



Access to Care for Country Residents Policy

1. Purpose

The WA health system is accountable for ensuring public health services are available to all residents regardless of where they live.

The WA country population is diverse and expansive and as a result has widely varying health needs. People living in regional, rural and remote areas often experience poorer general health than those in metropolitan areas and Aboriginal health and life expectancy in particular is significantly less than that of non-Aboriginal people.

Country residents may not be able to access all the public health services they require in their local communities. Specialist emergency, inpatient and outpatient services may only be provided by metropolitan and country Health Service Providers (HSPs) distant from where they live. Country residents receive these services by travelling to metropolitan and regional areas for face-to-face care; from specialists visiting their local communities; and / or via virtual care.

This policy sets out the requirements for HSPs in respect to providing appropriate public health services to country residents when and where they are needed and with minimal financial and access hardship. The application of this policy demonstrates the shared responsibility and accountability of HSPs for country residents.

This policy is a mandatory requirement for HSPs under the *Clinical Services Planning and Programs Policy Framework* pursuant to section 26(2)(a)(b)(c) of the *Health Services Act 2016*

2. Applicability

This policy is applicable to:

- East Metropolitan Health Service
- North Metropolitan Health Service
- South Metropolitan Health Service
- WA Country Health Service.

The requirements contained within this policy are applicable to the services purchased from contracted health entities where it is explicitly stated in the contract between the contracted health entity and the State of Western Australia or Health Service Provider. The State of Western Australia or Health Service Provider contract manager is responsible for ensuring that any obligation to comply with this policy by the contracted health entity is accurately reflected in the relevant contract and managed accordingly.

3. Policy Requirements

Each HSP is required to:

- Provide access to care for country residents and ensure they are consistently seen and treated in a timely manner according to their clinical urgency. This applies to the full range of public health services including emergency presentations, bookings for elective surgery and procedures, outpatient appointments, clinical assessments and admissions including mental health.
- Maintain formal and functional patient pathways via mechanisms such as the Central Referral Service (CRS) and Acute Patient Transfer Coordination (APTC), telehealth network and the Patient Assisted Travel Scheme (PATS) to ensure country residents can access care in metropolitan hospital sites.
- In the absence of formal and functional patient pathways, adhere to the Systemwide Patient Safety Net below for country residents to access health services at metropolitan and regional health sites.

| WACHS Region | HSP Alignment |
|---|--|
| South West | South Metropolitan Health Service WA Country Health Service |
| Great Southern | |
| Southern Wheatbelt | |
| Coastal Wheatbelt (x3 Local Government Areas) | North Metropolitan Health Service WA Country Health Service |
| Goldfields | |
| Midwest | |
| Kimberley | East Metropolitan Health Service WA Country Health Service |
| Pilbara | |
| Western Wheatbelt (minus Coastal) | |
| Eastern Wheatbelt | |

- Develop and implement contemporary and sustainable service delivery models to support care closer to home and “on country” where possible and optimise health outcomes for country residents.
- Consistently comply with existing agreements between Metropolitan HSPs and WACHS relating to visiting and clinical rotations at country hospitals, provision of virtual care services to country patients, and access to training programs at metropolitan HSPs.
- Ensure staff are appropriately supported and trained to develop and maintain clinical and cultural competencies suited to the needs of country patients and communities.

- Work collaboratively with other HSPs to deliver public health services to country residents and communicate and resolve issues in instances where country residents are not able to access the required hospital/clinical service.
- Report issues regarding restricted access to services to their Chief Executive who may escalate to the System Manager, where required.

4. Compliance Monitoring

The Clinical Planning Unit (CPU) on behalf of the System Manager will monitor HSPs compliance with this policy using information sources available to the System Manager.

The System Manager may undertake an assessment or audit should a non-compliance issue be identified. The CPU may request information from HSPs on an annual basis, including assurance that HSPs are meeting the policy requirements.

5. Related Documents

The following documents are mandatory pursuant to this policy:

- N/A

6. Supporting Information

The following information is not mandatory but informs and/or supports the implementation of this policy:

- [About the Central Referral Service \(health.wa.gov.au\)](http://health.wa.gov.au)
- [WA Country Health Service - Command Centre](#)
- [WA Aboriginal Health and Wellbeing Framework 2015–2030](#)

7. Definitions

The following definition(s) are relevant to this policy.

| Term | Definition |
|-------------------------------------|--|
| Acute Patient Transfer Coordination | A service that oversees safe, timely and efficient patient transfers to and from regional and metropolitan hospitals for admitted country patients. |
| Central Referral Service | A service which operates to provide a single point of entry for external referrals for initial outpatient appointments for public medical specialist clinics across Perth metropolitan hospitals and selected WA Country Health Services; and which manages allocation of these to an appropriate health service. The service also plays a governance role in monitoring, auditing and reporting on these functions. |
| Systemwide Patient Safety Net | The systemwide patient safety net is a structured and designed guarantee of both contingent and ongoing service access for country patients, applicable to primary and secondary public health services from WACHS, and tertiary and quaternary public health services from |

| | |
|------------------|---|
| | metropolitan HSPs to ensure country residents can access the care they require where no other formal mechanisms exist. |
| WA health system | The WA health system is comprised of: (i) the Department; (ii) Health Service Providers (North Metropolitan Health Service, South Metropolitan Health Service, Child and Adolescent Health Service, WA Country Health Service, East Metropolitan Health Service, PathWest Laboratory Medicine WA, Quadriplegic Centre and Health Support Services); and (iii) contracted health entities, to the extent they provide health services to the State. |

8. Policy Contact

Enquiries relating to this policy may be directed to:

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9. Document Control

| Version | Published date | Review date | Amendment(s) |
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| MP 0183/24 | 18 April 2024 | April 2027 | Original version |

Note: Mandatory policies that exceed the scheduled review date will continue to remain in effect.

10. Approval

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| Approval by | Sash Tomson, Acting Assistant Director General, Strategy and Governance Division, Department of Health |
| Approval date | 17 April 2024 |

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