Pharmacists and Allied Health Practitioners, 6.30-8pm Wednesday 28 May 2014**

<b>Name / Title</b>	<b>Organisation</b>
Justin Maynard	Picton Family MD
Dr Zoran Nestorovski	Picton Family MD
Dr Anna Pham	Picton Family MD
Jennifer Orington	Picton Family MD
Brooke Morgan	Picton Family MD
Sarah Wadley	Picton Family MD
Anne Mills	Anne's Place
Melinda Webber	South West Kids Clinic
Zara Pennicod	
Jennifer Toms	BARGO
Lynette Toms	BARGO
Mandy Challenger	BARGO
Kiwi Lan Ng	Appin Compounding Pharmacy
Ross Minici	Thirlmere Pharmacy
Andre Sarkis	Tahmoor Pharmacy

**Table 2 Meeting with Council Officers, 10.30-12pm Wednesday 4 June 2014**

<b>Name / Title</b>	<b>Organisation</b>
Fran Garcia Darke	Wollondilly Shire Council
Chantelle Cavill-Cunningham	Wollondilly Shire Council
Emma-Jayne Gardiner	Wollondilly Shire Council
Tina Britton	Wollondilly Shire Council
Karen Chisnall	Wollondilly Shire Council
Carolyn Whitten	Wollondilly Shire Council
Diane Gardiner	Wollondilly Shire Council
Amanda Fitch	Wollondilly Shire Council
Peter Wright	Wollondilly Shire Council
Rob Moran	Wollondilly Shire Council
Ally Dench	Wollondilly Shire Council

**Table 3 Meeting with Non Government Organisations, 1.30-3pm Wednesday 4 June 2014**

<b>Name / Title</b>	<b>Organisation</b>
Heather Ginard / Manager	RSL Lifecare
Emma-Jayne Gardiner	Wollondilly Shire Council
Lucy Johnston	Neami National
Heather Brown	
Teresa Pyrda	
Jack Wilton	
Pat Collins	
Vikki Quiroz	
Cathie Johanson	
Tony Badry	
Elizabeth Atlan	South Western Sydney Local Health District
Sheree Sams / Carer Support Officer Social Media	Macarthur Disability Services Ltd
Denise Ezzy / Coordinator	Tharawal Local Aboriginal Land Council
Tania McCurley / Haven Project Engagement & Education Coordinator	Community Links Wollondilly
John Churchill / Member	Wollondilly Cancer Support Group
Luz Johnston	
Jan Margin / Coordinator	Sydney & South Western Sydney Local Health Districts
Angela McHugh	
David Fleming	
Margaret Jones	
Jessica Michailoh / Area Manager, South West Sydney	HammondCare
Susan O'Brien / Acting Discharge Planner	Campbelltown & Camden Hospitals
Joan Churchill / Member	Wollondilly Cancer Support Group
Jan Heslep	Carers Program
Terese Pyedra	
Pat Collins	
Heather Braun	

**Table 4 Meeting with Adult Post Acute Chronic Care Practitioners, 10-11am Thursday 5 June 2014**

<b>Name / Title</b>	<b>Organisation</b>
Tony Hecimovic / Nurse Practitioner	Community Acute and Post Acute Care
Angela Tomasella / Nurse Unit Manager	Community Health Nursing Services Macarthur
John Pullman / Manager	Mental Health
Terrance Smith / Manager	Mental Health

**Table 5 Meeting with Child, Family Intervention, 11am-12pm Thursday 5 June 2014**

<b>Name / Title</b>	<b>Organisation</b>
Nicole Voegt / Nurse Unit Manager	Child & Family Nursing Services
Ben Neville / Team Leader	Psychology Services
Katrina Tosi / Speech Pathologist	Macarthur Speech Pathology Services
Regina Nagir / Manager	Youth Health Services Macarthur
Maine Norberg / Manager	Community Nutrition
Sharda Jogia / Manager	Women's Health Services
Lorena Schot	

**Table 6 Meeting with Clinical Stream Managers and Directors, 2-3pm Thursday 5 June 2014**

<b>Name / Title</b>	<b>Organisation</b>
Dr Alan McDougall / Director Complex Care & Internal Medicine	
Dr Paul Chay / Director Paediatrics & Neonatology	Liverpool Hospital
Bradley Warner / Clinical Manager Aged Care & Rehabilitation	South Western Sydney Local Health Network and Sydney Local Health Network
Dr Friedbert Kohler / Director Aged Care & Rehabilitation, Complex Care and Internal Medicine	South Western Sydney Local Health District, NSW & UNSW
Christine Stephens / Clinical Manager Women's Health	South Western Sydney Local Health Network and Sydney Local Health Network
Graeme Loy / Director Operations	South Western Sydney Local Health District

**Table 7 Priority Setting Workshop Friday 15 August 2014**

<b>Name / Title</b>	<b>Organisation</b>
Graeme Loy / Director Operations	South Western Sydney Local Health District
David Lawrence/ Manager Planning	South Western Sydney Local Health District
Justin Duggan / Acting General Manager	South Western Sydney Local Health District
Peter Wright / Manager Community Services	Wollondilly Shire Council
Ally Dench / Acting General Manager	Wollondilly Shire Council
Tina Britton Community Project Officer	Wollondilly Shire Council
Karen Chisnall	Wollondilly Shire Council
Rene Pennock / Chief Executive	South Western Sydney Medicare Local
Keith McDonald	South Western Sydney Medicare Local
Lynn Langhorn / Director of Operations	South Western Sydney Medicare Local
The Hon. Jai Rowell MP / Minister for Mental Health, Assistant Minister for Health and Member for Wollondilly	
Tracey Watkins / Office Manager	Office of the Minister for Mental Health, Assistant Minister for Health and Member for Wollondilly
Tania McCurley	Community Links
Monica Zadro	Carers Wollondilly
Melinda Webber	South West Kids Clinic
Tony Badry	MDS
John Pullman	SWSLHD Mental Health
Ben Neville	Child Psychology Services
Sandra Harlor	EDAG

# Appendix 3 –Survey Tool

# Community Survey



## Help shape the future of health services in Wollondilly

**The Wollondilly Health Alliance (which includes Wollondilly Shire Council, South Western Sydney Medicare Local and South Western Sydney Local Health District) is conducting a study to help guide the future development of health services in Wollondilly Shire.**

**We encourage you to have a say as part of this important study.** Please share your views and suggestions about local health services by completing this 10-15 minute survey (by 5pm on Friday 25 July 2014). Your feedback is important to us and will be used to inform the Wollondilly Health Needs Assessment. This report will be prepared for the Alliance by consultation firm Elton Consulting. All the information you provide will be treated as strictly confidential and no individual will be identified in the report.

## Section 1: Your experiences accessing health services

### 1. In the last 12 months, what type of health services have you and your family used? (Please tick all that apply)

- General Practitioner (GP)
- Hospital (general)
- Hospital (emergency)
- Dentist
- X-ray
- Pathology
- Therapists (eg physiotherapist, psychologist)
- Pharmacy
- Medical specialists
- Community health services
- Hospital outpatient services
- Optometrists / opticians
- Other (please describe) \_\_\_\_\_

### 2. Please specify where each of the services that you and your family have used in the last 12 months is located. (LGA = local government area)

	Wollondilly LGA	Camden LGA	Campbelltown LGA	Penrith LGA	Wingecarribee LGA (incl Bowral)	Other
General Practitioner (GP)	<input type="checkbox"/>	<input type="checkbox"/>				
Hospital (general)	<input type="checkbox"/>	<input type="checkbox"/>				
Hospital (emergency)	<input type="checkbox"/>	<input type="checkbox"/>				
Dentist	<input type="checkbox"/>	<input type="checkbox"/>				
X-ray	<input type="checkbox"/>	<input type="checkbox"/>				
Pathology	<input type="checkbox"/>	<input type="checkbox"/>				
Therapists (eg physiotherapist, psychologist)	<input type="checkbox"/>	<input type="checkbox"/>				
Pharmacy	<input type="checkbox"/>	<input type="checkbox"/>				
Medical specialists	<input type="checkbox"/>	<input type="checkbox"/>				
Community health services	<input type="checkbox"/>	<input type="checkbox"/>				
Hospital outpatient services	<input type="checkbox"/>	<input type="checkbox"/>				
Optometrists / opticians	<input type="checkbox"/>	<input type="checkbox"/>				

# Community Survey

**3. If you used a particular type of service in more than one LGA, please provide details of locations. Also, if you ticked 'Other' for any of the above, please provide details of location/s.**

---

---

**4. Thinking about the last time you visited a GP, approximately how long did it take for you to get an appointment / to see a GP?**

- Less than 24 hours
- 1-2 days
- 3-7 days
- 8-14 days
- More than 2 weeks (please describe) \_\_\_\_\_

**5. Approximately how long does it take you to travel to see a GP?**

- 15 minutes or less
- 16-30 minutes
- 31-60 minutes
- More than 1 hour (please specify location) \_\_\_\_\_

**6. If you needed to visit a health service after hours, where would you be most likely to go?**

- Camden Hospital Emergency Department
- Campbelltown Hospital Emergency Department
- Bowral Hospital Emergency Department
- Sydney Medical Service
- Southern Highlands After Hours Service
- Other (please specify) \_\_\_\_\_

**7. Please tell us why that facility**

---

---

---

**8. If you needed to visit a hospital outpatient clinic, which hospital would you be most likely to go to?**

- Camden Hospital
- Campbelltown Hospital
- Bowral Hospital
- Liverpool Hospital
- Other (please specify) \_\_\_\_\_

# Community Survey

## 9. Please tell us why that facility

---

---

---

## 10. If you needed to visit a pharmacy after hours, where would you be most likely to go?

- Appin
- Bargo
- Tahmoor (Village Pharmacy)
- Tahmoor (Tracey John Chemist)
- Picton
- Thirlmere
- Silverdale
- Warragamba
- The Oaks
- Other (please specify) \_\_\_\_\_

## 11. Which aspects of health services in Wollondilly Shire are currently working well from your perspective?

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

## 12. Are there gaps in the range of health services available in Wollondilly, to meet your needs and the needs of your family? If yes, please describe.

---

---

---

## 13. What are some of the main challenges you have experienced when accessing health services in Wollondilly Shire?

- Costs
- Waiting times
- Lack of availability
- Travel time/distance
- Lack of public transport
- Lack of community transport
- Language barriers
- Cultural barriers
- Other (please specify) \_\_\_\_\_



# Community Survey

**21. Do you have any ideas or suggestions for how these issues could be addressed?**

---

---

---

**22. The population of Wollondilly Shire is expected to grow considerably over the next few years. What do you see as the priorities for new health services or programs in Wollondilly Shire?**

1. 

---
2. 

---
3. 

---

**23. Where in Wollondilly Shire would you like to see new health services / programs located (eg please specify which town/s, village/s)?**

---

---

---

**24. What are some of the best ways to communicate with you and your household about existing and new health services in Wollondilly Shire?**

---

---

---

**25. Do you have any other comments or suggestions to help improve the health of the Wollondilly community, for the Alliance to consider in planning for local health services?**

---

---

---

**26. Can you suggest anything else that would help your family and other members of the community to live a healthy lifestyle in Wollondilly Shire?**

---

---

---

# Community Survey

## Section 3: About you and your household

**27. Which of the following describes you? Please tick all that apply.**

- Resident of Wollondilly Shire
- Worker/business owner in Wollondilly Shire
- Health/Community service provider in Wollondilly Shire
- Other (please specify) \_\_\_\_\_

**28. What is your age?**

- 17 or under
- 18-25 years
- 26-35 years
- 36-45 years
- 46-55 years
- 56-65 years
- 66-75 years
- 76 years +

**29. What is the total number of people living in your household, in each of the following age groups (including yourself)?**

	1	2	3	4
0-4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5-9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10-17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18-25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26-35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36-45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46-55	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56-65	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
66-75	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
76+	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**30. What is your gender?**

- Male
- Female

**31. Are you of Aboriginal or Torres Strait Islander background?**

- Yes
- No

**32. Do you speak a language other than English at home?**

- Yes (please specify) \_\_\_\_\_
- No

# Community Survey

## 33. Which locality do you live in?

- Picton
- Tahmoor
- Thirlmere
- Appin
- Bargo
- Belimba Park
- Buxton
- Douglas Park
- Menangle
- Oakdale
- The Oaks
- Silverdale
- Warragamba
- Wilton
- Rural area
- Outside Wollondilly Shire (please specify)\_\_\_\_\_

## 34. Are you a member of a (health) consumer or support group?

- Local Health District Consumer Forum
- Wollondilly Council Community Forum
- Mental health support group
- Aged care support group
- Cancer support group
- Carer support group
- Other (please specify)\_\_\_\_\_

**Thank you for taking the time to share your feedback on access to health services. We greatly appreciate your contribution. If you would like to find out more about the study, please see [www.wollondilly.nsw.gov.au](http://www.wollondilly.nsw.gov.au)**

**If you have any queries about this survey please contact us at [enquiries@swsml.com.au](mailto:enquiries@swsml.com.au)**



[www.elton.com.au](http://www.elton.com.au)