# NSW Regional Health Strategic Plan 2022-2032

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Our Vision: A sustainable, equitable and integrated health system delivering outcomes that matter most to patients and the community in regional, rural and remote NSW.

## Acknowledgement of Country

NSW Health acknowledges the traditional custodians of the lands across NSW. We acknowledge the many Aboriginal nations, their Elders both past and present and offer our respect to all Aboriginal people. We acknowledge the importance of working in partnership with Aboriginal people to achieve the health outcomes we aspire to through this plan.

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# Message from the Minister for Regional Health

**The Hon. Bronnie Taylor MLC**
**Minister for Women**
**Minister for Regional Health**
**Minister for Mental Health**

Our regional communities care deeply about their healthcare services and rightly so. Regional NSW is the backbone of our state and is an incredible place to live, work, and raise a family. To guarantee these thriving communities have continued success, it is paramount that we ensure access to the health services they need and deserve.

Healthcare delivered in Regional NSW is among the best in the world but it is also true that attracting and retaining staff is becoming increasingly difficult and the advancement in specialist medical care, which is leading to better outcomes, often requires some of these services to be delivered in larger centres. This has seen changes to the way we deliver health care in the bush and we need to adapt.

Through the Regional Health Strategic Plan 2022-32 our local communities and clinicians have had a strong voice. Their feedback and the insights gained have informed the Plan's priorities that will enable us to deliver on our goal to improve healthcare experiences and outcomes for everyone living in regional, rural and remote NSW.

The Plan is a roadmap for NSW Health to help build our future regional workforce, embrace change and innovation and foster new ways of delivering services all while delivering care in our regional communities.

Without a doubt, the critical element of an effective rural and regional health service is its workforce. We have made a strong investment in our people, they are our greatest asset. I would like to acknowledge and thank our wonderful team of nurses, physios, cleaners, GPs, speech therapists, administrative staff, specialists and everyone in between – for their service and exemplary dedication to regional communities.

Without them there is no regional healthcare.

Improving access to health care requires a coordinated effort between state, Commonwealth and local governments, NSW Health, local health districts, specialty health networks, clinicians, patients and local communities, primary health networks and Aboriginal Medical Services.

Targeted strategies and priority actions will help us respond to the unique challenges of regional NSW, with a focus on community engagement, regional workforce, primary care reform and access to transport and accommodation.

Leading this work will be the Regional Health Division of NSW Health, established in April 2022. The Division will drive our key objectives across regional health districts and alongside key stakeholders. This ensures strong advocacy of regional health and strengthens the coordination, alignment, and integration of activities across the health sector.

Alongside this, the Regional Health Ministerial Advisory Panel has been established to strengthen community engagement and foster genuine co-design principles in the development of healthcare in our regions. The Panel will continue to play an important advisory role in developing opportunities and solutions to improve healthcare, hospitals and support services, offering frank and fearless feedback.

This Strategic Plan will guide NSW Health's work and investment in our state's country and coastal communities for years to come. This work, alongside the NSW Government's record investment, will ensure regional NSW will long continue to be the best place to live, work, raise a family, and most importantly, thrive.

# Foreword

**Susan Pearce**
**Secretary NSW Health**

The foundation of the NSW Regional Health Strategic Plan is our vision for a sustainable, equitable and integrated health system delivering outcomes that matter most to patients and the community in regional, rural and remote NSW.

We will achieve this vision by recognising and celebrating the diversity and vibrance of our regional, rural and remote communities. The health and wellbeing of our community is at the centre of all that we do. We listen to our communities – keeping them informed and engaged while maintaining a strong focus on prevention, early intervention and education.

These are exciting times for regional health. Our hardworking and dedicated healthcare workers are at the heart of this journey, helping to shape the future of health through their care and focusing on achieving excellent patient outcomes and experiences.

The unwavering commitment, resilience, flexibility and compassion of our health workforce has endured in the face of seemingly endless challenges in recent years, from drought and bushfires, to floods, a mouse plague and the global COVID-19 pandemic.

NSW Health is committed to ensuring that people living in regional, rural and remote NSW can access high quality, timely healthcare and have excellent patient experiences and optimal health outcomes.

As a blueprint for the provision of health services over the next decade, the NSW Regional Health Strategic Plan 2022-2032 outlines key priority areas for action including strengthening our regional health workforce, enabling better access to health services, fostering improved partnerships and harnessing innovation to support a sustainable health system.

The NSW Regional Health Strategic Plan will help guide us to a future where innovation and evidence-based practices are integral to our decision making. This has also presented opportunities for our regional communities to connect like never before.

We have all learned to embrace technology in its various forms, emerging stronger and more confident in accessing new and innovative models of care. What was once an exciting future in Virtual Care is now becoming more a reality, complementing our face-to-face services enabling people to access healthcare, often without leaving their home.

It is also important to acknowledge the dedication of the thousands of partners in care and volunteers who support our health system every day. We are forever grateful that you are part of our health family.

I thank the wonderful people of regional NSW who have shared their experiences and personal stories and helped us to develop this NSW Regional Health Strategic Plan for 2022-2032.

# Scene setting

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# Overview

NSW Health is committed to ensuring that people living in regional, rural and remote NSW can access high quality, timely healthcare and have excellent patient experiences and optimal health outcomes.

The NSW Regional Health Strategic Plan 2022-2032 will guide our strategic focus and provides a blueprint for the future that understands, and celebrates, the diverse and unique nature of regional communities.

Regional NSW encompasses all regional, rural and remote areas of NSW. It includes areas within the regional and rural local health districts and Albury/ Wodonga Health: Central Coast, Far West, Hunter New England, Illawarra Shoalhaven, Mid North Coast, Murrumbidgee, Northern NSW, Southern NSW, Western NSW. Some areas of other local health districts may also be considered regional for the purpose of this plan such as South-Western Sydney and Nepean Blue Mountains.

The plan is also supported by the metropolitan local health districts and by the Specialty Health Networks which have patients in many regional locations.

The plan will deliver improved outcomes for people living in regional, rural, and remote NSW through the effective use of the resources and networks of NSW Health and through collaboration with our communities and all our partners in care.

**Regional NSW Map**
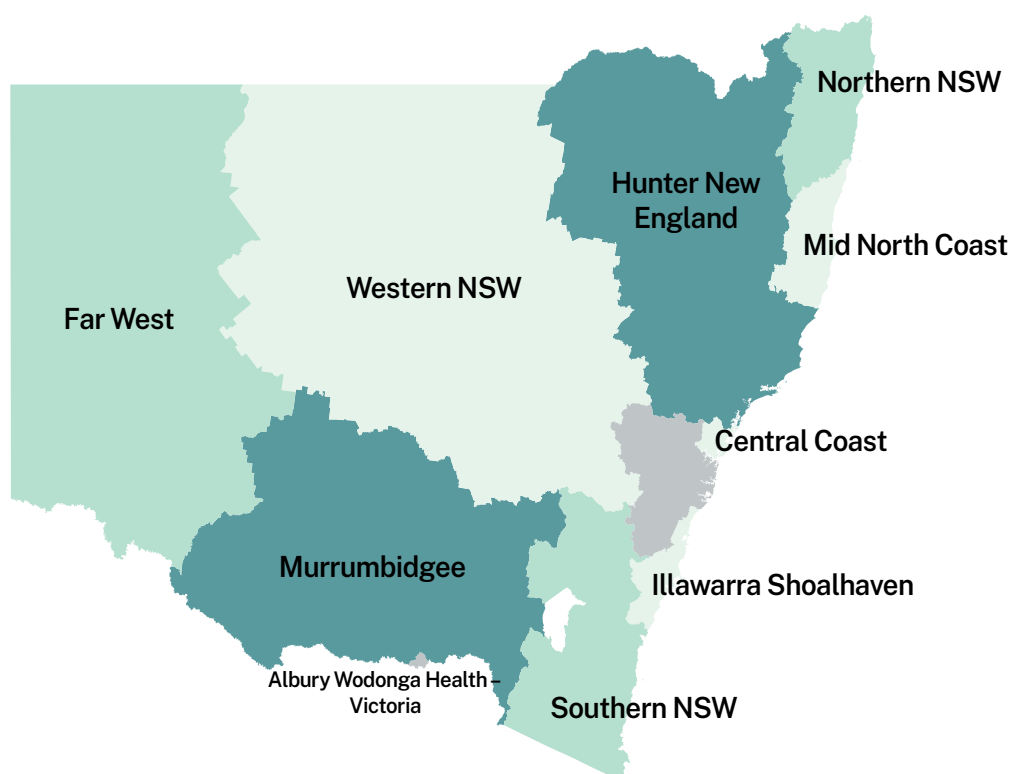


Please note that 'regional' is used as **a descriptor to cover regional, rural, and remote locations** throughout this Plan. Similarly, 'patients' and 'consumers' are used interchangeably across this document to refer to **all people who use our health services, as well as their families and carers.**

# Changing landscape for healthcare

Both in Australia and internationally, significant changes in medicine and in society have had a profound impact on the availability and delivery of health services in regional areas.

Residents of regional NSW currently have poorer health outcomes and face significant challenges in accessing health and hospital services compared to people living in metropolitan areas.

The most important drivers of change in healthcare, specific to regional health over the past 30 years, were identified in a research paper commissioned by NSW Health from the Sax Institute:[1]

- **Rapid advances in health technology** have dramatically improved patient outcomes and reduced recovery times compared to previous therapeutic options. However, new technologies typically also require greater specialisation of the clinician staff administering the therapy combined with a need for more services to be provided in large and better equipped facilities.

- **A strong emphasis on safety and quality** in healthcare internationally has driven the development of stricter clinical guidelines as well as the governance and training of health professionals. This has placed pressure on the range of services and procedures that are able to be provided to smaller rural towns.

- **A movement of population from small towns to regional centres** has occurred in Australia and in many other developed countries. This has contributed to a reduction in the skills and capabilities available in more remote areas, and the ability to support a broad range of services.

- **Health professionals' expectations of professional practice**, work-life balance and lifestyle are evolving, and this has made it increasingly difficult to recruit health professionals who are committed to long-term careers in country towns, especially in isolated areas.

- **The development of communication technologies** has presented new options for the delivery of health services, for example, virtual care in regional, rural and remote areas.

A movement of population from small towns to regional centres has contributed to a reduction in the skills and capabilities available in more remote areas, and the ability to support a broad range of services.

# Health sector responsibility and adapting to changes

Addressing the challenges and needs of regional communities requires acknowledgement that responsibility for different elements of the health system is split between Commonwealth and state governments.

The Commonwealth is chiefly responsible for primary care and funds Rural General Practitioners (GPs) through the Medicare Benefits Schedule as well as the Pharmaceutical Benefits Scheme. The Commonwealth is also primarily responsible for aged care and disability services, while the states and territories provide public hospital services and some community-based services.

Most medical services in regional, rural and remote areas are delivered by GPs. The number of GPs with procedural skills in these locations has declined significantly over the past 15 years. In the same way, the number of GPs providing hospital services in smaller communities (sometimes known as Visiting Medical Officers) has also declined. Many rural services have also needed to rely on locums to provide emergency and in-hospital services. As a career choice, specialty training is more preferable to medical graduates than General Practice. This affects both the model of medical care and services provided in rural and regional hospitals.

In 2019-20 a greater number of people – more than 1.5 million – attended emergency departments (ED) at regional hospitals in NSW, compared to just under 1.4 million attendances at metropolitan EDs. Given that only one third of the NSW population is in regional NSW, this also means that a far greater proportion of the population visited EDs in the regions. This trend, combined with the reduction in the number of GPs in rural areas, often means that the public hospital ED becomes the default primary care provider when a GP is not available, especially after hours and on weekends. As a result, care provision becomes the responsibility of NSW-funded services, which has an additional impact on NSW Health services.

The NSW and Commonwealth governments are working together to improve health outcomes and access to services for regional communities.

# Other responses from the health system

The Sax Institute[2] research paper identified the positive and progressive way the health system in regional NSW has responded to the drivers of change, including that:

- **Health services in regional centres have expanded**, and many regional centres are now considered equivalent to major teaching hospitals and are able to provide a broader range of specialist services in a safe, high-quality environment. This reduces the need for people to travel to major cities for specialist healthcare.

- **Many smaller communities have access to new multipurpose services (MPS)**. Care in MPSs is provided by networks of local services including local and visiting GPs and other local providers and is supported by virtual care and retrieval services from aligned hospitals in regional centres. There is local variation across these networks because of differing geographic, demographic, and social factors, as well as funding and governance models.

- **An increase in the number of GPs per head of population** has been seen over the past 30 years in most regional areas. However, the GP-to-population ratio remains lower in the more remote areas compared to larger regional centres, due to the complexities of providing care in remote settings and small rural communities. Regional communities continue to report significant difficulties with the accessibility of high-quality primary care.

- **The model of using rural generalist GPs is increasing** and has great potential to improve regional healthcare outcomes in the future. These GPs have advanced training in emergency medicine and other fields needed for independent rural practice.

- **International medical graduates continue to play a key role** in regional primary care. They make up a large proportion of regional GPs in NSW, and their contribution is essential to the viability of the current GP workforce models. While some international graduates have the necessary expertise for regional practice and decide to stay, many do not, contributing to the high turnover of regional doctors. The recruitment of international doctors for regional NSW was significantly impacted by the COVID-19 pandemic.

- **The number of specialists in regional centres has increased**, and specialists have also continued their long-standing visiting arrangements to many smaller regional locations (Visiting Medical Officers or VMOs). This increase is driven by extensive investment from governments, universities and professional bodies. However, the capacity, capability and interest of GPs to provide VMO services is variable. Therefore, supplementary arrangements, such as use of locums (essentially a more expensive contractor workforce), are still necessary to sustain regional hospital services.

# How the NSW Regional Health Strategic Plan was developed

## NSW Health strategic plan

The NSW Regional Health Strategic Plan has been developed to align with and support the whole of NSW Health strategy Future Health 2022-2032, while addressing issues that are specific to regional, rural and remote communities.

- We received strong feedback from stakeholders that the Plan should include specific priorities for regional health including integrating primary, community and hospital care, and keeping communities informed and engaged.

- The NSW Regional Health Strategic Plan has also deepened its focus on the challenges faced by Aboriginal people in accessing safe, high quality, timely and culturally appropriate health services.

There will be ongoing collaboration in the planning, delivery, monitoring, reporting and evaluation of the NSW Regional Health Strategic Plan and Future Health to focus efforts on shared outcomes and ensure alignment.

## Other strategic input

The NSW Regional Health Strategic Plan has also been informed by our previous work, academic research and by what was shared with us by communities, staff, partners and other stakeholders. This includes:

- the directions in the NSW Rural Health Plan: Towards 2021 Final Progress Review, the concluding report summarising progress from the previous plan

- findings and recommendations of the NSW Parliament's inquiry report, Health Outcomes and access to health and hospital services in rural, regional and remote NSW (the Rural Health Inquiry)

- academic research from the Sax Institute commissioned by NSW Health

- the NSW Health guide emphasising the importance of patient experience: Elevating the Human Experience – Our Guide to Action

- the NSW Health Workforce Plan 2022-2032

- other NSW Health strategic plans

- an initial consultation of stakeholders conducted in June and July 2022

- consultation on a draft strategic framework for the Plan conducted throughout October 2022.

The inquiry into health outcomes and access to health and hospital services in rural, regional and remote NSW provided an important opportunity to identify and address issues in our regional health system, building on our ongoing commitment to best practice healthcare and reform.

In May 2022, the Legislative Council Portfolio Committee No. 2-Health released its Final Report (no.57) which contained 22 findings and 44 recommendations. The Committee found that residents of rural, regional and remote NSW have poorer health outcomes and inferior access to health and hospital services, and face significant financial challenges in accessing these services, compared to their metropolitan counterparts.

The NSW Government recognised these findings and has already taken meaningful action to provide safe and high quality healthcare services, to expand access to health and hospital services for all people living in rural, regional and remote NSW. The NSW Government response to the Inquiry supported or supported in principle 41 of the 44 recommendations in the Final Report. Three recommendations were noted.

# How we engaged with the community, staff, our partners and stakeholders

The Regional Health Division of NSW Health has worked closely with local health districts, consumers, community members and an extensive stakeholder network to undertake a comprehensive consultation to inform the NSW Regional Health Strategic Plan 2022-2032.

More than 1,600 people from across NSW participated in 68 initial consultation sessions during June and July 2022, and more than 2,000 people completed an online survey.

The sessions drew on the experiences and insight of community organisations, health staff, local councils, Primary Health Networks, professional associations, training organisations, government departments and agencies, non-government organisations, Aboriginal Community Controlled Health Organisations, charities, affiliated organisations and health service providers, volunteers, community members, carers and consumers.

A draft strategic framework was developed following the consultations which also included the findings and recommendations of NSW Parliament's inquiry report.

Key stakeholders were consulted on the strategic framework prior to its wider circulation including workforce groups, associations, Country Mayors and Senior Executives at NSW Health.

A draft strategic framework outlining the proposed vision, priorities and actions was hosted on the NSW government platform 'Have Your Say' for three weeks to gather further community feedback before the NSW Regional Health Strategic Plan (the Plan) was developed. More than 4,200 people visited the site. Of those who visited the site 1,524 people answered the survey questions and 677 people responded to the quick poll to provide their thoughts and ideas about the Plan.

In addition, the Regional Health Division led targeted consultation with NSW Government agencies, and across NSW Health including with other areas within the Ministry of Health, local health districts and Specialty Health Networks, Pillars and state-wide specialist health services. Submissions were also sought from health workforce groups, local councils, and Aboriginal Medical Services. More than 60 submissions were received as part of this targeted consultation.

Two governance groups provided guidance and direction for the development of the NSW Regional Health Strategic Plan:

- **The Regional Health Plan Steering Committee** guided the development of the new Plan. The Committee will be expanded to include representatives from the Department of Regional NSW and the Department of Premier and Cabinet and will have a long-term role to support the monitoring, reporting and evaluation for the plan.

- **The Regional Health Ministerial Advisory Panel** which was established in 2022 to strengthen community engagement and foster genuine co-design principles in the development of healthcare in regional NSW. The Advisory Panel plays an important role in advising the Minister for Regional Health, the Minister for Health and the Secretary of the NSW Ministry of Health on opportunities and solutions to improve healthcare, hospital and support services in regional NSW. The inaugural Advisory Panel has 15 appointed individual members from a range of backgrounds and regions of NSW and is chaired by Richard Colbran PhD, Chief Executive Officer of NSW Rural Doctors Network.

*We thank all the individuals and organisations who provided valuable input to inform the plan.*

# The way forward

The resilience and resourcefulness of regional communities has shone through the most difficult of times and continues to be a source of great strength.

Health services in regional NSW have continued to transform and innovate as part of a broader system with standards of care among the best in the world.[3] Initiatives designed to ensure safe, high-quality care for all, regardless of where people live, underpin the provision of health services in regional NSW.

The unique, vibrant, and diverse nature of regional communities, combined with developments in models of care and technology, present exciting possibilities for the future of healthcare.

Recognising and understanding differences in the delivery of health services in regional and metropolitan settings, while reflecting on what works well, will help us build on these successes.

## Health outcomes and patient experience

Information on health outcomes for NSW residents is publicly available on the HealthStats NSW website, which provides insights into a wide range of health determinants and outcomes of the NSW population. The Bureau of Health Information website contains details of patient experience in NSW, including the Rural Hospital Adult Admitted Patient Survey. A summary of data trends for health outcomes as a snapshot of the differential outcomes experienced by regional communities, plus information about patient experience appears in Appendix A.

# Navigating a way forward

Regional communities display a practical understanding of the challenges in delivering healthcare, and a willingness to embrace a variety of solutions to meet their needs including prevention activity and use of virtual care. There is also an appreciation of different needs existing among diverse groups in the community.

In regional NSW we need to continue to adapt the way healthcare is delivered with initiatives that are evidence-based or show promise to drive improved outcomes.

We are committed to implementing innovative, community-centred models of care that are tailored to local needs. We believe that NSW can lead the way in regional healthcare for Australia and internationally.

# Introduction to this Plan

This NSW Regional Health Strategic Plan explores how the NSW health system can better mobilise and respond to current needs. It responds to urgent needs but also takes a long-term strategic approach to improve and mitigate the healthcare needs of people living in regional, rural and remote communities in NSW over the next ten years with impacts reaching even further.

Our **vision** is to be a sustainable, equitable and integrated health system delivering outcomes that matter most to patients and the community in regional, rural and remote NSW. We take this to mean:

- Sustainable – the ability to fund and resource the healthcare system in the longer term.

- Equitable – the fairness to access healthcare irrespective of your postcode, background or culture.

- Integrated – a system that brings together all of the care providers in a seamless way including Commonwealth and state governments, community, non-government and private providers.

- Outcomes that matter most – outcomes are defined by the four essentials of value within NSW Health: health outcomes that matter to patients; experiences of receiving care; experiences of providing care; and effectiveness and efficiency of care.

# Meeting the needs of our diverse communities

A clear message from our consultation in developing the NSW Regional Health Strategic Plan was the need to ensure that it is responsive and inclusive of diverse groups and their needs. Key considerations include, but are not limited to:

- Diversity within and across regional, rural and remote communities.

- The spectrum of health support needs including for those with co-existing conditions.

- Diversity over the course of life (and at key transition points) including recognising the specific health and service needs of children and young people and older people.

- Responsiveness to the needs of Aboriginal people and communities, noting that several of the deliverables in the Plan will support progress on Closing the Gap Socio-Economic Outcomes and help to achieve Closing the Gap Priority Reforms.

- Addressing the needs of Culturally and Linguistically Diverse (CALD) people.

- Responsiveness to the needs of LGBTIQA+ people.

- Experiences of caring including family, kin and natural supports of choice (e.g. friends, community members).

- People experiencing or at greater risk of trauma, stigma and discrimination, violence and abuse.

- The range of support needs beyond the health system, such as out of home care, correctional settings and specialist homelessness services, including for people with complex support needs.

The following chapter summarises how **governance, accountability and delivery** will be managed .

The final chapter provides an **overview of the strategic priorities**, the key objectives and deliverables of the 10-year NSW Regional Health Strategic Plan.

# Governance, Accountability and Delivery

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Governance and accountability are key to the delivery of the priorities, goals and outcomes and will drive commitment and collaboration to achieve the vision, priorities and deliverables of the NSW Regional Health Strategic Plan 2022-2032.

# Delivery Roadmaps and Progress Reporting

This Plan provides an overview of the 10-year deliverables and how we will progress towards better health outcomes for regional communities.

A NSW Regional Health Strategic Plan 2022-2032 Priority Framework has also been developed to complement the Plan, outlining investments and initiatives to support the delivery for the first three years and key targets to measure progress by 2026.

To drive implementation, a delivery roadmap will be developed for each priority which will include:

- leads and key partners who will be accountable for delivery
- a detailed action plan for the first delivery horizon covering years one to three
- an alignment with work already underway including *Future Health* and other NSW Health strategic plans.

The delivery roadmaps will be developed through a collaborative process and reflect what was shared by stakeholders about short, medium and long-term priorities through the extensive consultation undertaken to develop the Plan.

Roadmaps will include a measurement framework to monitor progress against the strategic objectives stated in this NSW Regional Health Strategic Plan.

Progress will be publicly reported in line with the three time horizons of one to three years, five years, and 10 years. A focus will be on short term initiatives and establishing models to successfully drive medium to long term goals.

A comprehensive evaluation will be conducted to determine the impacts and success of the plan.

This Plan is not a static document. NSW Health will continue to review the health outcomes and needs of people living in regional NSW, and to incorporate new deliverables driven by technological advances, changes to policy, and other international drivers of change in healthcare.

# Aligning the health system

Local health districts, specialty health networks, NSW Health pillars and other health organisations are encouraged to incorporate the strategic objectives and deliverables from this Plan into their local strategic and business planning, so that they are fully aligned to the strategic direction set by this NSW Regional Health Strategic Plan.

Opportunities will be explored to embed the strategic objectives and deliverables of this Plan into local service agreements, aligned to Future Health.

# Governance

The Regional Health Division is responsible for coordinating the governance of the NSW Regional Health Strategic Plan 2022-2032 and working with leads, and partners and other government agencies to ensure clear accountability and successful delivery.

The Plan will be governed through regular reporting to the:

- **Regional Health Ministerial Advisory Panel:** draws on the experience of individuals from across the NSW Health system, public and private sectors and regional communities; advises the Minister for Regional Health, the Minister for Health and the Secretary, NSW Health on opportunities and solutions to improve healthcare and hospital and health support services in regional NSW.

- **Regional Health Plan Steering Committee:** representation includes NSW Health staff, representatives from NSW Government agencies, health professionals from partner organisations, Aboriginal leaders, academics, local councils, and consumers. A NSW Regional Health Strategic Plan 2022-2032 Priority Framework has been developed to complement the Plan, outlining investments and initiatives to support the delivery for the first three years and key targets to measure progress by 2026. The Committee provides oversight and guidance on development, decisions and recommendations in relation to the plan; and reviewing key insights from consultation and engagement with stakeholders.

- **Regional Health Committee:** the Chief Executives of the regional and rural NSW local health districts.

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# Snapshot

**NSW Regional Health Strategic Plan 2022-2032:**
Guiding the next decade of regional, rural and remote care in NSW



## Our Vision

A sustainable, equitable and integrated health system delivering outcomes that matter most to patients and the community in regional, rural and remote NSW.

## Our Values:

**C**ollaboration
**O**penness
**R**espect
**E**mpowerment

| Priorities | Strategic objectives |
|---|---|
| **1. Strengthen the regional health workforce:**<br><br>Build our regional workforce; provide career pathways for people to train and stay in the regions; attract and retain healthcare staff; address culture and psychological safety, physical safety and racism in the workplace. | 1.1 **Invest in and promote rural generalism** for allied health professionals, nurses and doctors<br><br>1.2 **Prioritise the attraction and retention** of healthcare professionals and non-clinical staff in regional NSW<br><br>1.3 **Tailor and support career pathways for Aboriginal health staff** with a focus on recruitment and retention<br><br>1.4 **Expand training and upskilling opportunities, including across borders** to build a pipeline of regionally based workers<br><br>1.5 **Accelerate changes to scope of practice whilst maintaining quality and safety,** encouraging innovative workforce models and recognition of staff experience and skills<br><br>1.6 **Nurture culture, psychological and physical safety** in all NSW Health workplaces and build positive work environments that allow staff to thrive |
| **2. Enable better access to safe, high quality and timely health services:**<br><br>Improve transport and assistance schemes; deliver appropriate services in the community; continue to embed virtual care as an option to complement face-to-face care and to provide multidisciplinary support to clinicians in regional settings. | 2.1 **Improve local transport solutions and travel assistance schemes,** and address their affordability, to strengthen equitable access to care<br><br>2.2 **Deliver appropriate services in the community** that provide more sustainable solutions for access to healthcare closer to home<br><br>2.3 **Leverage virtual care** to improve access, whilst ensuring cultural and digital barriers are addressed<br><br>2.4 **Enable seamless cross-border care and streamline pathways to specialist care** ensuring access to the best patient care regardless of postcode<br><br>2.5 **Drive and support improved clinical care, timely access and safety and quality outcomes** for patients in hospitals and other settings<br><br>2.6 **Align infrastructure and sustainable service planning** around the needs of staff and communities and to enable virtual care |

| Priorities | Strategic objectives |
|---|---|
| **3. Keep people healthy and well through prevention, early intervention and education:**<br><br>Prevent some of the most significant causes of poor health by working across government, community, and other organisations to tackle the social determinants of health; prepare and respond to threats to population health. | 3.1 **Address the social determinants of health** in our communities by partnering across government, business and community<br><br>3.2 **Invest in mental health and make progress towards zero suicides**<br><br>3.3 **Invest in maternity care and early childhood** intervention and healthcare to give children the best start in life<br><br>3.4 **Invest in wellness, prevention and early detection**<br><br>3.5 **Prevent, prepare for, respond to, and recover from pandemics** and other threats to population health |
| **4. Keep communities informed, build engagement, seek feedback:**<br><br>Provide more information to communities about what health services are available and how to access them; empower the community to be involved in how health services are planned and delivered; increase responsiveness to patient experiences. | 4.1 **Encourage choice and control over health outcomes** by investing in health literacy, awareness of services and access to information<br><br>4.2 **Engage communities through genuine consultation and shared decision-making** in design of services and sustainable local health service development<br><br>4.3 **Support culturally appropriate care and cultural safety** for zero tolerance for racism and discrimination in health settings<br><br>4.4 **Capture patient experience and feedback** and use these insights to improve access, safety and quality of care<br><br>4.5 **Improve transparency of NSW Health decision-making** and how it is perceived and understood by patients and the community |
| **5. Expand integration of primary, community and hospital care:**<br><br>Roll out effective, sustainable integrated models of care through collaboration between Commonwealth and NSW Government and non-Government organisations to drive improved access, outcomes and experiences. | 5.1 **Develop detailed designs for expanded primary care models** and trial their implementation in regional NSW through working with the Commonwealth and National Cabinet, Primary Health Networks, Aboriginal Community Controlled Health Organisations, NGOs and other partners<br><br>5.2 **Address the employer model** to support trainees and staff to work seamlessly across primary care, public, private settings and Aboriginal Community Controlled Health Organisations to deliver care to regional communities<br><br>5.3 **Improve access and equity of services for Aboriginal people and communities** to support decision making at each stage of their health journey<br><br>5.4 **Develop 'place-based' health needs assessments and plans** by working closely with Primary Health Networks, Aboriginal Community Controlled Health Organisations and other local organisations including youth organisations and use these to resource services to address priority needs |
| **6. Harness and evaluate innovation to support a sustainable health system:**<br><br>Continue to transform health services through aligned funding and resourcing models, digital and health technologies, research and environmental solutions. | 6.1 **Align NSW and Commonwealth funding and resourcing models** to provide the financial resources to deliver optimal regional health services and health outcomes<br><br>6.2 **Fund and implement digital health investments and increase capability of workforce** to deliver connected patient records, enable virtual care, provide insightful health data and streamline processes<br><br>6.3 **Undertake research and evaluation** with institutions, industry partners, NGOs, consumers and carers<br><br>6.4 **Commit to an environmental sustainability footprint** for future regional healthcare |

# Strategic Priorities

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# Overview

The six strategic priorities outlined in detail in this section are:

| Strategic Priorities | | |
|---|---|---|
| | 1 | Strengthen the regional health workforce |
| | 2 | Enable better access to safe, high quality and timely health services |
| | 3 | Keep people healthy and well through prevention, early intervention and education |
| | 4 | Keep communities informed, build engagement and seek feedback |
| | 5 | Expand integration of primary, community and hospital care |
| | 6 | Harness and evaluate innovation to support a sustainable health system |

# 1

# Strengthen the regional health workforce

Build our regional workforce; provide career pathways for people to train and stay in the regions; attract and retain healthcare staff; address culture and psychological safety, physical safety and racism in the workplace.

## Why is this important?

A stable supply of well-trained health professionals (both clinical and non-clinical) is essential for the delivery of high-quality health services.

Throughout Australia and in comparable countries overseas, regional health services have had difficulty recruiting and retaining workforce. Services are often held together by high-cost and temporary solutions that fill an immediate gap but do not build a sustainable workforce.

To combat this trend, a substantial investment has already been made into the regional workforce over the years.

Successful initiatives are being remodelled, for example from medicine that are being adopted in allied health training to build a pipeline of future health professionals.

It is essential that Commonwealth and state governments continue to make investments in a range of initiatives that promote the recruitment and retention of health professionals in regional areas to meet current and expected demand. Deliberate and careful planning should be made for each new position, and preparation, induction and regular check-ins for each new entrant into a regional position should always be a priority. This should be supported with training opportunities, clear career pathways and boosting rural generalism in healthcare as a pathway to ensure communities have appropriate care.

# What we learnt from the consultation

The consultation process was used to confirm what is working well in the system, and to identify and prioritise the areas of regional healthcare that are in most need of improvement.

## What is working well

There were many examples of what is working well shared during the consultation, including:

- Investment and range of options for education, training and professional development offered to staff and students at all levels.

- Scholarships, mentorships and traineeship opportunities as well as the specific support provided for junior staff and students, in part due to the strong partnerships created with universities, TAFE, training partners and schools.

- Partnerships within NSW Health leading to strong collaboration and sharing of skills and expertise with metropolitan local health districts for specialty services.

- Efforts to support staff wellbeing and to create a positive workplace environment including the offering of flexible working practices, wellness activities, extra leave, a range of career pathways and recognition of staff performance.

- Opportunities for internal career advancement and development, transitions to specialty pathways and practice programs and nursing pathways.

- Strengthening of recruitment processes that are aimed at targeted positions in regions and are marketed with incentives and benefits of the regional lifestyle.

## What needs to change?

- **Increase access to GPs:** increasing access to GPs particularly in aged care facilities, in the community and after-hours services, to reduce the number of patients presenting to emergency departments and wait times to see a GP in regional areas. A greater integration between NSW Health, Commonwealth and community-controlled sectors was also identified.

> "People are using the emergency department when they could be using the GP after hours."
>
> **— Participant with refugee background**

- **Promote the benefits of the regions to attract staff and their families:** The consultation identified the need to better promote the benefits of a regional lifestyle, ensuring there are attractive accommodation options available for current and potential staff, and providing support for spouses and partners to find employment and for children to access schools.

- **Streamline recruitment and retention:** Simplifying the recruitment processes, avoiding competition between sites and considering recruitment of those who meet minimal requirements but could be further developed when they are in a role where suitable. The use of incentives was seen as a good tool to aid in the attraction and retention of staff to work in regional areas.

- **Increase the diversity of the workforce:** Building a workforce that is diverse in age, culture, gender and sexuality was seen as important to create an inclusive workforce that mirrors the local population. In particular, career pathways for Aboriginal health workers were not perceived as equitable compared with other health staff.

> "There needs to be more Indigenous staff within NSW Health, providing cultural advice across teams and cultural supervision."
>
> **— Male health sector participant**

- **Expand training and upskilling opportunities:** Participants emphasised the need to continue the investment and expansion of education and training options, especially those delivered in regions, and a focus on 'growing our own'. Improving the digital literacy of staff was identified as a priority.

> "We need more formal outreach in school to introduce health opportunities and services to young people. I know because my Mum works at the AMS (Aboriginal Medical Service), but my friends don't know what opportunities are available."
>
> — **Male youth community participant**

- **Nurture a positive workforce culture:** Increasing efforts to protect staff wellbeing to ensure that the workforce is sustainable and to increase staff retention. Opportunities include investment in supporting facilities and infrastructure, better change management to mitigate resistance to change, better management of workload to improve staff fatigue and flexible work options. Being able to provide feedback in a safe anonymous way and ensuring the confidentiality of the complaints' management process is particularly important in smaller regional, rural and remote areas.

> "We need additional clinical and cultural supervision and support."
>
> — **Female health sector participant**

Participants emphasised the need to increase efforts to protect staff wellbeing to ensure that the workforce is sustainable and to increase staff retention.

# Supporting initiatives

There are many programs and initiatives that are, and will continue to strengthen the regional health workforce, including:

- Implementation of the NSW Health Workforce Plan 2022-2032 and in particular actions aimed at closing workforce gaps in rural and remote areas in collaboration with local stakeholders

- An incentives package over the next four years to attract and retain staff in regional NSW, as well as build the future regional workforce pipeline which will allow local health districts to offer significant benefits to employ people in hard-to-fill and critical roles in regional health facilities, including:

  - increased training positions for nursing graduates, nurse practitioners and medical interns

  - expanding rural generalist and procedural training positions

  - career development and secondment opportunities for healthcare workers based in regional, rural and remote NSW, including for those based in metropolitan areas to 'try out' working in regional NSW

  - increased numbers of Aboriginal nurse cadetships, a program which provides support and assistance to Aboriginal people

- Supporting paramedics to become Intensive Care Paramedics and rolling out Specialist Intensive Care Ambulances in regional NSW.

- Other initiatives aimed at attracting and retaining staff including:

  - Allied Health Rural HECS-HELP Incentive Package -a four-year comprehensive incentive package to attract allied health professionals to areas of critical need.

  - Clinical Placement Grants for allied health and nursing and midwifery students to subsidise rural clinical placements.

  - NSW Rural Allied Health Postgraduate Scholarships to assist with expenses directly associated with postgraduate study.

  - Rural Preferential Recruitment which supports junior doctors undertaking their first two years of work in a rural location.

  - Developing and promoting the Allied Health Rural Generalist Program for NSW Health.

  - Aboriginal Medical Workforce Pathway for Aboriginal Doctors in rural areas that facilitates the recruitment allocation of Aboriginal medical graduates to prevocational training positions in NSW.

- Initiatives to provide state-wide culturally safe workplaces and care for our Aboriginal staff and consumers including:

  - Employing Aboriginal Care Navigators and Aboriginal Peer Workers for every local health district and specialty health network.

  - Providing 'Respecting the Difference' training to all NSW Health staff to assist increasing cultural competencies and promote greater understanding of the processes and protocols for delivering health services to Aboriginal people.

  - Aboriginal Allied Health Cadetship Program which offers Aboriginal students undertaking full time study in Allied Health an income and employment in a NSW Public Health Facility while studying.

  - The Aboriginal Allied Health Network to bring together Aboriginal Allied Health professionals, Aboriginal assistants and technicians, Aboriginal cadets, and Aboriginal mental health trainees/ clinicians from across NSW Health.

- Extensive training networks linking metropolitan and rural hospitals in speciality clinical areas.

- Promoting staff health through wellbeing initiatives and flexible working practices, as well as staff involvement in healthy living programs.

- The Health Staff Accommodation project and the NSW Government key worker accommodation strategy addresses the challenges inherent in attracting and retaining health staff across regional NSW by delivering modern, sustainable accommodation for health workers. NSW Health Key Worker Accommodation.

## Case Study: Learning quickly

Christal Ayton has lived in Dubbo for nearly 30 years and has worn many hats (or scrubs) as a perioperative nurse, working in intensive care, paediatrics and also in emergency. Recruited in 2020 by the Dubbo Health Service, Christal is now an endorsed Nurse Practitioner and accredited Nurse Endoscopist in the Western NSW Local Health District.

An expert at juggling work and study, she has completed a diploma in Surgical Assisting, masters in both *Perioperative Nursing Care* and *Nurse Practitioner*. Nurse Practitioners can assess patients and have the expertise and authority to diagnose and treat people of all ages independent of doctor supervision. Having previously worked in Sydney metropolitan hospitals, Christal quickly recognised the opportunities for nurses to progress in regional areas.

"Never did I think I'd be a surgical assistant for a General Surgeon or a Nurse Endoscopist – the first in NSW. There are 30 perioperative nurse assistants in the state and there's only two of us out here in Western NSW. You learn quickly out here, and you're well supported by the close-knit team around you."

Patients also receive a great level of care when they come in for their procedures.

"They don't have to travel, they don't have to leave their families, their farms or their jobs, so the availability to have any sort of intervention done in Dubbo is very beneficial."

A country girl born and bred, Christal went to school in Gunnedah and then raised her family in Dubbo.

## Case study: Rural generalist pathways

It's clear when you meet Dr Ariah Steel that she is a convert to working in regional and rural health. Ariah is a GP registrar working in the Murrumbidgee Rural Generalist Training Pathway which hones her specific skills to work as a rural GP.

The training program ensures that GPs are trained to deal with a range of situations they may face on a day-to-day basis in a regional health environment. It provides a tailored, coordinated opportunity for medical graduates interested in a rural generalist career. Junior doctors are given the experience, exposure and qualifications they need to become rural generalists in a nurturing environment with access to senior quality supervisors, preferred placements and great remuneration packages. This tailor-made training pathway provides advanced skills training and opportunities to achieve a fellowship under a single employer model. Under the program, Ariah works three days a week in a GP clinic and one day in the local hospital emergency department and is on the on-call roster.

"The best thing is I may see a patient who has come into emergency over the weekend and instead of referring them back to their GP during the week, I am the GP they follow up with during the week, when I am working in the clinic."

Ariah rotates through several hospitals and GP clinics throughout the Murrumbidgee Local Health District on a four-to-six-year contract. The employment contract is just one of the reasons the program has been a success, but the main reason is the training and variety and challenges it provides to these junior GPs.

Ariah grew up in Sydney and attended Notre Dame University, but she is staying in regional NSW.

"I travelled an hour and a half to get to Uni every day for six years, whereas now in Deniliquin I live a one-minute walk away from work. Not only that, I really love having diversity. I would hate to be doing the same thing every day. I love that working here I get to work in the ED, I work in the clinic, I do some obstetrics work and I love the variety. I love the community. Every morning you go for a walk with the dogs, you go to the same coffee shop, everyone knows you. You develop really good relationships with people in the community."

# 10-year Delivery Plan

## Priority 1: Strengthen the regional health workforce

Build our regional workforce; provide career pathways for people to train and stay in the regions; attract and retain healthcare staff; address culture and psychological safety, physical safety and racism in the workplace.

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**Strategic objectives**

1.1 **Invest in and promote rural generalism** (clinicians who have advanced training in emergency medicine and other fields needed for independent rural practice) for allied health professionals, nurses and doctors

1.2 **Prioritise the attraction and retention** of healthcare professionals and non-clinical staff in regional NSW

1.3 **Tailor and support career pathways for Aboriginal health staff** with a focus on recruitment and retention

1.4 **Expand training and upskilling opportunities, including across borders** to build a pipeline of regionally based workers

1.5 **Accelerate changes to scope of practice while maintaining quality and safety** –encouraging innovative workforce models and recognition of staff experience and skills

1.6 **Nurture culture, psychological and physical safety** in all NSW Health workplaces and build positive work environments that allow staff to thrive

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## 10-year deliverables

**1.1 Invest in and promote rural generalism (rural generalists are clinicians who have advanced training in emergency medicine and other fields needed for independent rural practice) for allied health professionals, nurses and doctors**

- **Build up generalist roles:** undertake state-wide and local workforce modelling and planning to identify the Rural Generalist workforce requirements

- **Early career support:** establish and expand existing pipelines through clinical placements, including transition from assistant (e.g. Allied Health Assistant) to health professionals

- **Build up rural GPs:** work with the Commonwealth and other partners to attract and retain rural GPs and increase access to GPs, including in aged care facilities, in the community and after hours

- **Cross-border working:** collaborate with other jurisdictions to promote cross-border workforce schemes and solutions e.g. 'Rural and isolated practice registered nurses' system, cross-border work placements, and transfer of entitlements

## 1.2 Prioritise the attraction and retention of healthcare professionals and non-clinical staff in regional NSW

- **Promote NSW Health as an employer of choice:** for healthcare professionals and non-clinical staff and promote the regions as great places to live and work, including work with the Department of Regional NSW on the Key Workforce Attraction and Retention Program; and consider strategies to re-engage former health workers

- **Use incentives:** raise awareness of incentives and implement the funded plan of tailored programs and packages

- **Enhance early career pathways:** increase opportunities for graduates, cadetships, and traineeships

- **Support trainees:** review alignment of regional trainees' remuneration and incentives to travelling metro professionals and formalise programs for nursing/ midwifery and support through roster capacity

- **Attracting nursing and midwifery staff:** expedite review of nursing and midwifery staffing, on-call arrangements, incentives, virtual support, training and engagement with tertiary healthcare facilities

- **Attracting specialists:** address shortage of medical specialists to provide better access to services including surgery and more networked or virtual care services

- **Improve key worker housing and other support:** key worker accommodation, relocation assistance and childcare, including working with Regional NSW on the Key Worker Housing program and local councils

- **Consider other workplace attraction and retention models:** that are effective, building on models from other sectors e.g. approach to attracting teachers

## 1.3 Tailor and support career pathways for Aboriginal health staff with a focus on recruitment and retention

- **Increase workforce:** drive increased staffing at all levels of the organisation; increasing nursing and allied health assistant clinical placements within local health districts and Aboriginal medical services, and Aboriginal identified roles

- **Improve cultural knowledge and skills of all staff, and reduce systemic racism:** acknowledge and recognise cultural knowledge, skills and capability; maintaining networks with community organisations and Elders; and provide supports that acknowledges the emotional burden of roles

- **Collaborate with Aboriginal Community Controlled Health Organisations (ACCHOs):** to enable people to work between sectors more seamlessly, that qualifications can cross-over, and create employment opportunities within ACCHOs

- **Transition support:** develop structured programs to support the transition of Aboriginal people into the health workforce

- **Training on country:** design programs with Aboriginal Medical Services and communities to support this

## 1.4 Expand training and upskilling opportunities, including across borders to build a pipeline of regionally based workers

- **Training delivery:** continue and expand collaboration with local universities, Rural Training Hubs and training organisations to increase locally delivered training; have training networks that link regional and metro training sites through virtual teaching

- **Vocational training:** continue to advocate to the Commonwealth for support for vocational education sector especially enrolled nurses, allied health assistants and peer workforce. Include placements within regional local health districts and partner organisations

- **Compassionate and trauma informed approach:** Develop and support a culturally responsive, compassionate workforce and equip staff to embed a trauma informed approach across all health settings

- **Career planning:** coordinate career planning with local health districts for all staff

- **Increase trainee positions, placements, traineeships:** increase training positions and scholarships; expand educational placements and postgraduate training; initiate more school-based traineeships; expand the Extended Nurse Placement Program for nursing students

- **Increase and support peer workforce:** increase and support identified peer/consumer positions, and support a lived workforce across all levels of the organisations

- **Digital skills training:** provide training to grow digital skills and virtual care capabilities

- **Leadership and management:** enhance leadership and management programs that include improvement science

- **Grow our own:** continue and increase the number of people who train, upskill or work in health services in their local community

## 1.5 Accelerate changes to scope of practice while maintaining quality and safety – encouraging innovative workforce models and recognition of staff experience and skills

- **Implement Nurse Practitioner and other nursing models of care:** widely implement, while addressing any barriers

- **Implement maternity continuity of care models:** to increase access options for women and families

- **Implement the Aboriginal Practitioners Model:** for Aboriginal health workers and practitioners to complement Aboriginal health workers roles

- **Increase the number of Intensive Care and Extended Care Paramedics:** increase and address barriers to their training and deployment

- **Expand scope of practice for allied health professionals:** consider and expand where needed

- **Improve role clarity:** consistent use and scope of multidisciplinary teams across the health system

## 1.6 Nurture culture, psychological and physical safety in all NSW Health workplaces and build positive work environments that allow staff to thrive

- **Address safety issues:** acknowledge and proactively address concerns about psychological safety at work, including fear of speaking out or making mistakes

- **Improve culture:** deliver improvements in workplace culture and wellbeing and roll-out the new culture framework

- **Nurture a culture of Quality and Safety:** nurture a culture of, and capability in quality and safety, particularly for new staff across the organisations to deliver physically, culturally and physiologically safe environments for staff as well as clients

- **Address worker health, safety and security:** identify and address worker health, safety and security issues associated with workplaces including zero tolerance approach

- **Seek regular feedback and address complaints:** commit to seeking regular feedback from staff, improve the complaints and workplace grievance processes; build awareness of process and prompt responses to complaints; raise awareness of independence of existing organisations and their ability to investigate complaints

- **Promote flexibility and support:** as well as workplace flexibility, provide better support for staff to take leave to avoid burnout and to have time to attend training and encourage staff wellness

- **Succession planning:** plan succession of leaders

- **Inform workforce planning through health workforce data collection**

# 2

# Enable better access to safe, high quality and timely health services

Improve transport and assistance schemes; deliver appropriate services in the community; continue to embed virtual care as an option to complement face-to-face care and to provide multidisciplinary support to clinicians in regional settings.

## Why is this important?

In regional areas, the waiting times for people to access some services, or to attend a specialist referral, can impact heavily on health outcomes. This creates a barrier as some community members may disengage from health services after initial consultations have happened. As a result of longer wait times, patient conditions can deteriorate significantly, sometimes leading to the need for more acute care. Long wait and travel times also impact on quality of life and employment as additional time is needed away from daily activities and work.

Access to healthcare is a basic human right, regardless of location, culture or financial situation. Improving the availability, quality and timeliness of healthcare in regional areas requires that staff and facilities are accessible, services are affordable, travel and accommodation is supported and virtual care is available as an option. Each can play a part depending on community needs, current healthcare availability and location.

When planning health service delivery, important factors to consider include population density and distance to metro centres, with proximity to borders also adding a layer of complexity.

**In regional areas, the waiting times for people to access some services, or to attend a specialist referral, can impact heavily on health outcomes.**

# What we learnt from the consultation

The consultation process was used to confirm what is working well in the system, and to identify and prioritise the areas of regional healthcare that are in most need of improvement.

## What is working well

There were many examples of what is working well shared during the consultation, including:

- Increased use of, and investment in, virtual care reducing the need to travel, promoting new models of care, enabling equal access to specialist care and enabling choice for consumers.

- Dedication and commitment of health staff to their local communities, and the real and personal connections that exist in regional areas.

- Expansion, investment and delivery of specific services and programs for chronic conditions, palliative care, chemotherapy units and other specialist services.

- Increased targeted community outreach programs and clinics, such as dental and social work vans, geriatrician run clinics in aged care facilities and initiatives that provide renal dialysis as close to home as possible.

- New facilities and hospitals designed to bring community health and other health professionals together to provide more streamlined services.

- Partnerships with NGOs, other health providers (such as Aboriginal Medical Services), GPs and tertiary facilities which break down silos and integrate healthcare.

- Strengthened relationship between facilities and patient transport services, especially structured transport services for acute care, such as the Newborn and paediatric Emergency Transport Service (NETS).

- Specific quality assurance projects such as pressure care prevention, healthcare associated infection and quality projects with junior medical officers.

- Opportunities for patients to share feedback and experiences including Patient Reported Experience Measures and Patient Reported Outcome Measures.

## What needs to change?

- **Improve local transport and assistance schemes:** Greater investment into public and patient transport services that allow patients better access to services in a timely manner. Providing financial support for both travel and accommodation for staff and patients, as well as arranging logistics (i.e. booking and coordinating) in addition to better promotion of the support that is available.

- **Deliver appropriate services in the community:** Strengthening Hospital in the Home (HITH) (such as drone delivery of medications and pathology tests done at home), focusing on community care models including multidisciplinary assessment in community settings, increasing public outpatient clinics (such as for fractures, wound care services and cardiology) and increasing mobile services, such as school dental vans, and travelling clinics to support remote areas.

> "This means the care you need is close by. You don't have to travel too far and there isn't too much waiting. Waiting means my son can't achieve his developmental goals, without care, he can't progress."
>
> **— Carer participant**

- **Leverage virtual care to improve access:** There was strong support for the strengthening and expansion of virtual care services. They hoped to see more specialists offering virtual services in the future. Some community members such as older people, people from culturally and linguistically diverse backgrounds (CALD) and people from a refugee background are likely to require assistance to be able to access virtual health services. Ensuring that virtual care complements face-to-face care rather than replacing it is highly important. Participants also noted the importance of having sufficient technology and internet connectivity.

> "It's a lot more convenient to wait for the phone call rather than commuting and finding a park and having kids can be very challenging."
>
> **— Inner Regional Community participant**

- **Promote safety and quality:** Participants noted that staff are often not given enough time to engage in quality improvement projects, or there is no dedicated resource to help with data entry. This issue is compounded by the current heavy workloads of staff.

- **Align infrastructure and service planning:** Ensuring facilities are fit-for-purpose, including improving community facilities to align with an increase in community-based care. Different physical assets need to be reimagined to consider virtual care. Participants also identified that the lack of affordable and attractive housing and transport options in regional areas detracts potential health staff from relocating to regional areas.

- **Collaboration and sharing information:** Participants identified the importance of transparency and the need for better and more open communication with communities to ensure that there is no misalignment between expectations and what is available. There should be more willingness to share success, as well as lessons learnt and barriers, with community members and create opportunities for collaboration.

## Supporting initiatives

There are many programs and initiatives that are, and will continue to enable better access to safe, high quality and timely health services, including:

- The Isolated Patients Travel and Accommodation Assistance Scheme (IPTAAS) in line with increased funding and completed review and evaluation of policy resulting in expanded criteria for eligibility and streamlined processes.

- Reducing NSW Ambulance use in Non-Emergency Patient Transport cases through NSW Health Patient Transport Service for people who require transport to, or from, a health facility such as a hospital or rehabilitation unit but do not need a time-critical emergency ambulance.

- Implementation of the NSW Health Virtual Care Strategy 2021-2026

- The NSW Telestroke Service offering people living in regional and rural areas increased access to life-saving stroke diagnosis and treatment. It does this by connecting local doctors to specialist stroke physicians via video consultation in the Emergency Department.



**Ensuring that virtual care complements face-to-face care rather than replacing it is highly important.**

## Case Study: Telestroke

The NSW Telestroke Service, hosted by Prince of Wales Hospital, offers people living in regional and rural areas increased access to life-saving stroke diagnosis and treatment.

It connects local doctors to specialist stroke physicians via video consultation in the local emergency department. The service is already supporting patients and staff at 23 hospitals across regional and rural NSW.
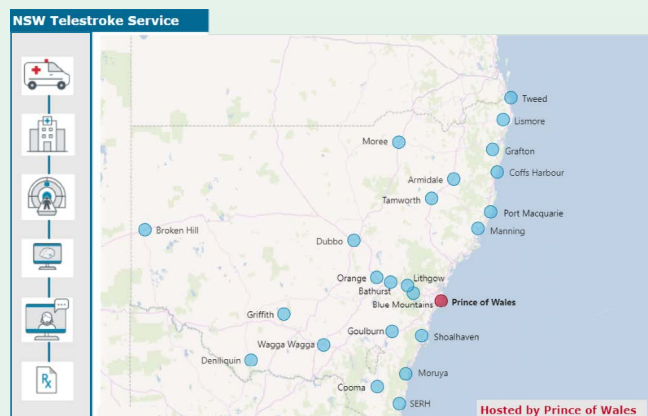


## Case Study: Every cent counts

Isolated Patients Travel and Accommodation Assistance Scheme (IPTAAS) supports people living in rural, regional and remote NSW to access health services and treatment not available locally.

Increased subsidies for travel and accommodation were made available for appointments or treatment from 1 August 2022. The changes include expanding criteria to include a greater number of participants, health services, non-commercial clinical trials and increased subsidies for participants.

A Coffs Harbour pensioner has described changes to IPTAAS as 'lifechanging'. Seventy-three-year-old Michael, who travels to Sydney every two months for specialist eye treatment, is now entitled to almost double the financial assistance he was previously receiving.

**"I thought it might be an extra 20 bucks or so, which makes a big difference when you're on the pension and every cent counts. Well, you could have blown me over when I saw it was almost double what I was getting back before. I thought it must have been a mistake."**

Port Macquarie's IPTAAS office coordinator Samantha Piper said the team has loved sharing the exciting news with clients since the $149.5 million expansion of the scheme was announced in the June 2022 State Budget.

**"There's no greater satisfaction than knowing that through your team's efforts you're helping people access support they otherwise may not have pursued. When patients visit our office and you see the relief and gratitude on their faces, it's really wonderful."**

# 10-year Delivery Plan

## Priority 2: Enable better access to safe, high quality and timely health services

Improve transport and assistance schemes; deliver appropriate services in the community; continue to embed virtual care as an option to complement face-to-face care and to provide multidisciplinary support to clinicians in regional settings.

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**Strategic objectives**

**2.1** **Improve local transport solutions and assistance schemes** and address their affordability to strengthen equitable access to care

**2.2** **Deliver appropriate services in the community** that provide more sustainable solutions for access to healthcare closer to home

**2.3** **Leverage virtual care** to improve access, whilst ensuring cultural and digital barriers are addressed.

**2.4** **Enable seamless cross-border care and streamline pathways to specialist care** ensuring access to the best patient care regardless of postcode

**2.5** **Drive and support improved clinical care, timely access and safety and quality outcomes** for patients in hospitals and other settings

**2.6** **Align infrastructure and sustainable service planning** around the needs of staff and communities and to enable virtual care

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## 10-year deliverables

### 2.1 Improve local transport solutions and assistance schemes and address their affordability to strengthen equitable access to care

- **Improve the Isolated Patients Travel and Accommodation Assistance Scheme (IPTAAS):** ongoing review of subsidy amounts and eligibility criteria for IPTAAS, simplify application processes; promote and raise awareness of IPTAAS especially to Aboriginal people

- **Reduce out of pocket costs:** improve access to healthcare and services through reducing out of pocket costs, especially for Aboriginal people

- **Free up ambulance use for emergencies:** continue strategies that enable patient transfers that minimise low-acuity ambulance callouts

- **Improve access to transport and parking:** work with Transport for NSW and local councils to explore more frequent and appropriately timed local transport services, transport after discharge and across borders, and review car park time limits and costs near hospitals

- **Review funding available for air transport:** review by working with NSW Health's Patient Transport Service, NSW Ambulance and other providers

## 2.2 Deliver appropriate services in the community that provide more sustainable solutions for access to healthcare closer to home

- **Expand partnerships:** expand partnerships with providers and build capability to deliver new integrated care models, eliminate overlaps and fill service gaps; especially pre-conception, early intervention, pediatrics, child and youth health and for older people, Aboriginal health services

- **Improve End-of-Life services:** strengthen regional focus to improve end-of-life services with strong governance

- **Safe provision of maternity services:** develop sustainable, high quality and safe continuity of care models that consider local needs, including midwifery

- **Delivery of paramedic services:** investigate delivery of more paramedic services in the community enabled by realigned call triaging

- **Expand Home-based care:** expand hospital and rehabilitation in the home; delivery of renal dialysis in the community and at home; strengthen allied health and other support based on evidence around effectiveness (e.g. pathology testing at home)

- **Access to specialist services:** identify opportunities to enhance or develop rehabilitation, recovery and specialist services that can be accessed by people in neighbouring local health districts

- **Improvements to referrals:** enable more self-referral mechanisms; streamline referral processes

- **Partner with carers:** identify opportunities to enhance access to information, services and supports for carers, and embed family and carer inclusive practice

- **Encourage inclusion of people with disability and be involved in their healthcare decisions:** improve health professionals' knowledge of disability and encourage inclusive practices and supported decision-making for people with intellectual disability

- **Invest in care navigation:** Invest in care navigator, care coordination and peer worker roles, especially for people with chronic or complex needs

## 2.3 Leverage virtual care to improve access, whilst ensuring cultural and digital barriers are addressed

- **Promote and embed virtual care:** continue to promote and embed virtual care to complement face-to-face care; to provide multidisciplinary support to patients and clinicians in regional settings, and improve access to remote monitoring devices

- **Develop culturally appropriate models for Aboriginal people:** develop culturally appropriate models of virtual care and prioritise face-to-face care with Aboriginal people

- **Enable regional delivery:** build capability in regions to deliver virtual care in shared regional hubs and partnerships with community centres

- **Improve community IT skills:** address technology and digital skills barriers faced by communities accessing care, especially people with disability, Aboriginal and older people (aligning with the Closing the Gap target 17), and people from Culturally and Linguistically Diverse backgrounds, in collaboration with education and training providers

- **Better IT support:** ensure that the growth of virtual care is aligned to IT software, hardware (e.g. remote monitoring in the home); invest in upskilling clinicians to deliver virtual care

### 2.4 Enable seamless cross-border care and streamline pathways to specialist care ensuring access to the best patient care regardless of postcode

- **Implement cross-border agreements:** implement agreements, policies and Memorandums of Understanding with ACT, VIC, SA and QLD to secure cross-border access to complex services and expanded care networks, and to clarify triage and ambulance deployment, supported by the NSW Cross-Border Commissioner

- **Cross-border record sharing:** work with jurisdictions to enable cross-border patient record sharing and communications and address barriers posed by lack of single medical record

- **Map cross-border service usage:** to inform care provision in collaboration with local organisations

- **Streamline pathways to cross-border specialist services:** streamline pathways to specialist services outside the local area in NSW and patient pathways to access care closer to home

### 2.5 Drive and support improved clinical care, timely access and safety and quality outcomes for patients in hospitals and other settings

- **Strengthen capabilities in quality and safety:** strengthen capabilities in quality and safety at all levels of organisations considering outcomes that matter to patients, and build on, and embed, quality and safety outcomes into projects; involve clinical staff and use of data in ongoing focus on safety and quality and local research

- **Encourage rapid access and translation of evidence into practice:** accelerate the translation of new and emerging evidence into practice

- **Identify issues emerging from transition in/out of hospital:** rapid identification of issues and provision of solutions to optimise timely transfer of care between hospitals

- **Reduce rate of discharge against medical advice:** clearly explain and emphasise to patients (particularly Aboriginal patients) the medical risk of discharge

- **Establish and expand networks:** establish and expand networking relationships between metro and regional hospitals, and community services to improve provision of care

- **Address National Disability Insurance Scheme (NDIS) interface issues:** work across agencies, with the Commonwealth and other key partners to identify and address NDIS interface and market issues

### 2.6 Align infrastructure and sustainable service planning around the needs of staff and communities and to enable virtual care

- **Infrastructure development:** deliver program of infrastructure development including regional hospitals, extensions, digital infrastructure, refurbishments; implement infrastructure for innovative new models of care where evidence is supportive

- **Engage with communities and Aboriginal Community Controlled Health Organisations on infrastructure needs:** identify and address barriers to infrastructure upgrades

- **Improve usability and accessibility for people with disability:** ensure usability and accessibility of facilities for people with disability

- **Infrastructure planning for flood and bushfire impacted services:** invest in critical repairs and rebuilding

- **Address minimum needs:** identify the minimal viable service needs for staff and communities through outcomes focused services planning (e.g. local imaging solutions, car parking, active transport and public transport connectivity)

# 3

# Keep people healthy and well through prevention, early intervention and education

Prevent some of the most significant causes of poor health and work across government, communities, and other organisations to tackle the social determinants of health; prepare and respond to threats to population health.

## Why is this important?

A focus on prevention of chronic health issues will mean that in the longer term there will be less pressure on the healthcare system. There is also an overwhelming willingness from regional communities to work collaboratively to meet the holistic needs of patients.

However, some people living in regional NSW experience barriers that can prevent them from leading a healthy lifestyle including lack of good access to healthy food and facilities for physical activity, such as sports grounds and walkable environments. Government and community organisations must work together to develop solutions that address the systemic and environmental, to promote healthy living and to strengthen early intervention and detection in regional communities.

**A focus on prevention of chronic health issues will mean that in the longer term there will be less pressure on the healthcare system.**

# What we learnt from the consultation

The consultation process was used to confirm what is working well in the system and to identify and prioritise the areas of regional healthcare that are in most need of improvement.

## What is working well

There were many examples of what is working well shared during the consultation, including the range of health promotion programs, services and events that contributed to preventive health including the free Nicotine Replacement Therapy programs, outpatient training and education for patients with chronic lung and cardiac diseases and Healthy Choices.

> "I take my mum to a physio class on falls prevention and walking, so while she's there it probably would be a good idea to have a dietitian there to talk to her about her bone strength and how important it is for her to be having calcium in her diet. Good to have awareness of how that is important."
>
> **— Carer participant**



Forming greater connections with schools and GP practices, partnering with NGOs and community organisations to provide more training and support, as well as increased advocacy and partnership with other government agencies.

## What needs to change?

- **Address the social determinants of health:** Partnering across government and community to address issues such as housing will reduce hospital burden in the future and shows commitment to health rather than illness.

- **Invest in wellness and prevention:** Increasing the focus on preventive health and population health, including investing in intervention models for preventive care across the lifespan.

> "Prevention is always going to be better than a cure, and I think particularly so in regional areas where healthcare can be more difficult to access. We can stop the problems developing in the first place and take that pressure off the system."
>
> **— Participant from Regional Community**

- **Prioritise preventive health into the workplace culture:** Encouraging staff to think and work differently from the way they do currently to increase their promotion of preventive health and wellbeing to consumers.

- **Partner with other organisations to progress preventive health:** Forming greater connections with schools and GP practices, partnering with NGOs and community organisations to provide more training and support, as well as increased advocacy and partnership with other government agencies.

> "Prevention programs need to be locally run, and integrated through community organisations so that they are tailored and have the trust of the community."
>
> **— Participant from Regional Community**

- **Improve capability and capacity for innovation:** Placing greater emphasis on improvement and innovation while ensuring that the workforce has the necessary time and funding to dedicate to developing these skills and implement innovative initiatives.

# Supporting initiatives

There are many programs and initiatives that are, and will continue to keep people healthy and well, through prevention, early intervention and education, including:

- NSW Healthy Eating and Active Living Strategy 2022-2032 with regional, rural and remote communities as a priority population under the strategy.

- Living Well in Focus 2020-2024: a strategy that identifies whole-of-government priorities for mental health reform in NSW to 2024 and includes strategies that will have a positive impact on rural and remote communities and as targeted actions specific to those communities.

- NSW Government's response to the Ice Inquiry recommendations

- The implementation of the whole of NSW Government Strategic Framework for Suicide Prevention in NSW 2022-2027 and Towards Zero Suicides initiatives that address priorities in suicide prevention and contribute to the Premier's Priority to reduce the suicide rate by 20 per cent by 2023.

- The Wellbeing and Health In-reach Nurse Coordinator program: a partnership between NSW Health and the NSW Department of Education. The program establishes a Wellbeing Nurse position in selected metropolitan, regional and rural communities in NSW to work with identified primary and secondary schools.

- Maternal Health and First 2000 Days/Women's Health initiative to support the mother's health during pregnancy and child's health during their first 2000 days (five-years) of life. This research activity continues as part of the Preventive and Public Health Research initiative.

- Cross-border agreements between NSW and other states also allow the cross-border transfer of persons covered by mental health legislation.

- Increasing access to health services and the broader community through active transport- for example Wagga Wagga Walking and Cycleway (a 57km network of new walking and cycling paths) that enables increased access to health services through active transport including walking or wheeling (cycle, scooter or mobility equipment).

## Case Study - How a cup of tea can save lives



Terri Rowe is a rural counsellor and health clinical nurse consultant in the Illawarra Shoalhaven Local Health District.

**"Keeping people safe is the ultimate reward of counselling, and my favourite saying is that all the people I've worked with are still here, all of them."**

She has two simple 'tools of the trade' to complement her wealth of experience – one is an inspiring book, the other is a cup of tea, and she credits both with saving lives.

Terri trained as a mental health specialist in the UK. She moved to Australia in 2009 and worked in the prison system before becoming one of NSW's first rural counsellors in August 2020, covering the coastal strip from Nowra to Ulladulla.

A mobile, two-person SPOT (Suicide Prevention Outreach Team) operates in the region, offering support at times of crisis. Terri can spend longer with those needing support.

**"It can be hard to get anywhere if you don't have a car down here, it's quite a struggle for people, particularly with Aboriginal people who feel isolated from their communities, so the home visit aspect is really important.**

**Usually there's been a crisis, a life crisis, situational crisis, that people don't know how to deal with. Particularly with COVID, with the bushfires, floods and everything like that, the post-traumatic stress doesn't necessarily come straight away.**

**It can affect anyone – I've worked with people from 15 up to 85. We don't do a one-size-fits-all treatment because each person's situation is different."**

Terri says one of her elderly clients was almost inconsolable when her pet dog became gravely ill.

"I did the usual British thing, made a cup of tea, sat with her while she spoke with the vet, and luckily the dog is still here... it wasn't as bad as she thought."

The book that Terri offers is a pocket-sized best-seller penned by Stuart O'Neill, whose father died by suicide. Called Just One Reason, it's both a safety plan and conversation starter.

**"I found it by chance and, luckily, my health district allowed me to purchase lots of them. I've got experience of bereavement by suicide myself, so it's very close to my heart.**

**Keeping people safe is the ultimate reward of counselling. You can see somebody who's broken into pieces and then, over time, you can watch them build up their resilience, work on their strengths, strengthen their connections. And yes, you can see them blossom and get back on with their lives."**

The challenges are many and varied for her clients in the region. Some are homeless, others have witnessed tragic events, while COVID has prompted an influx of people relocating from cities but unable to find rental properties or work. Terri Rowe prides herself on being a good listener in all circumstances and uses her outgoing personality to induce a smile. One of her clients calls it the 'Terri sparkle'.

**"You just give them self-worth, self-esteem, encouragement, work on their strengths, and try to end each conversation with something positive. If I can, I try to make them smile, because if you can make somebody smile or even laugh, you've done something to keep them safe."**

Rural Counselling is a Towards Zero Suicide initiative to increase the psychological and emotional support available to people, communities and workplaces and provide dedicated support to people experiencing suicidal crisis or recovering from a suicide attempt.

## Case study: Culturally safe care

The [Aboriginal Maternal and Infant Health Service (AMIHS)](#) aims to improve the health and wellbeing of mothers and Aboriginal babies.

AMIHS provides community based antenatal and postnatal care by an Aboriginal health worker and a midwife in over 40 sites across NSW. Care starts as early as possible in pregnancy, continues through pregnancy and after the baby is born (up to eight weeks after birth). Elements of the model includes flexible service delivery, coordinated and holistic care and community development and health promotion activities. A recent AMIHS evaluation showed that it is a valued and culturally appropriate service, it is reaching the women who need it most and is contributing to better outcomes for women and babies. A key element of the AMIHS model is to ensure families have a smooth transition from AMIHS to child and family health services.

**Building Strong Foundations (BSF) program**

BSF is a child and family health service for Aboriginal families provided by Aboriginal health workers and child and family health nurses, and in some locations allied health workers (such as social workers, speech pathologists and occupational therapists). BSF services include regular child health checks (using the Blue Book), health promotion and community development activities and appropriate referrals and support to access other services. BSF is located in 15 sites across NSW.

Where AMIHS and BSF services are co-located continuity of care is provided until the child goes to school.

# 10-year Delivery Plan

## Priority 3: Keep people healthy and well through prevention, early intervention, and education

Prevent some of the most significant causes of poor health and work across government, communities, and other organisations to tackle the social determinants of health; prepare and respond to threats to population health.

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**Strategic objectives**

3.1 **Address the social determinants of health** in our communities by partnering across government, business and community

3.2 **Invest in mental health and make progress towards zero suicides**

3.3 **Invest in maternity care and early childhood** intervention and healthcare to give children the best start in life

3.4 **Invest in wellness, prevention and early detection**

3.5 **Prevent, prepare for, respond to, and recover from pandemics** and other threats to population health

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## 10-year deliverables

### 3.1 Address the social determinants of health in our communities by partnering across government, business and community

- **Work with agencies and local councils:** continue and expand engagement and collaboration across government agencies and local councils to deliver improvements in outcomes in health, housing and planning, education and skills, employment and other economic outcomes, safety, social and cultural connectedness, and greater empowerment through contributing to decision-making

- **Work with the primary health sector:** continue to deliver improved support for communities and local organisations to address social determinants of health and to reduce avoidable hospitalisations, emergency department (ED) presentations, chronic disease/premature deaths; with particular focus on Aboriginal populations and people with disability

- **Explore further opportunities to promote active lifestyles, walking and cycling:** by applying healthy built environment principles and place-based planning to support well-connected, quality public and open spaces

- **Investigate more opportunities to increase access to healthy food and drinks:** by working with local councils, agencies, and industry

- **Ongoing commitment to Brighter Beginnings:** the NSW Government's whole-of-government initiative to invest in the right support when families need it, to give all children in NSW the best start in life

- **Work with Justice Health Forensic Mental Health Network:** to ensure forensic and custodial patients including young people in regional locations receive safe, high quality, holistic and equitable care while in custody and in transition to communities

- **Prevent domestic, family and sexual violence and support child wellbeing:** ongoing work to prevent domestic, family and sexual violence and child abuse including *IPARVAN (Integrated Prevention and Response to Violence, Abuse and Neglect) Framework* implementation. Explore opportunities for collaboration, capability building and cross skilling with the domestic violence workforce

## 3.2 Invest in mental health and make progress towards zero suicides

- **Facilitate local level responses:** that take account of social determinants and their impact on mental health and wellbeing and risk of suicide, working cohesively with the broader health system, across government and the community

- **Social connectedness:** investigate ways to reduce social isolation and loneliness

- **Suicide prevention and response:** further embed a whole of government and whole of community response to suicide prevention, including early intervention, crisis support, aftercare, postvention, making significant and sustained reduction in suicide of Aboriginal people (Closing the Gap Target 14) and aiming for progress towards zero suicides

- **Care across the continuum:** work with GPs and other organisations to build and integrate mental health support in the community, including non-clinical support and pathways to care, and address gaps in services between mild/moderate and severe

- **Promote awareness:** increasing awareness of mental health conditions to combat stigma and reduce barriers to accessing treatment

- **Invest in physical health:** invest in targeted approaches to improving physical health for people with mental health issues, including promoting sport and active recreation

- **Encourage community-led support:** align with community-based support such as establishing evidence-based programs in school

- **Focus on regional youth as a priority group:** through early intervention and education programs and services

## 3.3 Invest in maternity care and early childhood intervention and healthcare to give children the best start in life

- **Focus on first five years:** continue to implement NSW Health's First 2000 Day framework in partnership with stakeholders, including developmental screening and school readiness, especially for Aboriginal children

- **Better access to care for mothers or potential mothers:** provide, promote and review access to care for women who are planning a pregnancy, during pregnancy, postnatal period and transition to the community including across borders, in collaboration with partners

- **Enhance continuity of care during pregnancy:** enhance the continuity of care for pregnant women, that supports healthy gestational weight, reduces e-cigarette use and smoking, and alcohol use in pregnancy.

- **Strengthen access to midwifery care:** strengthen care in the community through networked services and models of care that are based on safety and quality

- **Focus on support for Aboriginal families:** continue to invest in prevention and early intervention for violence, abuse and neglect and in continuity of care for Aboriginal families, build on the knowledge and understanding of Aboriginal communities through partnerships with Aboriginal Controlled Community Health Organisations, and continue to work towards Closing the Gap Socio-Economic Outcome 2: Aboriginal and Torres Strait babies are born healthy and strong

- **Invest in Genomic Strategy:** continue investment in precision medicine and genomic healthcare and incorporate evidence-based advances into clinical pathways

## 3.4  Invest in wellness, prevention and early detection

- **Strengthen prevention programs and services:** provide routine advice and prevention as part of clinical care, use social marketing to drive behaviour change, and work with partners and communities to provide support for health challenges related to:

  - smoking, e-cigarette use

  - alcohol and other drug related harm

  - social and emotional wellbeing

  - mental health

  - oral health

  - sexual health

  - dementia and frailty

  - vaccine preventable disease.

- **Strengthen cancer and chronic disease screening:** through partnering with General Practitioners as the primary care provider for people with chronic disease and referral pathways

- **Promote healthy eating and active living programs:** Increase access to healthy living and active living programs in early childhood and school settings, including initiatives run by the Office of Sport across regional NSW

- **Align with evidence-based community led initiatives:** such as programs promoting access to information on healthy food and active living, farm safety, and use of health coaches

## 3.5  Prevent, prepare for, respond to, and recover from pandemics and other threats to population health

- **Control disease:** monitor, investigate and control communicable diseases; maximise use of vaccinations; promote safe prevention behaviours

- **Assess and respond to environmental factors:** strengthen the assessment and response to the health impacts of extreme weather events, changing climate, contaminated air, water, land and built environments

- **Coordinated response:** ensure there are effective relationships with the NSW Health system, emergency management partners, other government agencies and private and non-for-profit sectors as well as across border communities to ensure effective preparation, preparedness, response and recovery arrangements relevant to their responsibilities

- **Strengthen NSW Health's local emergency management:** NSW Health will remain connected through legislated and established emergency management arrangements at National, State, Regional and Local levels

- **Strengthen NSW Health's role in community recovery:** align with the directions of NSW Mental Health Reforms under Living Well in Focus 2020-2024, including strengthening collaboration with the NSW Reconstruction Authority to enable locally-based and community-led responses across NSW Government agencies, local government, community managed organisations and community groups

# 4

# Keep communities informed, build engagement and seek feedback

Providing more information to communities about what health services are available and how to access them; empowering the community to be involved in how health services are planned and delivered; increasing responsiveness to patient experiences.

## Why is this important?

Due to the size of NSW and its geographic, demographic, and economic diversity, health services will inevitably vary across the state. 'One size fits all' is not feasible for all regional health services. However, fundamental characteristics of service delivery models can be constant while allowing operational aspects to be adjusted for local needs.

Community engagement is essential to ensure that healthcare meets local needs, to identify gaps in service delivery, to develop solutions and to set priorities. An engaged community is more likely to understand the rationale for changes in an evolving health service.

All communities have diverse needs and views and it is important to engage with all groups to ensure health services meet the needs of Aboriginal people, culturally and linguistically diverse (CALD) people, children and young people, older people, people with disability and people identifying as LGBTQIA+.

While much has already been done in local health districts across NSW to enhance community engagement, opportunities remain to strengthen this engagement to ensure that any new models of care meet the needs of local communities.

**Community engagement is essential to ensure that healthcare meets local needs, to identify gaps in service delivery, to develop solutions and to set priorities.**

# What we learnt from the consultation

The consultation process was used to confirm what is working well in the system and to identify and prioritise the areas of regional healthcare that are in most need of improvement.

## What is working well

There were many examples of what is working well that was shared during the consultation, including:

- Community representatives found monthly meetings to be a useful way to keep the community updated on what was happening.

- Health sector representatives referenced Community Working Parties as an effective engagement mechanism.

- Organisations are engaging with the community in new ways to review and plan for collaborative care enabling local health professionals and communities to create a primary healthcare access model that fits their needs.

- A focus on acknowledging and including other cultures such as celebrating NADIOC week and the emergence of cultural spaces at facility sites.

- Data from patient surveys of 4,487 adults admitted to one of 98 small, rural and public hospitals in 2019-2020 indicates that 95 per cent said overall that the care they received was 'very good' or 'good'.[4]

The community highlighted the importance of consumer participation to ensure health services are truly patient-centred, rather than health-professional centred.

## What needs to change?

- **Increase awareness around service availability:** The consultation found consumers are often unaware of the healthcare services provided in their communities. Supporting people to access information can inform choice and increase control to improve health outcomes. There should be increased focus on how information can be shared to those without internet access and support for culturally and linguistically diverse groups.

"Make it easier for people to understand the information that is already out there. Making it known to people that the help is available."

— **Participant from Regional Community**

- **Elevate the 'voice' of communities and consumers in service design:** The community highlighted the importance of consumer participation to ensure health services are truly patient-centred, rather than health-professional centred. There is a desire within communities for better understanding of healthcare delivery and the NSW healthcare system. Participants noted the importance of encouraging feedback throughout their healthcare, better focus on 'closing the loop' on feedback received and being able to provide feedback in a safe anonymous way.

"Having the community be able to basically deliberate on what the community needs as a whole, because obviously it's not a one size fits all kind of thing for the services required."

— **Participant from Regional Community**

- **Support culturally appropriate care:** Experiences of racism within the health system create a significant barrier to accessing prevention or education services and creates distrust of services. Aboriginal Liaison Officers are seen as a valuable resource, but they are often stretched, impacting on patient experiences and safety.

> "Due to language barriers and the limited support for specific needs required to deal with refugees who have suffered trauma, the refugee community delay engaging in healthcare and wait until it is acute (physically and mentally)."
>
> **— Participant with refugee background**

- **Improve transparency of governance:** Both community and health sectors expressed a desire for stronger accountability, governance and reporting back to community to improve staff and patient safety and health outcomes.

## Supporting initiatives

There are many programs and initiatives that are, and will continue to keep communities informed, build engagement and seek feedback, including:

- Reinvigorated Local Health Advisory Committees to ensure genuine community consultation on local health and hospital service outcomes and health service planning. Partnering with all regional local health districts including health staff and local health committee members to assess the strengths and challenges of various operating models, provide evidence-based recommendations to achieve outcomes that matter most and develop best practice models for community consultation.

- Community Engagement Plans that are created specifically by local health districts. For example, Western NSW Local Health District offers community members the opportunity to:

  – Provide input on how consumers and communities feel and think about certain issues and health needs

- Be active participants on committees, Health Councils and special interest working groups to ensure the consumer and community concerns are recognised.

## Local health committees keep communities informed and engaged

Community engagement through local health committees is evolving and mixed across different regional areas.

Local health committees across regional NSW local health districts engage in a range of activities that keep communities informed, build engagement, and seek feedback. These are usually a health service or district-managed community group that facilitates community informed health service planning, operation and delivery and local community engagement and advocacy.

The activities of local health committees can vary across the regions and this is common for committees of this nature.[5] Committee models and variation in activity ensures that local health districts and their committees can nurture and accommodate the unique community health needs and services.

Across NSW Health this variation is due to different management approaches, differences across communities and their needs and services, and the maturity of community engagement across and within regional local health districts.

Local health committees across regional NSW local health districts engage in a range of activities that keep communities informed, build engagement, and seek feedback.

# 10-year Delivery Plan

## Priority 4: Keep communities informed, build engagement and seek feedback

Provide more information to communities about what health services are available and how to access them; empower the community to be involved in how health services are planned and delivered; increase responsiveness to patient experiences.

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**Strategic objectives**

**4.1** **Encourage choice and control over health outcomes** by investing in health literacy, awareness of services and access to information

**4.2** **Engage communities through genuine consultation and shared decision-making** in design of services and sustainable local health service development

**4.3** **Support culturally appropriate care and cultural safety** for zero tolerance for racism and discrimination in health settings

**4.4** **Capture patient experience and feedback** and use these insights to improve access, safety, and quality of care

**4.5** **Improve transparency of NSW Health decision-making** and how it is perceived and understood by patients and the community

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## 10-year deliverables

### 4.1 Encourage choice and control over health outcomes by investing in health literacy, awareness of services and access to information

- **Improve community awareness:** promote new models of care, integrated service delivery and how to access health services in the regions, especially in Aboriginal communities

- **Improve health literacy:** target health literacy development especially for children and young people, Aboriginal communities (in conjunction with Aboriginal Community Controlled Health Organisations), other diverse groups including people with disability, their families and carers, culturally and linguistically diverse (CALD) and refugee communities and people from low socio-economic status

- **Provide information in various forms:** provide information in easily accessible formats and communication channels, including the *Engage Health* portal and the NSW Health App

- **Provide information on emergency department demand:** to give communities choice, collaborate with healthcare providers to ensure consumers are accessing the path most appropriate to their healthcare needs

- **Shared decision-making with Aboriginal people about healthcare needs:** embed shared decision-making models that are holistic, two-way process; apply 'ask and listen' models

- **Awareness of cross-border care:** ensure patients are informed of all available services, enabling appropriate care as close to home as possible and across borders where required

**4.2 Engage communities through genuine consultation and shared decision-making in design of services and sustainable local health service development**

- **Co-design services:** engage local communities, including cross-border communities in the design and development of new regional health services, in changes to health services, ongoing priority setting and local health service governance; and build service and system capability in co-design and community engagement

- **Aboriginal engagement and local decision-making about services:** involve Aboriginal voices to co-design services including in governance structures to ensure Aboriginal people have shared decision-making and are arbiters of whether services are culturally safe and responsive

- **Value and learn from lived experience:** engage consumers, their carers and families in the design, delivery, evaluation and improvement of services and as partners in care. Support the inclusion of diverse forms of lived experience

- **Improve and expand engagement models:** review local engagement models including the Local Health Advisory Committees; implement recommendations and monitor impact

- **Remove barriers to engagement:** remove barriers to community engagement such as financial costs and improve accessibility in partnership with other agencies such as Service NSW

- **Learning from feedback and implementing changes:** gather feedback on what is working well and what is not; share lessons learnt across communities to improve implementation and decision-making

**4.3 Support culturally appropriate care and cultural safety for zero tolerance for racism and discrimination in health settings**

- **Eliminate racism and promote cultural understanding:** explore new initiatives and further embed existing initiatives to address and reduce structural racism towards Aboriginal people and promote cultural safety. This includes cultural training for all staff, acknowledgement of country and including artwork in waiting rooms, signage in local language, support for and listening to experiences – for staff and communities and a robust system for managing racism and discrimination

- **Provide interpreters for people from CALD backgrounds and refugees:** address racism and support access to culturally responsive and trauma informed care that responds to diverse needs

- **Reduce barriers to care:** investigate and resolve other barriers for diverse groups seeking healthcare, especially people with disability, LGBTQIA+, refugees and asylum seekers, people experiencing homelessness and people seeking support for alcohol and other drugs

- **Address privacy and security issues:** acknowledge and manage privacy concerns for individuals, particularly in small and remote communities, where people have conditions that may be stigmatised

## 4.4 Capture patient experience and feedback and use these insights to improve access, safety, and quality of care

- **Use feedback:** streamline, simplify and promote the way that patients can share feedback; improve the responsiveness of the health system to feedback, create a culture of continuous improvement by embedding lessons learned

- **Use feedback tools:** align and ensure greater consistency across different approaches and systems for capturing, analysing and reporting both rapid and reflective patient feedback on their experiences and outcomes of care, to inform actions locally and across the regions, promote use of feedback tools across the health sector

- **Capture data from Aboriginal patients:** obtain data from Aboriginal patients in mainstream health services ensuring implementation of the NSW Government commitment to implement data sovereignty

- **Regional communities' experiences:** undertake further research studies into experience of regional communities in accessing health services

- **Improve complaints management:** promote excellence in complaints handling at a local level and with the independent health regulators, increase awareness of processes and improve the responsiveness to complaints and feedback from consumers and staff

## 4.5 Improve transparency of NSW Health decision-making and how it is perceived and understood by patients and the community

- **Use clear communication:** drive greater simplicity in language and content from all NSW Health communications

- **Provide information about governance:** clarify NSW Health governance models and ensure they are transparent regarding who is accountable for delivery of promised goals and targets, ensure they have longevity and can track long-term outcomes and impacts on the community

- **Ensure diversity of representation on governance groups:** ensure meaningful representation of Aboriginal community members and diverse groups on local health district governance settings so that all community voices are heard and are involved in decision-making

- **Embed evaluation of health services and programs:** where possible publish findings and ensure that they also capture community-led experiences

# 5

# Expand integration of primary, community and hospital care

Roll out effective, sustainable integrated models of care through collaboration between Commonwealth and NSW Government to drive improved access, outcomes and experiences.

## Why is this important?

To create truly integrated, multidisciplinary care for regional communities, the responsibilities for funding and resourcing services need to be realigned between Commonwealth and state government, policies need to be harmonised and leadership needs to be coordinated.

Under the current system, partial solutions have had some positive effects, but the overall system remains highly fragmented and lacks the solid policy foundation that will deliver a financially stable solution in the long-term.

If priorities remain unaligned across the Commonwealth and state sectors, regional health services will continue to suffer.
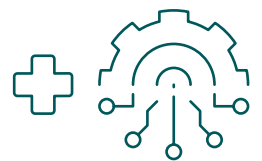
The responsibilities for funding and resourcing services need to be realigned between Commonwealth and state government, policies need to be harmonised and leadership needs to be coordinated.

# What we learnt from the consultation

The consultation process was used to confirm what is working well in the system and to identify and prioritise the areas of regional healthcare that are in most need of improvement.

## What is working well

There were many examples of what is working well shared during the consultation, including:

- Strong links between NSW Health palliative care services and the primary care sector.

- Partnerships with community and NGOs in vulnerable communities that support GPs to care for patients with complex or chronic health needs and thereby lead to hospital avoidance.

- Strong links between mental health service providers, and Justice Health initiatives that aim to reduce recidivism.

- Strong relationships with the local Primary Health Network, especially at an executive level, facilitated in part by the need to drive an integrated response during COVID response and the evolution and expansion of virtual care as an enabler of multidisciplinary care models.

- Collaborative commissioning partnerships between local health districts and primary health networks in Patient Centred Co-commissioning Groups (PCCGs). PCCGs focus on local health needs and develop interventions to improve patient and community outcome.

**Integrated patient records were noted to cultivate collaboration and integrate services.**

## What needs to change?

- **Expand the primary care model and integrate with other services:** Overwhelmingly, the consultation pointed to the need to further integrate healthcare across sectors including local health districts (LHD), GPs and Aboriginal Community Controlled Health Organisations. Better understanding of cultural knowledge and past traumas will also support follow up care and connection to social support after hospitalisation. Integrated patient records were noted to cultivate collaboration and integrate services.

> "We need better integration between the hospital and Aboriginal Medical Service or community service. It is all segregated and impacts on our community – they don't know how to navigate and they get lost in the system."
>
> — **Female community participant**

- **Strengthen the partnership with the Commonwealth Government:** The Commonwealth has a remit over aged care, Medicare, general practice, the National Disability Insurance Scheme (NDIS) and Primary Health Networks (PHN).

- **Strengthen community care as part of the expanded primary care model:** Evolve more flexible models of care which could lessen the focus on GPs. An example is increasing investment in a specialist nursing workforce and by using nurse practitioners to support better continuity of care where there is a dependence upon locum medical services.

- **Support decision-making for Aboriginal people about their health journey:** Participants identified the need to overcome current challenges within access to specialists and to improve specialist services for Aboriginal patients, especially where systems are siloed.

- **Collaborate to develop place-based health plans and services:** Creating more opportunities for LHDs and services to work together and to streamline services across the regions. This includes the need to enhance integration between NSW Health services and the Aboriginal Community Controlled sector as well as, with social and wellbeing support. Respondents stressed the importance of working with councils, communities and NGOs to ensure local knowledge is considered and the most needed services are prioritised.

- **Improve community engagement and manage expectations:** Community expectations of healthcare require a re-set through deeper community engagement, in order to bring the community along on the shift towards greater integration. Participants also noted that fear to engage with certain services remains a barrier, especially within the Aboriginal community.

"Partnerships between NSW Health, local councils, and their communities should be paramount. Communities through local health committees and consumers are best placed to identify local needs. Regular communication and consultation with all stakeholders, should be a priority."

— **Health sector participant**

## Supporting initiatives

There are many programs and initiatives that are, and will continue to expand integration of primary, community and hospital care including:

- The NSW Health and NSW Primary Health Networks: Working together to deliver person-centred healthcare Joint Statement: an agreement between NSW Health, the NSW Primary Health Networks (PHN) and the Primary Care Division of the Commonwealth Government Department of Health. The statement encourages a one health system mindset which supports us to think and act beyond our current healthcare structures and boundaries in healthcare. Patient-centred care requires collaboration between, and integrating care across, the primary, community, hospital and social care areas. Providing patient-centred healthcare is important because evidence shows that outcomes for people and communities are improved when the various providers in a health system work together.

- The National Agreement on Closing the Gap (the National Agreement) is to enable Aboriginal and Torres Strait Islander people and governments to work together to overcome the inequality experienced by Aboriginal and Torres Strait Islander people and achieve life outcomes equal to all Australians. Under the Agreement there are 19 national socio-economic targets across areas that have an impact on life outcomes for Aboriginal and Torres Strait Islander people, including a number with a strong interface to health. An Implementation Plan has been developed for 2022–2024 that sets out NSW's plan for achieving the commitments in the National Agreement on Closing the Gap to improve the lives of Aboriginal and Torres Strait Islander people.

- Collaborative Commissioning partners local health districts and primary health networks in Patient Centred Co-commissioning Groups (PCCGs). PCCGs focus on local health needs and develop interventions to improve patient and community outcomes.

- Urgent Care Services is a joint commitment of the NSW and Victorian governments. They can help ease pressure on emergency departments by giving people faster care for urgent but non-critical conditions and free up critical resources for patients with more serious needs. A total of 25 urgent care services will operate across NSW.

- HealthOne NSW aims to create a stronger and more efficient primary healthcare system by bringing Commonwealth-funded general practice and state-funded primary and community healthcare services together. Other health and social care providers may also be involved in the HealthOne NSW model, such as pharmacists, public dental services, private allied health professionals, other government agencies and non-government organisations.
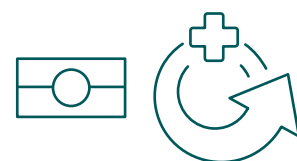
An Implementation Plan has been developed for 2022–2024 that sets out NSW's plan for achieving the commitments in the National Agreement on Closing the Gap to improve the lives of Aboriginal and Torres Strait Islander people.

## Case Study: Community managed facility

The Buronga HealthOne is a new facility caring for the Buronga, Dareton, Gol Gol, Wentworth, Euston and Balranald communities. The facility became operational on 14 July 2022. The new purpose-built facility was funded as part of the NSW Government's $100 million HealthOne NSW launch program.

The new facility brings together a wide range of health services and complements existing health services and facilities in the region. Buronga HeathOne incorporates the Dareton Primary Health Service.

Services are available for all members of the community and are free of charge. The facility is staffed by a team of Clinical Nurse Specialists, Registered Nurses and Aboriginal Health Practitioners as well as visiting Medical and Allied Health professionals. Outreach services

are delivered across the Shires of Wentworth and Balranald.

The opportunity to develop the facility on this site was made possible with thanks to the Barkandji Nations. A landmark agreement signed between the Barkandji communities and the NSW Government will see Native Title preserved.



## Case study: Care partnership for diabetes



**Care Partnership-Diabetes** is a partnership between Far West and Western NSW Local Health Districts, Western NSW Primary Health Network and the NSW Rural Doctors Network. It applies a Collaborative Commissioning model for a one health system mindset for type 2 diabetes mellitus care. See more information on Collaborative Commissioning.

Type 2 diabetes mellitus was selected as the focus due to its high prevalence, significant implications for health and wellbeing, and the potential for improvements in coordinated and integrated care across the region.

Central Western NSW General Practitioner, Dr Ai Vee Chua, says the program represents a very real opportunity to really make a difference to people in Western NSW in terms of their diabetes care and health outcomes and the potential to influence the next generation and future generations to come.

Care Partnership–Diabetes will continue to be co-produced in partnership with regional and local stakeholders. This will include partnering with GP practices, Aboriginal Community Controlled Health Services and others who have local knowledge that is integral to the design and implementation of services accessed by communities.

"It's the first real thing I've been involved in where all the key health organisations have made a commitment to really work together towards shared health outcomes.

This provides a vehicle for really making a difference for the people we look after. We have so many challenges in Western NSW we need to do something differently to really make the change."

# 10-year Delivery Plan

## Priority 5: Expand integration of primary, community and hospital care

Roll out effective, sustainable integrated models of care through collaboration between Commonwealth and NSW Government to drive improved access, outcomes and experiences.

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**Strategic objectives**

**5.1** **Develop detailed designs for expanded primary care models** and trial their implementation in regional NSW through working with the Commonwealth and National Cabinet, Primary Health Networks, Aboriginal Community Controlled Health Organisations, NGOs and other partners

**5.2** **Address the employer model** to support trainees and staff to work seamlessly across primary care, public, private settings and Aboriginal Community Controlled Health Organisations to deliver care to regional communities

**5.3** **Improve access and equity of services for Aboriginal people and communities** to support decision-making at each stage of their health journey

**5.4** **Develop 'place-based' health needs assessments and plans** by working closely with Primary Health Networks (PHN), Aboriginal Controlled Health Organisations (ACCHO) and other local organisations, including youth organisations, and use these to resource services to address priority needs

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## 10-year deliverables

**5.1** **Develop detailed designs for expanded primary care models and trial their implementation in regional NSW through working with the Commonwealth and National Cabinet, Primary Health Networks, Aboriginal Community Controlled Health Organisations, NGOs and other partners**

- **Expand primary care strategies:** develop a clear strategy for the expanded primary care model including how GPs are involved in hospital and community models of care and the need for GP liaison in hospitals for an effective interface between primary and secondary care

- **Expand urgent care and unplanned care strategies:** implement and expand effective urgent care services that keep patients out of emergency departments for non-life-threatening urgent conditions where appropriate

- **Expand community care strategies:** increase the use of expanded scope of practice in nursing and allied health to keep people out of hospital

- **Co-locate services:** safely co-locate services to allow staff to work in a public and private capacity from a single facility, thereby increasing productive time (HealthOne initiative)

- **Develop plans for long term roles in delivering aged care and National Disability Insurance Scheme (NDIS) services:** partner with aged care facilities to support integrated and timely care for older people in residential aged care facilities and in the community

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## 5.2 Address the employer model to support trainees and staff to work seamlessly across primary care, public, private settings and Aboriginal Community Controlled Health Organisations to deliver care to regional communities

- **Implement the single employer model:** work with the Commonwealth to implement the single employer model for Rural Generalists, remove barriers to implementation and address funding; investigate the option for regional VMOs to become regional salaried medical officers

- **Expand GP/Visiting Medical Officers' (VMO) packages:** review working conditions, contracts and incentives of the GP/VMO model to improve hospital coverage and reduce work pressures

- **Streamline the credentialling processes:** ensure GPs/VMOs are credentialled in a timely way and avoid duplication of resources

- **Develop cross-border nurse/Allied Health employer models:** develop, pilot and roll-out a model for nurses and allied health professionals to work across Commonwealth and State employment models e.g. Nurse Practitioners for aged care facilities, and also through NGO public partnership models for early intervention and interface with the National Disability Insurance Scheme (NDIS)

- **Develop rural salaried medical officer role:** consider developing a rural salaried medical officer model in addition to the GP VMO model to engage GPs to work in rural hospitals

## 5.3 Improve access and equity of services for Aboriginal people and communities to support decision-making at each stage of their health journey

- **Seek out support opportunities:** develop local relationships between staff in Aboriginal Health Services and NSW Health to bridge division between services

- **Provide upskilling opportunities:** upskill Aboriginal Health staff in line with their leadership advice on the needs of both NSW Health and Aboriginal Medical Service staff

- **Clearly communicate transparent care delivery options:** map service delivery options for Aboriginal people and identify the risks and benefits of different models and optimal patient journeys

- **Engage with Aboriginal communities:** identify and implement culturally safe access to information and care

## 5.4 Develop 'place-based' health needs assessments and plans by working closely with Primary Health Networks (PHN), Aboriginal Controlled Health Organisations (ACCHO) and other local organisations, including youth organisations, and use these to resource services to address priority needs

- **Deliver long-term service models:** collaborate with PHNs to plan and deliver long-term service models and ensure a range of referral and optimal health pathways

- **Formalise partnerships with PHNs and ACCHOs:** ensure strong relationships between PHNs, secondary care and community care and ACCHOs

- **Develop flexible health services models for community-led delivery:** working with Commonwealth, select a health service model for regional area community-controlled health organisations that is flexible and adaptable for local context, and drives broader roll-out in rural communities

- **Develop tailored place-based plans:** continue to develop place-based health needs assessments and local health plans and drive implementation of local health service solutions and outcomes

- **Expand cross-border alignment:** engage with stakeholders from bordering jurisdictions to support seamless health services and liaise with cross-border commissioner

- **Invest in partnerships:** partner with education providers or Service NSW to deliver early childhood and paediatric intervention and support

# 6

# Harness and evaluate innovation to support a sustainable health system

Continue to transform health services through aligned funding and resourcing models, digital and health technologies, research and environmental solutions.

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## Why is this important?

NSW Health has a responsibility for the financial and environmental sustainability of the health system to deliver safe and quality healthcare into the future.

We have committed to implementing the deliverables and targets in the NSW Regional Health Strategic Plan and this will also enable the shift towards integrated care pathways that are critical for regional communities.

Funding and resources will be used in an optimal way to deliver these outcomes, based directly on the things that matter most to patients and the community. This system-wide commitment to a 'value-based healthcare approach' will also require us to focus on performance measurement that is outcomes-led, in line with NSW Treasury expectations.

**NSW Health has a responsibility for the financial and environmental sustainability of the health system to deliver safe and quality healthcare into the future.**

# What we learnt from the consultation

The consultation process was used to confirm what is working well in the system and to identify and prioritise the areas of regional healthcare that are in most need of improvement.

## What is working well

Initiatives that are working well and will continue to support priority six include:

- **Research and innovation:** some local health districts noted their strengths in maintaining a reputation as an innovation hub and therefore as a funding and talent attractor. Strategies to attract clinicians with strong research portfolios in priority areas include mentorship, as well as partnering with universities and other clinical and research institutes.

- **Net Zero Leads program:** NSW Health has a Net Zero Plan. It has appointed ten Net Zero Leads across nursing, medicine and allied health to develop low carbon models of care in their service or specialty. This is the first program of its kind in Australia. Six of the ten leads are from rural and regional areas: Mid North Coast Local Health District, Hunter New England Local Health District and Western NSW Local Health District.



Some local health districts noted their strengths in maintaining a reputation as an innovation hub and therefore as a funding and talent attractor.

## What needs to change?

- **Align funding and resourcing models:** Participants identified the critical importance of an integrated funding model for health, including integration of State and Commonwealth funded models to enable greater collaboration. This also applies to residential aged care facilities and GPs. In small communities, separate funding can often discourage services from sharing information. The consultations also recognised a need for greater investment in primary and community care services and infrastructure, as well as greater access to bulk billing by General Practice, a Commonwealth responsibility, which will in turn promote preventive health and reduce presentations at emergency departments.

> "Refocus KPIs from ED access to Primary/Community access."
> — **Health sector participant**

- **Implement digital investments:** To improve integration between primary and secondary care, participants identified the need to improve communication and information sharing. Specifically, participants wanted a single source of patient records that capture health and social care information that could be shared across Commonwealth and State services.

> "Better sharing of information and linkage of services so clients in one part of the system can be re-engaged appropriately (wherever they engage with the system)."
> — **Health staff**

- **Undertake research across care settings:** Primary Health Network participants in the consultation sessions identified the importance of research across care settings that is co-designed with primary care practitioners. Participants encouraged consideration of where the private sector fits into health and social care delivery.

# Supporting initiatives

There are many programs and initiatives that are, and will continue to harness and evaluate innovation to support a sustainable health system, including:

- **Dedicated Local Health Districts Sustainability Plans and Strategies:** Some local health districts have developed sustainability plans and strategies to guide them over the coming years including:

  - Hunter New England Local Health District has a vision to be carbon and waste neutral by 2030. In 2021, the District saved nearly $1 million by implementing a range of sustainability initiatives in energy, water, fleet, paper and procurement.

  - Murrumbidgee Local Health District has released its Environmental Sustainability Plan and its Board's Environmental Sustainability Statement recognising the connection between health and the environment. The District is committed to reducing their environmental impact in service delivery, in communities and for the region, working in partnership with key stakeholders to contribute to progressing a more environmentally sustainable footprint for future healthcare.

- **Lumos:** The Lumos program is a pioneering program that provides new insights on the patient journey through the NSW health system. Lumos houses de-identified data from general practices and is linked with other health service data to provide a more comprehensive view of patient pathways. This can help identify opportunities for improving patient outcomes and experiences. The data asset is continually growing and spans regional, rural, remote and metropolitan areas across NSW.

- Value Based Healthcare initiatives and programs including:

  - Collaborative Commissioning with local health districts and primary health networks in Patient Centred Co-commissioning Groups (PCCGs). PCCGs focus on local health needs and develop interventions to improve patient and community outcomes.

  - Commissioning for Better Value (CBV) provides a structure that puts the patient at the centre of service design, with a focus on measuring and achieving outcomes.

  - Integrated Care a program that utilises state-wide strategies that coordinate and encourage better communication and connectivity between healthcare providers in primary care, community, and hospital settings and provide better access to community-based services closer to home.



**The Lumos program is a pioneering program that provides new insights on the patient journey through the NSW health system.**

## Case Study: Together Towards Zero



NSW Health has committed to an environmentally sustainable footprint and all NSW Health organisations will be working together towards a high quality, low carbon and climate resilient health system.

Under the ambitious new initiative, Sustainable Healthcare: Together Towards Zero, Hunter New England Local Health District (HNELHD) is setting sights on an environmentally sustainable future.

HNE has the target of being carbon and waste neutral by 2030 and saved nearly $1 million in the first 12 months of their sustainability program.

Significant investments will be made in solar power, water sustainability and energy efficient practices during the next decade to lighten and, eventually, eliminate the organisation's carbon footprint.

The recent drought, one of the worst NSW has ever seen, was the catalyst for key water sustainability initiatives.

Between now and 2030, they are aiming to collect 100 per cent of the rainwater that falls on hospitals rooftops and finding appropriate ways to reuse and recycle water.

An award-winning strategy is already putting clean, excess water, produced as a by-product of renal dialysis, to good use at Tamworth Hospital.

The excess 50,000 litres a week was once considered wastewater but is now used to flush hospital toilets. With an investment of $15,000, the hospital is now saving 2.5 million litres of clean water going down the drain each year. This simple yet effective initiative will be rolled out to 10 more renal units in the local health district in coming years.

# 10-year Delivery Plan

## Priority 6: Harness and evaluate innovation to support a sustainable health system

Continue to transform health services through aligned funding and resourcing models, digital and health technologies, research, and environmental solutions.

**Strategic objectives**

6.1 **Align NSW and Commonwealth funding and resourcing models** to provide the financial resources to deliver optimal regional health services and health outcomes

6.2 **Fund and implement digital health investments and increase capability of workforce** to deliver connected patient records, enable virtual care, provide insightful health data and streamline processes

6.3 **Undertake research and evaluation** with institutions, industry partners, NGOs, consumers and carers

6.4 **Commit to an environmentally sustainable footprint** for future regional healthcare

## 10-year deliverables

### 6.1 Align NSW and Commonwealth funding and resourcing models to provide the financial resources to deliver optimal regional health services and health outcomes

- **Develop long term funding models:** improve regional service planning and funding models to address solutions for remote hospitals, cross-border services, clinics and other services

- **Co-commission models of care:** rollout models that provide funding for local organisations to deliver services where evaluation has proven the model delivers positive outcomes (Collaborative or Co-commissioning)

- **Conduct regular policy impact assessments:** use routinely collected data to assess the impact of major new policies to determine their regional implications and how they deliver value-based healthcare, and move away from activity focused models

- **Purchase for value:** realign outcome measurement around the holistic assessment of the end-to-end patient journey, and reduce focus on immediate issues such as access block in Emergency Departments

- **Expand bulk billing and revenue:** work with the Commonwealth to expand bulk billing and increase the number of NSW Health facilities that have section 19(2) exemptions to enable bulk billing

### 6.2 Fund and implement digital health investments and increase capability of workforce to deliver connected patient records, enable virtual care, provide insightful health data and streamline processes

- **Improve data integration:** increase the integration and interoperability with ambulance, primary care and cross-border, including further rollout of Electronic Medical Record (eMR), Single Digital Patient Record, and HealtheNET

- **Ensure privacy and security:** continue to safeguard confidentiality by handling patient information securely and promote transparency and trust in how information may be shared and used

- **Increase operational technology:** implement technology for virtual and multidisciplinary care and ensure systems are compatible between service and sectors

- **Improve and streamline supporting technology:** embed technologies to support health system management including workforce, analytics and financial management tools and ensure consistency and integration between services

- **Improve connectivity:** work with telecommunication agencies to support improved connectivity and reduce black spots

- **Keep up with improvements in innovation:** ensure virtual care and digital solutions in the regions are regularly reviewed and updated and ensure new technology purchases are sustainable, compatible and improve system processes and innovation

- **Promote uptake of My Health Record and Lumos** across regional areas

## 6.3  Undertake research and evaluation with institutions, industry partners, NGOs, consumers and carers

- **Invest in targeted grants and trials:** ensure ongoing investment for research programs in regional NSW e.g. targeted translational research grants and clinical trials

- **Prioritise funding to increase research in regional areas:** direct research funds to specific regional research organisations or regional organisations and collaborate to ensure robust outcomes and implementation

- **Involve regional staff in research opportunities:** provide support, create opportunities and build capability for regional medical staff, nurses, dental, allied health and other staff to incorporate research in their roles

- **Support research collaboratives in regional areas:** expand the use of research collaboratives in regional areas and support them to apply for research funding to enable them to become self-sustaining

- **Support regional community participation in research:** support people who want to participate in research programs that are local to their area

- **Increase capability of current and future leaders to encourage, develop and embed innovation**

## 6.4  Commit to an environmentally sustainable footprint for future regional healthcare

**Implement initiatives to improve sustainability including:**

- Applying Aboriginal principles of Caring for Country and Stewardship to our health system

- Considering clean renewable energy to reduce emissions and increase energy resilience and security

- Greater use of electric vehicles across the health system

- Hydrolysed water (eWater) for cleaning

- Rainwater capture

- Appropriate water recycling e.g. in dialysis

- Applying a 'reduce, reuse, recycle' approach to the use of materials

- Sustainable procurement practices

- Food service models to improve patient experience and reduce food waste

- Best practice, low carbon models of care

- Appropriate use of virtual care to improve accessibility for patients and reduce travel miles where appropriate

- Using Healthy Built Environment principles

# Acronyms

| Acronym | Meaning |
| --- | --- |
| CALD | Culturally and Linguistically Diverse |
| GP | General Practitioner |
| IPTAAS | Isolated Patients Travel and Accommodation Assistance Scheme |
| LGBTQIA+ | Lesbian, gay, bisexual, transgender, queer, or those questioning their gender identity, asexual, and anyone else who does not identify with any of these |
| LHD | Local Health District (NSW State Government led) |
| PHN | Primary Health Network (Commonwealth Government led) |
| MPS | Multipurpose service |
| NAIDOC | National Aborigines and Islanders Day Observance Committee |
| NSW | New South Wales |
| NDIS | National Disability Insurance Scheme |
| NGO | Non-Government Organisation |
| NDIS | National Disability Insurance Scheme |
| VMO | Visiting Medical Officer |

# Glossary

| Term used in this report | Brief explanation |
|---|---|
| Aboriginal Community Controlled Health Organisations (ACCHO) | A primary healthcare service initiated and operated by the local Aboriginal community to deliver holistic, comprehensive, and culturally appropriate healthcare to the community which controls it, through a locally elected Board of Management. |
| Activity based funding (ABF) | Activity based funding in the healthcare sector is a way of funding hospitals whereby they get paid for the number and mix of patients they treat. |
| Allied health | The Allied Health Workforce in NSW Health is a diverse group of individual professions, that are not part of the medical, dental or nursing profession, and in most instances are university qualified professionals who work in a healthcare team to support a person's medical care. e.g. audiologist, dietitian, optometrist, pharmacist, psychologist, social worker, speech pathologist, see more information. |
| Community care | Care that is delivered in a range of community settings, including in the home. |
| Cross-border care | Care provided in a different (adjoining) jurisdiction to the one you live in, due to proximity of the care services that people may need. |
| Future Health | The title of the 10-year strategic plan developed for NSW Health. |
| Health sector/s | The combined term used to define Commonwealth and state healthcare providers, as well as private and community sector providers. |
| Isolated Patients Travel and Accommodation Assistance Scheme (IPTAAS) | A process whereby patients in regional NSW can apply for financial support towards their travel and accommodation costs. |
| Local Health District (LHD) and Specialty Networks | Organisations established to operate public hospitals and institutions and provide health services to communities within geographical areas or a defined patient population for Specialty Networks. They are governed by a board. |
| Locums | A healthcare professional that temporarily provides their skills to support another healthcare organisation. This typically can last days or months. |
| Lumos | The Lumos program provides new insights on the patient journey through the NSW health system. Lumos houses de-identified data from general practices and is linked with other health service data to provide a more comprehensive view of patient pathways. |
| Nurse Practitioner | An endorsed registered nurse who works at an advanced practice level. They assess and manage clients using their nursing knowledge and skills. Their extended clinical role allows them to request diagnostic investigations, prescribe medicines and receive/make referrals. |
| Peer workforce | Peer workers draw upon their own personal lived experience to provide authentic engagement and support for people accessing care. While often referred to in the context of mental health and suicide prevention, it is inclusive of a broader range of lived experience, and inclusive of carers. |
| Pillar organisations | Organisations that operate as part of NSW Health and deliver core functions of the health system but are separate to the Ministry of Health. |
| Place-based | An approach that is focused on a geographical area, and the specific needs of the local community in that area. |

| Term used in this report | Brief explanation |
|---|---|
| Primary care | Primary care refers to the first contact and principal point of continuing care for patients within a healthcare system, commonly delivered by a GP. It relates to non-admitted patients. Depending on the nature of the health condition, patients may then be referred for secondary or tertiary care. Secondary care refers to specific expertise. Tertiary care requires highly specialised equipment and expertise and is often delivered in hospital settings. |
| Regional | In this document 'regional' is used to encompass all regional, rural and remote areas of NSW. It includes areas within the rural and regional local health districts and Albury/Wodonga Health: Central Coast, Far West, Hunter New England, Illawarra Shoalhaven, Mid North Coast, Murrumbidgee, Northern NSW, Southern NSW, Western NSW. Some areas of other local health districts may also be considered regional for the purpose of this plan such as South-Western Sydney and Nepean Blue Mountains. |
| Rural generalist | These clinicians (typically GPs) have advanced training in emergency medicine and other fields needed for independent rural practice. |
| Scope of practice | A defined area of practice for a healthcare professional, defining the expertise, accountabilities, and practices required in the role, in line with relevant legislation and NSW Health policies e.g. the authority to prescribe in NSW. |
| Virtual care | Care that is delivered via the use of technology such as videoconference, telephone, computer or other electric device and includes the term 'telehealth' which is still widely used in the community. |

# Appendix A – Health Outcomes and Patient Experience in Regional NSW

## Life expectancy

Life expectancy is a summary measure used to describe the overall health of a population. It is usually expressed as the number of years of life, from birth, a person is expected to live based on current rates of death for each age group.

In 2020, people living in regional health areas could expect to live 2.9 years less than those living in metropolitan health areas (a life expectancy of 82.8 years compared with 85.7 years). Between 2001 and 2020, there was a consistent pattern of increasing life expectancy over time across both regional and metropolitan health areas in NSW (Table 1). However, these improvements were lower in regional health areas (3.1 year increase in life expectancy) compared with metropolitan health areas (4.4 year increase in life expectancy).

**Table 1: Life expectancy by Health Areas, 2001 and 2020**

| Regional Health Area | Life expectancy 2001 (years) | Life expectancy 2020 (years) | Change |
|---|---|---|---|
| **Regional** | 79.7 | 82.8 | +3.1 |
| **Metropolitan** | 81.3 | 85.7 | +4.4 |

## Low birth weight babies

A baby's birth weight is an important outcome measure of the health of the mother and her care during pregnancy. Low birth weight babies are those live born babies weighing less than 2,500g at birth.

Regional health areas have a slightly higher proportion of babies born with low birth weights than metropolitan health areas. The proportion of low birth weight babies born in regional areas has however remained fairly stable between 2001 and 2020 at 5.0% of total births, while the proportion in metropolitan health areas increased from 4.3% in 2001 to 4.6% in 2020, with a peak of 4.9% in 2018.

**Table 2: Birth weight, 2001 and 2020 by NSW Regional Health Areas**

| Period | Regional Health Area | Total births | Number low birth weight | Per cent (%) |
|---|---|---|---|---|
| **2020** | Regional | 29,908 | 1,491 | 5.0 |
| **2020** | Metropolitan | 58,119 | 2,664 | 4.6 |
| **2001** | Regional | 29,928 | 1,502 | 5.0 |
| **2001** | Metropolitan | 51,682 | 2,208 | 4.3 |

## Mental health: Suicide rates

Regional health areas have higher rates of death from suicide than metropolitan health areas (15.5 compared with 7.7 per 100,000 population in 2020). The age-adjusted rate of deaths from suicide increased by 72% in regional health areas between 2007 and 2020 from 9.0 per 100,000 population to 15.5 per 100,000 population. Over the same period, suicide rates have been fairly stable in metropolitan health areas over this period ranging from 9.0 per 100,000 population in 2007 to 7.7 per 100,000 population in 2020.

**Table 3: Suicide rates by Health Area, NSW 2007 and 2020**

| Period | Health Area | Suicide rate per 100,000 |
|--------|-------------|--------------------------|
| 2020 | Regional | 15.5 (459 deaths) |
| 2020 | Metropolitan | 7.7 (402 deaths) |
| 2007 | Regional | 9.0 (233 deaths) |
| 2007 | Metropolitan | 9.0 (373 deaths) |

## Mental health: Intentional self-harm hospitalisations

Regional health areas have consistently higher rates of intentional self-harm hospitalisations than metropolitan health areas (in 2020-21 age-adjusted hospitalisation rates were 126.0 per 100,000 population compared with 74.1 per 100,000 population).

Between 2001-02 and 2020-21, the age-adjusted rate of intentional self-harm hospitalisations has increased by 18% in regional health areas from 107.2 per 100,000 population to 126.0 per 100,000 population. The intentional self-harm hospitalisation rate in metropolitan health areas has increased by 47% from 50.3 per 100,000 population to 74.1 per 100,000 population over this same period. Intentional self-harm hospitalisation rates peaked in both regional and metropolitan health areas in 2016-17 at 153.9 per 100,000 population for regional health areas and 78.2 per 100,000 population for metropolitan health areas.

**Table 4: Intentional self-harm hospitalisations 2001-02, 2016-17 and 2020-21 by Health Areas**

| Period | Health Area | Rate per 100,000 population | Number |
|--------|-------------|----------------------------|--------|
| 2020-21 | Regional | 126.0 | 3,381 |
| 2020-21 | Metropolitan | 74.1 | 3,617 |
| 2016-17 | Regional | 153.9 | 4,050 |
| 2016-17 | Metropolitan | 78.2 | 3,745 |
| 2001-02 | Regional | 107.2 | 2,598 |
| 2001-02 | Metropolitan | 50.3 | 2,017 |

# Hospitalisations for chronic diseases:

## Coronary heart disease

Hospitalisation rates for coronary heart disease have declined in both regional and metropolitan health areas over the last 20 years, however this decline has slowed in metropolitan areas relative to regional areas in recent years and rates between the two areas are converging. In 2020-21, regional health areas and metropolitan health areas had similar rates of coronary heart disease hospitalisations (497.9 and 468.7 per 100,000 population).

**Table 5: Coronary heart disease hospitalisations 2020-21 by Health Areas**

| Period | NSW Health Areas | Rate per 100,000 population | Number |
|--------|------------------|-----------------------------|--------|
| 2020-21 | Regional | 497.9 | 22,505 |
| 2020-21 | Metropolitan | 468.7 | 26,261 |
| 2001-02 | Regional | 827.1 | 25,183 |
| 2001-02 | Metropolitan | 679.0 | 24,794 |

## Chronic kidney disease

Chronic kidney disease occurs in situations where an individual's kidney condition deteriorates to the point where existing function cannot sustain life, they will require kidney replacement therapy, which involves either renal (kidney) dialysis or kidney transplantation.

In 2020-21, the age-adjusted rate of chronic kidney disease hospitalisations was higher in metropolitan health areas (5,845.4 per 100,000 population) than in regional health areas (5,445.4 per 100,000 population).

**Table 6: Chronic kidney disease hospitalisations 2001-02 and 2020-21, Health Areas**

| Period | Health Areas | Rate per 100,000 population | Number |
|--------|--------------|-----------------------------|--------|
| 2020-21 | Regional | 5,445.4 | 224,469 |
| 2020-21 | Metropolitan | 5,845.4 | 324,287 |
| 2001-02 | Regional | 2,951.1 | 87,106 |
| 2001-02 | Metropolitan | 3,381.4 | 124,599 |

## Stroke

Stroke occurs when the blood carrying oxygen and nutrients is not being adequately supplied to the brain. Hospitalisations for stroke have been consistently higher in regional health areas compared with metropolitan health areas between 2001-02 and 2020-21.

In 2020-21, the age-adjusted rate of stroke hospitalisations was higher in regional health areas (137.4 per 100,000 population) than in metropolitan health areas (119.6 per 100,000 population).

**Table 7: Stroke hospitalisations, 2001-02 and 2020-21 by Health Areas**

| Period | Health Areas | Rate per 100,000 population | Number |
|--------|--------------|----------------------------|--------|
| 2020-21 | Regional | 137.4 | 6,690 |
| 2020-21 | Metropolitan | 119.6 | 7,296 |
| 2001-02 | Regional | 159.6 | 5,255 |
| 2001-02 | Metropolitan | 131.6 | 5,153 |

# Hospitalisations for alcohol and other drugs:

## Alcohol attributable hospitalisations

Alcohol attributable hospitalisations represent the fraction of hospitalisations that, based on the research literature, are likely to be caused by alcohol. These include hospitalisations for chronic conditions such as cancer and cardiovascular diseases, as well as acute conditions such as injuries, self-harm and interpersonal violence.

In 2020-21, the age-adjusted rate of alcohol attributable hospitalisations was higher in metropolitan health areas (564.0 per 100,000 population) than in regional health areas (503.1 per 100,000 population).

**Table 8: Alcohol attributable hospitalisations, 2001-02 and 2020-21 by Health Areas**

| Period | Health Areas | Rate per 100,000 population | Number |
|--------|--------------|----------------------------|--------|
| 2020-21 | Regional | 503.1 | 17,437 |
| 2020-21 | Metropolitan | 564.0 | 29,768 |
| 2001-02 | Regional | 400.7 | 10,883 |
| 2001-02 | Metropolitan | 354.7 | 13,726 |

## Opioid-related hospitalisations

Opioid-related hospitalisations include those involving opium, heroin, methadone, synthetic, natural or semi-synthetic opioids and unspecified narcotics.

In 2020-21, the age-adjusted rate of opioid-related hospitalisations was higher in regional health areas (162.4 per 100,000 population) than in metropolitan health areas (137.2 per 100,000 population).

**Table 9: Opioid-related Hospitalisations, 2010-11 and 2020-21, by NSW Regional Health Areas**

| Period | NSW Regional Health Areas | Rate per 100,000 population | Number |
|---|---|---|---|
| 2020-21 | Regional | 162.4 | 3,577 |
| 2020-21 | Metropolitan | 137.2 | 5,564 |
| 2010-11 | Regional | 137.2 | 2,674 |
| 2010-11 | Metropolitan | 130.4 | 4,532 |

## Methamphetamine-related hospitalisations and deaths

Methamphetamine-related hospitalisations include those involving acute intoxication, harmful use, drug dependence or withdrawal, psychosis and other mental and behavioural disorders associated with methamphetamine use.

In 2020-21, the age-adjusted rate of methamphetamine-related hospitalisations was higher in regional health areas (183.2 per 100,000 population) than in metropolitan health areas (122.3 per 100,000 population).

**Table 10: Methamphetamine-related hospitalisations, 2010-11 and 2020-21, by Health Areas**

| Period | Health Areas | Rate per 100,000 population | Number |
|---|---|---|---|
| 2020-21 | Regional | 183.2 | 3,476 |
| 2020-21 | Metropolitan | 122.3 | 4,928 |
| 2010-11 | Regional | 9.0 | 158 |
| 2010-11 | Metropolitan | 12.8 | 457 |

## Hospitalisations for vaccine preventable disease

Hospitalisations for vaccine-preventable conditions include those involving pneumonia, influenza and other infectious diseases with the exception of COVID-19.

In 2020-21, the age-adjusted rate of vaccine-preventable hospitalisations was higher in metropolitan health areas (114.7 per 100,000 population) than in regional health areas (50.3 per 100,000 population).

**Table 11: Vaccine-preventable disease hospitalisations, 2001-02, 2017-18 and 2020-21 by Health Areas**

| Period | Health Areas | Rate per 100,000 population | Number |
|--------|--------------|----------------------------|--------|
| 2020-21 | Regional | 50.3 | 1,772 |
| 2020-21 | Metro | 114.7 | 6,257 |
| 2017-18 | Regional | 221.5 | 8,218 |
| 2017-18 | Metro | 310.4 | 15,946 |
| 2001-02 | Regional | 57.9 | 1,605 |
| 2001-02 | Metro | 54.9 | 2,116 |

## Overweight and obesity in adults

Overweight and obesity are measured from self-reported height and weight in the NSW Population Health Survey.

People living in regional health areas have a consistently higher prevalence of overweight and obesity compared with metropolitan health areas. These differences are driven more by higher obesity levels than overweight levels. In 2021, the prevalence of overweight and obesity was 63.9% of the adult population aged over 16 years in regional health areas and 54.2% in metropolitan health areas. Obesity prevalence was 28.4% in regional health areas and 20.3% in metropolitan health areas in 2021, while overweight prevalence was 35.5% in regional health areas and 33.9% in metropolitan health areas.

Over the 20 years between 2002 and 2021, the prevalence of overweight and obesity increased 14.4% in absolute terms from 49.5% to 63.9% in regional health areas and by 11.1% from 43.4% to 54.2% in metropolitan health areas.

## Patient experience

**Admitted patients:** The Bureau of Health Information's 2019-20 Rural Hospital Adult Admitted Patient Survey asked 4,487 adults admitted to one of 98 small, rural and public hospitals about their experiences of care. It shows that 95 per cent said overall the care they received was 'very good' or 'good.'[6]

The 2021 Adult Admitted Patient Survey surveyed 19,304 patients, with over 10,000 of these from rural and regional NSW.[7] The results showed no significant difference between patient experiences in urban and rural facilities for 36 of the 51 questions. Furthermore, patients in rural hospitals gave higher ratings across 13 questions – which included for overall satisfaction and outcomes, timely coordinated care and a safe, comfortable environment. Urban patients only gave higher responses in two questions.

# References

1    Sax Institute. Rural healthcare: Paper 1. Changes in rural health services since 1990. A report to the NSW Ministry of Health. Sax Institute, 2021

2    Sax Institute. Rural healthcare: Paper 1. Changes in rural health services since 1990. A report to the NSW Ministry of Health. Sax Institute, 2021

3    *Bureau of Health Information Healthcare in Focus 2017 - How does NSW compare?* Released 29 August 2018

4    *Bureau of Health Information Rural Hospital Emergency Care Patient Survey: 26*

5    Combes, J. R., & Totten, M. K. (2016) Governing for Better Community Health. Hospital and community partners are key to improving community health Healthcare Executive 31(5) 66-69

6    *Bureau of Health Information Rural Hospital Adult Admitted Patient Survey 2019-2020*

7    *Bureau of Health Information 2021 Adult Admitted Patient Survey*