



# Cunderdin & Pingelly Health Services

## Independent Review 2021/22 - Summary



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## 1.0 Executive Summary

In country communities across Western Australia (WA) there is a long and proud tradition of the WA Country Health Service (WACHS) delivering services that are highly valued by country people through hospitals, health centres and community services.

In 2012, Royalties for Regions funded the WA Government's Southern Inland Health Initiative. One stream of this initiative was the development of expanded primary health and hospital service centres to replace underused, ageing small hospitals<sup>1</sup>. Pingelly and Cunderdin Shires responded to an EOI to develop their hospital and community services within one centre. Concurrently other reforms were occurring to enable, stabilise and expand small hospitals value to local communities. These included significant investment in the development and local availability of a wide range of virtual services, designed to bring specialist services into hospitals and centres. Emergency telehealth including mental health, maternity and obstetrics, inpatient medical support, stroke, and outpatient services grew, wrapping around local services, supporting local clinicians 24/7 to deliver excellent care and influencing recruitment and retention. In addition, these country health reforms included extensive investment in aged care reform and attracting and retaining GPs and doctors to enable hospital and community services to be contemporary and sustainable. An Operations Hub providing 24/7 logistics and patient transfer coordination across WACHS has given greater support to small communities' health service functions.

After extensive community engagement and development of a changed service model, the new Health Centres were built, with designs that better supported emergency response, primary health care delivery, GP and other service provider co-location and integration. They included capability for enabling the full use of videoconferencing technology to provide outpatient and 24/7 virtual care services such the Emergency Telehealth Service (ETS).

The new services aimed to keep people living and ageing well in their local communities, prevent hospital admissions and reduce transfers for care where possible. This was to be achieved through an increased focus on promotion of good health, prevention, early detection of illness, supporting local community based aged, chronic conditions management, mental health and palliative care services, and service providers working more collaboratively to better support clients and patients. All supported by contemporary virtual services.

New health facilities were opened in Pingelly and Cunderdin in 2018 and 2019 respectively.

An independent review of the development and implementation of the services and facility redesign projects for Pingelly and Cunderdin was undertaken in 2021/22 at the request of the WACHS Chief Executive and Board.

### Key Findings

An independent Review by SDF Global Pty Ltd consultants found:

- the facility redevelopments and changed service models delivered what had been intended to a high standard including Emergency Department services, allied health services including physiotherapy and podiatry, group work, child health, mental health, substance abuse and family counselling, along with community aged care services and community nursing to help people stay and age in place.
- overall the mix of modern services offered at each centre reflected the needs of the community and that high-quality care is provided with integrity and professionalism.
- WACHS effectively oversaw the development, ongoing maintenance, security, and operation of the new facilities and services, including significant and varied community engagement and consultation processes during the service model and facility design and development processes.
- virtual care such as the Emergency Telehealth Service, greatly improved quality and access to emergency and outpatient services.

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<sup>1</sup> WACHS, 2018. Primary Health Care Demonstration Site Framework and Transition plan, Pingelly and Cunderdin.

- there were several priority recommendations for further improvement (refer pages 8 and 9) including:
  - more health promotion and early intervention services, particularly for the Aboriginal community
  - ongoing communication with the local Shires and communities,
  - ensuring the needs of palliative patients are adequately addressed
  - minor facility works to improve flow and storage
  - access to local dental services.

Actions to progress and implement the priority recommendations and areas for improvement continue, demonstrating responsiveness to community need and input by including short term /overnight hospitalisation for care, observation and stabilisation plus onsite palliative care in addition to community palliative care services.

## 2.0 Purpose of this document

This document provides a succinct overview of the independent Review's key findings about the service model and implementation processes.

We thank the many community members, staff and stakeholders who contributed to the independent Review.

## 3.0 Background to the redesign of Pingelly and Cunderdin Hospitals

Prior to becoming Primary Health Centres, the small community hospital services in Pingelly and Cunderdin included a 24-hour emergency department service, inpatient care (including acute, sub-acute, palliative care), residential aged care and outpatient services.

Like many smaller rural communities in WA, the demand for both inpatient and residential aged care had gradually declined in both Pingelly and Cunderdin:

- Pingelly hospital's last inpatient admission was in 2012
- Residential aged care had not been available for many years at Pingelly hospital.
- By 2015 Cunderdin hospital was on average admitting less than one inpatient per month
- From 2013 the WACHS operated Ian Roberts Lodge in Cunderdin. The Lodge discharged its single remaining resident in 2018. The facility was closed in 2019.
- Between 2015 and 2018 there was 3 admissions for palliative care at Cunderdin hospital.

In 2012, through the WA Government's Southern Inland Health Initiative, WACHS advertised Expressions of Interest (EOIs) to reconfigure and develop small hospitals into comprehensive primary health care centres. The criteria were:

- small hospitals with a history of very low acute inpatient activity
- less than one-hour travel time between the existing hospital and a larger hospital
- the capacity to attract and retain GPs to work within the area into the future to develop and improve primary health care.

Pingelly and Cunderdin Shires responded to that EOI and signed Memorandums of Agreement with WACHS to progress. Project User Groups were set up in each town in 2013 to act as the principal communication, consultation and engagement group on service planning and project development.

Extensive consultation and communication processes were available for WACHS staff, Shire and community to participate in during 2014 to 2018. These included surveys, workshops, information sessions, newsletter articles and social media. These processes culminated in infrastructure design briefs, revised service models and staffing profiles, proposed organisational structures and position descriptions. Infrastructure development commenced 2017 and Pingelly Health Centre opened in June 2018 and Cunderdin Health Centre in January 2019.

## 4.0 Review Approach

In July 2021, WACHS-Wheatbelt contracted SDF Global Pty Ltd to undertake an independent Review of the Primary Health Centre services and facilities at both Cunderdin and Pingelly. The purpose of the Review was to explore three key questions:

1. What was intended, what was delivered and how well was the change process managed?
2. What are the current services and are they effective, efficient and contemporary?
3. What is working well and what could be improved?

A Review Governance Committee was formed to oversee the project. The review design was a mixed-methods approach (refer appendix 1).

## 5.0 Summary of Findings

Review Question 1: What was intended, what was delivered and how well was the change process managed?	
What was intended?	<p>Change of model to provide:</p> <ul style="list-style-type: none"> <li>• 24-hour emergency care supported by the WACHS' Emergency Telehealth Service (ETS)</li> <li>• expanded outpatient clinics through the extension of nursing staff on-site and in the community</li> <li>• additional capacity to host visiting allied health, medical and nursing specialists (public and private)</li> <li>• provision and expanded use of telehealth and digitally enabled service access (virtual health and mental health care)</li> <li>• continued home and community aged care and nursing services (e.g. wound care) to support community members with post-acute and chronic conditions and to age in place</li> <li>• access to regional palliative care, midwifery and mental health services – in-centre and in people's homes</li> <li>• co-location of local general practitioner (GP) services</li> <li>• support for a multidisciplinary approach to health care which offers collegiate support, training opportunities and improved staff satisfaction.</li> </ul>
What was delivered?	<ul style="list-style-type: none"> <li>• The above services were delivered in new fit for purpose health facilities at Pingelly and Cunderdin in 2018 and 2019 respectively.</li> <li>• The GP services at both locations are open Monday - Thursday.</li> <li>• The Review found the services aligned with WACHS' strategic service priorities.</li> </ul>
How well was the change process managed?	<ul style="list-style-type: none"> <li>• Following the successful EOI process in 2012, both Pingelly and Cunderdin Shires signed Memorandums of Agreement (MOA) with WACHS to work together to develop the new facilities and service models.</li> <li>• Project User Groups (PUGs) were set up in each town in 2013 to act as the principal communication, consultation and engagement group on service planning and project development.</li> <li>• Extensive consultation and communication processes were available for WACHS staff, Shire and community to participate in during 2014 to 2018, these included surveys, workshops, information sessions, newsletter articles and social media. These processes culminated in infrastructure design briefs, revised service models and staffing profiles, proposed organisational structures and position descriptions.</li> <li>• The Review found that WACHS has effectively overseen the development, ongoing maintenance, security, and operation of the new facilities and services.</li> <li>• There are learnings in relation to ongoing communication with the Shire and community following the opening of the new facilities and changed service models (see below).</li> </ul>

<b>Review Question 2: What are the current services and are they effective, efficient and contemporary?</b>	
What are the current services?	<ul style="list-style-type: none"> <li>• Both facilities provide a 2 bay Emergency Department with video conferencing facilities and several consult rooms for visiting allied health services including physiotherapy, speech therapy and podiatry. Rooms for group work, child health, mental health and substance abuse counselling, and family counselling, and minor procedures conducted by the local GP.</li> <li>• Community aged care services, palliative care, mental health and nursing services.</li> <li>• The current services are supported by video-conferencing technology.</li> <li>• Both facilities have a co-located GP practice on site with a common entrance.</li> </ul>
Are the services effective, efficient and contemporary?	<ul style="list-style-type: none"> <li>• The improvement in 24/7 Emergency Department with the added support of Emergency Telehealth Services was noted as significantly contributing to the improvement in emergency services provision.</li> <li>• Health services were reported to currently meet or somewhat meet the health needs of the communities (Cunderdin, 83%; Pingelly, 98%). Those consulted believed most services have been maintained following the change.</li> <li>• The Review found WACHS to have been flexible and innovative in building partnerships with service providers to meet identified needs [during the service development and change phases].</li> <li>• The Review found that the new facilities, equipment, technology, clinical governance, and workforce support effective service delivery and activity.</li> <li>• The new facilities create a more equitable, integrated, safer health system with improved access to WACHS wide support and suite of command centre services.</li> </ul>
<b>Review Question 3: What is working well and what could be improved?</b>	
What is working well?	<ul style="list-style-type: none"> <li>• Overall the Review found the services are generally meeting community needs.</li> <li>• Feedback from community members was that high-quality care is provided with integrity and professionalism.</li> <li>• Delivery of Commonwealth Home Support Program (CHSP) services support to community members has continued under slightly different models and is working well.</li> <li>• New equipment and technology with high-definition telehealth videoconferencing facilities and support via the Emergency Telehealth Service and the Mental Health Emergency Telehealth Service, have enabled better service provision of both emergency care and outpatient services closer to home. Staff and visiting professionals receive clinical support via virtual means, and travel is reduced for community members.</li> <li>• Both hospitals were praised by community members for providing friendly, welcoming, knowledgeable, skilled and a well-positioned team who understand the local demand.</li> <li>• The review found that clinical governance is strong, and the patient-centred standard of care is excellent for both sites.</li> </ul>

<p>What could be improved?</p>	<ul style="list-style-type: none"> <li>• Community members noted that the centres are modern, lighter and brighter than the previous hospitals.</li> </ul> <p><b>Services</b></p> <ul style="list-style-type: none"> <li>• The Review noted increased demand for GP services. Further investigation is required to determine what GP services may be required in both locations (i.e. additional opening days / hours, specific primary care services not currently available, or alternative providers such as increased female GP availability).</li> <li>• The Pingelly community has also regularly expressed the need for increased local dental services. Portable equipment was purchased to support a visiting private dental service. The Narragin based private dentist has tested the equipment, however a visiting service has not yet eventuated. While not specifically mentioned for Cunderdin in the Review, access to dental health services may be a concern, given it is a common issue for many rural WA locations.</li> <li>• The Review noted some reports of community reluctance to use videoconferencing as a substitute for face-to-face services. Promotion and provision of support of virtual service modes should be explored both in-centre and in people's homes.</li> <li>• In October 2022, the Cunderdin Shire CEO and President formally advised WACHS that the Shire believes the current mix of palliative care options available to the Cunderdin community do not meet community needs. The Shire advised that the community requires a separate palliative care room at Cunderdin.</li> </ul> <p>Broader consultation in the Review did not identify access to separate palliative care as an issue. In the four years from 2019 and 2022 (post closure) 9 Cunderdin residents have been admitted to a public hospital for palliative care. Community demand for both community (home based) and inpatient palliative care will continue to be monitored.</p> <ul style="list-style-type: none"> <li>• The Cunderdin Shire CEO and President noted that there was high unmet demand for physiotherapy services in Cunderdin. A private physiotherapist currently attends Cunderdin twice weekly, in addition to WACHS physiotherapist attendance at the PHCDS. This appears to meet identified need, however community demand for physiotherapy (and other allied health services) will be monitored.</li> <li>• Specific service requests identified in the Review include increasing primary health care and early intervention programs (noted to have reduced during the COVID-19 response), additional mental health services and increased Aboriginal Health Workers and services.</li> <li>• Promotion regarding the use of telehealth should be active to enable community awareness and to increase the uptake of these services..</li> <li>• The Review suggested that up-skilling WACHS staff members in x-ray, plastering, suturing and wound care could assist in reducing the need for residents to travel to larger locations. Staff can be upskilled to provide services if there is a regular need for that service at a site.</li> </ul>
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### Facility design

- Design issues were noted at both sites (e.g. storage limitations, shared waiting room and reception areas, Pingelly ambulance entrance). Several infrastructure and design issues have already been addressed by WACHS, however WACHS will continue to work with the GPs and other partners and staff to rectify issues identified in the Review.
- More local Aboriginal artwork and other strategies to enhance the cultural safety of the facility was not specifically identified in the review but has been identified in WACHS-Wheatbelt service accreditation processes.

### Governance and Workforce

- The main gaps in the elements of clinical governance relate to recruitment and professional development of suitably skilled and experienced staff. Implementation of ICT strategies and improved Aboriginal health care services in alignment with the WACHS Cultural Governance Framework implementation are also required.
- Addressing issues of workforce availability, increasing resources, and strengthening communication and engagement (with WACHS staff, other providers, the Shires and community) in the development of new services.
- There are external factors influencing the availability of medical and nursing staff across Western Australia, such as previously closed state borders associated with COVID-19 and many drive-in, drive-out nursing staff. The service model and associated staffing profiles were endorsed by the WACHS Chief Executive in July 2023 and are in the process of being permanently established.

### Communication

- After the opening of both services' community communication has become irregular and relationships challenged at times.
- Cunderdin stakeholder meetings including the Cunderdin Shire (CEO, President and Council member) and WACHS Wheatbelt (Executive Director, Operations Manager – Eastern, and Palliative Care Coordinator) commenced in 2021 with the intention of ensuring accountability to the agreed recommendations, improving communication and relationships and to proactively address emerging issues.
- Stakeholder meetings are no longer continuing at Pingelly, however WACHS is seeking a Pingelly Shire representative to join the Southern District Health Advisory Council.
- Timely and regular communication will support the connection between WACHS, staff and the communities. Communication and information relating to the services offered at the services should be ongoing and varied, including face-to-face interaction between WACHS staff and community members, use of community-based websites, social media and newsletters, window displays and letterbox drops.

## 6.0 Next Steps and Key Priorities

The Review identified a range of next steps, both strategic and operational. While the WACHS response was initially delayed due to the ongoing impact of the COVID-19 pandemic response, related workforce shortages and service continuity challenges, several actions have now been actioned or implemented in response to issues raised through this Review process.

WACHS is committed to working with the Cunderdin and Pingelly Shires, GP practices in both locations and other service providers to maintain and strengthen health services in both communities and to improved and ongoing communication and engagement processes with stakeholders and community members.

Key priorities include:

#	Next Step Priorities	Status at Nov 2023
1.	Formal endorsement of the service model of operation and workforce/human resource plan in consultation with Clinical Nurse Managers at both sites, that reflects the actual business management and operational requirements.	Chief Executive WACHS endorsed 20/07/2023
2.	Promote community and stakeholder awareness of the capability of both services to accommodate short stay patients for observation and care where clinically appropriate.	In progress
3.	Enhance communication with stakeholders and the community to be regular, timely and open, to enable understanding of the current services and respond to feedback. Potential options include short videos to promote key messages in accessible formats, and adoption of 'Community Café' style engagement forums.	Community Engagement Café Cunderdin May 2023  Monthly meetings between Cunderdin Shire and WACHS  Southern Wheatbelt District Advisory committee seeking a Pingelly community representative
4.	Address the immediate operational design issues for the services to improve confidentiality, ambulance operations and compliant storage of health records.	Priority issues have been addressed, however WACHS will continue to work with our GP partners and staff to rectify issues as they emerge.
5.	Work toward WACHS having a visible and responsive role in community, greater 'in-reach' into community. This can be via community nurses, Aboriginal health workers and health promotion staff to design and deliver health promotion and primary health programs for chronic conditions prevention and management as envisaged in the model design.	New senior Health Promotion Officers and Clinical Nurse Managers (one each per site) were endorsed by the WACHS Chief Executive for creation on 24/7/2023 alongside the ongoing new staffing profile for the whole site on 20/7/23.  HR processes to create and establish new positions permanently are underway.
6.	WACHS, in alignment with its Cultural Governance Framework implementation, will support and develop culturally inclusive and supportive services including effectively engaging with Aboriginal community members.	Work to engage more regularly with the local Aboriginal community and improve the cultural safety of the facilities still needs to progress. This important work will be supported by the Regional Aboriginal Health Consultant, the Wheatbelt Aboriginal Health Service and local Aboriginal staff with support from the Cunderdin and Pingelly Clinical Nurse Managers once appointed.
7.	Develop action plans for both Cunderdin and Pingelly to address all areas for improvement identified.	To commence once permanent Clinical Nurse Manager positions are in place and appointed.

## Appendix 1: Review Methodology and Governance

The Review methodology design included:

- A comprehensive desktop review of associated documentation and available data
- Key stakeholder interviews conducted.
- A community and key stakeholder survey
- Onsite consultation conducted within the two Shires.
- Drop-in sessions and focus group discussions
- Data analysis and triangulation to explore and validate the data against the Review questions.

The Review Governance Committee membership met regularly and included:

- A/Regional Director, WACHS-Wheatbelt
- A/Program Manager WACHS Planning & Evaluation
- Operations Manager Eastern Wheatbelt, WACHS
- Operations Manager Southern Wheatbelt, WACHS
- CEO Shire of Pingelly
- CEO Shire of Cunderdin
- A/Clinical Nurse Manager, Cunderdin
- A/Clinical Nurse Manager, Pingelly
- Aged Care Manager, WACHS-Wheatbelt
- A/WACHS Planning and Evaluation Manager
- Community Representative – Cunderdin
- Community Representative – Pingelly

