

Shires Association of NSW

***RURAL AND REMOTE COUNCIL SUPPORT OF MEDICAL
AND RELATED HEALTH SERVICES***

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Prepared by

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RURAL AND REMOTE COUNCIL SUPPORT OF MEDICAL AND RELATED HEALTH SERVICES

Introduction

The Shires Association of NSW is vitally concerned about the increasing demands on rural and remote councils across a range of medical and related health services.

The Shires Association conducted a research project on council involvement in medical and related health services in rural and remote communities, to quantify levels of activity and financial support. With better data the Association can play a stronger role in advocating for much-needed Commonwealth and State Government assistance.

Eighty five (85) councils responded to the survey. This was just over 80 per cent of all members and associate members of the Shires Association at December 2003.

The most significant efforts of responding councils in providing medical and related health services in rural and remote communities are as follows:

- 30 councils provide 45 centres for 59 doctors at an annual cost of \$465,065
- 26 councils provide 48 houses for 53 doctors at an annual cost of \$541,528
- 12 councils provide 13 centres for 13 dentists at an annual cost of \$228,800
- 10 councils provide equipment for 18 doctors at an annual cost of \$63,500.

These councils are spending around \$2.2 million per year providing the types of medical and related health services that are arguably the role of central governments to provide.

The most significant efforts of responding councils in supporting medical and related health services run by others in rural and remote communities are as follows:

- 11 councils subsidise 17 houses for 14 doctors at an annual cost of \$106,414
- 9 councils subsidise 11 centres for 14 doctors at an annual cost of \$85,247
- 8 councils subsidise pre-service training for GPs through scholarships and bursaries to 9 people at an annual cost of \$27,350
- 4 councils subsidise equipment for 8 doctors at an annual cost of \$37,000
- 3 councils provide salary subsidies for doctors at an annual cost of \$89,098.

These councils are spending almost half a million dollars per year subsidising medical and related health services that are arguably the role of central governments to provide.

Responding councils have also made met significant capital costs over recent years.

In terms of social planning and development activities a majority of responding councils:

- have a Council Social or Community Plan which incorporates medical and related health issues (79 per cent)
- facilitate development of new medical or related health facilities and services (58 per cent)
- have council management plan that covers Medical and Related Health strategies (53 per cent).

In terms of social planning and development activities a significant number of responding councils:

- work closely in and with NSW Rural Doctors Network (RDN) initiatives (46 per cent)

- participated in setting up Health Council (Area Health Service) (41 per cent)
- serve on Health Council (Area Health Service) (41 per cent)
- facilitate Area of Need applications (33 per cent)
- have a council Community Services Committee that covers medical and related health issues (32 per cent).

These results will be used in advocating increased funding from Commonwealth and State sources, and in further highlighting cost shifting. There will also be marketing about the proactive role these councils have taken in supporting their communities.

Method

This project was identified and supported at the Shires Association Strategic Planning Day in late 2003.

The instrument entitled ‘*Survey of council support of medical and related health services – rural and remote*’ was developed by Strategic Services staff from specifications from the President and approved by the Executive in February 2004.

The instrument was mailed to all the members and associate members of the Shires Association in February 2004. The survey was conducted from February 2004. Items in the *Local Government Weekly*, promotion at the Shires Association Division meetings in February and March, letters from the President and communications to General Managers were used to encourage councils to respond.

The responses from councils were entered and analysed by I-view.

Responses

Eighty five (85) councils responded. This represents just over 80 per cent of all members and associate members of the Shires Association in December 2003. This is a very acceptable return rate, especially as it occurred against the backdrop of considerable uncertainty with a number of councils dissolved in the face amalgamations during the survey period.

It must be noted that this data covers the situation for councils and the councils as they were configured in December 2003. Since that time a number of councils have been dissolved. However, as this was a snap shot at a given point in time all data is presented.

For comparative purposes councils were categorised according to their group in the Department of Local Government’s Comparative Information on NSW Local Government councils.

Table1: Comparison of total number of target councils and responding councils according to Department of Local Government’s Group

DLG Group Number	No. target councils	No. responding
4 - Urban Regional Small and Medium	17	17
5 - Urban Regional Large and Very Large	1	0
8 - Rural Agricultural Small	5	3
9 - Rural Agricultural Medium and Rural Remote Medium	39	28
10 - Rural Agricultural Large and Rural Remote Large	28	21
11- Rural Agricultural Very Large	16	16
TOTAL	106	85

NB: Target councils are members and associate members of the Shires Association at December 2003

Therefore Group 4 (Urban Regional Small and Medium) and Group 11 (Rural Agricultural Very Large) are perfectly represented in the responding councils with every council having responded. Group 10 (Rural Agricultural Large and Rural Remote Large) and Group 9 (Rural Agricultural Medium and Rural Remote Medium) are well represented with 75 per cent and 71 per cent return rates respectively. Group 8 (Rural Agricultural Small) is satisfactorily represented with a 60 per cent return rate. Group 5 (Urban Regional Large and Very Large) is not represented.

Social planning and community development for medical and related health services

This section deals with Local Government social planning and community development in the widest sense. It covers the sorts of Local Government planning and development activities which lay the groundwork for service provision.

A wide range of possible Local Government social planning and community development activities was provided. Councils were asked whether council has been pursuing any of the Social Planning and Community Development activities as set out. They were asked to provide their responses for the period ended December 2003. The Association sought a snap shot of the activity level embodied within the 2003-04 Management Plan, and December provided a useful cut-off. Councils were asked not to show activities that are still being developed. (For example, if Council was working toward a new Social Plan that includes General Practitioner issues, but it was not in place by December 2003, it should not have been shown.)

Table 2 shows the number and percentage of responding councils that indicated they had that particular planning or development activity in place at the end of December 2003.

Table 2: Councils undertaking social planning and community development activities relating to medical and related health at December 2003.

Function and activity	Number	Percentage
Council Community Planning and Services Policy Statement	20	24%
Council Community Services Obligation policy	13	15%
Council Social or Community Plan	77	91%
Council Social Impact Assessment Policy	3	4%
Council Community Services Committee	29	34%
Council Immunisation Policy Statement	10	12%
Participates in Area Health Service Public Health Unit discussions on direction	48	56%
Council Early Childhood Health Centres Policy Statement	7	8%
Council Medical and Related Health Policy Statement	5	6%
Council Social or Community Plan incorporates medical and related health issues	67	79%
Council Social Impact Assessment policy covers health issues	9	11%
Council Management plan covers Medical and Related Health strategies	45	53%
Participated in setting up Health Council (Area Health Service)	35	41%
Serves on Health Council (Area Health Service)	35	41%
Council Medical Health Advisory Committee	11	13%
Council Community Services Committee covers medical and related health issues	27	32%
Facilitates development of new medical or related health facilities and services	49	58%
Facilitate Area of Need applications	28	33%
Work closely in and with NSW Rural Doctors Network (RDN) initiatives	39	46%
Participate in Area Health Service General Practice Employment Entity	15	18%
Lead General Practice Employment Entity consortium	3	4%

A majority of responding councils:

- have a Council Social or Community Plan which incorporates medical and related health issues (79 per cent)
- facilitate development of new medical or related health facilities and services (58 per cent)
- participate in Area Health Service Public Health Unit discussions on direction (56 per cent)

- have council management plan that covers Medical and Related Health strategies (53 per cent).

A significant number of responding councils:

- work closely in and with NSW Rural Doctors Network (RDN) initiatives (46 per cent)
- participated in setting up Health Council (Area Health Service) (41 per cent)
- serves on Health Council (Area Health Service) (41 per cent)
- facilitate Area of Need applications (33 per cent)
- have a council Community Services Committee that covers medical and related health issues (32 per cent).

Councils as direct providers of medical and related health infrastructure, facilities or services

This section deals with those facilities or services that are provided by councils. In the case of infrastructure and facilities the term 'provided by council' means council owns, holds as trustee or rents the infrastructure or facility or manages that infrastructure or facility on behalf of another body. In the case of services it means the services are provided by council through its own staff or through formal contracts with service providers. This section does not deal with facilities or services which are provided by other local organisations, but which council may provide some level of resourcing such as grants, subsidised office space and the like. These are dealt with in the next section.

Councils were asked to check through a list of infrastructure, facilities or services and quantify any that they directly provided. Again councils were asked to provide their responses for the period ended December 2003.

Table 3 quantifies the efforts of councils as direct providers of medical and related health infrastructure, facilities or services.

The most significant efforts of responding councils in providing medical and related health services in rural and remote communities are as follows:

- 30 councils provide 45 centres for 59 doctors at an annual cost to those councils of \$465,065
- 26 councils provide 48 houses for 53 doctors at an annual cost to those councils of \$541,528
- 12 councils provide 13 centres for 13 dentists at an annual cost to those councils of \$228,800
- 10 councils provide equipment for 18 doctors at an annual cost to those councils of \$63,500.

But it is worth noting other council effort includes:

- relocation expenses for GPs (6 councils), vehicles for GPs (5 councils), centres for other health professionals (5 councils)
- equipment for dentists (3 councils), housing for dentists (2 councils), housing for other health professionals (2 councils)
- direct salaries for GPs (1 council), housing for nurses (1 council), direct salaries for nurses (1 council), relocation expenses for dentists (1 council), vehicles for other health professionals (1 council).

No responding councils are directly providing vehicles for nurses, equipment for nurses, direct salaries for dentists, vehicles for dentists, direct salaries for other health professionals, relocation expenses for other health professionals, or equipment for other health professionals.

Table 3: Councils as direct providers of medical and related health infrastructure, facilities or services at December 2003.

Function and service	Number	Number	Number	Annual cost to councils
Housing for General Practitioners (GPs)	26 councils	48 Houses	53 Doctors	\$541528
Medical centres/surgeries for GPs	30 councils	45 Centres	59 Doctors	\$465065
Direct salaries for GPs	1 council		1 Doctor	\$112000
Relocation expenses for GPs	6 councils		10 Doctors	\$46600
Vehicle for GPs	5 councils	8 Vehicles	8 Doctors	\$50577
Equipment for GPs	10 councils		18 Doctors	\$63500
Housing for Nurse Practitioners or Nurses (Nurses)	1 council	1 House	4 Nurses	\$9600
Direct salaries for Nurses	1 council		2 Nurses	\$103178
Relocation expenses for Nurses	2 councils		5 Nurses	\$5800
Housing for Dental Practitioners	2 councils	3 Houses	3 Dentists	\$17200
Centres/surgeries for Dentists	12 councils	13 Centres	13 Dentists	\$228800
Relocation expenses for Dentists	1 councils		2 Dentists	\$13200
Equipment for Dentists	3 councils		4 Dentists	\$152000
Housing for other health professionals (e.g. physiotherapists, etc) (Others)	2 councils	2 Houses	5 Staff	\$ 25000
Centres for Others	5 councils	7 Centres	22 Staff	\$302075
Vehicle for Others	1 council	1 Vehicle	1 Staff	\$7000
Other please specify:	1 council	1		\$48000
Other please specify:		1		\$8214
Immunisation clinics	9 councils	12 clinics		\$64976
Provide Early Childhood Health Centres (EHCs) under State program	4 councils	6 Centres		\$34502
Pay rates, water and garbage charges for EHCs under State program	2 councils	2 Centres		\$2520
Maintain EHCs under State program	3 councils	5 Centres		\$33602
Pay building and public risk insurance for EHCs under State program	4 councils	7 Centres		\$27203

The responding councils are spending around 2.2 million per year on providing the types of medical and related health services that are arguably the role of other spheres of government to provide.

Councils as supporters of medical and related health infrastructure, facilities or services

This section deals with facilities or services, which are provided by other local organisations, with some level of support from councils. The support may be in terms of land, buildings, cost of utilities, provision of discounted services, subsidies or donations or staff assistance. Councils were asked to check through a list of infrastructure, facilities or services and quantify any that they directly provided. Again councils were asked to provide their responses for the period ended December 2003.

Table 4 quantifies the efforts of councils as supporters of medical and related health infrastructure, facilities or services run by others.

Table 4: Councils as supporters of medical and related health infrastructure, facilities or services at December 2003.

Function and service	Number	Number	Number	Annual cost to councils
Subsidise housing for General Practitioners (GPs)	11 councils	17 Houses	14 Doctors	\$106414
Subsidise medical centres/surgeries for (GPs)	9 councils	11 Centres	14 Doctors	\$85247
Salary subsidies for GPs	3 councils		7 Doctors	\$89098
Subsidise pre-service training for GPs through scholarships and bursaries	8 councils		9 Doctors	\$27350
Subsidise vehicle for GPs	2 councils		3 Doctors	\$26000
Subsidise Equipment for GPs	4 councils		8 Doctors	\$37000
Subsidise relocation expenses for GPs	1 council		2 Doctors	????\$
Subsidise housing for Nurses	1 council	3 Houses	3 Nurses	????\$
Subsidise salaries for Nurses	1 council		5 Nurses	\$7500
Subsidise pre-service training for Nurses through scholarships and bursaries	3 councils		7 Nurses	\$18000
Subsidise in-service training for Nurses by donations	2 councils		10 Nurses	\$10000
Subsidise relocation expenses for Nurses	2 councils		5 Nurses	\$8079
Subsidise housing for Dental Practitioners	2 councils	2 Houses	2 Dentists	\$10000
Subsidise Centres/surgeries for Dentists	3 councils	3 Centres	3 Dentists	\$20400
Subsidise pre-service training for Dentists through scholarships and bursaries	2 councils		2 Dentists	\$4500
Subsidise Equipment for Dentists	2 councils		2 Dentists	\$2000
Subsidise relocation expenses for Dentists	1 council		1 Dentists	\$5000
Subsidise centres for Others	1 council	1 Centre	3 Staff	\$10000
Subsidise pre-service training for Others through scholarships and bursaries	2 councils		2 Staff	\$6300
Subsidise 'local' hospital through general donations (not otherwise covered)	1 council			\$13500
Subsidise Area Health Service through general donations (not otherwise covered)	1 council			\$5000
Subsidise operations of travelling services	5 councils			\$ 4700
Subsidise community transport	5 councils			\$55000
Other	5 councils			\$7385

The most significant efforts of responding councils in supporting medical and related health services run by others in rural and remote communities are as follows:

- 11 councils subsidise 17 houses for 14 doctors at an annual cost to those councils of \$106,414
- 9 councils subsidise 11 centres for 14 doctors at an annual cost to those councils of \$85,247
- 8 councils subsidise pre-service training for GPs through scholarships and bursaries to 9 people at an annual cost to those councils of \$27,350
- 4 councils subsidise equipment for 8 doctors at an annual cost to those councils of \$37,000
- 3 councils provide salary subsidies for doctors at an annual cost to those councils of \$89,098.

But it is worth noting other council effort includes:

- subsidise operations of travelling services (e.g. BreastScreen) (5 councils) and subsidise community transport (5 councils)
- subsidise pre-service training for Nurses through scholarships and bursaries (3 councils) subsidise Centres/surgeries for Dentists (3 councils)
- subsidise vehicle for GPs (2 councils), subsidise in-service training for Nurses by donations (2 councils), subsidise relocation expenses for Nurses (2 councils), subsidise equipment for Dentists (2 councils), and subsidise pre-service training for other health professionals through scholarships and bursaries (2 councils)
- subsidise relocation expenses for GPs (1 council), subsidise salaries for Nurses (1 council), subsidise relocation expenses for Dentists (1 council), subsidise centres for other health professionals (1 council), subsidise vehicle for other health professionals (1 council), subsidise 'local' hospital through general donations (1 council), and subsidise Area Health Service through general donations (1 council).

No responding councils do the following: subsidise costs associated with conditional registration to work in an Area of Need, subsidise in-service training for GPs by donations, subsidise vehicle for Nurses, subsidise Equipment for Nurses, subsidise salaries for Dentists, subsidise in-service training for Dentists by donations, subsidise vehicle for Dentists, subsidise housing for other health professionals (e.g. physiotherapists etc.), subsidise salaries for other health professionals, subsidise in-service training for other health professionals by donations, subsidise equipment for other health professionals, subsidise relocation expenses for other health professionals, or further subsidise Early Childhood Health Centres.

The responding councils are spending almost half a million dollars per year nearly half a million dollars on subsidising types of medical and related health services that are arguably the role of other spheres of government to provide.

Other comments

Finally councils were given the opportunity to comment on any other aspects of support for medical and related health services in rural and remote communities. Councils were asked: “Have we missed anything that you feel is important? Please comment briefly on any aspect of the medical and related health services facilitated, provided directly or subsidised by council”.

Generally the comments cover the following themes:

- concerns that medical and related health services should be addressed by Australian and State Government policies, programs and funding
- capital cost of providing the listed facilities and services
- the impact of capital costs and recurrent costs on councils’ very limited revenue base
- significant commitments entered into for new medical and related health services in 2004
- relief from councils that are well served with GPs, hospital and other health facilities and are not in the unfortunate situation of other rural communities.

The comments are reproduced in Appendix 1, so that some of the interesting stories can be appreciated.

This survey did not set out to detail capital works for medical and related health services for say the last five or 10 years because of the methodological difficulties involved. Nonetheless councils certainly volunteered information which underscores the level of effort. It is worth tabulating these examples to assist in a partial appreciation of this complex situation.

Table 5: Indications of the level of capital contribution by councils over time

<i>Past capital commitments</i>	
Bland: 1996-97 Purchase medical centre and three residences \$632,154 and medical equipment \$60,000	\$692,154
Carrathool: medical centre, two residences and vehicle	\$880,000
Cobar: premises for doctors and dentists	\$1,100,000
Coolamon: medical centre	\$550,000
Coonabarabran: 1996 purchase and refurbishment of medical centre	\$161,936
Coonamble: houses for doctors	\$500,000
Culcairn: construct new residence for doctor (\$50,000 community contribution)	\$225,000
Gunnedah: furnished house and 2 flats	\$400,000
Hume: construction of doctor’s rooms and surgery	\$200,000
Lockhart: 2003 medical centre	\$600,000
Murrumbidgee: 1990 constructed doctors surgery \$120,000, 2002 purchase surgery and residence \$362,000 and 2003 equipment \$74,000	\$556,000
Narrabri: donated land	\$65,000
<i>Total</i>	\$5,930,090
<i>Forward capital commitments</i>	
Junee: multidisciplinary medical centre	\$900,000
Narromine: purchase land, construct and fit-out new medical facility	\$950,000
Scone: purchase land and buildings, build purpose built facility for GPs, specialists, pathology and area health, lease to medical practice over 30 years (grant of \$.25m)	\$1,650,000
<i>Total</i>	\$3,500,000

Discussion

Unfortunately there is little to compare the data emerging from this survey with.

Resourcing communities: the 1999 Community Planning and Services Audit (2000) has some comparable information. But as the original target for 1999 audit was all NSW councils and this survey focuses on regional, rural and remote councils the comparisons should be made with great care. The 1999 audit had 123 respondents (69.5 per cent of the total number of NSW councils at that time) and whilst the rural ACLG group made up 53 per cent of councils at that time it made up only 44 per cent of the respondents. So the rural group was slightly under-represented, but still regarded as satisfactory response rate (see p 36).

Table 6: Historical comparison of council efforts in health and related medical activities

Function and activity	1999 audit	This survey
	Council No. & Percentages	Council No. & Percentages
have a Council Social or Community Plan which incorporates medical and related health issues	61 (50%) (p 43)	67 (79%)
participate in Area Health Service Public Health Unit discussions on direction	66 (54%) (p 43)	48 (56%)
participated in setting up Health Council (Area Health Service)	36 (29%) (p 43)	35 (41%)
serves on Health Council (Area Health Service)	34 (28%) (p 43)	35 (41%)
provide houses or surgeries for General Practitioners /Doctors	12 (10%) 18 surgeries 12 (10%) 18 houses (p49)	30 (35%) 45 centres 26 (32%) 48 houses
provide houses or surgeries for Dental Practices	5 (4%) 8 surgeries (p 49)	12 (14%) 13 centres
support General Practitioners or other health services	“Few councils support General Practitioners or other health services (beyond the direct provision of dedicated facilities ...)” (p56)	11 (13%) 17 houses 9 (11%) 11 centres 8 (9%) 9 pre-service training bursaries for GPs 4 (5%) equipment for 8 doctors

From this comparison it is possible to suggest:

- rural councils have probably significantly increased their efforts in incorporating medical and related health issues in their social and community plans; this is because in 1999 it was unlikely that rural councils made up the majority of those doing so and now 79 per cent of respondents report doing so
- rural councils have probably maintained their efforts in participating in Area Health Service Public Health Unit discussions on direction on immunisation; this is because in 1999 it was unlikely that rural councils made up the majority of those doing so and now 56 per cent of respondents report doing so

- rural councils have probably maintained their efforts in participating in Health Council (Area Health Service); this is because in 1999 it was likely that rural councils made up significant percentage of those doing so and the numbers have changed little now
- rural councils have probably significantly increased their efforts in providing houses or surgeries for General Practitioners /Doctors; this is because in 1999 it was likely that rural councils made up the majority those doing so and now the percentages and numbers have grown noticeably; the alternative is that this survey has simply captured the data better because it was a focused survey rather than a general survey
- rural councils have probably significantly increased their efforts in providing houses or surgeries for Dental Practices; again this is because in 1999 it was likely that rural councils made up the majority those doing so and now the percentages and numbers have grown; again the alternative is that this survey has captured the data better because it was a focused rather than a general survey
- rural councils have probably significantly increased their efforts in supporting General Practitioners or other health services; again this is because in 1999 it was likely that rural councils made up the majority those doing so and now the percentages and numbers have grown; again the alternative mentioned in the previous two dot points may apply.

The data from this survey confirms that rural and remote NSW councils are active in facilitating, providing and supporting medical and health related services. It suggests they are even more active than they have been in the past.

These activity and financial contribution levels will appear modest when compared to the activity and financial contribution levels of central governments. But they are undoubtedly efforts that are critical to local communities and efforts that may not be sustained in the long term.

The efforts are critical to local communities because without them it is entirely possible these services would not be delivered. Whilst the other two spheres of government appear to engage in esoteric debates about who is responding best, these councils have responded. These councils have acted as responsive local democracies to ensure services exist to meet critical local needs irrespective of textbook notions of 'core business' or 'agency mandate'. Councils and their communities are proud of these efforts.

But the efforts may not be sustained. The greater majority of councils making financial contributions (in any way) to these services are concentrated in Groups 9 (Rural Agricultural Medium and Rural Remote Medium), 10 (Rural Agricultural Large and Rural Remote Large) and 11 (Rural Agricultural Very Large). By definition these are councils with smaller populations, lower population densities, constrained revenue raising capacities and more limited resources than other councils. If this effort is to be sustained and possibly expanded to match what appears to be growing demand there is strong case for Australian and NSW Government funding programs that assist councils in providing and supporting rural and remote medical and health related services.

APPENDIX 1 – OPEN ENDED COMMENTS

Bellingen Shire Council

In general terms – these are issues that should be addressed by State or Federal funding. Local Government becomes involved where there is a void and lack of funding.

Bland Shire Council

Refer to attached submission and response to Local Government Grants Commission in relation to this matter.

The submission reads as follows:

EXPENDITURE DISABILITIES

SCHEDULE 1

Function: Health and Safety – Medical Services

Disability

The necessity to effectively subsidise medical practitioners to secure the health, welfare and economic wellbeing of the community.

Cost Impact

Purchase real estate (Medical Centre & 3 residences) 1996-97		\$632,154
Purchase medical equipment etc		\$60,000
Total capital		\$692,154
Recurrent Cost 2001-02		
Expenses – Medical Centre	\$5,900	
- 2 residences	\$4,600	
Depreciation - Medical Centre	\$14,000	
Depreciation - Medical Equipment	\$12,000	
Interest foregone on capital outlay @ 4.0%	21,886	
		\$58,386
Less: Rental Received		
- Medical Centre & Equipment	\$10,400	
- 2 residences	\$17,160	\$27,560
2001-02 Disability (Net Cost)		\$30,826

Note: Depreciation on the residences has been excluded as Council can be expected to recoup the purchase cost when the premises are sold.

The pertinent part of the response reads as follows:

I am writing about Council's special submission in relation to the 2003-04 calculation of Financial Assistance Grants.

The Commission has given careful consideration to the disability issues raised by Council. A summary of the Commission's response is shown in the table below:

<i>Function</i>	<i>Disability</i>	<i>Commission Response</i>
Isolation – medical services (identified as Health & Safety by Council)	Need to subsidise medical practitioners: Purchase of real estate and equipment: \$692,154 Recurrent expenses (depreciation etc Less rental): \$30,826	No adjustment – the current approach is considered reasonable. Capital not considered. Costs relating to isolation, including medical expenses, are collected from all non-metropolitan councils. The data are regressed across the councils on the basis of population and distance measures to determine the isolation allowance.

Bogan Shire Council

Since December 2003 Council has had to allocate an additional \$57,800 to its 2003-04 budget to cater for a 'new' (replacement) dentist. The major expense being in fully equipping council's existing surgery.

Boorowa Shire Council

Council made a \$20,000 donation to hospital to assist in being able to replace Community Bus. (Listed as Community Transport Subsidies).

Staff time on committees e.g. \$200

Council lobbying for Dialysis Machines and Mammography units – Time, \$200

Councillors on Health committees \$1,000

Rates paid by Council \$300

Brewarrina Shire Council

From August 2002 to June 2003 Brewarrina was without a chemist to supply medications to the community. The previous chemist left town taking the chemist license with him. This left the community with the only option of travelling 100km to the nearest town of Bourke to get prescriptions filled. Council believed that it would be a major burden on the community to have to travel to Bourke to obtain their medical supplies, especially on the low income earners or those reliant on social security benefits as they are least able to afford the additional costs. Brewarrina Shire met the community need by doing a daily drug run 5 days per week to Bourke, taking over prescriptions left at Council during the morning and bringing the drug supplies back to patients for collection later that afternoon. This has been an extremely expensive exercise for Council costing approximately \$44,000 in staff time and vehicle running costs over the period.

Also, Council staff and Councillors spent a great deal of time and effort, both during work hours and after, to recruit doctors and a pharmacist to town. Council also paid transport and accommodation costs for interested applicants to come to Brewarrina.

Broken Hill City Council

Council provides annual support to the Royal Flying Doctor Service primarily through a rental subsidy of between \$30,000 - \$40,000 pa.

Carrathool Shire Council

The costs listed in this survey include the opportunity cost of having council funds committed to the resources listed.

To provide balance to this survey the capital cost of providing the listed services needs to be addressed. For Carrathool Shire Council the set up costs have approached \$880,000. This includes a medical centre, two residences and provision of a vehicle.

Cobar Shire Council

Capital value of premises occupied by doctors and dentists \$1,100,000.

Coolamon Shire Council

Council has constructed a Medical Centre at a cost of \$550,000 to attract additional Medical Practitioners – since the construction was finalised an extra 2 doctors have commenced practice in the township of Coolamon.

Coonabarabran Shire Council

Medical Centre

Medical Centre purchased and refurbished in 1996.

Purchase Cost \$161,935.50 (includes renovations & refurbishment)

Annual cost to Council includes loan repayments and interest, R&M, and insurances, depreciation (\$10,500 pa)

Home and Community Care (HACC)

Transport services. Vehicle provided by Council by loan, staff funded by HACC. Council donates administrative support.

Coonamble Shire Council

Coonamble Shire Council has a very limited revenue base and has been subjected to enormous pressure over the past 20 years as a result of rate pegging, drought, depressed commodity prices and rural industries and the withdrawal of Government services.

Accordingly, the responsibility of providing houses for general practitioners which in one particular year amounted to \$500,000 is an enormous burden for a small community, particularly on an issue that has no relativity to Council's core functions and responsibilities.

Cootamundra Shire Council

During 2003 Council worked with the Riverina College of GPs to allow the college to purchase and refurbish two houses for student and intern use. Whilst the college paid for the buildings and the renovations Council staff undertook all the design, drawings, specifications, contracting and supervision of the trades at no cost to the college. This does not show up as a 'line of expenditure' in Council's statement but is estimated to have cost Council >\$20,000.

An issue not covered in this survey is the aging of rural medical staff. For instance Cootamundra presently has six doctors, however within the next few years four of these are expected to retire. Three are well over 60, one is around 60 and two are in their late forties.

Corowa Shire Council

Corowa Shire has a hospital, community health network and is serviced by 10 GPs.

Council through our recently adopted social and community plan has identified that due to cost shifting, government policy and the centralising health services council will be required to be more involved in the provisions of health services in the shire.

At this time Corowa Shire has been fortunate and has not been in the position of many rural and remote shires in having to put resources into the provision of health related services covered by the survey.

Culcairn Shire Council

In 2003 Council constructed a new residence for a medical practitioner (\$175,000 from Council/\$50,000 from community). This has an annual cost to Council of \$5,000 (as disclosed on page 5) after deducting rental from loan servicing costs.

Eurobodalla Shire Council

Through the Community Services Division, council participates in various committees, as service providers of HACC funded services, as advocates of the community and with assistance in the application of grants. Examples of these are:

- Participating in Day Care reviews for frail older people previously managed by the area health service.
- Participating in Division of General Practice programs funded through Rural Health in the capacity of committee of management members, assistance with funding applications and Social Planning.
- Lobbying on behalf of the aged community regarding the need for a geriatrician, decline in ACAT activities and staff.
- Participating in health related community transport trials with the local area health service. This initially commenced as a trial to provide non-urgent health related transport to clients who don't meet the HACC criteria and has since become an ongoing service. The service was expected to be cost neutral but in reality some cost has been met by council.

Gloucester Shire Council

Gloucester is very well served with GPs, hospital and other facilities – not in same unfortunate situation of other rural communities.

Gunnedah Shire Council

Information note shown elsewhere:

A) Capital Contributions - Doctors housing 2 flats, 1 house all furnished total value \$400,000

- Aged care “Lundie House” \$250,000
- “Alkira” \$250,000
- “Village Homes” \$100,000
- Childcare “Sugar Gums” \$100,000 (\$80,000 as a loan).

B) Board Memberships:

- NSW RDN (Mayor)
- Gunnedah Health Advisory Service Board (GM + 1)
- Lundie House (Ind Rep)
- Village Homes (Ind Rep)

C) Other Items:

Technical assistance with IT equipment and radio link (~\$500 pa)
Legislative reductions in rates and water charges (<\$10,000 pa)

Hay Shire Council

Council had for the period October 2001 to December 2003 operated a medical centre in conjunction with the Murrumbidgee Division of General Practice. In December 2003 the MDGP took over the running of the surgery.

However Council is still providing in kind support by handling their financial day to day matters as well as administrative support.

Council provides rent-free a modern well equipped surgery, two houses and one car. After two years relying on locums having two permanent doctors is seen as a community necessity. In these circumstances Council is prepared to provide infrastructure even though it is not seen as a Council "core" function.

Hume Shire Council

Council has recently provided and constructed new doctors' rooms and surgery within the township of Jindera NSW at a capital cost of \$200,000.

We were unsuccessful in grant funding to assist us in this regard.

Inverell Shire Council

Council provides \$5k per annum to fund Community Health Activities designed and delivered by the Community Health Team at New England Area Health Service.

Junee Shire Council

The above survey outlines the situation as it is now. By the end of the year there will have been a substantial change to the situation.

JSC intends to build a multidisciplinary medical centre to secure its medical recruiting scheme. The cost will be approximately \$900,000. \$ 200,000 is a direct result of the State Government imposing a heritage listing on the site we wanted to build on.

Unless JSC is able to secure substantial grant funding from both Federal and State Governments – a total of say \$400,000 – the council will suffer an impost of a another \$30,000 per annum or so as a rental subsidy for that centre. The State Government funding that we seek is via the GP Employment Entities Scheme. We missed out in the 2002-03 round.

Kempsey Shire Council

Kempsey Shire Council actively participated in the Hospital Action Group which lobbies MNC Area AHS concerning standards and resources at KDH.

Council is also represented on the Division of General Practice Advisory Committee.

2004-5 Council will provide \$5,000 subsidy to local person undertaking medical studies at tertiary level.

Leeton Shire Council

Whilst in the year ended 31 December 2003 Council did not do so, in earlier years (2001 and 2002) Council did provide \$2,500 each year to offset relocation costs for one new GP in each of those years.

Lockhart Shire Council

Council has just completed a new medical centre in Lockhart at a cost of almost \$600,000. A doctor will commence practice during week of 16-20 February. Doctor will pay rent of \$8,736. Council is responsible for insurance of building and maintenance of grounds, which will cost almost all of rental income.

Manilla Shire Council

Council owns and operates a 21 bed Frail Aged Hostel.

Council owns and maintains a facility used by the Area Health Service in providing health services to the aged residents of our community.

Murray Shire Council

Council has developed 2 centres that house doctors and staff from Greater Murray Area Health Service. The Centres are located in Mathoura and Moama. Council charges rental which is equivalent to market rental. Over the years council has had to use different approaches.

Murrumbidgee Shire Council

Over the last 15 years Council has invested the following funds in buildings and equipment to entice medical practitioners to Darlington Point and Coleambally:

1990 – Constructed doctors surgery in Darlington Point	\$120,000
2002 – Purchase surgery and residence Coleambally	\$362,000
2003 – Purchase surgery equipment and resources Coleambally	\$ 74,000

Since 1990 surgery and office equipment for the medical practitioners has been purchased by Council with support from community groups with the cost being in excess of \$100,000.

Nambucca Shire Council

Nambucca Shire Council is very interested and supportive of maintaining and developing health and medical services and facilities. Unfortunately council has very limited ability to contribute financially.

Narrabri Shire Council

In 2002 Council donated the land (valued at \$65,000) on which is built “The Wee Waa Medical Centre”. This was built by a community group with the assistance of the Federal Government (through the Regional Solutions Programme) and community financial contributions.

Narromine Shire Council

Council resolved during 2003 to construct a new medical facility within the township of Narromine, at an estimated cost of \$950,000, including fit-out.

Land has been purchased and final architectural plans will be presented to Council on 16 March, 2004.

The project aims to deliver a modern, functional and attractive facility that will enable doctors to set up practice within Narromine at minimal capital cost. It is anticipated that the doctors will either operate in a private capacity, or through a contract arrangement with Macquarie Area Health Services.

Council has felt this to be a necessary project due to the ongoing difficulty in attracting doctors to rural communities, and particularly with the impending retirement of two of our local doctors.

Scone Shire Council

At 30/12/03, Scone Shire Council had entered into an agreement with the local medical practice to:

- Purchase its land and buildings
- Build a new purpose built facility with consultation rooms for GPs, specialists, pathology collection services, area health service staff, at a cost of \$1.4 million
- Lease back the facility to the medical practice over a period of 30 years.

And at no net cost to the community.

The cost of the project is \$1.65 million, \$0.25 million received in a Federal Regional Statutory Grant the balance funding by Council through loan funds. The medical practice will lease the building at less than commercial rates, paying Council loan repayment costs, excluding the land component.

The Medical Centre is now 50 per cent complete, due for completion July 2004.

Snowy River Shire Council

Staff time spent negotiating with doctors and facilitating meetings with Area Health service etc is quite significant, even though there may be no visible outcome.

The interface/ cost shifting from health to HACC which is heavily subsidised by Council represents a significant, albeit indirect, contribution to health services by our council.

Temora Shire Council

Home and community care – Council provides the administration for HACC services. These services cover not only Temora Shire but Coolamon, Cootamundra, Harden and Young. The total budget is \$645,000.

Council has also provided the infrastructure (building/office) for this service comprising services to the frail aged and disabled.

Council also has provided the infrastructure required for the Greater Murray Area Health Service.

Tenterfield Shire Council

Council has in recent times worked on behalf of its communities in the development of Health Service Plans. In undertaking this role Council has promoted the delivery of additional medical and health services as well as the retention of existing services.

Council's policy position at present is to work with the Area Health Service, local GPs and other health care providers to meet community needs (but do not necessarily community expectations) but not to directly contribute or subsidise what Council believes is a function of the Federal and/or State Governments or in the case of Doctors and Dentists a commercial business.

To date Council has not committed any financial assistance other than through the provision of a House/Surgery to a visiting Doctor in Urbenville. Council has though committed staff resources to the negotiation of a cross border agreement with the neighbouring health area in Queensland for the provision of patient care services from the Stanthorpe Hospital for minor surgery and for maternity.

Council though is aware of the growing pressure on it to contribute financially to the delivery of medical and health related services and that a time may soon come where it will need to amend its current policy position of no direct financial assistance.

Tumbarumba Shire Council

For the "snapshot" period, Council was actively seeking a GP, and had resolved to provide subsidies to any GP who relocated here. Council has also resolved to allocate funds to pay a prospective GP a locum salary for up to 4 weeks to allow the GP to "trial" the area.

Council has also paid the airfares and accommodation costs of GPs and their families to visit Tumbarumba as part of their evaluation process.

At the time of writing (February 2004) a GP has decided to move to Tumbarumba and will receive up to \$30,000 incentive payments.

In January, Council resolved to employ a Community Services Officer to seek funding for a variety of services not currently available.

Wagga Wagga City Council

Council provides facilitation and program project support in/and through grant donations specific to community health/ early intervention strategies.

Wakool Shire Council

Council auspices HACC services being Respite Care, Home Modifications, Community Transport, and Meals on Wheels and also provides representation on the HACC Advisory Committee.

Young Shire Council

Council has been fortunate in that to date we have not had to contribute to health or health related resources.

Notwithstanding the above Council will in the 2004-05 budget consider allocating \$7,000 towards subsidising housing for doctors or medical students.

In addition council has incurred staff costs in developing strategies to attract doctors to our shire – say \$10,000.

APPENDIX 2 – THE INSTRUMENT

**Survey of council support of medical and related health services
*rural and remote***

About this survey:

Councils in rural and remote communities provide significant funds for the provision and/or support of medical and related health services.

This survey will lead to a detailed snapshot of those services which are supported by councils, and the policy background which underpins them.

We hope that all rural and remote area councils will be able to complete the survey which will be an important addition to our work on cost-shifting and a further indication of the very broad range of services which councils in rural areas support financially to maintain quality of life in those communities.

About the scope of medical and related health services:

Medical and related health services in this survey concentrates mainly on those services provided by general practitioners, dentists, nurse practitioners and nurses and other health related professionals, whether private or public.

What it is about: The survey covers financial and other support councils give to medical and related health services.

What it is not about: Therefore this survey is not about all ‘public health’ services provided through hospitals and community health centres (i.e. Area Health Services). Also it is not about all the other ‘public health’ agenda, such as risk reduction in the social and physical environment (i.e. health protection like food safety), and information and other support to people about behaviours which enhance health (i.e. health promotion like sun protection). These two are only covered where councils are subsidising or supporting them.

This survey is in an easy to use format. The first section is a checklist relating to processes or activities that are planning or developmental in nature. Sections 2 and 3 cover information on the numbers provided or supported and the cost to council. Section 4 provides room for additional comments. Instructions are set out at the start of each section.

If you require help in responding to this survey please contact Noel Baum, Strategy Manager Community on (02) 9242 4000 or email noel.baum@lgsa.org.au

COUNCIL INFORMATION

COUNCIL:

COUNCIL’S GROUP (i.e. council’s group in the Department of Local Government’s Comparative Information on NSW Local Government councils):

CONTACT OFFICER(S)

Please provide the name, position and contact details of the officer or officers involved in completing this response so the Associations can contact them, if there is anything that needs to be clarified.

Name:
Position:
Telephone:
Fax:
E-mail:

Name:
Position:
Telephone:
Fax:
E-mail:

**SECTION 1: COUNCIL AS A SOCIAL PLANNER
AND COMMUNITY DEVELOPMENT AGENT IN HEALTH**

This section deals with council’s social planning and community development activities. We are interested in council’s planning and community development activities that have been used to help sustain medical and related health services in the community.

Instructions

The activities are listed according to the functions set out in the Local Government Code of Accounting Practice & Financial Accounting and Grants Commission reports, for ease of comparison with other available data. We acknowledge that not all councils will have organised their activities in this way, but we hope the idea is appreciated.

This instrument is easy to use. All you have to do is indicate whether council has been pursuing any of the Social Planning and Community Development activities as set out in Table 1.

Please provide your responses for the period ended December 2003. We are seeking a snap shot of the activity level embodied within the 2003/2004 Management Plan, and December provides a useful cut-off. Please do not show activities that are still being developed. For example, if council is working toward a new Social Plan that includes General Practitioner issues, but it was not in place by December 2003, it should not be shown.

An Example:

You work for Bigsky Shire Council. Council has a chapter in its social plan dealing with medical health issues. You simply circle a 1 for ‘Yes’ in the Yes/No column.

Function and activity	Yes	No
Social Plan covers medical and related health issues	1	2

However, when you move on to Medical and Related Health Advisory Committee you know Council does not have such a Committee. Therefore you circle 2 for ‘No’ in the Yes/No column.

Function and activity	Yes	No
Medical Health Advisory Committee	1	2

Please proceed with Table 1 indicating the social planning and community development activities relating to medical and related health undertaken by your council up to December 2003.

Table 1: Social planning and community development activities relating to medical and related health undertaken by council up to December 2003.

Function and activity	Yes	No
Other (Community Services & Education)		
Council Community Planning and Services Policy Statement	1	2
Council Community Services Obligation policy covering all service & regulatory functions	1	2
Council Social or Community Plan	1	2
Council Social Impact Assessment Policy	1	2
Council Community Services Committee	1	2
Immunisation (Health)		
Council Immunisation Policy Statement	1	2
Participates in Area Health Service Public Health Unit discussions on direction	1	2
Health Centres (Health)		
Council Early Childhood Health Centres Policy Statement	1	2
Other (Health)		
Council Medical and Related Health Policy Statement	1	2
Council Social or Community Plan incorporates medical and related health issues	1	2
Council Social Impact Assessment policy covers health issues	1	2
Council Management plan covers Medical and Related Health strategies	1	2
Participated in setting up Health Council (Area Health Service)	1	2
Serves on Health Council (Area Health Service)	1	2
Council Medical Health Advisory Committee	1	2
Council Community Services Committee covers medical and related health issues	1	2
Facilitates development of new medical or related health facilities and services	1	2
Facilitate Area of Need applications	1	2
Work closely in and with NSW Rural Doctors Network (RDN) initiatives	1	2
Participate in Area Health Service General Practice Employment Entity	1	2
Lead General Practice Employment Entity consortium	1	2
Other, please specify	9	
Other, please specify	10	
Other, please specify	11	

SECTION 2: COUNCIL AS A DIRECT PROVIDER OF MEDICAL AND RELATED HEALTH INFRASTRUCTURE, FACILITIES OR SERVICES

This section deals with those facilities or services that are provided by council. In the case of infrastructure and facilities the term ‘provided by council’ means council owns, holds as trustee or rents the infrastructure or facility or manages that infrastructure or facility on behalf of another body. In the case of services it means the services are provided by council through its own staff or through formal contracts with service providers.

This section does not deal with facilities or services which are provided by other local organisations, but which council may provide some level of resourcing such as grants, subsidised office space and the like. These are dealt with in the next section.

Instructions

The activities are listed according to the functions set out in the Local Government Code of Accounting Practice & Financial Accounting and Grants Commission reports, for ease of comparison with other data.

Please read Table 2 commencing on page 5, regarding council’s infrastructure, facilities and services carefully before starting to answer in detail. This will help you get a feel for where individual facilities or services have been listed.

Please provide your responses for the period ended December 2003. We are seeking a snap shot of the activity level embodied within the 2003/2004 Management Plan, and December provides a useful cut-off. Please do not show activities that are still being developed. For example, if council is working toward setting up a new medical centre, but it was not in place by December 2003, it should not be shown. For existing activities, the ‘annual cost to council’ is what council budgeted for the 2003/2004 but may include any revision caused by rising actual costs.

An Example:

You work for Redearth Shire Council. Council owns and manages two medical centres (surgeries) in two villages in the shire, with two Doctors contracted to using one and one doctor contracted to using the other, at an annual budgeted figure of \$Z000. All you need to do is enter this vital data in the Table. Please round the figure to the nearest dollar.

Function & Service	Number	Number	Annual cost to council
Medical centres / surgeries for GPs	(2) Centres	(3) Doctors	\$ Z000

Please ensure that figures for directly supporting any function appear only once for the most relevant item and please ensure that figures supplied for Table 2 (on direct provision) do not inadvertently appear again anywhere in Table 3.

Please proceed with Table 2 indicating the infrastructure, facilities and services directly provided by your council up to December 2003.

REMEMBER

This section is for council’s own infrastructure, facilities and services only.

Table 2: Medical and related health infrastructure, facilities and services provided directly by council at December 2003.

Function and service	Number	Number	Annual cost to council
Other (Health)			
Housing for General Practitioners (GPs)	() Houses	() Doctors	\$
Medical centres/surgeries for GPs	() Centres	() Doctors	\$
Direct salaries for GPs		() Doctors	\$
Relocation expenses for GPs		() Doctors	\$
Vehicle for GPs	() Vehicles	() Doctors	\$
Equipment for GPs		() Doctors	\$
Housing for Nurse Practitioners or Nurses (Nurses)	() Houses	() Nurses	\$
Direct salaries for Nurses		() Nurses	\$
Relocation expenses for Nurses		() Nurses	\$
Vehicle for Nurses	() Vehicles	() Nurses	\$
Equipment for Nurses		() Nurses	\$
Housing for Dental Practitioners (Dentists)	() Houses	() Dentists	\$
Centres/surgeries for Dentists	() Centres	() Dentists	\$
Direct salaries for Dentists		() Dentists	\$
Relocation expenses for Dentists		() Dentists	\$
Vehicle for Dentists	() Vehicles	() Dentists	\$
Equipment for Dentists		() Dentists	\$
Housing for other health professionals (e.g. physiotherapists, etc) (Others)	() Houses	() Staff	\$
Centres for Others	() Centres	() Staff	\$
Direct salaries for Others		() Staff	\$
Relocation expenses Others		() Staff	\$
Vehicle for Others	Vehicles	() Staff	\$
Equipment for Others		() Staff	\$
Other please specify:			\$
Other please specify:			\$
Other please specify:			\$
Other please specify:			\$
Immunisation (Health)			
Vaccine 'depot'/approved distribution point	() depots	() doses per year	\$
Immunisation clinics	() locations	() children per year	\$
Health Centres (Health)			
Provide Early Childhood Health Centres (EHCs) under State program	() Centres		\$
Pay rates, water and garbage charges for EHCs under State program	() Centres		\$
Maintain EHCs under State program	() Centres		\$
Pay building and public risk insurance for EHCs under State program	() Centres		\$

SECTION 3: COUNCIL AS A SUPPORTER OF MEDICAL AND RELATED HEALTH INFRASTRUCTURE, FACILITIES OR SERVICES

This section deals with facilities or services, which are provided by other local organisations, with some level of support from council. The support may be in terms of land, buildings, cost of utilities, provision of discounted services, subsidies or donations or staff assistance.

Instructions

The activities are listed according to the functions set out in the Local Government Code of Accounting Practice & Financial Accounting and Grants Commission reports, for ease of comparison with other data.

Please read Table 3 commencing on page 7, carefully before commencing to answer. This will give you a feel for the types of support we are exploring. Please note that answers should be in terms of the number of each thing that council supports.

Please provide your responses for the period ended December 2003. We are seeking a snap shot of the activity level embodied within the 2003/2004 Management Plan, and December provides a useful cut-off. Please do not show things that are still being developed. For example, if council is contributing toward building a new medical centre, but it had not paid over the contribution by December 2003, it should not be shown. For existing activities, the ‘annual cost to council’ is what council budgeted for the 2003/2004 but may include any revision caused by rising actual costs.

An Example:

You work for Shininglight Shire Council. Council has provided 2 separate parcels of land in different parts of the Local Government area for the local Medical Centres and meets the costs of rates on that land. Council provides no other support. Please round the figure to the nearest dollar. Your answer will be as follows:

Function & Service	Number	Number	Annual cost to council
Subsidise medical centres/surgeries for General Practitioners	(2) Centres	(2) Doctors	\$ 200

Please ensure that figures for supporting any function appear only once for the most relevant item and please ensure that figures supplied for Table 3 (on supporting others) have not inadvertently appeared already anywhere in Table 2.

Please proceed with Table 3 indicating the infrastructure, facilities and services run by government or non-government organisations and supported by your council up to December 2003.

Table 3: Medical and related health infrastructure, facilities and services provided by other bodies but supported by council at December 2003.

Function and service	Number	Number	Annual cost to council
Other (Health)			
Subsidise housing for General Practitioners (GPs)	() Houses	() Doctors	\$
Subsidise medical centres/surgeries for (GPs)	() Centres	() Doctors	\$
Salary subsidies for GPs		() Doctors	\$
Subsidise pre-service training for GPs through scholarships and bursaries		() Doctors	\$
Subsidise costs associated with conditional registration to work in an Area of Need		() Doctors	\$
Subsidise in-service training for GPs by donations		() Doctors	\$
Subsidise vehicle for GPs		() Doctors	\$
Subsidise Equipment for GPs		() Doctors	\$
Subsidise relocation expenses for GPs		() Doctors	\$
Total number of General Practitioners (GPs) subsidised in any way		() Doctors	
Subsidise housing for Nurse Practitioners or Nurses (Nurses)	() Houses	() Nurses	\$
Subsidise salaries for Nurses		() Nurses	\$
Subsidise pre-service training for Nurses through scholarships and bursaries		() Nurses	\$
Subsidise in-service training for Nurses by donations		() Nurses	\$
Subsidise vehicle for Nurses		() Nurses	\$
Subsidise Equipment for Nurses		() Nurses	\$
Subsidise relocation expenses for Nurses		() Nurses	\$
Total number of Nurses subsidised in any way		() Nurses	
Subsidise housing for Dental Practitioners (Dentists)	() Houses	() Dentists	\$
Subsidise Centres/surgeries for Dentists	() Centres	() Dentists	\$
Subsidise salaries for Dentists		() Dentists	\$
Subsidise pre-service training for Dentists through scholarships and bursaries		() Dentists	\$
Subsidise in-service training for Dentists by donations		() Dentists	\$
Subsidise vehicle for Dentists		() Dentists	\$
Subsidise Equipment for Dentists		() Dentists	\$
Subsidise relocation expenses for Dentists		() Dentists	\$
Total number of Dentists subsidised in any way		() Dentists	
Subsidise housing for other health professionals (e.g. physiotherapists etc) (Others)	() Houses	() Staff	\$
Subsidise centres for Others	() Centres	() Staff	\$
Subsidise salaries for Others		() Staff	\$

Table 3: Medical and related health infrastructure, facilities and services provided by other bodies but supported by council at December 2003 cont.

Function and service	Number	Number	Annual cost to council
Other (Health) cont.			
Subsidise pre-service training for Others through scholarships and bursaries		() Staff	\$
Subsidise in-service training for Others by donations		() Staff	\$
Subsidise vehicle for Others		() Staff	\$
Subsidise Equipment for Others		() Staff	\$
Subsidise relocation expenses for Others		() Staff	\$
Total number of other health professionals subsidised in any way		() Staff	
Subsidise 'local' hospital through general donations (not otherwise covered)			\$
Subsidise Area Health Service through general donations (not otherwise covered)			\$
Subsidise operations of travelling services (e.g. BreastScreen) Please specify:			\$
Subsidise community transport			\$
Other, please specify:			\$
Other, please specify:			\$
Health Centres (Health)			
Further subsidise Early Childhood Health Centres	() Centres		\$

